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Portfolio submitted in fulfilment of the requirements for the Professional Doctorate in Counselling Psychology

Surviving the Teenage Years: Coping with Emotional Distress in the Family Context

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Department of Psychology

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I would also like to extend my heartfelt thanks to my research participants for sharing their stories with me.

III. Declaration of Power

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IV. Preface to the Portfolio

My doctoral portfolio is a piece of work comprising three different parts: a doctoral thesis, a combined client case study and process report as well as a publishable article. A theme that exists in each part of this portfolio was the centrality of family relationships in the development of identity. These pieces of work formed part of my three-year training in counselling psychology. My doctoral thesis qualitatively explores sibling relationships and non-suicidal self-injury, questioning how women with a history of self-injury make sense of sibling relationships. The combined case study and process report is an example of my work doing brief person-centred therapy in an NHS Primary Care Setting with a client who was struggling with her identity in her family. The final piece of work is a publishable article based on my thesis denoting the more negative elements of sibling relationships that emerged from my research study. The complex, dynamic and fundamental nature of family relationships was highlighted throughout each piece and was central to how my research participants and client made sense of their worlds. This portfolio highlights some of the challenges that emerge in modern family life too, it gives voice to and places value on individual and personal accounts of family life where individuals were struggling with their own mental health. This theme seemed fitting in the context of my doctoral portfolio as my three years of training saw changes in my own family with the birth of my younger daughter. Furthermore, through both my professional work and personal therapy I developed a keen sense of the centrality of my family as part of my own sense of identity. Navigating the rocky terrain of doctoral training while simultaneously playing the role of mother, sister, wife and daughter has been one of the most challenging and rewarding experiences of my adult life.

These bodies of work speak to the dynamic relationship between family life and personal identity development, how that changes over time and is not a linear experience. At certain times in our lives family will become more or less central, more or less personally important but there is still something definitive about these relationships as we make our way in the world. As I move towards completion of my doctoral portfolio with a new emergent identity as a qualified counselling psychologist, family remains something that ties me to a different self, giving me different roles to my professional one. The importance of family environment for healthy psychological development and well-being is widely acknowledged in the field of mental health. As a counselling psychologist, I believe in the ability (and need) to develop as an individual both inside and outside the family whilst recognising how a loving and supportive family environment will facilitate this experience. Family relationships, on many levels, can be a help and a hindrance as we journey through life and these pieces of work reflect just how central our experience of family relationships are to our emotional

development. This portfolio explores personal experiences of family relationships and the meanings ascribed to them by individuals. This is in keeping with the core perspectives of counselling psychology generally, which emphasises people as 'relational beings' both in terms of how they relate in contexts such as the family but also in terms of how they relate to their sense of self or identity (Milton, 2010).

I will briefly describe each piece of work and highlight how the theme of family relationships presents itself in each section.

Section A: Doctoral Thesis

My doctoral thesis aimed to explore how sibling relationships were experienced retrospectively by young adult women with a history of self-injury using an interpretative phenomenological analysis (IPA). The sibling relationship has been widely ignored in this context, something which has puzzled and intrigued me over the last three years since noticing this 'gap' in the literature. My interest in this subject stemmed from my belief in the centrality and importance of siblings in our own development as well as in the family in day-to-day life. As McHale, Updegraff and Whiteman (2012) note, siblings are the building blocks of the family structure. Where the family environment has been shown to be so important in the onset and maintenance of self-injury (Tatnell et al., 2014) I wondered: how could siblings have been forgotten? There was a personal drive to understand sibling relationships in this context too: as one of four sisters, I recognise how much of my own identity is intertwined with my sibling experience. My sisters are part of the reason why I wanted to be a counselling psychologist in the first place, they are my most loyal allies and fiercest critics in equal measure. I wanted to understand how those who struggled with self-injury made sense of their adolescent sibling experience too.

IPA was selected as the appropriate method with which to answer my research question due to its alignment with a critical realist ontological perspective, a view which holds that there is not one valid 'external reality' but rather multiple equally valid perspectives (Willig, 2008). The themes that emerged reflect the complex and dynamic nature of sibling relationships over the lifespan. Participants' narratives denoted the sense of disconnection that they felt from siblings during adolescence, yet at the same time siblings were experienced as a 'resource'. Conflict was experienced in sibling relationships and participants spoke of reciprocal aggression and also of being victimised. A negative perception of the self emerged in the context of sibling and familial relationships too. Yet, ultimately most participants moved towards a sense of recovery from self-injury and improvements in their

sibling relationships over time. This research aimed to bring the sibling relationship to the fore in the context of self-injurious behaviour but also for counselling psychologists and practitioners generally. As Weisner (1989) noted: 'siblings always matter'.

Section B: Combined Case Study and Process Report

The humanistic paradigm at the heart of person-centred approaches emphasises personal growth and empowerment in line with the values of counselling psychology (McLeod, 2003). Person-centred practice holds a special place in my heart as the model of therapy that I have found both most challenging and most rewarding during my training. Over the last three years I have become increasingly passionate about person-centred practice and its therapeutic efficacy. This case study and process report serves to highlight the effectiveness of the person-centred approach in an NHS setting where the work was brief (only six sessions). There are parallels between the client in this study and my research participants as she was a young adult woman with a history of self-injury who had struggled in her familial environment. My work with this client had emphasised her lost sense of self due to her critical family environment. The process report excerpt from our final session highlights the extent to which my client's self-concept had become more congruent as she began to establish her sense of self outside of the family. There are parallels with the themes that emerged from my research project too. This piece of work is ultimately a narrative of hope suggesting that despite the challenges that may be faced in our family relationships (and their impact on our mental health) it is possible to move towards some form of recovery in young adulthood.

Section C: Publishable Paper

This publishable paper forms an important part of this portfolio in that it is an appeal to practitioners to take note of the sibling relationship in the context of NSSI. There is divergence from the other works in that this article emphasises the negative elements that emerged from my doctoral research in terms of how the participants experienced both their siblings and themselves. The publishable piece explores two of the super-ordinate themes that emerged from the research project: negative experience of the sibling and negative perceptions of the self. The theme of family relationships is still present; however here we see how painful the sibling (and family) relationships can be during adolescence and into emerging adulthood. As noted, part of the reason for publishing this piece is to encourage practitioners (including counselling psychologists) to pay attention to the sibling dynamic not

just in the context of NSSI, but more generally. There has been a ‘relative neglect’ in the study of sibling relationships compared to other family relationships despite the fact that studying siblings can usefully inform how families operate as social and socialising systems (McHale, Updegraff & Whiteman, 2012). The journal Qualitative Health Research was selected for publication as it addresses a wide audience across multiple professions, an important point given that self-injury and sibling relationships are multi-professional issues (Turp, 1999).

Conclusion

Familial relationships have always seemed fascinating to me and this fascination has increased with my doctoral training as I have learned different theoretical models and ways of understanding family dynamics. This portfolio highlights how individuals experience and make sense of family life with the dual aims of giving voice to those who struggle with their mental health in the context of family but also informing theory and practice. As Tolstoy said, in his novel Anna Karenina: ‘All happy families are alike; each unhappy family is unhappy in its own way.’ As a counselling psychologist I feel committed to giving voice to individual accounts of familial relationships and this portfolio is a reflection of this commitment which I expect to last throughout my career.

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Abstract

Non-suicidal self-injury is a prevalent phenomenon among adolescents and of increasing concern to mental health practitioners. While the family environment has been shown to be important in the onset and maintenance of non-suicidal self-injury, sibling relationships have been widely ignored. This study attempts to understand how young women with a history of self-injury make sense of and experience sibling relationships. Semi-structured interviews were used with eight young adult women (age 18-30) to explore their experience of sibling relationships and self-injury in adolescence. Interviews were analysed using Interpretative Phenomenological Analysis. Four super-ordinate themes emerged: disconnection, negative experience of the sibling, negative perceptions of the self and surviving the teenage years. The retrospective accounts spoke to the complex and dynamic relationship between siblings during adolescence. Detailed narratives highlighted how a negative perception of the self in the family was a significant contributor to participant's emotional distress and self-injury. Participants described how aggression was experienced in the sibling relationship not solely but also as a response to self-injurious behaviour. In turn siblings were also seen as a resource and accounts denoted an improvement in self-injury and quality of sibling relationship over time. Relevance to counselling psychology was considered throughout in terms of both theory and practice. This research highlights the need to consider the impact of sibling relationships when working with those who self-injure. It may also be of relevance to family-based prevention and management strategies when there is an adolescent who self-injures in the family.

1. Chapter One – Literature Review

1.1. Introduction

This chapter will seek to consider the separate literature around non-suicidal self-injury (NSSI) and sibling relationships, as well as the research that exists that currently links the two phenomena. It is noteworthy that the topic of this study has been selected due to the existence of a considerable 'gap' in the research. The review around NSSI will include critical reflection on the literature around NSSI, its function, and relevant psychological theory. Literature will be reviewed around both sibling aggression and the protective nature of sibling relationships to consider what can be understood as the impact of sibling relationships. The extant literature about NSSI in the context of the family environment will also be reviewed. Critical consideration will be given to retrospective and qualitative literature that is relevant to the subject and methodology of this research study.

There are several interesting parallels between NSSI and sibling aggression. Neither NSSI nor sibling aggression are likely to be reported (Rowe et al., 2013; Tucker et al., 2013a), which could mean that prevalence rates are not truly understood. Both NSSI and sibling aggression have multiple definitions; in the case of sibling aggression this has meant that research has been less progressive as researchers have failed to recognise whether certain behaviours are accurately labelled as sibling bullying, abuse or aggressive behaviour (Hoetger, Hazen & Brank, 2015). The paucity of research linking the two phenomena was the main impetus for this research project and therefore this chapter will review the literature for both phenomena separately in the first instance.

1.2. Aims

The aim of this study was to gain insight into how young adult women with a history of NSSI make sense of sibling relationships retrospectively. The researcher aimed to gain an understanding of what sibling relationships meant to women who used NSSI during their adolescence and how they experienced them. It was also the aim of this research to bring the sibling relationship to the fore in the context of NSSI, as it has previously been widely ignored.

1.3. Non-suicidal self-injury (NSSI)

NSSI is the 'direct and purposeful destruction of an individual's body tissue in the absence of any intention to die' (Choate, 2012, p.52). Klonsky and Muehlenkamp (2007) note that cutting is the most prevalent form of self-injury used by 70% of those who self-injure with burning, scratching, banging and hitting also used. This definition is how the term NSSI will be understood throughout this chapter. It is important to note that the definition of NSSI is somewhat polemic in the literature and it is also known as self-harm, self-injury, self-mutilation, self-cutting, suicidal behaviour, parasuicide and deliberate self-harm, and that there remains debate as to the meanings of these terms. Where studies have used different terminology to refer to a form of self-injury their own terminology will be used.

1.3.1. Prevalence

It is well documented in psychological research that NSSI is a prevalent problem among adolescents with estimated rates of NSSI varying from 5.5% to 30.7% (Muehlenkamp et al., 2012; You et al., 2013). Importantly, the relatively high prevalence of NSSI has not just been found among those suffering from psychiatric problems, but also those in the general community (Jacobson & Gould, 2007). In a community sample of adolescents aged 12-18, lifetime prevalence of NSSI was estimated at 18% (Muehlenkamp et al., 2012). Brown and Plener (2017) note that while research indicates that NSSI ceases in late adolescence in most people who self-injure, the behaviour generally has high clinical implications because of the longer term risks. The risks include suicide and the adoption of alternative emotion regulation techniques such as substance misuse (Brown & Plener, 2017). Persistence of self-harm into adulthood has been associated with repeatedly self-harming during a lengthy time in adolescence (Hawton, Saunders & O'Connor, 2012).

Gender differences are also relevant in the context of self-injury, with self-injury previously being regarded as predominantly the domain of adolescent young women. Whitlock, Eckenrode and Silverman (2006) found that in adolescent and young adult populations females are 1.5 to 3.0 times more likely to self-injure. In fact prevalence rates in adolescents are currently thought to be similar for females and males (Berger, Hasking & Martin, 2013), although evidence suggests that men are less likely to seek help for NSSI. Whitlock, McHale & Soli (2011) found in a random sample of nearly 12,000 college students (in which 9.8% reported a history of NSSI) that females were significantly more likely than males to report

self-injury in their lifetime. Self-injurious behaviour in women is also more likely to persist into adulthood than in men (Moran et al., 2012). There has been inconsistency in the findings around socioeconomic status and the relationship with NSSI. High rates of NSSI have been found in both low and high SES adolescents making it premature to draw conclusions about low SES as a risk factor for NSSI (Muehlenkamp, 2014).

Buser, Pitchko and Buser (2014) conducted a phenomenological inquiry to explore naturalistic recovery from NSSI. This study was of interest, as accounts of recovery from NSSI were by those who had not received any talking therapy treatment. The themes that emerged indicated that participants saw naturalistic recovery as emanating from their awareness of potential for serious physical damage, corrective interpersonal influences and movement from unhealthy to healthy surroundings (Buser et al., 2014). These findings bear relevance to this research both in terms of method and findings.

Phenomenological inquiry was used in this context to understand the curative processes by which individuals recover from NSSI (Buser et al., 2014). Phenomenological methods give voice to participants and have an idiographic focus rather than serving to quantify the experience of NSSI. This research highlights the value that qualitative research can add to the literature in that it can inform the prevention of NSSI as well as treatment interventions. The authors highlighted the fact that participants (university students) identified moving from unhealthy to healthy surroundings as a key part of their naturalistic recovery (Buser et al., 2014). This was in line with other studies which have found that recent self-injury was linked to retrospective reports of difficult childhood environments (Swannell et al., 2012). This study highlights the importance of environment or context in the reduction of self-injurious behaviours, which is particularly relevant to this study as, presumably, the young adults interviewed had moved from the familial home to attend university. Indeed, one of the considerable problems with difficulties in the sibling relationship is that it is difficult for victims to escape (Bowes et al., 2014).

Heath et al. (2009) completed a retrospective analysis of social factors and NSSI in young adults. While using a convenience sample of college students, this study showed that from their perspective there was a high degree of social influence in the manifestation of NSSI in adolescence (Heath et al. 2009). Interpersonal support was understood more in the context of peer support rather than familial in this study. However it usefully highlights the importance of both emotional and social factors in retrospective accounts of NSSI from young adults.

For education and mental health professionals NSSI remains a significant problem when working with adolescents and adults. Indeed, NSSI is now a distinct 'condition for further study' under suicide-related disorders as recognised by the DSM-V, whereas previously it was only included as a symptom of borderline personality disorder (DSM V 2013; McAndrew & Warne, 2014).

1.3.2. Functions of NSSI

Generally theorists agree that NSSI is an 'overdetermined' phenomenon that serves several functions, sometimes simultaneously, and reflects a variety of psychological difficulties (Prinstein, Guerry, Browne & Rancourt, 2009; Tantam & Huband, 2009). Klonsky (2007) highlighted the psychological characteristics of those prone to self-injury as negative emotionality, self-derogation and a deficit of emotional skills. A review of the function of self-injury named functions as including: affect-regulation, self-punishment, interpersonal influence, anti-dissociation, anti-suicide and interpersonal boundaries around control (Klonsky, 2007). Given the context of this study – self-injury and sibling relationships – the researcher is particularly interested in the interpersonal functions of self-injury.

While definitions of NSSI remain contentious in the literature, there is more consistency with regards to the function of NSSI, particularly in the context of adolescent self-injury. Generally the social functions of self-injury have been less well researched in the current literature in contrast to affect regulation (Zetterqvist, Lundh, Dahlström & Svedin, 2013). Nock and Prinstein (2004) developed the four factor model (FFM) of the psychological and social function of NSSI. Following this model, NSSI serves four functions: 'automatic negative reinforcement (i.e. removal or distraction from aversive thoughts or feelings), automatic positive reinforcement (i.e. feeling generation), social positive reinforcement (i.e. a favourable social response) and social negative reinforcement (i.e. removal or distraction from external events)' (Nock, 2008, p.163). While not all researchers base their work on the FFM or use this terminology, there is evidence to suggest that central to the function of NSSI is the avoidance of pain, expression of distress and an attempt to distract one's attention from negative stimulus (Whitlock & Selekman, 2014). Perhaps the most salient point here is that there are potentially several psychosocial functions of NSSI that it can fulfil at the same time, and many of these may be interpersonal. As Nock (2009) notes, NSSI can facilitate a means of escape from undesired social situations.

Researchers have examined the meaning and function of self-harm using qualitative analysis and revealed the multi-functional and individualistic nature of the behaviour

(Josselin, 2013). Adams, Rodham and Gavin (2005) conducted an interpretative phenomenological analysis (IPA) of online focus groups and email interviews to consider the role of the 'self' in self-harm. Adams et al. (2005) found that 'validation' for their participants was to do with their desire to be considered legitimate people of worth. This study highlights the role of the self in terms of the function of self-harm as a means of gaining a sense of self-esteem.

Importantly here, interpersonal communication has been shown in qualitative literature to be an important function of self-injury. Machoian (2001) found that female adolescent accounts of self-harm denoted a communicative function when they could not use their voice. Babiker and Arnold (1997) highlight the functions of self-harm that involve relationships with other people, including: communication, punishing others' behaviours and influencing others' behaviour.

It is also important to recognise that individuals may not know the exact reason behind or function of their self-injury. As Tantam and Huband (2009) note, self-injury can have 'meaning unknown' and this may be important for clinicians to understand when working with individuals who are currently self-harming. While the FFM may explain causal and maintenance factors of self-injury, it also posits that there must be a reason behind it that can be understood by the individual or a clinician. Personal accounts of self-injury and qualitative analysis of these accounts can afford practitioners and academics an important insight into both the personal meanings and different functions of self-injury. This research will seek to make sense of retrospective personal accounts of self-injury in the context of sibling relationships.

In practice counselling psychologists place an emphasis on meeting each client as an individual and understanding their experience as unique. Klonsky (2007) argued that 'one promising way to approach psychotherapy with a self-injurer is to understand the behaviour from the client's perspective' (p. 1053). So while there may be multiple functions to self-injury that co-occur, it may be critical as a clinician to attempt to understand the client's personal experience and meaning making.

1.3.3. Interpersonal models of NSSI

In terms of relevance to clinical practice it is important to note that diverse models of self-injury give rise to different treatment approaches (Rayner & Warner, 2003).

While it is beyond the scope of this review to consider the various psychological models of NSSI in detail, it is worth noting the models which relate to interpersonal factors in NSSI as they will be relevant to research on self-injury in the family context. Relevant models which emphasise the environment and interpersonal factors in the onset and maintenance of NSSI will be considered briefly as well as their implications for clinical practice.

Psychosocial models of NSSI denote that self-injury is a response to feelings and thoughts resulting from interpersonal experiences (Rayner & Warner, 2003). Psychosocial models then are clearly relevant to NSSI in the context of sibling relationships and the dynamic family system where interpersonal relationships are fundamental. Rayner and Warner (2003) note 'self-injury often occurs in response to feelings of rejection and effectively ensures further rejection' (p.307). Both dysfunctional relationships and peer bullying have been shown to be risk factors for NSSI (Hankin & Abela, 2011; Lereya, Copeland, Costello & Wolke, 2015), showing the importance of social factors in the behaviour. Some early social psychological perspectives made a link between self-injury and problematic interpersonal relationships and the break-down of vital communication (Bennun, 1984). Self-injury then can occur when relationships fail and become an alternative means to communicate psychological distress. In this context, therapeutic approaches may emphasise alternative means of communication and focus on improvement in interpersonal relationships.

Messer and Fremouw (2008) highlight that the behaviour/environmental model of self-mutilation emphasises environmental factors that have a role in the initiation and maintenance of self-mutilation. This behavioural/environmental model is supported by the FFM (Nock & Prinstein, 2004). As noted the FFM emphasises both the intrapersonal (mood and affect regulation) and interpersonal (reinforcement through external gain from the environment) elements that maintain self-mutilation (Messer & Freomuw, 2008). To this extent the FFM combines both affect regulation (intrapersonal) and environmental factors (interpersonal) as the basis for NSSI behaviour. In the context of this research gaining attention or sending a message to family members are potential reinforcing social interactions that could maintain self-injurious behaviours in the familial environment (Brown & Plener, 2017).

Linehan (1993) in her biosocial model makes a link between biological predispositions and environmental factors in order to understand the aetiology of self-injury. In the context of interpersonal factors, Linehan (1993) argues that it is a lack of validation from other people when experiencing emotional distress that may incite self-injury. Indeed Crowell, Beauchaine & Linehan (2009) have extended the biosocial model arguing that emotional

dysregulation both fosters and maintains NSSI within an 'adversarial and unsupportive social context' (Adrian, Zeman, Erdley, Lisa & Sim, 2011, p389). This biosocial model then offers a framework for understanding the onset and maintenance of self-injury that informs practice. For counselling psychologists in practice it is widely accepted that Dialectical Behaviour Therapy (DBT; as proposed by Linehan, 1993) is the most empirically supported intervention for self-injuring adolescents (Choate, 2012).

Attachment theory also has a contribution to make in the context of NSSI. Attachment theorists argue that maladaptive interpersonal experiences in childhood can mean individuals are left with a lower ability to engage in supportive interpersonal relationships or to develop mature emotional regulation skills later in life (Prinstein et al., 2009). Yates (2004) suggests that one perspective on self-injurious behaviour (SIB), based on attachment theory, is that 'insecure attachment may render the child more vulnerable to SIB in later development because the child adopts negative expectations of the self, of others, and of the self in relation to others' (p. 47). This attachment perspective may be relevant when trying to understand self-injury in the familial context (see section 1.5.). Grocutt (2009) suggests that an attachment-based approach to psychotherapy would involve building a secure base with clients in order to explore the patterns of past relationships to gain insight into how past interpersonal patterns maintain self-injurious behaviour.

1.4. Sibling Relationships

This section of the chapter will review literature around both sibling aggression and the more protective effects of sibling relationships, with the aim of gaining a full understanding of the relevant negative and positive elements of sibling relationships. Evidence suggests that sibling relationship quality is 'a form of social support that is related to psychological adjustment concurrently and over time' (Keeton, Teetsel, Dull & Ginsburg, 2015, p. 1334), hence why it should be of interest to researchers and clinicians.

It is thought that some 90% of Westerners have a type of sibling, whether full, half, step or adopted (Milevsky & Heerwagen, 2013). Research in this area has focused predominantly on children and adolescent sibling relationships with more research emerging on older adult sibling relationships, perhaps as a result of increased life expectancy. There has been an emphasis too on sibling structural variables, such as position in family, gender and sibship size (McHale, Updegraff & Whiteman, 2012). However, it was clear from the sparse amount of recent research on the sibling relationships that comparatively it 'lags behind that on other family relationships' (Whiteman et al., 2011, p. 124).

1.4.1. The relationship between sibling aggression and mental health

This review recognises that the term 'sibling aggression' encompasses a wide range of behaviours and may vary in severity (Mathis & Mueller, 2015). In contrast to NSSI, sibling aggression has not been widely recognised as problematic for adolescents and arguably warrants more attention in research as well as clinical settings (Buist, Dekovic and Prinzie, 2013). Risk factors for sibling aggression have not been definitively identified, nor have the short or long term effects, despite it being the most common form of interpersonal aggression (Hoetger et al., 2015). Indeed one of the major issues with research into sibling aggression is the lack of a clear definition. The reason that this review refers to sibling aggression as opposed to sibling bullying is because the researcher does not want to pre-suppose that those who self-harm are the victims of sibling bullying, but rather they will have experienced sibling aggression at some point during the period in which they were self-injuring. This distinction is important due to the phenomenological nature of the study.

Peer aggression has been linked to mental health problems and there are numerous interventions and protocols to assist in schools. However for sibling aggression there are no evidence-based treatments practices that could assist parents and care-givers when coping with sibling aggression, or even the sibling themselves (Skinner & Kowalski, 2013; Tanrikulu & Campbell, 2015). Indeed, several studies have shown many individuals believe the experience of sibling aggression to be benign and normative - even an opportunity for children to learn how to resolve conflicts (Hardy et al., 2010). The idea that sibling aggression is a formative experience for children and adolescents is harder to accept when one considers the pervasiveness of the sibling relationship. Indeed, as noted, sibling aggression is often referred to as 'sibling bullying' which is characterised by its repetitive nature. Meyers (2014) uses the term 'sibling abuse' in a sociological study that qualitatively examines the devastating consequences of physical and emotional abuse by siblings.

Sibling aggression is a prevalent problem in families and is often cited as the most common form of familial violence (Pickering & Sanders, 2017; Wolke, Tippett & Dantchev, 2015). Wolke and colleagues have found that sibling bullying is a widespread phenomena in families with as many as 50% of children bullied at home every month and between 16-20% involved in bullying at home several times a week. (Wolke & Samara, 2004; Wolke et al., 2015). Through using the terminology 'sibling bullying', researchers have been able to distinguish between the roles of bully and victim. The dual roles of both bully and victim is the most common in the context of sibling bullying (Wolke & Samara, 2004). Furthermore,

sibling bullying appears to remain stable in early adolescence, particularly between the ages of 10 and 15 years old (Wolke & Skew, 2012).

Interestingly, more recent qualitative research found that young adults were divided in how acceptable they found the label 'sibling bullying'. The majority of young adults interviewed about their perceptions of sibling aggression did not agree that it could be defined as bullying (Hoetger et al., 2015). There are two important considerations here, including the way that sibling aggression may be understood differently by different individuals, but also the perception of those who may have been the victims of sibling aggression that they are not being 'bullied'. This indicates the need to understand the meaning of sibling aggression from a more detailed qualitative perspective and this may be especially true of clinical populations.

Sibling aggression has been linked to problem behaviours in the home, poor social skills, anxiety, depression and impulsivity (Duncan, 1999; Skinner & Kowalski, 2013; Wolke & Samara, 2004). In an attempt to profile sibling bullying, Skinner and Kowalski (2013) found that sibling pairs reported higher levels of perpetration compared to victimisation. In a peer context, children who are both a victim and bully others have been found to be at increased risk of mental health problems in the future (Kumpulainen & Rasanen, 2000). Skinner and Kowalski (2013) found that 85% of participants reported bullying their sibling and gave longer narratives about their experience as a bully rather than as a victim. This study highlights the need to understand the experience of those who are both victim and perpetrator of sibling aggression, not least because of the reciprocal victimisation between siblings. Sibling aggression is distinct from peer aggression in reciprocity and frequency, and it is important to note that peer aggression has been shown to be a distinct risk factor for NSSI (Arseneault et al., 2008).

There are several studies that have used existing data sets to explore risky behaviours in adolescence as well as mental health to better understand the association with sibling aggression. Button and Gealt (2010) used data from the Delaware Secondary School Student Survey (*N*= 8122) and found that delinquency, substance abuse and aggression were all uniquely and significantly related to sibling aggression. This study was able to control for other forms of family violence to attempt to understand the independent associations with sibling violence (Button & Gealt, 2010). While this study benefited from a large population it was unable to distinguish either the gender or the age of the perpetrator of the sibling violence, or whether the aggression was simultaneously reciprocal. In a separate study, Tucker et al. (2013b) used telephone interviews (n = 3599) with adolescents

(aged 10 to 17 years) to show that sibling aggression uniquely and independently predicts poorer mental health. The key point from these two studies is that there are significant negative associations with sibling aggression, confirming that it is certainly not a benign experience for both children and adolescents in terms of their mental health.

It is noteworthy that Tucker et al. (2013b) found evidence for both mild and severe sibling aggression being associated with mental health problems as measured by self-report anger, depression and anxiety scales. Similarly to Button and Gealt (2010), this study was able to use a large and representative sample as well as distinguishing sibling aggression from other confounding forms of violence or aggression. Yet further work is needed to establish the direction of association between sibling aggression and mental health in adolescents (Tucker et al., 2013b).

The gaps in the literature were further illustrated by a meta analysis of sibling relationship quality and psychopathology of children and adolescents. In their meta-analysis, Buist et al. (2013) demonstrated that less conflict between siblings was significantly associated with a reduction in the externalising and internalising of problems for children and adolescents. This analysis shows a very clear link between sibling relationship quality and psychopathology yet there remain many gaps to be filled. Again, the studies analysed were only of Western origin as few others exist; there were no studies of only female siblings, and no causality or direction between the association could be inferred (Buist et al., 2013). Interestingly, of the 34 studies analysed there was only one that had been completed with a clinically referred population. The meta-analysis was evidence that gender composition, age difference and age period were all significant moderators of sibling relationship quality and psychopathology in children and adolescents (Buist et al. 2013).

These studies demonstrate that not only does variety exist in terms of what constitutes sibling aggression, but also that there are implications for the temporal point at which the aggression is measured. There is a need to understand the pattern of sibling aggression throughout childhood and adolescence in terms of how it may affect children, adolescents and adults across the lifespan. This issue is further compounded by the need to separate sibling aggression from other forms of interpersonal aggression in the familial context (Mathis & Mueller, 2015).

Meyer (2014) completed phenomenological and grounded theory analyses of retrospective accounts of sibling abuse. Notably her findings were so emotive that her study was titled ‘A call to welfare: Protect children from sibling abuse’ (Meyers, 2014). Perhaps most striking in

this article was the detail with which university age students were able to recall instances of childhood sibling abuse. While participation in this study included self-identification as a victim of sibling abuse it highlights the extent to which, for participants, the sibling experience can have devastating consequences. All participants were aged over 21 and some were able to recount sibling abuse that began as early as age 3 (Meyer, 2014).

