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**Staff experiences of pupils' self-harming
behaviour in an independent girls' boarding
school: An IPA Analysis**

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Date: April 2017

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**STAFF EXPERIENCES OF PUPILS' SELF-
HARMING BEHAVIOUR IN AN
INDEPENDENT GIRLS' BOARDING
SCHOOL: AN IPA ANALYSIS**

SUMMARY

In recent years there have been a number of pieces of research published which suggest that the phenomenon of self-harm in adolescence is increasing (Hall & Place, 2010, Beauchaine *et al.*, 2014, Garcia-Nieto *et al.*, 2015). Heath *et al.*, (2006) found that a majority of school teachers shared this view. In their study, 74% of teachers reported a first-hand encounter with self-injury. The subject of self-harm is also receiving more media coverage in mainstream newspapers and magazines (Dutta, 2015 & Money-Coutts, 2015), suggesting a rise in public consciousness about mental health issues such as self-harm. The extent of mental health problems amongst adolescents has also been publicly acknowledged by the Department of Health, who state that “Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18” (2015:9).

Research into adolescent self-harm has suggested that the most likely age for adolescents to commence self-harm is within the 10-15 years age bracket (Garcia-Nieto *et al.*, 2015 & Hanania *et al.*, 2015) demonstrating that many adolescents are self-harming at an age where they are expected to be in school for the majority of their time. However, in studies of teachers, a ‘patchy’ awareness of self-harm has been demonstrated (Best, 2005a; 2005b), and a lack of ability to know how best to deal with the situation, should it present itself, has been acknowledged by teachers in a number of

research articles (Hall & Place 2010; Heath *et al.* 2006 and Kidger *et al.*, 2010). This issue was discussed further in my Critical Analytical Study (Margrett, 2014).

This study is guided by two main questions; firstly, “what are the experiences of independent school staff of pupil disclosures of self-harm?” and secondly, “how well equipped do independent school staff feel to deal with pupil disclosures of self-harm?”

Interviews with four subject teachers, two housemistresses, and a school matron were conducted as a participant researcher within one girls’ independent boarding school. The interviews were analysed through the use of Interpretative Phenomenological Analysis (Smith, Flowers and Larkin, 2013) and findings were synthesised with some of the key concepts found in the work of Foucault (1982; 1977/1991) concerning discourses of power, knowledge and truth. Five main superordinate themes emerged from the analysis of the data: knowledge and awareness of self-harm; reasons why pupils have self-harmed; the hidden nature of self-harm; personal responses to self-harm disclosure by staff; lack of training and support; and reasons for participating.

The study finds that within the small sample interviewed, the participants demonstrated a lack of confidence in their own understanding of the term ‘self-harm’, but a wide experience of pupil self-harm disclosures. It suggests the need for the training of all staff, not just key pastoral staff, in dealing with pupil disclosures of self-harm; and the requirement for schools to develop a self-harm policy (Robinson *et al.*, 2008) and clear guidelines for referral and follow-up of disclosures of self-harm. It also supports the concept of supervision style meetings for school staff to have the ability to discuss their own anxieties and concerns about pupil behaviour (Best, 2005a & 2005b).

Finally, the study examines how staff and parental avoidance of self-harm can lead to the development of concentric circles of complicit secrecy surrounding the pupil who is self-harming. It considers how ‘over-parenting’ and ‘spoon-feeding’ of educational concepts may be damaging pupils’ ability to manage their fear of failure and suggests that this may lead to a lack of resilience and a lack of an ability to deal with problems effectively (Lahey, 2015) particularly when pupils feel that they do not conform to the accepted norms of society (Foucault, 1977/ 1991).

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Acknowledgements

I am indebted to the staff who willingly gave up their time to be interviewed, and for discussing such a difficult subject with such openness and honesty. Their generosity during busy times in the school calendar has allowed me to complete this work – without their narratives I would not have had a thesis to write. I hope that their stories will resonate with others and provide a small insight into the experiences of staff at one independent girls' boarding school. I am also grateful to the Senior Management of the school for letting me complete my research, it was a brave and forward-thinking stance.

Sincere thanks must go to my main supervisor Colleen McLaughlin who has provided me with an invaluable critical ear, kept me on track, and helped me to feel that my research questions are both interesting and valuable; and to my second supervisor Kristi Hickie whose insightful and accurate editing helped to tighten this thesis up and pull it together. Thanks must also go to my EdD colleagues both past and present who have provided such constructive comments and unshakable support as we have all toiled to climb a mountain which, at times, felt almost unassailable.

A special mention must also go to my family. Particular thanks must be given to my husband, Steve, for his support through a difficult and challenging journey, for his expert knowledge of ICT - coming to the rescue when my formatting or diagrams didn't work in the way I wanted, and for agreeing to let me spend our money on studying for my doctorate; and to my grandparents Tom and Joan Kewley for introducing the idea of studying for a doctorate to me in the first place and providing me with a legacy to finance it. I often feel that if I had not made a promise to you that I would complete my doctorate, I am not sure that it would have happened! Thank you also to my parents, Penny and John Greaves, who have given me generous access over the years to the most wonderful education and the gift of a love of learning, which is priceless – I hope that I have made you proud; and to my parents-in-law Bruce and Linda Margrett for looking after my children in the holidays to allow me to complete my thesis, and for regularly sending me interesting articles that they have seen in the paper. Without you it would have taken a great deal longer to write up my work.

Thank you also to the friends who have supported me over the course of my doctorate, particularly Felicity Aspinall, Jon & Sallie Coventry and Simon & Julia Kam Cheong. I appreciate the times that you have listened when I have been struggling to work out how to pull my work together. I would like to thank Jo Bailey for her sensitive reading of my thesis and her perceptive comments, and Charlie Broomfield for her enthusiastic response. I am also grateful to my pupils who inspired me to conduct this research in the first place. I am in awe of your hard work and commitment. Particular thanks must go to Lauren for allowing me to use a photograph of her A Level Coursework.

I would like to dedicate my thesis to my wonderful children Thomas and Jessica Margrett. My love for them is indescribable. I am constantly inspired by their interest in the unknown and their openness to be amazed. I hope that the long hours that they have watched me completing my thesis, and the times when Mummy has been working have not put them off from studying themselves. May their journeys in life be long and emotionally fulfilling; following their own passions and dreams – whatever they turn out to be, and may they not be afraid to experience failure.

**In memory of Penny Greaves, 23rd February 1945 – 19th August 2016.
My angel, my Mother, and my very best friend.**



Figure 1: Photograph of A Level coursework completed by Lauren

Chapter 1 - Introduction

Background

In recent years there have been a number of pieces of research published which suggest that the phenomenon of self-harm in adolescence is increasing, (Hall & Place, 2010; Beauchaine *et al.*, 2014; Garcia-Nieto *et al.*, 2015). This is a view which Heath *et al.* (2006) found to be shared by a majority of school teachers. In their study, 74% of teachers reported a first-hand encounter with self-injury. The subject of self-harm is also receiving more media coverage in mainstream newspapers and magazines, with the Independent newspaper running a story in January 2015 about teaching unions warning of a self-harm epidemic amongst students (Dutta, 2015), and society magazine Tatler including a 4 page article about self-harm in Britain's schools in August 2015, (Money-Coutts, 2015), suggesting a rise in public consciousness about mental health issues such as self-harm. Natasha Devon was appointed as the first Department for Education Mental Health Champion, in August 2015; again highlighting the increase in public acknowledgement about the issue of adolescent mental health, although her role was later cut in May 2016. The extent of mental health problems amongst adolescents has also been publicly acknowledged by the Department of Health, who state that "Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18" (2015:9). This rise in awareness has also prompted a response from the HMC (Headmasters' and Headmistresses' Conference), a key body representing some of the leading Independent Schools across the world. Ahead of their Annual Conference in October 2015, the HMC produced press releases outlining the first official data on mental health trends in Independent Schools. These stated that their schools had "warned that they are facing an 'unprecedented' outbreak of self-harm, eating disorders and depression among pupils weighed down by exam pressures, social media and family breakdown." (HMC, 2015b) and that "88% of schools reported self-harm as a concerning issue, a 57% rise on the situation 5 years ago" (HMC, 2015a). On 3rd December 2015, the Department for Education issued a press release stating that they were investing £3 million of Government funds into mental health services and Schools Link Pilots in 255 schools in England (DfE, 2015b). However, as the Association of Teachers and Lecturers issued a press release in March 2015 stating that only 9% of the teachers who responded to their survey about pupil mental health answered "yes" to the question "Do you feel there is enough training available to you to help spot the signs of mental illness in pupils?" (ATL, 2015), there is undoubtedly some way to go before teachers feel confident to cope with issues surrounding the mental health of their pupils.

Research into adolescent self-harm has suggested that the most likely age when adolescents commence self-harm is within the 10-15 years age bracket (García-Nieto *et al.*, 2015, Hanania *et al.*, 2015, Claes *et al.*, 2015) demonstrating that many adolescents are self-harming at an age where they are expected to be in school for the majority of their time. However, in studies of teachers, a ‘patchy’ awareness of self-harm has been demonstrated (Best, 2005a; 2005b) and a lack of ability to know how best to deal with the situation should it present itself, has been acknowledged by teachers in a number of research articles (Favazza 1998; Best, 2005a; Best 2005b; Best 2006; Hall & Place 2010; Heath *et al.* 2006 and Kidger *et al.*, 2010). The background to self-harming behaviours, including risk factors for self-harm and an outline of the dissent regarding what the term ‘self-harm’ actually means was discussed in depth within my Critical Analytical Study (CAS). The definitions of self-harm used in the literature vary greatly, and a full discussion of the problems arising from this can be found in my CAS (Margrett, 2014: 5-8). Throughout my thesis, my understanding of what constitutes self-harm will be underpinned by the definition used by Madge *et al.* (2008):

An act with a non-fatal outcome in which an individual deliberately did one or more of the following:

- Initiated behaviour (for example, self-cutting, jumping from a height), which they intended to cause self-harm.
- Ingested a substance in excess of the prescribed or generally recognised therapeutic dose.
- Ingested a recreational or illicit drug that was an act that the person regarded as self-harm.
- Ingested a non-ingestible substance or object.

(Madge *et al.*, 2008: 669)

This is one of the more current definitions of self-harm, as it was the one used in the Child and Adolescent Self-Harm in Europe (CASE) Study, conducted with over 30,000 adolescents who were mainly in the 15-16 year old age bracket, across seven countries: Australia, Belgium, England, Hungary, Ireland, the Netherlands and Norway between 1999 and 2000 (Madge *et al.*, 2008). A key criterion for my research is that self-harm should not be seen solely as a by-product of a failed suicide attempt. Instead, I have adopted the approach of Brown & Kimball (2013: 196) that, in a majority of cases, a person who performs self-harming acts does so to try and prevent suicide rather than achieve it. (Margrett, 2014: 7-8).

Research suggests that many teachers and other school staff experience disclosures of self-harm but are unclear how to deal with a pupil who demonstrates self-harming behaviour, should this be disclosed to them (Kidger *et al.*, 2010: 927, Heath *et al.*, 2006); and Robinson *et al.* (2008) found that over half of the schools they surveyed did not have a specific self-harm management policy. Best (2005a, 2005b & 2006) acknowledged that many school teachers will have had no formal training in how to recognise or deal with self-harming behaviours. Also, because of the wide variety of terms used to refer to self-harm in the research literature, it may be difficult for a teacher to even understand how to increase their knowledge of the phenomenon.

Self-harming behaviours in independent schools

Although a significant amount of research into adolescent self-harm has been completed within educational settings, the available research from the independent schooling sector is limited (Margrett, 2014: 21). Many independent schools are reluctant to be associated with any research into self-harm, due to the potential negative connotations which may be passed on to parents through the suggestion of self-harm taking place within their school environment. Of the four independent girls' day and boarding schools approached in relation to this study, three declined to participate citing that reason. As Goffman (1959:243) acknowledges, in public life "individuals will be concerned with maintaining the impression that they are living up to the many standards by which they are judged."

However, as Hagell (2012: 23) found that young people from high socioeconomic status families showed increases in mental health problems that were at least as large as those from low socioeconomic status families, it would seem reasonable to suggest that self-harm is an area which should be studied within the independent sector. If the claims of Best (2005a: 9), are correct that "on average there is no secondary school class in the country without self-harmers in it", the question of whether self-harm is taking place within independent boarding schools, and if so, to what extent, is a very real one which needs addressing.

Why research self-harm?

Having worked within the independent schooling sector for approximately 11 years, and the previous 5 years within the state grammar school system (initially as a class teacher and Head of Department before becoming an Assistant Head of Sixth Form and now a Deputy Head of an HMC school) I have become more aware of the pressures which I perceive to be increasing upon the students whom I teach, and this feeling is supported by the work of Gray *et al.*, (2011). Over that time, I have personally witnessed a number of pupils experience a range of serious mental health issues, in addition to experiencing pupils disclose self-harming behaviour to me, and having a pupil at my school commit suicide. At first, I experienced a sense of helplessness, and also a sense of panic, similar reactions to those found by Best (2006). I felt that I had a duty of care towards the young people who were choosing to disclose their feelings and actions to me, however, I was completely at a loss as to how I should respond, and about what might be considered an appropriate reaction from a teacher, apart from immediately passing details of the situation to the Designated Safeguarding Lead (DSL) within the school. As I began to explore any available literature, it became obvious to me; that the literature which was readily available to support teachers was limited, and that there was no specific government guidance about how teachers should respond to pupils demonstrating self-harming behaviours in schools. For a discussion of this see my Critical Analytical Study (Margrett, 2014: 27-36). It was from this sense of frustration about the lack of available literature that my desire to complete my Doctorate in Education was borne. Whilst I felt that my experience was significant, and that it is important that teachers are not left to decide for themselves how best to deal with challenging situations concerning mental health problems in particular, I wanted to explore whether my experience was a common experience amongst other teachers, or whether it was unusual; so as to see whether my experience was symptomatic of a wider issue for teachers and other school staff or not.

Chapter 2 – A Literature Review

Critical Analytical Study

A detailed review of the relevant literature in the field of adolescent self-harm was conducted during my CAS, or Critical Analytical Study (Margrett, 2014), however, I intend to provide a summary of the main themes identified in that literature review in this chapter, and also update the review to include findings from 1st March 2014- 1st July 2016 which is the time elapsed since the initial literature review was conducted. In my CAS I also discussed the problems and inaccuracies in several key sources of information which teachers might choose to refer to should they experience a pupil disclosure of self-harm. This discussion was significant because it highlighted the small number of sources of information about self-harm which were available to teachers, and demonstrated the inaccuracies within the available literature such as *Understanding self-harm and suicide amongst Young People, A West Sussex guide for professionals developed in collaboration with Horsham District Council* (Horsham District Council & Sellen, 2011), (Margaret, 2014: 27-36).

The Background to my Literature Search

Methods used

My initial literature review was conducted through a Boolean search, searching specifically for “self-harm OR self-injury OR NSSI AND adolescent OR adolescence” using the ASSIA database to search for articles which had been published between 1st January 2000 and 1st March 2014; followed by an interrogation of the bibliographies of any relevant papers to look for key papers which may have been published before this period. The ASSIA database was used because of the wide range of fields it covers; particularly the fields of health, social services, sociology and education, because they are all fields which may show a particular interest in the phenomenon of adolescent self-harm. This initial search yielded 838 results which were then reduced through an initial reading and interrogation of their abstracts for relevant content. At this stage, articles such as those concerning adolescents in prison or youth justice programmes; or who were hospital inpatients, asylum seekers, or those who were classed as on the autistic

spectrum were omitted because of the fact that they were unlikely to be attending full time mainstream education; as were those articles which focused on adolescents in countries such as China and Taiwan due to differing cultural expectations (Chan, 1999). Articles which were writing up the findings of medical interventions to prevent or reduce self-harm were also omitted because their focus was less on the underlying motivations for self-harm and more specifically on potential treatment programmes; something which would be outside the scope of teachers within a mainstream school environment. This left articles which focused primarily on adolescents attending mainstream schooling, and occasionally undergraduate courses, who had not been treated as long term in-patients for their self-harming behaviour, and who were from predominantly Western countries such as the United Kingdom, Europe, the United States and Scandinavia. The same Boolean search was conducted on 20th July 2016, focusing on articles which had been published between 1st March 2014 and 1st July 2016. It is interesting to note that in the 28 months since the initial literature search, a further 207 articles had been published which met the search criteria, suggesting that interest in adolescent self-harm is increasing given that the original yield of 838 articles over 170 months suggested a mean average of 4.93 articles published per month compared to a mean average of 7.4 articles published per month during the period covered by my second literature search. This average was somewhat artificially raised by Volume 38, issue 2 of the *Journal of Family Therapy* published in April 2016 being devoted entirely to adolescent self-harm; but it is notable that a journal would feel that there would be sufficient interest about self-harm within the profession to warrant publishing a whole issue on the subject. During this additional, updated literature search and the subsequent interrogation of the bibliographies of the articles produced, I was also able to identify a number of new risk factors associated with self-harm which had not become apparent during my initial literature search.

Key Themes identified in my Critical Analytical Study

A number of key themes emerged from the wide ranges of articles and publications about self-harm analysed during the literature review. Whilst a full exegesis of the initial literature identified is contained within my Critical Analytical Study (Margrett,

2014), I will provide a summary of the key points below, and focus on the additional findings from my updated literature search.

Part 1: The Phenomenon of Self-Harm

Dissent regarding the term ‘self-harm’

The lack of a standardised definition of the behaviours encompassed by the term ‘self-harm’ and indeed a lack of consensus over whether the term ‘self-harm’ itself is the most appropriate term to use was explored in detail in my CAS (Margrett, 2014). Originally, terms such as ‘self-mutilation’ (Favazza, 1998:260) and ‘deliberate self-harm’ or ‘DSH’ were more common; however, there has been dissent due to the potentially negative connotations associated with the words ‘deliberate’ and ‘mutilation’ (Prymachuk & Trainor, 2010). Another confusing aspect of the term ‘deliberate self-harm’ is the differing usage of the term in the UK, where it is used to refer to all acts of self-harm whether there was a suicidal intention or not; compared to North America where the term was historically only used to refer to acts with a specific suicidal intent and which tended to exclude overdoses (Skegg, 2005). This has led other authors to adopt terms such as ‘Non-suicidal self-injury’ or ‘NSSI’ (Heath *et al.*, 2010:261), demonstrating that their focus is specifically on actions where there was no suicidal intention. A further area of dissent is the question of whether self-harm should be linked to suicide. Some of the work on self-harm is reported using terms such as ‘attempted suicide’ and ‘parasuicide’; however, many writers refute the suggested link between self-harm and suicide, arguing instead that self-harm is a way that people avoid suicide rather than self-harm being linked directly to suicide (Brown & Kimball, 2013:196, and Kidger *et al.*, 2012a:78). Consequently, as discussed in Chapter 1, I adopted the definition of self-harm from the Child and Adolescent Self-Harm in Europe (CASE) Study (Madge *et al.*, 2008: 669).

Although there is dissent about whether acts of self-harm are linked directly to suicidal thoughts or actions, there is a well referenced link between acts of self-harm and later attempted suicide (Boccio, 2015), with Dewing *et al.* (2010: 237) stating that up to 10% of self-harming patients go on to attempt suicide, and Kokkevi *et al.* (2012) identifying a clear link between previous self-harming behaviour and a later attempted suicide for

the majority of adolescents in their study. In a recent piece of longitudinal research, Hawton *et al.* (2015) followed up 41,286 patients who had presented to three hospital emergency departments because of either self-cutting or self-poisoning between 1st January 2000 and 31st December 2010. Patients were followed up to 31st December 2013 and it was found that “The risk of suicide in the first year following self-harm was 49 times greater than the general population risk of suicide in England and Wales”, with the risk of suicide increasing with age (Hawton *et al.*, 2015: 150). Barzilay *et al.* (2015) also found that prior self-harm increases the risk of later suicide.

In addition to the lack of a standardised definition of self-harm, many teachers report a lack of formal training in recognising and dealing with self-harming behaviour, (Best, 2005a, 2005b & 2006), with some suggesting that they receive “on-the-spot training” (Best, 2005b: 282). This reported lack of confidence was something that I aimed to explore further through my own research to see whether the teachers that I interviewed felt confident with their own training, and whether, if they had experienced a disclosure of self-harm from a pupil, they felt “well-equipped” (Heath *et al.*, 2006) to deal with it.

Who is likely to self-harm?

Best (2005a: 9) states that the statistics show that there will be at least one person engaging in self-harming behaviour in every classroom in the UK; with the Mental Health Foundation placing the prevalence rate of self-harm as “between 1 in 12 and 1 in 15 across the UK.” (MHF, 2006: 21). This suggests that self-harm is an issue which all teachers should be aware of, and trained in, so that they can identify children within their classes who are engaging in self-harm or who are at high risk of engaging in self-harm in the future. This statistic is particularly significant because research suggests that episodes of self-harm appear to be under reported, (Mars *et al.*, 2016).

Age Bracket

Much of the literature in my original literature review found self-harming behaviour emerging amongst adolescents within the 13-16 years age bracket, although Hall and Place's (2010) research did not follow that trend, finding that there was no particular age group when instances of self-cutting peaked. However, it was noticeable in my most recent literature search that the most frequent age for commencing self-harm appears to be reducing, with Hanania *et al.* (2015: 267) finding that the most common age group was 11-13 years old with 49.32% of females and 38.53% of males from their study commencing self-harming behaviours during this time; Claes *et al.* (2015) identifying the mean age of onset of self-harm was 12.43 years in their study, and Garcia-Nieto *et al.* (2015) finding that the average age of onset of self-harm was 10.6 years old in their research.

Table 1: Links between self-harm and age bracket

Study	Age
Favazza and Conterio, 1988	Cutting behaviour emerges at about 13 years old.
Hawton <i>et al.</i> , 2003: 1196	"The rarity of DSH under 12 years of age and the rise in numbers of cases after that, especially in girls, links the onset of the behaviour to puberty."
Kumar <i>et al.</i> , 2004	Mean age for starting self-harm was 13.5 years old.
O'Loughlin & Sherwood, 2005	Rates of self-harm highest in 15-24 year old bracket.
Young <i>et al.</i> , 2007: 45	Young women were more likely to report starting to self-harm at an earlier age (females: mean 15.0, s.d.= 2.1 years; males: mean 16.4, s.d.=2.3; two-tailed t-test t=2.9, d.f.=84, P=0.004).
Hall & Place, 2010	No specific age when self-cutting peaked.
Hawton <i>et al.</i> , 2012 (a): 371	"Only four (0.1%) of the individuals were under 10 years of age, 929 (17.8%) were aged 10-14 years and 4,272 (82.1%) 15-18 years."
Hawton <i>et al.</i> , 2012 (b): 1217	"The proportion dying by suicide was six times greater in those aged 15 years and older at first presentation for self-harm than the younger age group."
Tatnell <i>et al.</i> , 2014: 888	"Onset of NSSI occurred between 12 and 15 years for over 90%."
Hanania <i>et al.</i> , 2015: 267	13.7% of females and 26.61% of males reported the age of onset of self harm as less than 10 years old. The most common age group was 11-13 years old with 49.32% of females and 38.53% of males commencing self-harming behaviours during this time.
Garcia-Nieto <i>et al.</i> , 2015: 222	"the average age of onset of NSSI was 10.6 years."
Claes <i>et al.</i> , 2015: 3366	"The mean age of onset of NSSI was 12.43 years."

(Adapted from Margrett 2014: 13)

Whilst a more detailed discussion of the research related to age bracket is contained within my CAS, Table 1, adapted from my CAS (Margrett, 2014:9), shows the links between self-harm and age bracket and has been updated to include more recent research, summarising the main findings and placing the studies in chronological order demonstrating that the mean age for commencing self-harm appears to be reducing.

Gender

The majority of research reported a greater prevalence of self-harm within females than males (Hawton *et al.*, 2012 a; Madge *et al.*, 2008; McMahon *et al.*, 2010). This was again reflected in the work of O'Connor *et al.* (2014: 48) in their study of 2,596 school pupils in Northern Ireland where they found that “Girls were almost 3.5 (odds ratio¹/₄ 3.44) times more likely to report self-harm than boys” and also in the work of Kidger *et al.* (2012a), Tatnell *et al.* (2014), Gandhi *et al.* (2016) and Xavier *et al.* (2016).

However Brown & Kimball (2013) argue that this could simply be due to the stigma of reporting self-harm, meaning that males are far less likely to disclose. Several studies such as Skegg (2005) and Appleby & Warner (1993) found a stronger correlation between those who repeat self-harming behaviours over five times and being male. Interestingly, in their recent study, Hanania *et al.* (2015: 267) found that prevalence of self-harm amongst male participants was significantly higher than prevalence amongst females with 18.14% females and 26.98% of males reporting that they had engaged in self-harm. In Claes *et al.* 's (2015) study and Baetens *et al.* 's (2015) study, there were no significant differences found between the number of males and females who engaged in self-harm, and Cervantes *et al.* (2014:636) found that whilst there were higher levels of suicide ideation in girls, they did not find any difference in the levels of self-harming behaviour between males and females. These more recent findings suggest that self-harm has increased within males, or that, at the very least, males are more comfortable to report engaging in self-harming behaviour when questioned.

Roen (2016: 312) raises the question of self-harm amongst those who consider themselves to be transgender, stating that whilst there is a lack of research within the area, several studies suggest that self-harm is an issue for transgender youth. She highlights the issues that seeing gender as binary raises the question of how transgender youth who self-harm should be classified. McDermott *et al.* (2015: 880) also discuss a

link between transgender youth being uncomfortable with their bodies and their self-harming behaviour, citing the example of a transgender, bisexual male who specifically cut the gendered body parts which were unwanted. In their study, Holt *et al.* (2016) found that 39% of the adolescents in their study with gender dysphoria also engaged in self-harming behaviour which they attributed to the young people's confusion about their bodies, but also because of the fear and distress they suffer due to being discriminated against by others. However, Holt *et al.* (2016:114) also found that reports of actual self-harm were significantly more often reported in natal females than natal males. Roen also raises the issue that to be considered a plausible candidate for clinical intervention, to be diagnosed with gender dysphoria a candidate "*appears to require both a degree of coherence and a degree of distress*" (Roen, 2016: 314) and she suggests that evidence of self-harming behaviour or the potential threat of self-harming behaviour may be seen by gender dysphoric youth as a way of demonstrating this distress.

Ethnicity

There was no strong link identified in the studies I considered between ethnicity and self-harm with only one study identifying an increased risk between females of South Asian descent and self-harm (Hawton & James, 2005). However, another study (Hawton *et al.*, 2003) found that self-harm was less common amongst Asian females than white ones. As these studies were conducted with statistics from England and Wales and in Oxford respectively, Hawton *et al.* (2003) were considering a minority population within a relatively small sample and so it is difficult to see how generalisable their findings are across the experiences of Asian females more widely, even within the UK.

Reasons why people engage in self-harm

A key text when considering motivations behind self-harming behaviour is the work of Suyemoto (1998). Whilst this work is now nearly twenty years old, it comprehensively identified four major categories of self-harm which encompassed six functional models; although she acknowledged that there was more evidence from the literature available at

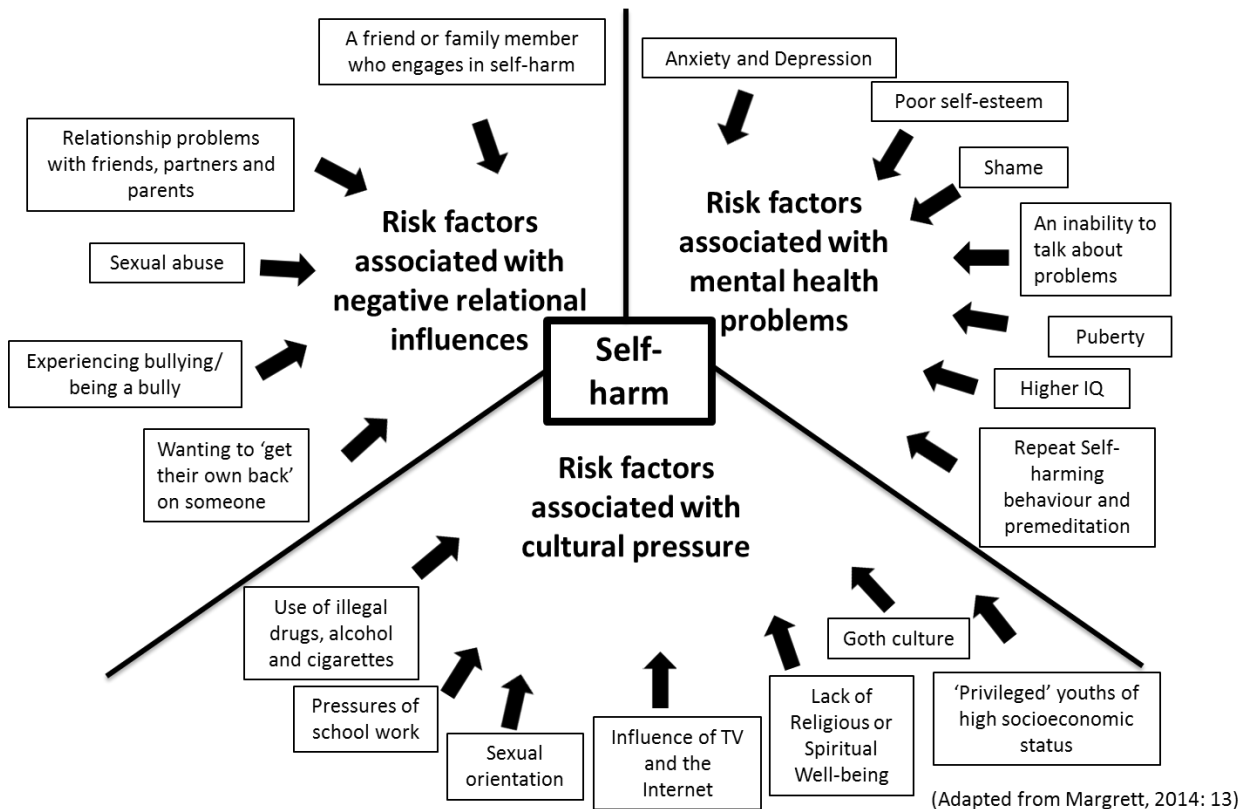
the time to support some categories more than others. (See Appendix 2 for the table in which I summarised Suyemoto's key ideas for my CAS).

Others such as Chapman *et al.* (2006) use the work of Suyemoto to inspire their own interpretations of people's motivations. Chapman *et al.*'s (2006) "Experiential Avoidance Model" suggests that in a majority of cases a person's motivation to self-harm is linked to their need to relieve or release unwanted feelings. This can also be seen to link to Brown & Kimball's (2013:200) assertion that people self-harm because they have not learnt to express their emotions; and the work of Guerreiro *et al.* (2013: 102) who suggested that if you teach pupils who self-harm to adopt different coping strategies to their usual emotion-focused coping style, then self-harming behaviour can be effectively reduced.

Risk factors associated with self-harm

Self-harm by its nature is often very secretive. Evans *et al.* (2005a) found that 40% of the adolescents they had researched who were contemplating self-harm stated that nobody was aware of their intentions and 20% of adolescents who already engaged in self-harm stated that no-one was aware of what they do. This demonstrates how important it is for school staff to be confident about the risk factors which may make a person more likely to self-harm, because adolescents who self-harm are often reluctant to proactively reveal their thoughts or actions related to self-harm.

In my CAS, I produced a diagram to allow a clearer visualisation of the key risk factors associated with self-harm which I had drawn from the literature (Margrett, 2014: 13). The diagram in Figure 2 is an updated version of that diagram which also includes additional risk factors identified in my updated literature review. New risk factors identified include higher IQ, lack of religious or spiritual well-being, wanting to 'get their own back' on someone, and the influence of TV and the internet. I have also further categorised the various risk factors into three main areas: risk factors associated with negative relational influences, risk factors associated with mental health problems, and risk factors associated with cultural pressure, and these areas are also shown in Figure 2.

Figure 2: Risk factors associated with self-harm

Risk factors associated with negative relational influences

A friend or family member who engages in self-harm

Much of the literature I researched for my CAS suggested a strong link between having a friend or family member who has engaged in self-harm and engaging in self-harm yourself. Jarvi *et al.* (2013) argue that knowing another person who has engaged in self-harm can be the factor which encourages people to initially engage in self-harm themselves. This relationship was significant in Nock and Prinstein's (2005) study where they found that 82.1% of the self-harming adolescents they studied had at least one friend who had engaged in self-harm in the previous 12 months. As I discuss further in my CAS, this link could be seen as an environmental reason why people choose to self-harm (Suyemoto, 1998) because self-harm has become more 'normalised' as an acceptable form of behaviour. However, others such as Prinstein *et al.* (2010) argue that it could be more to do with assortative relating where people who self-harm are drawn to others who have a similar outlook. In their study O'Connor *et al.* (2014: 49) found that "The influence of others' self-harm was endorsed by 39% and

29% of the girls and boys, respectively, with the self-harm of a friend reported most commonly”; however, in contrast, Mars *et al.* (2014:411) found that a friend who self-harms was more of a significant factor for boys than girls, with the odds of engaging in non-suicidal self-harm in boys who have friends who self-harm increasing nine-fold, as opposed to a five-fold increase in odds of non-suicidal self-harm within girls who have a friend who self-harms. Perhaps of most concern was the finding that, in boys, having a friend who self-harms increases the odds of engaging in suicidal self-harm 13-fold, whereas it doubles the odds of suicidal self-harm for girls (Mars *et al.*, 2014:411).

Relationships with friends, partners and parents

Perhaps unsurprisingly, age appears to play a factor in relation to problems with friends, partners and parents (Madge *et al.*, 2011:503). Problems with friends and parents appear to be greater factors before the age of 15, with problems with partners taking over as a significant factor in adolescents of age 15 and above (Hawton *et al.*, 2003; Hurry, 2000). Problems with family was one of two most frequently cited reasons for engaging in self-harm in García-Nieto *et al.*’s study (2015:222), where they also found that problems with peers was one of the most likely factors to precipitate thoughts of self-harm in those who had not actually engaged in self-harming behaviour yet.

Specific links between self-harm and maternal antipathy have been reported by Di Pierro *et al.* (2012: 515) and Kaess *et al.* (2013), whilst Laye Gindu and Schonert-Reichl (2005) and Favazza and Conterio (1989) identified a link between self-harm and divorced families where children are living with one parent. The link between one-parent families and self-harm was not found in all studies, however, with De Leo & Heller (2004) finding that living with one parent was actually associated with less instances of self-harm. More recently, Martin *et al.* (2016) found that whilst not all those adolescents engaging in self-harming behaviours do have a negative perception of their relationship with their families, those who classed their parent-child relationship as negative were more likely to engage in more severe acts of self-harm in an attempt to regulate aggressive emotions. In addition, Xavier *et al.* (2016) identified that whilst those feeling devalued within a family are at increased likelihood of engaging in self-

harm, this likelihood is further exacerbated if they are concurrently experiencing problems with their peers.

There are however, several more recent studies which consider the role of perceived family support. Baetens *et al.* (2015) focused on the role of perceived family support in their study of 358 adolescents and found that:

Specifically, we show that perceived lack of parental emotional support is both directly associated with NSSI and indirectly associated through depressive symptoms. Furthermore, results show that perceived parental criticism has no direct relationship to NSSI but rather is indirectly related to NSSI through self-criticism. (Baetens *et al.*, 2015: 496)

In their study of 1973 adolescents, Tatnell *et al.* (2014) found that higher levels of perceived family support were key in those adolescents who ceased self-harming behaviours during their longitudinal study, suggesting that increased parental support can be a significant factor when trying to prevent self-harming behaviour from continuing. This links with the findings of Claes *et al.* (2015), discussed in the section on experiencing bullying below, that high levels of parental support can buffer the need to self-harm, and underpins the findings of Palmer *et al.* (2016) that family relationships amongst the participants of their study of adolescents who had been admitted to in-patient units due to self-harming behaviours were reported as significantly more dysfunctional than those of the non self-harming control group. This was also found by Gandhi *et al.* (2016) who identified that stronger attachments to peers and a supportive relationship with one's mother can potentially reduce the risk of engaging in self-harm. Glazebrook *et al.* (2016) suggest an underlying cause for this through the findings from their study which suggested that poor parental attachment was linked to a lower appraisal of problem-solving skills and a lower use of problem-focused coping, and that a lower appraisal of problem-solving skills was linked to an increased propensity to self-harm.

An interesting additional observation made by Mars *et al.* (2014:410) was that higher levels of the mother's education predicted increased risk of self-harm without suicidal intent, although it also predicted a reduced risk of self-harm with suicidal intent. They also found that paternal self-harm and parental suicide attempt increase the risk of

adolescent self-harm (Mars *et al.*, 2014:412). Another factor which has been recognised to increase the risk of self-harm with suicidal intent is a lower parental socio-economic position during childhood (Page *et al.*, 2014).

Sexual Abuse

A significant number of studies considered for my CAS highlighted a link between sexual abuse and self-harm. Di Pierro *et al.*, (2012: 517) found a link between forced sexual activity and both the occurrence of self-harm and the frequency with which self-harm is repeated. For some adolescents who self-harm because of sexual abuse, this seems to be linked to the need “to stop feeling numb or out of touch with reality” (Nixon *et al.*, 2002). Other studies which highlighted the link between sexual abuse and self-harm included Fortune *et al.* 2008b, Hawton *et al.*, 2002 & 2005; Patton *et al.*, 2007, and Skegg, 2005.

Experiencing bullying

Garisch & Wilson (2010) identified a link between adolescents who self-harmed and experiences of bullying. This was also found within the work of Livesey (2009) and Fortune *et al.* (2008b). McMahon *et al.* (2010) found a link between bullying and self-harm for boys but not for girls.

In my updated literature review, the work of Bucchianeri *et al.* (2014: 726-7) focusing on the links between four different types of harassment: race, weight, socio-economic status and sexual bullying, and mental health, found a specific link between all four types of bullying and self-harming behaviour, with boys who report sexual harassment being 2.71 times more likely to self-harm than those who don't. This research also indicated that for each additional type of harassment experienced, the odds of the adolescent engaging in self-harm also increased. Given the reasonably large size of the sample of young people (n=2,793) and the average age (14.4years) this is an important addition to the literature available about the relationship between bullying and self-harm. Interestingly, Claes *et al.* (2015: 3367), in their study of 785 adolescents, found a significant link between being a bully and engaging in self-harming behaviour in

addition to finding a correlation between being a victim of bullying and self-harm. However, perhaps the most significant finding from Claes *et al.* (2015: 3368) is the fact that “high levels of parental support ‘buffered’ the associations between both bullying and victimisation and NSSI.” This is a key finding because it lends support to the theory that social support can mitigate the negative effects of stress (Wolff *et al.*, 2014).

Wanting to ‘get their own back’ on someone

In O’Connor *et al.*’s study (2014: 48) one reason offered by a minority of pupils was “wanting to get my own back on someone”, which was suggested by 9% of girls who self-harmed. However, punishing themselves or ‘getting their own back’ on themselves was a much more common explanation offered, with 46% of girls and 38% of boys stating wanting to punish themselves as a motivation behind their self-harm. Although getting your own back on someone is often suggested as a reason why people might choose to self-harm by people who do not self-harm, this risk factor is not well represented in the research literature with adolescents who self-harm. However, Callan *et al.* (2014: 155) found that beliefs about deserving bad outcomes and wanting to punish oneself correlated significantly with thoughts of self-harm.

Risk factors associated with mental health problems

Anxiety and depression

Anxiety is, perhaps unsurprisingly, linked to self-harm because self-harm is cited by many as a way to escape “unbearable states of minds” (Motz, 2010: 81). This was found by Kidger *et al.* (2012a) where 64.4% of respondents gave “relief from terrible feelings” as a reason for their self-harming behaviour, and also by O’Connor *et al.* (2010), and Hintikka *et al.* (2009). Mikolajczak *et al.* (2009) found that 65% of adolescents in their study reported mild to severe depression and Kidger *et al.* (2012a) found that negative mood symptoms meant that people were more than five times as likely to self-harm as those without negative mood symptoms. More recently, Rawlings *et al.* (2015) also found that both anxiety and depressive symptoms were linked to an increased likelihood of planned and unplanned acts of self-harm; and Glazebrook *et al.* (2016) in their study of 18-20 year old undergraduate students found that those who

reported engagement in self-harm also reported current experience of increased anxiety and depression. In O'Connor *et al.*'s study (2014), "wanting to get relief from a terrible state of mind was the most frequently reported motive for self-harm", reported by 74% of girls and 60% of the boys who had engaged in self-harm. Although relief from terrible states of mind was a reason cited for engaging in self-harm, Kidger *et al.* (2012a) found that of those adolescents who had self-harmed, only half of those with suicidal intent and one third of those without suicidal intent felt better as a result of their actions. In addition, Roen (2016) in her work on transgender youth, also discusses how children who feel pressured to gender conformity or who feel that their gender is atypical are more likely to experience anxiety, and that this may be related to the increased amount of self-harming behaviour identified within this group.

However, there were contradictory findings in the work of Stanford & Jones (2009) concerning links between self-harm and depression; they found no reported anxiety or depression in their largest group of people who engaged in self-harm.

Poor self-esteem

Several studies highlighted a specific link between low self-esteem and self-harming behaviour (De Leo & Heller, 2004; Heath *et al.*, 2006 and Laye-Gindhu & Schonert-Reichl, 2005). Tatnell *et al.* (2014) identified significantly lower self-esteem amongst the adolescents who commenced self-harming behaviours during the course of their longitudinal study than those who did not engage in self-harm. Even individuals who had ceased self-harming during the study still showed lower self-esteem than those who had never engaged in self-harm; but they did show higher levels of self-esteem than those who had commenced self-harming behaviour during the study or those who had maintained their self-harming behaviour since the start of the study.

Shame

Tangney & Dearing (2002) place the emphasis on teachers to acknowledge that the way that they behave towards their students may encourage them to self-harm by inducing shame in pupils and making them compare their progress to the progress of others.

Catty (2012:88) suggests that self-harm publically embodies the shame which a pupil may be feeling, but may be unable to express. This idea is reflected in the work of McLaughlin (2005:55) who discusses how the body can be used to express distress in the absence of other means, and in the work of Gilbert *et al.* (2010: 569) who found a significant correlation between self-harming behaviour and character shame, behaviour shame and body shame within their study. McDermott *et al.* (2015: 881) also reflect on how contributors to online self-harm forums suggest feeling “ashamed and afraid” due to being gay. They claim that:

This reflects the continuing impact of non-heterosexual feelings, practices, and identities being sidelined, silenced, and appearing shameful and distressing.
(McDermott *et al.*, 2015: 881)

An inability to talk about problems

A strong link between adolescents’ inability to articulate their problems and the need to self-harm was identified by Hill & Dallos (2012:467). This experience is also reflected in the work of Fortune *et al.* (2008a). Babiker & Arnold (1997:87) suggest the need for professionals to encourage adolescents who self-harm to talk about their problems in a non-interrogative way in the hope of alleviating this cause of self-harming behaviour. In relation to this, Garcia-Nieto *et al.* (2015) found an interesting difference concerning the internalisation of anger. They found that adolescents who had thoughts of self-harm but had not acted upon it did not show a link with the internalisation of anger, but adolescents who had actually engaged in acts of self-harm did. They identify this as something specific to consider when thinking about how ‘at-risk’ individual pupils are of engaging in self-harm;

However, internalization of anger seems to be specifically associated with the NSSI group, suggesting that adolescents who are more prone to internalizing anger might be at a higher risk of acting on their self-injurious thoughts.
(Garcia-Nieto *et al.*, 2015: 228).

Brady (2014) describes this use of self-harm in more detail, stating that,

When cutting becomes established as a symptom, it becomes an alternative route to dealing with emotions. Thus, an initial inarticulateness about feelings in an adolescent (and in the family) can contribute to the development of a

symptomatic action on the body. This reliance on a symptom can lead to a further lack of development as emotional experience is consistently avoided.
(Brady, 2014: 294)

Amoss *et al.* (2016) found that when young people regulate their emotions through acts on their body it could well be because they are unable to manage them through other means. This concept is also reflected in the work of Holt *et al.* (2016) who state that young people with gender dysphoria are more likely to demonstrate internalising rather than externalising behaviour which may also go some way to explaining the high levels of self-harming behaviour (39%) which were found within their sample of young people with gender dysphoria.

Puberty

A significant link between self-harm and early maturity was identified by Patton *et al.* (2007) because a lower risk of self-harm is linked to a greater age. Favazza & Conterio (1989) also found a link between females who repeatedly engage in self-cutting and feeling uncomfortable with bodies which are sexually mature. Gardner suggests that in adolescents

... changes and the associated fantasies can contribute to a feeling of bodily estrangement – the sense of the body as different, as being an object, something apart and separate from the self. This then is a crucial feature involved in the practice of harming through cutting – the body becomes something that can be ‘dealt with’ or ‘punished and disciplined,’ and so is indirectly controlled and dealt with through specific physical attacks.
(Gardner, 2001: 61)

Roen (2016: 315) discusses how in this situation, self-harm is a way of mapping distress which is experienced because of an inability to feel comfortable with the bodily changes associated with puberty and adolescence onto the body, reflecting “an intertwining of emotional distress into corporeal ways of being” at a time when the constantly changing adolescent body is something which cannot be controlled by the adolescent experiencing the changes. Mc Dermott *et al.* (2015) also acknowledge that for LGBT youth who are struggling with adolescence, there is a sense in the discussion forums of a widespread acknowledgement that many of the difficulties associated with homophobia and transphobia will pass once adolescents reach adulthood and they can

take on adult responsibilities. Adolescents reassure each other with comments such as “think about your future,” “soon you’ll be independent,” “Your situation is temporary.” Mc Dermott *et al.* (2015: 879), and in these cases self-harm is suggested to be a temporary coping strategy. Holt *et al.* (2016: 115) also found that puberty was a particular time of distress for gender dysphoric young people with 44.1% of respondents in the 12-18 year old bracket engaging in self-harming behaviour with another 4% admitting to having thoughts about self-harming behaviour.

Higher IQ

Whilst there is growing evidence to suggest a link between lower IQ and suicide risk in adults (Mars *et al.* 2014); Chang *et al.* (2014) and Mars *et al.* (2014) found a link between a high IQ and increased risk of non-suicidal self-harming behaviour in both male and female adolescents, although the risk was greater in males than females. Chang *et al.* (2014: 180) suggest four reasons for this finding. They argue that a child’s above-average ability to their peers may isolate them from their peers, preventing them from sharing interests and therefore feeling lonely; they may see non-suicidal self-harm as a way to regulate stress; as the research was completed by self-report, the children with higher IQs may have been able to better spot any issues they were experiencing; finally, they suggest that it could simply be a chance finding and more studies would need to be done to see if similar findings are identified.

Repeat self-harming behaviour and premeditation

The literature reviewed originally suggested that self-cutting is less premeditated than self-poisoning with 36.1% of De Leo and Heller’s (2004) respondents self-cutting within an hour of considering the behaviour, 12.9% considering it for between 1 and 24 hours and 20.6% of respondents considering their behaviour for over a month before carrying it out. Many studies suggested that self-harm is a temporary response to their feelings for the majority of respondents. Prymachuk & Trainor (2010) found that 10-20% of young people repeat their self-harm, and McMahon *et al.* (2010) placed a lifetime prevalence of self-harm at between 8% and 12%. However, Glenn *et al.* (2016) found that adolescents identify most strongly with self-harming behaviour when

they have recently engaged in self-harming behaviour themselves, and that this identification is strongest within those adolescents who are most at risk of repeat self-harming behaviour. They also found that this association increases over time if adolescents continue to engage in self-harm. In fact, Arcoverde *et al.* (2016: 117) compared the discourses on the internet concerning self-harm to those concerning chemical dependency, commenting on the inability of some people who engage in self-harm to resist the appeal to self-harm again.

Risk factors associated with cultural pressure

Use of illegal drugs, alcohol and cigarettes

Table 2: Links between drug, cigarette or alcohol consumption and self-harm

Studies identifying a link between drug, cigarette or alcohol consumption and self-harm	Studies identifying no link between drug or alcohol consumption and self-harm
McMahon <i>et al.</i> (2010) Dewing <i>et al.</i> (2010) Hawton <i>et al.</i> (2002) Hawton <i>et al.</i> (2003) Madge <i>et al.</i> (2008) Ystgaard <i>et al.</i> (2009) Hawton <i>et al.</i> (2012a) Mars <i>et al.</i> (2014)	Hilt <i>et al.</i> (2008) Nock and Prinstein (2005)

(Updated from Margrett, 2014: 14)

A large number of studies in my literature review highlighted a link between illegal drugs, alcohol and cigarettes and an increased risk of self-harm. The updated table above from my CAS outlines the studies from my research which mentioned illegal drugs, alcohol or cigarettes and whether they suggested a link between their use and self-harming behaviour. More recently, Mars *et al.* (2014) identified that smoking was associated significantly with suicidal self-harm specifically in girls, increasing the odds six fold; although there was little evidence of a link between smoking and self-harming

behaviour in boys. It could be argued that engaging in the use of illegal drugs, alcohol and cigarettes may suggest that the adolescent is more susceptible to peer pressure because associations are often drawn between adolescent use of illegal drugs, alcohol and cigarettes and the role of peer pressure in that behaviour (Knee & Neighbors, 2002, Simons-Morton *et al.*, 2001, Kung & Farrell, 2000). It may therefore be worth considering a particular association for these adolescents between self-harming behaviour and peer pressure.

Pressures of school work

Initial research into self-harm conducted by Favazza & Conterio (1989) did not find a link between first time self-harming behaviour and problems with school work; however, a number of more recent studies have identified a link between pressures of school or a sense of not fitting into the cultural expectations of school and self-harm. Hawton *et al.* (2003), when looking at hospital presentation for injuries caused by self-harm, found “a significant decrease in admissions during school holidays with the busiest days being Mondays during term time, and the least busy being Saturdays” (Margrett, 2014: 18). This finding was also demonstrated by Fortune *et al.* (2008b) who found a stronger link between girls who self-harm and school pressures than boys, but an average 13% of respondents reported a link between their self-harm and pressure of school. Problems at school was also one of the two “most frequently endorsed precipitants for NSSI” in Garcia-Nieto *et al.*’s (2015:222) study.

Kidger *et al.* (2015: 166) in their study of self-reported school experience as a predictor of self-harm identified that perceptions of school at age 14 had an impact on self-harming behaviour at age 16. They identified several categories of pupil who were affected in this way, and these were: children who do not feel connected to school because they do not feel accepted or they are not making good progress; those who do not enjoy the experience of attending school, or the work they are given in class; and those who do not feel that teachers are fair or consistent in terms of managing behaviour or rules. This echoes the findings of Young *et al.* (2011), that low school engagement was a predictor for increased self-harming behaviour.

Sexual orientation

Skegg (2005) found that men and women with homosexual or bisexual feelings are more likely to self-harm than heterosexuals; a finding also shared by Fliege *et al.* (2009), De Leo & Heller (2004), Suyemoto (1998) and Young *et al.* (2006). Skegg (2005) also identified a greater risk of self-harm amongst homosexual men, although Crawford *et al.* (2003) noted that over three-quarters of school staff were unaware of the greater risk of self-harm for homosexual young men. McDermott *et al.* (2015), studying contributions of LGBT youth to online chat forums and blogs, also noted the link between LGBT youth, psychological distress and self-harm. The three common themes identified from analysing online discussions conducted by LGBT youth were that they suggest that self-harming behaviour is an attempt to deal with homophobic or transphobic abuse; that self-harm was caused by self-hatred, fear and shame; and also that self-harm is not specifically related to confusion over gender or sexuality. They claim that many respondents to internet forum discussions state that they are happy with the knowledge that they are gay; however, they see self-harm as a coping strategy to deal with the abuse they encounter from others due to their sexuality or gender (McDermott *et al.*, 2015: 882). Sexual orientation appears to be a problem for some adolescents because they do not fit the cultural norm.

The influence of TV and the Internet

Another key factor identified by O'Connor *et al.* (2014) was the influence of TV and the internet with 18% of adolescents (26% of boys and 15% of girls) citing the internet or social networking sites as something which provoked their self-harm, and research suggesting individuals who engage in self-harming behaviours may demonstrate greater internet usage than those who do not (Lewis *et al.*, 2012b: 263). Quotes given by the adolescents included "On TV it showed some relief from stress" and "A girl was having problems like me and she was doing it." (O'Connor *et al.*, 2014: 50). This suggests that in much the same way as having a friend or family member who self-harmed has been recognised for some time as a factor which normalises self-harming behaviour, in our technologically advanced age, people are also vulnerable from this type of normalisation or even glamorization (Lewis *et al.*, 2012a) from their virtual friends from the world of the TV, internet and social media. Lewis & Michal (2016) highlight

these issues and suggest that the main reasons for participants temporarily stopping e-communication directly related to self-harm on self-harm forums were because of the stress and conflict that they experienced from the e-communities and because the e-communities could act as a trigger to engaging in self-harm. Interestingly, however, the fact that the e-communities could act as a trigger to self-harming behaviour was also one of the reasons given for people returning to participation within self-harm e-communities. In their examination of responses to NSSI videos on YouTube, Lewis *et al.*, (2012c) found that responses may encourage or maintain behaviour and that discussion of recovery was rarely entered into on the site, which reinforces the claim that the internet can be used as a trigger for self-harming behaviour rather than to prevent it. In fact, the HMC stated that social media was identified as the biggest cause of concern for School Heads in relation to pupil mental health in a recent study (HMC, 2015b).

However, Frost & Casey (2016: 76) found that two-thirds of youth in their study of adolescents who had exhibited self-harming behaviour stated that they would hope to use the internet as a first step towards getting help before perhaps identifying additional help offline. Of those who had sought online help, they exhibited greater psychological distress, suicide ideation and more frequent self-harm, although they were less likely to have disclosed their behaviour to someone off line. The internet must therefore not be underestimated in its ability to support those who feel unable to report their actions to another human in person. This finding was shared by Lewis & Michal (2016: 254) who found that many users of self-harming e-communities did so to seek support and were particularly attracted by the anonymous nature of that support. As Frost and Casey (2016:76) state, “the Internet may act as a gatekeeper to care for young people who are unable or unwilling to access traditional gatekeepers (e.g., parents).”

Lack of religious or spiritual well-being

Whilst no specific studies concerning a lack of religious or spiritual well-being have been identified, Sansone and Wiederman (2015: 766) identified a specific link between religious or spiritual well-being and a protective effect against self-harming behaviour and suicide attempts. This is only one study and so more research would need to be conducted to determine whether religious or spiritual well-being can be shown to have a

protective effect against self-harm more widely, and conversely whether a lack of religious or spiritual well-being might be a risk factor associated with self-harm.

Goth culture

Young *et al.* (2006) and Rutledge *et al.* (2008) identified a strong link between Goth culture, defined as “a subgenre of punk with a dark and sinister aesthetic, with aficionados conspicuous by their range of distinctive clothing and makeup and tastes in music” (Young *et al.* 2006: 1058) and self-harm. Young *et al.* (2006) also identified a link between Goth culture, self-harming behaviour, and attempted suicide. Bowes *et al.* (2015: 797) found that adolescents who somewhat identified themselves with Goth culture at 15 years of age were 2.33 times more likely to report self-harming behaviour at 18 years of age than those who did not identify themselves with Goth culture; and those who very much identified themselves with Goth culture were more than five times as likely to engage in self-harming behaviour. However, they do acknowledge the social selection factors which suggest that those adolescents with a predisposition to self-harm or depression may be more attracted to join Goth groups in the first place (Bowes *et al.*, 2015: 799).

‘Privileged’ youths of high socioeconomic status

Ystgaard *et al.* (2009), and Yates *et al.* (2008) found a link between privileged youths (those children of white collar professionals or attending a private school) and self-harm, with Evans *et al.* (2005b) demonstrating a link between disordered eating and attending a high status school. This may link with the research of Lahey (2015) who suggests that greater fear of failure is associated with children who are over-parented. As a large number of children who attend private school have one parent who does not work, this could represent a greater opportunity for over-parenting, linked to higher parental and cultural expectations of a child’s academic success because they have paid for their child’s education.

Methods of self-harm

Adolescent self-harm is most commonly identified in the forms of self-cutting and self-poisoning with self-poisoning being responsible for the majority of hospital admissions and self-cutting more common amongst those who have not been admitted to hospital for their self-harming behaviour (De Leo & Heller, 2004; Hawton *et al.*, 2002; Madge *et al.*, 2008; Milnes *et al.*, 2002; Olfson *et al.*, 2005). As the majority of instances of self-harm do not result in hospitalisation, it is likely that estimates as to the number of adolescents who self-harm through self-cutting in particular are likely to be underestimates (Hawton *et al.*, 2009). Hawton *et al.* (2012b: 1217) identified a stronger link between self-cutting and eventual suicide compared to self-poisoning, and this may be due to the more secretive nature of the behaviour. However, a number of studies such as Madge *et al.* (2008: 669) and Best (2006: 164) identify a much wider range of behaviours including behaviours such as swallowing a large range of objects, self-tattooing, electrocution, and self-battery. In their study, Glazebrook *et al.* (2016: 211) found that the most prevalent types of self-harm were excess drug-taking and then cutting. However, although Gandhi *et al.* (2016) found that cutting, carving and scratching were the most prevalent methods of self-harm used by girls in their study, head banging was the most frequently used method of self-harm amongst the male respondents.

Who do people who self-harm report their actions to?

In the research considered in my CAS, reporting self-harm to friends was the most common course of action for people who self-harm, and this trend was found in the work of De Leo & Heller, (2004); Evans *et al.*, (2005a); Fortune *et al.*, (2008a); Hawton *et al.*, (2010); and Pristein *et al.*, (2010); with Fortune *et al.*, (2008a) stating that people who self-harm are nearly four times more likely to speak to friends than family members. Mothers were specifically mentioned as a person to report to in a number of studies (Evans *et al.*, 2005a & De Leo & Heller, 2004) with teachers also being suggested in those studies. However, only 20.8% of respondents in Evans *et al.*'s study and 6.7 of females in De Leo & Heller's study stated that they would disclose their behaviour to a teacher; compared to 84.7% of respondents in Evans' study and 61.4% of

respondents in De Leo & Heller's study stating that they would be happy to disclose to friends.

Part 2: Phenomenological and Sociological Understandings of the Body

Given the direct link between self-harming behaviour and the body, it is important to include a consideration of the ways in which the body has been understood by society in order to contextualise the way that the body is presented within my thesis. In this section, I will provide a brief overview of the work of the early phenomenologists Husserl, Heidegger, and Merleau-Ponty, and the conceptions of embodiment which can be found within their writing. Whilst I could write at great length about phenomenological understandings of the body, and how they have been developed by modern writers, this section serves to contextualise my theoretical perspective in relation to self-harm rather than interrogate all the literature within this field because the main focus of my thesis is staff experiences of pupils who self-harm as opposed to phenomenological understandings of the body.

Prior to the work of the phenomenologist Edmund Husserl, it can be argued that Descartes had irrevocably influenced attempts to answer the question of what constitutes the nature of persons for several hundreds of years through his attempts to understand truth as only that which can be intuited by the mind. This gave rise to a mechanical explanation to the functions of the body in terms of the natural sciences which rendered impossible any understanding of human corporeality which understood embodiment in relation to how humans understand and act within the world (Welton, 2004). For Descartes there was simply no fundamental difference between a dead body and a living body. As Leder argues, for Descartes, ideas of an animate ensouled nature were replaced by

a *dead* universe, devoid of any subjectivity and intention. The human body is then regarded as part of *res extensa*, and thereby modelled upon a lifeless machine. (Leder 1992: 119)

However, this conception was refuted by Husserl and other phenomenologists who followed him. For them, the focus was the lived body or "Leib" which was

differentiated from the “Körper” or dead, inanimate body in a way which would not be recognisable to Descartes. For Husserl, “The Body is, in the first place, the *medium of all perception*; it is the *organ of perception* and is *necessarily* involved in all perception” (Husserl, 1989: 12). Husserl was keen to argue that unchanging forms within the world have a “*changing appearance*” according to how they are positioned to the body of an individual, meaning that “the form appears in *changing aspects*, which present “*it itself*” more or less “*advantageously*” (Husserl, 1989: 14). Husserl was keen to explain that “Each thing of my experience belongs to my “environment,” and that means first of all that *my Body* is part of it precisely as Body” (Husserl, 1989: 21). This was a world away from the “*ergo cogito, ergo sum*” of Descartes who believed that existence was apprehended by the mind (Descartes, 1983). For Husserl, the key to embodiment was the fact that when we use our hand, for example to touch our other hand, we do not just feel the texture of the hand that we are touching, there are also senses which are being apprehended by the hand that is being touched, and we experience both. There are different touch sensations which are located in both hands. There are senses on the body, and senses in the body. Husserl was keen to argue that bodily sensings are “missing in ‘merely’ material things” (Husserl, 1989: 25) and that the loved body is seen as the zero-point of orientation (Holenstein, 2004: 57). This sentiment was echoed by Merleau-Ponty who claimed that thinking reduces a person’s field of being but “when I perceive, I belong, through my point of view, to the world as a whole” (Merleau-Ponty, 1962: 329).

Whilst many thinkers may argue that Heidegger gave virtually no thought to the body (Levin 2004: 125), and indeed Heidegger himself acknowledged that “The body phenomenon is the most difficult problem” (Fink & Heidegger, 1979: 146), there are some key passages in his work which can be argued to directly relate to self-harming behaviour due to Heidegger’s focus on the use of the hands. For Heidegger, the hands are “the essential distinction of man,” (Heidegger, 1962: 113) because

[e]very motion of the hand in every one of its works carries itself through the element of thinking, every bearing of the hand bears itself in that element. All the work of the hand is rooted in thinking. (Heidegger, 1962: 112)

Levin, when discussing the work of Heidegger argues that his work can be used to break free from the confines of metaphysics if we acknowledge that thinking is not just

carried out by the mind, and that it can, in fact be carried out by the hands, for example. What Levin is trying to acknowledge is that the way a hand is used is directly influenced by the nature of the thing it is handling; “letting ourselves – our hands, our gestures – be appropriated (*ereignet*) by the presencing of the thing” (Levin 2004, 139). For Heidegger therefore, it can be argued that it is necessary for the world to be experienced through an embodied state if it is to be experienced in all its richness and fullness. Without the presencing of a thing in the world by the body itself, the experience is incomplete.

As I have mentioned previously, the work of Merleau-Ponty is of specific relevance when considering the embodied state because this was a direct focus of his work. For Merleau-Ponty, it is insufficient to look for a metaphysical explanation for the body because the world is experienced through the embodied state itself. Perception is the interaction of the body and its surroundings. As he says:

Thus it is by giving up part of his spontaneity, by becoming involved in the world through stable organs and pre-established circuits that man can acquire the mental and practical space which will theoretically free him from his environment and allow him to *see* it. (Merleau-Ponty, 1962: 152)

Within this understanding of embodiment is the idea that there is a flow between physical movements and thought processes – the two are inextricably intertwined rather than two mutually exclusive terms. Merleau-Ponty describes this through his explanation that consciousness is not “I think” but rather “I can”. Steinbock describes this “I can” as:

[T]he embodied ability to instigate a flow of appearances, to pursue richer fulfilment and to move towards an anticipated situation that is given (teleologically) from the start. (Steinbock, 2004: 183)

This is the way in which we draw upon previous experiences of the body to contextualise an experience and to suggest to us the ways in which we can engage with something which we are experiencing. For example, if I perceive a boulder, that perception is influenced by the sense that the boulder has for me, for example as something to sit on.

Merleau-Ponty explains that the role of the body is to

transform ideas into things... The body can symbolize existence because it brings it into being and actualizes it. (Merleau-Ponty, 1962: 164)

This concept is particularly important when considering acts of self-harm which people perform upon their own bodies. It suggests that there is an inherent need within a person who performs acts of self-harm to inflict wounds on the very object (the body) which symbolises their existence. Merleau-Ponty also focuses on how a person can withdraw from situations in which they are involved with other people as a subject by withdrawing into an anonymous and internal life within their own body in addition to experiencing the external world as part of their embodied state. He acknowledges that “It may be said that the body is ‘the hidden form of being oneself’” (Merleau-Ponty, 1981: 165). The body is the conscious subject of experience, and if it is the hidden form of oneself then it would be a means through which to demonstrate inner torment or struggle which a person otherwise finds impossible to articulate. Merleau-Ponty never discussed self-harming behaviour such as cutting, but he did make a brief mention of anorexia. He stated that

[L]oss of voice does not merely represent a refusal of speech, or anorexia a refusal of life; they are that refusal of others or refusal of the future, torn from the transitive nature of “inner phenomena,” generalized, consummated, transformed into *de facto* situations. (Merleau-Ponty, 1962: 164)

In his final, unfinished work *The Visible and the Invisible* (1969), Merleau-Ponty began to refer to “flesh” rather than the lived body. However, Leder, feels that this description was incomplete, preferring the term “flesh and blood”, stating that “My own blood belongs as much to the world as to me: enfolded into my body it is never quite mine” (Leder, 1990:214). This is an interesting idea to consider in relation to self-harm which in the form of cutting allows the release of a person’s blood back to the world, perhaps serving to reunite them with a world that they have begun to feel withdrawn or separated from.

It would be fair to argue that within these phenomenological interpretations of human experience, there are issues with this understanding of the body, given that it only really works when the body functions as the dominating experience of perception – when it

can be the thing that has the duality of experience described by Husserl when he discussed the feeling and experience of both touching and being touched at the same moment. However, given that self-harming behaviours are performed by an individual on their own body, it can be argued to be an appropriate way to consider how self-harming behaviour functions for an individual whilst still acknowledging that phenomenological accounts of the body and embodiment have some problems associated with them.

Foucault and the Body

The work of these early phenomenologists greatly influenced Foucault who considered how society used the body as a means to exercise control over the individual. For Foucault, the body is “a site where regimes of discourse and power inscribe themselves” (Butler, 1989: 601). In *Discipline and Punish* (1977/1991) Foucault traces the development of public punishment from the subjectification of the external body in historical times to the subjectification of a person’s internal body through a psychological sense of self-hood which is seen through discipline in society today. Foucault explains how public punishment such as that of “Damien the regicide” (1997/1991: 3) on 2nd March 1757 where the external punishment of the flesh was used by society as a way of negating unacceptable deeds has given way to a situation where

[p]unishment no longer wants to handle the outside body, but instead wants to get *inside* the prisoner to consider and impact the prisoner’s heart, mind, will and inclinations: in short, the criminal’s *soul*.

(Schwan & Shapiro, 2011: 25)

Foucault sees the sense of autonomy as an illusion. It is instead the means by which society exercises its power on the individual. The body itself is “invested by power relations” (Foucault, 1977/1991:24). For Foucault,

[i]n the old system, the body of the condemned man became the king’s property, on which the sovereign left his mark and brought down the effects of power. Now he will be rather the property of society, the object of a collective and useful approbation.

(Foucault, 1977/1991: 109)

Foucault feels that punishment today is conducted in “tiny theatres of punishment” (Foucault, 1977/ 1991: 113) where society can learn from the punishment of others, leading to a situation where people conform to the norms of society because they feel under public pressure to do so. Control will be enforced through social institutions such as schools, the army and other public bodies such as hospitals. However, as there is no one source such as the king who defines which action is appropriate, Foucault projects the image of a society in which the individual is no longer sure whether they have managed to meet the accepted norms.

This uncertainty makes us more dependent on authorities like doctors, teachers, etc. to tell us if our actions, personalities and bodies are normal or not. Additionally, we also begin to internalize the function of supervision, even in the absence of a supervisor, as we begin to interrogate our ‘selves’ to see if they are acceptably ‘normal’.

(Schwan & Shapiro, 2011: 120)

In *The Subject and Power* (Rabinow, 1991), Foucault explains how the “subject is objectified by a process of division either within himself or from others” (Foucault, 1982: 208) and arguably this sense of objectification can be seen to be at the root of seeing those who self-harm as ‘other’ or not “acceptably normal”. In *Discipline and Punish* (1997/1991:189), Foucault speaks of a “field of documentation” in which examinations are used to place the individual into a “field of surveillance” in which they feel the pressure to achieve sufficiently well against the achievements of others, so that their own achievements are compared to the ‘norm’. Foucault explains that

[w]e are in the society of the teacher-judge, the doctor-judge, the educator-judge, the ‘social-worker’-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subject to it his body, his gestures, his behaviour, his aptitudes, his achievements.

(Foucault, 1977/1991: 304)

Within the penal system of history, public torture had another role. Torture served the purpose of delivering the criminal from the guilt of their action (Lingis, 1994: 288). This delivery from guilt is less tangible and complete within the new form of discipline proposed by Foucault in which discipline is metred out by society. Today’s discipline may make the body docile, but it does not assuage the guilt associated with failing to fulfil the ‘norm’ of society.

Butler, (1989) states that for Foucault “The prohibitive law is not taken into the body, internalized or incorporated, but rather is written *on* the body”. It may be argued that for those adolescents who feel the need to engage in self-harming behaviours such as cutting, they may be externalising their inability to achieve the ‘norm’ required of them by society in relation to their personal sense of success or failure, and so they attempt to deliver themselves from the guilt by inflicting a very public form of torture by writing their distress on their bodies in much the same way that punishment of the past sought to absolve the criminal of their guilt through the public torture of the body. This theory is reflected by Roen (2016) who states that:

[s]elf-harm lends itself to being understood via the concept of embodiment insofar as self-harm itself refuses to be categorized as a bodily ailment or a mental state: it clearly reflects an intertwining of emotional distress and corporeal ways of being. Through self-harm, particular types of distress get mapped onto the body. (Roen, 2016: 315)

The cultural context of the Body in Society

Goffman, in *The Presentation of the Self in Everyday Life* (1959), suggests the idea that as soon as an individual comes into the presence of others, he or she is immediately presenting him or herself in a particular way. For Goffman,

[w]hen an individual appears in the presence of others, there will usually be some reason for him to mobilize his activity so that it will convey an impression to others which it is in his interests to convey. (Goffman, 1959: 15)

This is the concept that people have an implicit understanding of the social standards which are expected from them by others in different social settings, and that they adapt their behaviour so that they appear to embody those standards (Goffman, 1959:110). This links well with the work of Foucault in *Power/ Knowledge* (Rabinow, 1991: 73) where he suggests that the concept of ‘truth’ is actually different in each society depending on the “general politics” of truth which are the discourses that are accepted by that society as true and from which their “regime” of truth is constructed (Rabinow, 1991: 73). Goffman proposes that much of public life can be compared to a theatrical performance, where public and private behaviour may differ because when they are

acting in private, people are not subjected to the same sort of social control exerted on them by other members of society as they are in public. This concept links well with Foucault's (1977/1991) ideas of individuals acting within the "field of surveillance", where their behaviour is controlled by the expectations of society, and these expectations change over time and within different contexts.

For instance, self-harming might be considered a crime by jurists, a symptom of a mental disease by doctors, a strategy to cope with mental suffering by psychologists, or as a necessary practice to atone for sins by priests.

(Arcoverde *et al.*, 2016: 112)

The concept that behaviour is controlled by the expectations of society has also been identified by Orbach in her book *Fat is a Feminist Issue* (2006) where she acknowledges the pressure from society on people to conform to not only a particular way of behaving, but also a particular way of looking.

But despite the fact that one size does not fit all, the desire to conform and to see reflected back in our mirrors an approximation of what we see on billboards, magazines and screens is compelling. The uniformity of the visual imagery that we are exposed to reconstructs our relationship to our bodies.