There are two salient points that emerge from this research, that seem relevant to this study: primarily, that there is a need to broaden familial assessment beyond the parent-child relationship (Meyer, 2014). This is something that has not been implemented within the context of NSSI and the family, and is a clear aim of this research study. Secondly, a recognition that when interviewing family members, their perception of victimisation is their own 'truth' (Meyer, 2014). This second point seems particularly worthy of consideration in the context of both retrospective and phenomenological inquiry.

Wiehe (1997) also took a qualitative approach to understanding the impact of sibling 'abuse' (emotional, physical and sexual) in the long term for adults. In terms of long term effects, Wiehe (1997) describes the problems that adult survivors of sibling abuse encounter:

> "poor self-esteem, problems in relationships with the opposite sex and with others in general, repeating the victim role, being overly sensitive, self-blame for the abuse, anger, sexual dysfunctioning, the abuse of substances, depression, and symptoms of posttraumatic stress disorder" (p.77).

While these findings refer often to the victims of sexual abuse and refer to the experiences of 187 university students, again it is a potent reminder that, for many, sibling aggression is not a benign experience. These studies are relatively rare in taking a qualitative approach to the problem of sibling aggression as well as using an adult population as opposed to children or adolescents.

There is a real sense that these studies remain exploratory rather than definitive on the subject of the negative outcomes of sibling aggression, especially in a clinical context. This may be due in part to the general lack of impetus to study this subject amongst clinical researchers, which may have resulted from the lack of consistency over definition, the presumed normative nature of sibling interactions (however violent) and even the challenge of distinguishing sibling aggression from other types of interpersonal familial aggression. Collectively the research summarised here indicates that sibling aggression and violence is a form of destructive conflict that is associated with a variety of different negative outcomes

for children, adolescents and adults (Pickering & Sanders, 2017). For counselling psychologists then there are significant implications for working with people across the lifespan who may have been victimised by their siblings or been both aggressor and victim themselves.

1.4.2. Sibling relationships as protective

As noted sibling relationships are generally the most enduring that humans experience. They consist of a powerful bond and can be intensely emotional (Portner & Riggs, 2016). Yet, the relevance of sibling relationships, especially the positive and protective elements, remains somewhat neglected by clinicians and researchers, particularly in the context of NSSI.

Evidence suggests that positive sibling relationships are associated with emotional understanding (Howe et al., 2001), emotional regulation (Dunn, 2007), reciprocal emotional support (Portner & Riggs, 2016) and prosocial patterns of empathy (Brody, 1998). However, the research reviewed thus far denotes the clinical emphasis on the more negative elements of sibling relationships particularly sibling aggression or conflict. Kramer (2010) argues that the emphasis on conflict as the fundamental attribute of sibling relationships cannot be justified and instead emphasis should be placed on the 'identification of social processes that promote and scaffold prosocial forms of sibling interaction' (p. 80). For researchers and clinicians then the sibling dynamic is an important arena, in which children develop social behaviours, emotional understanding and regulation, and therefore it is worthy of further investigation. This section will briefly highlight research findings around the protective elements of the sibling relationship in childhood, adolescence and young adulthood. It is important to note that sibling relationships are not static and evidence suggests that they undergo a series of continuous changes during different developmental periods (Scharf, Shulman & Avigad-Spitz, 2005).

In a longitudinal study examining whether sibling relationships are protective Gass, Jenkins and Dunn (2007) found that sibling affection seemed to moderate the relationship between stressful life events (e.g. bereavements, school or home moves or accidents) and internalizing symptoms in children. Importantly, this study was able to distinguish between the protective effect of the mother-child relationship and the positive sibling relationship, concluding that the protection afforded by the latter was not dependent on the former (Gass et al., 2007). While this study only made use of child and adolescent data (the sibling of focus was aged between 7 and 17), it is important in that it demonstrates directionality: the

sibling relationship has potentially protective properties for children with relation to internalizing or depressive symptoms. The authors note that little research has been done to explore the mechanisms by which sibling relationships are protective, or what it is exactly that makes sibling relationships protective (Gass et al., 2007).

Adolescence for many teenagers can be a stressful period for a multitude of reasons and is a time of complex socioemotional and cognitive change (Oliva & Aranz, 2005). Indeed, evidence suggests that transition into adolescence can mean a significant change in sibling relationships due to less time spent together as well as an adolescent's desire to form their own identity outside the family home (Scharf et al., 2005). It is expected that adolescent sibling relationships may be less intensive than those in childhood (Buhrmester & Furman, 1990). However it does not necessarily follow that the sibling relationship is less important or less meaningful to adolescents.

Research has shown that positive sibling relationships have been associated with better levels of well-being in adolescents. Yeh and Lempers (2004) found that when sibling relationships were perceived as warm and caring by adolescents they had higher levels of self-esteem and reduced feelings of loneliness and depression, compared to adolescents who experienced their siblings as detached. There is evidence to suggest that adolescents regard their siblings to be important as a form of alliance too. In a comparison of relative functional importance of various adolescent relationships, adolescents reported siblings as being a more important source of reliable alliance than their best friends of the same-sex (Lempers & Clark-Lempers, 1992). More recent research has found that, for adolescents, siblings can be an important source of inter-sibling help and social support (Steinberg & Morris, 2001). Oliva and Arranz (2005) found that having 'siblings is related to adolescents' social and personal adjustment, although only among girls and only in cases of good sibling relationships' (p. 267). Again, this denotes the protective qualities of positive sibling relationships. Collectively, this research suggests that positive sibling relationships are both meaningful to adolescents and potentially predictive of psychological adjustment.

In one of the few qualitative studies examining sibling relationships, Milevsky and Heerwagen (2013) used phenomenological methods to examine the nature of sibling relationships in emerging adulthood with young people aged 18-25. There was relevance to this study in terms of the age of participants, but also in the method used. Through interviewing 52 college students, the authors found that a number of interesting themes emerged from their findings that pointed to the diversity in sibling relationships as well as the transitory nature of the sibling relationship during the first year of university (Milevsky &

Heerwagen, 2013). Several participants reported improved sibling relationships that could be accounted for by the fact that they had moved out of home (to go to college), while others felt it was to do with becoming more mature. While this study made no theoretical claims it notes that qualitative research can form a key building block in examining the complex sibling dynamic in the transition to adulthood (Milevsky & Heerwagen, 2013). This study highlighted the enduring nature and complexity of the sibling relationship in young adulthood, which suggests the need to include the sibling relationship in applied clinical settings (particularly with college age students). Findings here supported previous research that used a mixed methods approach to show that siblings are significant in terms of emotional support in emerging adulthood (Milevsky et al., 2005).

In their mixed-methods study Scharf and colleagues (2005) found that (in comparison to adolescents) emerging adults were better able to provide a more coherent and integrative narrative account of their perception of their siblings. The authors argued that emerging adults were better able to reflect on the changes in the sibling relationships than adolescents (Scharf, et al., 2005). This study highlights the relevance of qualitative approaches to understanding the sibling relationship as well as changes in sibling relationship quality over time, particularly differences between adolescence and emerging adulthood.

This research collectively denotes the existence of protective elements in the sibling relationship, and the complex and changing dynamics therein between childhood and emerging adulthood. As will be further shown below, both aspects are relevant to this study.

1.4.3. Theoretical perspectives on sibling relationships

Kramer (2014) notes that although sibling relationships are fundamental to familial processes the examination of these relationships is comparatively rare with marital and parent-child relationships tending to take centre stage. It is important to understand the different theoretical perspectives behind sibling relationships in the context of this study for two reasons. Primarily, in terms of how sibling relationships may impact on child development and the family environment to allow self-injury to develop. Furthermore, theoretical links may be made between extant theoretical approaches to self-injury to allow a framework for understanding both NSSI and sibling relationships. While it is beyond the scope and aim of this research project to develop such a framework, it is hoped that the qualitative findings will be able to open a dialogue around theoretical perspectives.

As with NSSI there are social psychological processes at play in sibling relationships.

One theory that may be relevant to sibling relationship is the social comparison theory developed by Festinger (1954), which highlights how individuals are driven towards self-evaluation based on comparing themselves to others. Based on the pervasiveness of the sibling relationship it seems likely that siblings would evaluate themselves against each other. Indeed, theories around sibling rivalry indicate that siblings engage extensively in social comparison (Whiteman et al., 2011). This may be particularly true in adolescence when generally siblings still live together and may well attend the same school with both arenas being likely to induce social and academic comparison.

Attribution theory (Heider, 1958) might be another useful social psychological theory that could be applied in the context of sibling relationships. Attribution theorists argue that harmony and conflict in social interactions are 'grounded in relationship partners' understanding of the motivations for one another's behaviour' (Whiteman et al., 2011, p.129). One study has examined family correlates of negative attributions about an adolescent sibling. Matthews and Conger (2004) found that siblings' negative attributions regarding each other predicted their negative and positive behaviour towards the other two years later (p.257). Attribution theory could be an interesting framework to understand how siblings make internal or external attributions with regard to their sibling interactions and experiences.

Siblings do not exist in a vacuum and a systemic approach to understanding sibling relationships may usefully inform theoretical and clinical approaches. Broader research on families has evidenced that family and marital functioning impacts sibling relationship quality (O'Connor, Hetherington & Reiss, 1998). Minuchin (1985) developed a model of family systems that depicts the interdependence of subsystems that make up families (McHale et al., 2012). A family systems perspective recognises that siblings have an important role to play in the development of each child's emotional understanding, and are integral to a plethora of family functions (Kramer, 2014). Ultimately the key point is that to gain a full picture of family dynamics, researchers need to also pay attention to the multiple dimensions including the sibling system. Furthermore, a systemic understanding of sibling relationships could inform systemic practice approaches.

Social learning theory (Bandura, 1977) has also been highlighted as a useful framework for making sense of sibling relationships. Kramer (2014) notes that through imitation siblings may learn about social and emotional behaviours from observing each other. Indeed, siblings are suitable candidates for observational learning through their roles as playmates, teachers, caregivers, and antagonists (Whiteman et al., 2011). Siblings are likely to model

different social and emotional behaviour for children and young people due to the amount of time they spend together and because they may be perceived as having high status, especially older siblings. Kramer (2014) calls for attention to be paid in research to how emotional understanding and regulation develops in the sibling context, which may well be relevant to self-injury and which, as noted in this review, often acts as a way to regulate emotions.

1.5. Peer aggression and self-injury: a brief summary

Peer aggression has been widely studied in comparison to sibling aggression. The relationship between peer aggression and NSSI is well documented in research, and victims of peer aggression are more likely to have an increased risk of self-injuring (Arseneault et al., 2008). Lereya et al. (2013) used the Avon Longitudinal Study of Parents and Children (ALSPAC) to evidence that there is an association between a maladaptive familial environment and self-harm, which may be mediated by peer bullying. This study usefully reaffirms that being victimised by peers in childhood increases the risk of self-injury for adolescents with longitudinal rather than cross-sectional evidence.

A critical point here is to try to understand that if peer bullying may mediate the negative familial environment and NSSI, could this be true also for sibling bullying or aggression? Indeed, research on peer victimisation may be a useful guide for researchers of sibling aggression in terms of definition, intervention and prevention (Hoetger et al., 2015). Again the challenge of extricating the effects of sibling bullying from other forms of familial or peer aggression is clear, yet the impetus to do this can be understood through the clearly established negative outcomes for self-injurers who have a maladaptive familial environment. The following section will highlight the extant research around NSSI and the family environment, which drives the rationale behind this research project.

1.6. Non-suicidal self-injury (NSSI) and the familial environment

Drawing on the existing literature about sibling relationships in the family context, this section will show how it is related to NSSI. The relevance to counselling psychology is manifold in that there will be implications for working with individuals (of all ages) affected by both NSSI and sibling aggression, which will inform individual and systemic therapeutic interventions. Indeed, this research will be relevant to many practitioners in the familial context, as NSSI is a multi-professional issue (Turp, 1999). Given the plethora of research

available (particularly in relation to NSSI), this review will aim to consider only those studies that are relevant to the line of inquiry. It is noteworthy that studies have broadly used adolescent self-injurers or parents as population samples, as opposed to siblings themselves. Siblings have been widely ignored in this context to date.

One of the challenging elements of reviewing literature in this subject area was the combination of two different topics i.e. NSSI and sibling relationships. Regular searches, over the period in which this research was undertaken, were completed across several key databases to find current literature including both books and journal articles. Databases searched were Psychinfo, PubMed, Psychsource and SocINDEX, the latter being included as self-harm is both a psychological and sociological phenomenon. Search terms included a combination of the following: non-suicidal self-injury, self-harm, family, siblings, sibling relationships, family functioning, family relationships. A distinct challenge involved selecting which research articles were relevant to the present line of inquiry. In articles or books relating to both family functioning and self-injury, it was necessary to search for the term sibling or brother/sister; however, with the exception of several key studies discussed here they were not particularly fruitful, as very little literature exists considering siblings in the context of self-injurious behaviour. Qualitative and quantitative research studies were selected based on their relevance in terms of how much light they could potentially shed on the impact of family life on self-injury in adolescence and young adulthood.

The evidence reviewed so far has indicated that sibling aggression is significantly associated with maladjustment in adolescents. Importantly, this included evidence that sibling aggression is associated with internalizing symptoms (Buist et al., 2013; Wolke & Samara, 2004). Internalizing symptoms and depression have both been shown to be risk factors for NSSI (Muehlenkamp, Swanson, & Brausch, 2005). Also adversity in the form of childhood abuse (van der Volk et al., 1991), sexual abuse (Briere & Gil, 1998) and parental neglect have been strongly associated with self-injury (Tantam & Huband, 2009). Conversely, the perception of having family support was found to be an important safeguard against the onset of NSSI (Tatnell et al., 2014). To this extent one can understand why further research may be required to fully understand how sibling relationship quality is a risk factor for the onset and maintenance of NSSI in adolescents.

A study looking at a large community sample of Australian adolescents (*N* = 1973), who reported levels of NSSI on two occasions with a 12-month interval, found that family support was the most salient interpersonal factor in the onset, maintenance and cessation of NSSI (Tatnell et al., 2014). The novel element of this study was to distinguish the interpersonal

factors that may be associated with onset, maintenance and cessation of NSSI. Although a large sample was used, the age range (12-18 years) was such that it may be difficult to distinguish at what age specifically the perception of family support is more or less significant in the onset of NSSI. However, this study highlights the importance of the family environment for adolescents at risk of NSSI. The authors usefully indicate future directions for research when they point to 'others who play a significant role in the young person's life in order to clearly articulate the role of family in adolescent well-being from the perspective of all stakeholders' (Tatnell et al., 2014, p.894). This highlights the need to understand specifically how sibling support and conflict may be relevant to the onset, maintenance and cessation of NSSI and the need for researchers to have a clearer understanding of the family dynamics at play.

Family research in the context of NSSI has emphasised the parent-child relationship over other familial relationships. Buser, Buser and Kearney (2012) looked at specific dimensions of interpersonal justice between parents and young adults to highlight the importance of the familial environment in the context of NSSI. Based on previous evidence, the researchers correctly hypothesized that low levels of perceived interactional justice from parents would link to increased levels of NSSI in adulthood (Buser et al., 2012). In the context of this review, the key point is the notion that parental relationships will certainly have an impact on sibling relationships. This study also bears relevance to the field of counselling psychology as it highlights the need for counsellors to understand the theme of 'fairness' within the family and how it is perceived by all members in order to work effectively with those who self-injure (Buser et al., 2012). Unfortunately the cross-sectional nature of the study, as well as the use of a community sample of college students, limits the generalizability of these findings. However, once again it is possible to appreciate the familial context as a factor in the aetiology and maintenance of NSSI.

Certainly there is a wealth of research by Gratz and his fellow researchers that has clearly associated a lack of parental care with NSSI (Gratz, 2006; Gratz et al., 2002; Gratz and Chapman, 2007). To this extent it seems somewhat surprising that sibling relationships have been so widely overlooked by researchers in understanding the aetiology and maintenance of NSSI. Although the studies here are limited to college student populations, there is certainly evidence to suggest that it would be useful to expand this work to different communities and clinical populations.

This research by Gratz and colleagues is supported by more recent findings in a cross-sectional study that suggests that non-suicidal deliberate self-harm (DSH) is highly related to

both adverse family circumstances and failure of care by parents (Bifulco et al., 2014). This study looked at specific factors in terms of the lack of parental care, including neglect, antipathy, role reversal (parentification) and inadequate supervision (Bifulco et al., 2014). Again, the sibling relationship was not acknowledged in this study. However there may be implications for future study in this research too. For example, both neglect and inadequate parental supervision may have implications for sibling relationships in terms of the amount siblings are supervised and how parents manage conflict. This study related poor childhood care to emotion regulation and impoverished social development, which points to both interpersonal and intrapersonal reasons as to why DSH may develop. This study used retrospective accounts from a 16-30 year old community sample, who were regarded as high-risk due to their family contexts.

There is significant research about families in the Journal of Family Therapy with regard to the systemic impact of adolescent self-injury (Fortune et al., 2016; Palmer et al., 2015) yet siblings are not included in either of these studies, which seems somewhat surprising. This is especially true when one considers the number of self-injuring adolescents who will live with their siblings and spend significant time with them. Interestingly, a participant in a qualitative study noted 'my daughter's self-harm influenced the whole family' yet little interest has been shown in the impact on siblings of having a self-injurer in their family (Lindgren, Astrom & Graneheim, 2010). The sibling is ignored in a double capacity – as someone who may impact on an adolescent's self-injury and as someone who may be impacted by it. Indeed, given the reciprocal and intense nature of sibling relationships it seems that these could be interesting and important areas for future study.

Ferrey et al. (2016a) completed a qualitative study that explored the impact of a young person's self-harm on parents and families, using thematic analysis to consider the qualitative experience of a large sample of parents (37 in total) of self-harmers. In terms of relevance to the present work this study did recognise the impact of self-injury on the sibling relationship. The findings in this study, from the perspective of the parents, showed that siblings displayed mixed responses which varied from becoming increasingly protective or supportive of their self-injuring siblings to becoming upset or angry, even abusive to their siblings (Ferrey et al., 2016a). One quote used in this article was particularly interesting. A participant, Shannon, was discussing her son's reaction to her daughter's self harm:

'He's very supportive and goes to see her a lot now. Still carries on with the usual jokes and winding each other up but that's normality for her so it's good' (p.4)

Here we can understand how the reciprocal relational conflict between the siblings is regarded as normal and not harmful from the mother's perspective. This excerpt points to the complex dynamics and different perspectives on sibling relationships as well as perhaps the need to access first hand-accounts of the sibling relationship. The mother's perspective on what is 'normality' and 'good' for the self-injuring young person may vary distinctly from her daughter's perspective.

Notably then this research by Ferrey and colleagues is valuable in terms of recognising that adolescent self-injury will impact on family members. However it does not take into account the impact of the family on the self-injurer, which is arguably most clinically relevant. Indeed Ferrey et al. (2016a, p.6) note that 'speaking to the young people themselves would also give a more rounded picture of the effect of self-harm on the family.'

Moreover, Lindgren et al. (2010) note that recovery from NSSI will be greatly facilitated by supportive relationships. To this extent it is clear why so much research examines the impact on parents of having a child who self-injures. As a practitioner it is clinically relevant to consider how to help parents support their self-injuring children. However, this is a salient point too for siblings who may be able to offer support to siblings in their recovery from self-injury. More research in this area would be useful to clinicians, perhaps especially those working systemically.

1.7. Association between sibling relationships and NSSI

As noted, to date only one study exists that aimed to specifically associate sibling bullying behaviours to specific mental health disorders including depression, anxiety and self-harm (Bowes et al., 2014). This prospective cohort study used data from the ALSPAC and more than 6000 families in the UK to show that being bullied by a sibling doubled the odds of self-harm (and depression) by the age of 18 (Bowes et al., 2014). Several important strengths are clear from this study, not least the large sample size. This study was able to account for other interfamilial violence and still demonstrate an independent association between sibling bullying and the emergence of self-harm. Findings supported existing research that showed a link between sibling aggression and internalizing symptoms (Buist et al., 2013). Importantly this study also demonstrates that sibling bullying may have an impact into early adulthood (Bowes et al., 2014).

However, this study takes a purely quantitative approach to the issues of self-harm and sibling relationship and does not allow the authors to consider the direction of the

relationship between the two phenomena. The longitudinal nature of the study is also not able to exclude residual confounding in that it is not clear to what extent the impact of sibling bullying is mediated by the environment (Bowes et al., 2014). Nevertheless, this study represents a good starting point for further quantitative and qualitative exploration of the association between sibling relationships and NSSI. Although, it is significant that in the three years since this study was published there has not been, to the researcher's knowledge, further clinical research considering the topics of self-harm and sibling relationships specifically (with the exception of the present study).

1.8. Relevance to Counselling Psychology

Although there has not been a significant connection made between sibling relationships and self-injury in the research to date, this area is clearly relevant to counselling psychologists in terms of practice. Linehan (1993) recognised the importance of the familial environment as a potential risk factor for the onset of NSSI (Tatnell et al., 2014). Linehan's DBT is widely used by counselling psychologists for those who self-injure with or without a diagnosis of BPD, indeed 'many therapists who use DBT report that they assimilate it into the therapeutic techniques they normally practice' (DiGiorgio et al., 2010, p.213). Research in this area would also have notable implications for systemic practice, Schade (2013) argues a case for using Emotionally Focused Family Therapy (EFFT) in the context of NSSI, and recognises that for many self-injurers the family environment is emotionally invalidating. Understanding self-injury in the context of the family will inform systemic treatment approaches and it has been argued elsewhere that family involvement in the treatment of adolescent self-injury is vital (Fortune et al., 2016).

Recognition of the complex nature of both sibling relationships and self-injury further highlights the need for counselling psychologists to have a fuller understanding of both phenomena in order to inform treatment. This research also encourages consideration of best practice in terms of therapeutic models. This is in keeping with HCPC (2015) Revision of the Standards of Proficiency for Practitioner Psychologists which emphasises that counselling psychologists specifically should 'be able to implement therapeutic interventions based on a range of evidence-based models of formal psychological therapy'.

Siblings clearly have a reciprocal impact on each other across the lifespan that will be influenced by numerous environmental, social and emotional factors. Theoretically, this literature review points to the complex inter-relation between interpersonal and intrapersonal factors in the context of self-injury and sibling relationships. It is important then to approach

this study with an open mind and recognition of the individualistic nature of both the sibling experience and self-injury.

1.9. Summary of Rationale

This literature review has sought to establish a clear rationale for research in the area of self-injury and sibling relationships. The research question that emerged is: how do women with a history of NSSI make sense of sibling relationships retrospectively?

NSSI has been established in the literature as an 'overdetermined' phenomena; however, it remains a major health concern with high prevalence rates (Prinstein et al., 2009). In contrast, siblings have often been ignored in the context of research around the family and NSSI, generally with emphasis given instead to parent-child relationships. The selection of current literature reviewed here clearly indicates that the experience of sibling aggression may well be associated with increased risk of NSSI in adolescence and adulthood (Bowes et al., 2014). Yet, only one research study (to the knowledge of the researcher) has attempted to understand this association, from a quantitative standpoint. Notably, some research discussed has taken a qualitative approach to understanding (separately) sibling relationships and self-injury, yet generally studies use a quantitative method. Certainly, the evidence examined here has indicated that sibling relationships – and the reciprocal aggression often involved – are not benign experiences for adolescents, with the impact lasting into adulthood. Therefore, this study will be the first to take a qualitative approach to understanding both self-injury and sibling relationships in adolescence from the perspective of young adults.

The research in this review suggests that both the quality of sibling relationships and engagement with NSSI will evolve over the lifespan (Moran et al., 2012; Whiteman et al., 2011). Both sibling relationships and NSSI are highly complex phenomena with multiple aetiological explanations and theoretical models; therefore, the research question emerged as a means to gain insight into an individual's retrospective experience. This qualitative research will serve as a means to begin to gain a better understanding of how they may be related to each other in order to inform both theory and practice. This research will be of particular relevance to systemic practitioners and aims to bring the sibling relationship to the fore in the context of NSSI and the family.

1.10. Conclusion

This section has formed a review of the literature around both NSSI and sibling relationships with consideration of how NSSI has been studied in the broader family context. The emergent research question aims to consider how women with a history of NSSI make sense of sibling relationships retrospectively. The following section is an account of the process of developing the methodology and method to answer the emergent research question.

2. Chapter Two - Methodology

2.1. Introduction

This chapter will aim to depict the methodological basis of this research project with a clear account of the process undertaken and the rationale for doing so. There will be three sections included in this chapter: first, an account of the methodology used, including rationale for adopting a qualitative method, specifically IPA, with consideration given to the philosophical underpinnings of IPA. Second, the research design and procedure will be depicted in depth to ensure transparency about how the research process was completed. The final section will contain reflections on the methodology, as well as more personal refections on the challenges of undertaking this research project.

2.2. Methodology

2.2.1. Choice of qualitative approach

Quantitative approaches to psychological research have long dominated the field. However the last 20 years have seen a significant increase in the use of qualitative research methods in psychology (Elliott, Fischer & Rennie, 1999). Qualitative research is generally a good fit with counselling psychology in terms of its emphasis on the subjective experience of individuals; although, as Silverman (2010) notes, it is not a question of qualitative being a 'good' or 'appropriate' approach and quantitative a 'bad' and 'inappropriate' one, but rather the research methods should be selected on the basis of the particular task at hand. The rationale for adopting a qualitative approach was critically justifiable, not least because of the individual and subjective experience of siblings in the family context. Langdridge (2007) highlights how qualitative approaches take a critical stance regarding how knowledge is constructed inter-subjectively, which appealed to the context of the study here, in terms of the relationship between siblings and other family members. Importantly, it was clear from the outset that there are multiple etiological factors to be considered in the context of NSSI, as well as several theoretical explanatory models (Messer & Fremouw, 2008), so it was never the aim of this research to investigate sibling relationships as a causal or even explanatory factor for NSSI. The social 'reality' that underpins this research project is that of multiple realities which includes individual understandings and interpretations, rather than one singular objective reality (Mason, 2009).

Another reason a qualitative methodology seemed appropriate in this context is that, while both NSSI and sibling relationships have been studied using qualitative approaches (Baker, Wright & Hansen, 2013; Buser et al., 2013; Ferrey et al., 2016a; Meyers, 2014), there are currently (to my knowledge) no studies that adopt specifically qualitative methods to address the relationship between NSSI and the sibling experience.

Therefore, a qualitative approach was a clear fit in order to answer the research question of interest: how do women with a history of self-injury make sense of sibling relationships retrospectively?

2.2.2. Ontological and epistemological foundations

Mason (2009) notes that when developing a research strategy, it is critical that the intellectual puzzle at the heart of the study is both ontologically meaningful and epistemologically explainable. At a most basic level, ontology asks the question 'what is there to know?', while epistemology questions 'how can we know?' (McLeod, 2011). My ontological assumptions lend themselves to a critical realist approach to understanding the experience of sibling relationships and NSSI. Critical realism accepts that there may be differing but equally valid perspectives on reality without trying to conform to some sort of "external validitiy" (Willig, 2008). Therefore, as a critical realist, I believe that self-injury and sibling relationships both exist as 'real'; however, there may not be one objective 'truth'. Bhaskar (1979) emphasises that critical realism takes an 'open systems' approach to understanding. Naturally occurring events are highly complex because of the multitude of interacting causal powers which may or may not be active at any given moment (Pocock, 2013). To this extent, critical realism is a fitting framework from which to understand familial relationships in context.

McLeod (2011, p.44) states that a critical realist 'takes the view that an objective reality exists but that our knowledge of that reality is shaped to some degree by our limitations and biases, and therefore can never be fully apprehended'. My stance means I am able to recognise my own role within the research project. Reflexivity is fundamental to the critical realist position and my commitment to reflexivity is evidenced throughout this research study. My stance emphasises the subjective experience and a desire to access a naturalistic and first-hand account of sibling relationships and self-injury. The critical realist position is acceptable in the context of this research, as it is argued that participants will retrospectively describe their 'real' experience of both NSSI and sibling relationships. As a counselling

psychologist, the participant's 'truth' is of interest because, as the ones who have actually experienced self-injury, their accounts are both clinically relevant and generally important.

Epistemological reflexivity includes consideration of how, as a scientist-practitioner, it is possible to justify a qualitative approach that would fit comfortably in a scientific setting where there may not be one 'objective' reality. The traditional view of science as having a passive epistemology, where the researcher is objective and detached, is not in line with the ontological basis of this research project, nor with qualitative research generally. A critical realist approach does not entirely reject an empirical approach to science; however, it recognises the need to more closely examine the complex causal processes at work in the world (Roberts, 2014).