(Orbach, 2006)

Orbach argues that if a girl does not feel that her looks conform to what society feels she should look like then it has a detrimental effect on the way that she sees her whole life. Orbach explores the fact that within 3 years of television being introduced to Fiji in 1995, 11.9% of teenage girls were demonstrating bulimic behaviour (Orbach, 2006). In her writing, Orbach discusses what it is that the fat stands for in women who choose not to conform to the stereotype promoted, and indeed expected, by society, suggesting that in some cases it is used by women as a means to express their continuing need for their mother even after they go out into the world, or their need to reject the sexual advances of others because they do not want to be seen as only valuable because of their sex appeal. Orbach's work demonstrates that the conscious or unconscious action which rejects the expectation of society to behave in a certain way or look a certain way can often be found when one explores the motivation behind behaviour that does not conform. The expectations which society places upon people to conform are also explicitly evident within queer bioethics which claims that society is a place in which

nonconforming configurations of sexed embodiment and gender identification are conceived of as needing to be set right, mended, or fixed in place according to normative expectations. (Roen, 2016:309)

For Smail, the issue is that we do damage to ourselves and each other because the “‘reality’ we believe in is an illusion” (Smail, 2015:1). By judging ourselves and others harshly and by exercising power over others rather than taking care of them, we are irreparably damaging ourselves and others. Smail cautions that it is important that humans view themselves as “*bodies in a world*” (Smail, 2015:10, italics in original).

What Smail is arguing is that the idea of perfect happiness that we are trying to pursue is actually an unattainable illusion, and that if we do not accept that perfect happiness does not exist and we continue to strive for the ultimate happiness which we have mistakenly come to believe is the point of living, we will suffer and possibly go crazy in the pursuit of it. He suggests that society is conditioning its members to look down upon those who deviate from the narrow norms of acceptable behaviour and to see any deviation as a sickness. Interestingly, for example, Arcoverde *et al.* (2016) make the observation that whilst a healthcare professional is afforded the right to cut a person to aid their health or beauty, it is considered a deviation for a person to take a similar action on their own body. Smail proposes that pain and despair are actually the product of society manipulating individuals to behave in a socially acceptable way in an effort to exercise control and maintain a hierarchy of power. He recognises that this manipulation can show itself in a pressure on children to succeed and achieve to enhance their own status and the status of their families and that this pressure to achieve can limit or prevent our children from challenging the norms of society and finding a new path:

[W]e tend to impose upon them a cold objective gaze which monitors their every departure from our norms and enables us to force them back into the ways of *our* choosing. In this way, the child becomes terrified of its own ‘interiority’: it discovers that most of what it experiences and feels and thinks is not permissible, and so, as soon as it can, it opts for any state of ‘objectivity’ in which it seems to be moderately successful and reasonably comfortable, and beyond that state it does not pass. (Smail, 2015:127)

Cultural pressures can also be explored in relation to those adolescents who choose to engage in self-harming behaviours. They are perhaps trying to control their feelings of failure if they have not met the standards which society expects them to achieve, or even to control their fear that they might fail to meet those standards if they have not already failed. They are inscribing their torment and shame on their body in a way which would be recognised by Merleau-Ponty and Foucault as discussed above. Gilbert *et al.* (2010: 573) link increases in adolescent self-harming behaviour in competitive societies to the fact that adolescents are more and more often comparing themselves to popular images and finding themselves inadequate. As Arcoverde *et al.* (2016) acknowledge;

[p]henomena such as self-harm and anorexia, for instance, are means of resistance on the body expressing tensions between subject and alterity (difference), an attempt to build borders and limits to the individual as a subject, to produce meanings for him/herself. (Arcoverde *et al.*, 2016: 114)

Part 3: The Changing Role of the Parent and the School in relation to the Education of Young People Today

As I have discussed, many of the reasons suggested why an adolescent might choose to engage in self-harming behaviour are linked to their need to relieve or release unwanted feelings (Chapman *et al.*, 2006), or because they have not learnt to express their emotions (Brown & Kimball, 2013). As many teachers have suggested that they feel that self-harming behaviour in schools is increasing (Heath *et al.*, 2006), I wanted to explore whether there have been any changes in the ways that schools operate, or how people choose to parent which might offer reasons to suggest why adolescent's need to self-harm in order to relieve unwanted feelings or to express their emotions appears to have increased.

The Nuffield Foundation (2012: 6) stated that they had seen a rise in parental monitoring of adolescents between 1986 and 2006, and many researchers have documented the changing role of the parent in relation to education, (for example Reay, 2001 & Lahey, 2015). It is clear that the expectations of the part that a parent and the school will play in their child's education have changed inexorably since the beginning of the 19th Century with the parent's role in relation to the school becoming more and

more formalised in government legislation in England from the end of the 1960s onwards.

Centuries earlier, John Locke in his work *Some thoughts concerning education* (1737) stated that he felt that a real education happened at home, where the qualities of “Justice, Generosity, and Sobriety, join’d with Observation and Industry” (Locke, 1737:67) could be taught with the assistance of a tutor. For Locke, if a boy could not learn more of these qualities at home “than he could learn at School, his Father has made a very ill Choice of a Tutor” (Locke, 1737:67). At this time, however, education was the preserve of the rich with the children of many working class families employed in the abundance of factories which had grown up as part of the Industrial Revolution. Following the introduction of compulsory schooling for children aged 5 – 10 in the 1880 Education Act, this situation began to change, although because fees were payable until 1891, truancy rates were significant. Further changes to legislation followed in 1893 when the age of compulsory education was extended to 11 years and in 1899 when it was extended to the age of 12 (Parliament, 2016). At this time, parental involvement in schooling was minimal as literacy levels were low amongst working class parents and schools could choose the curriculum that they taught. However, in 1862, Lowe published a new code for educational funding which meant that schools only received funding for pupils if they had attended school for more than two hundred mornings or afternoons in the previous year, and if they “passed one of the seven examinations, in each one of three key subjects—reading, writing and arithmetic” (Midgley, 2016: 686) which introduced some accountability to the government.

Lahey (2015) argues that the 1913 publication of Dr Truby King’s book *Feeding and Care of Baby* in Britain “signalled a lapse in Western society’s faith in the competence of parents.” She states that it heralded a change from viewing children as resourceful miniature adults to a situation where parents focused more on their children’s psychological and emotional needs because they had less children and those children had much greater amounts of free time in which any psychological issues might surface. However, there is contradictory evidence that some parenting experts were still advising parents to hold their children at a distance and not to become too involved in their lives in the 1920s. In 1928, parenting expert J.B. Watson advocated that when relating to their children, parents should;

Treat them as though they were young adults. Dress them, bathe them with care and circumspection. Let your behavior always be objective and kindly and firm. Never hug and kiss them, never let them sit on your lap. Shake hands with them in the morning.

(JB Watson, in Glass & Tabatsky, 2014)

However, by the 1960s, approaches such as attachment parenting became popular. This approach “sought to strengthen the parent-child bond through constant, close contact and nurture” (Lahey, 2015); however, it also continued to stress the need for ever closer involvement of parents in the lives of their children. The 1960s were also the time in which the “importance of close links between teachers and parents in promoting children’s achievement was first recognised” (Reay, 2001, 99) in the *Plowden Report* (1967) which identified that parental involvement in education was an area in need of development as well as recommending written reports and parents’ evenings as a way of encouraging communication between school and home to enable this parental involvement to happen.

Since the *Plowden Report* there has been a great deal of government legislation which has focused on the importance of the relationship between parents and school. For example, *Better Schools* (DES, 1985), a government White Paper advocated the fact that the effectiveness of schools could be enhanced through greater cooperation with parents. This was closely followed by the 1988 *Education Reform Act* which focused on the accountability which schools had to parents, which would be achieved through working towards national attainment targets and offering greater opportunities for parents to choose an appropriate school for their child. The 1991 *Parent’s Charter* was then introduced. This was a document which stated that

Parental rights to know were to be enlarged through five key documents: a report about each individual child; regular reports from independent inspectors; a performance table for all local schools; a prospectus about individual schools; and an annual report from a school’s governors.” (Reay, 2001: 99)

This put an onus on schools to begin to become more transparent in the way that they were teaching children. Other documents which focused on parental involvement included *Choice and Diversity* (1992) and the White Papers *Excellence in Schools* (1997), and *Excellence in Cities* (DfEE, 1998, cited in Reay, 2001) which formalised the

need for a Home-School contract, introducing the idea that parents and schools needed to work in an official partnership in which both parties were to invest. In 2001, the Green Paper *Schools, Building on Success* (DfEE, 2001) was published. Again, it focused on the need for parents to work in partnership with schools in order to foster continued success for children within education.

We will encourage those within the education service to learn from each other and to work with and learn from those outside it – parents, communities, the cultural sector and business. (DfEE, 2001: 16)

The subsequent White Paper, *Schools, Achieving Success* (DfES, 2001), continued in this vein, issuing what could almost be seen as a ‘call to arms’ for teachers and parents to be jointly involved in a mission to educate their children.

We must harness to the full the commitment of teachers, parents, employers, the voluntary sector, and government – national and local – for our educational mission. (DfES, 2001: 5)

In 2003, the Labour government published *Every Child Matters* (DfES, 2003a & 2003b) which imposed a ‘duty of wellbeing’ on schools. Suddenly, schools were accountable for five areas of every child’s life including; ‘being healthy’, ‘staying safe’, ‘enjoying and achieving’, ‘making a positive contribution’ and ‘enjoying economic well-being’. This meant that the remit of schools had publicly been widened to include areas of a child’s life which would previously have been seen as the sole domain of the parent.

In July 2004, The Department for Education and Skills published their *Five Year Strategy for Children and Learners* (DfES, 2004) which stated the need to sustain progress with “new and radical reforms” which would be achieved through five key principles, one of which was

Partnerships with parents, employers, volunteers and voluntary organisations to maximise the life chances of children, young people and adults. (DfES, 2004: 7)

The 2005 White Paper, *Higher Standards, Better Schools for All* (DfES, 2005), introduced even greater expectations of partnerships between schools and parents with parents being given the chance to form parent councils with the expressed purpose of being able to influence school decisions. In addition, parents were also finally given the

opportunity “to set up new schools supported by a dedicated capital pot” (DfES, 2005: 9), a move which formalised just how far the expectation of parental involvement within their child’s education had come. December 2006 saw the publication of *2020 Vision* (DfES, 2006) the document outlining the government’s vision for personalised teaching and learning in schools by 2020. Again, the focus was very much on the fact that in order for the vision to be achieved, “active commitment from pupils, responsiveness from teachers and engagement from parents” (DfES, 2006: 3) must all be in evidence.

The 2009 Steer Report, *Learning Behaviour: Lessons Learned, A review of behaviour standards and practices in our schools* (DCSF, 2009), focused on the school-home relationship and ways in which the relationships between schools and parents could be strengthened. It highlighted the importance of Parent Support Advisors and the need to train school staff in how they could be used in order to achieve the best possible relationship between the home and the school.

Parent Support Advisers can enable the school-home relationship to grow and flourish. Schools and Local Authorities should give priority to their training so as to maximise the potential of this important school resource. To raise understanding of the importance of this role, information regarding the role of the Parent Support Adviser should be included in the training of all school staff. (DCSF, 2009: 11)

Other more recent publications such as *The Importance of Teaching* (DfE, 2010), and the *Teachers’ Standards* (DfE, 2011) have also highlighted the importance of the home-school relationship and the role of parents in helping schools to achieve their aims. The need for parents to become actively involved in school life and for an active home-school partnership has therefore gained momentum since its inception in the 1960s, reaching a situation in 2016 where it is considered imperative to the success of schooling. This greater involvement of parents in schooling which is required by the Government has led to many parents becoming unsure how much involvement within their children’s schooling and lives in general is appropriate (Hagell, 2012).

Bianchi (2006) discovered through her research in America that working mothers in the 1990s were actually spending a similar amount of time with their children to the stay-at-

home mothers of the 1960s; a situation which was facilitated through the growth of practises such as home working, and the ability of more middle class parents to hire domestic help in the form of cleaners, for example, in addition to simply sleeping less and reducing their own social commitments (Glass & Tabatsky, 2014). This focus on the need to maintain time spent with children in addition to working in paid employment, and the sacrifices which are made to accomplish this, is perhaps another factor which has increased the level of importance which many parents attach to their parental role.

Parents and children in England today are faced with a meritocratic culture, where state schools are compelled by *The School Information (England) (Amendment) Regulations 2012* to publish their academic results online so that they can be compared with the achievements of other similar schools, or schools within the same area using the School and College Performance Tables website (DfE, 2016a), hosted by the Department for Education. This is placing yet more pressure on parents in relation to choosing a school for their child. Parents are encouraged to sift through the data produced by schools to choose the most appropriate school for their child, and, in a culture which is frightened of failure, this often means choosing the school which has achieved the highest examination results because the School and College Performance Tables state the percentage of children achieving 5 or more GCSEs or equivalent at grades A*-C (DfE, 2015a). The underlying implication of the tables stating data from children achieving 5 or more GCSEs or equivalent at grades A*-C being that in order for all pupils, whether they attend state or independent schools, to have achieved the minimum government expectation, they must achieve a minimum of five GCSEs at grades A* - C. If they do not do this they fail to add to the statistics on a league table through which their school is judged by society, and because of this they come under the scrutiny of society's "normalizing gaze, a surveillance that makes it possible to qualify, to classify and to punish" (Foucault, 1977/1991: 184). This in turn places additional pressure on schools and their teachers to ensure that their pupils attain results which place them near the top of the league tables, or at least in a favourable position compared to other schools within their area. This is an example of Foucault's Power/ Knowledge relationship, summarised by Rabinow:

Precise *dossiers* enable the authorities to fix individuals in a web of objective codification. More precise and more statistically accurate knowledge of individuals leads to finer and more encompassing criteria for normalization.
(Rabinow, 1991:22)

This external surveillance, which has meant that “testing and league tables are becoming central to the motivation system of children and teachers” (Layard & Dunn, 2009: 103) has led to claims of a culture of ‘over-teaching’ or ‘spoon-feeding’ pupils the information they need to pass exams (Ovens, 2011). In addition, the role of the teacher has changed from a role where the well-being of pupils was considered as part of the teacher’s general role up to the 1990s (Best *et al.* 2000), to more recently where the role of the teacher is more specifically focused on academic and cognitive development (Banerjee *et al.*, 2016); meaning that individual teachers often have to prioritise a child’s academic progress and results over any concerns they may have over pastoral issues, possibly passing them on to a pastoral member of staff whose designated role it is to deal with pastoral concerns (Gray *et al.*, 2011: 15). However, although the pastoral care structures within schools have changed, the emphasis on providing specific pastoral support for pupils and their parents has increased. The HMC stating details on their website about their recent survey of mental health within their Independent sector schools noted that

Half now have links with a psychologist and 94% said they were running parenting classes to work with parents “on issues of pastoral concern”. One in 10 spend more than £100,000 a year on such support and nearly half have spent £50,000 a year.
(HMC: 2015b)

Developing Resilience in Young People Today

Recent documents from the Department of Health (2015), the Department for Education (2016b) and Public Health England (2015) stress the requirement for the promotion of resilience amongst young people as a way to combat mental health problems; and policy initiatives are increasingly focused on the need for schools to support young people’s emotional and mental health (Kidger *et al.*, 2010). However, there is some evidence to suggest that a majority of whole school approaches to emotional health are ineffective (Kidger *et al.*, 2012b). The Department for Education draws from the work on

resilience by Rutter to underpin their thinking, offering the following definition of resilience:

Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches. (DfE 2016b: 8)

In addition, Banerjee *et al.* (2016: 7) are also keen to stress that Rutter's conception of resilience

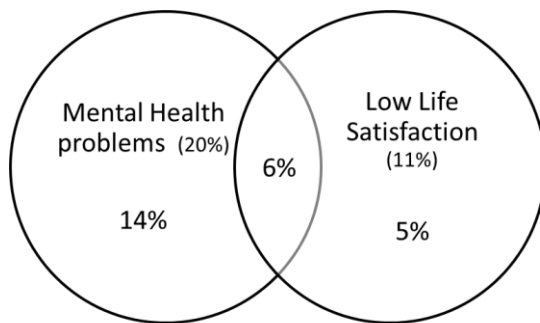
involves a recognition that resilience is a developmental process that is influenced by external social supports and can be nurtured within the family and other social contexts. (Banerjee *et al.*, 2016: 7)

It is interesting to consider the question of why some children appear more resilient than others and some children develop mental health problems, perhaps addressing them through behaviours such as self-harming actions, whilst others do not. *The Good Childhood Report* (2015), published by The Children's Society highlighted a statistic that whilst there was an overlap between low life satisfaction and high mental health problems, it did not follow that the two were necessarily related.

This difference was illustrated by a diagram which demonstrated the overlap in children between mental health problems and low life satisfaction, whilst also highlighting the significant difference mentioned in the quote above that whilst many children self-reported that they were suffering from either mental health problems or low life satisfaction, only a small proportion of them actually demonstrated evidence of experiencing both, (see Figure 3, page 55). This suggests that many children who have mental health problems may actually consider themselves to have reasonable life satisfaction, and yet they are still experiencing problems with mental health.

This statistic is potentially important when considering self-harm amongst privileged adolescents because certain factors linked to subjective well-being related to low income and lack of material possessions (The Children's Society, 2015: 26) do not apply and yet there is still evidence of mental health problems amongst these children.

Figure 3: Overlap between mental health problems and life satisfaction



Source: Understanding Society survey, Wave 1

(The Children's Society, 2015:29)

Banerjee *et al.* (2016:8), quoting Werner, discuss the fact that because the ways that children adapt are affected by the context they are in, it is unlikely that an intervention will be identified which assists all children to build their skills of resilience. They outline the various initiatives which have been tried:

- Strengthening family dynamics, such as parent skills training;
- Increasing the capacity of counselling and mental health services, such as providing counselling in schools;
- Encouraging supportive school environments, such as creating peer and adult role model and mentorship programmes,
- Developing community programmes, such as recreational and after-school activities;
- Promoting socioeconomic improvement, such as efforts to decrease poverty; and
- Adopting a more comprehensive conception of resilience, shifting from crisis intervention to primary prevention

(Banerjee *et al.*, 2016:8)

However, as Gray *et al.* note

‘Resilient’ pupils can probably survive the majority of events, destabilising processes, and some level of organisational dysfunction; less ‘resilient’ pupils are likely to be vulnerable.

(Gray *et al.*, 2011: 6)

One reason that has been suggested as a potential cause for an initial lack of resilience within some children is that it is a response to being faced with potential failure, caused by a fixed mindset (Dweck 2007/2008: 38). There is significant research which suggests that girls who achieve well at school are vulnerable later when faced with

academic challenges (Licht & Dweck, 1983 & 1984; Cramer & Oshima, 1992), and this has led Dweck, amongst others to consider which factors may affect young people's ability to deal with failure and stress.

For Dweck, the key lies in the way in which children's achievements are praised or criticised. Her research has identified the concept that children either develop a fixed or a growth mindset (Mueller & Dweck, 1998; Dweck, 2007/2008), directly related to whether they have become used to being praised for their intelligence or for their effort, and that this affects the way that they deal with challenges and failures in their lives.

Fifth graders praised for intelligence were found to care more about performance goals relative to learning goals than children praised for effort. After failure, they also displayed less task persistence, less task enjoyment, more low ability attributions, and worse task performance than children praised for effort. Finally, children praised for intelligence described it as a fixed trait more than children praised for hard work, who believed it to be subject to improvement.

(Mueller & Dweck, 1998: 33)

It is claimed that embedded in the idea of praising achievement is the underlying implication that achievement is fixed and that you are either clever or you are not; removing the confidence of a child to try any activity that they feel less confident to pursue due to fear of failure (Elliot & Dweck, 1988). Mueller & Dweck (1998: 50) found that for children with a fixed mindset, failure was an "invalidation of their intelligence" so they would rather opt for the task which would continue to validate their intelligence even if it failed to offer a higher level of intellectual challenge. Conversely, by praising effort over intelligence, they found that children were more likely to develop a growth mindset and were willing to attempt tasks at which they may fail because even if they failed they could learn from their experiences. Dweck (2012) explained that the failure did not discourage the children because they didn't think that they were failing, they viewed it as part of the process of learning.

Lahey, cites the example of Marianna to illustrate Mueller & Dweck's point:

Marianna is very smart, and her mother reminds her of that on a daily basis. However, Marianna does not get praised for the diligence and effort she puts in to sticking with a hard maths problem or a convoluted scientific inquiry. If that answer at the end of the page is wrong, or if she arrives at a dead end in her research, she has failed, no matter what she has learned from her struggle. And yet contrary to what she may believe, in these more difficult situations she is

learning. She learns to be creative in her problem-solving. She learns diligence. She learns self-control and perseverance. But because she is scared to death of failing, she has started to take fewer intellectual risks. She knows that if she tries something challenging or new, and fails, that failure will be hard evidence that she's not as smart as everyone keeps telling her she is. Better to be safe.

(Lahey 2015)

Marianna is exhibiting a number of risk factors associated with self-harming behaviour in this passage. She is clearly a pupil with a higher IQ who is suffering from anxiety due to the fear of potential failure, and the shame which that failure will cause. Her fixed mindset had led her to link an incorrect answer with failure and shame, rather than simply an opportunity to grow and develop in her understanding. Lahey argues that the pressure on parents to be seen as 'good parents' by becoming more involved in their children's lives is at the root of their children's inability to fail. As parents feel more responsible for their children's happiness, Lahey suggests that they take control of their children's mistakes; helping them with their homework or solving potential issues before they present themselves to stop their children from feeling the disappointment of failure. However, learning to fail is an essential part of developing a growth mindset and the resilience to deal with problems.

The impact of 'helicopter parenting' or 'over-parenting' on resilience

A phenomenon which has received international attention over the past few years is the phenomenon of 'helicopter parenting' (Bradley-Geist & Olson-Buchanan, 2014). This phrase, originally coined by Cline and Fay in 1990, is defined in the updated and expanded version of their book as referring to parents who

“think that love means revolving their lives around their children... They hover over and then rescue their children whenever trouble arises... As soon as their children send up an SOS flare, helicopter parents, who are ready hovering nearby, swoop in and shield the children from teachers, playmates, and other elements that appear hostile.”

(Cline & Fay, 2006)

As 'helicopter parents' are often viewed as becoming “overly involved and protective” (Odenweller *et al.*, 2014) others use the phrases 'intensive parenting' (Bernstein & Triger, 2000) and 'over-parenting' (Lahey, 2015, Glass & Tabatsky, 2014, & Segrin *et al.*, 2012) instead of 'helicopter parenting' to describe the phenomenon. Lahey states

that “Over-parenting teaches kids that without our help, they will never be able to surmount challenges” (Lahey 2015). This stance is supported by Glass and Tabatsky (2014), who argue that over-parenting gives children unrealistic expectations of their own entitlement, damages their self-esteem and prevents them from dealing well with failure. ‘Helicopter parenting’ has been demonstrated to deteriorate a child’s self-efficacy, limiting their ability to persist against challenges and reducing a sense of well-being (Reed *et al.*, 2016). Cline and Fay suggest that:

Such children are unequipped for the challenges of life. Their significant learning opportunities were stolen in the name of love.

(Cline & Fay, 2006)

More recent research by Segrin *et al.* (2015) suggests however, that ‘helicopter’, or ‘over-parenting’ and the consequent lack of self-efficacy experienced by children of ‘helicopter parents’ may not always be borne out of love, because their research found that ‘over-parenting’ was seen to occur in family contexts which were marked by “criticism, less positive attitudes between parent and child, and conditional parental regard” (Segrin *et al.* 2015: 479). Regardless of the motivation behind ‘helicopter parenting’, research has begun to show an empirical link between helicopter parenting and a wide range of negative outcomes for children including a lack of engagement in school and a lack of self-confidence (Padilla-Walker & Nelson, 2012), a heightened sense of entitlement (Segrin *et al.*, 2012), the exhibition of neurotic tendencies, the need to depend on others for support and validation, and a lack of effective coping skills (Odenweller *et al.*, 2014). In their study of university students in the United States, LeMoyne & Buchanan (2011) aimed to conduct empirical research to see whether they could find evidence for the concept of ‘helicopter parenting’. Using their “helicopter parenting scale”, they identified that experiencing ‘helicopter parenting’ was negatively related to total wellbeing, as well as being associated with anxiety and depression in the children of helicopter parents.

Over-parenting is significantly different to the approach advocated centuries earlier by Locke who counselled a very different way of dealing with childhood failures. He was clear that part of the role of the parent was to let a child make mistakes and learn from them.

In the little harms they suffer from knocks and falls, they should not be pitied for falling, but bid do so again; which besides that it stops their crying is a better way to cure their heedlessness and prevent their tumbling another time than either chiding or bemoaning them. (Locke, 1737: 122)

Yet in today's society, parents are often seen to reward their children with lavish and over-inflated praise for their accomplishments. The effects of overinflated praise by both parents and teachers have been researched by Brummelman *et al.* (2013 & 2014). They found that inflated praise reduces challenge seeking, but specifically within those children who have low self-esteem, and that praise directed at the person such as "You're great!" can leave pupils with low self-esteem feeling a sense of being ashamed after failure (Brummelman *et al.*, 2013), or even paralysed by a sense of potential failure in the future (Brummelman *et al.*, 2014). Lahey (2015), a teacher, argues that when children have received overinflated praise, they tend to do a minimum amount of work and avoid challenge activities in case they fail to live up to parental expectations and bring shame upon themselves.

This sense of anxiety in the face of potential failure, leaves many children paralysed by the possibility of failure and therefore disengaged with school. Padilla-Walker and Nelson, in their work on 'helicopter parenting' found that the greater the involvement of parents in their child's life, the less engaged the child becomes with their schooling (Padilla-Walker & Nelson, 2012:1187). This is ironic when it could be argued that one source of the shift of parental focus "from matters of life and death to the small details of children's mental, physical and emotional development" (Lahey, 2015) could be the growing requirement seen in Government Policy for parents to become active participants in their children's schooling. It is potentially difficult for parents to know how to differentiate between having an active home-school relationship and 'over-parenting' or 'helicopter parenting'. As Walkerdine *et al.* (2001:114) note,

Texts on education are constantly full of the need to make parents (read mothers, pace David *et al.*, 1993) responsible for getting it right for their children from infancy onwards. Women therefore bear an incredible burden and responsibility and we argue that it is middle-class women who are understood as the purveyors of normality and have to be strictly regulated, and indeed to regulate themselves through what counts as love and guilt (after all, who would want their child to grow up as 'abnormal' or 'disadvantaged'?).

(Walkerdine *et al.*, 2001:114)

This link was also found by Bernstein & Triger (2000) who noted that ‘intensive parenting’ was more commonly seen amongst middle class parents. This situation may go some way to explaining the link identified by Mars *et al.* (2014) between a mother with a higher IQ, a higher level of maternal education and increased levels of self-harming behaviour without suicidal intent amongst their children, because it is more likely that these mothers are aware of the demands placed on them by the texts on education discussed above. Indeed Mars *et al.* (2014: 412) suggest that children of parents with a high level of education are likely to have a higher IQ themselves and “feel under pressure to perform well at school, and use non-suicidal self-harm as a coping mechanism.”

Parents who engage in ‘helicopter-parenting’ or ‘over-parenting’ therefore pose a potential risk factor for self-harming behaviour amongst their children because they are removing life experiences which may help a child cope better with stressful situations, leading to them using strategies such as self-harming behaviour in an attempt to cope with feelings of failure or shame and anxiety over potential future failure.

The impact of ‘spoon-feeding’ or ‘over-teaching’ on resilience

Another factor which has been exacerbated by the need for schools to publish results in league tables has been the pressure on schools to ‘over-teach’ or ‘spoon-feed’ their pupils in order to be more confident of achieving the best possible results from them, enhancing the schools’ status (DfE, 2015a). This again pressurises children to conform and undermines their opportunities to experience failure as a constructive experience and learn from it.

‘Spoon-feeding’ refers to “behavioural treatment given to someone that so pampers and compromises self-development. Pedagogically, this behavioural setback may impede independent learning and can deter creativity and innovativeness among [...] learners” (Samah *et al.*, 2009: 82). It is a phrase originally coined by Raelin (2009) when speaking about management education. He refers to it as a “form of education, seeing knowledge as tangible and permanent, [which] requires it to be transferred from the mind of the knower into the mind of the current or future user” (Raelin 2009: 402). He

discusses the passivity of traditional learners and discusses how theories of ‘active learning’ have been developed in order to combat this, but that in reality:

Teachers collude in allaying learner anxiety by structuring the curriculum to minimize unexpected or anxiety-provoking occurrences and by controlling the class to prevent destabilizing dynamics, be they irrelevant discourses from students, emotional outbursts, or even silences. The last thing expected from teachers is to confront students with their own state of not knowing and to help them face the fears that such not knowing can produce (Raelin, 2008). Otherwise, such a practice would be akin to abdication of one’s responsibility as a teacher to meet students’ dependency needs.

(Raelin, 2009: 408)

Samah *et al.* (2009) quote Etchison (1988) who describes the mental state promoted in students by spoon-feeding “as the condition where the passive students will view themselves as empty bowls to be filled up, after which they would pour their learning back on an examination”. Dehler & Welsh (2014) comment that the key skill appears to be memorisation of knowledge for tests and examinations, rather than connecting and using knowledge practically seems lost. In 2012, the Nuffield Foundation (2012:4) found that there was much more focus on attainment and examinations in schools, with a focus moved to year-round examinations affording even more opportunities for teachers to ‘teach to the test’ or to ‘spoon-feed’ their pupils. ‘Spoon-feeding’ is detrimental because students are no longer encouraged to actively participate. They simply learn the ‘correct’ answer and regurgitate it at an appropriate moment (Chapman *et al.*, 2011: 177). The experience which is removed in this example is the learning process which is followed in order for the answer to be reached and appreciated – a process during which a learner may experience failure as well as success as they reach a mastered understanding of a concept. Alwis (2000) focuses on the ‘Do’ disciplines such as engineering or medicine and argues that in order to understand the underlying principles behind why we do something, we need to be able to do it in the first place. Without being able to do things for ourselves, our knowledge cannot be tested because we cannot use our experience to work out an alternative approach to a problem should we need to. Sotto agrees with this position and states that

[k]nowing facts is important, but only to the extent that they enable us to understand a total structure. . . facts are merely the building blocks with which one constructs a meaning that helps one to understand the world.

(Sotto, 1994: 44)

By ‘spoon-feeding’ pupils through providing them with ‘correct’ answers, it can be argued that schools are inadvertently supporting students to become rote learners (Chhem, 2000) unable to evaluate a situation for themselves, or develop their own solutions should they need to. A question which is unusually or unpredictably phrased could, in this case, render a pupil as unable to even attempt an answer because they do not understand the underlying principles behind what it is they are being asked. Instead, pupils should “constructing meanings in their own words within the context of their own understandings (rather than the instructor’s)” (Dehler & Welsh 2014: 880). If they are taught to do this, they are less likely to rely on coping strategies such as self-harming behaviour to deal with failure or the fear of potential failure.

The links between ‘over-parenting’, ‘spoon-feeding’, fear of failure and the risk of self-harm

The issue that ‘over-parenting’ or ‘helicopter parenting’ and ‘over-teaching’ or ‘spoon-feeding’ raises for adolescents is that as they are not taught the skills to practically apply their knowledge and to problem solve their own issues, they may develop less coping strategies and therefore be more likely to fail. However, as they have experienced less opportunity to develop resilience through applying their knowledge and problem solving, they may therefore have a lack of understanding that failure is often the first step towards success, and the sense of failure could be difficult for adolescents to manage. Being a privileged child, experiencing anxiety and depression, pressures of school work, an inability to talk about problems, low self-esteem and shame can all be risk factors which increase an adolescent’s likelihood of engaging in self-harming behaviours, and many of these factors could be exacerbated by the lack of opportunities to develop resilience caused by ‘over-parenting’ and ‘spoon-feeding’. Adolescents today are faced with pressure to succeed from school, from their parents and from society. The potential for failure to meet the standards which have been set is confronting them in whichever direction they turn, and as Gilbert *et al.* caution:

[E]ither as cause or consequence, feeling inferior to others, thinking that others look down on the self, competing and striving to avoid inferiority, fearing being overlooked and rejected are powerfully linked to depression, anxiety, stress and self-harm.
(Gilbert *et al.*, 2009: 133)

However, it is difficult to know the appropriate level of intervention on a school level as well as on an individual parenting level, and at what point support from a teacher or a parent becomes ‘spoon-feeding’ or ‘over-parenting’ and therefore a hindrance rather than a support. Kidger *et al.* (2010) caution that there is a need that whole school approaches to positive mental and emotional health do not become disempowering for pupils rather than supporting them.

[I]t is important that young people’s ‘normal’ experiences of negative emotions are not pathologised, that individuals are not discouraged from finding their own solutions to problems where they can and that notions of ‘acceptable’ versus ‘non-acceptable’ ways of experiencing and expressing emotions are not constructed in a way that stigmatises certain (marginalised) individuals or groups. (Kidger *et al.*, 2010: 922)

The question of how to support adolescents to minimise the risk of negative self-harming actions, without stigmatising those who find self-harming actions useful to manage stress and negative feelings, and without disempowering the very people you are aiming to help is complex. Expectations of teachers in policy documents related to pupil mental health are broad and varied; they are asked to educate their students about mental health, identify pupils who are potentially experiencing mental health issues, act as positive role models in relation to mental health, and provide pastoral support for any pupil experiencing mental health issues (Kidger *et al.*, 2010: 922), in addition to delivering the curriculum. Finney (2006) suggests that as teachers are already stretched in their role of delivering the curriculum, they may view initiatives focusing on supporting pupil mental health as “adding to the burden, rather than lifting it” because no dispensations are made in relation to the academic expectations of schools although the time available to deliver the curriculum is further squeezed by such initiatives (Finney 2006: 24).

Interestingly, whilst there is a detailed literature connecting eating disorders such as anorexia and bulimia with perfectionism and fear of failure (Stoeber *et al.*, 2016; Margarita *et al.*, 2016; Hewitt & Flett, 1991), and also chronic fatigue syndrome and perfectionism and fear of failure (Kempke *et al.*, 2011; Kempke & Claes, 2015), research into the link between other self-harming behaviours, perfectionism and fear of

failure is limited (Chester *et al.*, 2015), and more research in this area is needed in order to understand how to support adolescents so that they can deal with failure and fear of failure more effectively.

Chapter 3 - Research Questions

Agee (2009: 243) states that “Qualitative research questions... need to articulate what a researcher wants to know about the intentions and perspectives of those involved in social interactions” and much has been written about the need for qualitative research to make sense of what happens to people (Smith *et al.*, 2013: 45). The starting point for my research, which follows on from the work on self-harm discussed within my literature review, was the question of whether self-harming behaviours have been disclosed to staff within an independent girls’ boarding school setting, and if so, how the staff have responded to the disclosure. Through my questioning, I aimed to understand how common it was for school staff to experience disclosures of self-harming behaviour from their pupils, and if they experienced disclosures, how they then dealt with them. I also wanted to see whether my research suggested that the teachers interviewed agreed with the claims of Beauchaine *et al.* (2014) and García-Nieto *et al.* (2015) that self-harm amongst adolescents is increasing. The study also aimed to explore how well prepared and how well equipped staff felt in order to deal with any such disclosure because previous research suggests that staff feel ill-equipped (Kidger *et al.*, 2010: 927, Heath *et al.*, 2006).

In addition to the specific questions above, I aimed to explore the key superordinate themes which ran through staff descriptions of their experiences of dealing with pupils demonstrating self-harming behaviours, using an IPA approach, to see whether there were common experiences of pupils’ self-harming behaviour and the explanations which pupils gave for it. My research questions were:

1. What are the experiences of independent school staff of pupil disclosures of self-harm?
2. How well equipped do independent school staff feel to deal with pupil disclosures of self-harm?

However, in practise, throughout my interviews, the data collected from the staff interviewed was much more wide-ranging than simply whether staff had experienced self-harm and whether they felt equipped to deal with it. Staff also shared their reflections about why they felt that pupils were choosing to self-harm and discussed the

responses of both school senior management and parents when a pupil's self-harming actions were reported to them.

Chapter 4 - Methodology and Ethical Considerations

Methodology

The interpretive framework this study is rooted in is social constructivist in nature. Through the literature review and the research project I have conducted, I seek to better understand the world in which I live and work (Creswell, 2013). The ontology underpinning this research is grounded in the concept that there are multiple realities in the way in which we as humans view the world, which are constructed socially and historically, influenced through interaction with others, and through culture. Therefore, in order to try to begin to understand a complex concept such as the phenomenon of self-harm, it is necessary to engage with and comprehend the myriad of different understandings of it which exist within the literature and within human experience. I agree with Foucault that “there is no external position of certainty, no universal understanding that is beyond history and society” (Rabinow, 1984: 4), however, my thesis aims to shed some light on the experiences of self-harm from a small group of teachers in one independent girls’ boarding school. The diagram below summarises the approach which I adopted towards my research and demonstrates how various theoretical stances have influenced my methodological approach, the research methods, and the reporting structure which I have adopted in this study.

Table 3: Elements of my approach

Epistemology	Theoretical Perspectives	Methodology	Methods	Reporting
Constructivism	Phenomenology Foucault’s Key Concepts	IPA	Semi-structured interviews Reflexivity	Phenomenological Analysis synthesised with Foucault’s Key Concepts

Adapted from Crotty 1998, p5

In order to engage with human experience effectively, the research which I have conducted is qualitative in nature because it is possible to engage with other humans and ask them to share with you their understanding of self-harm and the personal

experiences that they have had in relation to it through one-to-one interviews. Bryman (1992) suggests that qualitative research can be more open than quantitative data, a view which has been echoed by Mann (2003: 66) who argues that “qualitative approaches enable the researcher to take an open-ended, exploratory approach where little is predetermined or taken for granted.” This may be particularly important when addressing an issue such as self-harm where understandings of the term are varied; and also to provide “thick description” (Geertz 1973: 6) in comparison to quantitative questionnaire style data in order to make informed comment on the perceptions of staff concerning both pupil motivation and their own ability to deal with any disclosure of self-harming behaviours. Whilst qualitative semi-structured interviews do not provide the level of thick description found within an ethnographic study, when analysed, they can capture the essence of an experience for a group of participants and enable greater understanding of a phenomenon to be gained. Seidman (2013:9), quoting Ferraroti, argues that “Social abstractions like ‘education’ are best understood through the experiences of the individuals whose work and lives are the stuff upon which the abstractions are built”; however I am conscious of the need not to assume that qualitative research is automatically ethically superior, as the analysis of the interviews which I conducted were conducted through the lens of my own personal experience and understanding even though I attempted to bracket that out as much as possible. Through my analysis of qualitative interviews, I aimed to allow myself “the ability to see events in their value-laden contexts, and judge accordingly” (Brinkmann & Kvale, 2005: 160). As Sudman and Bradburn (1982:55-56) acknowledge, “Open rather than closed questions might be more suitable to elicit information about socially undesirable behaviour, particularly frequencies” and throughout my research, I have been mindful of the need to recognise that it is the open ended responses that contain the “gems” of information which might otherwise have been lost (Cohen *et al.*, 2005: 255).

Phenomenology

I have decided that phenomenology is the approach which most closely resonates with my own world view. A phenomenological approach is based upon hermeneutic phenomenology, grounded in the ideas of thinkers such as Husserl, Sartre and Heidegger, returning “back to the things themselves” (Husserl 2001, 168). It focuses on

the search for the ‘eidos’ or ‘essence’ of an experience (Kockelmans, 1994:134), or ‘Dasein’ or ‘there-being’ (Heidegger, 1962) of being a human being.

Whilst Husserl’s *Logical Investigations* is generally considered to be the work which inspired the theoretical perspective which is termed ‘phenomenology’, the thinkers who have followed Husserl have developed their writing in a number of different directions. Heidegger, Husserl’s student, chose to focus more specifically on the meaning of ‘being’, Merleau-Ponty focused more on the central role of the body, our embodied nature in the world, and Sartre’s use of phenomenology to consider consciousness and freedom led to the development of the existentialist position. However, at the core of all phenomenological approaches is the study of the way phenomena appear to humans, ‘the science of the phenomenon’ (Lewis & Staehler, 2010: 1).

Phenomenology resonates with my world view because, as I have stated previously, my ontological position is one which recognises many different realities and perspectives in the way that people view the world, and the topic of self-harm is one which I have a personal connection and motivation to understand better. Van Manen (1990:154) advises that “A person who turns toward phenomenological reflection does so out of personal engagement” and this is a sentiment which clearly resonates with my own position. When researching a subject such as self-harm, which is complex and at times confusing, I feel it is important to let the voices of teachers within my particular field, the independent education sector, speak for themselves about the experiences they have had.

A phenomenological approach to research allows personal description to better enlighten an understanding of human experience, shedding light on the current cultural context. Van Manen (1990:7) describes it as “a philosophy of the personal, the individual, which we pursue against the background of an understanding of the evasive character of the *logos* of *other*, the *whole*, the *communal*, or the *social*”.

A further benefit of phenomenological approaches more generally, is the need to ‘bracket-out’ my own experience of pupils who self-harm whilst analysing the interviews I have conducted. Through this reflexive process, “it has challenged taken-

for-granted assumptions and prompted new insights into what it means to live, work, play and learn in our world” (Dall’Alba, 2009: 7).

As a teacher myself, it is tempting to assume that the perspective I hold and the issues that I experience are the same perspective and issues that are held and experienced by all other teachers and school staff, although this is not necessarily, and possibly unlikely to be, the case. By being challenged to identify and at least initially hold “deliberately at bay” my own world view (van Manen, 1990:47), I hoped to gain a deeper and richer understanding of school staff’s experiences of pupils who self-harm and the current discourses within this field. However, as Ahern (1999:407) acknowledges, “It is not possible for qualitative researchers to be totally objective, because total objectivity is not humanly possible”, so I acknowledge that my approach to my data will undoubtedly have been affected by my own experiences to that date.

Interpretative Phenomenological Analysis

I have chosen to analyse my research following Interpretative Phenomenological Analysis (IPA), a particular approach to phenomenology outlined by Smith, Flowers and Larkin (2013). Smith *et al.* describe their approach as follows;

“the complex understanding of ‘experience’ invokes a lived process, an unfurling of perspectives and meanings, which are unique to the person’s embodied and situated relationship to the world.”

(Smith, Flowers and Larkin, 2013: 21)

The IPA approach allows the researcher to analyse interview transcripts to try and identify the superordinate themes which run through a number of individual narratives, suggesting a common experience shared by a number of research participants. However, 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.

IPA concurs with Heidegger that phenomenological inquiry is from the outset an interpretative process. IPA also pursues an idiographic commitment, situating

participants in their particular contexts, exploring their personal perspectives, and starting with a detailed examination of each case before moving to more general claims. (Smith, Flowers and Larkin, 2013: 32)

This appealed to me because I had chosen to research as an insider researcher with colleagues. I was therefore particularly aware of each individual in their own right, and I wanted to show their individual stories and experiences the respect which I felt they deserved.

However, whilst a researcher using IPA is trying to understand the “personal world” of the participant, IPA proponents acknowledge that

access depends on and is complicated by the researcher’s own conceptions... required in order to make sense of that other personal world through a process of interpretative activity. (Smith, Jarman, & Osborn, 1999: 218-219)

Brocki and Wearden (2006: 98) suggest that by adopting IPA, a researcher is at the very least tacitly accepting their interpretative role, and this is a stance which resonates with my own understanding of my research. Whilst I am aware of the need to ‘bracket’ out my experience, I see that bracketing as a reflexive process, a conscious acknowledgement of my own thoughts, feelings and experiences, and an attempt to search within myself to ensure that the themes I identify within the transcripts I have analysed are really present.

However, although I acknowledge that my interpretation may be one of many different ways of understanding the data I have collected, this should not negate the validity of my research. Yardley (2000:218) suggests that reliability and replicability is an inappropriate criterion to judge qualitative research against because qualitative analysis attempts to offer one possible interpretation of a phenomenon rather than suggesting the sole method of understanding what has been experienced.

In fact, whilst being influenced heavily by phenomenology, the IPA approach is also influenced by the approaches of hermeneutics and idiography (Smith, Flowers & Larkin 2013: 3). Hermeneutics is the interpretation of a text, originally a scriptural text, as used in the work of theologians like Schleiermacher. In the IPA approach, the transcript

of an interview is closely analysed and interpreted in a similar way to that advocated in the hermeneutics of religion, looking for the meaning behind the language used. Idiography is the study of an individual with a unique life history. This is important because idiography recognises the particular experience of the individual, and the IPA approach has taken this notion as significant because each individual person's narrative is considered to be important when looking for super-ordinate themes within people's experiences, to allow us to better understand the narratives of truth which exist within individuals' lives. It is the fact that IPA draws on all of these aspects which means that the IPA approach is such an appropriate one for my own study of staff experiences of pupils who self-harm in an independent school. As there is little literature already available on the subject, the experience of each individual is key to shedding light on the phenomenon of adolescent self-harm in independent schools, and as self-harm is such a personal experience, the recognition of each individual's unique life story is important. It is also imperative to analyse the transcripts of the interviews in detail to ensure that the representation presented of the interview is as accurate as possible. In my study, the confidence that the representation of interviews is as accurate as possible is further enhanced by the fact that I sought confirmation from my participants that they were happy with the way that I had analysed the transcripts of their interviews before using them as part of my analysis.

As the IPA approach has been devised to deal specifically with relatively small homogeneous samples (Smith, Flowers & Larkin 2013: 3), this is an approach which worked well when analysing the interviews conducted within one specific school. Although the analysis only gives an interpretation of the main recurrent super-ordinate themes of a small sample of independent school staff's experiences of pupils who self-harm, it provides an indication of the key features, thoughts and feelings connected with those experiences for that group of staff. This might provoke further discussion and a lens through which to highlight the possible experiences, thoughts and feelings of other staff in similar circumstances.

From a practical viewpoint, IPA can also be argued to be a more realistic approach to phenomenological research for a part-time doctoral researcher who is researching with colleagues who are also employed full time in their teaching roles. IPA was significantly less time consuming for my participants than the 90 minute, three-

interview structure format of phenomenological interviewing proposed by Seidman (2013: 23). Whilst undoubtedly having the potential to yield some insightful data, this would have been impossible to carry out within the school day, and limited my data collection because a number of participants were only interested in being interviewed during their timetabled free periods.

One problem with semi-structured interviewing as a technique is that whilst initial research questions can be identified through a review of the current literature, when a subject which is significantly under-researched, such as self-harm, is being discussed, it is difficult to know whether your questions have covered the main areas from which fruitful data may be drawn. I feel that my research could have been further strengthened by having the opportunity to go and interview participants for a second time, something which was not possible because I was no longer working at the school, and several members of staff whom I had interviewed had also left the school. During the analysis stage of my thesis, I regretted not including a question in my semi-structured interview which asked why participants had made the decision to speak to me about their experiences, and so when I sent back my analysis of the interviews to the participants one of the questions I asked was “Can you tell me why you decided to participate in an interview for my research?” The analysis of the responses to this question has been included within the individual participant data tables in Appendix 7 and will be discussed further in Chapter 4. However, I am aware that the answer which a participant gave in response to this question may have been affected by the time lapse between the initial interview and my follow up question, and may therefore not be an accurate reflection of the participants’ thoughts and feelings at the time of the initial interview.

I had originally considered using a constructivist grounded theory approach as advocated by Charmaz (2006), building on the work of Corbin & Strauss (2007) before eventually deciding on a phenomenological approach. This was because I had felt that as there was little existing research in the field of adolescent self-harm in independent schools, a grounded theory approach could have provided a “*unified theoretical explanation*” (Corbin & Strauss, 2007: 109) of staff experiences of self-harm and allowed me to adapt my interview questions accordingly as I progressed through my research. The problem I faced, however, was in trying to identify a process or

interaction for which I was going to offer the theoretical explanation. I considered looking at the process which teachers went through when they reported a disclosure of self-harm, but I felt that it might narrow my research and valuable insights could have been lost. In addition, as a grounded theory is often the product of between 20 and 60 interviews (Cresswell, 2013) it was not practical in the time I had available, although, arguably, the approach may have enhanced the quality of the data because I could have adapted my questioning as themes began to emerge in my analysis. In reality, as a full-time teacher, calling on the goodwill of staff to interview them during their free periods, I could not schedule the interviews at intervals spread out over a longer period of time which would have allowed me to analyse my data as it was collected because I had to proceed with interviews when staff were willing to speak to me. This meant that the majority of the interviews were clustered around a short space of time whilst the pupils were on examination leave. Consequently, it was some time after the interviews before I was able to take time to analyse the data produced from them, and so a grounded theory approach would also not have worked for me in practice.

Aims

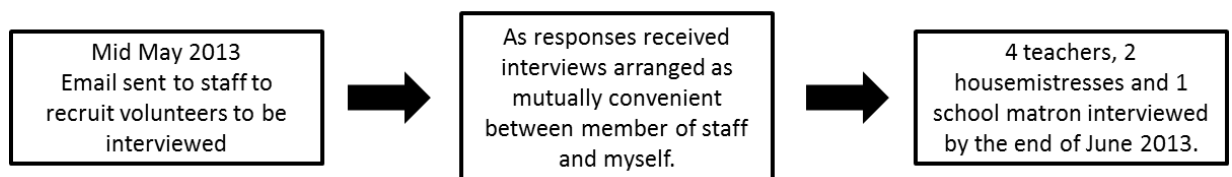
A great deal of the data which is currently available about self-harm is quantitative or mixed method in nature and focused on data taken directly from individuals who self-harm, for example, the work of Hawton *et al.* (2003, 2010, 2015) and Muehlenkamp *et al.* (2009). However, IPA offers the opportunity for the voices of individual staff who have experienced pupils' self-harming behaviour to resonate with others, exploring their individual experiences and feelings, and illustrating themes using specific quotes. This allows a more personal and intimate window onto a controversial and complex subject such as adolescent self-harm from the perspective of the staff who respond to it. Whilst statistical data is significant when considering questions such as how widespread self-harming behaviours are, or the significant risk factors associated with self-harm, and permits us "to make generalizable comments" (Cohen *et al.*, 2005:73), it is my belief that it will be the more personal interpretative phenomenological analysis of specific interviews which will allow readers to explore whether the descriptions of the experiences of others resonate with their own. The results of such analyses are not amenable to statistical methods, nor are they easily generalisable (Flowers, Smith,

Sheeran & Beail: 1997) when looking to describe the experiences of other teachers in other settings, however, it can be argued that as research participants are experts on their own experiences they can provide unique insights to researchers.

Sample

Interviews were conducted with colleagues during my time working at a previous school. The selection of the school is due to opportunistic sampling because it was my place of employment. Due to this situation, approval for the study was granted by the head teacher, and the data produced by the study will be made available to the school following the completion of this research to inform their policy on self-harm and to identify potential requirements for staff training in the future. This use of the findings was made explicit to all potential participants before they engaged in an interview.

Figure 4: The recruitment of interview participants



Participants were recruited from respondents to a staff-wide email which was sent to over 100 teaching and non-teaching staff across the school asking for volunteers with and without personal experience of pupils who self-harm who would be willing to talk to me. This email was sent after study leave had started for GCSE and A Level pupils, meaning that the majority of staff had some additional free time. I felt it was important to target staff at a time when they felt less pressured so that they would be more willing to agree to be interviewed. All interviews were conducted during the study leave period between mid-May and the end of June in 2013. The majority of responses came from teachers and housemistresses; however an interview was also conducted with the senior resident matron who headed a team providing 24 hour medical care to the school.

I felt that, due to the secretive nature of self-harm (Margrett, 2014:4), it was important to send out a school-wide recruitment email as I did not want to assume which people might be the staff who would be the most likely to experience a disclosure of self-harm.

Flyvbjerg (2006: 231) discusses identifying potential critical cases through looking for either ‘most likely’ or ‘least likely’ cases. However, as independent school teachers’ experiences of self-harm are rarely documented, it was impossible to identify what these might be. By sending a school-wide email, I aimed to prevent the loss of important data from less predictable sources; however, I am aware that there may have been many staff with stories to tell who did not feel comfortable to share them, or those who may have been able to offer important information but who did not feel that their contribution would be significant. Interviews were conducted with participants as outlined in Table 4. The names of the participants in the table are pseudonyms in order to protect their identity.

Table 4: Overview of the Research Participants

Participant	Gender	Number of years experience of working in a School	Role
Emily	Female	15	Subject Teacher and Head of Department
Nicola	Female	22	Subject Teacher and Head of Department
Teresa	Female	13	Subject Teacher and Head of Department
Yasmin	Female	10	Subject Teacher and Head of Department
Amanda	Female	26	Housemistress
Louise	Female	6 ½	Housemistress
Beth	Female	13	School Matron, Health Centre

Methods and Research Design

As my research is rooted in the social constructivist position, I felt that semi-structured interviews were an appropriate approach to gaining my data because they allow the researcher to “catch the authenticity, richness, depth of response and, honesty and candour” (Cohen *et al.*, 2005: 255), whilst also providing the opportunity to explore any varying perspectives or contradictions cited by participants. They also offer a format for discussing sensitive questions which allows the researcher to stop if a participant becomes distressed or to answer a participant’s questions if they need clarification or reassurance (Fylan, 2005: 67), something which is not easily factored into a more

structured interview processes. As Lincoln and Guba (1985) acknowledge, structured interviews are most useful when the researcher can frame their questions in a way which will provide the knowledge they require, and in order to do this they need to be aware of what they do not know. Due to the limited nature of literature available about staff experiences of adolescents who perform self-harming behaviours in the independent schooling sector, I was not sure what responses I might experience within my interviews, and so semi-structured interviews allowed for greater flexibility in my responses. To a certain extent, it can be argued that a participant researcher may be more aware of what they do not know because they are familiar with the nuances of their day to day working environment (Heidegger, 1962), although conversely, a participant researcher may be so familiar with their own environment that they no longer notice the gaps in their own knowledge. I knew about my own experiences of pupils who had disclosed self-harming behaviours to me, but I was not aware of how commonplace those experiences were amongst my colleagues.

During my time working at the school, a semi-structured interview of up to one hour was conducted with staff who were willing to be interviewed. The prompt questions for my semi-structured interviews can be found in Appendix 3. I had originally intended that during my interviews I would listen without passing comment or judgement on what the participants were saying to me; however, in practise this was harder than I had considered it would be. As Bell and Nutt (in Mauthner, Birch *et al.* 2002: 77) note, the interview is always a social interaction, and as my participants were colleagues with whom I worked on a day-to-day basis, many also referred back to our interview over coffee in the staff room at a later date, although the content of these conversations was not treated as data.

Interviews were digitally recorded to allow for as much free discussion as possible, and were transcribed as soon as possible following the receipt of ethical approval to allow notes for tone of voice and body language to be added where appropriate. This was particularly important because there was a time lag between transcription and analysis of the interviews due to me completing my doctoral study on a part-time basis. Due to the wide range of understandings of the term 'self-harm' in the literature, I ascertained near the start of the interview what the participant's understanding of the term 'self-

harm' was to ensure that I fully understood the point of view from which the teacher was speaking.

One unusual factor in my research was the fact that the interviews were conducted when I was not a current doctoral student. I had commenced my EdD several years previously at a different university; however, it became clear that self-harm was not an area of research which was in line with the department of Education there, and I was questioned as to why I wanted to research such a "depressing topic". Consequently, I paused my studies and spent time researching a university where I would find a supervisor with a specific interest within the field. However, given the difficulties I had initially experienced in finding schools who were willing to conduct my research, I decided that I had to interview participants when I was given the opportunity. The Head teacher and Senior Management Team of the school where I was working at the time gave me permission to research there, but at that point I knew that I was starting a new job at the start of the following academic year, and I was concerned that once I was no longer an employee of the school they may not allow me to continue to conduct my research. Consequently, I followed the ethical guidelines of the university where I had been studying with regards to designing information sheets, consent forms and interview questions, and conducted the interviews with permission from the Head teacher. Once I had been accepted as a researcher at Sussex with a supervisor whose interests were aligned to my own, I applied for retrospective ethical approval. Schools, and in particular independent schools prioritise the need to put on a public performance (Goffmann, 1959) which conforms to the expectations of society (Foucault, 1977/1991) and so allowing someone into the school to research a phenomenon such as self-harm which makes people appear different and therefore suspicious (Schwan and Shapiro, 2011: 169) is not an opportunity which many schools will permit. I feel that this is another example of the hidden nature of self-harm which I discuss in depth later in my thesis.

At the very start of the interview, participants were given an information sheet and a consent form (See Appendix 4). The information sheet for participants clearly outlined the aims of the research and its possible benefits, detailing how long the interview was likely to last, and the actions I would have to take if any information was disclosed during the interview about a child who was at risk from the perspective of child

protection. The Consent Form also explained how a participant could withdraw from the study and the fact that their details would be anonymised. In addition to the steps taken above, I started each of the interviews by making the following statement:

So first of all, before we start, I need to make sure that you're aware that you can stop the interview at any time. As part of my research I will produce a written transcript of the interview, before I use the transcript, I'll email you a copy, at that point if you wish, you can ask me to delete any sections from the transcript that you're unhappy about me including.

And if I use extracts from this interview in my research, all identifying details of you, of any schools that you've worked in will be anonymised and if appropriate, details will be altered so that you can't be identified in the final write up of any of my work.

Issues of Bias and Reliability

Once the interviews were transcribed, the transcripts were emailed back to participants and they were asked whether they wanted any sections of the transcript to be removed. Participants responded positively to their interviews being used and no participant requested alterations to their transcript or refused ongoing permission for me to use their transcript as part of my research. In addition, once analysis of the individual transcripts had taken place using IPA, the table of analysis of the super-ordinate themes and themes from each participant was emailed back to individual participants along with their original transcript so that they were able to add their own thoughts about the analysis to ensure that they recognised themselves within it and were happy with the way that their thoughts and feelings had been presented. At this point, all but one participant responded. One said that she was happy for me to continue to use her data, but that she could not comment further on my analysis due to a change in personal circumstances, another did not respond at all, but because she had written at length previously giving permission for me to use her transcript, I continued to use the data from her interview although she did not indicate whether she agreed with my final analysis of her transcript. All other participants responded by stating that they were happy with the analysis that I had conducted of their interview and that they felt that it represented a fair reflection of their responses to my questions. No one asked for me to change any of the themes I had identified.

At this point, respondents also answered some additional questions that had arisen from my initial analysis of the transcripts. These additional questions can be found in Appendix 9 and an analysis of the responses was added to each participant's individual table of data analysis in Appendix 7, data which fed into the final master table of overarching super-ordinate themes for the group. This is what van Manen (1990:99) encouraged when he suggested that "Both the researcher and the interviewee weigh the appropriateness of each theme by asking, 'Is this what the experience is really like?'" to allow an interpretive conversation to take place. This will hopefully help to address the issue identified by Paterson & Groening (1996) and cited by Ahern (1999: 410), that researchers sometimes find it hard to abandon their bias by consciously or subconsciously overlooking data which does not support the analytical conclusion that they are hoping to draw. Indeed Smith himself (2004: 45-46) cautions researchers to remember that "there is still a reader doing the reading and influenced by all of her/his biographical presence when doing that reading." However, his stance is very much that a great deal can be gained from a disciplined reading which takes time to verify its understanding against what is said in the light of the larger text.

Brocki and Wearden (2006: 97) identify a range of approaches which can be used to attempt to minimise researcher bias when identifying themes for analysis in a systematic literature review of research articles adopting an IPA approach. These include a final rereading of the original transcripts (Collins and Nicolson: 2002), and care being given to distinguish between the original account and the interpretation of those accounts (Smith and Osborn: 2003). These safeguards have also been adopted in my study of teacher experiences of pupils who disclose self-harming behaviours.

Data Analysis

As mentioned previously, initially, individual tables of data were created for each participant, using an IPA approach. However, as these tables of data were emailed back to participants to ensure that they agreed with the key themes which had been identified, the quotes used within them were longer than the brief words or phrases used in a traditional IPA approach so that participants could hear their own voices within the data

tables (See Appendix 7). Once the tables of themes were agreed with each individual participant, the individual tables were further analysed to look for patterns across cases (Smith *et al.*, 2013: 101), and a master table of superordinate themes and themes was produced for the group through identification of key quotes from individual interviews which ‘sum up’ the essence of the phenomenon. The full master table including all the key quotes can be found in Appendix 8. An abbreviated table containing all the superordinate themes and themes can be found in Table 5 in Chapter 4. This further level of analysis enables the data to demonstrate a richer, thicker description than perhaps might be achieved through analysis of individual transcripts, and the search for commonality allows a more reliable presentation of experiences as representative of the essence of the experience of teachers, rather than accounts of individual experience, and “judgements of their typicality can justifiably be made” (Giddens, 1984:328).

The aim of this research is that the data from these interviews should offer a more detailed insight into staff experiences of pupils who self-harm in an independent girls’ boarding school, and the cultural expectations governing their lives. It must however be acknowledged that as only a small sample of interviews have been analysed, because the IPA method is being used to analyse the data, it means that any conclusions reached cannot be generalised. However, in a considerably under researched field such as the experiences of independent school staff of pupils who self-harm, it may be that staff in other similar settings can read the accounts within this research and reflect upon any similarities which can be drawn with their own experiences, considering whether the findings from this study might impact practise within their own setting. As Smith *et al.* (2013: 123) quoting Warnock argue, this type of study can be used to “dialogue with constructs in the existing literature” and therefore be used by staff to become more reflective practitioners.

Ethics

There were a number of ethical concerns in relation to the study. Once the interviews were transcribed, due to the particularly sensitive nature of the content, transcripts were kept in a locked storage cupboard at the researcher’s home, and were not taken onto the school premises until they had been fully anonymised to protect the identity of any

pupils who had been discussed by staff. In this way, the research findings can be utilised by the school in the future to aid the development of appropriate pastoral policies without individual participants or pupils being ‘singled out’ for criticism or unwanted attention. I was also aware that through the research I may have been party to certain personal information about pupils which, during the course of my normal employment I may not otherwise have had access to. It was important for me to treat this knowledge with the respect it warranted, and not to discuss the findings of the research in a way that identified particular pupils to past or present colleagues, I concur with the thoughts of Bassey (1999) that “educational researchers have a duty to respect the privacy and dignity of those whom they research” (in Burgess *et al.*, 2006: 33). When the tables of data were emailed back to the participants, I told the participants the pseudonyms which I had allocated to them in order to protect their identities. I asked all participants whether they were happy with the pseudonyms I had suggested, and offered them the chance to alter them if they were not happy with the names that I had chosen.

In addition to anonymising the individual participants, I have taken measures to anonymise the school itself, so that the fact that it has participated in research in such a controversial area will limit any prejudice people might feel towards it. Should a reader wish to do so, they could research my own biography and identify several potential schools where this research may have taken place; however, I felt that the ethical questions raised by the fact that I was an ‘insider’ researcher were particularly significant given the sensitivity of the material which people discussed, and, therefore I have made the decision to include the acknowledgement that I was an insider researcher within my thesis.

The consent form which all participants signed outlined the fact that if a safeguarding issue was raised during the interview about an existing pupil, I would have to refer that information immediately to the pastoral deputy head who was the school’s Designated Safeguarding Lead (formerly Child Protection Officer). Some ethical researchers argue that such agreements which undermine the absolute confidentiality of the research being undertaken “strikes at the heart of ‘ethical research’ itself” (Bell & Nutt in Mauthner, Birch *et al.* 2002: 73). However, as a practitioner researcher working within my own school, I felt that I would be undermining my professional responsibilities as a teacher if I had not established this agreement with participants before undertaking my interviews.

This was because I could potentially be identifying safeguarding issues which I would not have been able to act upon without either undermining the promised confidentiality of my interview if I had referred them to the Designated Safeguarding Lead, or undermining the safety of a current pupil if I had upheld the confidentiality of my interview.

The fact that the research was conducted by an employee of the institution studied, an ‘insider’ researcher, adds an additional layer to the already complex interview situation, and presented some additional ethical challenges. Coghlan and Brannick (2005) define ‘insider research’ as research conducted by people who are already members of the organization or community they are seeking to investigate as a result of education, employment, social networks or political engagements. As Sikes and Potts (2008) acknowledge, being an insider researcher can be particularly important because it can allow a researcher access to particular people or phenomenon that they want to investigate when they might not otherwise be granted it. This is something which I believe to be the case in my own situation, and I have already discussed the difficulty with gaining access to research in the various independent schools which I approached. However, Sikes and Potts (2008) also discuss how a criticism aimed at insider research is whether it can be considered as ‘objective’, ‘reliable’ and ‘valid’ as research which adopts a scientific paradigm. This is because it lacks detachment from the field (Greene, 2014).

This objection is rejected by Barker and Johnson who argue that any interview is far from neutral, and is instead “couched in the cultural repertoires of all participants, indicating how people make sense of their social world and of each other” (1998: 230). I have discussed already how my experience of pupil disclosures of self-harm had motivated me to consider whether others school staff had had similar experiences, but how it was important, as an ‘insider’ researcher, to try to ‘bracket out’ my own thoughts and feelings as far as possible when I was initially analysing my data so that I did not try and project thoughts and feelings onto my participants which were not actually there. Asselin (2003) makes the important point, that whilst a researcher may be an insider because they are part of the culture which they have chosen to study, they may not understand the subculture of it that they are researching, so this need to ‘bracket out’ feelings is particularly relevant. As Loxley and Seery (2008) note

You do not exist in a state of political naivety, but these values need to be held in check, otherwise they will dirty your research. There is no denial of values, as these guide what you do as a researcher (choice of topic, methods and so on), but they do not pre-empt what you may find. (Loxley & Seery, 2008: 17)

This was the reason why I sent both the initial transcripts of the interviews and my tables of analysis from the individual interviews back to my participants to ensure that they were happy with my interpretation of what I had heard. However, arguably, there is no reason that an ‘outsider’ researcher will bring less bias to the analysis of the interviews than an ‘insider’ researcher (Loxley & Seery, 2008) because we are all humans who exist within the world and see it through the lens of our own experience, whether that experience is as an insider or outsider researcher.

The situation of being an insider researcher was problematized further by the addition of the fact that both myself as researcher and my interviewees were work colleagues, and in some cases good friends, at the time my interviews were conducted, and continued to work together in a relatively small environment once the interviews had been completed. In this situation, Burgess et al. (2006:37) observe that “[t]he degree of disclosure entailed by the research changes the nature of relationships”. Taylor (2011) reflects in detail about how completing ‘intimate insider research’ where participants are friends before they become research participants can challenge the researcher’s own position:

Where the researcher-self is a part of the Other’s narrative, the narrative of the researched and the researcher become entwined. The researcher, then, is forced to look both outward and inward, to be reflexive and self-conscious in terms of positioning, to be both self-aware and researcher-self-aware and to acknowledge the intertextuality that is a part of both the data gathering and writing processes. (Taylor, 2011: 9)

McCulloch (2008) argues that an ‘insider’ researcher may actually become an ‘outsider’ to their community through the process of researching it because they are seen as set apart. Corbin Dwyer and Buckle (2009) echo this dichotomy and discuss how because qualitative research is intimate in its approach, even if we are outsider researchers, we do not remain true outsiders to the experience under study, and yet if we are insiders, we

are not complete insiders, because our role as a researcher changes the way we view what we experience. They argue that this leaves researchers to occupy the “space between” (Corbin Dwyer and Buckle, 2009: 61).

However, whilst I acknowledge that by adopting the role of researcher with colleagues it changed the dynamic of our relationships to a certain extent, I believe, similarly to Taylor (2011) that it allowed a quicker establishment of rapport and trust between myself and my research participants. Bell and Nutt (in Mauthner, Birch et al. 2002: 77) claim that a more equal exchange can elicit more information because the research participant can place the researcher within a context and is therefore happier to disclose more information. Certainly, in my interviews, one of the themes identified concerning why participants had agreed to be interviewed was because they wanted to support my research (see Appendix 8). Sikes and Potts (2008: 177) suggest that the insider researcher is “less likely to be afflicted by outsiders’ arrogance where researchers fail to understand what they observe”, and this can be argued to be another point to support the position of the insider researcher. One problem which is often raised when considering insider research, however, is that of the power relations which are at play between researcher and participant. If the researcher holds a more senior role in the organisation than the participant, it is argued that participants can feel pressured to respond in a way which is considered ‘appropriate’ by their superiors. However, when I conducted the research I was a class teacher with no senior management responsibility, and so I was not in a senior position to that of my respondents, nor they to me, which is the situation in which Mercer (2007) would consider this type of interview to be problematic.

In addition to the potential changes which occurred within the relationships with my interviewees, Sikes and Potts (2008) also discuss how insider research can cause problems for the employee conducting research within their organisation because people are expected to be loyal to their employer, and that this sense of loyalty can be compromised if the findings of the research criticise the current practices of the organization. As Humphrey (2012) notes, researching education as an insider researcher can be “particularly sensitive” because of the audiences who might potentially read the research who include “prospective and current students, colleagues in one’s home territory and elsewhere, and regulators in professional bodies and government circles” (Humphrey 2012: 573). This could potentially have been a

significant issue with this piece of research given the discussion I have already undertaken in Chapter 2 concerning the work of Goffman (1959) and Foucault (1977/1991) relating to the need for independent schools to project a specific public image, untarnished by negative publicity and public criticism. Consequently, I anonymised the school that I researched for my thesis, and only included sections of interview transcripts so that the school and the individual participants within it cannot be easily identified and left open to public scrutiny.

Ethical approval for the study could not be sought initially from the appropriate university ethics committee because at the time the research was conducted I was not actively engaged in doctoral study, although the research was conducted with the agreement of my former Head teacher. However, after joining Sussex University, retrospective ethical approval was granted by the Social Sciences and Arts C-REC, under the reference number: ER/EM394/1.

Chapter 5 – The experience of School Staff Concerning Pupil Disclosures of Self-Harming Behaviour

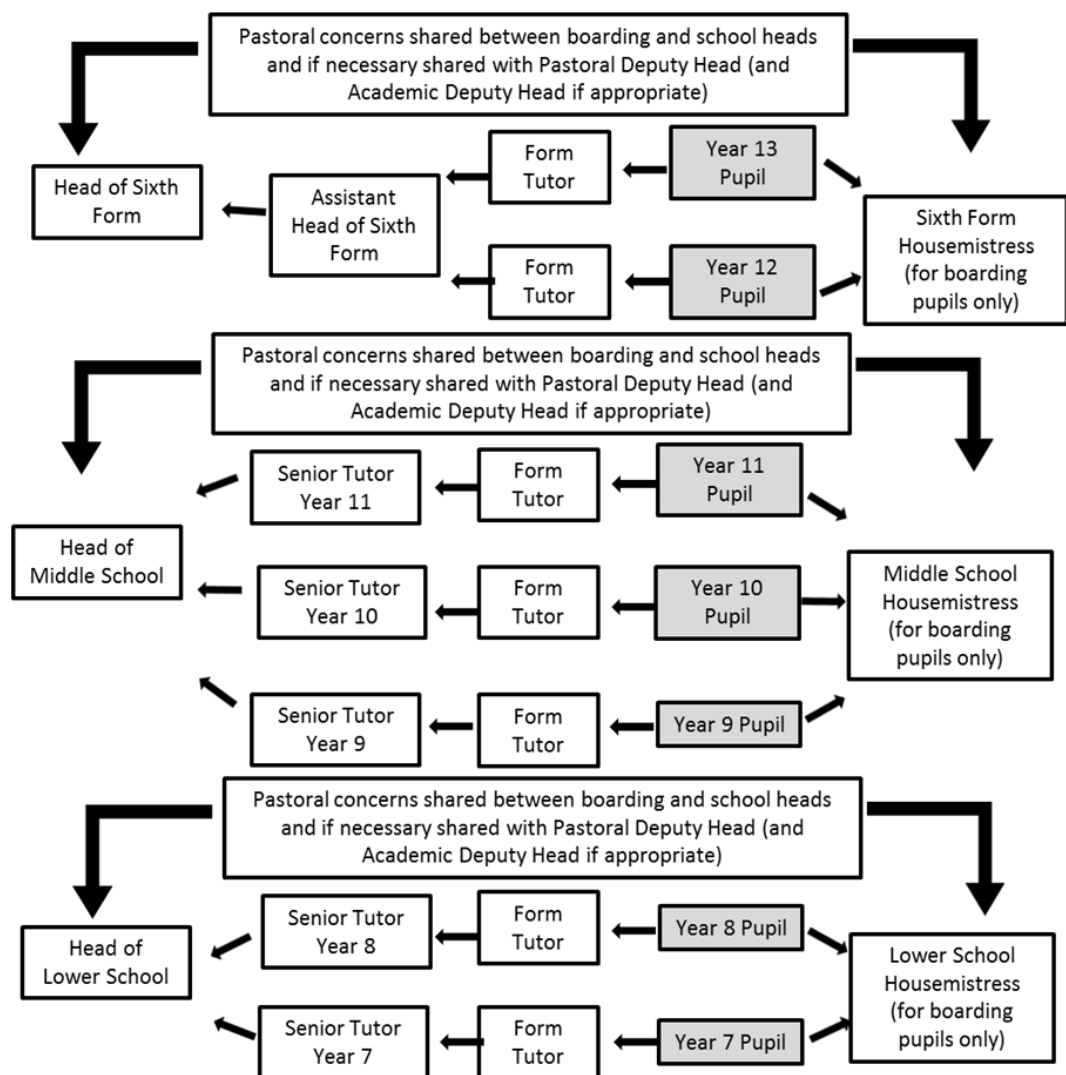
Once a thorough analysis of the transcripts of my interviews with all of my participants had been conducted, five main superordinate themes were identified which remained constant throughout the interviews. A full master table of the superordinate themes and themes containing all the supporting quotes from each participant can be found in Appendix 8. The superordinate themes and themes are summarised in Table 5 below.