In keeping with a critical realist ontology, this study is epistemologically grounded in a stance of contextual constructionism. This position argues that the knowledge that will emerge from this research will vary in accordance with the way in which it is collected and analysed. The constructionist element of this epistemological stance posits that 'individuals are continually engaged in processes of appraising their environment and acting on the basis of this sense-making processes' (McLeod, 2011, p.52). Therefore, a contextual constructionist approach is in keeping with critical realism, as neither position suggests that there is 'one reality' that can be discovered through the use of a certain methodology. Further, there are multiple dimensions that may impact the production of knowledge from this perspective, including my own understandings, interpretations and meaning systems (Pidgeon & Henwood, 1997). That said, within a 'contextualist framework there is a desire to find some kind of grounding for results' (Madill, Shirley & Jordan, 2000, p.9). In this qualitative study, participants' accounts will be grounded in their detailed descriptions, which will aim to represent their perspectives of the phenomena of self-injury and sibling relationships.

2.2.3. Interpretative phenomenological analysis

Of the different phenomenological methods available, Interpretative Phenomenological Analysis (IPA) was selected, due to its consistency with my epistemological stance and its ability to answer my research question. IPA takes a position whereby it does not claim to provide any true or false statements about the world (Willig, 2008). This was in keeping with my own ontological and epistemological assumptions as highlighted above. Furthermore, I wanted not only to describe the experience of sibling relationships and self-injury, but also to attempt to make sense of that experience. Therefore, an interpretative approach to phenomenology was selected, as opposed to descriptive, as this would 'position the initial

'description' in relation to a wider social, cultural and perhaps even theoretical context' (Larkin, Watts & Clifton, 2006, p.104). The area of interest was participants' *perceptions* and *views*, which are common focal points in IPA research, reflecting both the interpretative and phenomenological aspects of this method (Smith, Flowers & Larkin, 2009). Ultimately, the use of IPA is a commitment to learning about particular persons-in-context and about how their experience has been understood, which is in keeping with a contextual constructionist epistemology (Larkin et al., 2006)

There are two key theoretical notions at the heart of IPA that need consideration in the context of my research project.

Firstly, there is the phenomenological element, which has its basis in the work of Husserl; as both a philosopher and scientist, he ambitiously aimed to develop a method that sought to reveal the fundamental structures of human experience (Smith et al., 2009). This was a jump philosophically from Cartesian mind-body dualism and, instead, emphasised 'the original interwoveness of human and world' (Van Manen, 2014, p.129).

Husserl's use of the term epoché (literally meaning abstention) denotes a suspension of our natural attitude of taken-for-granted beliefs and scientific approach to understanding phenomena (Van Manen, 2014). However, Husserl took this one step further by advocating that it is not enough to simply have a natural and open-minded attitude to experience, but a process of 'reduction' has to also take place. The idea of a combination of epoché and reduction being at the heart of the phenomenological process is Husserl's main legacy to this field. However, the notion of reduction is a complex one that has been interpreted in different ways: Van Manen (2014) describes it as a process of reflection on the most fundamental elements of the human lived experience, but perhaps it is best summarised by Merleau-Ponty (1962, p. xiii), who writes that reduction 'slackens the intentional threads which attach us to the world and thus brings them to our notice'. Phenomenological inquiry then, at a basic level, encourages both the 'bracketing' of our own pre-suppositions, whether theoretical or emotional, as well as reflecting on the natural world with a sense of wonderment, as if for the first time.

The philosophical underpinnings of phenomenology are critical to understanding the foundations of IPA as a method. As Smith and colleagues (2009) note, Husserl intended to establish the essence of experience itself, whereas IPA more modestly tried to 'capture particular experiences as experienced for particular people' (p.16). The experience of an illness or condition will always be individual and subjective; therefore, to fully understand

these experiences, one has to get as close to the phenomenon as possible. This is one of the reasons that IPA as a method is increasingly popular in the field of health psychology generally (Brocki & Wearden, 2006), and why it seemed the appropriate method for my research. The philosophical basis of phenomenology, particularly the concepts of epoché and reduction, underlie one's ability to attend to the meaning structures of the phenomena at the heart of this research study – sibling relationships and self-injury.

Interpretation is the other key theoretical notion that is central to IPA. It was Heidegger, a student of Husserl, who brought to the fore the role of hermeneutics (theory of interpretation) in his approach to phenomenological inquiry. Heidegger's emphasis on phenomenology as an overtly interpretative pursuit was a significant contribution to IPA and qualitative research generally, in that it encouraged the view that bracketing our presuppositions is a dynamic process that can only be partially fulfilled (Smith et al., 2009). It is precisely this hermeneutic dimension that means IPA is reflexive in terms of its dependence on the viewpoint of the particular researcher (Willig, 2008): no two researchers will 'discover' the exact same things. Consideration of these issues within IPA were critical in order to ensure my research design would be reconcilable with both the kind of knowledge that IPA endeavours to produce and the epistemological assumptions it makes about the world. Critically, the basis of IPA is embedded with symbolic interactionism, so the meanings that participants make are not isolated and will be constructed within a particular social and personal context (Howitt, 2010). Again, this seems to fit the context of my research, in terms of the role of the sibling in the family context and how they may make sense of their experiences of sibling relationships and self-injury. An important clarification in IPA as a method is that 'as analysts, we focus in upon the person-in-context […] and that person's relatedness to the 'phenomena at hand' we are not accessing an 'inner' experience' (Larkin et al., 2006, p.109).

IPA's inductive methods, and the focus on interpreting meaning (Smith et al., 2009), have allowed previous studies using IPA to successfully explore the issue of self-injury (Adams, Rodham & Gavin, 2005; Klineberg et al., 2013). Finlay (2011, p.146) argues that 'when the interpretative layers are done well, the imagery and insights offered are powerful'. The popularity of IPA within health psychology generally, and counselling psychology specifically, is worthy of reflection. Alongside the interpretative and phenomenological strands of IPA, there is also a clear focus on the individual. Brocki and Wearden (2006) describe the idiographic element of IPA as 'commitment to the case' and emphasise that researchers must recognise the limitations that this confers in terms of generalizability. As Smith (2011) notes, for a study to fit with IPA, the individual experience must take centre stage. This seemed fitting for my research context, where the complexity of family life – in which an

infinite number of external influences and factors are at play - means that the most important element of the study is focusing on the individual in their specific context. Furthermore, IPA aligns itself with the values of a counselling psychologist, in that it gives primacy to the subjective experience. Rafalin (2010, p. 42) described 'a key defining and differentiating principle of counselling psychology practice is its driving concern to engage with people in ways that attend to each individual's unique experiences'.

2.2.4. Rejection of alternative qualitative methods and limitations of IPA

As part of the rationale for using IPA it is important to consider why other qualitative approaches were not selected. Glazer and Straus (1967) developed an inductive approach to research that was primarily developed with sociological research in mind. Grounded theory locates itself within a constructivist-interpretivist paradigm, which for many years has dominated the qualitative research produced by counselling psychologists (Ponterotto, 2005). Due to the exploratory and novel nature of this research, grounded theory could have been an option, as it emphasises unearthing an explanatory model (McLeod, 2011). Grounded theory could be used to generate a pragmatic framework that may allow health professionals to better understand the context of sibling relationships and NSSI which, in the first instance, made it appealing. Furthermore, grounded theory, like IPA, invokes a sense of discovery and there are similarities in the way that themes are said to emerge and in the identification of categories (Willig, 2008).

Charmaz (1995) highlights a key distinction between grounded theory and phenomenological research, with the former looking 'from the outside in' and the latter 'from the inside out' (Willig, 2008). This distinction felt critical in the context of my research. Grounded theory has its epistemological roots in contextual constructivism; in keeping with this study, however, it does not subscribe to the same ontological properties. The critical realist ontological perspective was central to the development of the research question in this study and, to this extent, one could argue that grounded theory would not sufficiently emphasise the individual experience of each participant. My area of interest was the 'nature' or 'essence' of the phenomena of NSSI and sibling relationships and, as they overlap, I did not intend to identify and explicate the contextualized social processes that account for them, as grounded theory might do. It was not the aim of this research to develop a model of self-injury and sibling relationships but rather to explore those experiences together for the first time. Essentially, then, a grounded theory approach to this research was not entirely in keeping with the philosophical stance adopted by the researcher.

It was my sense, from the existing literature, that it is the 'quality' and 'texture' of sibling relationships that was one of the missing elements of the puzzle, in terms of theoretical understandings in relation to NSSI. However, while IPA would allow me to access my own interpretation of my data, it did call into question how my findings could contribute to existing theory. This is a critique that has been aimed at IPA generally: that it is theoretically insubstantial, in that it 'describes and documents the lived experience of participants but it does not attempt to explain it' (Willig, 2008, p.68). Furthermore, as a counselling psychologist trainee on a professional doctorate course, I am aware that my thesis' applicability to professional practice is central and must be fully developed (Kasket, 2012).

Yet as Smith (2011) clarifies, IPA is able to – and most definitely should – connect with existing literature and how this process occurs will be dependent on the specific research questions, as well as the researcher themselves. The aim of this study is to qualitatively explore the sibling relationship in the context of NSSI. As noted, NSSI is an 'overdetermined' phenomenon and there already exist several psychological theoretical explanations relevant to the family context. While IPA may not be used as a means to construct theory, 'its analytic outcomes can be used to open up a dialogue with extant theory' (Larkin & Thompson, 2012, p.103).

2.2.5. Summary of rationale

In the context of my research, and the epistemological assumptions highlighted here, it could be argued that the strength of using IPA is that it will engage with the two different research areas (sibling relationships and NSSI), without pre-existing theoretical pretexts or frameworks (Reid, Flowers & Larkin, 2005). This is important as the two phenomena have never been qualitatively studied together and sibling relationships are under researched, while there are multiple theoretical models that attempt to explain NSSI (for a full description see Messer & Fremouw, 2008). IPA was an appealing method, in that it would allow me to explore the subjective experience of two phenomena, where definitions are often inconsistent. Klineberg et al. (2013) highlight that personal accounts of NSSI may educate clinical professionals as to the sensitive and complex nature of the experience, as well as informing the structure of future services as they develop. Indeed, McLeod (2011) notes that qualitative research is achieving a central role in allowing the therapeutic community to respond to emergent challenges and NSSI is currently regarded as a major public health concern by healthcare professionals (Hawton et al., 2012).

2.3. Research Design & Process

2.3.1. A retrospective study

A clear understanding of the research question emerged dynamically, as part of exploring the epistemological, ontological and methodological bases for my study. My initial intention had been to explore what it meant to be a teenage girl who self-injures, growing up with siblings. What was that experience like for them? However it soon became clear that interviewing teenage girls would raise significant methodological and ethical issues and, after discussion with my supervisor, the decision was taken to focus on how women with a history of NSSI made sense of sibling relationships retrospectively. Exploring current challenges in the sibling relationship for an adolescent who self-injures may have proved extremely distressing, not least as they may well still be living with their sibling.

Retrospective accounts of childhood experiences, particularly abuse, have been used as a methodological approach in research in both quantitative and qualitative studies in the area of self-injury and sibling abuse (Mathis & Mueller, 2015; Meyers, 2014). Researchers have demonstrated that adults are able to reliably report their experiences of childhood violence, based on the consistency of retrospective reports (Paivio, 2001), so this approach was regarded as methodologically acceptable. Importantly too, this study sought to understand the individual's experience during adolescence from a qualitative perspective and it was their 'truth' that was of interest to the researcher. However, issues of memory were considered and it was decided that young adult females (age 18-30) would be asked to participate. Furthermore, as noted, from an ethical perspective, a retrospective approach seemed less likely to cause distress to participants.

Scharf et al. (2005) found that young adults provided more coherent and integrative accounts of their sibling relationships than adolescents. The research question for this study has been informed by both the clear gaps in the research and the existing qualitative and retrospective approaches used by the studies discussed in the previous chapter. Furthermore, retrospective accounts analysed from a phenomenological perspective allow researchers to understand how participants make sense of their experience (Smith et al., 2009), which would include the participants' own role in the sibling and familial contexts.

2.3.2. Ethical considerations and permissions

The first practical step in a study of this nature is to ensure that ethical approval is achieved before formally beginning the research process. Ethical considerations were at the heart of this work and reflexivity in this area informed the research design. Ethical approval was received in January 2016 from the Psychology Department Research Ethics Committee at City University, London after the submission of an Ethics Application Form (Appendix A). Significant consideration was given to the potentially vulnerable population at the heart of this research project and the potential risk of exploring such a sensitive topic.

Procedures were put in place to ensure the safeguarding of participants throughout the process, which included the creation of a Participant Information Sheet (Appendix B) and Informed Consent Form (Appendix C). These forms were designed to ensure that all participants had a clear awareness of what the study involved and the boundaries of confidentiality/anonymity. Written consent was sought from all participants prior to the interview. It was reinforced to participants that consent was voluntary and may be withdrawn at any point with no penalty incurred. If a participant was currently accessing counselling services, it was made clear that participation and/or withdrawal from the study would not impact ongoing treatment at the service from which they were recruited. All consent forms included a stipulation about the right to record the interviews with the participant.

All participants were given the opportunity to meet with the primary researcher prior to the interview in order to ask any questions or raise any concerns. After interviews had been completed a debriefing process was undertaken where participants were given the opportunity to read the debrief sheet, ask questions and raise any concerns they may have about participating in the study. The debriefing information sheet (Appendix D) included referral information for local organisations who offered support for those with self-injury or ongoing mental health problems. It was expected that all participants would either be accessing, or have previously accessed, the counselling service at the charity setting from which they were recruited. To this extent, they would have access to this service again (or another to which they may be referred) should it be required.

As well as the consent form, participants were asked to complete a demographic information form (Appendix E), which included their age, ethnic origin, employment status, sibling gender/ages and level of education. They were also asked to give emergency contact details. A risk assessment was also completed to safeguard both participants and the researcher, with particular emphasis on no lone working and health and safety.

The fact that the researcher had previously worked at the settings in a clinical capacity encouraged reflection on how this would be negotiated during the research process and how separation would be maintained. Primarily I ensured that none of the participants were previous clients with whom I had worked. Furthermore, I took care to reinforce to the participant at every stage of the process that I was not working in a therapeutic capacity, but that should any emotional issues arise as part of the process, I would be able to signpost them to the relevant organisation. Reading around the subject clarified the difference between the role of therapist and researcher when engaging with sensitive issues. As Nelson et al. (2013) highlight, there is a clear need to adjust one's interview style to the context of the interview and to meet the needs of the interviewee. Good use was made of my supervisors, line managers and other staff members at the services I recruited from, to ensure I was well-prepared on a practical level and had all adequate information I needed in order to follow relevant safeguarding policies and to offer signposting. Supervision was also used to address any concerns about the separation of roles, both before and after the interviews.

2.3.3. Recruitment strategy

Recruitment was due to be completed from charity mental health settings in Wiltshire which included Wiltshire Mind, Preservation Against Self-Harm (PASH), Help Counselling and Developing Health & Independence (DHI). Poster adverts (Appendix F) were used to advertise the study in the various settings and allowed the participants to contact the researcher or research supervisor directly via email. Clinicians and staff members in these settings were encouraged to assist in recruiting and were briefed as to the importance of voluntary consent and encouraged not to put any pressure on any clients to participate. Due to the challenge of recruiting participants, the organisations included in the search for participants were later extended to include students attending the University of the West of England, Bristol and Off the Record, Bath. Ethical application amendments were submitted to the Ethics Board and approved accordingly.

Ethical amendments were submitted to include the incentive of a £15 shopping voucher to be given to all participants on completion of the interview. There remains debate as to how ethical it is to offer a financial incentive for participation in research (Braun & Clarke, 2013). It was hoped that offering participants a shopping voucher to the value of £15 would serve as a useful means of distinguishing their participation in a research study as opposed to receiving a clinical service. Furthermore, the amount was thought to be enough to

demonstrate my gratitude for their time and effort but also not to induce them to take part solely for financial reasons. A shopping voucher was thought to be a suitable alternative to a cash incentive in that it would be a gift as a token of gratitude, rather than payment for their time.

As Smith et al. (2009) note, there is no precise number of participants recommended for an IPA study. Due to challenges with the recruitment process, it was decided that between 6 and 8 participants would be recruited, which was in keeping with the suggested number of interviews for a professional doctorate by Smith and colleagues (2009).

2.3.4. Participant criteria

As explained above, the research focus changed to emphasise retrospective accounts of NSSI and sibling relationships, rather than relying on adolescent interviewees who may have been impacted negatively by discussing such sensitive subject matter, especially while still living in the family home with siblings. Inclusion criteria were also intended to create a relatively homogenous sample in keeping with Smith et al.'s (2009) perspective that a relatively uniform approach to purposive sampling would allow exploration of both convergence and divergence within the group at the stage of analysis. In IPA participants are selected purposively which allows one to find a distinct group for whom the research question is both relevant and personally significant (Pietkiewicz & Smith, 2012). In the context of my own study this seemed particularly important, due to expected variations in the number and age of siblings, as well as different experiences of self-injury.

The inclusion criteria were as follows:

- All participants had to be female and aged between 18 and 30;
- All participants must also have at least one sibling with whom they lived during adolescence
- All participants must have a history of non-suicidal self-injury, which was understood as the direct and purposeful destruction of an individual's body tissue in the absence of any intention of suicide (Choate, 2012)
- All participants had to speak English as their first language

Participants deemed suicidal were excluded on the basis that it would be unethical to subject an already vulnerable individual to potential emotional upset. Similarly, participants who

were currently accessing secondary care mental health treatment were not included as this may have been disruptive to any on-going treatment and they may have found the context of the study emotionally difficult to manage.

Female participants within the given age category were used in order to gain data from a relatively homogenous sample in keeping with best practice in IPA. This was also relevant, as this study looks at retrospective experiences and it was thought to be important that not too much time had lapsed since that experience. Only participants who were British and spoke English as their first language were included in the study. Again, the aim here was to ensure homogeneity among the participants.

It was also decided not to exclude participants who still partook in some form of non-suicidal self-injury, as this may be relevant to the line of enquiry within the study itself. However, care was taken to ensure that the aim and scope of the study was fully explained to participants, therefore minimising the potential negative impact on their emotional well-being.

2.3.5. Interview schedule

As part of designing my research, I needed to consider what data sources and methods of data generation were potentially available to me and reflect on how these might 'construct' the data and findings. Finlay (2011) notes the positivistic connotations of referring to 'data gathering' or 'collection' whereas for phenomenological research it is a dynamic process of 'generating data…where meanings emerge and are co-created through reflection and dialogue' (p.197).

Semi-structured interviews were chosen as the means by which data would be generated. As Biggerstaff and Thompson (2008) note, the interviews were loosely structured and the schedule created was not intended to be entirely prescriptive or exhaustive in terms of guiding the conversation. As well as the topic of the questions, consideration was given to the appropriate sequence and the phrasing of open questions in line with IPA guidelines (Smith et al., 2009).

During the development of the interview schedule, it was decided that questions would aim to highlight both the negative and positive elements in participant sibling relationships. Inclusion of questions about the positive elements of the sibling relationship was part of the researcher's commitment to preventing emotional upset for participants, by placing emphasis solely on negative elements in the sibling relationship such as aggression.

Critically, however, there are still challenges to using an interview as a means by which to generate data: while interviews are in keeping with a close focus on an individual's experience, this does not guarantee that even with a carefully structured interview schedule they will produce the 'rich' data that IPA requires (Smith et al., 2009).

Central to the interview schedule development was my aim to avoid asking participants directly about their sense of the connection between their self-injury and the sibling relationship, in order to allow them to reflect on this themselves rather than 'forcing' a connection. Indeed, as Smith et al. (2009) note, one should not simply ask the participant one's research question. As the interviewer my intent was to 'ask probing questions to encourage the participant to elaborate on the details to achieve clarity and to stay close to the lived experience' (Starks & Brown Trinidad, 2007, p.1275). Questions emerged that asked about both phenomena separately but did not assume a connection between the two. A copy of the interview schedule can be found at Appendix G.

2.3.6. Pilot work

Prior to commencing the interviews with participants some brief pilot work was completed in order to refine the interview schedule. Two acquaintances were interviewed regarding their experience growing up with siblings in order to gain perspective into how to develop the interview schedule and also as a means of gaining experience as a research interviewer rather than a clinician. This work gave me some insight into how to manage an interview and encouraged me to amend the interview schedule to focus more specifically on the sibling relationship rather than general familial relationships.

2.3.7. Data generation

Participants contacted the researcher directly via email either due to seeing a research poster or having been told about the study by a clinician or key worker. The researcher then spoke to all participants on the phone. The inclusion and exclusion criteria were explained to participants, to ensure they met these prior to interview. This included discussing whether potential participants had current feelings of suicidality, or if they were in secondary care treatment. Participants were also emailed a copy of the Participant Information Sheet to review before confirming, via email, whether they wished to take part.

All interviews took place on the premises of the organisation through which the participant was recruited. Consent forms were signed before the interview commenced and any queries answered by the researcher. Interview times lasted between 45 and 70 minutes. However, up to two hours was scheduled to ensure that the participant had sufficient time to make themselves comfortable and to have time to process the de-brief material. It has been noted that the most important thing at the begininning of an interview is to establish a rapport with participants (Smith et al., 2009). As the researcher, I was very aware of the sensitive content to be discussed and I used my clinical skills to try to develop a rapport with the participants and allow them to relax before the interview commenced.

Participants were informed about issues of data protection in terms of storage of their interview recordings. Recordings were stored on a password-protected computer and were not accessible to anyone except the researcher. Pseudonyms were used to ensure anonymity of the participants and any siblings or family members they may have mentioned by name. The well-being and rights of my participants was of the utmost importance to me and I was entirely transparent about the fact that I could offer anonymity but not total confidentiality. I was guided by Smith et al. (2009, p.53) on this: 'Note that anonymity is all that qualitative researchers can offer. To say that something is 'confidential' is to say that no one else will see it, and this is not the case.' In order to further protect the identity of my participants, I also enhanced the process of anonymising in other ways. As well as using pseudonyms, I informed them that I would change any demographic and social details that would make no real difference to the authenticity of the accounts. For example, if a participant was originally from Manchester, I could amend this to another city, such as Leeds, without having any detrimental effect on the work itself. The point here was to reassure them that it provides 'false leads' to obscure and thus further protect the identity of the original participant.

Immediately following the interview, participants were given time for the debriefing process and asked to read the debrief sheet, which they could then take away with them. Participants were encouraged to access counselling services if they felt that the content of the interview had been emotive for them. Participants were given a £15 shopping voucher. Again, it was emphasised that withdrawal was an option at any point during the research process until submission and I made sure that all participants had my contact details at the end of the interview. All 8 participants met the inclusion criteria and a full list of participants' details, including age and number of siblings, can be found at Appendix H. For further reflections on the interview process, please see the final section of this chapter.

2.4. Analytic Process

2.4.1. Transcription

Transcription was completed in accordance with Smith et al.'s (2009) guidelines. Transcription was verbatim and pauses both brief and long, hand gestures, laughter and hesitations were noted in the transcription. The arduous process of transcribing eight roughly hour-long interviews was used as an opportunity to immerse myself in the data. Once one transcription was completed I then proceeded to the next interview, until all eight were completed. Then, when I returned to the interview to commence analysis, I completed an update to each transcription via listening again to the audio recording to ensure that nothing had been missed and also in order to re-familiarise myself with the individual accounts, before beginning the analytic process. Despite the time-consuming nature of this work, it was an excellent opportunity for me to 'get to know' each participant and their account of their sibling relationships and self-injury, which later became extremely valuable during the process of clustering the themes.

2.4.2. Change of focus

At the point of having transcribed the first two interviews, it became clear that I needed to develop the focus of my research. As was explained above, in order to limit the risk of lasting emotional upset for the participants, they had been asked about the more positive elements of their sibling relationships as well, and most had reported both positive and negative aspects to their relationships. Keeping a sole focus on sibling aggression would have meant ruling out an important and, in the context of the question, very salient dimension of their experience. This was discussed in supervision, and it was decided that the analytic work would focus more broadly on how the participants experienced sibling relationships generally. I felt that this was in keeping with IPA, since Smith et al (2009) emphasise that the approach is both non-prescriptive and adaptable. Furthermore, as stated by Pringle, Drummond, McLafferty and Hendry (2011, p.23), 'only by maintaining an open, adaptable approach can we truly reach, hear, understand and access our participants' experiences'. While the poster and information sheet had referred to sibling aggression, the presence of the latter had not been used as an inclusion criterion. On balance, honouring the reported experience of my participants seemed of paramount importance.

2.4.3. Stages of IPA

As my first attempt at qualitative research, this project began with significant research into IPA itself that took considerable time. A thorough reading of Smith et al.'s (2009) seminal work 'Interpretative Phenomenological Analysis' allowed me to create a set of hand-written notes which emphasised the key stages and elements involved. This consisted of several pages which, during the analytical process, I returned to time and again, to ensure rigour and consistency in my process as I familiarized myself with this method. Furthermore, I extended my reading to other journal articles that gave 'insider's guides' into the IPA journey, most notably the work of Pringle et al. (2011) and Clarke (2008). This is noteworthy as without formulating my own 'guide' I feel that I may have become lost in the process and I returned to these notes (and edited them) over the six month period during which I undertook the analysis. Below, I will briefly outline my experience of following Smith et al's (2009) steps to IPA and how I adapted them slightly to enhance the analytic process.

In step 1 - which involves reading and re-reading the script - I made sure that I was able to listen to the transcript as well as reading it, which not only served to ensure that the transcripts were indeed verbatim and complete, but also allowed me to get a real 'feel' for the participant. Pringle et al. (2011) suggest that noting down first impressions is a useful way to 'reduce the noise' of the transcript and I ended up with several hand written pages for each transcript, which I named 'initial notes'. This process was key for me, as it allowed me to avoid simplistic reduction of the text and, on a personal level, it helped me to become more aware of when my thoughts or feelings were more 'therapeutic' than research based. Usefully, I was able to return to these notes at the end of each case analysis and compare the ultimate emergent themes with my original notes. It was also critical at this stage for me to be able to 'put to one side' the data that was not pertinent to my research question, a challenge that I will reflect on throughout this account.

Step 2 consisted of initial noting. I borrowed a tip from Pringle et al. (2011) who recommend using an A3 notepad for each transcription to allow yourself extra wide margins for note making and also easy transportation of the notes themselves. Smith et al. (2009) highlight there are three ways to comment which, while not exhaustive, are a useful framework, particularly for a novice researcher. Descriptive comments were completed first in blue ink primarily noting the content of what they were saying at face value. Linguistic comments followed, which used green ink to highlight the way in which the language in the transcript mirrored the manner in which the content and its meaning were presented (Smith et al., 2009). Conceptual coding was the final stage in this process and arguably the most

challenging. It was a means to develop a more interpretative set of notes and included personal reflections on the account presented. Conceptual notes were completed in red ink. It felt helpful to keep the different types of notes as separate processes, both in terms of immersing myself in the data and as a means of ensuring nothing was missed.

In terms of adapting my approach, I also used black ink to make notes in the right hand margin with regards to my own input in the interview process. For example, I commented on when my own language seemed to be of significance or if, on occasion, I had strong personal feelings about what a participant had shared. This process emerged in moments when I had thoughts around the text that did not seem to 'fit' into any of Smith et al.'s (2009) noting guidelines. It was my hope that this would allow a deeper and more reflective level of analysis, in that it also took into account my own role in the interview. This process was perhaps one of the most challenging (and time consuming) of my academic career yet, at the same time, was completed with a determination to give my best efforts to do justice to these accounts. This stage of research was permeated by my own personal sense of wanting the analytic process to be as thorough as possible.

The third step aimed to develop emergent themes for the individual case, for which thorough initial note-making had been completed. My first attempt at this process was not productive. My determination to be 'loyal' to the text meant that my emergent themes were too descriptive and there were far too many (300 for my first interview). Once again, I found myself in a position where I needed to return to the research question and increase my focus on the phenomena of interest, namely how women with a history of self-injury make sense of sibling relationships retrospectively. To assist with this, I put a piece of paper on the wall in my study on which I had written in large font my research question. An example of analysis with handwritten notes and emergent themes can be found at Appendix I.

An important part of the IPA process (and qualitative research generally) is reflexivity and I made regular use of my reflective diary to capture (and release) my frustrations at the challenges involved in this stage. The use of the diary also helped to clarify my focus as to what I was trying to achieve. A second attempt at developing emergent themes was more fruitful and I was able to condense the number, while also taking my interpretations a step further. On a practical level, I then wrote each theme on a small card which included the line numbers relevant to the specific theme. This was critical to allow me to keep track of themes as well as to identify where similar themes occurred across the transcript. For me, working with handwritten material has always been enjoyable and both the noting and emergent theme steps involved use of my hand written notes, which gave me a sense how much the

work was ‘mine’. My perseverance in the challenging endeavour of developing emergent themes highlighted how the systematic approach in IPA contributes to the rigour and robustness of findings (Finlay, 2011), as I was able to use IPA guidelines to support my work as well as developing my own approach to some extent.

Again, I returned to the guidance of Smith et al. (2009) as I attempted to search for connections across emergent themes as step 4 of the process. Using methods of abstraction, polarization, subsumption, contextualization and examining the function of different themes, I aimed to develop a set of themes that spoke to the most important and interesting elements of each participant’s account. This process was agonizing, due to my innate tendency to want to produce a ‘whole story’ of the participant’s account. Again, I needed to return to my area of interest, specifically my research questions, to ensure I remained focused. I almost became overwhelmed by the volume of data which, perhaps due to the sensitive nature of the research area, seemed rich and meaningful. Cards were spread out across the floor and moved around until patterns seemed to emerge.