Table 5: Summary Master Table of Superordinate Themes and Themes for All Participants

A. Knowledge and Awareness of Self-Harm
Hesitancy when describing the term 'self-harm' Personal experience of pupils' self-harming behaviour
B. Reasons Why Pupils Have Self-Harmed
To control To release pain and unhappiness/ alleviate anxiety An inability to talk about problems Low self-esteem Difficulties in relationship with parents Over-parenting/ Spoon Feeding The influence of TV and the media Stress/ Pressure
C. The Hidden Nature of Self-Harm
Not really a problem Pupils concealing self-harming behaviour Staff passing on or not accepting responsibility Secrecy of Senior Management Parental Avoidance/Secrecy Lack of joined up thinking in school
D. Personal Responses to Self-Harm Disclosure by Staff
Anxious/ Frightened Dealing with self-harm by professional distance Pressures on staff to support pupils
E. Lack of Training and Support
Not well equipped Reliance on 'innate humanity' Well trained Onus on staff to request training
F. Reasons for Participating
Personal experience Lack of knowledge/ training To support research

At the time the research was conducted, the school had a range of both British and international pupils. The boarding aspect of the school was overseen by three residential housemistresses, who oversaw the Lower School, the Middle School and the Sixth Form respectively. These three housemistresses reported directly to the Pastoral Deputy Head. There was also some liaison between the housemistresses and the Heads of Lower School, Middle School and Sixth Form. These Heads of School were responsible for the day to day progress of both boarding and day pupils during the school day from both an academic and pastoral perspective. The reporting and responsibility structure is illustrated in Figure 5.

Figure 5: Pupil reporting routes for pastoral issues



It is important to note that whilst the school is a girls' boarding school, it is a day and boarding school with approximately 33% of the pupils attending as boarders at the time of the study. Of those, hardly any had commenced full-time or flexible boarding before joining the school at the age of 11 years old, with many commencing boarding upon entering the later year groups of the school in order to take advantage of the wide range of activities offered by the school at the start and end of the school day and to have extended access to the school library and quiet study areas. It is for this reason that I believe that factors such as over-parenting (Lahey, 2015) are still relevant when discussing pupils within a boarding environment, because pupils may have experienced significant over-parenting prior to commencing boarding at age 11 or later, even if their parents then assume a more distant role during term time at that point.

As outlined previously in Table 4, the four subject teachers who were interviewed were all very experienced teachers with 10, 13, 15 and 22 years respectively of experience in schools, the two housemistresses had worked in schools for 26 and 6 ½ years respectively, and the school matron had worked within a school environment for 13 years. All four subject teachers were current Heads of Department and all respondents were female. Several of the teachers had held significant pastoral roles in the past. All respondents had had personal experience of dealing with pupils who had self-harmed, although not all respondents had had a pupil initially disclose their self-harming behaviour to them personally. I have differentiated between the subject teachers and the housemistresses and the matron at various points in my discussion of results because it became clear through the interviews that subject teachers were not treated the same as the housemistresses and the matron in relation to the level of pastoral training they had received, particularly in relation to mental health issues like self-harm.

Knowledge and Awareness of Self-Harm

Hesitancy when describing the term 'self-harm'

Whilst all four subject teachers had personal experience of at least one pupil who had exhibited self-harming behaviour, a common theme in discussions with them was a lack

of confidence when asked what their understanding of the term 'self-harm' was. This was shown not only in what was said, but also the hesitancy with which the various definitions or explanations were proffered. This hesitancy was demonstrated by long pauses within the subject teachers' explanations, and frequent changes of direction in the middle of sentences.

This hesitancy is demonstrated well by Emily, a teacher with 15 years of teaching experience, who had experience of family members exhibiting self-harming behaviours as well as pupils:

I would take it to mean ... any form of ... well, usually it seems to be physical harming of the body, erm, cutting oneself is the sort of extreme form but I know that er, I have come across er, people who pick at their skin, er, pull out their hair[...] I know that it can be hidden and also I, I would say that sometimes it's more what I'd call erm, self h-harming in the way that thoughts are erm, produced, that they seem to er, continue down a path, a thought pathway that they themselves know is going to lead them to thoughts that are going to make them feel really bad but they can't help but continue down that pathway.

(Emily, subject teacher)

Emily's hesitancy conveys a lack of confidence in her own understanding of which behaviours constitute self-harm, which is perhaps surprising given her significant level of personal experience with people who had exhibited self-harming behaviour. In line with Emily's lack of confidence, several of the subject teachers also found it necessary to qualify their definition of self-harm after they had given it, as demonstrated by Teresa, a teacher with 13 years of experience, and Yasmin, a teacher with 10 years of experience:

[B]ut I suppose, you know, I mean I, I don't know what the definition is actually, I, I honestly don't know what it includes and what it doesn't, the instant thing that comes to mind is cutting.

(Teresa, subject teacher)

I don't... maybe that's not self-harm, I'm not sure. (Yasmin, subject teacher)

This concurs with the findings of research discussed previously that teachers are unsure of how to respond to self-harm and lack training in how to recognise it (Kidger *et al.*, 2010: 927; Heath *et al.*, 2006; Best, 2005a, 2005b & 2006). It also suggests that teachers are potentially caught up in the confusion over which behaviours are

encompassed under the term ‘self-harm’, something which has already been discussed in the “Dissent regarding the term ‘self-harm’” section of Chapter 2, and are therefore unsure of which behaviours are ‘officially’ recognised as self-harm and which are not.

What was particularly apparent to me as an ‘insider researcher’ was that whilst all four subject teachers were confident members of staff who were able to champion their own subject area within the school, readily discussing educational theory and practice with insight and self-belief; the teachers themselves did not feel comfortable to discuss their understanding of self-harm from a position of authority and doubted their own judgement in relation to their personal definition of the term ‘self-harm’ even though the definitions which they suggested of self-harm were often well-informed, and contained knowledge of a wide range of self-harming behaviours listing many of the risk factors identified in the literature outlined in Figure 2; as shown in Table 6. It became clear that there was evidence of cultural conditioning within the school which meant that subject teachers felt that it was not considered to be their role to deal with pastoral issues such as self-harming behaviour, even though they had all had experience of dealing with pupils who had engaged in self-harm. This links with the work of Goffman (1959:110) who suggests that people adapt their behaviour to embody the implicit social standards that they perceive themselves to be being judged by. The subject teachers acknowledged that it was someone else’s responsibility to deal with serious pastoral issues, and so they appeared to distance themselves from them.

Yasmin shed some light on her own internal dialogue when she admitted that she had reflected on what she felt the term self-harm referred to prior to our interview.

Erm, I guess the obvious is harming your body in a way that, erm, er, I get, I was, ‘cause I was thinking about this and I wasn't sure whether it was.
(Yasmin, subject teacher)

The fact that the subject teachers were not comfortable to define the term ‘self-harm’ links to the work of Gray *et al.* (2011:15) which was discussed earlier, and suggests that individual teachers have to prioritise a child’s academic progress and results above concerns about pastoral issues, possibly choosing to pass pastoral issues on to a member of staff with pastoral responsibility rather than taking steps to understand how they

might personally support the child. This exacerbates the hidden nature of self-harm because subject teachers accept a lower level of training and remain less engaged with pupils who exhibit mental health problems, possibly because they are conscious that self-harm is not a socially acceptable subject for open and widespread discussion; although it became clear through the interviews that I conducted that even pastoral members of staff had to identify appropriate training for themselves and request it, rather than it being proactively offered to them.

Table 6: Examples of self-harming behaviour offered by participants

Examples of self-harming behaviour	Teresa	Emily	Yasmin	Nicola	Amanda	Louise	Beth
Cutting	✓	✓	✓	✓	✓	✓	✓
Picking skin		✓					✓
Bruising yourself			✓				
Hitting yourself against a wall			✓		✓		
Hair pulling	✓	✓			✓		✓
Self-tattooing		✓					
Overdosing				✓			
Anorexia	✓			✓	✓	✓	
Bulimia				✓	✓	✓	
Nail Biting					✓		
Swallowing objects					✓		
Burning yourself with a cigarette						✓	

Two of the three housemistresses responded to my initial recruitment email for volunteers and were happy to talk to me. The two housemistresses had had significantly different prior experience of teaching and working as a housemistress prior to my interviews. Louise, the younger housemistress had been teaching for six and a half years in total, with three of them at the school where she and I were currently employed; in contrast, Amanda had worked for twenty-six years within the same school, starting as a part-time assistant housemistress and culminating in her current role. Both women had also worked as subject teachers.

It is perhaps unsurprising that the two participants had different levels of knowledge about self-harm and therefore demonstrated differing levels of confidence in relation to dealing with the phenomenon. Amanda had experienced a significant number of girls disclose self-harming behaviour to her, and had attending training specifically concerning the subject of self-harm; whilst Louise had never had a pupil disclose directly to her, but she had been involved in the care of pupils within her boarding house who had chosen to disclose their behaviour to other members of staff initially, and had never attended specific training on self-harm. Perhaps unsurprisingly, therefore, the two housemistresses assumed polar opposite positions in relation to the superordinate theme of “Hesitancy when describing the term ‘self-harm’”. Amanda was very confident in what the term referred to and was conspicuous in her lack of doubt concerning a definition, whereas Louise remained unsure. Amanda had extensive knowledge of the types of behaviour which could be considered to be self-harm, referring to the term self-harm itself as “an incredibly wide-ranging umbrella”. She even discussed how biting your nails could be considered to be self-harm in its truest sense, although she acknowledged that “the minor stuff like nail biting and things like that just go under the radar”. When Amanda outlined some of the experiences she had personally shared with girls disclosing their self-harming behaviour, she was factual and literal in her accounts, and seemed more confident to discuss the challenging themes than some of the subject teachers whom I had interviewed, although she was outlining some quite shocking behaviour:

I’ve had two girls who pull their own hair out, one excessively to the point where she had to wear a wig ‘cause she was just left with one patch through the back of her hair, of stubble basically; she didn’t make it bleed but she would just twist and twist and twist and snap, erm ... er, and I had another girl who would get needles and scratch at her arms, er compass needles or sewing needles and it was superficial, erm ... but she then progressed to attempting to break her own arms by hitting them against door frames and things like that. I’ve had a girl who swallowed strange things, drawing pins, safety pins, erm, things like that. Had another one who, er, we had to switch to having just plastic cups because she would take her glass to her room and break it and then use the glass to cut with, er and then of course, there would be the anorexics and the bulimics, which are few in number but crop up sadly regularly. (Amanda, Housemistress)

In contrast, Louise was quite hesitant in her description of her own experiences, and she seemed less clear of the wide range of behaviours which are often encompassed under

the umbrella term of self-harm, focusing particularly on actions which distress the skin, and providing quite superficial descriptions of self-harming actions.

Yeah. Erm, to me self-harm would be somebody who would do something to themselves, erm, physically so something that would be visible I think more than not [...] Erm, with what I've experienced so far, I would probably say things like cutting or you know, like cigarette burns and anything that's, that can be hidden but equally invisible, erm, with things that are quite easy to, to get hold of I think. If you – and, and – it'll be like scissors or cigarettes or little things rather than er, huge machinery. (Louise, Housemistress)

It seemed that Louise took less responsibility for her pastoral role with the pupils in relation to dealing with mental health issues. However, this could perhaps be traced back to her lack of training and therefore a lack of understanding about how to approach it more effectively.

Finally, I interviewed the senior matron from the school health centre. She was keen to be interviewed, and as she was someone to whom it is likely that pupils suspected of self-harming behaviour would have been sent, and also one of the three people identified by Amanda, the Housemistress that she would inform if she encountered a self-harm disclosure, I felt it would be interesting to see what Beth, the Matron's perspective was on self-harm. Beth had worked at the school within the Health Centre for thirteen years, holding the position of senior nurse for the past six.

Early in my interview with Beth it was clear that she was more confident with self-harm as a topic of conversation. Whilst Beth did not list a particularly wide range of self-harming behaviour, focusing particularly on cutting, picking and hair pulling, she was clear that self-harm in her mind was the result of a mental crisis and therefore needed to be treated accordingly.

Self-harm, erm, means when a child inflicts harm upon themselves and for whatever reason, erm ... u- usually due to some mental crisis or something profound, a thing that's happened in their life that makes them feel the need to self- inflict and hurt themselves. (Beth, School Matron)

Beth was quick to inform me that her knowledge was up to date because:

recently I had the erm, privilege of attending a erm, self-harm, successfully dealing with self-harm for adolescents in London. (Beth, School Matron)

Her confidence when discussing the subject of self-harm, and her lack of doubt concerning a definition, had been enhanced by attending a course, in much the same way as Amanda's had been. I was particularly struck by Beth's choice of vocabulary when she spoke of attending the course. To speak of the 'privilege' of attending a course afforded the course an exclusive air. It seems noteworthy that attending a course focusing on such a key area in mental health such as self-harm was considered to be such a privilege rather than being simply part of the day-to-day expectation of a school matron. Beth also spoke of how my interest in the subject of self-harm, and her attendance at the course had prompted her to work on creating a flow chart for staff, outlining how they should respond should a pupil disclose self-harming behaviour to them. Beth spoke of being "chuffed" that she had been involved in the creation of the document, suggesting that it would help to "demystify the whole thing" for staff. Again, I was struck by her choice of vocabulary. The term 'chuffed' perhaps highlighted how unusual it is for an independent school to address the issue of self-harm so openly because it suggested that Beth felt a real sense of achievement by creating her flow chart.

It was clear that the hesitancy concerning a definition of self-harm affected all those members of staff who had not received any direct training on self-harm as a particular issue. This lack of training and support is discussed later in this chapter because it became a superordinate theme within the data in its own right.

Personal experience of pupils' self-harming behaviour

Several of the descriptions of self-harm offered by the participants were further enhanced when participants discussed specific experiences when they had directly witnessed pupils engaging in self-harming behaviours. This included self-tattooing and picking at the skin (as seen by Best, 2006: 164), hair pulling and self-battery by hitting themselves against door-frames (as acknowledged by Madge *et al.*, 2008: 669). It was perhaps surprising to hear the wide variety of types of self-harming behaviour in an

environment where Beth claimed that people liked to think that “this doesn’t happen in our school.”

Reasons why pupils have self-harmed

As my interviews progressed with all participants, the wide range of reasons cited to them by pupils in explanation for their self-harming behaviour was also extensive, and again emphasised the level of knowledge that all participants held about self-harm. This has been summarised in Table 7. All reasons cited by participants were reasons which have come up in the discussion of reasons why people self-harm and the risk factors associated with self-harm explored in Chapter 2. As the number of participants in the study is small, none of the results are statistically significant, however, methods of self-harm were classed as specific themes within the data if more than one person cited them as an example. It does not mean that reasons only cited by one research participant are not also valid reasons which place people at greater risk of self-harming behaviour. In fact, a number of reasons cited by only one person have been identified as significant in research literature elsewhere, for example, sexual orientation (McDermott *et al.*, 2015), puberty (Roen, 2016), depression (Glazebrook *et al.*, 2016) and getting your own back on someone (O’Connor *et al.*, 2014).

It is interesting, given the wide range of reasons for self-harm offered by the four subject teachers, that only the need to control and the need to find a way to release pain (cited by McLaughlin, 2005:55) and alleviate anxiety (cited by O’Connor *et al.*, 2014), were cited by more than one teacher. Whilst it could be argued to be classified under Suyemoto’s Affect Regulation model (Suyemoto, 1998), ‘to control’ is not mentioned as a risk factor within the self-harm literature. This is because self-harm is used to control feelings that are generated by one of the risk factors identified in Chapter 2 such as the influence of TV and the Media, so ‘to control’ is actually a broader umbrella term as opposed to the ultimate motivation behind the self-harm. As has been discussed in relation to Foucault previously, the subject who self-harms may be objectified through the process of division within him or herself or from others, through feeling something other than “acceptably normal” by failing to achieve the demands placed on them by society (Foucault, 1982: 208), and their self-harming behaviour may be an attempt to try

and control that feeling of objectification, publicly torturing themselves through mapping their distress onto their body (Roen, 2016: 315).

Several other themes were identified by housemistresses and the matron in addition to those suggested by the subject teachers. This perhaps reflects the increased opportunities to talk to pupils about their problems which are provided to staff with a greater pastoral role.

Table 7: Examples given by participants of reasons why pupils have exhibited self-harming behaviour

Reasons why pupils have exhibited self-harming behaviour	Teresa	Emily	Yasmin	Nicola	Amanda	Louise	Beth
To control		✓	✓	✓			
To release pain and unhappiness/ alleviate anxiety		✓	✓		✓	✓	✓
An inability to talk about problems				✓	✓		
Low self-esteem	✓				✓		
Difficulties in relationship with parents/ Parental divorce				✓	✓		✓
Over-parenting/ Spoon Feeding		✓			✓		
The influence of TV and the Media		✓			✓		
Stress/ Pressure				✓	✓		✓
Peer pressure			✓				
Depression			✓				
Coping mechanism					✓		
Sexual Orientation	✓						
Attention seeking	✓						
To feel alive		✓					
Bereavement				✓			
Cry for help				✓			
Puberty/ adolescence				✓			
Get their own back on someone				✓			

The fact that this study focuses on a very small group of teachers who have all experienced a small number of pupils who self-harm is no doubt a factor in the lack of

commonality behind the reasons for self-harming behaviour suggested by the teachers. However, it also offers another explanation for the teachers' lack of confidence in their own understanding; given that if they have spoken to their colleagues about their experiences, they would not have had a great deal of shared experience in relation to pupils' explanations of their motivations for self-harm. When added to the fact that the literature available to teachers about self-harm is limited and flawed, as discussed in my CAS, it further undermines teachers' confidence in their own understanding of the phenomenon. In contrast, there was other common experience when including the experiences of the housemistresses and the school matron with the experiences of the subject teachers. Once these experiences had been included, an inability to talk about problems (Amoss *et al.*, 2016), low self-esteem (Tatnell *et al.*, 2014), difficulties in relationship with parents or parental divorce (Martin *et al.*, 2016; Laye Gindu and Schonert-Reichl, 2005), the influence of TV and the media (O'Connor *et al.*, 2014), and stress or pressure (Fortune *et al.*, 2008b), had all been cited as reasons by more than one participant.

One notable fact is that over-parenting or spoon feeding was identified as a potential explanation for the lack of pupil resilience, leading to self-harming behaviour, particularly given that there have been recent claims made in the literature that over-parenting (Lahey, 2015) and spoon-feeding (Ovens, 2011) may lead to increased pupil anxiety and fear of failure. At this time, as I have previously acknowledged, whilst there are already links made between fear of failure or perfectionism and other mental health issues such as anorexia, bulimia (Stoeber *et al.*, 2016; Margarita *et al.*, 2016; Hewitt & Flett, 1991), or chronic fatigue and self-harm (Kempke *et al.*, 2011; Kempke & Claes, 2015), there has been little research into the link between fear of failure, lack of resilience, and self-harm. However, Amanda and Emily state that:

There is a general pervasive attitude of not taking responsibility for themselves and their own actions. If this is the result of over protective parenting, or educational spoon feeding or a combination of both I don't know.

(Amanda, Housemistress)

I do think that it is possible, or even probable, that parents may step in and 'take over' their child's problems too early and this leads to a lack of resilience in the child themselves.

(Emily, Subject Teacher)

In contrast, one other teacher made an opposing observation in relation to lack of pupil resilience. Teresa suggested that pupil low self-esteem was less about resilience and more due to young people today being too self-centred and narcissistic.

I also think we are breeding a generation of narcissists who are obsessed by self-image and I would say they lack depth and substance and values rather than resilience. If all you care about is yourself and how you look and how other people think you look, then you are going to have issues with self-esteem. If you actually care about others have a sense of perspective and want to make the world a better place then you are less likely to become obsessed/over-focused on things.
(Teresa, Subject Teacher)

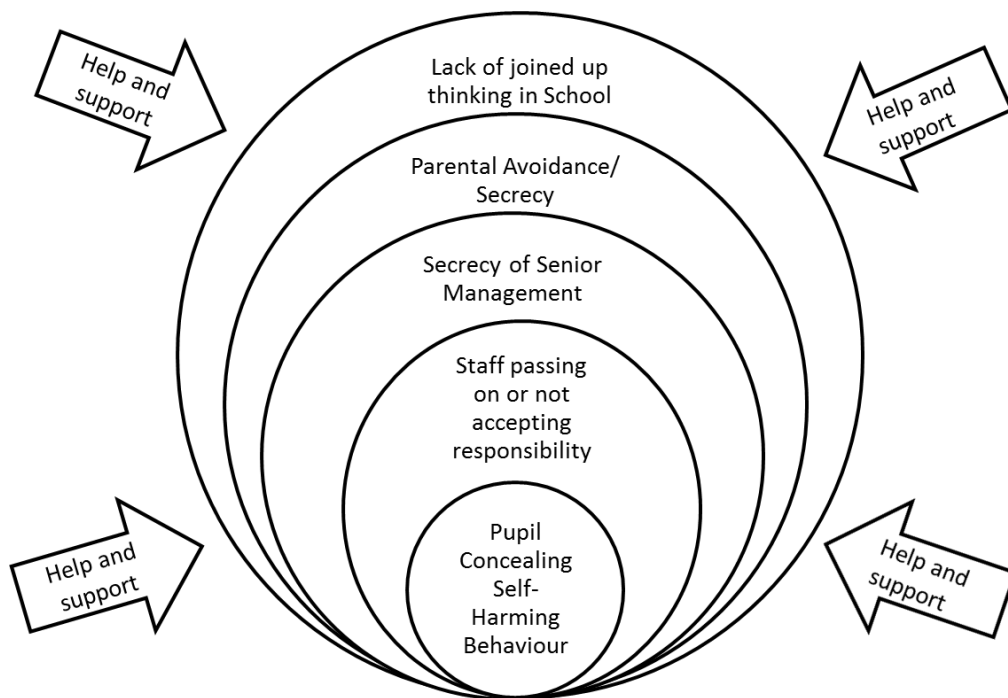
I would argue that Teresa's view of self-harming behaviour is at odds with the literature about self-harm, particularly that which is related to risk factors and also the phenomenological and sociological views about the body and self-harm which I have discussed in Chapter 2. It is reinforcing the cultural norm that self-harming behaviour is an unacceptable failure to live up to the expectations of society (Foucault, 1977/ 1991). Instead, a detailed consideration of the literature suggests that if adolescents are given an over-inflated sense of their own achievements, as suggested by Brummelman *et al.* (2013 & 2014) it can actually lower self-esteem, rather than making pupils self-obsessed as suggested by Teresa. If pupils are praised for achievement rather than effort, they risk developing fixed mindsets, only engaging with tasks at which they know they will succeed because they are paralysed by a fear of failure (Dweck 2007/ 2008). I feel that Teresa's response is a demonstration of how, if staff are not trained about self-harm and how to approach it within school, ill-informed views about self-harm could have a negative impact on the self-esteem of a child within their care, potentially making that child even more likely to repeatedly self-harm.

The Hidden Nature of Self-Harm.

One superordinate theme which recurred in every interview was the hidden nature of self-harm. The essence of self-harm being a hidden phenomenon manifested itself in a number of different ways. There was the hidden nature of the pupils' injuries and the secrecy of the behaviour of pupils who were using self-harm; the issue of staff passing on or not accepting responsibility for dealing with the issue of a disclosure of self-harm;

the unwillingness to engage with self-harm as a serious issue by some key staff and by the parents of pupils who were engaging in self-harm; the secrecy of senior management concerning how the issue was being dealt with after the referral once an instance of self-harm had been reported by a member of staff; and finally a lack of ‘joined-up’ thinking between staff once a disclosure of self-harm had been made. This led to the idea of concentric circles of complicit secrecy surrounding the pupil in the centre, each layer making it more difficult for them to receive effective external help and support.

Figure 6: Circles of Secrecy Surrounding a Pupil Demonstrating Self-Harming Behaviour



It suggested that there was a cultural context within the school which underpinned the concept that self-harming behaviour should not be discussed openly and publicly and allowed the culture of secrecy surrounding self-harm to prevail. This may be exacerbated further for schools within the independent sector who are fighting to attract pupils in order to keep pupil numbers high enough to stay open and flourish. It seems that there is a social stigma attached to admitting that self-harming behaviour is occurring within your school, something which is further evidenced by the fact that three out of the four boarding schools which I approached about interviewing teachers

concerning their experiences of pupils who self-harm declined to allow me to research within their school. This links to Smail's point that society is conditioning its members to look down on those who deviate from the norms of acceptable behaviour (Smail, 2015:10), and the need identified by Goffman for people to convey an image to others that it is in their interests to convey (Goffman 1959: 15). Foucault (1977/1991) would suggest that within the "field of surveillance" schools are feeling the pressure to achieve what is perceived to be the norm as a minimum. They are in a position where they cannot admit to self-harming behaviour taking place within their environment because it would suggest that their school is performing less well to other schools, although, as I have recognised previously, the reality is that pupils are engaging in self-harming behaviour in almost every classroom in the country (Best, 2005a: 9, MHF, 2006: 21).

Pupils Concealing Self-Harming Behaviour

A recurring theme in much of the literature about self-harm is the aspect of secrecy connected to the act itself (Best, 2006; Evans *et al.*, 2005a). This was a theme which was also apparent in several of the interviews. Nicola explained how one pupil had changed the site of her self-harm so that it would be less noticeable:

[O]ne was actually cutting herself, erm and she cut her arms to begin with but later, erm, chose to do her legs because she felt that she was, they were going to be less likely that that would be noticed. (Nicola, subject teacher)

Emily also noted the isolation which self-harming behaviour can lead to because pupils feel that others cannot understand the motivation for their actions. Pupils decide to remain quiet about what they are doing, because of a fear of being misunderstood:

[O]ften they said they, that people would be horrified, er and not understand why they did it. (Emily, subject teacher)

The need to self-harm and inflict tangible marks on the body is well described by Foucault:

[T]he body, several times tortured, provides the synthesis of the reality of the deeds and the truth of the investigation, of the documents of the case and the statements of the criminal, of the crime and the punishment.

(Foucault, 1977/1991: 47)

It can be argued that the pain and despair felt by pupils who self-harm in the way described by Emily and Nicola is the product of society exercising control on the individual in order to maintain a hierarchy of power through manipulating people to behave in a socially acceptable way (Smail 2015:127), and that because the pupil knows that it is unacceptable to society for them to show their pain and despair by visibly damaging their body, they damage their body but do so in a place which maintains the façade of behaviour which is considered acceptable to society (Goffman, 1959: 15). It is possibly this fear of being viewed as deviant which leads some pupils who engage in self-harming behaviours to remain silent about their actions. Foucault would acknowledge that in this way, “Through self-harm, particular types of distress get mapped onto the body” (Roen, 2016: 315).

Best, (2005), and Heath *et al.* (2006) have documented how teachers’ responses to self-harm can often be one of shock, and, whilst discussing self-harm, Emily demonstrated the depth of her personal understanding of self-harm when she observed that it is extremely hard to know how to deal with a pupil who is engaging in self-harming behaviours at school because

it’s the problem of bringing it out into the open and yet not giving people ideas.
(Emily, subject teacher)

The link between self-harm and a friend or family member who engages in self-harm is well documented in the existing research on self-harm (Jarvi *et al.*, 2013; Nock and Prinstein, 2005; O’Connor *et al.*, 2014; Mars *et al.*, 2014) because of the concern that knowing someone else who self-harms normalises the behaviour making it more acceptable, so Emily’s fear was definitely not unfounded. However, if it is true that self-harming behaviour is a response to dealing with the pain felt because an individual cannot conform to the ideals expected of them by society, by allowing self-harming behaviour to become more acceptable in the eyes of society, it may have the benefit of reducing the compulsion to self-harm which some adolescents feel.

Louise demonstrated how hard it can be for a pastoral member of staff to identify that self-harm is taking place in the first place. She spoke about one particular girl in her boarding house who had been engaging in self-harming behaviour and who had disclosed to another member of staff, stating that “I hadn’t noticed anything up to that point.” Louise also reflected upon the difficulty that she had in trying to get the pupil to speak about her problems even when her self-harming behaviour was known about:

[A]ctually the, the easiest way for her to communicate was through email ‘cause she didn’t have to you know, face how she was feeling, so that’s how, erm, we managed to get quite a lot out of her but it, she never raised any issues, she said “yesterday was fine and today is not so good”, but there was never anything specific. (Louise, Housemistress)

When discussing the fact that email communication was easier for the girl, I wondered whether this style of communication had also been easier for Louise. The girl was not the only person who did not have to face how she was feeling if Louise communicated with her by email. Through email, the pupil and Louise could remain detached and her behaviour was still, to a certain extent hidden, and possibly less shameful for the pupil. Goffmann (1959:158) discusses the fact that when a person finds a confidant, he is able to “confess his sins, freely detailing the sense in which the impression given during a performance was merely an impression”.

As it is acknowledged that the body can be used to express distress in the absence of other means (McLaughlin, 2005:55), it is imperative that teachers take steps to try to reduce the sense of shame felt by any pupil who is engaging in self-harming behaviour or to provide an alternative means to express their distress. Whether an adolescent is ashamed because they are conscious that their self-harming behaviour does not reflect accepted social norms, or whether they are ashamed that they have not lived up to the expectations of society in terms of their academic progress, Foucault (1977/ 1991:119) recognises that disciplinary mechanisms “work through moments of petty humiliation; they seek to get inside us and make us fearful of being different”. In this case, an adolescent who self-harms is fearful of not meeting the accepted standards of society and so they seek to discipline themselves in an attempt to manage their feelings of shame and pain. Through communicating via email Louise was also avoiding the need

to confront behaviour which subverts the accepted cultural norms face to face which she may personally have found difficult to handle, reducing the sense of shame for both the girl and Louise respectively. In addition, it is possible that communicating via email may have been a tool by which Louise was trying to protect herself. As she was not confident in her ability to know how to respond to a disclosure of self-harm, by communicating through email Louise was making her responses traceable and open to scrutiny.

In a similar approach to the subject teachers, Louise seemed keen to pass on the responsibility to deal with the situation to others whom she viewed as more competent or qualified to deal with the situation. She reflected that:

I was still sort of, you know, where do we go with this and I relied upon erm, [the chaplain] and [Designated Safeguarding Lead] a lot too, to handle it rather than doing it myself. (Louise, Housemistress)

In contrast, Amanda spoke about how girls would sometimes disclose to her directly. She spoke about her reaction when that happened, and was clear about the set of procedures that she would adopt in order to respond to the situation which she had been presented with:

I think 'cause I've been doing this job for such a long time, erm, I automatically have a whole process of, of erm, reactions and procedures kick in just automatically, I-I know how to respond and what I need to do, erm, the calmness, the "right let's deal with this", you know, if it's somebody who's done something like [pupil X], we need to assess the extent of what she'd done, whether it's an emergency and I need to call the nurse or if it's something that we can ... address and deal with in the morning. (Amanda, Housemistress)

The key difference between the housemistresses, Louise and Amanda, seemed to be their knowledge of self-harm and confidence in dealing with a potential disclosure, and this appeared to be directly related to the amount of training they had each received. This will be discussed in greater detail below in the section about the need for training.

In contrast to the other research participants, Beth did not discuss the secrecy of the pupils in relation to self-harm. Perhaps this is because, as matron, she only sees the

pupils when they come to the Health Centre and declare that they have a problem which they want the nurses to look at.

Not really a problem

One aspect of the phenomenon of self-harm was demonstrated when two of the subject teachers spoke about the responses of senior staff and parents when self-harming behaviours were disclosed to them. Emily spoke of a response of a previous matron who had been quite dismissive of the problem:

[T]he matron particularly, er, seemed to say “oh well”, you know, “girls when they reach this sort of age, they, they do funny things”, you know, “she’ll grow out of it”.
(Emily, subject teacher)

This aspect of self-harm is well known, with many studies acknowledging that self-harming behaviour is under-reported, and likely to be underestimated (e.g. Mars *et al.*, 2016), and yet the Samaritans and the Centre for Suicide Research suggests that one in ten young people self-harms during their adolescence (Mental Health Foundation, 2006: 20). Beth spoke about how people within school “pooh pooh such things” and Emily spoke of self-harm being “brushed under the carpet”; however, the staff interviewed openly admitted that they were not always proactive in following up self-harm referrals which they had made following a pupil disclosure to see what happened next; and this reticence appeared so frequently in staff responses that it became a superordinate theme in its own right. It was interesting to note that both Beth and Emily used informal, colloquial expressions when discussing attitudes of others towards self-harm, potentially suggesting that others have not acknowledged the significance of the subject.

The unwillingness to engage with self-harming behaviour as a problem is another way of maintaining the façade of a public performance (Goffmann, 1959) which lives up to the expectations of society (Foucault, 1977/1991) and does not publicly admit any flaws in the education provided by the school. This could also be argued to be an underlying motivation for staff passing on responsibility to others or not accepting responsibility once a pupil disclosure of self-harming behaviour has taken place.

Staff passing on or not accepting responsibility

Another notable aspect of the hidden nature of self-harm seemed to be the need for teachers to pass on the responsibility for difficult situations following a disclosure of self-harming behaviour by a pupil to someone else due to their own lack of confidence in relation to dealing with issues such as self-harm, and perhaps a reluctance to deal with behaviour which does not conform to accepted societal norms. Emily stated that;

Erm... I felt... that... somebody... should be, I didn't want, I didn't want to take the responsibility for them mys- all on myself. (Emily, subject teacher)

Emily's hesitancy over the word 'myself' is particularly notable in this statement. By correcting herself to say that she did not want to take responsibility 'all on' herself, she is acknowledging that there is some personal responsibility, but it does not seem to be a responsibility that she feels comfortable with due to her initial reluctance to acknowledge that she should take responsibility "myself". An interesting link can be made here to the work of Goffman (1959), who notes that:

[w]hen performers make a slip of some kind, clearly exhibiting a discrepancy between the fostered impression and a disclosed reality, the audience may tactfully 'not see' the slip or readily accept the excuse that is offered for it. And at moments of crisis for the performers, the whole audience may come into tacit collusion with them in order to help them out. (Goffman, 1959: 225)

As self-harming behaviour is not viewed by schools as a desirable situation to be occurring in school, it may suit teachers to 'turn a blind eye' once an initial disclosure has taken place, so that the status quo is not challenged, the public performance is maintained (Goffmann, 1959), and they do not need to be involved in any additional investigations or interventions. Senior staff may tacitly acknowledge that subject teachers do not really want to take responsibility for any issues such as self-harm, and this helps them to maintain pupil confidentiality without having to have difficult conversations with subject teachers where they have to think carefully about what can be said. This ties in with a theme which is discussed later in this chapter concerning the pressures on staff to support pupils. If subject teachers already feel under too much pressure in their job before a pupil decides to disclose self-harm to them, they may not have the emotional flexibility to deal with a disclosure should one occur. Also, if staff

are not confident about how to deal with a disclosure of self-harm (Favazza 1998; Best, 2005a; Best 2006; Hall & Place 2010; Heath *et al.* 2006 and Kidger *et al.*, 2010), they may prefer to place the issue into the hands of someone whom they feel to be better qualified. As Amanda said:

I think I regard myself as kind of like the paramedic, first aid, the initial responder who deals with the first signs of things but then takes them through to the specialist professionals. (Amanda, Housemistress)

Whilst referring the situation on to a professional is undoubtedly a sensible way of dealing with a complex situation for which teachers are not properly qualified, what was notable was the lack of interest from the teachers to follow a situation up and find out what happened once they had referred a situation on. This abdication of responsibility was demonstrated by a number of the staff who had experienced a referral:

I've felt as a tutor, I haven't had to deal with it and it's been, it's , I was just sort of told "this is what's going on", you know, "just to let you know", kind of thing, "we're dealing with it", erm, "the member of staff/parent is dealing with it and the doctors are dealing with it and it's not a school", it's not a, a matter for me as a tutor really. (Yasmin, subject teacher)

but, but how that was dealt with to be perfectly honest, I do not know I'm afraid. (Nicola, subject teacher)

This tacit collusion in keeping quiet about a pupil who has self-harmed and not questioning what has happened, is yet another way that the cycle of hiding self-harming behaviour is reproduced and an acceptable public persona is maintained by the school within the "field of surveillance" (Foucault, 1977/1991). This is further exacerbated by the secrecy of senior management, which was another theme which was identified within the superordinate theme of the hidden nature of self-harm.