The next challenge seemed to me to be almost entirely semantic: how was I to name these themes to do justice to both the phenomena itself and my interpretations? This was a challenge that permeated my journey through the IPA process. Linguistically, I was drawn to therapeutic language to explain the emergent themes but was aware of needing to wear my ‘researcher’ hat as opposed to my ‘clinical’ one. McLeod (2011) notes that an extra analytic step in IPA can include interpretation of themes in terms of psychological theories or concept. However this was not the case in my research and I was conscious of wanting to remain close to the individual’s experience. It was at this point that consulting with my supervisor gave me the ability to overcome my self-doubt and build the confidence to name the themes in a way that I came to find acceptable and not overly theoretically driven.

Step 5 involved the analysis of each case. I followed steps 1 to 4 for the remaining seven participants which, as Smith et al. (2009) note, requires a bracketing of the ideas that emerged from previous analysis, to ensure a focus on the idiographic content of each case. For each participant, I created a table in Microsoft Word documenting the super-ordinate themes and corresponding themes, relevant page and line numbers as well as quotes (an example of one such table can be found in Appendix J). On average, for each participant, three super-ordinate themes emerged with two or three sub-themes each.

For the final step, I wrote down on cards each super-ordinate and sub-theme, totaling about 55 themes. It felt important to note which themes were super-ordinate and which were sub-

themes during this process so I could see numerical repetition, for example, the theme of disconnection had emerged as a super-ordinate theme for one participant, but for others it had only emerged as a sub-theme. The convergence and divergence in the narratives at this stage was striking for me, and the process involved many hours spent moving the cards around on the floor. I started from scratch several times, eventually emerging with four super-ordinate themes, each with two or three corresponding sub-themes. Discarding themes at this level was uncomfortable as I needed to ensure that I retained an idiographic focus ,whilst simultaneously looking for patterns that spoke to my research questions. Smith et al. (2009) highlight the importance of noting recurrence of the themes; a table with all super-ordinate and sub-themes as well as recurrence amongst participants can be found at Appendix K.

2.4.4. Validity

As Mason (2009) notes, it is important in all qualitative research to consider the issue of validity throughout the research process, and particularly as one begins the analysis. Yardley (2000) offers four specific criteria for reflecting on the quality of qualitative research and I will aim to denote here how they have been applied to my research project and through the use of IPA.

The first criterion is 'sensitivity to context', which can refer to many different ways in which a good qualitative researcher will pay close attention to, for example, relevant literature and the interview context. (Smith et al., 2009). In terms of this research, sensitivity to context was critical from the outset, not least because of the potentially distressing subject matter that participants were to discuss. As noted, such was the sensitivity to context in this research study that the sample of participants was changed from adolescents to young adults to avoid risk of distress to participants. Furthermore, the interview schedule was sensitively adapted to ensure that both positive and negative sibling experiences were elicited from participants. Sensitivity to context was also achieved through the analytic process in terms of ensuring that extracts painted a full picture of the experience of participants and a large number of verbatim quotes were used to support emergent themes. Reflexivity was also a key part of sensitivity to context, as was a thoughtful approach to my chosen research method.

The second principle as highlighted by Yardley (2000) is commitment and rigour. My commitment in adhering to the IPA framework has been unwavering. Complete immersion in the research process, making thorough use of the steps laid out by Smith et al. (2009), and regular discussions with my supervisor were demonstrative of my rigorous approach. My

determination to complete a sound interpretative analysis, that was not overly descriptive, also highlights my attempt to achieve validity through rigour. This research fully aimed to move beyond superficial accounts of the participants' experiences. Rigour was also demonstrated to some extent through the flexible use of the interview schedule to ensure participants were all given an opportunity to answer the same questions.

'Transparency and coherence' are the third principle in Yardley's (2000) criteria to enhance the validity of qualitative research. Transparency has been a key part of this research at every stage, as I have made every effort to ensure each step of this process has been highlighted in an honest and reflexive manner. Smith et al. (2009) argue that one of the cornerstones of the coherence of an IPA study is the researcher's commitment to attending to the experiential domain of interest. Furthermore, in the interests of transparency and coherence, I had to adhere to the IPA protocol and recognise my own role in attempting to make sense of the participants' sense-making around these two phenomena.

The fourth principle is 'impact and importance' (Yardley, 2000). As a trainee counselling psychologist and a committed scientist-practitioner this criterion is particularly important to ensure my research can be useful and relevant to the wider scientific community. Perhaps the subject matter of the research itself is part of this, in that NSSI is certainly a multi-professional issue (Turp, 1999). Furthermore, this study brings to light the much under-studied and under-recognised issue of sibling relationships. It is hoped that this study will be published to encourage academics and professionals alike to consider the multiple systemic factors that should be considered in the family context of NSSI in adolescents. The novel element in considering the sibling relationship in the context of NSSI is also part of what makes this study both impactful and important.

2.5. Reflections

As a trainee Counselling Psychologist I recognise my own role within the context of my research. This project is partly driven by my development as a practitioner, but must also reconcile reflexive elements and a grounding in scientific endeavour. Throughout this chapter I have attempted to demonstrate how personal, epistemological and strategic reflexivity have helped to drive my approach to this research project. Here, I will describe some of the reflections that emerged as part of this process, both methodologically and personally.

2.5.1. Methodological Reflexivity

The popularity of IPA in psychological research is well noted in the literature (Willig, 2008), and it was a model that evolved with a primarily psychological focus. Unsurprisingly, many of my peers have been drawn to IPA as a means of making sense of a variety of psychological phenomena; however, when reflecting on my reasons for using IPA, I was aware that the draw was more than just its apparent popularity. My undergraduate degree was in philosophy and to this extent I was already familiar with phenomenology as a concept. I felt a sense of excitement at the prospect of combining my knowledge of both philosophy and psychology to research two areas that were of professional interest – NSSI and sibling relationships.

Yet I was aware that I also needed to ensure that this was the most suitable method, not just one that was 'comfortable'. To do this, I really immersed myself in IPA literature, in order to consider what it would afford me, as opposed to other research methods. Reading the work of Pringle and colleagues (2011) confirmed that IPA was the most appropriate way to address my research questions.

Another practical methodological concern emerged whilst completing the research interviews. I found it initially very challenging to assume the role of interviewer as opposed to therapist. To address this I again referred back to the literature and made notes as to the key distinctions between the two roles which I read before each participant interview to refresh them in my mind. Clinical supervision was also a useful tool in this instance, in that it allowed me to role-play the different potential responses that one might give as a research interviewer and as a counselling psychologist. I was pleased to note the significant improvement in my standard of interview from first to last, with particular reference to my ability to refrain from asking leading questions and resisting the temptation to interpret what I was being told in the moment as the interview unfolded, both of which are noted by Smith et al. (2009) as regular pitfalls for novice researchers.

I was conscious of the need to bracket my own pre-existing conceptions about both NSSI and sibling relationships to some extent, and I used a research diary on an ongoing basis as a means to capture the more challenging elements of the process. This included my sensitivity to the fact that I was somehow 'getting it wrong' and a worry that I would not do justice to the highly emotive and complex accounts given by the research participants.

It also felt important to reflect on the change of focus from sibling aggression to sibling relationships more generally. I was aware of my own original interest in sibling aggression. It is clear that nearly all people who have siblings will experience aggression in that relationship at some point but I endeavoured to enter into the analysis with an open mind as to how participants experienced their sibling relationships. I reflected on the term 'aggression' and how it can be somewhat 'loaded', as the research suggested what may be experienced as 'aggression' by some in their sibling relationship may in fact be normative, or even formative, for others. Care was taken in the wording of the interview questions, for example, I said 'Can you tell me about a time you argued with your sibling/s as a teenager?'. To this extent it was left open for the participant to explain their experience without any deliberate bias on my part. However, I did reflect on the fact that my original poster advert referred to 'sibling aggression' specifically rather than 'sibling relationships' generally. Ultimately, it is hoped that through consistent use of the interview schedule and a thorough analysis of findings the most important and interesting parts of participants' accounts were able to emerge without bias.

2.5.2. Personal Reflexivity

The interpretative nature of IPA as a method holds that any forthcoming interpretations will be bound by the ability of the researcher to reflect and analyze (Brocki & Wearden, 2006). Personal reflexivity is key to working successfully as a counselling psychologist and it seems both natural and authentic to translate this skillset to my research work also. As Nagel (1974) noted, it is not possible to have a 'view from nowhere' and this notion clearly ties into both my roles as scientist and practitioner, where reflexivity is fundamental.

As someone who has never self-harmed, but does have siblings (three sisters), I was also aware of what I brought to the research project on a personal level. There were certainly feelings of injustice about how participants had been treated by their siblings, and I remember being surprised by the way some of them placed so little value on their own siblings, when I have always treasured mine. There was a need for me to recognise my own views about how sibling relationships 'should' be and to ensure I was able to approach the transcripts with a mind open to both the positive and negative elements experienced by participants in their accounts.

My family is – and has always been – a safe and nurturing environment, where I have been happy and felt valued. This was not the case for many of my participants. To some extent I did have preconceptions around how the family environment would relate to self-injury

expecting that, where family environments were unsupportive or abusive, self-injury would be a way of coping. Yet it became clear that it was not that simple. I was struck by the complexity of participants' accounts of their experience: how siblings could be so cruel, but also loving; how relationships were mediated by a host of other factors. It brought up memories of my own sibling conflicts in adolescence and made me reflect on the relationship between my own two young daughters. Thinking about my sisters, and talking to them about my research, made me reflect on how we had all had such different experiences in the same family, which I think allowed me to remain more open-minded to how participants' accounts were one version of events. I would have loved to talk to their siblings too. Furthermore, it was also interesting to reflect on gender differences in siblings. Would only having sisters mean that I experienced a 'different' kind of aggression? Relational as opposed to physical aggression perhaps. Interestingly, I found myself better able to remember times when I had been aggressive towards my siblings rather than vice versa. I remember throwing a chair at my younger sister. Awareness of my own experience of aggression was an important area to consider in order to ensure I was best able to approach the analysis with an open mind as to the nature and direction of aggression.

Reflecting on these ideas highlighted to me just how important the sibling relationship is on a personal level. Siblings live alongside you for most of your childhood and adolescence, they are such a critical part of your development and can be such an important source of support. I was, at times, quite shocked by how widely siblings have been ignored in the literature around self-injury when sibling behaviours, as described by my participants, were impossible to ignore.

As a predominantly person-centred practitioner, I was acutely aware of the need to distinguish my roles of empathic practitioner and qualitative researcher. This was particularly challenging, as I continued to practise therapeutically while completing the analysis. I was conscious of wanting to afford the participants a 'safe space' to explore their experience, but not wanting to confuse my role for them or for myself. This was, at times, particularly challenging when participants spoke of the emotional distress they had experienced in childhood and adolescence. Perhaps this highlights the challenge of being a counselling psychologist generally, the different roles we take on as scientist and practitioner, and the importance of reflexivity in both endeavours. As Hertz (1997) puts it, 'to be reflexive is to have an ongoing conversation about experience while simultaneously living in the moment' (p.vii), which is by no means an easy feat in either a research or clinical context.

2.6. Conclusion

This section has formed a transparent and reflexive account of the various steps of the research process from its conception to completion of the analysis. The following section is presented as a narrative account of the super-ordinate and sub-themes that emerged as a result of the analytic process highlighted in this chapter.

3. Chapter Three – Results

3.1. Introduction

One of the major challenges of my research question is that it spoke to two different, yet equally complex, phenomena: the sibling relationship and the experience of NSSI. The research question and area of focus was: how do women with a history of NSSI make sense of sibling relationships? The interpreted themes that emerged from the analytic process therefore focused on where these two experiences overlapped and the themes sought to make sense of the experience of my participants in a meaningful way. It is noteworthy that the themes are interconnected, but do not paint a full picture of the experience. As one expects with IPA, they rather point to the most interesting and meaningful elements of that experience (Smith et al., 2009). A full list of super-ordinate and sub-themes is presented in Table A below. (For a list of themes and their occurrence in each interview please see Appendix K). Super-ordinate themes will be introduced, followed by the corresponding sub-themes, which will be supported by verbatim quotes from the original interview transcripts. A tabular example of supporting quotes for the super-ordinate themes can be found at Appendix L.

Table A: Complete list of super-ordinate and sub-themes from interviews

Disconnection
Closed myself off
Self-injury as unspeakable
Absent siblings
Negative experience of the sibling
Sibling as the aggressor
Self-injury as part of the problem
Negative perceptions of the self
Blameful sister
Bad daughter
Rejected self
Surviving the teenage years
Self-injury as a way to deal with sibling relationships
Siblings as a resource
Better in time

The retrospective nature of the study allowed participants to reflect on the positive and negative elements of their sibling relationships over time. Their accounts speak to the complexity and individual nature of the sibling relationship and the experience of self-injuring. Disconnection emerged as a key super-ordinate theme in participant narratives and this theme explores the ways in which participants felt they were isolated from their siblings. The next two super-ordinate themes capture negative elements of the sibling experience and negative perceptions of the self, which were central to participant narratives. Importantly, participants highlighted changes in the nature of sibling relationships and NSSI with the final super-ordinate theme drawing on their sense of 'surviving the teenage years'. As noted in the previous chapter, the 'double hermeneutic' of IPA means that this analysis represents my sense making of participants making sense of their sibling relationships (Smith & Osborn, 2003) and will be influenced by my knowledge and expertise as a counselling psychologist. Throughout these themes, emphasis was given to where the sibling relationship and self-injury appeared to be associated in the participants' accounts, in order to focus on the research question.

3.2. Super-ordinate theme one: Disconnection

The first super-ordinate theme is 'Disconnection', which refers to the emotional and physical distance that participants felt from their siblings in their teenage years, particularly when they were in the midst of their self-injury. While there was significant divergence in how the disconnection manifested, there was convergence in that all participants indicated that, during adolescence, they felt disconnected from their siblings, which was linked to their self-injuring or emotional distress.

The first related sub-theme is 'closed myself off' which refers to the way that participants intentionally separated themselves from their siblings for a variety of reasons. The second related sub-theme is 'self-injury as unspeakable', which is an account of how all the participants were unable to talk to their siblings about their self-injury, despite it often being something that was very present in their relationship. The third sub-theme 'absent siblings' tells the story of how participants felt that their siblings were not really there – either physically or emotionally alongside them – during the teenage years. Generally, this theme speaks to the reciprocal disconnection between the siblings.

3.2.1. Sub-theme one: 'Closed myself off'

For the participants, closing themselves off was an on-going process that was often driven by an inability to step out of the difficult world that they were inhabiting – a world full of pain and self-destruction. Caroline's words named the theme as she described her reaction to her brother:

I think I just closed myself off (Caroline L561-562).

At a psychological level, for some participants, the process of 'closing off' denoted a deeper sense of alienation from the self, as if for a period of time they were a different 'self' inhabiting a world that they did not feel connected to. This theme can also be understood in contrast to the sub-theme 'absent sibling', which is more of a reflection of when siblings themselves were not physically or emotionally present for participants, whereas 'closed myself off' speaks to the inability of participants to engage or connect with siblings.

Holly describes the process by which she closed herself off from her brother, detailing how she did not engage with him and, instead, isolated herself:

I was too wrapped up in self-destruct mode. I was just too busy with my own emotions, my own stuff. You know I would turn up and come home and he would be there and be like "Hi, are you alright? What have you done today?" the usual chit chat that sort of thing and I'd go in my own room and shut the door and then that was it really (Holly, L774-780).

Holly here describes the emotional reasons for turning away from her brother and how it occurred at the time: she was pre-occupied with her own inner turmoil, to the extent that she would not be able to engage at more than a superficial level with her brother; they would have inconsequential conversations that she labels 'chit-chat'. She had no room for him in her world, because she was 'wrapped up' in her 'own stuff'. The phrase 'wrapped up' speaks to the idea that she was somehow off limits to him, as if she was covered or shrouded in her own problems. Shutting herself in her room was perhaps how she detached herself from her brother so he could not get close to the part of her that was struggling emotionally.

There were parallels in the narratives of Holly and Caroline. Caroline describes being in a 'zone', which mirrors Holly's account of being in a 'mode' where she was unable to engage with her brother:

I was in such a zone of self-hatred and pain, that someone else's pain I couldn't really empathise with, whereas now I think aw God it would break my heart to see my brother like that, but at that moment in time I was, I was very selfish. I didn't, I cared more about my pain than I did about seeing someone else in pain. (Caroline, L362-368)

Caroline's account of her teenage experience is one which emphasises the way that she was disconnected from her two brothers. She was in a different 'zone' at the time, where she was closed off from her brother's pain. Her brother was very distressed by her self-injury and begged her to stop. Caroline alludes to the fact that, at the time, she did not care about her brother, when she says, 'I didn't, I cared more about my pain than I did about seeing someone else in pain'. Deeper analysis of this account highlights that when she was in the 'zone' her brother was shut out to the extent that he was no longer *her* brother just 'someone else in pain'. Furthermore, perhaps Caroline's experience speaks to a deeper level of disconnection from both her brother and herself, as she reflects that 'now' these actions would be heartbreaking; her previous behaviour was foreign to the way she sees herself now, and was that of an alien and selfish self that was 'closed off'. This account suggests that caring for her own pain took up all her energy and empathy; she had no emotional space left for her brother.

The retrospective nature of participants' accounts is an important element of this sub-theme, and Holly too emphasises that her understanding of the process is helped by hindsight: *'you look back and actually you were isolating I was completely segregating myself' (Holly, L830-832).* Both Holly and Caroline were going through a process of closing themselves off from their siblings and family, because they were too pre-occupied with their own pain.

For Ciara, alienation was driven by her determination 'at the time' to keep self-injuring despite her brother occasionally asking her to stop:

Erm the odd few times he asked me not to do it or gave a sort of disappointed sort of vibe I wasn't, I didn't enjoy that very much erm (short pause) but I think also at the time I was I'm going to do what I'm going to do. I was a strong headed teenager and yeah. (Ciara, L362-367)

Ciara enjoyed a close relationship with her brother for most of her teenage years, yet she shut her brother out, because she was on a 'head-strong' course towards hurting herself where, like Caroline, her brother's feelings were seemingly not given primacy. This disconnected self, while 'closed off', was not impervious to her brother's disapproval which

she ‘didn’t enjoy’. Yet there is almost something defiant about her determination to persevere with self-injury. She said, ‘at the time I was I’m going to do what I’m going to do’, which suggests that she ‘was’ a different and shut off self who could not (or chose not to) engage with her brother’s negative feelings around her self-injury.

Becky too remembers an awful time when she closed herself off from her family, resulting in emotional and physical disconnection. This is her account of the negative aspects of her relationship with her sister:

She would pick up on things and I wouldn't want to discuss it or I didn't want anyone to know, especially family cos…it’s just harder. I think it did break down what little bit of relationship we had and just family in general like nobody was happy and I just remember it being such an awful time and I felt like a lot of things I don't really remember I just kind of shut off from the world. Like I just spent a lot of time in bed on my own so it kind of ruined that as well as I didn't want to do anything or speak to anyone. (Becky L356-357)

This narrative highlights that, for Becky, her conflict with her sister was driven by her sister trying to engage with the part of her that was off limits. Her sister would ‘pick up on things’, suggesting her sister would notice her self-injury, which for Becky was just ‘harder’; she wanted her self-injury to be separate from her sister. My interpretation here is that, for Becky, her inability to keep parts of herself hidden caused further disconnection and she ‘shut off’. Becky’s desire for secrecy is central to her account here: she wanted to be ‘closed off’ and so she withdrew. This account hints at a sense of guilt or shame that she ‘spent a lot of time in bed’, which ‘ruined that as well’. The words ‘as well’ here perhaps suggests that both Becky and her sister had a role in causing Becky to close herself off from family.

Her retrospective account speaks clearly to the theme ‘closed myself off’. Becky places an emphasis on how the process of her ‘closing’ herself off was damaging to her relationship, in that ‘it ruined that as well’, this is how they became disconnected, because she could (or would) not engage. One could interpret a sense of guilt around Becky’s account as she implies that it was her own actions that caused the relationship to be ‘ruined’. This narrative also indicates that for Becky, like Caroline, it was a period of time where she was shut off from herself: ‘*I felt like a lot of things I don’t really remember I just kind of shut off from the world’*. There is an ambiguity here about whether she cannot remember the time period now, or the details of it then, but it suggests that she was a different ‘closed off’ self that disconnected from her sister and family.

Kelly spoke about the challenge of growing up with mental health problems and juggling teenage emotions as she hit puberty:

It's difficult to try and maintain a relationship within the family unit without enclosing yourself off (Kelly, L20-22)

For Kelly it was a process of 'enclosing' herself from them and she would just '*stay upstairs in my room' (Kelly, L32).* The use of the word 'enclose' here is interesting, as it suggests that Kelly was closed off from her family 'on all sides', making herself somehow impenetrable to them, which shows how deep the disconnection runs. An alternative interpretation could be that 'enclosing' herself was a means of maintaining a certain level of safety: perhaps Kelly was able to have some form of relationship only by being detached from them, as it felt too 'difficult' to actually be 'within the family'. Indeed, she says later *'I sort of just keep myself to myself away from like my family even now' (Kelly, L37-39).* One interpretation of this would be that Kelly needed to close herself off from her family to keep parts of herself private, or safe, and she continues to deny them that connection by keeping herself to herself.

The sub-theme of 'closed myself off' was interpreted as being indicative of the disconnection that participants felt from their siblings (and family) during their teenage years. In terms of the research question at the heart of this study, this theme clearly speaks to how women, who have a history of self-injury, make sense of their sibling relationships retrospectively. There was significant convergence, in that many participants alluded to a difficult period of time when they were physically and emotionally disconnected from their siblings. However there was divergence in how deeply that sense of being 'closed off' was felt and how much this still remains the case. Divergence too was found in the different meanings attached to the 'closing off', such as secrecy, guilt or protection. The final super-ordinate theme 'Surviving the teenage years' speaks to the extent to which some participants became able to reconnect with their siblings, as they got older.

3.2.2. Sub-theme two: Self-injury as unspeakable

For the majority of the participants, self-injury was something they were unable or unwilling to talk to their siblings about, which highlighted the disconnection between their experience of self-injury during adolescence and their sibling relationship. Self-injury damaged relationships because it was not something that could be expressed in words, or was something too horrifying to express in words to a sibling. However, self-injury was also a

phenomenon that was very real in the lives of the participants and very much present in the awareness of most siblings.

Caroline describes how self-injury was present in her relationship with her siblings, but neither she, nor they, wanted to discuss it:

I didn't want to talk to my brothers and it was weird because it was like the elephant in the room, everyone knew that, what I was doing but no-one sat down and said 'why are you doing that?'. And I didn't want to because they humiliated me so ***much*** *when they found out, I wouldn't share that with them, I didn't trust them.*
(Caroline, L349-L355)

For Caroline, there were two reasons why she could not share: she did not want to and they could not give her the response that she wanted. This extract too could be interpreted as her sense that perhaps her brothers did not care, or have an interest in her self-injury, as they never asked her why she did it. It is noticeable in this account that she does not even refer to self-injury or cutting directly, but rather to *'that'*, which cannot be named, even now in the context of our interview. Caroline starts by referring to 'her brothers' but later refers to 'everyone' knowing and 'no-one' saying anything, perhaps suggesting the extent of the disconnect between her self-injury and her family. This impersonal language arguably denotes the level of disconnection.

For Alexandra, too, self-injury was not something she could discuss with her siblings:

Any time when I tried to be slightly emotional in any way, my sister she sort of ***batted*** *me away like um if I tried to sort of show her some affection I think she would kind of get* ***quite*** *annoyed so I didn't feel like they would really know what to say. And we didn't, we weren't really that close so I just didn't even think about sort of saying it to them. I didn't know how they would respond and you know I didn't, it was never something that crossed my mind actually I think I thought that if I told anyone it would be my parents or my friends but yeah definitely not my brother or sister. (Alexandra, L387-399)*

The bold text indicates the emphasis Alexandra placed on the words '**quite'** and '**batted'** as she spoke. Her emphasis on being 'batted' away suggests that Alexandra felt the force of her sister's desire not to connect physically in any display of 'affection'. Like Caroline, she does not name her self-injury; the possibility of 'sort of saying it' was not something she even contemplated. This account indicates that her siblings did not even know about her self-

injury, perhaps suggesting that, because Alexandra could not connect in a positive and affectionate way with her siblings, it would be unthinkable to tell them about self-injury.

For Sarah it was also the case that self-injury could never have been discussed with her siblings at the time:

But yeah I'd never discuss it with them at the time, definitely not. Partly because I was ashamed and I was still trying to deal with it myself. Rather than…and where they were younger I didn't want to pile it on them because I knew they were dealing with their own stuff in terms of whenever I was having a bad day they had to deal with how that would affect them and their day as it were. (Sarah, L1178-1190).

There are two sides to her inability to speak about self-injury: 'her own struggle' and her siblings' 'own stuff', which were connected, in that she felt she was the one causing her siblings' problems. Perhaps for Sarah, not talking about self-injury was a way to protect both her siblings and herself. She did not want to 'pile' her self-injury onto them, as if she had already overloaded them with her problems. Her 'younger' siblings needed protection from the reality of her self-injurious behaviour, as she already had a sense of shame about how much she impacted their day-to-day lives. Perhaps not talking to them protected herself, as the feeling of shame would have been amplified if she spoke to them about it; it disconnected them as she was 'trying to deal with it' herself.

Ciara's brother did attempt to engage her on the topic of self-injury:

"Erm I think it was more of a case he saw it and asked what it was but it was more of a hypothetical question cause he knew what it was. Erm we didn't really talk in depth about it erm but it was just a case of, he kind of kept an eye on it really" (Ciara, L378-383)

The use of the word '*hypothetical'* here is interesting, as a hypothetical question is one that does not require an answer. One interpretation could be that Ciara felt he did not really want to know about her self-injury, although he clearly did know what it was. Again, the knowledge of the self-injury was there, but it was something that, at the time, they could not talk about in a meaningful way. The idea that her brother '*kept an eye on it'* was the only way that the self-injury and her brother were connected, because it was unspeakable between them – he could only observe it. It is interesting that he kept an eye on 'it' (the self-injury) rather than her; this could perhaps suggest that his lack of interest was somewhat hurtful to her. Ciara and her brother did not have a totally disconnected relationship. Here one can

interpret a mirroring of each other's behaviour, in that she would try not to impose her self-injury on him (or talk about it), while he chose not to speak about it, but simply observe. Self-injury was unspeakable and denoted a level on which they were disconnected, but there was perhaps also a reciprocal respect, that meant it was not totally ignored, as was the case for other participants.

Interpretation of these excerpts shows varying levels of connection between participants and their siblings. It was striking throughout the analytic process how the topic of self-injury was something unspeakable, an area of the participants' lives that was disconnected from the context of their sibling relationships by their inability to communicate about it directly.

3.2.3. Sub-theme three: Absent siblings

The sub-theme of absent siblings speaks to the notion that, for many of the participants, their siblings were not present to them either physically or emotionally, and this absence seemed to characterise a significant part of the disconnected sibling experience in their retrospective accounts. However, there was divergence in how the participants experienced the absence, with regards to whether or not they felt that they were 'missing out' on something.

For two participants, there was a keen awareness that, even though they were living with their siblings, they were not actually present and again a sense was given of both physical and emotional absence from the family and from the participants themselves:

Yeah, my brother became more independent as a teenager, he's a very quiet person he has never really, he has had friends but I dunno he's, he's always kept himself to himself really, never been that vocal or like talked that much about much so. (Alexandra, L821-826)

He would quite often, he would sort of go off and go out with friends so he wasn't always there and he was very like…not necessarily, I'd say quiet but he would sort of keep himself to himself and go off and do his own thing and so I didn't really.
(Sarah, L1287-1293)

The parallel here between these two participants' experiences of their brothers is interesting, particularly the use of the phrase keeping 'himself to himself' to describe their behaviour. For both these participants, there was a sense that their brothers were people who valued their privacy and did not engage with their sisters. The idea that both brothers were described as

'quiet' or 'not vocal' emphasises that, even when they were present, they did not make their presence felt. It is interesting too in this context that both participants mention that their brothers had friends, perhaps indicating their sense that there were people who connected with their brothers, but it was not them, as their siblings. For Sarah, through her repetition of the word 'go', one can gain a sense that her brother was absent by choice, choosing to 'go' away from her and her family. Contrastingly, for Alexandra there was something intrinsically absent about her brother as a 'person' who became increasingly independent through the teenage years.

Caroline, like Alexandra, experienced her brother as absent:

Um and again Bill was not very present it wasn't until my early 20's that I got to know him as a person. (Caroline, L618-620)

This short quote perhaps highlights the extent to which her brother was absent for her; although they lived together throughout her childhood, he did not become a 'person' she knew until her early twenties. This extract begs the question of who her brother was to her, if she did not know him as a person – perhaps an unknown entity, defined by the absence of connection. However, Caroline's account highlights that not all siblings are experienced as 'absent'. She describes her relationship with her other older brother:

*We were **really** close as children but obviously when you grow up you kind of split apart a bit. And that was hard I think. We've only, later in life we really didn't get on very well, we've only just reconnected or so. (Caroline, L24-28)*

Here, it becomes clear that for Caroline the process of splitting apart from her brother was difficult, they disconnected and then reconnected some time later. Her emphasis on being 'really' close as children speaks to the difficulty of the 'split'. This excerpt denotes the power of hindsight, in that Caroline is now able to explain that 'obviously' growing up is the reason that their relationship changed; however, one interpretation might be that she may not have realized this at the time. For Caroline, the absence of her brother was amplified by the fact that he had previously been very present, yet he remained absent or disconnected for a long period of time. Their recent re-connection was perhaps not inevitable and, only with hindsight, can this absence be explained.