Secrecy of senior management

A clear feature in all four discussions with subject teachers was the implication from more senior staff that as a subject teacher, it is not your place to know how an instance of self-harm is being dealt with, which may offer some explanation of why the subject teachers appeared to have assumed a more passive role in relation to instances of self-harming behaviour. This was encapsulated by a comment made by Teresa:

the form tutor and head of year would say to you, “oh you know, she self-harms” [whispers] and it was done in a way where you weren’t meant to know but you were told because that, the person telling you knew that it would help you in your relationship with that student but generally, it was done in an off the record kind of way. (Teresa, subject teacher)

This lack of being kept informed of how situations were being handled was echoed by both Emily and Nicola; and whilst Teresa felt that acknowledgements of self-harming behaviour had been made to her in an unofficial way, Emily seemed to have been kept outside of the circle of knowledge completely and stated that “I’ve never had a senior member of staff say to me, ‘By the way, this child self-harms.’” Nicola’s case was particularly pertinent because Nicola had had a great deal of personal interaction with one girl who was exhibiting self-harming behaviours, and the girl herself communicated with Nicola about those behaviours on a fairly regular basis. Nicola stated that “she told me specifically”. However, following her referral of her situation to the senior management of the school, Nicola remarked that:

I’m not sure really, erm, what actually, you know how, how things were handled in the boarding house, other than I know from the girl. (Nicola, subject teacher)

To be confident that you had been chosen specifically by a pupil to self-disclose their self-harm, but then admit that you had no idea what happened subsequently seemed a strange juxtaposition of facts which were willingly offered.

When exploring why it might be the case that subject teachers were not kept informed about the pastoral care of pupils who had engaged in self-harm as discussed above, not one of the subject teachers interviewed stated that they had challenged the situation or

asked for more information about what was happening to the pupils in question.

Although subject teachers did exhibit frustration, for example when Yasmin exclaimed

“I didn't ever get feedback about it. Communication, no! [laughs]”
(Yasmin, subject teacher)

It is clear that confidentiality needs to be maintained in a complex situation such as one which deals with a child's mental health, and that it would not be acceptable for the complex details of a child's situation to be made public to everyone. This may go some way to explaining why staff did not feel that they could follow up to find out what happened after a disclosure of self-harm and a subsequent referral had taken place. As Teresa explained;

it's quite helpful for the teacher to know what's going on in your students' lives but clearly there's a tension between that and the students' right to privacy.
(Teresa, subject teacher)

Foucault discusses how society maintains power through making people fear being judged for not meeting its expectations. He argues that this makes people “subordinate” and “docile” (Foucault, 1977/ 1991: 121). The teachers' failure to question how a case of ‘subversive’ behaviour such as self-harm is dealt with is arguably their subconscious act of maintaining their own sense of respectability in the eyes of society.

Amanda responded to the secrecy of senior management in a different way to the response seen from the other participants. She was very conscious of the fact that the details of how instances of self-harm were being treated should not be divulged to everyone, and she appeared to be a much more central cog in the communication process. Amanda referred four times during her interview to involving only “the people who need to know” in the process of dealing with a disclosure of self-harm. Amanda identified three key people who would be involved in the first instance; the matron, the Head of Key Stage and the Pastoral Deputy Head, although she acknowledged that:

[I]t could well be that there might be another member of staff who's also been told or who has noticed, in which case they would also be kept informed of what was happening.
(Amanda, Housemistress)

As Amanda was considered more senior in relation to pastoral issues than the subject teachers, it could be that she subconsciously felt a greater pressure to be involved in maintaining a public performance which conformed to cultural expectations than the subject teachers, and involving only “the people who need to know” was her way of achieving this.

Although, keeping staff informed was something which Amanda, a Housemistress identified as a priority, the subject teachers who were interviewed all felt that they were never informed about what was happening in a situation like this once they had referred their concerns. This suggests that schools need to consider processes and ways of keeping the staff who were initially disclosed to ‘in the loop’ to ensure that they know that any issues are being dealt with and that the children involved are continuing to receive appropriate support, whilst still maintaining any confidentiality which needs to be maintained.

In addition, although Beth had been highlighted as one of the people to whom Amanda would choose to inform about a pupil who had disclosed self-harming behaviour, it was particularly notable that Beth herself felt that she was isolated from being informed about what happened next to a pupil once their case had been taken on by the senior management team of the school. When asked if she heard about what happened after a situation had been referred on, she felt that she was not told, and this situation made her and the other matrons in the Health Centre upset and frustrated.

Erm, not from senior management, no, I have to say, no, things don't tend to... I have to go and ... ask. But no, we won't hear automatically, it's quite upsetting sometimes, we feel erm, very much left out of the loop. (Beth, School Matron)

Beth's hesitancy over admitting that she had to ask for information suggests strongly that she felt that the situation was not acceptable; however, in her interview Beth implied that the secrecy of senior management was due to a twofold reason. It was partly due to a sense of denial that self-harm was not really manifesting itself within the school as a serious issue, but also due to a concern for the shame which might be brought on the school if it was publically identified as having pupils attending the school who were engaging in self-harm, something which Foucault (1977/1991) would

perhaps expect to see. Beth discussed her worries about whether the senior management team of the school would choose to proceed with a flow chart for teachers which she had devised following an INSET on self-harm to enable staff to better understand how to respond to a disclosure of self-harm, due to these concerns.

And even now, erm, it's, this will have to be erm, when we've completed our work, it will have to be shown to SMT, senior management team and to the head mistress and hopefully – hopefully – I pray that we can go forward with this tool.
(Beth, School Matron)

I found it interesting that Beth chose to use the phrase “I pray”. The school is a religious school, and many of the staff are religious themselves, although I had never discussed Beth’s religious beliefs with her. However, the phrase Beth used implied that perhaps divine intervention would be needed in order to encourage the senior management of the school to engage fully with the issue. Beth had even considered what the policy should be called in order to cause the least amount of resistance, and to try and ensure that it would be adopted. She stated that

And we want to call it, Mental Wellbeing, there cannot be any shame there, I mean I think it's an issue, erm, that all schools have to address.
(Beth, School Matron)

The sense of shame surrounding the admission that self-harming behaviour is taking place in school could be explained by the work of Goffman. Goffman (1959: 208) argues that for managers to maintain the loyalty of team members, they need to prevent them in becoming “too sympathetically attached to the audience”. By becoming too close to pupils who have chosen to disclose their behaviour, subject teachers may say something to a pupil or their parents which does not conform to the image that the school, as a business needs to project to its community. It may be that the HMC finally publishing their findings in 2015 about the first survey of mental health in Independent Schools (HMC, 2015a) is a positive step towards reducing this sense of shame. However, it is interesting that when I requested the set of data from HMC which they had collected as part of their survey, although I am now a deputy head of an HMC school, I was told that they would not provide me with the raw data in case the way I used it would produce negative attention from the press for HMC schools. This highlights another organisation within the education sector which is consciously seeking

to maintain a façade that conforms to cultural expectations within the “field of surveillance” (Foucault 1977/1991).

Parental Avoidance/ Secrecy

The lack of willingness to engage with the issue of self-harm seemed to be mirrored by the parents of a child who self-harmed whom Nicola had dealt with. Nicola explained that:

there was a reluctance to really accept that there was a very serious problem going on, erm, and that it needed to be dealt with [...] her mother did speak to me a few times but her, her take on it was always that it wasn't the serious issue that I think we all felt it was. (Nicola, subject teacher)

Walkerdine *et al.* (2001) conducted a longitudinal study following groups of working class and middle class girls through their schooling so as to better understand the impact of gender and class on a child's educational experience. One of their participants, Naomi, was placed by her parents into independent education, and yet she and her family were almost paralysed by the potential fear of failure. They note:

Naomi supposedly had the best education money could buy and this country had to offer, and yet she felt strongly that it failed her. She appeared to be a confident, outgoing, autonomous and successful young woman, and yet she was racked by a fear of failure that those around her could not bear to hear about because they too held that fear. (Walkerdine *et al.*, 2001: 130-131)

This theme of parental secrecy was also referred to by both Louise and Amanda:

[I]t hurts me on the girls' behalf, that sometimes I have girls arrive here who are self-harming and the parents do not tell us or when we discover that they are exhibiting this behaviour and we then call the parents in, they deny all knowledge and then we find out from her previous school that the girls were already doing this then and the parents knew. And erm, I find it erm, heart breaking that the parents put their, feel so much shame about this that they won't enable us to work together, to support their daughters in what, erm ... you know, this terrible emotion. (Amanda, Housemistress)

Secrecy of parents who do not disclose information about their children is a particular issue for house parents in a boarding school because whilst the children are at school, they are in a position of *Loco Parentis*, representing the parents and fulfilling their role. This is a case where instead of the school seeking to maintain a public performance which meets cultural expectations, parents are demonstrating a fear of being judged as “failing to meet the norm” (Foucault, 1977/1991: 121). However, if the parents’ attitudes are at odds to the stance of the school in relation to dealing with an issue, problems can transpire. Louise recalled a similar experience to that described above by Amanda when the reaction was not what she would have wished when she contacted the parents of one particular pupil about their daughter’s self-harming behaviour:

I spoke to the parents, who sort of brushed it off and said “oh yes, yes, we’ve had this issues before but everything’s fine but if you could let me know”, didn’t really get anywhere with the parents because they, I don’t think they really saw it as an issue, the way we did. (Louise, Housemistress)

It could be argued that it is this fear of failure on both the part of the parent and the part of the adolescent which further contributes to a culture of silence, where no one wants to admit that they have fallen short of the ideal that they have tried to achieve. This idea is reflected in the work of Lahey (2015), Glass and Tabatsky (2014), and Dweck (2007/8; 2012) who argue that pupils who are praised for their ability rather than their effort, and whose parents or teachers solve problems on their behalf before allowing children the opportunity to try and solve them themselves are trapped in a situation where becoming paralysed into inaction by a fear of potential failure is almost the only option. As Dweck states:

In short, when people believe in fixed traits, they are always in danger of being measured by a failure. It can define them in a permanent way. Smart or talented as they may be, this mindset seems to rob them of their coping resources.
(Dweck, 2012)

This issue is discussed in more detail in Chapter 2 part 3 of my thesis.

Lack of joined-up thinking in school

Another theme which could be drawn from the data and which is inextricably linked to the hidden nature of self-harm is the fact that all of the different aspects of secrecy surrounding a pupil who self-harms meant that teachers across the school and people with different responsibilities did not seem to be clear about what others were doing. As Teresa discussed;

I know [pupil name] had a mentor and it's possible she disclosed it to her but I don't know. Teresa (subject teacher)

This further highlights the need for a process to be drawn up so that staff are clear about whose responsibility it is to oversee a pupil who has disclosed self-harming behaviour so that the pupils do not get overlooked and failed by the system. Although I have discussed how it may be useful for senior staff not to feel the need to negotiate the thorny issue of pupil confidentiality, staff who have referred a case on of a pupil who has disclosed self-harm can act as a safeguard to ensure that referrals are followed up if they are kept informed at the most basic level that the referral is moving forwards. One place to start may be for more schools to draw up specific self-harm policies so that staff are given clear direction with regards to procedural responsibility, addressing the finding from Robinson *et al.* (2008) that over half of schools did not have a self-harm policy, and ensuring that referrals do not fall through any potential gaps in the system.

Personal Responses to Self-Harm Disclosure by Staff

In the interviews, all staff were asked to reflect on how they had personally responded to pupil disclosures of self-harming behaviour. This elicited three main themes: feeling anxious or frightened; dealing with self-harm by professional distance; and the pressures on staff to support pupils.

Anxious/ Frightened

A number of the staff reflected upon how their experiences had made them anxious or frightened. Shock or horror at a disclosure of self-harm is a well-documented response

within the self-harm literature (Hall & Place 2010; Heath *et al.* 2006), and is perhaps unsurprising because teachers are being asked to confront pupil behaviours which fail to meet the norm expected by society (Foucault, 1977/1991). However, it is interesting to note that all staff who discussed feeling anxious or frightened reported that they had not had any training about self-harm at the time that they felt that way. Emily stated that following one pupil disclosure,

“I used to lie awake at night worrying about her”

(Emily, Subject Teacher)

Yasmin explained that it was the fear of doing the wrong thing which made her particularly frightened.

“I would also feel, be petrified about saying and doing the wrong thing, erm ... like saying and doing the wrong thing to them and also from a sort of a teacher’s, a professional’s point of view, doing and saying the wrong thing”

(Yasmin, Subject Teacher)

The concerns and worries expressed by the staff were such that a significant number of them could have been addressed through wider access to training. It may be that this training would help staff to contextualise the motivations behind pupils’ need to self-harm and therefore be less shocked when they witness behaviour which breaks cultural expectations.

Dealing with self-harm by professional distance

It was clear that for a number of staff, the way to deal with pupil disclosures of self-harm was to switch into a professional mode in order to maintain some personal distance. Teresa reflected as follows:

I think I would just automatically go into sort of professional teacher mode and erm, you know, tell them that I have to disclose it to a child protection officer in the school and get them some help.

(Teresa, subject teacher)

This sense of professional detachment was also demonstrated by Amanda who had dealt with a much larger number of instances of self-harming disclosures. She stated that:

I think 'cause I've been doing this job for such a long time, erm, I automatically have a whole process of, of erm, reactions and procedures kick in just automatically, I-I know how to respond and what I need to do, erm, the calmness, the "right let's deal with this", you know, if it's somebody who's done something like [pupil X], we need to assess the extent of what she'd done, whether it's an emergency and I need to call the nurse or if it's something that we can ... address and deal with in the morning. (Amanda, Housemistress)

However, arguably, in order for a member of staff to maintain a professional distance, they need to understand what an appropriate stance is for a professional faced with a self-harm disclosure, and without training that is difficult, particularly given the lack of consensus concerning self-harm in the literature which might be available to them and the natural propensity of people to try and distance themselves from situations which may subvert cultural norms in an effort to avoid being judged.

Pressures on staff to support pupils

A number of staff reflected upon the pressure which dealing with disclosures of self-harming behaviour places on the staff within a school. As Emily observed:

they share the burden with you but then if you haven't got anyone to share it with [laughs] (Emily, subject teacher)

Emily's laugh after making this point is an indicator of her sense of unease concerning the situation she has found herself in. Teresa expanded on Emily's point when discussing whether teachers should have more of a formal responsibility for pupils' mental health. She comments as follows:

I think that teachers are basically being asked to parent children and do too much. We do this anyway, most of us, but to make it a formal responsibility means someone will draw up another policy and then we'll all have to tick some box in our SEF and actually it won't make us do anything different or better - it'll simply be another pressure on us. (Teresa, Subject Teacher)

Teresa's comments resonate strongly with the points made by Finney (2006) who argues that:

[t]eachers who are already defensive about pressure of work and feel uncertain about their ‘therapeutic’ responsibilities are likely to want to resist further change. Unlike ‘child protection’ where teacher responsibility is clearly defined by the Children Act (1989) and more recent ‘protection’ legislation, this vagueness of expectation nurtures the ‘I’m just a teacher . . . I’ll leave it to the experts’ argument. Equally, I often encountered ‘mental health specialists’ who are precious and ‘protectionist’ about imparting knowledge to other agencies. This does not engender confidence in front-line professionals and encourages ‘leave it to the experts’ as a default response. Professional gatekeeping on both sides often remains the order of the day. (Finney 2006: 24)

The points made by Finney above link closely with the theme of staff passing on or not accepting responsibility (which has already been discussed), and add additional weight to the model of concentric circles of secrecy surrounding a child who has disclosed that they are engaging in self-harming behaviour (see Figure 6, page 99). If professional gatekeeping makes the situation even more impenetrable it is easy to see how the child in the centre could feel isolated and alone – a common experience for many pupils who have self-harmed (Brady, 2014: 294). However, Amanda offers a less defensive reason for teachers needing additional support to deal with the pressures of a pupil disclosing their self-harming behaviour:

[I]t is emotionally draining, as a frontline worker, it’s, you don’t realise just how exhausting it is – but it is – you have to learn to cope with that and also to a certain extent, protect yourself which is where I think the training and the professionalism comes in because it equips you with tools to cope yourself, so that you don’t end up as a, a gibbering wreck who burns out through carrying the burdens of others. (Amanda, Housemistress)

I discussed the need for teachers to have regular supervision so that they can support pupils’ pastoral needs effectively (Best, 2005a and Walker 2012:105) in my CAS. I believe that the reasons stated above by the participants in my study add further weight to this argument. Teachers need to unpack their personal responses to behaviours which they find hard to comprehend because of the power exerted over them by society, to conform to societal ‘norms’. Schwan and Schapiro (2011: 102) explain that this is because Foucault sees humans as “held in place by a capillary network of multiple small nodes, each of which contributes to our subordination.” Teachers need a safe space to process how their experience of a pupil self-harm disclosure and their own personal

response to that has challenged the capillary network of power which holds them in place and binds them to behaving in ways which conform to the expectations of society.

Lack of Training and Support

Not well-equipped

Another strong recurrent superordinate theme in the interviews with all the subject teachers was the lack of training which they had received in relation to pupil mental health and specifically in relation to pupil self-harm. This is reflective of the finding from an ATL survey that only 9% of teachers felt appropriately trained to spot the signs of mental illness in pupils (ATL, 2015), and underpinned by the observations made in my CAS concerning the lack of good quality literature about self-harm that is readily available to teachers (Margrett, 2014: 27). It was clear from the interviews that the class teachers were familiar with the need for direct referral of this sort of situation to the Designated Safeguarding Lead (formerly the Child Protection Officer) in the school, but apart from that fairly basic procedural step, they seemed at a loss as to how they should react to the pupil who had disclosed to them. Yasmin reflected as follows:

... I know I'm supposed to, who I'm supposed to deal at school about these things in terms of child protection and who to keep in the loop but if a child was sitting in front of me, telling me that I'd, that would be really hard. [laughs]
(Yasmin, subject teacher)

Again, Yasmin laughs as a way of expressing her unease with the situation in a similar way to Emily. The general sense of unease amongst the subject teachers seemed to be rooted within the fact that they had received a lack of specific training on self-harm. Emily stated that:

if someone came to me today and said to me that they were self-harming ... I wouldn't know what to do;
(Emily, subject teacher)

and Yasmin commented further that:

erm, I don't think there's particularly very much training, never really.
(Yasmin, subject teacher)

Nicola also acknowledged that due to a lack of training, some of her responses to a child who was self-harming were less than ideal. There was a note of shame in her observations, and a sense that she was searching for absolution through her interview with me:

I mean in terms of erm, how, how I would deal with it and I don't think I'm at all equipped to do, to deal with that, I mean if I, if I gave you some examples of the things that I did in order to get her functioning sometimes, you would be appalled I think. (Nicola, subject teacher)

Arguably, a lack of training could be seen to be a direct consequence of schools wanting to maintain a public performance which adheres to cultural expectations (Goffmann, 1959). By providing your whole staff with training on specific mental health problems such as self-harm, there is an implicit suggestion that the school is experiencing a problem with pupils who exhibit self-harming behaviour and so teachers need to be trained in how to respond to it, suggesting that the school is failing to meet the norms expected by society when it is exposed to scrutiny in the “field of surveillance” (Foucault, 1977/ 1991).

Whilst their experiences of receiving training were somewhat different, Amanda and Louise, the housemistresses, were unanimous in their belief that it is important to train staff to deal with issues such as self-harming behaviour. Whilst Amanda had received specific training about self-harm, Louise had not. Louise spoke about this issue, recognising the varied demands placed onto housemistresses and acknowledging that it is impossible to be trained to deal with every eventuality:

I think part of the issues that we go through in boarding, is that we don't get specific training for every possible aspect of what could happen, partly because it's impossible but partly because it's just, it's not offered. (Louise, Housemistress)

However, she stated that she felt that as she had not received training, if the instances of pupils self-harming had not been brought to her attention, she would never have known what to look for, and she felt that training was needed for that reason. In Louise's

opinion there was a greater need for the senior managers of the school “to take more responsibility to training the staff”. As with the subject teachers, it appeared that Louise’s lack of training was at the root of her anxiety about how to deal with any pupil disclosures of self-harm, her subsequent withdrawal from active engagement with the situation, and also her on-going concern about whether she had responded to a situation appropriately.

These findings concur with the work of Heath *et al.* (2006) that significant numbers of teachers do not feel well-equipped to deal with disclosures of self-harming behaviour from their pupils, and Best’s finding that teachers’ awareness of self-harming behaviour is ‘patchy’ (Best, 2005a).

Reliance on ‘innate humanity’

As Yasmin reflected further on her revelation that she did not think that she had experienced very much training, she stated that when considering how to respond, she would need to rely on her own innate sense of humanity when responding to a pupil disclosure:

I have never had any sort of teacher specific training about that, I just feel as a person, how would I deal with that if anyone told me that, if my friends told me that or you know, that’s how I’d deal with it I suppose.

(Yasmin, subject teacher)

Yasmin was not alone when reflecting on the need to rely on a deep sense of humanity when responding to a pupil disclosure; this theme was also significant for Emily who felt the need to treat students as she would treat her own child, due to a lack of guidance as to how to respond as a teacher.

I think the only thing I thought I could do is, is try and talk to them and be, try, try to think, as I would if it was, if it had been my daughter then, erm, you know as a mum.

(Emily, subject teacher)

Given the serious nature of self-harming behaviour and the potential link to an increased risk of suicide in later life, (Crawford *et al.*, 2003; Hawton & James, 2005; Favazza & Conterio, 1989; Laye-Gindhu & Schonert-Reichl, 2005; McMahon *et al.*, 2010; Muehlenkamp *et al.*, 2009; Dewing *et al.*, 2010; Owens *et al.*, 2002), this is another reason to suggest that there is a need for greater training in dealing with self-harming behaviour for all staff, and not just a few with specific pastoral responsibilities. It is also a potential area of added stress for teachers because drawing on your own sense of humanity rather than following a formal procedure can lead to guilt if you later question whether you have done the right thing.

Well Trained but the Onus on Staff to request training

In comparison to the majority of the participants, two staff, Amanda and Beth, had received detailed training in self-harm and demonstrated marked confidence in relation to dealing with disclosures of self-harm, which meant that another theme to be identified during the study was that of being well-trained.

Beth was clear about what she felt would be an appropriate response should a pupil disclose self-harming behaviour to her, and of the fact that she was not in a position to solve the pupil's problems by herself.

I would have to be again very honest with them and explain that I would be obliged to pass that information on because at the end of the day, no one person can deal with it, it's about sharing and I think the most important thing is to be really honest with them, erm, and non-critical, non-judgmental.

(Beth, School Matron)

This confidence was in contrast to how Beth had dealt with self-harming behaviour earlier in her career. Beth spoke vividly about a time when she had experienced a pupil engaging in self-harming behaviour whilst being in the medical centre, and how at the time the experience had been very shocking as she had not previously experienced self-harm first-hand or been trained in how to respond to disclosures of self-harm. Beth gave the impression that part of her motivation to demystify self-harm for staff was to prevent them from experiencing the shock that she had experienced herself, and it seemed that her regular experiences of dealing with pupils who had self-harmed had allowed her to become less affected when a pupil disclosed their behaviour to her.

When I went into check her, she had erm, cut her wrists and there was quite a lot of blood and so erm, I dressed her wrists and erm, and said to her that I was very concerned at the fact that she'd inflicted an injury to herself [...] I found that quite shocking at the time. Erm, but er, now it doesn't shock me, I see more and more of it and it was quite scary at the time, very scary.

(Beth, School Matron)

Amanda's comments also demonstrated the high level of training she had received in this area:

I feel my training's very good, not only internally within the school but externally, with not only the er, Boarding School Association, erm, the Boarding Management Certificate which have a, quite a few modules on, on pastoral care and this kind of thing but also ongoing inset training

(Amanda, Housemistress)

Whilst Beth and Amanda's comments are opposed to the lack of training experienced by many teachers in the study, it appeared that the training had been instigated following their own requests to attend training, rather than by management identifying self-harm as a particular area of training need and suggesting that they attend, leading to a further theme, 'the onus on staff to request training' being identified.

[I]f I see a good one that I think I needed to be updated on or there's, the point that something's going on in the boarding house that I think I'm not quite sure, I need more information on this, I will find something, the school is very, very happy for me to go off and have a, an additional update or additional day's training.

(Amanda, Housemistress)

This is a key point for school senior management to consider. If training is only instigated at the request of staff, because self-harm is to a large extent a hidden issue, many staff may not realise what they do not know until they are faced with a situation where a pupil discloses self-harming behaviour to them. In that situation, they will be acutely aware of what they do not know and unsure of how to respond, but by that point it will be too late to request training, and they may find themselves in a situation like the one which Beth found so shocking early in her career. Whilst Amanda was much more self-assured about her role in relation to a disclosure of self-harm, and the limitations on

what she was able to do herself in response, she too outlined the necessity of training in order for her to reach this position of self-assurance.

I, I cannot cure the girls, I can't make them better but what I can do is get them to the people who can, or who can start to give them the support that they need, the professional, specialist help that they need so I'm just like the first point of call but it's vital that I have the training to be able to handle it and the backup to know that if I say to this somebody, "this girl needs referring on, this girl has come to me with this" or "her friends have said this", that she is then go through the system to get the, the proper help that she needs.

(Amanda, Housemistress)

The identification of the theme of the 'onus on staff to request training' is a good example of why using phenomenological analysis to analyse data can be effective. Van Manen (2006: 715) discusses how phenomenological analysis can produce texts which "evoke understandings that otherwise lie beyond their reach". It is only through close analysis of the interview transcripts that a deeper, hidden theme can be interpreted through what is missing in the accounts of events provided by participants, rather than simply recording the themes which are spoken about. In the interview transcripts which I analysed, there seemed to be an underlying sense in staff responses that training would be provided to staff who were considered appropriate to receive such training, but only if it was requested. This further emphasises a point raised previously that by proactively offering training the school is unable to maintain a public performance (Goffmann, 1959) that they are meeting the expected cultural norms of society (Foucault, 1977/ 1991), and so they wait for staff to request it instead.

Reasons for Participating in Research

Three key themes were identified in staff responses to the question of why they had chosen to participate in my research. One was the fact that they had had personal experience of pupils disclosing self-harming behaviour. For Emily this had been a negative experience and she wanted to discuss how she had not known how to deal with the situation, but Amanda in contrast stated that she felt that she could contribute because she had had a lot of experience in the field. Two staff stated that they had participated because they had a lack of knowledge. It seemed that they perhaps wanted reassurance from the experience of taking part in the research or alternatively they had

wanted to highlight the difficulties for some teachers. Finally, several teachers had said that they had offered to be interviewed to help with the research that I was conducting.

Chapter 6 – Conclusions

In my original research aims, I set out two research questions. I aimed to consider;

1. What are the experiences of independent school staff of pupil disclosures of self-harm?
2. How well equipped do independent school staff feel to deal with pupil disclosures of self-harm?

My findings, which I have discussed in detail in Chapter 4, demonstrate that it cannot be said that pupil disclosures of self-harming behaviour do not happen in independent schools because all participants in my study had dealt with pupils who had engaged in self-harm. I found that all staff interviewed had a broad knowledge of behaviours which could be encompassed under the term ‘self-harm’, but that almost all participants demonstrated a lack of confidence in their own knowledge and understanding of the term; a situation which is undoubtedly exacerbated by the lack of consensus within the self-harm literature itself concerning which behaviours do and do not constitute self-harm.

Staff experiences of the types of self-harming behaviours adopted by pupils were also varied, with a wide range of behaviours being exhibited; something which is perhaps surprising given the current lack of research into self-harm in relation to independent schools. Whilst, in the main, risk factors identified by staff were similar to those already identified within the self-harm literature, a notable addition was the suggestion that self-harm may be performed as a response to a fear of failure exacerbated by over-parenting and spoon-feeding by teachers, potentially caused by the ever increasing demands on both parents and schools to become more involved in the lives of their pupils whilst producing outstanding examination results and achieving cultural expectations. The suggestion that this over-parenting and spoon-feeding is leading to the development of pupils with a fixed mindset who are paralysed into inaction by a fear of failure or who are suffering from low self-esteem due to over-inflated praise is supported by the work of Dweck (2007/2008 & 2012), Lahey (2015) and Brummelman *et al.* (2013 & 2014).

In common with Heath *et al.* (2006), I have identified that the majority of staff in my study did not feel well-equipped to deal with pupil disclosures of self-harm; something which appeared to be inextricably linked to a lack of training in the subject, with training being received by only a select few pastoral staff who had requested the training themselves. It seemed that there was an implicit cultural context within the school regarding the acceptability or not of admitting such issues, and the unspoken cultural expectation that only certain staff were the appropriate staff to deal with pupil disclosures of self-harm. I would argue that the success culture which schools are made to embrace through the requirement on state schools to publish examination results in league tables and the more consumer-led approach to parents choosing children's schooling based on school performance, has led to a situation where schools feel unable to behave in a way which might suggest that they are failing to reach the norm expected by society. Considering the situation in the light of some key concepts of Foucault, it could be suggested that the power exerted over schools to conform to a cultural norm of what makes a 'good school' by society is in fact generating an environment within schools where disclosures of self-harming behaviour and the public discussion of how they are dealt with have become tacitly unacceptable.

My findings also support the conclusions of Best (2005a) that the current experiences of staff training in the phenomenon of self-harm are 'patchy'; and that in order for staff to feel more confident when dealing with pupil disclosures of self-harm, more detailed training on the subject must be provided to all staff, and not just those in key pastoral roles; because it is clear from staff responses that it is not just staff with specific pastoral responsibilities who are dealing with the issue.

This study highlights how lack of training leads to a lack understanding amongst some staff about the motivations behind self-harming behaviour, meaning that staff may react to a disclosure of self-harming behaviour in a way which will exacerbate the situation. It also shows the lack of confidence felt by some staff in their own ability to deal with disclosures of self-harm and how this can in turn produce personal feelings of anxiety and guilt which are difficult for staff to manage. This finding adds weight to the suggestions of Best (2005a & 2005b), which I discussed in my CAS (Margrett, 2014), that school staff could benefit from regular supervisions similar to those experienced by psychologists, where they are able to discuss any anxiety or concerns that they feel

relating to how they have managed any difficult situations with pupils and parents. This might also assist staff to stand up to the pressures from society to conform to the current cultural norm, and perhaps even allow them to fight for a paradigm shift towards a society in which discussion of mental health issues is considered acceptable.

In addition to my originally stated aims, however, I feel that my research has produced other, less expected, but equally rich data. Perhaps most striking is the identification of the layers of secrecy which surround a pupil who is engaging in self-harming behaviour and which exist following a disclosure of self-harm. This is linked to the point made above about the cultural context and the lack of acceptability within society to openly discuss self-harming behaviour. It can be argued that schools are inadvertently endangering the welfare of pupils because they are trying to project an image of a school where mental health problems like self-harm do not happen so that they can make the school as attractive as possible to potential clients in a competitive marketplace. As discussed in my CAS (Margrett, 2014), it is clear that schools need to identify specific self-harm policies (Robinson *et al.*, 2008) and reporting procedures so that pupils are not at risk of falling through the net in a system where the majority of staff feel underprepared to deal with their behaviour. As more independent schools employ counsellors, with HMC stating that half of their schools now have links to a psychologist (HMC, 2015b), this may begin to redress the situation. However, a clear reporting procedure which includes the need to feed back to the staff whom the initial disclosure of self-harm was made to ensure that the pupil is receiving appropriate support, is very much to be encouraged.

As stated above, schools within the independent sector in particular are conscious of the need to put on a public performance (Goffmann, 1959) which conforms to predominant cultural norms if they are to attract pupils and survive. In order for mental health issues to be effectively addressed within schools, there needs to be a paradigm shift in attitudes concerning how schools are expected to address issues related to pupil mental health. I would argue that we need to move to a situation where it is viewed as unacceptable if a school does not openly train its staff about the types of mental health problems which their pupils could face and the knowledge of how to deal with them.

It must be acknowledged that the need to conform to societal norms can also mean that parents are complicit in maintaining the culture of secrecy surrounding their children's self-harming behaviour in an effort to appear as good parents (Lahey, 2015). This means that negative parental responses to a disclosure of their child's self-harm, or a lack of openness in discussing any prior instances of self-harm which their child has been involved in are not unusual.

By exploring the issue of self-harm through the phenomenological and sociological perspectives on the body, linked in particular to some key concepts from Foucault, strong links can be made between self-harming behaviour and pupil attempts to deal with not conforming to the ideals held up to them as the currently acceptable behavioural norms by society. By mapping their pain onto their body, adolescents attempt to punish themselves for the fact that they believe that they do not meet society's expectations. However, the suggestion that we may allow our children and adolescents to become more resilient if we change the way that we bring them up and teach them through challenging the accepted cultural paradigm which our current education system is deeply embedded within, is an interesting claim to consider and more research is needed in this area.

Limitations

Due to the emerging nature of the field of the study of self-harm, existing data on the phenomenon is limited, and this means that it is harder for the researcher to be aware of what they do not know. The use of phenomenological analysis of the data aims to address this to some extent because it expects the researcher to approach the data with an open mind, searching for the essence of the thing (van Manen, 1990). I feel that an IPA approach to considering staff experiences of pupils who self-harm has been an effective way for a part-time researcher with an additional full-time job to approach a significantly under-reported phenomenon. However, an IPA approach in particular does not allow for generalisability because the views of a very small group of participants are sought. Each independent school has its own demographic of pupil intake, specific structures for pastoral care, and philosophy of education for example, and as such, pupils in each environment may deal with stress and anxiety in a range of different

ways. This particular school had Housemistresses who dealt with pastoral concerns of boarders but also Heads of School who were responsible for pastoral concerns of pupils during the school day, (see Figure 5, page 87 for more detail). This means that the stories of the Housemistresses do not represent a full picture of the experiences of all the pastoral leaders within the environment I have studied. Arguably other approaches such as a quantitative questionnaire might have allowed me to approach more people for their views and produced more generalisable data, but I would not have thought to ask questions about some of the areas which arose from the research such as the onus on staff to request training.

I would have ideally liked to research with the students themselves about their first hand experiences of self-harming behaviour, but the schools I approached all indicated that they would not be happy to allow this, even if ethical approval had been granted. By researching directly with the students themselves, it would have demonstrated that the school in which I conducted the research had current students who were engaged in self-harming behaviours and this was not something which seemed acceptable to the schools I approached. Even though the schools knew that the results of my research would be reported in a way that maintained the anonymity of their school, it seemed that even this was making the schools too vulnerable in relation to maintaining their public image of conforming to the cultural norms expected of an independent school.

However, even though it is limited, research into independent school staff experiences of pupils who disclose self-harming behaviours is useful to begin to understand the reasons for the existing lack of knowledge of self-harm which has been cited by many teachers. It may help to identify policies and procedures which are lacking in schools; and to initiate a discussion about the current cultural expectations which underpin the education system today and which impact on the lives of both pupils and school staff leading to issues which do not conform to cultural norms being hidden from public performance and not openly discussed.