For Becky, it was not only the case that her sister was physically and emotionally absent, but there was an absence of 'something' that other people had in their relationships with their siblings:

B: Yeah but maybe not as important as other people would see their sisters cause we're so distant and I haven't even spoken to her since being at Uni. (Pause) At home I never really saw her anyway. We've never had that kind of bond but she is important cos she is my sister but maybe just not how other people would have a relationship. (Becky, L402-412)

In this narrative there is something reciprocal in the absence of a bond between them. They are both 'absent siblings' in the way that they are 'distant' from each other and lack a significant bond. Becky recognises her own role in this by the moving between the use of 'I' and 'we' to explain their disconnected experience. Her emphasis on how 'other people' would see or experience sibling relationships could be interpreted as indicative of her sense that her relationship with her sister was not significant or good enough in comparison to others. For Becky, who is only 21 years old, there is no opportunity for hindsight and her language is clear that they have 'never' had a connection. Her account also gives little indication that this is likely to change. The absence feels more permanent.

This sub-theme speaks to the multitude of ways in which siblings were experienced as absent by participants, which relates clearly to the super-ordinate theme of disconnection. It is noteworthy that the absence occurred on a number of different levels: emotionally, physically and relative to the siblings' relationships of 'other people'.

3.3. Super-ordinate theme two: Negative experiences of the sibling

This super-ordinate theme emerged as a reflection of the numerous ways in which participants experienced their siblings negatively. The first sub-theme is 'sibling as the aggressor' and the second sub-theme is 'self-injury as part of the problem'. Perhaps the key distinction between these two sub-themes is that, for the first sub-theme, the accounts speak to specific incidents where the siblings are remembered as the aggressor, whereas the second sub-theme denotes the way that their siblings reacted negatively to their self-injury. Combined, these sub-themes highlight the negative experiences of the sibling that emerged as an important part of most participants' retrospective accounts.

3.3.1. Sub-theme one: Sibling as the aggressor

In this sub-theme, the sibling is presented as the one who 'attacked' first, while the participants can often be seen as victims of unwarranted aggression. For several of the participants, relational and physical aggression was a fundamental part of their experience growing up and reflected their negative experiences of the sibling.

Jessica's account of her teenage years highlights the aggression she experienced from her older brother, whom she felt was intentionally cruel towards her:

Yeah, um he used to call me some horrible things, like he's got a really (pause), he's wordy, he's creative with his insults and he knows exactly what buttons to push type thing. (Jessica, L619-622)

Here, we can see how she says he 'used' to call her 'horrible things', but then jumps to the present tense to describe him as 'creative with his insults'. Perhaps this suggests that, for Jessica, her brother is an aggressor, not just in terms of what he has done but also that there is something fundamentally aggressive about who he is as a person. I interpreted the 'pause' in this part of her narrative as indicating her reflective process: she was trying to explain how she experienced him, somewhat ironically trying to find the words to describe his way of using words aggressively. Also, from a linguistic standpoint, Jessica uses a three-part sentence which is perhaps a way of emphasising her brother's aggressive acts and nature more forcefully. Jessica recalls the aftermath of a specific incident where she was publically attacked by her brother in the restaurant where they both worked:

I was just like crying my eyes out. It was just the shock of being like punched in work, it wasn't even like behind closed doors, it was just I know it was sort of. Yeah, it was another altercation. (Jessica, L562-568)

Jessica struggles to make sense of what this incident represented: 'it was just I know it was sort of', which perhaps highlights how incomprehensible and shocking this event was to her - it is almost indescribable. Jessica settles on describing this event as simply 'another altercation', which contrasts sharply with the moving description of her emotional reaction to being 'punched' and maybe hints at the repetitious nature of such incidents. Perhaps Jessica is somewhat overwhelmed by this memory and elects to simplify this negative experience, rather than explore what it really meant. The fact that this incident took place so openly and 'not behind closed doors', as was normal with her sibling interactions, perhaps

speaks to Jessica's sense of humiliation. She describes herself as 'crying her eyes out', an implicitly childlike endeavor, which again could allude to her sense of humiliation at such a public attack. Here, Jessica seems fragile and childlike, clearly the victim of her brother's physical aggression.

Kelly experienced relational and physical aggression from her brother:

there has been times when he's pushed me and - he's punched me and - he's used like the most horrible names you can think of (Kelly, L592-594)

Like Jessica, Kelly hints at the repetitious nature of her brother's aggression when she says 'there has been times', as if it was a regular occurrence for him to be aggressive towards her. There is also something interesting about her choice of words here, in that he 'used' the names with a sense of intentionality; here Kelly suggests that her brother 'used' horrible names as a weapon against her. She further highlights how aggressive he was by suggesting that 'you' or anybody could not think of names worse than the ones he 'used' against her. This could be Kelly's attempt to appeal to my understanding, or a generalisation that no brother could have said anything worse; either way, the result is to depict the extent of his aggression towards her.

Kelly too remembers a specific incident when she was attacked by her brother:

he just pushed me, and he pushed, like pinned me up facing- I was facing the wall, and he pinned me up and he was like, "I'm in charge, you do it my way,"
Kelly (L631-634)

The repetition of both 'pushed' and 'pinned' perhaps suggests how vivid the memory is for Kelly, or even how she emphasises his role as the 'aggressor'. This is furthered by her recollection of the exact words he used, asserting himself as 'in charge'. Her brother literally and metaphorically had her 'up' against the wall and she could not escape. Combined, these two quotes from Kelly suggest a recurrent pattern of physical and emotional aggression on her brother's part.

Becky, who experienced a very difficult and aggressive relationship with her sister, was explicit in stating how her sister made her feel worse:

B: (laughing) In fact she made it worse. Like cos the smallest thing would tip me over the edge and she knew that and she used to push…I don't know.

R: Tell me more about that?

B: She would say things or do things and like even if it wasn't necessarily true so my Mum would shout at me and they both knew I couldn't handle it. (Becky, L299-317)

Becky laughed when I asked her if her sister played a role in her recovery; the idea that her sister could have helped her with her self-injury seemed ridiculous to her. She emphasises her sister's negative role by stating that 'in fact she made it worse'. Becky's narrative reinforces her perception of the intentionality with which her sister would hurt her. The metaphor of herself on the edge, with her sister who would 'push' her, demonstrates how, in her perception, her sister was an aggressor. One could interpret that she saw her sister as intentionally malicious, while she was fragile. She was the victim of her mum and sister ganging up on her to create situations she 'couldn't handle'. Her language suggests this was a pattern that recurred over time when she repeats 'things'.

Caroline, too, describes how her negative experience with her two elder brothers contributed to negative feelings about herself:

I always remember my brothers teasing me and telling me I had tree trunk legs and yeah that, just you know that, that stuck with me and I was about 9 or 10 when they said that and um it was like those negative images about myself that led to the self injury and/or the eating disorder as well so I think that relationship with brothers, older brothers, and all I wanted to do was be like them, kind of teasing me about the way I look. It was so humiliating. (Caroline L784-795)

This excerpt highlights how Caroline has explicitly made links between the behaviour of her brothers and the impact on her self-injurious behaviour. Her claim that her brothers were 'kind of teasing' indicates her sense that her brothers were perhaps being playful, yet their words 'stuck' with her and the humiliation that resulted was something she mentioned throughout her interview. Caroline repeats 'that' throughout this extract rather than repeat what they said to her (that she 'had tree trunk legs'), perhaps as it is too painful even now. Alternatively, it could be that this image was one that has really 'stuck' with her over time and she wanted to emphasise its impact. There is a contrast in her account denoting how all she 'wanted to do was be like them' (suggesting that she was full of love and admiration),

while they were conversely keen to disparage her. There is almost something passive about her as the adoring younger sister, whereas they are active agents in her humiliation. To this extent, her brothers compounded her situational problems through their verbal aggression, but also by not returning the love and admiration she felt for them.

Throughout the participant narratives, there are many examples of ways in which they experienced their siblings as aggressive and it was not possible to include them all in this sub-theme. Most striking in these accounts was the contrast between how participants saw themselves and how they saw their siblings. This sub-theme highlights how participants experienced their siblings as malicious or brutal aggressors while, in contrast, they saw themselves as innocent or fragile. Accounts suggested the significant impact that siblings' behaviour had on participants. These experiences were perceived as negative by the participants, both as distinct incidents, but also in the feelings that these experiences engendered, which included a strong sense of victimization for several participants.

3.3.2. Sub-theme two: Self-injury as part of the problem

Some participants seemed to indicate that self-injury caused problems between themselves and their siblings. As the earlier theme highlighted, many participants were not able to speak about their self-injury to their siblings. However, this theme draws on the different negative responses, whether physical or verbal, that the participants experienced from their siblings, as a result of their self-injury. These accounts, as with the 'sibling as the aggressor' theme, spoke to a significant negative experience. However, this theme seeks to understand how participants were blamed and misunderstood by their siblings.

Kelly paints a picture of her brother's response to her when she was at her most vulnerable:

Erm, if I'm like really down he's like "Ah don't worry, you can just go and get a knife and just go and cut yourself to bits but that'll be alright," or he'll say that I'm really stupid for doing it - and I'm like, but I'm not (Kelly, 537-541)

Perhaps for Kelly, this is an ongoing negative experience, as highlighted by the use of the present tense. There is a tension between their viewpoints here and her brother's words are seemingly recalled verbatim, which maybe indicates the impact of their hostility on Kelly. She recalls his sarcastic turn of phrase that she can go and cut herself 'to bits but that'll be alright', which maybe implies that, in his view, self-injury is pathetic or self-indulgent. In her account, he is mocking her and the way she copes with her emotional distress. There is an

imbalance too between the volume of words spoken between them with the weight on her brother's response to her self-injury and her simply saying 'but I'm not' (stupid). Perhaps this suggests the helplessness of a younger self, or an inability to put into words (because she is 'really down'), what self-injury means to her and why she is not 'stupid' for doing it.

For Caroline there was one specific incident that stands out, as her brother responded physically to her self-injury:

Um I remember when we were in the living room mmm, oh I can't remember what time of year it was or what day it was but I just remember him being really upset and he was really aggressive and he was in my face and he was holding me up like against the wall and he was pleading with me yeah. (Caroline, 542-547)

A close analysis of this excerpt highlights how, for Caroline, what was truly memorable for her was her brother's behaviour. Her repetition of 'he was' speaks to the detail in which she remembers this event, but also the intensity of her negative experience of her brother's behaviour. Caroline's use of the slang term 'in my face' speaks to the physical experience, but perhaps also to the fact that he was shockingly hard to ignore and certainly this detailed account suggests that this experience was unforgettable. This point is further emphasised by the way Caroline juxtaposes her inability to remember when this was or the day, but focuses instead on what 'he was' doing to her at the time. Caroline's brother was 'pleading' with her presumably to stop self-injuring, but his distress is also manifested in his physical aggression. This intense exchange is multi-faceted, in that there was apparent concern from her brother, but also an aggressive physical response that was clearly memorable to Caroline.

In her account, Holly recalled one incident where her brother's frustration led to him attacking her:

I remember one particular time we tried to talk and it ended up with him crying and trying to punch me like "Why are you like this?" (Holly, L562-564)

Holly's account mirrors those given by Caroline and Kelly, in that they all depict a frustrated brother who could not understand or cope with their behaviour. Holly recalls this 'particular' time, which suggests it was not a regular occurrence, yet his response points to her sense that he could not accept her being 'like this'. 'This' version of Holly – maybe as someone who self-injures – is unacceptable to her brother. Holly does not explicitly say whether he

actually asked her ‘why are you like this?’, but maybe that is what she interpreted the punch to mean. Holly later describes this incident as ‘really upsetting’ (L621). One can interpret the distress Holly experienced, on top of what she was already going through, and her brother was left acting violently and ‘crying’, highlighting how self-injury became a part of the problem in their sibling relationship.

Both Becky and Sarah highlight incidents where their siblings were angry, because they blamed them for causing difficulties within the family:

there was one incident where my mum was really ill and she was like “oh it's your fault what you're doing to yourself it's making her ill and stressed” and whatever so that sort of thing was hard (Becky, L528-532)

I remember one occasion where my brother got really angry and frustrated with me and um he kicked off and was saying “it’s your fault that we don’t get to do anything anymore and you have to ruin things because you won’t do it and why don’t you just like man up” (Sarah, L601-607)

In both these accounts, the participants make reference to one ‘incident’ or ‘occasion’, which shows they remember specific times where their sibling apportioned blame to them by saying ‘it’s your fault’. For Becky, her sister blamed her for what she was ‘doing’ and the impact on their mum. She says ‘that sort of thing was hard’, perhaps suggesting that it was one illustration of a general ‘blaming’ behaviour that was repeated over time. For Sarah, her brother ‘kicked off’, because she was not able to do what he wanted, her words here suggesting a sudden, volatile and negative reaction to how she was at the time. Perhaps most striking in these excerpts is the participants’ recollection of what their siblings said to them many years later, indicating the intensity of the blame they experienced at the time. These participants both have a strong sense of the angry reactions that took place as a result of their self-injurious behaviour or emotional distress.

The sub-theme ‘self-injury as part of the problem’ thus explored ways in which self-injury seemed to contribute to participants’ negative experiences of their siblings. Self-injury was part of the problem in the way that it damaged the sibling relationships via negative and often aggressive responses. The self-injuring participant was, in many cases, unacceptable to their siblings, who reacted negatively. Further, there was divergence, in that sibling responses varied between verbal and physical aggression, as well as blaming participants for their self-injury and the problems these caused in the wider family. Perhaps the

significance of this theme to the participants is most clearly highlighted in the vivid way sibling responses to self-injury are said to be recalled.

3.4. Super-ordinate theme three: Negative perceptions of self

In contrast to the previous super-ordinate theme, this one explores how the participants experienced the self as negative, in both the sibling and familial context. The sub-themes are 'blameful sister', 'bad daughter' and 'rejected self'. Collectively, these sub-themes depict the negative impact of sibling and familial relationships on the participants' sense of self throughout their teenage years when, for several participants, their self-injury was at its worst.

3.4.1. Sub-theme one: Blameful sister

Blame permeated participant accounts of their sibling experience; not only were they blamed by their siblings, but they also blamed themselves. This sub-theme explores the ways in which participants experienced themselves as a 'blameful sister. This theme differs from the sub-theme 'self-injury as part of the problem', in that it refers mostly to the participants' self-blame, rather than the blame and aggression directed at them by a sibling. The labeling of this theme as 'blameful sister' reflects the way that participants retrospectively experienced their own behaviour in relation to their sibling as somehow 'bad' or 'wrong'. For some participants, this behaviour included self-injury, but for others it was more general.

Holly recollects an incident that she describes as 'horrendous', where she trapped her brother's arm in a door:

Um yeah no that's one thing that's obviously huge for him and he jokes about that now and he goes on about when you trapped my arm in the door and I remember he was just being a caring, loving little brother but he was just annoying me and I was getting so frustrated and I remember I just, I just lost my temper and I kinda went into this tunnel vision and I remember grabbing his arm and just shutting his arm in the door. Horrendous (Holly, L682-693)

Holly juxtaposes her 'caring' and 'loving' brother with herself as doing something 'horrendous', speaking clearly to her belief that her behaviour was wrong. Her use of the phrase 'tunnel vision' suggests that she was limited in what she could really see. Her uncontrolled reaction to her brother as she grabs his arm before shutting it in the door,

combined with her inability to see, somehow dehumanizes Holly, as if she was a monster or monstrous version of herself. For Holly, this version of herself is indeed 'horrendous'. Despite her seeming inability to respond differently at the time, Holly's retrospective account speaks to her sense of self-blame for this interaction.

Caroline, too, experiences a sense of disgust and self-blame at how she treated her brother historically:

I think back on it now and I am so disgusted with myself. I'm like "oh god how could I do that to my brother" like he was desperate and I didn't care (Caroline, L562-565)

Here we also see the juxtaposing of the sibling and the self to frame Caroline's negative self-perception as the uncaring sister, while her brother was in a state of desperation. This retrospective account also usefully highlights the change in her perspective over time from uncaring to 'disgusted with myself' in the present. Her language speaks clearly to the theme 'blameful sister', in that she questions how she could have done that to her brother. Interestingly, for both Caroline and Holly, there is a sense that this was the behaviour of a different and unfamiliar self; however, they clearly regard themselves as being to blame for their behaviour and the negative impact they had on their siblings.

For Alexandra, it was not a single incident she remembers, but rather 'quite a few times' where she took on the role of the 'blameful sister:

A: Yeah but just I kind of think I can remember her sort of whimpering and running away quite a few times.

R: And how did that make you feel?

A: Um, like I was a monster. (Alexandra, L759-763)

This excerpt highlights the profound negative sense that Alexandra had of herself where she labels herself 'a monster'. Alexandra highlights the contrast between her 'whimpering' younger sister and herself as monstrous: for her this was more than an average sibling argument, but rather spoke to her extremely negative perception of herself. Taken one step further, this interpretation denotes the idea that Alexandra came to experience herself as a 'monster' – an inhumane and wicked entity/creature – through her relationship with her sister. The monster who makes children run away in fear, is reminiscent of children's

fairytales where ‘good’ and ‘bad’ are clearly defined in different characters. Alexandra was perhaps highlighting the good/bad divide between herself and her sister with this metaphor.

For Sarah, her experience of being a ‘blameful sister’ was less direct. Instead, she talks more generally about how her struggle with anxiety and self-injury impacted on her much younger sister:

I was like she [my sister] shouldn’t have to worry about me and what I am doing and how my brain’s working and she should be enjoying being a six year old little girl and going off and playing Barbies or whatever she did at six I can’t remember but rather than making sure that I was alright like when I was walking round the shops she should have been saying “Mum I want this toy or I want that toy” whereas instead of that she was walking round talking to me to try and keep me distracted or said “oh are you ok?” (Sarah, L915-926)

Sarah demonstrates her sense that she is to blame for taking something from her sister- perhaps her childhood innocence. Her repetition of ‘should’ throughout highlights her belief that her sister ‘should’ have been a different way, but couldn’t be because of her own behaviour. For Sarah, her younger sister was the ‘good sister’ who was trying to look after her. Sarah, at the time, had a keen sense of what her sister was experiencing (‘I was like) as opposed to what she should have been experiencing. Reference to ‘Barbies’ and ‘toys’ indicate her deeply rooted memory of just how young her sister was to deal with her older sister’s issues and highlights the resulting self-blame she experienced at the time.

Both Becky and Kelly spoke about the impact of their self-injury on their siblings and how this made them feel. For Becky, her sister began to self-injure too and her mother laid the blame on her:

Mum blamed me for my sister doing it [self-injuring] so that was just a bit more pressure (laughs). (Becky, L255-257)

This quote shows how her mother mediated Becky’s sense of being a ‘blameful sister’. The use of the words ‘more pressure’ here perhaps suggests that her Mother was reinforcing an already existent sense that she was to blame somehow. One interpretation might be that Becky’s laughter here serves as a way for Becky to distance herself from her pain at the thought that her own self-injuring caused her sister to do it too.

Kelly talked about what it would mean about her as a sibling if she did self-injure:

I want to do it - but if I do I feel like I'm not only letting myself down but I let him [her brother] down (Kelly, 774-776)

For Kelly there was a sense that when she self-injures she is letting her brother down. An interpretation of this is that, by letting him down, she is failing to be the 'right' kind of sister. There is a similarity here with Becky in that they are both somehow 'failing' as sisters and they both feel the weight of this, in the form of 'pressure' and 'letting someone down'. Their sense of failure would certainly contribute to a negative perception of themselves as playing the role of the 'blameful sister'.

This sub-theme highlights some of the reasons why participants experienced themselves as a 'blameful sister' throughout their teenage years. The word 'blameful' in this theme aims to bring together the range of emotions and acts that contributed to a negative perception of the self as a sister. Self-blame was derived from a variety of emotions such as guilt, horror, disgust and a sense of failure. To this extent it is clear how these negative emotions contributed to the over-arching theme 'negative perceptions of the self'.

3.4.2. Sub-theme two: Bad daughter

The sub-theme 'bad daughter' superficially seems to fall outside of the research question in that it refers to the parental rather than the sibling relationship. However, this is relevant, as often the participants' sense of being a 'bad daughter' was tied to their relationship with their siblings. Sibling relationships do not exist in a vacuum, but in a complex familial setting. This theme points to the most interesting elements where participants experienced themselves as being a 'bad daughter', as a result of comparisons with siblings, or through frustration with their ongoing struggle with mental health problems and self-injury and the impact this had on both their siblings and their wider family.

Alexandra described her envy of her sister's angelic qualities:

I wanted to be like my sister um because she almost seemed like an angel in my eyes, like she was, she didn't really get angry very often, she was very nice and kind to my parents and she had a lot of friends and was very clever and I wanted to be like that, like my friends saw me as someone who was really nice and kind and I wanted to be, I wanted that to actually be how I was, which I kind of knew I was in some ways, but I didn't want this anger to be a part of me. (Alexandra, L651-660)

Alexandra was explicit about what she was and what she was not in comparison to her sister, indicating her belief that she was comparatively the 'bad daughter'. It feels important to emphasise too that her negative self-perception in this context is only 'part' of herself, but it is specifically in the context of her family where her 'angry' part emerges. This excerpt highlights too that it was Alexandra's own perceptions that were important to her – her perception of her perfect sister and her negative self. She acknowledges that her friends had a different perception of her, but this is not given as much importance in her narrative as the angry self who stood out in contrast to her 'angel' sister. It seems that for Alexandra, in her social sphere, she was perceived as acceptable, but in the familial context she was 'bad'.

As with Alexandra, for Becky, it was comparison with her sister that highlights how she felt like the 'bad daughter':

we are really different and my mum sees her as the 'good girl' who always achieves everything and is gonna go far in life so that was very hard and I think that is one of the reasons why I became self-destructive. (pause) Because how do you deal with that? (Becky, L137-142)

The stark difference between herself and her sister, in her mum's eyes, meant that Becky defaulted to the role of the 'bad daughter' who had no option but to destroy herself. Again, this account emphasises how the sibling relationship played out in the wider family context and contributed to a negative self-perception. Through questioning 'how do you deal with that' Becky depicts the impossibility of her situation and affirms this would have been intolerable for 'you' (or anyone) not just her. Interpretation of what 'that' means in this context suggests that, for Becky, her mum's preference for her sister was poignant and perhaps even led her to believe that she was comparatively unlovable. Becky's sense of hopelessness is palpable here as being designated as the daughter who will not 'go far in life'.

For Caroline, a strong negative perception of herself was evident too:

I have had a chip on my shoulder about not being good enough and working exceptionally hard and not always getting there. I was so jealous of Henry's ability and you know my dad would be honest and be like 'yes Henry is really intelligent but he does not work as hard as you' but of course the bit I would focus on would be the 'Henry's really intelligent and I'm not' bit. (Caroline, L688-695)

Caroline describes herself as someone who ‘had a chip on my shoulder’, implying her anger at her sense that she did not feel as good as her brother. Like Alexandra, there was a part of her that was angry about what her sibling achieved. This quote compares interestingly to Becky’s, as Caroline’s dad disputes her feelings of not being good enough, but to no avail: she is, in her mind and in comparison to her brother, the ‘bad daughter’. Perhaps ‘bad’ in this context encompasses another meaning: rather than being a moral judgement, it could be understood as Caroline’s sense of herself as a failure or a disappointment. Caroline’s ‘focus’ was drawn towards the negative, again suggesting that a central part of her experience may have been her negative perceptions of herself in the context of her sibling relationship.

Sarah discusses the punitive nature of her self-injury in the context of the impact of her behaviour on her family:

I guess thinking back on it, it was when I was trying to maybe punish myself for being the way I was, as it were, like why would you put your family through that as it were? (Sarah, L1027-1034)

Sarah seems to be struggling to make sense of why she self-injured and what it meant to her. Her repetition of the phrase ‘as it were’ perhaps suggests that this is one way of understanding her experience, for her ‘self-injury’ was ‘sort of’ the self-inflicted punishment for being the ‘bad daughter’. Her ambiguity is amplified by the phrase ‘I guess’. However, what is clear is her sense that she put her ‘family through’ something and, while it may be too difficult to name precisely, this indicates her sense that she did subject them to an unpleasant experience that deserved punishment. Sarah uses the term ‘family’ rather than referring specifically to her brother or sister which further ties this extract to the theme ‘bad daughter’. She hints too at the pre-reflective self when she says ‘thinking back on it’: this is perhaps her first attempt at making sense of the experience.

Another participant could also relate to a punitive reaction to self-injury, but from others rather than herself: Holly recounts an experience at school when her parents had been called in with regard to her self-injuring:

Then I was brought into the office and like you know kinda sat there and you kinda feel like you are in a, if I remember correctly, it was like I was in jail, like I’m being frog marched in and I had to show them my arm and it was like I didn't want to and I was heartbroken

because you look at your parents' faces and there's this, just this, they don't understand why. (Holly, L354-L360)

Holly's account speaks to the theme of being a 'bad daughter' and a sense of shame emerges from her narrative, as if she was a disgrace. Describing herself as 'heartbroken' denotes the extreme distress Holly experienced when she saw her parents' incomprehension about what she had done. Holly fails to describe the looks on their faces but one can interpret from her account that it may be too hard to name, beyond their clear lack of understanding; she says, 'there's this, just this', but never really says what 'this' is in detail. However, her sense of being a 'prisoner' clearly indicates that she perceived herself as a shameful, 'bad daughter' in this context, who had done something almost criminal.

There was thus considerable divergence in how this theme emerged for participants: for some it was to do with comparison with siblings, while for others, it was more related to the 'badness' of their mental health problems and the impact on their wider family. There is an interesting relationship here between cause and effect: for some participants, the feeling of being a 'bad daughter' caused the emotional distress that may have contributed to self-injuring, as was the case with Becky. Yet for others, it was the self-injuring that caused the feeling of being a 'bad daughter' as we saw in the experiences of Sarah and Holly. Ultimately, for many of the participants, part of their negative self-perception was their experience of being a 'bad daughter'.

3.4.3. Sub-theme three: Rejected self

The 'rejected self' theme emerged from participant accounts of feeling that either they did not fit in, or they were not shown due attention or care by family members. This sub-theme, like the previous theme 'bad daughter', speaks to rejection from the wider family, but also from their siblings specifically. For several participants, there were feelings of rejection present during their teenage years, which contributed towards their sense of 'self' or identity generally.

Alexandra's account is littered with references to her struggle to make sense of where she fitted within her family unit. She describes herself as *'like a black sheep almost' (Alexandra, L538-539).* Her experience was one where she was something of a disgrace to the family and she vocalizes the extent to which she felt she did not belong:

I wanted to run away because I didn't want to be in that environment I wanted to um, I don't know go somewhere, go somewhere else where cos I think I thought they would be better off without me. Um, I didn't really have anywhere else to go and I knew in reality it wouldn't be much better to go anywhere else. I couldn't really go on the streets. So I stayed where I always felt like I wanted to not be there and also I think that maybe to test them and see how they would cope if I wasn't there because part of me always believed that they didn't want me there. That they would be better off if I wasn't there. (Alexandra, L146-159)

Perhaps the most striking element of Alexandra's words here is her repetitive use of 'I' throughout. Her sense of her 'rejected self' derived primarily from her negative perception of herself as not fitting in with her family, rather than something they had done specifically. Her feeling of not wanting to be in that 'environment' speaks to her sense of being a 'black sheep' who did not belong; this was then magnified by her belief that 'they would be better off' without her. Perhaps, then, there are three levels to Alexandra being rejected in the family context: she did not fit in to begin with;by being there, she was somehow doing damage to them; and she sensed that they didn't want her there. Alexandra's vague fantasy of life as a runaway felt almost punitive on her part, which is furthered by the idea that she wanted to 'test' their ability to cope without her – as if her family deserved punishment for maybe being 'better off' without her. Central to her account is what she thought and felt, yet not what they did or said. Perhaps it is what they did not do that drives her account – they did not make her feel part of the family. Alexandra appears to be, on many levels, a rejected self.

For Caroline her sense of the 'rejected self' emerged from her family's inability to give her the support she needed:

You are in pain and if you were in physical pain your family would come along and hug you and comfort you and make you feel better. To be denied that is really, is traumatic but yeah, and it still feels that traumatic now. (Caroline, 476-480)

Caroline explains that she felt rejected, because her problems were emotional rather than physical and the clear implication is that her family did not give her what she needed. This speaks to the literal meaning of 'rejected' in that she clearly highlights that they did not show her the due affection or concern that she needed when she was 'in pain'. Her use of the word 'denied' perhaps shows the extent to which, in her experience, her family pro-actively did not give her what she wanted: they were not passive but active in their failure to comfort

her. By describing this denial of comfort as 'traumatic', she further emphasises the pain this experience caused her, and this pain clearly still lingers for her.