Recommendations for Future Research

As this is a small study analysing the responses of a very small number of school staff, similar research could be undertaken in other independent schools to see whether similar superordinate themes are identified from interviews with other staff. In addition, whilst it is more and more difficult to gain ethical approval for qualitative research with minors, it would be enlightening to interview some adolescents who have engaged in self-harming behaviours to see whether they would concur with the reasons offered by school staff as to why they have engaged in acts of self-harm, and to gain their perspective on the effectiveness of the help and support they receive from school. It would also be interesting to conduct a longitudinal study with the respondents of this study following the provision of detailed training in self-harm to see whether levels of anxiety and feeling ill-equipped amongst the staff and the propensity to hide behaviour which does not conform to cultural expectations could be reduced over time and whether the pupils will experience the benefits of this. Another area of research to pursue would be to focus upon the question of whether the increased demands on parents and schools from government policy are thought by parents and teachers to have increased their propensity to over-parent or spoon-feed adolescents; and to consider whether additional research could be conducted to support or refute the suggestion that fear of failure may be another significant risk factor underlying increased rates of adolescent self-harm.

Personal Reflections

Whilst analysing my data I have been humbled by the openness and honesty afforded to me by the participants in my research. They have allowed me to view my own practise through an alternative lens, and to consider the part that I play within the education system. At its most fundamental level, this study has raised questions for me as to whether our current education system is as supportive as it could be of adolescent mental health and to examine my own role as a Deputy Head in reproducing cultural expectations which at times may be promoting currently accepted norms which are not helpful to pupils, staff or parents.

Claim to originality

This research satisfies the need for originality in a number of ways. As stated previously in this thesis and in my Critical Analytical Study (Margrett, 2014), research into adolescent self-harm within independent schools, is extremely limited. Much of the research which is available concerning pupil attitudes to self-harm and uses of self-harm is quantitative in nature, for example Madge *et al.* (2008) and does not focus on the experiences of independent school pupils. This study performs a qualitative analysis from the perspective of a group of teachers concerning their personal experiences of pupils who disclose self-harming behaviour in an independent school, rather than collecting quantitative data from the pupils themselves. This study also uses interpretative phenomenological analysis, an approach which is becoming more common within general research into health (Brocki & Wearden, 2006), but which has not been used extensively within the study of self-harm. It aims to encapsulate the ‘eidos’ (Husserl, 2001) of a group of teachers’ experiences of pupils’ disclosures of self-harming behaviours and identify common themes within those experiences to inform future research within the field. My thesis also explores the possibility of a link between fear of failure, ‘over-parenting’, ‘spoon feeding’, and self-harming behaviour; and also the concentric circles of secrecy which surround disclosures of self-harm, areas about which very little has been written to date. I believe that in Figure 6 (page 99), I have identified a new model through which to consider these circles of secrecy, which is an important outcome of my work and could be explored further in future research considering the impact of the power structures in operation within a school environment.

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Appendix 1 – List of Abbreviations and Acronyms

A Level	Advanced Level qualification
ASSIA	Applied Social Sciences Index & Abstracts Database
CAS	Critical Analytical Study
DfE	Department for Education
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DSL	Designated Safeguarding Lead (formerly Child Protection Officer)
HMC	Headmasters' and Headmistresses' Conference
IPA	Interpretative Phenomenological Analysis
NSSI	Non-suicidal Self-injury
SEF	School Evaluation Form (form used for school self-evaluation prior to an Independent Schools' Inspectorate inspection)

Appendix 2 – Suyemoto's Models of Self-Harm

The Environmental Model	This model considers the relationship between the self-harmer and their environment. This is where there is reinforcement within the self-harmer's environment which leads them to feel that the behaviour is right. This could be through the modelling of abuse by other family members or vicariously.
The Drive Models "These models attempt to understand self-mutilation as an expression or repression of life, death, and sexual drives." Suyemoto (1998, p540)	<i>The Antisucide model</i> This is the belief that self-harm acts as a way of preventing the person who engages in it from performing suicide. It is seen as more of a coping mechanism. "Self-harm is viewed not as a suicidal gesture, but rather, as an attempt to preserve life, and to represent and contain unbearable states of minds." (Motz, 2010, p81)
	<i>The Sexual Model</i> This is where self-harm is used to punish oneself for sexual feelings, to achieve some form of sexual gratification, or to control sexual maturation. There is a clear link between this theory and the risk factors of forced sexual activity, puberty, and worries about sexual orientation which are discussed below.
The Affect Regulation Models These models see self-harm as a way of regulating emotion or distancing oneself from emotions.	<i>The Affect Regulation Model</i> This is where self-harm helps to gain relief from emotions which have become intolerable. This is referred to by many authors as the need to gain relief from a "terrible state of mind" (e.g. Hawton <i>et al</i> , 2003; Rodham <i>et al</i> , 2004; Madge <i>et al</i> , 2008). In the CASE Study, (Madge <i>et al</i> , 2008) 70.9% of self-harmers stated that this was one reason for their self-harm.
	<i>The Disassociation Model</i> This is where self-harm is used as a method of maintaining personal identity, often in a situation where emotions are overwhelming. "Another form of self-harm was to release small amounts of blood from wounds, and become quite mesmerized by watching the blood collect, trickle down her arms, and eventually coagulate. She liked the sensation of liquid on her arms and the sight of it, saying it served as evidence that she was, in fact, alive, and not the dead thing she felt herself to be." (Motz, 2010: 86).
The Boundaries Model	This is the idea that a lack of boundaries leads self-harmers to feel loss of others as a loss of self. Self-harm in this case is used to re-affirm the boundaries of the skin and to reclaim the boundary between the self and other people. It may also be an attempt to break the infantile ties between the child and mother. "Cutting the skin expresses a divided self and is, in a sense, a reflection of the earliest relationship between the self and another. Nursing the self-inflicted wounds can be seen as a re-enactment of the early infantile experience of being tended to and cared for by another, usually though not always, the mother." (Motz, 2010: 83)

(Margrett, 2014: 11)

Appendix 3 – Staff Interview Questions

First of all, before we start, I need to make sure that you are aware that you can stop the interview at any time. As part of my research, I will produce a written transcript of this interview. Before I use the transcript I will email you a copy, and at that point, if you wish, you can ask me to delete any sections from the transcript that you are unhappy about me including. If I use extracts from this interview in my research, all identifying details of you, and of any schools that you have worked in will be anonymised and if appropriate details altered so that you cannot be identified in the final write up of my work.

Can I confirm that you are happy for me to proceed?

- How long have you worked as a teacher/ in a school?
- Can you describe what sort of role(s) you have held in your career in a school?
- What do you understand the term ‘self-harm’ to mean?
- What kinds of behaviours do you associate with self-harm?
- Are you or have you ever been aware of any pupils within your care both in the past or currently who have engaged in acts of self-harm?
- Did the pupil or their peers disclose their behaviour to any staff? If so, who?
- What happened following any disclosure of self-harm?
- Have you ever had someone who self-harms disclose to you personally?
- If so, how did it make you feel?
- How well equipped do you feel to deal with pupils who might disclose self-harming behaviour?
- Did any pupil who disclosed self-harm identify any motivations for their self-harming behaviour?

Appendix 4 – Information sheet for participants and consent form

INFORMATION SHEET FOR PARTICIPANTS

Self-harm in privileged adolescents

I would like to invite you to participate in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

- **Aims of the research and possible benefits**

The starting point for the proposed study is the question of whether self-harming behaviours have been disclosed to staff within an independent school setting, and if so, how the staff have responded to the disclosure. The study also aims to consider how well prepared and how equipped staff feel in order to deal with any such potential disclosure. The possible benefits of research in this area is to widen the research findings available which look specifically at privileged adolescents which will enable schools to consider possible pastoral interventions in a more proactive and informed way.

- This project is a personal research project, it is not being funded by any funding body or institution.
- I have recruited participants to the study through a whole teaching staff email which was also directed to the Health Centre. Staff have been asked whether they would like to participate. Criteria is therefore self-selecting.
- Your involvement in the study will take the form of a one-to-one semi-structured interview of between 30 minutes and an hour. Interviews will be recorded, subject to your permission. Recordings of interviews will be deleted upon transcription.
- If you disclose any specific information about a current pupil of the school who is at risk, I will need to make X, Pastoral Deputy Head aware of the situation. All other identifying details of you, the school and any pupils that you speak about will be anonymised and, where necessary altered so that they are not obviously traceable back to an individual or a particular school.

- I will share a copy of the final report with any participant who is interested in the findings.
- The audio file of the interview will be retained on a computer file on a computer which is kept at an address away from XXX School, and protected by a password known only by myself. The interview will be transcribed by myself, no one else will be party to the contents of the original interview unless something is disclosed which raises a current Child Protection issue. Once the file has been transcribed, the original file will be deleted, and the transcript will not contain any identifying details which make the participant obvious. Transcripts will be given a participant number and a database with participant numbers and names will be kept on a separate computer to the transcripts themselves. The computer file containing the participant identification details will also be protected by a password. The only person who will have access to the data is myself.
- The eventual plan for this data is for it to be included in a report which will form part of my planned doctoral dissertation.

It is up to you to decide whether to take part or not. If you decide to take part you are still free to withdraw from the study at any time and without giving a reason. If you agree to take part you will be asked whether you are happy to be contacted about participation in future studies. Your participation in this study will not be affected should you choose not to be re-contacted.

If you have any questions or require more information about this study, please contact the researcher using the following contact details: Emma Margrett email address given

If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form.

CONSENT FORM

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: Self-Harm in Privileged Adolescents

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Please tick
or initial

- I understand that if I decide at any time during the research that I no longer wish to participate in this project, I can notify the researchers involved and withdraw from it immediately without giving any reason. Furthermore, I understand that I will be able to withdraw my data up to the point of publication. ☐
- I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the UK Data Protection Act 1998. ☐
- I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications. ☐
- I agree that the researcher may use my data for future research and understand that any such use of identifiable data would be reviewed and approved by a research ethics committee. ☐
- I consent to my interview being audio recorded. ☐
- The information you have submitted will be published as a report; please indicate whether you would like to receive a copy.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Participant's Statement:

I _____

agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have read both the notes written above and the Information Sheet about the project, and understand what the research study involves.

Signed

Date

Appendix 5 – Example of Section of Interview Transcript

Are you or have you ever been aware of any pupils within your care, both in the past or currently, who've engaged in acts of self-harm?

Yes, not currently but from my other school, yeah.

Could you tell me anymore about that?

Yeah, erm, so we didn't have much anorexia at my last school, there was one student I can think of who was hospitalised for anorexia, erm ... and one student who I taught who pulled out her own hair by twiddling it and was, had quite significant bald patches, but the most common form of self-harm was cutting and I'd say there was almost, not an epidemic of cutting but it was to the extent that it, it wasn't, you weren't surprised by it when you came across it, erm and obviously there were degrees of it but erm ... you know, the one student I know that, who did it the most was erm, a student who was in Year 9 at the time I was teaching, I was teacher her X and she erm, you know, she, she would you know, cut her arms, erm, regularly, yeah.

Did the pupil or their peers that you've experienced, disclose their behaviour to any staff?

Yes, not to me but to other member of, of staff.

Was it staff in specific positions or specific ...?

I don't know who found out about it first, erm, it might have been, I don't know, it might have been the form tutor, might have been erm, there's a, there was a team of erm, in the school there was a team of mentors so they weren't teachers, they were people whose job it was and there was a, a mentor allocated to each year group and some of the more troubled students had counselling, regular sort of counselling sessions with their mentors and I know [pupil name] had a mentor and it's possible she disclosed it to her but I don't know.

What happened following any disclosure of self-harm?

Er, what was interesting in my last school was that erm, you were only, as a teacher you only ever found out about it by accident so you found out about it because generally, you had a problem with a student's behaviour or academic work and you spoke to their form tutor or their head of year and the form tutor and head of year would say to you, "oh you know, she self-harms" [whispers] and it was done in a way where you weren't meant to know but you were told because that, the person telling you knew that it would help you in your relationship with that student but generally, it was done in an off the record kind of way.

Have you ever had someone who self-harms disclose to you personally?

Erm ... no.

Appendix 6 – Example of Initial IPA analysis of Individual Transcripts

Emergent Themes	Original Transcript	Exploratory comments
Types of self-harm experienced – anorexia, hair pulling, cutting	<p>Are you or have you ever been aware of any pupils within your care, both in the past or currently, who've engaged in acts of self-harm?</p> <p>Yes, not currently but from my other school, yeah.</p> <p>Could you tell me anymore about that?</p> <p>Yeah, erm, so we didn't have much anorexia at my last school, there was one student I can think of who was hospitalised for anorexia, erm ... and one student who I taught who pulled out her own hair by twiddling it and was, had quite significant bald patches, but the most common form of self-harm was cutting and I'd say there was almost, not an epidemic of cutting but it was to the extent that it, it wasn't, you weren't surprised by it when you came across it, erm and obviously there were degrees of it but erm ... you know, the one student I know that, who did it the most was erm, a student who was in Year 9 at the time I was teaching, I was teacher her X and she erm, you know, she, she would, you know, cut her arms, erm, regularly, yeah.</p> <p>Did the pupil or their peers that you've experienced, disclose their behaviour to any staff?</p> <p>Yes, not to me but to other member of, of staff.</p>	<p><i>Initially not expansive but knows the purpose of interview.</i></p> <p><u>Previously the participant was depreciating and reticent about the depth of her understanding about self-harm, but it appears detailed. What is the cause of the reticence? Twiddling – interesting choice of words, does it negate the importance of the action?</u></p> <p><i>'weren't surprised' and 'degrees' suggests a wide experience across a broad range</i></p> <p><i>Quite a laissez-faire tone (she would, you know),</i></p> <p>How does she feel about it not being disclosed to her? I don't feel that she thinks it should have been.</p>

Hidden nature of self-harm – lack of joined up thinking.	Was it staff in specific positions or specific ...? I don't know who found out about it first, erm, it might have been, I don't know, it might have been the form tutor, might have been erm, there's a, there was a team of erm, in the school there was a team of mentors so they weren't teachers, they were people whose job it was and there was a, a mentor allocated to each year group and some of the more troubled students had counselling, regular sort of counselling sessions with their mentors and I know [pupil name] had a mentor and it's possible she disclosed it to her but I don't know.	<i>Lots of repetition of 'I don't know'.</i> <u>Whose responsibility would it be to know? Should the form teacher know? What is the extent of their role?</u>
Hidden nature of self-harm – secrecy of senior management	What happened following any disclosure of self-harm? Er, what was interesting in my last school was that erm, you were only, as a teacher you only ever found out about it by accident so you found out about it because generally, you had a problem with a student's behaviour or academic work and you spoke to their form tutor or their head of year and the form tutor and head of year would say to you, "oh you know, she self-harms" [whispers] and it was done in a way where you weren't meant to know but you were told because that, the person telling you knew that it would help you in your relationship with that student but generally, it was done in an off the record kind of way.	<u>Info about pupils not shared – how can staff help?</u> <u>Can pupils 'slip through the cracks'?</u> What information does the mentor share with other staff? Student confidentiality important, but does lack of knowledge impact care? <i>Accident – interesting use of phrase – as form tutor, is finding anything out about your tutees accidental?</i> <i>Whisper - alludes to the hidden nature and secrecy.</i> <u>Fragmentation of care for student – academic staff for academic matters, head of year for pastoral – where is the overall view – who is party to that?</u> <i>Off the record – why would reference to self-harm be off the record when it is such a serious thing?</i>
Hidden nature of self-harm Lack of joined up thinking - Sense as form tutor that you are not meant to know		

- *Descriptive comments* focused on describing the content of what the participant has said, the subject of the talk within the transcript (normal text).
- *Linguistic comments* focused upon exploring the specific use of language by the participant (italic).
- *Conceptual comments* focused on engaging at a more interrogative and conceptual level (underlined).

(Smith *et al.*, 2013:84)

Appendix 7 - IPA Individual Participant Data Tables

Emily Transcript – Subject Teacher

Themes	Page/line	Key Words
Validation of the Participant		
Length of service	1/19-22	“For about 15 years ... yes, 15 years. And before, that was teach- that’s teaching in the classroom and before that, I worked for about 8 years going into schools, different schools,”
Positions of responsibility held	2/ 6-8	“... and then I er, became a Head of Department at a prep school and ... my role there involved also er, working with boarders, doing clubs and evening activities”
Knowledge and awareness of self-harm	2/ 20-3/6	“I would take it to mean ... any form of ... well, usually it seems to be physical harming of the body, erm, cutting oneself is the sort of extreme form but I know that er, I have come across er, people who pick at their skin, er, pull out their hair[...] I know that it can be hidden and also I, I would say that sometimes it’s more what I’d call erm, self h-harming in the way that thoughts are erm, produced, that they seem to er, continue down a path, a thought pathway that they themselves know is going to lead them to thoughts that are going to make them feel really bad but they can’t help but continue down that pathway.”
Personal experience	3/ 20-23	“I, I, I did have an experience at my erm, first, the prep school I worked at, where there was a girl who, erm, she used to ... it sounds odd but she used to self, tattoo herself?”
Relationship with pupil	6/ 5-7	“I was their form- well no, I wasn't their, no I wasn't their form tutor actually but I-I taught her X and so they, they saw me every day, you

		know”
Reasons why pupils Self-Harm		
To alleviate anxiety	6/ 13-14	“she said that it, it made her feel less anxious if she pulled, pulled out her hair”
	16/12-14	“I know she...said... that seeing the blood flow was actually calming.”
To control	11/14-16	“it was something to do with wanting to have er, some sort of control over, over your life and your body is one of the things you can have control over”
To feel alive	15/12-13	“she said it made her feel more alive, that she knew she was alive if she did that”
The influence of TV and the media	18/11-14	“they’re on television and part of film and media and you know, it, it’s, I’m sure that there are more cases because people see, “oh” and think “ah, wow!”, you know? “You can stick your fingers down your throat and make yourself sick and therefore you can be slim.””
Lack of resilience	18/29-30	“I do think that it is possible, or even probable, that parents may step in and ‘take over’ their child's problems to early and this leads to a lack of resilience in the child themselves.”
Over-parenting	18/29-30	
Over-parenting	18/36-37	
		“I have also seen this in other pupils - mothers come and complain about 'bullying in the playground' when it is just normal childhood banter that children need to learn to deal with themselves.”
The Hidden Nature of Self-Harm		
Avoiding responsibility	10/ 12-14	“Erm... I felt... that... somebody... should be, I didn’t want, I didn’t want to take the responsibility for them myself”
Secrecy of Senior Management	8/ 5-6	“I’ve never had a senior member of staff say to me, ‘By the way, this child self-harms’”

	8/18-23	I don't know, there always seems to be some kind of er ... secrecy, secrecy about it, don't like to tell, tell , tell you, you know? [laughs] Erm, just as the child themselves doesn't want to tell you, no, nobody else wants to tell you, almost as if you ignore it, it might, might just go away!
Not really a problem	14/ 31-32	“they’ll grow out of it.”
Education leads to contagion	15/ 28-29	“it’s the problem of bringing it out into the open and yet not giving people ideas”
Isolation because it is ‘other’	7/ 27-29	“often they said they, that people would be horrified, er and not understand why they did it.”
Personal Response to self-harm disclosure		
Anxiety	12/ 6-7	“I used to lie awake at night worrying about her”
Lack of Training and Support		
Self-doubt	11/21-25	<p>“But ... nobody ever told me what you should do and er, I didn't, it made, so it made you feel very kind of anxious yourself bec- I remember lying awake at night and worrying about this particular girl and thinking, also not knowing whether I should tell anyone,”</p> <p>“if someone came to me today and said to me that they were self-harming ... I wouldn't know what to do.”</p>
Reliance on ‘innate humanity’	11/ 7-10	“I think the only thing I thought I could do is, is try and talk to them and be, try, try to think, as I would if it was, if it had been my daughter then, erm, you know as a mum”

No-one to share concerns with	12/ 26-27	“they share the burden with you but then if you haven't got anyone to share it with [laughs]”
Not well equipped	13/24-25	“Not equipped at all. Erm ... no, not equipped at all, I would like to have some sort of training because ... I have seen it, er self-harming”
	14/23-28	“I don't think that we as a staff, not just in this school but in any school, are prepared and told how you should react, how you, because I think also it's a big responsibility to carry and erm ... there should be some definite steps that you should take because in all these things, erm, it's the same old, don't curse the darkness, light a candle! [laughs]”
	16/3-5	“I did try to say that there were other ways to have a say, you know but having said that, nobody had ever told me what the other ways were! [laughs]”
Reasons for participating		
Serious issue	18/21-26	I decided to participate because I don't think this serious issue is talked about enough and it tends to be pushed under the carpet. Also, because I have had personal experience and did not know how to deal with it. Probably, most importantly, I was asked to do a Life Skills session for Year 11s on this topic at school and felt that was completely inappropriate as I had no training whatsoever.
Gets hidden Personal experience	18/21-26	
Lack of training	18/21-26	

Nicola Transcript – Subject Teacher

Themes	Page/line	Key Words
Validation of the Participant		
Length of service	1/17	“About 22 years.”
Positions of responsibility held	1/20-27	“Well, originally I was just a, a part time teacher for a few years when my children were little, I then became a full time teacher and things I did were for instance, erm, organising lower school, or reorganising the lower school library, erm, working in the main school library alongside my teaching, erm, I’m currently head of department, erm, I did things like organising or starting and organising and running the staff forum some years ago, erm, those are the main things I can think of at the moment.”
	2/3-5	“I’ve been, I used to be a form tutor for middle school so Year 9, 10, erm and 11 and I’m currently a Year 12 and 13 er, form tutor.”
Knowledge and awareness of self-harm	2/8-9	“Well, people doing things to themselves which are going to hurt them.”
	2/11-20	“Erm, well physically using a knife for example, to erm, to cut your, your arm or your legs, erm, not eating, erm, eating a lot and er, then throwing it up, well sicking, sicking it all up again, erm ... [pause] ... I’m trying to think of what else, erm ... shutting, er no, I don’t know, shutting yourself or close- not erm, not erm communicating with anybody at all, so shutting yourself away from all your peers which is of course, it’s not self-harm in the, in the sort of obvious way but is also damaging I think, erm if er, if you’re, if you’re not able to communicate with anybody about anything that you’re worried about, so I, I think I probably see that as a kind of, erm, self-harm”

Personal Experience	3/20-23	“one was actually cutting herself, erm and she cut her arms to begin with but later, erm, chose to do her legs because she felt that she was, they were going to be less likely that that would be noticed.”
	5/7-9	“she did tell me that she had on several times, er, tried to take an overdose or had taken, erm, had taken some kind of overdose, I don't know exactly what that involved”
Reasons why pupils Self-Harm		
Unable to communicate	2/18-20	“if you're not able to communicate with anybody about anything that you're worried about”
Bereavement	3/11-13	“a bereavement in her family led to a really profound change in her personality”
Cry for help	5/13-15	“she never appeared to have to have to have her stomach pumped out or anything like that so that was possibly more a cry for help than er, a real attempt to erm, to take her life.”
To control	5/20-22	“I think there wasn't an enormous amount of understanding in the home and there was a sense of obviously frustration, irritation, erm, I think the irritation being not due to lack of love but due to ... a sense of helplessness”
Adolescence	10/15-16	“I think this was something to do with the developmental stage as well, you know, she was growing up, maybe growing away”
Negative relationship with parents	10/16-22	“ but I think that there were issues particularly with one of her parents and also with relations between parents, for various reasons at home, erm, things that Father did, I mean nothing, no sexual abuse, I don't mean that at all but erm, just un-, un- ... life at home wasn't

Stress of work	<p>11/37-38</p> <p>11/4-8</p>	<p>always easy, erm, it could be quite erm, quite a lot of tension at times I think and that was possibly also contributing to erm, to the way she was.”</p> <p>“at the time, I thought I was doing the best I could and that meant, simply, talking to her, many times, discussing things, trying to help her not to be angry with her mother”</p> <p>“I think some of the behaviours were also affected by stress because she was very conscientious, she was not one of the brightest but perfectly able, erm, but very conscientious and I think the stress of exams also played a very big part in that”</p>
<p>The Hidden Nature of Self-Harm</p> <p>Secrecy of Senior Management</p> <p>Pupil concealing behaviour</p> <p>Parental avoidance/ secrecy</p> <p>Not really a problem</p>	<p>7/15-16</p> <p>6/2-4</p> <p>6/24-25</p> <p>7/4-6</p> <p>6/31-7/2</p>	<p>“I’m not sure really, erm, what actually, you know how, how things were handled in the boarding house, other than I know from the girl”</p> <p>“I think possibly one or two friends were but I don’t think that was generally known, she told me specifically, erm and possibly she told one or two other people”</p> <p>“the parents were reluctant to go down that path, they were, they still I think wanted to believe that this was not really the big problem that it clearly was”</p> <p>“her mother did speak to me a few times but her, her take on it was always that it wasn’t the serious issue that I think we all felt it was.”</p> <p>“there was a reluctance to really accept that there was a very serious problem going on, erm, and that it needed to be dealt with.”</p>

Lack of 'joined up thinking in school.	7/15-16	"I'm not sure really, erm, what actually, you know how, how things were handled in the boarding house, other than I know from the girl"
Personal Response to self-harm disclosure		
Anxiety	7/9-11	"Well, very, very anxious, very concerned because obviously, erm, I, well I worried that this could go further and that something terrible could happen,"
Lack of motivation to find out how the situation is being dealt with.	7/ 22-23	"but, but how that was dealt with to be perfectly honest, I do not know I'm afraid."
Desire to keep in touch with pupil	11/20-22	"at the moment, things are much better but it still happens occasionally, it's just that she manages it better and she has a boyfriend who helps her"
Lack of Training and Support		
Not well equipped	8/5-9	"I mean in terms of erm, how, how I would deal with it and I don't think I'm at all equipped to do, to deal with that, I mean if I, if I gave you some examples of the things that I did in order to get her functioning sometimes, you would be appalled I think."
	9/23-24	"whether that was an ideal way of dealing with it, I have no idea, I'm sure it wasn't actually an ideal way of dealing it"
Reasons for Participating		
For reassurance	11/25-26	"why I decided to participate in your research was because I had struggled really since the beginning of Year 12 with the girl in question."
	11/27-28	"I was very bound up in both Year 12 and 13 in her welfare, dealing with it by myself, which in retrospect was not the

		way I should have dealt with it. Yet several people knew what was happening”
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Teresa Transcript – Subject Teacher

Themes	Page/line	Key Words
Validation of the Participant		
Length of service	1/16	“Erm ... 13 years.”
Positions of responsibility held	1/19-25	“I did a PGCE in X and er, started my professional life as a teacher of X and X, er, went onto become Head of X and Head of er, X and then Head of X erm, and then I became Curriculum Director, which meant I was responsible for all the Humanities subjects, Citizenship, PSHE, Careers, Sociology, History, Geography, RS, Sociology, Health and Social Care.”
Knowledge and awareness of self-harm	2/ 6-13	“Well, the thing that immediately comes to mind is er, cutting, erm and that’s interesting because objectives- obviously we can harm ourselves in lots of different ways so I suppose at its broadest, it would include anorexia and erm, pulling- you know, I’ve had students who have sort of pulled their hair out before, er, but I suppose, you know, I mean I, I don’t know what the definition is actually, I, I honestly don’t know what it includes and what it doesn’t, the instant thing that comes to mind is cutting.”
Reasons why pupils Self-Harm		
Problems with sexuality	4/18-19	“The, the one student I’m thinking of erm, came out as gay and erm, I know that she was bullied and because of that”
Attention seeking	4/25-5/2	“some of the students who self-harmed, sort of would almost wear it as a badge of honour, you know, it was like something they were proud of and

		want- did it to get attention I suppose so I think for some students, it’s a way of getting attention”
Lack of resilience	7/25	<p>“It’s probably true to some degree that children today lack "grit" and resilience but actually I think most children who self-harm or have serious problems have objective reasons for those - poor parenting/ social deprivation/abuse etc.”</p> <p>“I also think we are breeding a generation of narcissists who are obsessed by self-image and I would say they lack depth and substance and values rather than resilience. If all you care about is yourself and how you look and how other people think you look then you are going to have issues with self-esteem. If you actually care about others have a sense of perspective and want to make the world a better place then you are less likely to become obsessed/over-focused on things.”</p>
Poor parenting	7/26	
Social deprivation/	7/27	
Abuse		
Narcissim	7/28	
Low self-esteem	7/29-30	
The Hidden Nature of Self-Harm		
Secrecy of Senior Management	3/18	“as a teacher you only ever found out about it by accident”
	3/20-26	“the form tutor and head of year would say to you, “oh you know, she self-harms” [whispers] and it was done in a way where you weren’t meant to know but you were told because that, the person telling you knew that it would help you in your relationship with that student but generally, it was done in an off the record kind of way.”
Lack of ‘joined up thinking in school.	3/15-17	“I know [pupil name] had a mentor and it’s possible she disclosed it to her but I don't know.”
Pupil right to privacy	5/12-15	“it’s quite helpful for the teacher to know what’s going on in your students’ lives but clearly there’s a tension between that and the students’ right to

		privacy”
Personal Response to self-harm disclosure Dealing with self-harm by professional distance	4/12-15	“I don't think I would struggle with it, I think I would just automatically go into sort of professional teacher mode and erm, you know, tell them that I have to disclose it to a child protection officer in the school and get them some help.”
Pressures on staff to support pupils	7/21-24	“I think that teachers are basically being asked to parent children and do too much. We do this anyway, most of us, but to make it a formal responsibility means someone will draw up another policy and then we'll all have to tick some box in our SEF and actually it won't make us do anything different or better - it'll simply be another pressure on us.”

Yasmin Transcript – Subject Teacher

Themes	Page/line	Key Words
Validation of the Participant Length of service	1/19	“I've worked for 10 years as a teacher.”
Positions of responsibility held	1/22-25	“So in my first six years, I was just a teacher and then I took on the head of year, I was Head of Year X, erm, and I've been a X tutor throughout the time before that, so sort of four years as a X tutor, then two years as Head of Year X”
Knowledge and awareness of self-harm	2/9-18	“Erm, I guess the obvious is harming your body in a way that, erm, er, I get, I was, 'cause I was thinking about this and I wasn't sure whether it was, I don't think it's harming yourself in terms of say eating, where erm, I think it's just sort of physical harm that you cause yourself so whether that's sort of bruising yourself or cutting yourself or

	2/24-26	<p>hitting, you know using your body, like hitting yourself against a wall or something, you know, banging your head, all that kind of thing. Erm, but maybe not necessarily through the use of food or like substance abuse, I don't, maybe that's not self-harm, I'm not sure."</p> <p>"I don't know really, they're all mental, I suppose they're all mental disorders aren't they? So they can all be grouped together, I'm not sure."</p>
Reasons why pupils Self-Harm		
Control	2/29-3/3	"oh maybe it's a control thing, I guess, there's so many things that encompass it could encompass I suppose aren't there? Erm, like with the weight as a control thing but whereas maybe actual self-harm, where people cut themselves or hurt themselves on purpose, maybe that isn't a control thing, maybe that's more of a, erm, a release or a pain, like a pain associated thing, I'm not really sure to be honest. It's very complicated! [laughs]"
Release of pain	3/3-3/5	
Appearance/ wanting to fit in/ Peer pressure	3/21-25	(talking about boys with eating disorders) "they were obsessed with being bulky and rugby like and erm, eating the right foods and some of them were a bit, you know, some of them had a bit of puppy fat on them I suppose when they were sort of 13, 14 and they were obsessed with getting rid of that"
Depression	6/30-7/1	"I think it was sort of a by-product of depression really, here."
The Hidden Nature of Self-Harm		
Secrecy of Senior	4/18-22	"it was a small school like this so it

Management		went to the deputy head who was the child protection officer, or who was like the head of pastoral I suppose, erm, and I, so it was sort of got taken away from me really”
	5/22-23	“I didn't ever get feedback about it. Communication, no! [laughs]”
Avoiding/ not accepting responsibility	5/1-6	“I’ve felt as a tutor, I haven't had to deal with it and it’s been, it’s , I was just sort of told “this is what’s going on”, you know, “just to let you know”, kind of thing, “we’re dealing with it”, erm, “the member of staff/parent is dealing with it and the doctors are dealing with it and it’s not a school”, it’s not a, a matter for me as a tutor really.”
Personal Response to self-harm disclosure		
Privileged	5/26-28	“I think I’d feel privileged that I had, that they would feel confident enough and that we had a good enough relationship for them to feel like they could talk to me about that.”
Anxiety	5/28-6/3	“I would also feel, be petrified about saying and doing the wrong thing, erm ... like saying and doing the wrong thing to them and also from a sort of a teacher’s, a professional’s point of view, doing and saying the wrong thing”
Lack of Training and Support		
Not well equipped	6/3-4	“erm, I don't think there’s particularly very much training, never really.”
Innate humanity	6/7-10	“I have never had any sort of teacher specific training about that, I just feel as a person, how would I deal with that if anyone told me that, if my friends told me that or you know, that’s how I’d deal with it I suppose,”

Clear on procedure, but not enough	6/10-14	“... I know I’m supposed to, who I’m supposed to deal at school about these things in terms of child protection and who to keep in the loop but if a child was sitting in front of me, telling me that I’d, that would be really hard. [laughs]”
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Amanda Transcript – Housemistress

Themes	Page/line	Key Words
Validation of the Participant		
Length of service	1/17	“Erm, 26 years, yes 26 years.”
Types of role held	1/20-2/1	“I started off as a very part time assistant house staff when my children were very small, erm and that is progressed through various roles a, as house staff, you’re getting increasingly more time till eventually I ended up full time, I’ve also had roles as an art technician, design and technology technician, erm, classroom support worker, teacher, I taught X, erm, a classroom cover supervisor, very much in the thick of everything, I’ve, I’ve done expeditions, I’ve led various outward bound type courses and I’m now full time house mistress, in charge of erm, a X boarding house.”
Knowledge and awareness of self-harm	2/4-16	<p>“To me, bearing in mind that I’ve had a lot of background training in my role as pastoral care boarding staff, it’s incredibly wide ranging umbrella that covers many, many different kinds of behaviours, erm, under the umbrella you could even say that biting your nails is a form of self-harm, right the way up through hair pulling, erm, right the way up to what most people perceive as self-harm which is the cutting, the deliberate actual bodily harm that people can cause to themselves.</p> <p>I’ve also known it to involve</p>