Jessica, too, highlights an example of when she felt a sense of rejection when her mum showed preferential treatment to her older brother in the midst of a family 'intervention' around her increasingly erratic behaviour and self-injury:

She's really defensive with him, you know first born…(trails off). She told him to calm down and stuff but like (mimics) 'calm down, John'. She hates me swearing and I was saying he's such a dick, look at him and I'd be getting told off for that. Then she didn't, she didn't react to in a normal way, if I was in that situation, you know I would've probably told him to leave, like you know we are trying to have a talk with her here, that's not helping. But she did tell him to calm down technically ….but not with much you know severity. (Jessica, 865-875)

Jessica felt 'rejected' in this context because, in her mind, her mum chose to be 'defensive' of her brother while she got 'told off'. The detailed memory here suggests that Jessica has a vivid memory of this event and, perhaps, that it was especially meaningful to her. Jessica's present tense plea to 'look at him' is perhaps a cry to her mother not to reject her request for help with a brother whose behaviour was unacceptable in her view. When Jessica says 'you know first born', this implies her sense that this preferential treatment of her brother is based on birth order and therefore arguably something she cannot change. The preferential treatment of her older brother seems to serve to explain her mother's abnormal response and lack of 'severity'. Her brother was treated preferentially and she was rejected, even in a context where she needed help and support. Like Caroline, Jessica felt that she was denied due affection and concern.

For Sarah and Ciara, their accounts suggested that they could not be heard by their siblings – they were rejected by not being listened to. Sarah describes her experience of trying to communicate with her brother on her mum's behalf to encourage him to get a job and make something of his life:

But then it always comes back like well he's never going to listen to me coz he never does (Sarah, L445-446)

The language here denotes a permanent quality to this pattern of behaviour. For Sarah, any attempt to talk to her brother at a deeper level 'always' results in him not listening, as he

'never' does. There is a sense of Sarah's hopelessness here and of the inevitability that her attempts at communication will be rejected.

When asked what she used to argue with her brother about Ciara, described being rejected when she attempted to tell her brother that his girlfriend was not suitable:

Just that he wouldn't sort of listen to me, erm he thought I was just being big sister who was just being mean to somebody again (Ciara, L811-813)

Ciara felt rejected by her brother, as he thought she was 'just being the mean big sister' and as though there were no other parts to her; this was the role she played for him and, therefore, he would not listen to her in this context. Ciara expresses her understanding of what her brother 'thought', rather than what he said specifically, as if his negative perception of her as 'mean' was somehow pre-determined. My interpretation here is that, for her, this experience was both meaningful and memorable. She holds on to the time when her brother rejected her input on his life, and, in her mind, saw herself as 'just being mean', rather than as a loving and protective older sister.

This sub-theme aimed to highlight the different ways in which participants experienced rejection from their siblings or wider family and how they made sense of this experience retrospectively. For several participants, rejection was something that related directly to their identity or sense of self in the family context and, consequently, it is relevant to the super-ordinate theme 'negative perceptions of the self'. Divergence in this sub-theme is captured by the extent to which the 'rejected self' emerged as a result of a participant's own thoughts and feelings, or as a result of something their family members did specifically.

3.5. Super-ordinate theme four: Surviving the teenage years

'Surviving the teenage years' emerged as a super-ordinate theme, in that it explores how the participants' experienced their journey towards recovery. The sub-themes are 'self-injury as a way to deal with sibling relationships'; 'siblings as a resource'; and 'recovery with time'. To some extent, this super-ordinate theme denotes the more positive elements of the participants' experiences, in that it considers how both self-injuring and having siblings could serve as means of coping with difficult teenage years. The final sub-theme emphasises the importance of time in participant narratives as an explanation for how the sibling relationships were either restored or improved to some extent.

3.5.1. Sub-theme one: Self-injury as a way to deal with sibling relationships

The sub-theme 'self-injury as a way to deal with sibling relationships' explores just how much self-injury meant to participants during their teenage years and how, for several participants, self-injury was a way of dealing with their sibling dynamic. Time emerged as an important part of this theme through participants' retrospective accounts, as they made sense of what self-injury meant to them at the time.

For Jessica, her self-injury was clearly linked to aggression in her sibling relationship. She describes how her self-injury developed as a reaction to arguments she had with her brother:

Like there were several big arguments with him that I remember the feeling of not being able to deal with all the negative emotions looming at the time. Like I would be crying or I couldn't cry, just this build up of emotion and I had to do something [self-injure]. Cos like I wasn't much of a sharer. (Jessica, L274-279)

The idea that negative emotions were 'looming' suggests how threatened Jessica felt, as if she were overwhelmed by her brother or her own emotions. Jessica describes that she 'had to do something', suggesting that self-injury was her clearest option. Self-injury while not named here, was implicitly her main way to cope when there was a 'build up' of emotional pressure as a result of interactions with her brother. She evidences consideration of alternatives, but not being a 'sharer' meant that she felt that she had no other option but to self-injure 'at the time'. Self-injury is central to Jessica's experience of not being able to 'deal with' her emotions and so emerges as her way to cope in the face of aggression in the sibling relationship.

Becky's account speaks to the need to take control in a world where she felt out of control and, in her case, this is directly linked to her sibling experience:

An achievement (laughs). I actually thought I was good at something cause I've always felt not as good as my sister and then I did that [self-injured] and I thought that was something I could control (pause) yeah. (Becky, 202-206)

For Becky, self-injury was an 'achievement'; it gave her a sense of success in her life, where otherwise she felt merely a failure in comparison to her sister. One could interpret that, for Becky, self-injury was an empowering way to cope with the pain of feeling second best in

comparison to her sister. Perhaps the connotation here is that she thought she could control her self-injury whereas, comparatively, she had no control over being 'not as good as her sister'. Becky's laughter as she speaks seems somewhat ironic and perhaps reflects her realization in retrospect that self-injury was not an achievement, nor was it something that she could 'control'. However, this excerpt speaks to how she may have felt at the time when she was using self-injury as a way to deal with her inner sense of failure in the sibling context.

For Holly, self-injury emerged as her way of dealing with her brother's disappointment in her:

You've got your younger brother looking at you like "Why? I Want to understand why my big sister is doing what she's doing" and doesn't understand and you can't really talk to him so it's difficult and the guilt seeps in and the shame comes in and it just compounds all the other feelings you still have about yourself and it's just, you know, a perpetual circle of self-harm basically. (Holly 640-647)

This pattern of how her sibling relationship drove her self-injury is so deeply a part of her experience that she uses the present tense throughout, as if she is easily able to recall it, even taking her brother's perspective: 'I want to understand'. Indeed, this narrative is so familiar to her, she expects it to be familiar to me too when she says 'you know'. For Holly, the sibling relationship 'compounds' her already existing problems and contributes to her self-harm by increasing her levels of guilt and shame. As the 'big sister', perhaps she feels she should have been able to better explain her actions to her 'younger brother', or be able to avoid self-injuring at all. The use of the word 'perpetual' here perhaps denotes how, for her, self-injury was such a fundamental coping strategy that she felt it would never end at the time.

For Alexandra, self-injury emerged as a form of self-punishment, because she was 'struggling' in her familial relationships:

I really struggled with um, I think my relationships with my parents and my brother and sister. Um, and I, I think I was struggling with my identity as well, so um, I used to get angry a lot. And I used to shout at my family a lot. Kind of throw things and um, I think that's where self harm kind of came into it. Cos, I felt like um punishing myself a lot. (Alexandra, L5-12)

This quote was in the first few moments of her interview and was Alexandra's response to the question of what life was like for her as a teenager and, to this extent, it may be

understood as her summary of her teenage years. For Alexandra, self-injury became an alternative to getting angry with her siblings (and parents): she could direct her anger at herself as a form of self-injurious punishment. Self-harm then takes on the role of a way of coping or dealing with her teenage relational struggles. There is something tentative in her account through the repetition of 'I think' and 'um', which perhaps suggests she is still struggling to make sense of this experience. Alexandra hints at the complex family dynamics by saying 'my relationships with my parents and my brother and sister': these are distinct relationships for her and there is not just one relationship with 'my family'. While this extract could also speak to the theme of 'bad daughter', it also usefully highlights how self-harm emerged as a response to the struggles of her teenage years and, more specifically, her sibling relationships.

This sub-theme sought to understand how participants used self-injury to deal with their sibling relationships. Divergence in this theme was captured in the different challenges participants experienced in their sibling relationships, which led to self-injury as a way to cope. However, for all the participants, their accounts denoted the sense that they used self-injury as a means of dealing with their negative feelings around their sibling relationships, which included anger, guilt, low self-esteem or just a general build-up of emotion. In the final sub-theme we will see how part of the journey towards finding other ways to cope was through the process of 'recovery with time', which is relevant to both self-injury and sibling relationships.

3.5.2. Sub-theme two: Siblings as a resource

This theme captures the more positive elements of the sibling relationship in relation to self-injury. For all except one of the participants, their siblings took on the role of a resource – an asset that could be drawn on, in order to help with their difficulties.

Ciara was one of the participants who generally enjoyed a very good relationship with her only sibling, a younger brother, who she describes here:

Yeah he's just always just been quite happy and chilled out and really helpful. Yeah he's a good boy. (Ciara, L108-110)

The word 'helpful' here speaks directly to the theme of a sibling as a 'resource' and there is something parental about the tone she takes to describe him. Ciara implies that, not only is he available to help her, but there is something innately positive in her description of him that

emphasises that he is pleasing to her at a fundamental level, because he is a ‘good boy’. The adjectives used to describe him here paint the picture of a sibling who was an asset rather than a hindrance. Her words denote a simplicity and consistency to their relationship, in that he has ‘just always’ been that way. It struck me as quite idiosyncratic to describe one’s younger brother in terms of how ‘really helpful’ he is, particularly in the context of the difficulties that Ciara experienced growing up – being bullied and self-injuring. Perhaps, then, her brother can be understood in contrast to her own chaotic world: he was consistently happy and this provided a ‘helpful’ counterpoint to Ciara’s struggles.

Holly, too, paints a picture of her younger brother as a resource, in terms of his being consistently good-natured:

(Laughs) He's a really good joker um I absolutely loved, I love my brother and he was always this cheeky chappy, no matter what was going on within the family he was always this little… he was always happy, cheeky chappy and I loved him to bits because you know even when he was going through his stuff and struggles he was always this you know happy little chappy and he still is a happy little chappy
(Holly, L733-744)

The repetition of ‘always’ here implies Holly’s sense that her brother had a stable or consistent way of being, whatever was going on with ‘his stuff’. One interpretation of this narrative could be that this stability is a ‘resource’ for Holly, not just through the nature of its consistency but, further, it draws out her almost maternal feelings of love towards him. She clearly so admires his resilience, which she felt she lacked:, he was a resource, because of his ability to cope with life when she could not. This ‘happy little chappy’, that she repeats throughout this excerpt, is a part of who her brother was for her during their teenage years and is now still. Her reflections on her brother here only tell one side of the story of their relationship; however, it seems important, not least because of how emphatically she reinforces how that ‘happy little chappy’ was a big part of what was positive in their sibling relationship. For Ciara and Holly, their brothers were a ‘resource’ through what they saw as their intrinsic nature of being ‘good’ and ‘happy’.

Jessica highlights how her younger brothers have something innate about them that just makes her happy:

They’re kids and they’re innocent in everything that has happened. Yeah, they just make me happy. (Jessica, L887-889)

Implicit in Jessica's account is that her two younger brothers are a 'resource' through what they have not done. They can be understood in contrast to her physically and emotionally abusive older brother who features in other parts of this analysis. Perhaps, also, her younger brothers offer her something simple and straightforward in comparison to her own painful and somewhat chaotic experience: they 'just' make her happy. In the context of this theme, however, it is possible to see that different siblings mean different things to the participants.

Sarah had a younger sister, who was a 'resource' to her throughout her teenage years, particularly in how she would be there for her when life was difficult:

There is a Disney film called Lilo and Stitch and they have the quote in there the Hawaiian word Ohana which means…which stands for "Ohana means family and family means nobody gets left behind and forgotten" and that Disney film was a big thing for me especially when I was diagnosed with my anxiety and depression and stuff especially where my mum and my sister especially were constantly by my side when I was really bad from my anxiety and I couldn't even leave my bedroom, my sister would come into my room and sit with me and watch Disney films with me (Sarah, L223-235)

Fascinatingly, Sarah uses the example of a Disney film to highlight her strong sense of the importance of her family members in getting her through when she was 'really bad'. For Sarah, the motto of the Disney film gave her strength and her sister demonstrated its validity by making her presence felt when she needed her most. For Sarah, the Disney films offered an escape to a different world, where her sister was 'with' her quite literally and this other world was somewhere that they could go to together when, in reality, she could not leave her room. It is perhaps the link she makes between this film and her sister that suggests how much her sister was a 'resource' for her. It is noteworthy, too, that it is her sister 'especially' who was constantly by her side making sure she was 'not left behind and forgotten'.

Kelly described her little brother as 'massively' (Kelly, L568) playing a part in her recovery from self-injury. Like Sarah, Kelly used to watch Disney films with her younger sibling when she was 'really down':

If I'm really down he'd be like, "Shall we go and watch Harry Potter?" or - 'cause I love Disney as well, he'd be like, "Shall we go and watch a Disney film?" (Kelly, L573-576)

Kelly's younger brother seemed to have a sense of what she needed and when she needed it. It is interesting that he was perhaps too young to communicate with her at a deeper level, yet he was able to offer her comfort in the form of just being with her and watching films. Kelly says 'he'd be like' twice in a short space, perhaps suggesting that this was something he said and did regularly in order to comfort her. There is something here about how in tune Kelly's brother was with her mood, along with his knowledge that these types of film would give her some comfort, that creates a sense of camaraderie, in that they were a 'we', who would go off together to watch a film she loved.

Caroline had two older brothers, whom she regarded as a resource in a practical sense, but not always one that was welcome:

*Um I **always** knew that, I always knew that I had my brothers to protect me but I really didn't need or want them to. Um but it was nice, it was nice when Henry would come and kind of get me out of trouble for something or another.*
(Caroline, L614-618)

Caroline emphasises that she was 'always' safe in the knowledge that her brothers were there for her, but seems to confusingly deny that she needed their support, whilst recognizing that it was 'nice' when she did have it. There is an element of divergence here in Caroline's account from others, in that she did not take comfort or pleasure in knowing that her brothers were a potential resource for her. Perhaps Caroline is inadvertently highlighting the complex nature of sibling relationships, in terms of the distinction between the ideal and the reality. Throughout her account, Caroline denotes the changeable relationship she had with her brothers over time and this excerpt perhaps shows her sense of conflict as to how central a role they played in her life. A different, arguably better, version of Caroline would not have needed her brothers as a 'resource' through her teenage years, but the real Caroline found it 'nice' when they helped her, because in reality there were occasions when she did need them.

It is interesting that in her account of a very difficult and aggressive relationship with her sister, Becky was able to find a way in which her sister could help her:

*cause my sister would **get it** [self-injury**]** and she would explain cause she would listen to me explaining so I guess that was one positive (Becky, L338-341)*

There is a sense that Becky is loathe to admit that there was even one positive in their relationship when she says ‘I guess’. Or another interpretation may be that this is the first time she has even considered the possibility that there might be a positive element to her sibling relationship. Becky’s sister was a ‘resource’ in that she was a source of help in assisting her to explain her self-injury to her parents, because she could ‘get it’. Her sister can be seen as both an alternative to her parents, in terms of the fact that she could listen to Becky, but also as a ‘resource’ in that she could explain on her behalf. Perhaps this quote sheds light on a deeper connection between the sisters than Becky would like to admit. Again, this theme highlights the complex nature of sibling relationships, as even the most seemingly disconnected of siblings can find a way to be useful to one another.

As noted, this theme explored the more positive elements of the participants’ sibling relationship in terms of the different ways they experienced ‘the sibling as a resource’. There was divergence amongst participants in terms of what it was about the sibling that made them a ‘resource’ – whether it was just their way of being in the world generally, their presence in the darker times or, more specifically, something they did. Perhaps most interesting was that some participants had experience of siblings as aggressors and resources within the same family with their different siblings. Other participants also had experience of the same sibling being both an aggressor and a resource. This reflects the complex and dynamic nature of sibling relationships and the fact that they can change over time, which will be explored further in the next theme, ‘better with time’.

3.5.3. Sub-theme three: Better with time

The final sub-theme ‘better with time’ refers to the participants’ experiences of how their relationship with their siblings has changed for the better. Again, this theme denotes the more positive feelings about siblings that emerged from detailed analysis of the transcripts. However, it is noteworthy that, for some participants, a ‘better’ relationship is only one where aggression and conflict are no longer present. Not only did time improve their sibling relationships, but for several participants, a sense of psychological recovery was highlighted, which often included a lessening of their self-injury.

Ciara paints a picture of some invisible magnetic force that brings her and her brother back together over time:

Yeah we are really close, yeah, yeah very close. We have had times when we haven't been and we have drifted but we've always always come back and it's like we've never been apart um. (Ciara, L1141-1144)

For Ciara there have been 'times' where they have been adrift but 'now' she emphasises that they are 'really' and 'very' close. The idea that she and her brother could be apart and come back together speaks to a deeper underlying bond that means they will 'always' be reunited. Again, one has a sense of the centrality of 'time' in this account. The repetition of 'we' in this extract perhaps speaks to Ciara's wish for a close and mutual relationship, one in which they can pick up where they left off, no matter how much time has passed. While her brother will 'always, always come back', for Ciara, self-injury is in the past. She says '*it just became something I decided to stop' (L469).* Self-injury is no longer an option and her words here indicate her sense of control over it. While she has held on to her relationship with her brother, it seems that she has let go of self-injury.

For Sarah, it was moving out of home that meant her relationship with her brother became 'better with time':

In some ways me and my brother are a little bit closer now that I'm not living with him but he still drives me up the wall so we are not…I wouldn't say we are close I mean we talk and get on a bit better (Sarah, L445-453)

Sarah implies that she can now communicate with her brother, which perhaps she could not when they lived together. In the context of the other themes in this analysis, it seems almost that Sarah had to disconnect by moving out, in order to reconnect to some extent with her brother; however, notably, their relationship is only a 'bit' improved. The frustration that characterised their adolescent relationship remains, as he still 'drives her up the wall'. She seems to correct herself to downplay their lack of relationship, preferring to state, 'I wouldn't say we are close', rather than simply we are not close. Perhaps she is suggesting that he might say otherwise or, rather, that it is not that bad that their relationship can be so simply characterized as 'not close'. Sarah's account also spoke to a perceived better self who no longer self-injures:

I've thought like I've thought about it and never done it, never done it since, which is good obviously (Sarah, L1075-1077).

Repetition in the narrative suggests that she perhaps wants to emphasise and confirm that she has had thoughts of self-injuring, but she has 'never' acted on them 'since'. The use of the past tense is interesting here when she says, 'I've thought', perhaps suggesting that she no longer has thoughts – but has done historically – although, how far in the past these thoughts are is not entirely clear. She reinforces her sense of being better by saying that stopping self-injuring is 'good obviously'.

Like Sarah, both Jessica and Alexandra state that they do now 'get on' with their siblings, which indicates that there is currently a lack of conflict in their relationship. However, it also suggests that there is an absence of the deep level of connection expressed by Holly and Ciara:

But we do get on, we haven't argued for a while, I don't even know what our last argument was really. (Jessica, L1004-1006)

We do all get on, like we can all be in the same room together, and laugh and joke and stuff but yeah it's better than when we were teenagers, (Alexandra, L879-882)

Jessica's inability to recall her 'last argument' with her brother suggests that perhaps their relationship has turned a corner and improved. It is not clear how long the 'while' is since they last argued, but there is a sense that something has changed in this time and, from her perspective, this is 'better' as they do now 'get on'. There is something in this extract that suggests that conflict, or lack thereof, is the measure of the quality of their relationship. Like Jessica, Alexandra is now able to 'get on' with her brother and sister, as if they had survived the tumultuous teenage years and were able to come together again to some extent. They can now 'all be in the same room together', which perhaps demonstrates that this was not possible in the past when they were teenagers. The fact that Alexandra highlights that she is now able to 'laugh and joke and stuff' with her siblings indicates that this is relatively novel for her; the rest of her account demonstrated that their teenage years were full of conflict. 'Stuff' here perhaps denotes having superficial conversations and interactions. Jessica and Alexandra highlight the improvements in their relationships over time but fail to express any deeper level of connection.

Both Jessica and Alexandra have experienced a lessening in their self-injurious behaviour too. However, there is divergence in their accounts as to why self-injury is better with time. For Jessica it is simply '*not my 'go to' anymore' (L385)*, as if she can now find other ways to respond to difficult emotions, and as if she is the agent of this change. She no longer

defaults to self-injuring in the face of conflict. Conversely, for Alexandra, self-injury was the agent, yet it seems to have lessened its 'grip' on her over time when she says *'it [self-injury] has less of a control over me now than it used to' (L508).*

Caroline's relationship with her two elder brothers has also improved with time and while she recognises that they do not communicate often there is 'now' something 'inherent' and 'important' about their relationship:

You know and it's now just that kind of inherent…you know ok we might not talk for a couple of months but if you need me I'm there sort of thing. Um and that's really important. (Caroline, L772-775)

For Caroline, the essential element of her sibling relationships that she is 'now' able to appreciate is the fact that they are 'there' for each other as siblings. Her brothers have become a more acceptable and permanent presence in her life, which is valuable to her; they are less 'absent'. It is almost as if she is addressing them directly when she switches from 'we' to the first person to say, 'if you need me I'm there', which is perhaps some unspoken agreement they have reached as siblings over time. Perhaps this 'sort of thing' is the nearest she will get to being 'close' to her siblings and she does not want or expect more from them; however, it is clear that this is something that has changed from their teenage years to 'now'. Caroline also speaks directly to the change in her self-injuring behaviour since her teenage years when she says *'it's not something I rely on um, like I did when I was a teenager (L384-385).* One can interpret an apparent shift in Caroline's experience, then, as she became more able to rely on her siblings over time and, conversely, became less reliant on self-injury.

This theme sought to express the ways in which participants understood both their sibling relationships and self-injury as becoming 'better with time'. Sibling relationships improved through the development of a more meaningful relationship, or simply through the absence of conflict. A reduction in self-injury formed an important part of participants' accounts too, as they seemed able to move towards psychological recovery, where self-injury was less central to their experience. This theme seems particularly important in giving voice to the more positive parts of the participant accounts while still heeding the divergence within the nature and quality of the sibling relationships and experiences of self-injury.

3.6. Conclusion

This chapter has brought together an interpretative understanding of the participants' experiences that highlights both the positive and negative elements in their sibling relationships, with particular focus on how they related to their self-injury. This analysis sought to answer the research question 'how do women with a history of NSSI make sense of sibling relationships retrospectively?' This detailed analysis has depicted the complex experiences of participants growing up with siblings and how they made sense of this in the context of their self-injury. The next chapter will take the form of a discussion which seeks to relate these findings to existing literature around sibling relationships and NSSI. The following chapter will also reflect on the findings and methodology of this research study generally.

4. Chapter Four – Discussion

4.1. Introduction

This chapter will present a summary of the analytic findings in this study, as laid out in the previous section, with the aim of situating findings in the existing literature. It will also consider the clinical implications of this research and its relevance to counselling psychology. Methodological strengths and limitations will be discussed, as well as some final reflections on the study as a whole. Directions of future research in this area will also be considered. It is important to clarify the aims of this research study generally, in the context of an evaluative discussion. This research aimed to gain insight into how young adult women with a history of NSSI make sense of sibling relationships retrospectively. The researcher wanted to explore what sibling relationships meant to women who self-injured during their adolescence and how they experienced them.

In the interviews, both the positive and negative elements of participants' sibling relationships were explored, as well as the nature of their self-injury. The IPA approach gave emphasis to the most interesting and important themes, which emerged from close analysis of the interview transcripts. This qualitative method does not intend to produce empirically generalizable findings, but rather emphasises theoretical transferability (Smith et al., 2009). This chapter will seek to relate the findings to existing literature, but also to draw the reader's attention to novel findings. However, it is noteworthy that, to some extent, all the findings in this study are novel, as it is the first qualitative study to consider the sibling relationship in the context of NSSI.

4.2. Summary of Analysis

Byrne and colleagues (2008) posit that the relationship between family dysfunction and self-harm is dynamic and that managing adolescent self-harm increases the stress on an already vulnerable family system. Participant accounts of growing up with siblings and self-injuring certainly highlighted that there was a dynamic and complex relationship between family members, where the impact of self-injury was not insignificant. The four super-ordinate themes that emerged in this study are all permeated by self-injury: it was both central to the participants' worlds and interacted dynamically with their sibling relationships. This section will seek to tentatively situate the findings in existing literature, while simultaneously recognizing the individual nature and experience of each participant's familial experience. It

is also important to note that there may be some overlap between themes, due to the nature of phenomenological research. The themes that emerged are a result of the researcher's sense-making of participants' sense-making and, therefore, another researcher may have found that different themes emerged.

4.2.1. Disconnection

Disconnection from siblings and the wider family during adolescence was a theme that emerged in some form for all the participants in this study. The idea of the alienated or disconnected adolescent self-injurer in the context of the family has been well established in the literature. Bureau et al., (2010) found that a sense of alienation was the sole significant predictor of acting on NSSI thoughts, after accounting for shared variance of other parent-child relationship variables (Martin et al., 2011). Indeed, 'a common factor underlying self-harm is a perception of isolation, disconnectedness, and alienation from supportive social relationships' (Ryan, Heath, Fischer & Young, 2008, p. 241). This research supports current findings, then, in terms of highlighting participants' sense of disconnection.

Interestingly, this theme suggested a reciprocal disconnection in the sibling relationship, in that some participants 'closed themselves off' from their siblings and some siblings were experienced by participants as 'absent'. There was divergence in the reasons why participants 'closed' off from siblings. For some, it was because they were too consumed by their own feelings of distress. Consequently some participants saw themselves as instigating the disconnection from siblings, in order to try to either protect themselves, or to protect their siblings. Babiker and Arnold (1997) note that 'self-injury can be a way of pushing others away or trying to keep people safe'.

Some participants suggested that they lost connection with their siblings during this time, as they were in their own 'zone' and this lost connection may be significant. Walsh and Rosen (1988) reported that losses in adolescence contributed to self-injury being triggered, including loss of important peer or familial relationships. Changes in sibling relationships have been widely recognised in the transition from childhood to adolescence. In other studies, adolescents (in comparison to younger children) have reported decreased interaction, less companionship, less intimacy and less affection with their sibling (Buhrmester, 1992; Buhrmester & Fuhrman, 1990). Importantly, not all participants sensed they had 'lost' something in sibling relationships during adolescence. Rather, there was a distinct absence of a bond that characterised some of their sibling relationships – they had never formed an attachment to their sibling in the first place. Participants in a qualitative

study reported a strong sense of isolation from family which, for some, emerged as a result of withdrawal whilst self-harming; however, some feelings of isolation were present before self-harming began (Brown and Kimball, 2013). Van der Kolk et al. (1991) suggest that a lack of secure attachment can maintain self-injury and, while this relates more to the parental relationship, this present study suggests that, for those who self-injure, a lack of attachment to siblings in adolescence may be relevant.

Perhaps another way to understand participants' sense of switching to a 'different self' could be that it is an allusion to some form of dissociation, which is often encountered in NSSI. Swannell et al. (2012) note that 'it is hypothesized that child maltreatment disturbs the normal development of cognitive and affective processing, integration of thinking and feeling, and capacity to understand and express emotional states, giving rise to dissociation' (p.573). Participant accounts spoke of a self who was in another 'zone', or in their own world, in keeping with other qualitative descriptions of dissociation in adolescence (Grocutt, 2009).

As noted, while some participants closed themselves off from siblings, there was a reciprocal disconnection, in that some siblings were experienced as absent by participants. Participants described how siblings kept to themselves as teenagers, suggesting both a lack of interaction between them and no sense of closeness. This is particularly interesting given the inclusion criterion that participants would have lived with siblings during adolescence. Previous research has highlighed the protective effects of sibling closeness on child adjustment, however this has not been widely studied in the context of adolescent sibling relationships (Samek & Rueter, 2011). Interestingly, divergence in participant accounts suggested that, for some participants, absent siblings were not missed and they accepted that this disconnection characterised their relationships with some of their siblings. Again, perhaps this points to a lack of attachment to siblings for some participants, almost as if they were not relevant to their adolescent experience. This indifference to the absent sibling was not described by all participants and, as will be highlighted later, sibling interactions were meaningful to participants; however, it is noteworthy that, for some participants, their siblings were experienced as absent. Moreover, when several of the participants described an 'absent' sibling, they also spoke of another sibling who featured as more present in their experience: in the same family, one can have very distinct experiences with different siblings.

Most participants expressed the idea that they closed themselves off from siblings as they did not want them to know about their self-injury (for various reasons) and they did not want to talk to siblings about self-injury. Indeed, for nearly all participants, self-injury emerged as

something that they could not discuss with their siblings at all. These findings are interesting in relation to the interpersonal and communicative functions of self-injury. The FFM denotes the interpersonal functions of self-injury as positive reinforcement (e.g. help-seeking) or negative reinforcement (e.g. escaping an undesirable social situation) (Nock, 2009). Participants generally did not seem to understand the function of their self-injury as trying to seek help from siblings; indeed, several participants went to great lengths to avoid their siblings finding out. Accounts suggest that, for a multitude of reasons, participants did not feel that siblings were able to offer the support or response they needed at the time. Further, for some participants, the sibling could not be trusted, due to historical negative responses to self-injury. Ryan et al. (2008) found that it was peers and mental health professionals (as opposed to family members), who were perceived as important with regards to disclosure around self-injury. Although Woodward and Frank (1998) found that 75% of adolescents reported turning to siblings for comfort when they felt lonely, the findings in this research suggest that disconnected or distressed participants may not feel able to turn to their siblings to talk about self-injury.

While the secretive nature of self-injury is well documented, it is perhaps surprising that none of the participants were able to discuss self-injury with their siblings. In a phenomenological study, the sub-theme 'difficulty expressing emotions' also emerged which highlighted participants' sense that 'their family relationships did not allow space for emotional expression' (Brown & Kimball, 2013, p. 200). Indeed, another study's findings suggest that, in a family where an adolescent self-injures, there is difficulty with openness and communication (Kelada et al., 2016). Furthermore, Bureau et al. (2010) note that several studies have emphasized that female young adults who self-injure often have a perception of poor communication in their close relationships. However, what is noteworthy in this research is that, while these studies emphasise the word 'family' throughout, they are generally referring to the parent-child dyad; the present work shows that poor communication of emotional distress may also extend to the sibling relationship for adolescents who self-injure.

In the literature reviewed in the first chapter of this study, sibling relationships were considered in a binary way in terms of the potentially protective and damaging qualities of sibling relationships. As noted, there are multiple dimensions to sibling relationships, with researchers tending to emphasise sibling conflict and sibling warmth (Kramer, 2014). Disconnection from siblings therefore emerged as a different way of understanding adolescent sibling relationships in the context of NSSI, a relationship that is not necessarily supportive or aggressive, but is absent or lacks closeness (as highlighted by participant

accounts). Other theorists have argued for the need to understand the quality of the sibling relationship as it may tell us more about the role siblings play in adolescent development (Yeh and Lempers, 2004). An apparent disconnection (or perhaps a lack of closeness) between siblings in adolescence would be of interest to clinicians working with young people who self-injure. This theme also highlights one of the challenges to studying sibling relationships generally, in that 'understanding sibling dynamics requires simultaneous attention to multiple dimensions of the relationship' (McHale et al., 2012, p. 917).

4.2.2. Negative experience of the sibling

It is not surprising that, amongst the participants, there were negative experiences of the sibling as aggressive, since the ubiquitousness of sibling conflict in childhood and adolescence is widely established in the literature (Mathis & Mueller, 2015). However, this study sought to understand how participants made sense of that experience and two separate sub-themes emerged: the sibling as the aggressor and self-injury as part of the problem.

There remains debate amongst researchers as to the labeling of the phenomenon of sibling aggression. There is an interesting parallel with self-injury here, which also has multiple labels and definitions. Walsh and Rosen (1988) make the important point that (in the context of naming self-injury) it is not merely 'quibbling' about words, as there will be implications for how it will be understood and clinically treated. Similarly, the labeling of the phenomenon of sibling aggression will have important implications for how it is understood and treated clinically. What was crucial in this research study was to give voice to participants' sibling experiences. Taken alone, the sub-theme 'sibling as the aggressor' could suggest that sibling bullying, or abuse, may have been taking place. However, overall participant accounts suggested that there was reciprocal physical and relational aggression present in nearly all the sibling relationships. This is in keeping with findings by Wolke and colleagues that suggest that individuals predominantly report being both victim and bully in sibling relationships (Wolke & Samara, 2004). However, some participant accounts also highlighted incidents where they were, in their view, victimized or bullied by their siblings.

Aggressive behaviour has been defined in the literature as any behaviour 'which included physical assault on other people and/or repeated damage to property and/or severe and repeated verbal aggression' (Rose et al. 2005, p308). Participant accounts suggested that some siblings were intentionally and extremely aggressive, as if it was something innate about the sibling that made them an aggressor. The repetitive nature of the aggression

some participants reported experiencing is noteworthy, again suggesting an abusive or bullying pattern. Babiker and Arnold (1997, p.17) note that 'self-mutilation may emerge as a defence against the realization that an abusive other could be aware of the effect that their behaviour has on me but do it anyway'. Certainly, the intentionality of sibling aggression in participant accounts suggests that siblings were aware of the 'damage' they were doing.

An absence of conflict in sibling relationships may not be an entirely positive thing as conflict can play an essential role in children's acquisition of social and emotional competencies (Kramer, 2010). However, the acts of aggression described by some participants in adolescence went beyond 'typical' sibling conflict with violence and verbal abuse as regular features of their relationship. Interestingly, only one participant described how her experience of her siblings as aggressors contributed to her self-injurious behaviour. Burstow (1992), in feminist theory, conceptualized self-injury as an expression of 'internalised oppression', where one takes into themselves the hatred and denigration experienced from others. Certainly, for participants who described their siblings' aggressive behaviour, there was a sense that the events were meaningful, which could perhaps be supported by the fact that participants could remember very specific details about how their siblings had treated them and what they had said. Verbal aggression formed an important part of participants' negative experiences of their siblings. Research has pointed to the damaging effects of verbal abuse in the context of self-injury. Sutton (2007) notes that 'children who live with criticism internalize those beliefs about themselves and often become self-critical', which may mediate the path to self-injury (Glassman et al., 2007).

Adolescents who self-harm frequently present with similar histories of abuse, disruptive home environments and social stressors (Grocutt, 2009). However this study raises the point that sibling aggression can occur that may not be perceived by anyone inside (or outside) the family as a form of abuse. Participant accounts suggested that they saw their siblings' behaviour as distressing, but not abusive. Favazza (in Sutton, 2007) makes the point that it is important, particularly in the clinical context, not to assume that self-injury is simply a response to childhood abuse. Women who self-injure have reported multiple forms of abuse and deprivation (Sutton, 2007). Perhaps, then, this study serves to highlight how sibling aggression is relevant to the experiences of those who self-injure in adolescence, even when the sibling aggression may not necessarily be perceived as abuse. As noted, another study found that being bullied by a sibling doubled the odds of self-harm (and depression) by the age of 18 (Bowes et al., 2014).

Irrespective of the label given to the aggressive behaviour experienced by participants from their siblings, it was undoubtedly negative and distressing for them. This was highlighted by the descriptions of feelings of shock, shame and humiliation experienced as a result of the emotional and physical aggression described, some of which was repetitive in nature. Family systems theory highlights the idea of the family as a 'complex integrated whole' (Minuchin, 1988 p.16). Cox (2010) describes how family members exert a continuous and reciprocal influence on each other. This study (and perhaps particularly this theme), highlights the impact that negative sibling experiences can have on young women who self-injure. Siblings should not be ignored any longer. While siblings have been widely missing from research in the context of family systems, the research that exists suggest 'a unique role for siblings in adolescent development and in adult and child well being' (Cox, 2010, p.96). Importantly, the participant accounts highlighted the extent to which their negative experiences of their siblings have remained entrenched in their familial experience into young adulthood.

Interestingly, the participants' siblings' aggressive behaviour highlights the issue of the siblings' own mental health and adjustment. Very few studies have focused on the adjustment of siblings of children with mental health difficulties (Barnett & Hunter, 2012). While it is beyond the remit of this research to investigate the mental health of participants' siblings, it is noteworthy that participants spoke about their siblings' mental health, with Jessica suggesting her brother had 'aggression issues' (L121) and Becky reporting that her sister also self-injured. One study revealed that siblings of children with mental health problems had 'significantly higher rates of psychopathology, poorer quality of life and lived in more dysfunctional families than normally developing children' (Barnett & Hunter, 2012). Furthermore, Ferrey and colleagues (2016a) found, in their qualitative study, that parents of adolescents who self-injured reported a negative impact on their mental health, which may be relevant to siblings too. This further points to the need to bear siblings in mind in the context of the family system.

The theme 'self-injury as part of the problem' highlighted how part of the negative experience of the sibling was as a result of their response to participants' self-injurious behaviour. Ryan et al. (2008) used an internet survey to gain perspectives from young women with a history of self-injury and found that participants were particularly sensitive to emotionally charged interactions with individuals who responded negatively to their self-injury. While this finding related to parents or 'significant others' and not siblings, it seems relevant, in that participants expressed appreciation for others who took the time to listen, express love and positive regard (Ryan et al., 2008). The emotionally charged (and often

aggressive) responses from siblings to self-injury formed an important part of participants' negative experience of their siblings.

Negative sibling responses to self-injury have been highlighted in other qualitative studies. Ferrey et al. (2016a) noted that siblings (following parental accounts) displayed 'conflicting responses' to their sibling's self-injury with some becoming angry and others showing support. Responses from significant others in the context of NSSI have been shown to impact help-seeking behaviour (Kleinberg et al., 2013). Indeed, the themes of disconnection and negative experience of the sibling indicated that, for several participants, the response from siblings drove them to further isolate and try to keep their self-injury separate from their siblings. As Caroline noted: 'I didn't want to [talk to her brothers] because they humiliated me so much when they found out' (L353-354). Nearly all participants experienced a negative response from their sibling to their self-injury during adolescence, which increased conflict between them. Some participants' siblings were upset, because they seemingly cared about the damage their sister was doing to herself, but other siblings showed cruel and unsympathetic responses. This research, then, usefully highlights how siblings of adolescent self-injurers are ill-equipped to respond to self-injurious behaviour. Research has emphasised enhancing parents' ability to manage self-injury in the family context (Baetens et al., 2014), but siblings have again been ignored in this context. Providing help and advice for the siblings of those who self-injure would not only improve their responses to their self-injuring sibling, but could also provide another avenue for disclosure and help-seeking for adolescents who self-injure. In a separate qualitative study, Ferrey et al. (2016b) noted that parents' reactions to self-harm depended on how they conceptualized the behaviour as a 'naughty' behaviour, or a mental health problem. Interventions aimed at improving all family members' understanding of self-injury could make a difference to the reactions given to distressed adolescents who self-injure.

Interestingly, studies have shown that a lack of parental supervision was one of the best predictors of non-suicidal deliberate self-harm (Bifulco et al., 2014). Perhaps, then, level of parental supervision is an important consideration in the context of sibling aggression. Incidents of extreme aggression and violence did not seem to take place in front of parents, who were also noticeably absent in accounts, in terms of offering participants protection from sibling aggression. Furthermore, some participant accounts suggested that parents did not respond appropriately to sibling aggression, or that they also responded negatively to self-injury as did some siblings. Meyer's (2014) study on sibling abuse suggested that participants 'inevitably interpreted parental inaction as an indication that they did not warrant any help' (p.662). Perhaps in the same way that siblings have been widely ignored by

researchers in the family context of NSSI, the impact of siblings on adolescents who self-injure has also been ignored by parents. This is, to some extent, in keeping with previous qualitative findings which suggest that parents often regard sibling conflict as normative or even formative (Hardy et al., 2010).

4.2.3. Negative perceptions of self

Perceptions of the self as blameful or bad permeated participants' accounts of their experiences in the family context. This theme spoke to how participants saw themselves in the family and the roles they played: the 'blameful sister', 'bad daughter' and 'rejected self'. These narrative accounts of self-blame were derived from participants' sense of the negative impact that they had on their siblings and family. Perhaps one of the most useful findings of this study is that participants highlighted their awareness of the impact of their behaviour on their siblings, and this awareness drove their negative perceptions of the self. There was considerable divergence in the accounts, depending on whether participants directly hurt their siblings by not being able to regulate their emotions in interactions with them, or more indirectly through their self-injury.

Tantam and Huband (2009) note that it is 'hating oneself and not other people that is the trigger for self-injury' (p.58). Blame, shame and guilt were negative emotions that emerged for nearly all participants in the context of their sibling (and family) relationships. These emotions contributed to the participants' sense of self as bad or wrong and appeared to remain meaningful in young adulthood. Participants seemed to blame themselves for causing problems in the family, either through their self-injury or behaviour and, for several, there was a sense of shame around the way they treated their siblings in adolescence. Shame has been central to individuals' accounts of self-injury and a strong sense of shame can destroy an individual's sense of identity (Tantam & Huband, 2009). Certainly, the issue of struggling with identity emerged as relevant to some participants, who struggled to reconcile the negative perceptions they had of themselves.

Self-blame and self-criticism are characteristics often reported by those who self-injure (Sutton, 2007); however, this study highlights it for the first time in the context of the sibling relationship. Interestingly, participants reported experiencing negative self-perceptions, even when others' perceptions contradicted their own, almost as if participants were focusing on the negative, even when their positive traits were brought to their awareness too. Grocutt (2009) notes that 'an incoherent, chaotic sense of self is often observed in those who self-harm' (p.97). Swannell and colleagues (2012) found that (of several variables measured),

self-blame had the greatest effect on the relationship between childhood maltreatment and NSSI for females. This study usefully highlighted the role of self-blame in the relationship between childhood negative experience and the development of NSSI as a coping strategy. Glassman et al. (2007) also found that self-criticism was an important variable in mediating the relationship between childhood emotional abuse and NSSI, which authors suggest could be as a result of a self-critical cognitive style. These studies suggest that both self-blame and self-criticism may be important factors to understand in the development of adolescent NSSI. Furthermore, participants still seemed to take a critical and blameful stance towards the way they treated their siblings, which was evident in the retrospective accounts – years after the events – which tentatively suggests that adolescent sibling interactions remain meaningful into young adulthood. This study is the first to consider the perspective of women with a history of self-injury, with regards to sibling relationships. It seems an important finding that the relationship with siblings was felt to contribute to negative feelings about the self, especially given that so much research has emphasised the parent-child relationship, over and above the sibling relationship.

Shaw, Dallos and Shoebridge (2009), in their qualitative study into the lived experience of depressed adolescents, found that the super-ordinate theme 'hurt self' emerged. While the participants in this study were depressed, rather than using self-injury, there were a remarkable number of parallels with the theme 'negative perceptions of the self'. This is particularly interesting given that the authors interviewed adolescents, as opposed to young adults. Shaw et al. (2009) found that participants recounted being 'bad' and 'worthless' as well as having a sense that they had lost their identity and were disconnected from their family. Similarly, in this study, some participants recalled feeling like a 'monster' (Alexandra, L763), or not as good as their siblings, with a sense that they did not fit in with their families. In both studies, participants seemed to have experienced themselves in a very negative way during adolescence. Sutton (2007) highlights that one of the most frequently cited reasons for self-injury is feeling unsupported by, or invisible to, significant others. From this perspective, adolescents' intrapersonal and interpersonal experiences seem meaningful, in terms of how the interpersonal relationships with siblings may be related to the development of intrapersonal negative feelings around the self as bad or blameful.

One way of understanding the negative experience of self that characterised participant accounts is from an attachment theory perspective. Important early interactions between infants and parents (or other central attachment figures) allow a child to learn how to regulate their feelings (Mikulincer, Shaver & Pereg, 2003). Disruption in these interactive processes prevents children developing a sense of themselves as being worthy of comfort

and support and may, instead, leave them with a sense of unworthiness (Shaw et al., 2009). Yates (2004) suggests that one view on self-injurious behaviour (SIB), based on attachment theory, is that 'insecure attachment may render the child more vulnerable to SIB in later development because the child adopts negative expectations of the self, of others, and of the self in relation to others' (p. 47). In the context of this study, it seems that several participants had negative views of themselves in relation to others (their siblings), which led to self- blame, guilt and shame. Amos, Lynch and Bradley (2016) note that, for adolescent self-injurers, enduring problematic attachment patterns may develop into heightened emotions linked to both guilt and blame.

Participants highlighted the ways that they experienced themselves as the 'bad daughter', often in comparison to another sibling. Social comparison theory uses the term 'upward comparisons' to denote when comparisons are made with those seen as superior and this can often harm an individual's overall self-concept (Jensen, Pond & Padilla-Walker, 2015). Sibling relationships are often examined in terms of dimensions, such as sibling warmth and sibling conflict; however, perhaps the tendency of individuals to socially compare themselves (social comparison orientation) could be another interesting dimension to examine. Indeed, previous research suggests that having a high social comparison orientation may have clinical implication for depressed individuals (Buunk & Brenninkmeijer, 2001). Furthermore, siblings would be likely candidates for social comparison, because of their similarity due to shared genetics and shared environments (Whiteman et al., 2011).

The negative perceptions of self that emerged in this research study included the self as 'rejected' by siblings and participant accounts denoted the different ways in which they were not shown due affection or concern by their siblings and family members. Adolescence is the period of time when individuals develop their identity (Erikson, 1950). The negative perceptions of self (and related emotions) that were described by participants in this study suggest that they were central to their perspective during adolescence. Tantam & Huband (2009) note that our emotions become more central at certain times in our lives, when we feel uncertain about our identity. Participants in this study recounted feelings of struggling with their identity in both the sibling and family context. Self-injury may be common in adolescence, when one is trying to establish one's identity, as it offers a way of managing emotion while also accommodating restrictions on identity change (Tantam & Huband, 2009). In relation to the earlier theme of disconnection, it could be understood that keeping self-injury separate from siblings was an additional strain on participants' sense of identity, as they became a different person to their siblings, as their behaviours changed.

Gandhi et al. (2016) used a cross-sectional study with a community sample of adolescents to show that 'a lack of a guiding identity framework may increase vulnerability to NSSI' (p.1742). The direction of the link between identity formation is not clear, however this study usefully highlights how a sense of rejection may be related to maintenance of NSSI in adolescence. Furthermore, sibling researchers have argued that siblings' impact on identity formation is as important as that of parents (Weaver, Coleman & Ganong, 2003). The rejected self, in the context of this study, is one who felt uncomfortable in the family, or had a sense they did not belong. Shaw et al. (2009) found that, for adolescent girls with depression, a feeling emerged of being unloved by parents, which contributed to negative feelings about themselves. Clearly, for participants, their negative perceptions of themselves formed a central part of their accounts of their adolescent experience of sibling relationships. As Babiker and Arnold (1997) note: 'negative feelings induced about the self do not always lead people to self-injure but they are an important pre-condition for self-injury among those who choose this way of dealing with their experiences and feelings' (p.67).

4.2.4. Surviving the teenage years

This super-ordinate theme emphasized how participants had survived their teenage years. The sub-themes that emerged: 'self-injury as a way to deal with sibling relationships', 'siblings as a resource' and 'better with time' denoted a sense of overcoming the difficult years of adolescence and moving towards improved relationships with siblings, as well as psychological recovery. Time emerged as an important aspect of the participants' experience here, in that participant accounts suggested that time had helped with some form of recovery. This theme also reflected the individualistic and complex nature of both self-injury and sibling relationships, as participants explored how they used self-injury to deal with sibling relationships, but also how siblings were a resource to them. Ultimately, this theme was a story of hope, where participants explored what was better in their sibling relationship and self-injurious behaviour.

This theme spoke directly to the research question in that it pointed (for the first time) to the impact of sibling relationships on self-injury. Participants told how their siblings' behaviour directly impacted their self-injury through arguments, or showing their feelings of disappointment. There was also a less direct impact on self-injury, where participants saw their self-injury as a response to their sense of not being as good as their siblings, or their sense that they did not fit in with their siblings. These findings are in line with previous qualitative accounts which describe the functions of self-harm as including the regulation of distress, dealing with anger and self-punishment (Babiker & Arnold, 1997). Participants'

accounts suggested they could not cope with their sibling relationships and, as a result, their self-injury continued. As Holly noted, managing her brother's disappointment at her self-injury reinforced her 'perpetual circle of self-harm' (Holly, L647). Importantly, however, this does not necessarily indicate that this was because of poor quality sibling relationships (although this was the case for some participants). Yeh and Lempers (2004, p. 135) note that 'influences of a sibling's behaviour on the other member of a dyad might be greater for siblings who are closer to each other than for siblings who are not'. Consequently, in some cases, it is perhaps because participants' relationships with their siblings had previously been close and meaningful that they felt that self-injury was the only way to deal with the change and emotional distress in this relationship (that may have been caused by participants self-injuring in the first place).

Interestingly, accounts depicted both the difficult interpersonal elements in the sibling relationship, which participants felt drove their self-injury, and the personal meanings participants attached to them. Previous research has found that adolescents report engagement in self-injury as immediately preceded by interpersonal stressors, such as recent conflict with a family member (Hawton & Harriss, 2006). Furthermore, adolescent girls have been shown to experience a higher frequency of interpersonal stressors (Prinstein et al., 2009). However, it was not simply the case that participants described self-injuring after negative arguments with siblings but, rather, there was a sense that the meanings they ascribed to their sibling relationships were a factor that may have contributed to their self-harm. Interestingly, Seguin, Lynch, Labelle, and Gagnon (2004), in a quantitative study, found that sibling-adolescent relationships did not contribute to suicidal behaviour (the study's language). However, this research highlights how, for some participants, the relationship with siblings was a factor that influenced their self-injury.

There were also intrapersonal factors that seemed to motivate participants to self-injure in the context of the sibling relationship. Self-injury emerged as a response to participants' strong emotional sense of not being as good as their siblings, or that they did not fit in with their siblings. While these perceptions have been highlighted elsewhere in this discussion, in this theme, they were described by participants as being a contributing factor to their self-injury. Following their accounts, participants seemed to use self-injury to regulate these negative emotions at the time. Participants spoke of using self-injury to take control, or to punish themselves for their behaviour towards their siblings. Adrian et al. (2011) found, in a clinical sample of adolescent girls, that familial relational problems were directly and indirectly related to NSSI through emotional dysregulation (but they only considered peer and parental relations). This is in keeping with the biosocial model of self-injury, in which

emotional dysregulation maintains self-injury in an adversarial social context (Crowell et al., 2009). Participants' accounts also intimated that they had no other way to cope with these negative feelings, or interpersonal stressors around sibling relationships, suggesting their inability to develop alternative coping mechanisms. This research was in keeping with other studies, where people who engage in NSSI often report both intrapersonal and interpersonal functions for the behaviour (Turner, Chapman & Layden, 2012)

Importantly, nearly all participants recounted ways in which their siblings were a resource, or someone that could be useful to them during adolescence. It seemed somewhat counterintuitive and surprising that participants who had depicted siblings as disconnected and aggressive could also find them to be a form of support. However, this is in line with literature that recognises ambivalence in the sibling relationships with a mixture of positive and negative behaviours (Kramer, 2010). 'Siblings as a resource' spoke to the way that siblings were able to survive their difficult teenage years, with some help from their siblings. Some participants seemed to value their siblings and their relationships were meaningful in helping them manage through a difficult time. Importantly, this theme expresses the more positive aspects of the sibling relationship, which was an aim of the research. Indeed Kramer (2010) notes that emphasizing conflict as the primary attribute of sibling relationships does not tell the whole story, or promote prosocial forms of sibling interaction.

Participant accounts denoted the different ways that siblings were a resource, which seemed to highlight how the age of the sibling was relevant to participants. Interestingly, much younger siblings were more often presented as a resource and were regarded by some participants as innately good or happy, spending time with them when they were feeling low. In contrast, siblings who were closer in age, or older, were seen as more aggressive in participant accounts. However, participants spoke with real warmth about their sibling experiences and all but one could describe positive memories from childhood or adolescence of spending enjoyable time with siblings. Perhaps, then, in line with other themes discussed here, participants felt that, while their siblings could not respond appropriately to – or understand – their self-injury, there were other ways they took strength from their sibling relationships. Little research has explored the mechanisms by which sibling relationships are protective, or what it is exactly that makes sibling relationships protective (Gass et al., 2007). The individual ways in which participants saw their siblings as a source of support were an important part of their accounts and perhaps suggest that further exploration of the supportive dimensions of sibling relationships, in the context of NSSI, is important alongside the study of parent-adolescent relationships, which dominates the literature (Gandhi et al., 2016).

Participant accounts suggested that their sibling relationships became ‘better with time’, which spoke to the super-ordinate theme ‘surviving the teenage years’. Evidence shows sibling relationships are characterised by less conflict in adulthood than in adolescence, which is a result of increased physical distance and decreased intensity of interaction (Scharf et al., 2005).Evidence suggests that, for some people, self-injuring behaviour is reduced in the transition from adolescence to young adulthood (Bureau et al., 2010). Time emerged as an important theme here, as participants described how they had survived the difficult (and sometimes traumatic) terrain of adolescence and had now moved to a better place, in terms of their sibling relationships and self-injury.

There were significant individual differences in what it meant to have improved relationships with siblings. For some participants, improvement only meant a reduction in sibling conflict and there was a sense that participants and siblings had become better able to simply tolerate each other, due to a lack of interaction. There seemed to be a shift in participants’ accounts when talking about their sibling relationships currently: the relationships depicted were significantly less intense. Some participants attributed this to the fact that they did not live with siblings any longer, or that they saw them infrequently. Most participants also referred to a significant reduction in NSSI. These findings are supported by two earlier qualitative studies, which were highlighted in the literature review. Milevsky and Heerwagen (2013) found that college students made a link between moving out of home and improved sibling relationships. Authors in another study found that participants (university students) identified moving from unhealthy to healthy surroundings as a key part of their naturalistic recovery from NSSI (Buser et al., 2014). While improvements in familial relationships have been shown to assist in the cessation of self-injury (Glenn, Franklin & Nock, 2014), this study indicates that there may be individual differences in what ‘improvement’ means to those who self-injure.

This study usefully sheds light on both sibling relationships in young adulthood and how young adults with a history of NSSI make sense of sibling relationships retrospectively, the latter being an important aim of this study. Participant accounts were mixed in the way that they described their current sibling experience and, for several, there was no sense that their relationships could be described as ‘close’. However, what seemed interesting is that, for nearly all participants, there was a sense that sibling relationships were meaningful and worthy of being maintained, even if contact was infrequent. This perhaps indicates that siblings may continue to be important to young women with a history of self-injury even when their adolescent relationships were characterised by disconnection and aggression.

There is sparse research on sibling relationships in young adulthood (Scharf et al., 2005), but it seems clear that siblings were still a part of these young women's lives, albeit in a less central way. Researchers who have emphasised the centrality of siblings in family life, as well as the influences they have on child and adolescent development, could continue to study this relationship into adulthood (McHale et al., 2012). There are thus several ways in which the findings of this study contributed novel insights, not least on the under-researched impact of sibling relationships on NSSI.

4.3. Clinical implications and relevance to counselling psychology

This research is clinically important in terms of both highlighting an area that has not been previously studied and furthering knowledge of the experience of sibling relationships in adolescence. The findings may also be of interest to practitioners working with clients who self-injure. One of the aims of this study was to give voice to young adult women's experience of sibling relationships, affording practitioners new insight into family life from participants with a history of self-injury, for whom the socio-cultural context of self-injury has been shown to be important. The themes that emerged from the analysis should invite clinicians to take the sibling relationship into account when working with those who self-injure, and to explore the meanings that clients associate with these relationships.

Childhood abuse has long been associated with self-injurious behaviours (Sutton, 2007); however, these findings may be of particular interest to clinicians, in that the accounts did not portray family contexts where emotional, physical or sexual abuse were rife. In this study, sibling (and parental) relationships were invalidating, due to a lack of communication and a sense of rejection, which perhaps contributed to participants' negative self-perceptions. Many of the young adult participants suggested that their problematic relationships in adolescence, whilst currently improved, were still painful to remember. There were scars from adolescence that were not caused by self-injury. The study thus highlights other problematic factors worthy of exploration in the family context, not least sibling relationships.

Findings around reciprocal aggression and the intensity of sibling responses to self-injury further suggest the need for clinicians to take into account the mental health and well-being of the siblings of adolescents who self-injure. Zetterqvist et al. (2013) highlight the importance of teaching communication skills and including different family members when treating NSSI, and the present findings support this. Inclusion in therapy would enable siblings to gain a conceptual understanding of the functions and meaning of self-injury,

which may allow them to mitigate their response to a sibling who self-injures. This could promote better communicate between siblings about self-injury – a behaviour that was experienced by participants as 'unspeakable,' even when siblings were quite close. Clinicians might also wish to gain insight into the sibling interactions from different perspectives, including the siblings themselves and not just the client or their parents. Conversely, parental understandings of sibling interactions could be enhanced in family therapy, providing parents with the valuable opportunity to have a greater influence on their children's relationships with each other. Indeed, Ferrey et al. (2016a) found parents of adolescents who self-injure noted that self-injury impacted the whole family (including siblings), and negatively affected their mental health. The mental health of siblings should not be ignored by clinicians in this context.

One thing that was particularly striking in the personal accounts of both self-injury and sibling relationship is that relationship quality can vary with different siblings in the same family, even with the same sibling. Practitioners should be encouraged to explore relationships with *all* siblings, and recognise individual differences therein. Self-blame and self-criticism were highlighted by participants as central to their negative perception of themselves in their sibling relationships. Clinicians' attention should be drawn to ways in which those who self-injure have tendencies towards self-criticism and lack self-compassion. Kramer (2010) notes that the tendency to focus on sibling conflict as the primary feature of sibling aggression means that other aspects of sibling relationships are overlooked. Certainly, this research has highlighted that there are other dimensions of sibling relationships that should be considered by practitioners, when working with individuals or families in the context of self-injury. These may include disconnection, communication (especially around self-injury), and how siblings can support each other.