<p>Personal Experience</p>	<p>7/16-18</p> <p>3/2-16</p>	<p>swallowing things, er ... various other kinds of behaviours and I, I'm beginning to suspect that with the most recent research that's gone on, that I think er, anorexia could even come under the umbrella of self-harm as well. So it's a, erm, a coping mechanism."</p> <p>"Initially it might be something like "when you feel like cutting or scratching yourself, here's an elastic band to keep around your wrist and ping it"</p> <p>"I've had two girls who pull their own hair out, one excessively to the point where she had to wear a wig 'cause she was just left with one patch through the back of her hair, of stubble basically, she didn't make it bleed but she would just twist and twist and twist and snap, erm ... er, and I had another girl who would get needles and scratch at her arms, er compass needles or sewing needles and it was superficial, erm ... but she then progressed to attempting to break her own arms by hitting them against door frames and things like that.</p> <p>I've had a girl who swallowed strange things, drawing pins, safety pins, erm, things like that. Had another one who, er, we had to switch to having just plastic cups because she would take her glass to her room and break it and then use the glass to cut with, er and then of course, there would be the anorexics and the bulimics, which are few in number but crop up sadly regularly."</p>
<p>Reasons why pupils self-harm</p> <p>Anxiety</p>	<p>2/25-28</p> <p>7/4-15</p>	<p>"obviously the minor stuff like nail biting and things like that just go under the radar, it's an anxiety reaction and, and something that I do myself so I think we can discount that one."</p> <p>"most of the behaviour is a reaction and anxiety based because they cannot vocalise, they can't formulate er, their</p>

		own mental processes and work out for themselves, why they're doing it, they just know that they have this immense pressure and feeling and the only way to release it is with pain or with, with the behaviour , erm and I think self-harm is a reaction to er, teenagers and children not be able to articulate emotions, therefore it's vital that as adults, we have the training to be able to pick up the signals and the signs and then help these, these vulnerable youngsters to understand why they might be or find out why they're behaving like this and give them the tools to cope in other ways."
Unhappiness with family	8/21-23	"And erm, not always but sometimes it will be rooted ... emotional unhappiness going back into family situations, which is probably another reason why parents don't or can't talk about it."
Lack of self-esteem/ fear of failure	9/17-18	"I have seen an increase in girls lacking confidence and suffering self-esteem issues. Many are afraid of failing. not wanting to let anyone down"
Experience of spoon-feeding	9/19-22	"Also there is a problem now with the curriculum shift towards applied knowledge. many of today's teens feel entitled to being spoon fed everything they need to know to get a good grade in exams.... Now they have to learn something then apply it to another problem and some are feeling panicky and stressed."
Over-parenting	9/25-27	"There is a general pervasive attitude of not taking responsibility for themselves and their own actions. If this is the result of over protective parenting, or educational spoon feeding or a combination of both I don't know."
Spoon-feeding	9/25-27	
Internet	9/28-30	"But it is a toxic combination of pressures, to be successful, be popular, be attractive, be clever, have the latest gadget, clothing, shoes, and all executed in the glare of deeply

		judgmental social media platforms from which there is no escape.”
Disclosure of self-harm By peers or the pupil, but not the parents	3/20-24	“Er, most of them would be er, either us noticing or their friends coming to tell us, er, I can’t think of a single case of a parent saying it, occasionally it was, it would be a girl herself coming and saying, “I’ve done something stupid, I’ve swallowed this, it’s an accident” and then you dig a little bit deeper and discover it’s not an accident,”
The Hidden Nature of self-harm Only disclosed to those who ‘need to know’	3/32-4/2 4/12-16 4/13-15 4/17-20	“then we follow the, the procedures and involve on a confidential basis, those who need to know, to try to, to help them overcome the anxiety and the pressures that she’s feeling which result in these behaviours.” “Erm, and I then would write up an incident report, a welfare plan and, and pass that onto the people who need to know but it, it’s very much about communication, support, getting everybody involved who needs to be involved, external agencies if necessary, CAMHS, doctors, hospitals, erm ...” “With something like that, the immediate three people I would inform would be [the matron] in the health centre,... [the] Head of X School and... that’s the Head of Pastoral. “, it could well be that there might be another member of staff who’s also been told or who has noticed, in which case they would also be kept informed of what was happening.”
Secrecy of Parents	7/27-8/4	“it hurts me on the girls’ behalf, that sometimes I have girls arrive here who are self-harming and the parents do not tell us or when we discover that they are exhibiting this behaviour and we

	8/12-20	<p>then call the parents in, they deny all knowledge and then we find out from her previous school that the girls were already doing this then and the parents knew. And erm, I find it erm, heartbreaking that the parents put their, feel so much shame about this that they won't enable us to work together, to support their daughters in what, erm ... you know, this terrible emotion."</p> <p>"But surely as the parent, you only want the best for your children, you only want them to be able to be happy and keeping it hidden and not telling the people who are in loco parentis like myself, I, I don't, really don't quite understand that, fully apart from saving face and shame and guilt but that doesn't help the girls and all that does actually is, is it just makes them feel that they have to keep it hidden even more and that it's their problem and that they can't talk about it and they can't say anything about it."</p>
<p>Personal Response to Self-Harm Disclosure</p> <p>Formal procedure after disclosure</p> <p>Offering of practical help to address the problem – medical response. Matter of fact.</p>	<p>4/5-11</p> <p>5/1-5</p>	<p>"Initially, I would get the girl in herself and, and gain her trust to the point where she could tell me and talk about it, erm, explain what the next step is for her, that it is something that I cannot and will not keep secret, explain to the girl what confidentiality means, which means a need to know and tell her the people that I need to talk to about it and explain to her that she's not in trouble, we want to help her find other ways to cope."</p> <p>"So she would come down and say, "[Ms X], I've, I think I've swallowed a drawing pin", "Do you think you swallowed a drawing pin or you have swallowed a drawing pin?", "I have swallowed a drawing pin", "okay go and get dressed..." [laughs]. You know,</p>

Reflection on automatic response.	5/9-16	we just ...” “I think ‘cause I’ve been doing this job for such a long time, erm, I automatically have a whole process of, of erm, reactions and procedures kick in just automatically, I-I know how to respond and what I need to do, erm, the calmness, the “right let’s deal with this”, you know, if it’s somebody who’s done something like [pupil X], we need to assess the extent of what she’d done, whether it’s an emergency and I need to call the nurse or if it’s something that we can ... address and deal with in the morning.”
	5/21-29	“just remaining incredibly calm, supportive, non-judgmental but ... following the procedure that we have to do, getting in the care and the people that need to know, erm, as and when I, either there and then if I deem that it’s an emergency and this child needs support now, or if it’s something that I can explain to the girl what’s going to happen and give her the support at that time to calm her down and then say, “and tomorrow we will be doing this, this and this”, so it, it’s an assessment based on experience of the needs of the moment.”
Passing on responsibility	7/21-23	“I think I regard myself as kind of like the paramedic, first aid, the initial responder who deals with the first signs of things but then takes them through to the specialist professionals.”
Professional response, but the toll that that can take	8/30-9/10	“But to just be completely open and supportive of the girls, never express surprise, never express shock or reaction, just be very, very calm and very supportive and try not to let it get to me actually because it is emotionally draining, as a frontline worker, it’s, you don’t realise just how exhausting it is – but it is – you have to learn to cope with that and also to a certain extent, protect yourself which is where I think the training and the

		professionalism comes in because it equips you with tools to cope yourself, so that you don't end up as a, a gibbering wreck who burns out through carrying the burdens of others."
Confidence in ability		
Good training received	6/1-10	"I feel my training's very good, not only internally within the school but externally, with not only the er, Boarding School Association, erm, the Boarding Management Certificate which have a, quite a few modules on, on pastoral care and this kind of thing but also ongoing inset training, which if I see a good one that I think I needed to be updated on or there's, the point that something's going on in the boarding house that I think I'm not quite sure, I need more information on this, I will find something, the school is very, very happy for me to go off and have a, an additional update or additional day's training."
Clear understanding of role, no obvious indication of guilt	6/16-17	"it gives me confidence to know that I'm doing the right thing"
	6/21-29	"I, I cannot cure the girls, I can't make them better but what I can do is get them to the people who can, or who can start to give them the support that they need, the professional, specialist help that they need so I'm just like the first point of call but it's vital that I have the training to be able to handle it and the backup to know that if I say to this somebody, "this girl needs referring on, this girl has come to me with this" or "her friends have said this", that she is then go through the system to get the, the proper help that she needs."
Onus on staff to request training	6/5-10	"if I see a good one that I think I needed to be updated on or there's, the point that something's going on in the boarding house that I think I'm not quite sure, I need more information on this, I will find something, the school is

		very, very happy for me to go off and have a, an additional update or additional day's training."
Reasons for participating		
To help with research	9/11	"I decided to participate firstly because I wanted to help you out with your research, and secondly because your research is in an area I have a lot of experience in, so I felt I could contribute."
Had something to contribute	9/12	

Louise Transcript – Housemistress

Themes	Page/line	Key Words
Validation of participant		
Length of service	1/16-17	"Erm, it'll be about six and a half years now. Three years in this school."
Types of role held	1/20-22	"Erm, I've been a regular teacher, I was a form tutor from the beginning, erm, I led, erm, life skills and that sort of thing and then a Housemistress and teacher of X."
Knowledge and awareness of self-harm	2/8-10	"Yeah. Erm, to me self-harm would be somebody who would do something to themselves, erm, physically so something that would be visible I think more than not."
	2/13-17	"Erm, with what I've experienced so far, I would probably say things like cutting or you know, like cigarette burns and anything that's, that can be hidden but equally invisible, erm, with things that are quite easy to, to get hold of I think. If you – and, and – it'll be like scissors or cigarettes or little things rather than er, huge machinery."
Reasons Why Pupils Self-Harm		
Release from unbearable states of mind	6/20-23	"Erm, they said that it was making them feel better, I think they was just trying to get the, the pain out somehow

		think they really saw it as an issue, the way we did”
Personal Response to Self-Harm disclosure Willing to pass the responsibility onto others who are ‘better qualified’. Experience making you better informed for the future.	6/9-11 7/17-24	<p>“I was still sort of, you know, where do we go with this and I relied upon erm, [the chaplain] and [child protection officer] a lot too, to handle it rather than doing it myself, erm, partly because it was passed on, it was, you know, it bypassed me anyway so I didn't need to get involved so much but also because I wasn't quite sure, erm, where I'd be going with that.”</p> <p>“I think yeah I would, yeah I think I'd fish more for, for what's going on, sooner than what I might have done because we always thought well, because she was quite moody as well so we thought well maybe that's just how she is and there's so many things that we want to take into consideration, but I do think yeah, I, I would look into it more than I have before.”</p>
Lack of Training and Support Sense of responsibility and being unprepared	5/13-23	<p>“Erm, I think I'd feel a huge sense of responsibility to have to do something about it, erm, I would, I would still now feel that I would definitely need to call upon other help because I think part of or the issues that we go through in boarding, is that we don't get specific training for every possible aspect of what could happen, partly because it's impossible but partly because it's just, it's not offered. I mean on the Housemistress course, we do go through various issues but it's, you know, it's nothing that I can say, “oh I know what I would do now”, so it's more through experience of talking to other people who have experienced these issues, that would gain the confidence in, in knowing a little bit more ... what to do.”</p>

Lack of awareness	6/14-17	“I mean I- I do think part of our inset should be more related to, to that sort of thing, not make it a huge deal but I do think there needs to be some more awareness about what, you know, pupils can ... go through.”
	7/10-14	“maybe on, erm, do an inset, it doesn't have to be long, it's just so that people are aware that this is happening and, and this is the s-types of behaviour that we could be expecting, erm, to be picking up on because unless it had been brought to my attention, erm, I wouldn't have known.”
Lack of responsibility taken by SMT to train staff	7/2-4	“I just, yeah, I just think we do need to be more trained into, into things, as a school I think we need to take more responsibility to training the staff, to finding out more about things like that. I know obviously all our INSETS are very, you know a lot of the time they're academically, erm, driven”
Reasons for participating		
To help with research	7/21-24	“I thought your area of research was very interesting and it is pertinent - especially these days. It's a lot more talked about and people know more about it and therefore further research into it can only be a good thing.”

Beth Transcript – Matron

Themes	Page/line	Key Words
Validation of self Length of service	1/17	“I've been here for 13 years.”
Demonstrating experience and validating the position to speak	1/22-25	“Erm, for the last six years, erm, I'm in the position, fortunate position to be the senior nurse and so I manage the daily, day to day runnings of the health centre and meet the physical and mental needs of the children here.”

Knowledge and awareness of self-harm	2/3-6	“Self-harm, erm, means when a child inflicts harm upon themselves and for whatever reason, erm ... u- usually due to some mental crisis or something profound, a thing that’s happened in their life that makes them feel the need to self-inflict and hurt themselves.”
Sense of pride for being allowed to attend a course	5/28-6/1	“recently I had the erm, privilege of attending a erm, self-harm, successfully dealing with self-harm for adolescents in London”
	6/5-8	“I found that immensely useful, erm and I’m proud to say as a result of that, erm, I’ve taken it forward, er, I managed to disseminate the information and we are actually setting up a proper, erm, action plan for staff and will be erm, teaching that to them in September.”
Feeling that the research has provoked action	6/26- 7/10	“I just, as I say, the fact that you've spoken to me about it and invited me to talk to you, erm, it just highlights the need for schools in general to take this on board and I think, and they have to erm, accept that for good physical health, you need good mental health, it’s, the whole thing is one, is one, without erm, a physical health and without men- good mental health, you don't have a positive erm, child that’s going to flourish and do well, erm, so it’s, it has to be a, it’s an issue that has to be addressed and I feel chuffed if you like, erm, support from here, that we’re getting together and as I say, we’re producing this erm, flow-chart, just keeping it very, very simple but it’s just a means for staff to know who to go to, what to do, so they can be – and demystify the whole thing, erm ...”
Types of self-harm		
Cutting	2/14-16	“they normally have, my experience of it, these girls who have got deep cuts or er, cuts, several cuts on their arms, their legs, erm, picking at their skin,”

Hair pulling	3/1	“she was just pulling her hair out, she was just twisting it round and round her fingers and pulling her hair out.”
Reasons why pupils self-harm		
Depression	2/8-10	“Erm, children who erm, for whatever reason are clearly erm, emotionally, erm, very unhappy, erm, depressed, erm ... really at the end of their tether. Erm, that’s what I would say.”
Parental divorce	3/1-5	“I think there was problems within the family, Mum and Dad, marital breakup and I think that was the underlying reason, I think there was conflict and feelings of guilt, erm, taking on Mummy and Daddy’s woes and that resulted in her behaviour.”
Personal response to self-harm disclosure		
Response to cutting	3/16-18	“When I went into check her, she had erm, cut her wrists and there was quite a lot of blood and so erm, I dressed her wrists and erm, and said to her that I was very concerned at the fact that she’d inflicted an injury to herself”
Reaction to cutting incident/ Parental avoidance	3/27-31	“found that quite shocking at the time. Erm, but er, now it doesn't shock me, I see more and more of it and it was quite scary at the time, very scary and funny enough, the mother wasn't very supportive and she said, “my daughter will never come into the health centre now, she feels let down”,”
Sense of self-harm increasing	4/2	“it was very scary, the whole thing was very scary.”
	4/5	“Yes, definitely it’s on the increase, yes.”
Disclosure by peers	4/9-11	“it’s friends that will come and they’ll, they’ll come down and they’ll express their concern about the friend, a person,

Conscious of the need to be a non-judgemental support, but the jumble of words suggest inner confusion too.	4/ 12-19	so then erm, we have to try and you know, reassure them.” “All we, I mean being very honest as well, erm, that you know, we felt that that particular person was in danger of, to themselves or others and we would be obliged to pass that information on but erm, believe in being very, very honest, erm, very non judgemental, the most important thing and, and developing a relationship with them, a rapport with the girls, I hope to be, the fact that we have an open door, they can come in at any time to talk to us and not to feel ashamed.”
Clear understanding of correct procedure.	4/23-24	“I write things down, record keeping is vital, erm, and then I have to take it to the child protection officer”
	5/ 17-22	“I would have to be again very honest with them and explain that I would be obliged to pass that information on because at the end of the day, no one person can deal with it, it’s about sharing and I think the most important thing is to be really honest with them, erm, and non critical, non judgmental.”
The Hidden Nature of Self-Harm		
Secrecy of Senior Management	5/3-8	“Erm, not from senior management, no, I have to say, no, things don’t tend to.. I have to go and ... ask. But no, we won’t hear automatically, it’s quite upsetting sometimes, we feel erm, very much left out of the loop, I feel communication here is excellent but from the other end it’s not always good, erm, no it isn’t.”
	7/13-17	“Very bad, very poor, yeah. And even now, erm, it’s, this will have to be erm, when we’ve completed our work, it will have to be shown to SMT, senior management team and to the head mistress and hopefully – hopefully – I pray that we can go forward with this tool.”

<p>A sense of shame for schools who admit to self-harm occurring.</p>	<p>7/25- 8/1</p> <p>7/19-21</p>	<p>“because I suppose they, you know they, they poo poo such things, “this doesn't happen in our school” where in actual fact it does, erm, it’s prevalent as I say, it’s definitely, definitely on the increase and more children who are depressed, erm, stressed and break up of families, marriages, cause all sorts of problems and I think children are under a huge amount of pressure.”</p> <p>“And we want to call it, Mental Wellbeing, there cannot be any shame there, I mean I think it’s an issue, erm, that all schools have to address.”</p>
<p>Onus on Staff to request Training</p>	<p>6/ 9-12</p>	<p>“I felt that it was time to go again, erm, just like everything, one needs constant refreshing and I thought it would be, it would be a very good one to do, took it to my line manager, who fully agreed.”</p>

Appendix 8 – Master Table of Superordinate Themes and Themes from all Participants

A. Knowledge and Awareness of Self-Harm	
<p><i>Hesitancy when describing the term 'self-harm'</i></p> <p>Emily: "usually it seems to be physical harming of the body, erm, cutting oneself is the sort of extreme form but I know that er, I have come across er, people who pick at their skin, er, pull out their hair[...] I know that it can be hidden"</p> <p>Nicola: "Erm, well physically using a knife for example, to erm, to cut your, your arm or your legs, erm, not eating, erm, eating a lot and er, then throwing it up, well sicking, sicking it all up again"</p> <p>Teresa: "Well, the thing that immediately comes to mind is er, cutting, erm and that's interesting because objectives- obviously we can harm ourselves in lots of different ways so I suppose at its broadest, it would include anorexia and erm, pulling- you know, I've had students who have sort of pulled their hair out before, er, but I suppose, you know, I mean I, I don't know what the definition is actually, I, I honestly don't know what it includes and what it doesn't, the instant thing that comes to mind is cutting."</p> <p>Yasmin: "I don't think it's harming yourself in terms of say eating, where erm, I think it's just sort of physical harm that you cause yourself so whether that's sort of bruising yourself or cutting yourself or hitting, you know using your body, like hitting yourself against a wall or something, you know, banging your head, all that kind of thing. Erm, but maybe not necessarily through the use of food or like substance abuse, I don't, maybe that's not self-harm, I'm not sure."</p> <p>Amanda: "To me, bearing in mind that I've had a lot of background training in my role as pastoral care boarding staff, it's incredibly wide ranging umbrella that covers many, many different kinds of behaviours, erm, under the umbrella you could even say that biting your nails is a form of self-harm, right the way up through hair pulling, erm, right the way up to what most people perceive as self-harm which is the cutting, the deliberate actual bodily harm that people can cause to themselves."</p> <p>Louise: "Erm, with what I've experienced so far, I would probably say things like cutting or you know, like cigarette burns and anything that's, that can be hidden but equally invisible, erm, with things that are quite easy to, to get hold of I think. If you – and, and – it'll be like scissors or cigarettes or little things rather than er, huge machinery."</p> <p>Beth: "Self-harm, erm, means when a child inflicts harm upon themselves and for whatever reason, erm ... u- usually due to some mental crisis or something profound, a thing that's happened in their life that makes them feel the need to self-inflict and hurt themselves."</p>	<p>2/20-25</p> <p>2/11-13</p> <p>2/6-13</p> <p>2/11-18</p> <p>2/4-11</p> <p>2/13-17</p> <p>2/3-6</p>
<p><i>Personal Experience</i></p> <p>Emily: "there was a girl who, erm, she used to ... it sounds odd but she used to self, tattoo herself?"</p> <p>Nicola: "one was actually cutting herself, erm and she cut her arms to begin with but later, erm, chose to do her legs because she felt that she was, they were going to be less likely that that would be noticed."</p> <p>Amanda: "I've had two girls who pull their own hair out, one excessively to the point where she had to wear a wig 'cause she was just left with one patch through the back of her hair, of stubble basically, she didn't make it bleed but she would just twist and twist and twist and snap, erm ... er, and I had another girl who would get needles and scratch at her arms, er compass needles or sewing needles and it was superficial, erm ... but she then progressed to attempting to break her own arms by hitting them against door frames and things like that."</p> <p>Beth: "they normally have, my experience of it, these girls who have got deep cuts or er, cuts, several cuts on their arms, their legs, erm, picking at their skin,"</p>	<p>3/21-23</p> <p>3/20-23</p> <p>3/2-10</p> <p>2/14-16</p>
B. Reasons Why Pupils Have Self-Harmed	
<p><i>To control</i></p> <p>Emily: "it was something to do with wanting to have er, some sort of control over, over your life"</p> <p>Nicola: "I think there wasn't an enormous amount of understanding in the home and there was a sense of obviously frustration, irritation, erm, I think the irritation being not due to lack of love but due to ... a sense of helplessness"</p>	<p>11/14-15</p> <p>5/20-22</p>

Yasmin: "oh maybe it's a control thing, I guess, there's so many things that encompass- it could encompass I suppose aren't there? Erm, like with the weight as a control thing but whereas maybe actual self-harm, where people cut themselves or hurt themselves on purpose"	2/29-3/3
<i>To release pain and unhappiness/ alleviate anxiety</i>	
Emily: "I know she...said... that seeing the blood flow was actually calming."	16/12-14
Yasmin: "maybe that's more of a, erm, a release or a pain, like a pain associated thing, I'm not really sure to be honest. It's very complicated! [laughs]"	3/3-3/5
Amanda: "they just know that they have this immense pressure and feeling and the only way to release it is with pain or with, with the behaviour"	7/6-7
Louise: "Erm, they said that it was making them feel better, I think they was just trying to get the, the pain out somehow"	6/20-23
Beth: "Erm, children who erm, for whatever reason are clearly erm, emotionally, erm, very unhappy, erm, depressed, erm ... really at the end of their tether. Erm, that's what I would say."	2/8-10
<i>An inability to talk about problems</i>	
Nicola: "if you're not able to communicate with anybody about anything that you're worried about"	2/18-20
Amanda: "most of the behaviour is a reaction and anxiety based because they cannot vocalise, they can't formulate er, their own mental processes and work out for themselves, why they're doing it, they just know that they have this immense pressure and feeling and the only way to release it is with pain or with, with the behaviour, erm and I think self-harm is a reaction to er, teenagers and children not be able to articulate emotions"	7/4-11
<i>Low self-esteem</i>	
Teresa: "I also think we are breeding a generation of narcissists who are obsessed by self-image and I would say they lack depth and substance and values rather than resilience. If all you care about is yourself and how you look and how other people think you look, then you are going to have issues with self-esteem. If you actually care about others have a sense of perspective and want to make the world a better place then you are less likely to become obsessed/over-focused on things."	7/28-30
Amanda: "I have seen an increase in girls lacking confidence and suffering self-esteem issues. Many are afraid of failing. not wanting to let anyone down"	9/17-18
<i>Difficulties in relationship with parents</i>	
Nicola: "but I think that there were issues particularly with one of her parents and also with relations between parents, for various reasons at home"	10/16-18
Amanda: "And erm, not always but sometimes it will be rooted ... emotional unhappiness going back into family situations, which is probably another reason why parents don't or can't talk about it."	8/21-23
Beth: "I think there was problems within the family, Mum and Dad, marital breakup and I think that was the underlying reason, I think there was conflict and feelings of guilt, erm, taking on Mummy and Daddy's woes and that resulted in her behaviour."	3/1-5
<i>Over-parenting/ Spoon Feeding</i>	
Emily: "I do think that it is possible, or even probable, that parents may step in and 'take over' their child's problems too early and this leads to a lack of resilience in the child themselves."	18/29-30
Amanda: "There is a general pervasive attitude of not taking responsibility for themselves and their own actions. If this is the result of over protective parenting, or educational spoon feeding or a combination of both I don't know."	9/25-27
<i>The influence of TV and the media</i>	
Emily: "they're on television and part of film and media and you know, it, it's, I'm sure that there are more cases because people see, "oh" and think "ah, wow!", you know?"	18/11-13

Amanda: "But it is a toxic combination of pressures, to be successful, be popular, be attractive, be clever, have the latest gadget, clothing, shoes, and all executed in the glare of deeply judgmental social media platforms from which there is no escape."	9/28-30
<i>Stress/ Pressure</i>	
Nicola: I think some of the behaviours were also affected by stress because she was very conscientious, she was not one of the brightest but perfectly able, erm, but very conscientious and I think the stress of exams also played a very big part in that	11/4-8
Amanda: "they just know that they have this immense pressure and feeling and the only way to release it is with pain or with, with the behaviour"	7/6-7
Beth: "it's prevalent as I say, it's definitely, definitely on the increase and more children who are depressed, erm, stressed and break up of families, marriages, cause all sorts of problems and I think children are under a huge amount of pressure."	7/21-8/1
C. The Hidden Nature of Self-Harm	
<i>Not really a problem</i>	
Emily: I don't think this serious issue is talked about enough and it tends to be pushed under the carpet.	18/22-23
Nicola: "there was a reluctance to really accept that there was a very serious problem going on, erm, and that it needed to be dealt with."	6/31-7/2
Beth: "because I suppose they, you know they, they poo poo such things, "this doesn't happen in our school" where in actual fact it does, erm, it's prevalent as I say, it's definitely, definitely on the increase and more children who are depressed, erm, stressed and break up of families, marriages, cause all sorts of problems and I think children are under a huge amount of pressure."	7/25- 8/1
<i>Pupils concealing self-harming behaviour</i>	
Nicola: "I think possibly one or two friends were but I don't think that was generally known, she told me specifically, erm and possibly she told one or two other people"	6/2-4
Louise: "we tried to get the girl to talk to us about any problem that she's been, been through and we said to her that we were aware that she was self-harming and that we needed to help her, erm, and we couldn't get anything at all out of her"	3/21-24
<i>Staff passing on or not accepting responsibility</i>	
Emily: "Erm... I felt... that... somebody... should be, I didn't want, I didn't want to take the responsibility for them mys- all on myself"	10/12-14
Nicola: "but, but how that was dealt with to be perfectly honest, I do not know I'm afraid."	7/22-23
Teresa: "it's quite helpful for the teacher to know what's going on in your students' lives but clearly there's a tension between that and the students' right to privacy"	5/12-15
Yasmin: "I've felt as a tutor, I haven't had to deal with it and it's been, it's , I was just sort of told "this is what's going on", you know, "just to let you know", kind of thing, "we're dealing with it", erm, "the member of staff/parent is dealing with it and the doctors are dealing with it and it's not a school", it's not a, a matter for me as a tutor really."	5/1-6
Amanda: "I think I regard myself as kind of like the paramedic, first aid, the initial responder who deals with the first signs of things but then takes them through to the specialist professionals."	7/21-23
Louise: "I was still sort of, you know, where do we go with this and I relied upon erm, [the chaplain] and [child protection officer] a lot too, to handle it rather than doing it myself, erm, partly because it was passed on, it was, you know, it bypassed me anyway so I didn't need to get involved so much but also because I wasn't quite sure, erm, where I'd be going with that."	6/9-11
<i>Secrecy of Senior Management</i>	
Emily "I don't know, there always seems to be some kind of er ... secrecy, secrecy about it, don't like to tell, tell , tell you, you know? [laughs]"	8/18-20
Nicola: "I'm not sure really, erm, what actually, you know how, how things were handled in the boarding house, other than I know from the girl"	7/15-16

<p>Teresa: "as a teacher you only ever found out about it by accident"</p> <p>Yasmin: "I didn't ever get feedback about it. Communication, no! [laughs]"</p> <p>Amanda: "then we follow the, the procedures and involve on a confidential basis, those who need to know, to try to, to help them overcome the anxiety and the pressures that she's feeling which result in these behaviours."</p> <p>Beth: "Erm, not from senior management, no, I have to say, no, things don't tend to.. I have to go and ... ask. But no, we won't hear automatically, it's quite upsetting sometimes, we feel erm, very much left out of the loop, I feel communication here is excellent but from the other end it's not always good, erm, no it isn't."</p> <p><i>Parental Avoidance/Secrecy</i></p> <p>Nicola: "the parents were reluctant to go down that path, they were, they still I think wanted to believe that this was not really the big problem that it clearly was"</p> <p>Amanda: "it hurts me on the girls' behalf, that sometimes I have girls arrive here who are self-harming and the parents do not tell us or when we discover that they are exhibiting this behaviour and we then call the parents in, they deny all knowledge and then we find out from her previous school that the girls were already doing this then and the parents knew. And erm, I find it erm, heartbreaking that the parents put their, feel so much shame about this that they won't enable us to work together, to support their daughters in what, erm ... you know, this terrible emotion."</p> <p>Louise: "I contacted the parents and explained that to them and that particular girl was Chinese and for them, erm, it's very hard to admit anything that's gone wrong emotionally or academically and so when I spoke to the parents, who sort of brushed it off and said "oh yes, yes, we've had this issues before but everything's fine but if you could let me know", didn't really get anywhere with the parents because they, I don't think they really saw it as an issue, the way we did"</p> <p>Beth: "found that quite shocking at the time. Erm, but er, now it doesn't shock me, I see more and more of it and it was quite scary at the time, very scary and funny enough, the mother wasn't very supportive and she said, "my daughter will never come into the health centre now, she feels let down", "</p> <p><i>Lack of joined up thinking in school</i></p> <p>Nicola: "I'm not sure really, erm, what actually, you know how, how things were handled in the boarding house, other than I know from the girl"</p> <p>Teresa: "I know [pupil name] had a mentor and it's possible she disclosed it to her but I don't know."</p>	<p>3/18 5/22-23 3/32-4/2</p> <p>5/3-8</p> <p>6/24-25 7/27-8/4</p> <p>3/25-4/7</p> <p>3/27-31</p> <p>7/15-16 3/15-17</p>
D. Personal Response to Self-Harm Disclosure by Staff	
<p><i>Anxious/ Frightened</i></p> <p>Emily: "I used to lie awake at night worrying about her"</p> <p>Nicola: "Well, very, very anxious, very concerned because obviously, erm, I, well I worried that this could go further and that something terrible could happen,"</p> <p>Yasmin: "I would also feel, be petrified about saying and doing the wrong thing, erm ... like saying and doing the wrong thing to them and also from a sort of a teacher's, a professional's point of view, doing and saying the wrong thing"</p> <p>Beth: "it was very scary, the whole thing was very scary."</p> <p><i>Dealing with self-harm by professional distance</i></p> <p>Teresa: "I don't think I would struggle with it, I think I would just automatically go into sort of professional teacher mode and erm, you know, tell them that I have to disclose it to a child protection officer in the school and get them some help."</p> <p>Amanda: "I think 'cause I've been doing this job for such a long time, erm, I automatically have a whole process of, of erm, reactions and procedures kick in just automatically, I-I know how to respond and what I need to do, erm, the calmness, the "right let's deal with this", you know, if it's somebody who's done something like [pupil X], we need to assess the extent of what she'd done, whether it's an emergency and I need to call the nurse or if it's something that we can ... address and deal with in the morning."</p> <p><i>Pressures on staff to support pupils</i></p>	<p>12/6-7 7/9-11 5/28-6/3 4/2</p> <p>4/12-15</p> <p>5/9-16</p>

<p>Teresa: "I think that teachers are basically being asked to parent children and do too much. We do this anyway, most of us, but to make it a formal responsibility means someone will draw up another policy and then we'll all have to tick some box in our SEF and actually it won't make us do anything different or better - it'll simply be another pressure on us."</p> <p>Emily: "they share the burden with you but then if you haven't got anyone to share it with [laughs]"</p> <p>Amanda: "it is emotionally draining, as a frontline worker, it's, you don't realise just how exhausting it is – but it is – you have to learn to cope with that and also to a certain extent, protect yourself which is where I think the training and the professionalism comes in because it equips you with tools to cope yourself, so that you don't end up as a, a gibbering wreck who burns out through carrying the burdens of others."</p>	<p>7/21-24</p> <p>12/26-27 9/1-10</p>
<p>E. Lack of Training and Support</p>	
<p><i>Not well equipped</i></p> <p>Emily: "I don't think that we as a staff, not just in this school but in any school, are prepared and told how you should react, how you, because I think also it's a big responsibility to carry and erm ... there should be some definite steps that you should take because in all these things"</p> <p>Nicola: "I mean in terms of erm, how, how I would deal with it and I don't think I'm at all equipped to do, to deal with that, I mean if I, if I gave you some examples of the things that I did in order to get her functioning sometimes, you would be appalled I think."</p> <p>Yasmin: "erm, I don't think there's particularly very much training, never really."</p> <p>Louise: "I would still now feel that I would definitely need to call upon other help because I think part of or the issues that we go through in boarding, is that we don't get specific training for every possible aspect of what could happen, partly because it's impossible but partly because it's just, it's not offered."</p> <p><i>Reliance on 'innate humanity'</i></p> <p>Emily: "I think the only thing I thought I could do is, is try and talk to them and be, try, try to think, as I would if it was, if it had been my daughter then, erm, you know as a mum"</p> <p>Yasmin: "I have never had any sort of teacher specific training about that, I just feel as a person, how would I deal with that if anyone told me that, if my friends told me that or you know, that's how I'd deal with it I suppose,"</p> <p><i>Well trained</i></p> <p>Amanda: "I feel my training's very good, not only internally within the school but externally, with not only the er, Boarding School Association, erm, the Boarding Management Certificate which have a, quite a few modules on, on pastoral care and this kind of thing but also ongoing inset training"</p> <p>Beth: "recently I had the erm, privilege of attending a erm, self-harm, successfully dealing with self-harm for adolescents in London"</p> <p><i>Onus on staff to request training</i></p> <p>Amanda: "if I see a good one that I think I needed to be updated on or there's, the point that something's going on in the boarding house that I think I'm not quite sure, I need more information on this, I will find something, the school is very, very happy for me to go off and have a, an additional update or additional day's training."</p> <p>Beth: "I felt that it was time to go again, erm, just like everything, one needs constant refreshing and I thought it would be, it would be a very good one to do, took it to my line manager, who fully agreed."</p>	<p>14/23-27</p> <p>8/5-9</p> <p>6/3-4 5/14-19</p> <p>11/7-10</p> <p>6/7-10</p> <p>6/1-5</p> <p>5/28-6/1</p> <p>6/5-10</p> <p>6/9-12</p>
<p>F. Reasons for Participating</p>	
<p><i>Personal experience</i></p> <p>Emily: "I have had personal experience and did not know how to deal with it."</p> <p>Amanda: "secondly because your research is in an area I have a lot of experience in, so I felt I could contribute."</p> <p><i>Lack of knowledge/ training</i></p>	<p>18/24 9/12</p>

Emily: I was asked to do a Life Skills session for Year 11s on this topic at school and felt that was completely inappropriate as I had no training whatsoever.	18/25-26
Nicola: "why I decided to participate in your research was because I had struggled really since the beginning of Year 12 with the girl in question."	11/25-26
<i>To support research</i>	
Amanda: "I decided to participate firstly because I wanted to help you out with your research"	9/11
Louise: "I thought your area of research was very interesting and it is pertinent - especially these days. It's a lot more talked about and people know more about it and therefore further research into it can only be a good thing."	7/21-24

Appendix 9 - Email sent to participants with IPA data analysis

Dear X,
I hope that my email finds you well.

I am pleased to tell you that further to my email dated 27th April 2014 (below) I am nearing the end of my doctorate (2 years later!). I have used an approach called Interpretative Phenomenological Analysis to analyse all the interview transcripts because it helps to maintain a better level of anonymity for research participants. Basically, I go through the transcript of your interview many times and pick out brief phrases which I feel encapsulate the 'essence' of the key ideas from my interview with you. I use those to cross reference between interviews and look for common themes within people's experiences as well as any interesting or notable differences between the experiences.

I have given you a pseudonym... If you don't like it then please tell me what you would prefer to be called.

I have attached your original transcript to my email and also the table of data which I have built up from analysing your transcript. One key thing now is for me to ask you whether you also feel that I have identified the key essence behind what you were saying. Please can I ask that you have a look at the table and come back to me by Friday 27th May 2016 if there are other key quotes that you think encapsulate the essence of what you said that you would like me to include or if you think that any of the themes that I have identified for the quotes are not appropriate themes?

In addition, whilst I have been writing up, I have two further questions which I have identified and wished that I had asked in the original interviews, so I have asked them below. I would really appreciate it if you would take the time to answer them so that I can use your responses in my write up.

1. Can you tell me why you decided to participate in an interview for my research?
2. One of the areas identified in "Future in Mind" a document about protecting young people's mental health suggests that one responsibility that teachers and other professionals have when dealing with children is for "promoting good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health;" How able do you feel to do this?
3. I have been reading a lot about building pupil resilience, and one claim has been made by the author Jessica Lahey that a lot of children's problems with lack of resilience stem from helicopter parenting because they are not allowed to fail - their parents step in before that happens and make the situation better. She feels that those children with helicopter parents do not develop the skills of resilience and if they are considered to be able then they are too scared to take risks in case they show themselves to be a failure because they don't know how to learn from their mistakes. How reasonable does that argument seem to you? If possible, I would appreciate it if you could illustrate your answer with an example or examples from your own experience.

Again, if you can answer my questions by Friday 27th May 2016, I would be very grateful. If I have not heard from you by that date I will assume that you have no changes that you would like to make to the table of data and you don't want to answer my 3 questions, however, if that is the case, I would be very grateful if you would just email me to tell me.

Once again, thank you so much for all of your input into my research. I am so, so grateful. I am nearly on the home stretch and hope to submit my thesis at the start of the Autumn Term. I will email you a copy of the final document once I have had my viva.

Best wishes,
Emma