The clinical implications discussed here will clearly have relevance to the work of counselling psychologists in practice. Counselling psychology 'attempts to bridge the gap between research and practice and conceptualizes human activity and meaning relationally' (Manafi, 2010). The 'subjective interpretative base' (Rafalin, 2010) of counselling psychology suggests that this research may have particular value, in that it emphasises first-hand accounts of an experience that has previously not been researched. IPA aligns itself with the values of a counselling psychologist, in that it gives primacy to the subjective experience and can therefore be used to inform practice. This study should encourage counselling psychologists to pay attention to sibling relationships in a clinical context, perhaps especially when working with clients who self-injure. Counselling psychologists, who emphasise the subjective experience, may be well-placed to offer a meaningful therapeutic relationship

where clients can safely explore the complexity of their family relationships. Furthermore, a recent study has emphasised the importance of engaging families in the management of adolescent self-harm suggesting that such engagement leads to better clinical outcomes (Aggarwal & Patton, 2018).

4.4. Evaluation of Study

4.4.1. Strengths

This study has a significant number of strengths and the author was mindful of the criteria for good qualitative research throughout the process, which include sensitivity to context, commitment and rigour, transparency and coherence, and also impact and importance (Yardley, 2000). The strengths in terms of the researcher's approach were highlighted in the methodology chapter (see section 2.3.4.). However, on completion of the analysis and discussion, several other strengths of this study were apparent.

A clear strength of this study was the fact that it addressed a previously under-researched area and brought siblings to the fore in the context of NSSI in adolescence, where the family environment has been shown to be important (Tatnell et al., 2014). The researcher engaged with the literature in a rigorous manner, in order to situate the current findings in the literature, which was also part of maintaining sensitivity to context, in terms of the research that already exists. The novel findings that emerged in relation to sibling relationships and self-injury spoke to the importance and potential impact of the study. Elliott et al. (1999) consider one of the important guidelines for good qualitative research to be its ability to resonate with the reader. It is hoped that this study will resonate with readers, particularly practitioners and researchers, and enhance their understanding of this subject.

Moving towards the end of this research project, every effort has been made to ensure that the work was presented in a transparent and coherent manner throughout. Transparency is indicated by clearly highlighting the rationale and procedural steps at every stage of the research. Elliott et al. (1999) further describe the need for authors to 'own their perspective'. Throughout this research, I have reflected and commented on my own theoretical, personal and methodological orientations, notably in my field journal. I have also recognised my own personal values, interests and assumptions, where relevant.

4.4.2. Limitations

There were several limitations worthy of reflection in the context of this study, including limitations related to IPA as a methodology. The retrospective nature of this study invites consideration of the issue of memory, and the different ages of participants (between 18 and 30), mean that differential recall periods may have impacted their ability to recall and describe childhood events (Bifulco et al., 2014). This could also be considered a limitation in terms of the phenomenological approach generally, which aims to 'capture the way the world presents itself to the individual in an immediate (unmediated) sense' (Willig, 2008, p.69). However, several participants did note that this was the first time that they had reflected on their sibling relationships in depth during the interview process. Van Parys, Smith and Rober (2014), in a study exploring experiences of growing up with a distressed mother, found that participants were able to vividly recount their childhood experiences, despite a long time having passed. The participants were aged between 39 and 47 years old and so were significantly older than those in this study. Furthermore, previous researchers have noted that emerging adults were better able to reflect on the changes in the sibling relationships than adolescents (Scharf, et al., 2005).

The use of a homogenous sample is recommended for IPA studies (Smith et al., 2009) and, indeed, diversity was limited here, as all participants were white British females. Exploring experiences of self-harm in the family context in other cultures may be important, as these may be different (Ryan et al., 2008).

As noted, the use of a small sample, typical of IPA, and the interpretative nature of the study prevent the findings being generalizable. Moreover, Willig (2008) notes that while phenomenological research can produce detailed and rich descriptions of someone's experience, it cannot tell us why these experiences occur. Unlike Grounded Theory, IPA does not attempt to unearth an explanatory model (McLeod, 2011). However, as highlighted in the discussion section, the novel findings of this study could be situated in the existing literature and will hopefully make a contribution to knowledge in this field, not least as this is the first study to explore this topic qualitatively.

While every effort was made throughout this research to be transparent and 'own' my perspective, there may have been times when my work was unknowingly impacted by my own values, or indeed by my clinical knowledge, as a trainee counselling psychologist. Indeed, my original interest in studying sibling aggression, rather than sibling relationships could have fed into the analytic process. The fact that participants had originally been

recruited to be interviewed about sibling aggression and self-injury also needed to be considered carefully. However, despite knowing this was the subject area of the study, nearly all participants were able to highlight positive elements in their sibling relationships. Participants were asked to denote positive elements in their sibling relationships; however, several participants elected to highlight such insights without, or before, encouragement. Once the importance of the positive aspects in sibling relationships started emerging from the data, I worked hard to limit potential bias in my interpretative work, through careful use of the steps suggested by Smith and colleagues (2009), and my commitment to making sense of both the positive and negative elements of sibling relationships.

Elliott et al. (1999) suggest that there are several ways to check the credibility of findings in qualitative research, which include checking understandings with the original participants, or using multiple researchers. Unfortunately, due to the function of this research, as my doctoral thesis, it was not possible to use multiple researchers, and time constraints prevented me from checking my themes with the participants. In the absence of the ability to check the credibility of my research via 'triangulation', I relied on a rigorous approach to IPA and the use of supervision with my research supervisor to ensure that my findings would remain well grounded in my participants' accounts, and that they would speak clearly to my research question.

4.5. Directions for Future Research

This research, as the first qualitative study to consider sibling relationships in the context of NSSI, offers a number of exciting directions for future research. Primarily, the research on sibling relationships and self-injury is still in its infancy and further studies (both qualitative and quantitative), could add to the knowledge base for researchers and clinicians. Based on these findings, future research could emphasise the different dimensions in sibling relationships, rather than simply focusing on sibling conflict, which many previous studies have done (Kramer, 2010). Also, findings in this study suggest that some young women use self-injury to deal with sibling relationships. Future research could explore this further, as the sibling relationship has been shown to be relevant to self-injurious behaviours in one other study (Bowes et al., 2014).

Sibling relationships can be understood from several theoretical perspectives and there are a significant number of dimensions to simultaneously consider; this points to the complexity of these relationships and perhaps makes them somewhat challenging to study. Thorough research into siblings clearly highlights that there is no consistent theory of sibling

relationships (Katz & Hamama, 2016). The findings of this study were tentatively framed using different theoretical approaches, including attachment theory, social comparison theory and family systems theory. Attachment theory seems to offer an especially interesting framework for understanding sibling relationships in the context of self-injury, as previous research has emphasised that problems in developing secure attachments with mothers can increase vulnerability to NSSI (Gandhi et al., 2016). However, future studies could attempt to understand sibling relationships and self-injury from different theoretical perspectives, in order to inform practice and extend theoretical knowledge.

As noted above, a homogenous sample is a strength when using IPA. However, it also prevented inclusion of men which may be an interesting area for future studies. No study has looked specifically at male adolescents' – or adults' – experience of sibling relationships in the context of NSSI. Researchers in this area could include more ethnically diverse participants too, which could inform how sibling relationships and self-harm are experienced in different cultures. This study did not include 'other reporting sources' (Adrian et al, 2011). For example, siblings or parents of participants could have been included in the study to afford a more rounded perspective of the experiences of siblings in adolescence.

This research also highlighted differential experiences with individual siblings in the same family, suggesting studies that focus on the relationship with only one sibling may fail to capture the complexity and divergent relationships in families with multiple siblings. Very few qualitative studies of sibling relationships exist, with even fewer examining the inter-sibling dynamic, especially in contexts where there are multiple siblings. Researchers have shown interest in sibship size, age difference and gender combinations, which may be an interesting area for future study in the context of adolescent mental health. For example, there has been data that suggests that sisters may have closer relationships than brothers (Fuhrman & Buhrmester, 1992). Another study has explored the moderating role of family structure characteristics on depression symptoms in adolescence (Kim, McHale, Crouter & Osgood, 2007). This may be an interesting area for future study in the context of NSSI and could include consideration of sibship size, gender and age difference. Questions, such as whether having more or fewer siblings of a certain gender is relevant to self-injurious behaviour in adolescence, would be interesting avenues to pursue. Further, longitudinal studies in this area would allow researchers to have a clearer picture in changes in sibling relationships across the lifespan. This seems especially pertinent, as the sibling relationship is the most enduring of all familial relationships and participants described changes in their relationships over time. Further, the original aim of this research was to interview adolescents about their sibling relationships, but this was thought to be ethically problematic

by the researcher. However, research in the future could take an arguably less emotive quantitative approach to understanding the association between self-injury and siblings in adolescence.

Ferrey et al. (2016a) found that parents of adolescents who self-injured welcomed the opportunity to meet other parents in similar situations and the authors suggested support groups. Future research could consider different interventions and ways to encourage the siblings of adolescents who self-injure to meet others who have had similar experiences. In a similar vein, another finding in this study was that participants felt disconnected from siblings during adolescence. Perhaps clinical research could emphasise different systemic interventions to help siblings to communicate around self-injury. For example, Kramer (2014) suggests that emotion-focused family therapy may be an interesting framework to develop insight into the sibling relationship. In this approach, 'emotion is viewed as both the target and mechanism for change within relational contexts' (p.163). Indeed, the aggressive behaviour and emotionally-charged negative responses to NSSI described by several participants in this study suggest that their siblings, too, were struggling with their mental health. Future research could explore the psychological well-being of young people with siblings who self-injure, as findings here indicate they may well be in need of psychological support.

4.6. Final Reflections

It seemed fitting, as I moved towards the end of this research project, to reflect on my learning, both personally and methodologically. This research has been challenging and exciting from the outset and brings together two topics that are, in my view, fascinating. Despite knowledge of the time commitment involved in qualitative research, I was still amazed at how long the process took from start to finish. Analysis of all 8 interviews took me over 6 months, which seemed an extraordinary endeavor. However, my rigorous approach throughout this stage allowed me to have a thorough knowledge of each of the participants' accounts, and to gain insight into how their sibling relationships had been experienced during adolescence. My level of familiarity with their narratives was such that I could read almost any excerpt and know immediately which participant had spoken the words. This gave me a powerful sense of connection to the participants, which I feel helped motivate me throughout the entire process. My motivation was also increased by my knowledge that I was exploring an area that had previously received little attention. As I progressed through the research, the gap in the study of sibling relationships and NSSI became so surprising that I regularly completed literature searches to check that I had not missed a similar study.

Throughout the process of analysis, I was struck by the individualistic and complex nature of sibling relationships. While the findings of the research spoke to the research question itself, there were parts of their accounts not discussed that were also fascinating. For example, how parents mediate sibling relationships was an area of interest that emerged from the narratives. Differential treatment of siblings seemed prevalent among participant accounts, but also the fact that parents were quite absent in the lives of some participants. It was noticeable that, when participants described significant acts of aggression between siblings, their parents were not present. This study also proved fascinating, as it highlighted that violence and emotional abuse can take place between siblings in families that are not characterised by abuse or neglect. Historically, much of the literature has emphasised self-injury as a response to traumatic child abuse yet, for some of these participants, self-injury emerged in familial environments that had not historically been abusive or entirely dysfunctional. To me, this suggested the importance of using a qualitative approach to give voice to these stories of sibling relationships that were, at times, full of conflict, but also a source of support. The accounts spoke to the ability of siblings to let go of the past and move forward, but the detail in which sibling interactions in adolescence were described showed that these memories remain meaningful to these women.

One area of concern with this research was the potential to impact negatively on participants by asking them to recall in detail difficult memories from their younger years. However, this was not my experience in person. Participants seemed to enjoy the opportunity to tell me about their sibling experiences and I got a sense that there was something positive for them in simply telling their side of the story, perhaps because they had not had the opportunity to do so previously. Further, one of the challenges of remaining in the role of the 'researcher' rather than the 'therapist' was that I felt very much 'on their side' as they shared their retrospective accounts and I hoped they sensed that in order that it felt safe for them to share their stories. Yet I did reflect on how this might colour my analysis in that I had to separate my own feelings about how they had been treated from how they felt about that experience. I reflected that by offering a chance to explore their sibling relationships I was offering participants a safe and non-judgemental space that might not have been afforded to them in the family context where very complex dynamics exist with siblings, even now.

One of the challenges of using a retrospective approach in that it added a different layer – the challenge became for me to make sense of their sense-making of an experience that had happened some time ago which was not the initial aim of the project. However, as I have highlighted participants did seem to be making sense of the sibling (and family)

experience for the first time in many cases and to this extent I felt that I still was able to access the rich experiential claims and understandings that are central to the IPA approach. It also seemed clear that with the benefit of time participants had noticed changes in their sibling relationships which ultimately formed an important part of the findings of the analytic process. Indeed, changes in the sibling relationship across the lifespan are an important area of potential future research.

Participants' accounts were impressive in terms of the way that they could remember detailed events and seemed to remember what their siblings had said to them; however, there was sometimes a deeper level of meaning that was missing. Accounts were sometimes overly descriptive and, on several occasions, I felt that participants were not able to fully explain the impact of their sibling relationships. While the secretive nature of NSSI is well-documented I wondered if participants wanted to protect their siblings by not 'telling on them'. Indeed, Jessica noted 'I kind of feel like I'm bitching about him. You know telling you what happened' (L658-659). Despite years of living with her aggressive, and arguably abusive, brother, Jessica remained to some extent loyal to him. This point about the ability of participants to forgive their siblings was further highlighted by the fact that they all maintained some kind of relationship with their siblings, whatever level of conflict had characterised their adolescence. To me, this suggested that some participants may have struggled to name or describe the extent to which they were hurt by their siblings and I wonder how different their accounts would have been, had I interviewed them at the time. However, these retrospective accounts still managed to display the complexity and multiple dimensions in sibling relationships that were present for participants when they were navigating through the difficult terrain of an adolescence dominated by self-injurious behaviour.

This study encouraged me to reflect on both who I am and how I am as a sibling. Reflections on my own adolescence put me in mind of times when I had not listened to my sisters (particularly the youngest), or had not given them the care or attention that they may have needed. There have also been times when I have felt I have not measured up to my sisters: they are impressive women, sometimes intimidatingly so. I will endeavor to take a more attentive approach to these relationships going forward, which I feel may be the result of both this research and training as a counselling psychologist. This study also served to highlight the developing relationships between my two young daughters and gave me pause to reflect on how I want to support the development of a happy and healthy relationship between them.

I have reflected elsewhere on what it means to have sisters as opposed to brothers and I did notice in the process of analysis that there were differences in these relationships for participants. I wondered if the lack of physical aggression I experienced, compared to participants, in my own sibling relationships impacted my sense-making of this experience. Admittedly, I was horrified by the physical and verbal aggression that some participants experienced from their brothers particularly. Self-injury too was portrayed as an act of aggression towards the self. My training as a counselling psychologist drove my empathic response to participants in terms of the aggression they experienced from others (siblings) and the aggression they directed at themselves through self-injury. On a personal level there were two ways in which I was distinct from the participants in that I had not experienced sibling aggression in the same way nor did I have a history of self-injury. To this extent, I noted my own sense that the participants were particularly vulnerable.

The initial focus of this study was sibling aggression (as opposed to sibling relationships generally) and I reflected in the latter stages of this research that I had not considered the extent to which the aggression between siblings would be reciprocal despite an awareness of its prevalence generally in sibling relationships. Reciprocal aggression was certainly apparent in the accounts and I felt empathy for participants' siblings too. Despite feeling that I was on the 'side' of the participants they clearly noted that they had behaved aggressively towards their siblings, indeed to such an extent that it drove their negative perceptions of themselves. My focus remained on how the participants themselves experienced this reciprocal aggression as I could not know how it was experienced by their siblings. I was conscious that being 'on the side' of the participants did not mean that their negative actions towards siblings should not be highlighted. Similarly, a change in focus to the sibling relationship generally meant that the positive elements of the sibling relationship emerged as important and interesting. These reflections speak to the complexity of sibling relationships generally in that they hurt each other but also offered a source of support when things were most difficult.

My hopes for this research are that it will emphasise the importance of the sibling relationship both in the context of NSSI and, perhaps, generally in family research and practice. Siblings not only seem to offer participants a forum for emotional and personal learning or development (Kramer, 2010), they can also be companions or resources for adolescents when they are struggling, which was one important finding in this study. Adolescence can be a very difficult time and I hope this research highlights the multiple roles siblings can play for adolescents in distress, which are certainly worthy of clinical attention.

4.7. Conclusion

Self-injury has been widely accepted as a major health concern and is a multi-professional issue (Turp, 1999). There is also a significant co-occurrence of self-injurious behaviour, suicidal ideation and suicide, with millions of people across the world losing a loved one to suicide each year (Muehlenkamp, 2014; Nock, 2009). While self-injury has been regarded as an 'over-determined' phenomenon, this research sought to bring a new aspect of it to light: how women who self-injure make sense of sibling relationships retrospectively. Some 90% of Western adults have some form of sibling (Milevsky & Heerwagen, 2013), yet sibling relationships have not received much attention from researchers and clinicians generally in the context of NSSI.

Participant accounts highlighted the reciprocal disconnection they experienced from their siblings and also significant incidents of aggression. This study usefully drew attention to the way that NSSI was understood to cause problems between siblings, as well as being a coping mechanism to deal with sibling relationships. Siblings could also, somewhat paradoxically, be experienced as a resource, and relationships with siblings seemed to improve over time. These findings are novel and add to the growing literature on relationships in the family context generally. Counselling psychologists should be encouraged to consider the importance of sibling relationships when working with clients who self-injure, either individually or systemically.

5. References

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6. Appendices

6.0. Appendix A – Ethics Form (with amends)



Psychology Department Standard Ethics Application Form:
Undergraduate, Taught Masters and Professional Doctorate Students

This form should be completed in full. Please ensure you include the accompanying documentation listed in question 19.

Does your research involve any of the following? ***For each item, please place a 'x' in the appropriate column***	**Yes**	**No**
Persons under the age of 18 *(If yes, please refer to the Working with Children guidelines and include a copy of your DBS)*		X
Vulnerable adults (e.g. with psychological difficulties) *(If yes, please include a copy of your DBS where applicable)*	X	
Use of deception *(If yes, please refer to the Use of Deception guidelines)*		X
Questions about potentially sensitive topics	X	
Potential for 'labelling' by the researcher or participant (e.g. 'I am stupid')	X	
Potential for psychological stress, anxiety, humiliation or pain	X	
Questions about illegal activities		X
Invasive interventions that would not normally be encountered in everyday life (e.g. vigorous exercise, administration of drugs)		X
Potential for adverse impact on employment or social standing		X
The collection of human tissue, blood or other biological samples		X
Access to potentially sensitive data via a third party (e.g. employee data)		X
Access to personal records or confidential information	X	
Anything else that means it has more than a minimal risk of physical or psychological harm, discomfort or stress to participants.		X

If you answered 'no' to all the above questions your application may be eligible for light touch review. You should send your application to your supervisor who will approve it and send it to a second reviewer. Once the second reviewer has approved your application they will submit it to psychology.ethics@city.ac.uk and you will be issued with an ethics approval code. You cannot start your research until you have received this code.

If you answered 'yes' to any of the questions, your application is NOT eligible for light touch review and will need to be reviewed at the next Psychology Department Research Ethics Committee meeting**.** You should send your application to your supervisor who will approve it and send it to psychology.ethics@city.ac.uk. The committee meetings take place on the first Wednesday of every month (with the exception of January and August). Your application should be submitted at least 2 weeks in advance of the meeting you would like it considered at. We aim to send you a response within 7 days. Note that you may be asked to revise and resubmit your application so should ensure you allow for sufficient time when scheduling your research. Once your application has been approved you will be issued with an ethics approval code. You cannot start your research until you have received this code.

Which of the following describes the main applicant? ***Please place a 'x' in the appropriate space***	
Undergraduate student	
Taught postgraduate student	
Professional doctorate student	X
Research student	
Staff (applying for own research)	

1. Name of applicant(s).

Isobel Scaife

2. Email(s).

Isobel.scaife@city.ac.uk

3. Project title.

Non-suicidal self-injury and sibling aggression in adolescence. A retrospective inquiry.

4. Provide a lay summary of the background and aims of the research. (No more than 400 words.)

Non-suicidal self-injury (NSSI) is the direct and purposeful destruction of an individual's body tissue in the absence of any intention of suicide (Choate, 2012). It is well documented in psychological research that NSSI is a prevalent problem among adolescents with estimated rates of NSSI varying from 5.5% to 30.7% (Muehlenkamp et al., 2012; You et al., 2013). Importantly, the relatively high prevalence of NSSI has not just been found among those suffering from psychiatric problems but also those in the general community (Jacobson & Gould, 2007). For education and mental health professionals NSSI remains a significant problem when working with adolescents. Indeed, NSSI is now a distinct condition as recognised by the DSM-V whereas previously it was only included as a symptom of borderline personality disorder (McAndrew & Warne, 2014). In contrast to NSSI, sibling aggression has not been widely recognised as problematic for adolescents and arguably warrants more attention in research as well as clinical settings (Buist, Dekovic and Prinzie, 2013). Risk factors for sibling aggression have not been identified nor the short or long term effects despite it being the most common form of interpersonal aggression (Hoetger, Hazen & Brank, 2015).

Adolescents who self-injure may be increasingly vulnerable to the experience of sibling aggression, which previous quantitative research suggests is not a benign experience (Hardy et al., 2010) and may increase the risk of mental health problems such as self-harm (Bowes et al., 2014).

This research aims to qualitatively and retrospectively explore the experiences of both sibling aggression and NSSI with young adults who have experience of both. The study hopes to bridge the understanding of these two phenomena in a way that may inform both practice and theory for counselling psychologists.

5. Provide a summary of the design and methodology.

This study is qualitative in design and will use Interpretative Phenomenological Analysis (IPA) as a methodology. Following IPA guidelines, a sample of 8 to 10 adults will be asked to take part in the research study. Participants will be interviewed using semi-structured interviews where open questions will be used to explore how they (as adolescent self-injurers) made sense of the sibling aggression they experienced. Transcription and analysis of data will then be completed in accordance with IPA protocol in order to understand the different master themes that emerge. IPA methodology will be guided by the seminal text: Interpratitve Phenomenological Analysis: Theory, Method & Research by Smith, Flowers & Larkin (2009).

6. Provide details of all the methods of data collection you will employ (e.g., questionnaires, reaction times, skin conductance, audio-recorded interviews).

Demographic information will be collected via a self-developed questionnaire that will include information about the participants age, ethnicity, number and age of siblings and socioeconomic status. Emergency contact details will also be taken from participants in order that the researcher has someone to contact on their behalf in case of an emergency.

In accordance with IPA methodology, semi-structured interviews will be used and audio recorded to later be transcribed and analysed by the researcher. The questions used for these interviews will be developed in accordance with the IPA framework in order to establish how individuals who self-injure make sense of sibling aggression and how they understood that experience. Questions as well as specific prompts will be used to illicit examples of this experience from participants.

7. Is there any possibility of a participant disclosing any issues of concern during the course of the research? (e.g. emotional, psychological, health or educational.) Is there any possibility of the researcher identifying such issues? If so, please describe the procedures that are in place for the appropriate referral of the participant.

It is possible that a participant may disclose an issue of concern during the research due to the nature of the topic under discussion (sibling aggression). As a trainee counselling psychologist I am aware of safeguarding issues when working with clients. Procedures will be put in place that will involve referral to a suitable clinician and/or social care service, those who are experts in the field. It is expected that participants will be recruited from mental health charity settings where they are already accessing counselling services (or could do easily if required) however every effort will be made to ensure, where necessary, appropriate referral to local psychological and support services is made available to all participants.

Furthermore, as a trainee counseling psychologist I regularly access both internal and external supervision in the placements where I complete my placements (where the clients will be recruited from) and therefore should any concerns arise I will be able to liaise with supervisors and/or line managers immediately and seek advice should it be required.

As part of the debriefing process an optional group session will be organised where participants can attend to discuss any issues that have arisen as a result of their participation in research. The main researcher will not attend this session and the

content of the research interviews will not be included. The session will be led by a qualified counseling psychologist and will offer participants an opportunity to process any issues or concerns that have surfaced as a result of the research study.

8. Details of participants (e.g. age, gender, exclusion/inclusion criteria). Please justify any exclusion criteria.

All participants will have experience of NSSI and sibling aggression. Inclusion criteria include: (1) Age 18 to 30 years (2) Female. (3) All participants must also have at least one sibling who they lived with during adolescence (4) All participants must have a history of non-suicidal self-injury as described above.

Participants who are suicidal or have attempted suicide will be excluded on the basis that this study is investigating those who historically self-injured but were not suicidal. Furthermore, participants who are currently accessing secondary care mental health treatment will not be included as this may be disruptive to any on-going treatment and they may find the context of the study emotionally difficult to manage.

The aim of these criteria is to find young adults who used to self-injure and who have experienced aggression in their relationship with siblings. Female participants within a certain age category will be used in order to gain data from a relatively homogenous sample. To this extent it is expected that participants who are involved in the study will be British and speak English as their first language, participants who do not fit this criteria will be excluded from the study. Again, the aim here is to ensure homogeneity among the participants.

It has also been decided not to exclude participants who still partake in some form of non-suicidal self-injury as this may be relevant to the line of enquiry within the study itself. However, care will be taken to ensure that the aim and scope of the study are fully explained to participants therefore minimising the potential negative impact on their emotional well-being. Again, the main researcher will always defer to clinicians, supervisors and any other appropriate staff members in order to ensure that a participant is suitable for involvement in the study.

9. How will participants be selected and recruited? Who will select and recruit participants?

Participants will be recruited through charity mental health settings in Wiltshire which will include Wiltshire Mind, Preservation Against Self-Harm (PASH), Help Counselling and Developing Health & Independence (DHI).

It is expected that clinicians within these settings will advise on potentially suitable candidates but poster and flier adverts will also be used to recruit appropriate participants. The researcher will liaise with clinicians, supervisors, key workers and line managers with regards to suitability of participants and those who approach the researcher as a result of seeing the poster will be recruited by researcher in line with the exclusion and inclusion criteria highlighted above. Any clinicians or staff members who assist in recruiting will be briefed as to the importance of voluntary consent and will be encouraged not to put any pressure on any clients to participate.

10. Will participants receive any incentives for taking part? (Please provide details of these and justify their type and amount.)

No incentives will be given for taking part in the study. Parking or travel costs will be paid to participants where necessary so it is not a financial cost to them to participate in the study.

11. Will informed consent be obtained from all participants? If not, please provide a justification. (Note that a copy of your consent form should be included with your application, see question 19.)

Written consent will be sought from all participants. Consent will only be requested from the participant once the whole study has be explained in order that they are fully informed as to the nature and scope of the research. To this extent the participant will then be able to give their own informed consent form. It will be reinforced to the participant that consent is voluntary and may be withdrawn at any point with no penalty incurred. If a participant is currently accessing counseling services it will be made clear that participation and/or withdrawal from the study will not impact ongoing treatment. It is thought that offering a consent form for participants to sign is confirmation of their assent and further gives them more information about the study.

All consent forms will include a stipulation about the right to record the interviews with the participant.

12. How will you brief and debrief participants? (Note that copies of your information sheet and debrief should be included with your application, see question 19.)

Participants will be given an information sheet prior to consenting to the study in order that they have a full understanding of the nature and scope of the research. All participants will be given the opportunity to meet with the primary researcher prior to the interview in order to ask any questions or raise any concerns. Part of the briefing process for participants will include details of the debriefing process which is highlighted below.

After interviews have been completed a debriefing process will be undertaken where participants will be given the opportunity to read the debrief sheet, ask questions and raise any concerns they may have about participating in the study. The debriefing process will also include the offering of participants to attend a group debrief session where a qualified counseling psychologist (not the main researcher) will be available to therapeutically discuss any issues that may have arisen as part of the participants involvement in the study. It is hoped that this optional post-research debrief will form effective closure for the participants. Where necessary, appropriate referrals will be made to access social care services locally. It is expected that all participants will either be accessing or have previously accessed the counselling service at the charity setting from which they were recruited. To this extent, they would have access to this service again (or another to which they may be referred) should it be required.

13. Location of data collection. (Please describe exactly where data collection will take place.)

Data will be collected at the offices of the relevant mental health charity in a setting where the researcher works normally (with the exception of PASH) as part of her training in counseling psychology.

Addresses below:
Mind Wiltshire, 24a High Street, Melksham, Wiltshire SN12 6LA
DHI , The Beehive, Beehive Yard, Avon, Bath BA1 5BD
PASH, Swindon Advice & Support Centre, Sanford Street, Swindon, SN1 1QH
Help Counselling, Kestrel House, Mill Street, Trowbridge, Wiltshire BA14 8BE

A private room will always be used for the interview process. The aim is that the interview takes place in a relaxed and non-threatening location where the participant is comfortable and familiar. Furthermore, the researcher will be working in an environment with which they are professionally familiar and are aware of the health and safety procedures. It will also be necessary to ensure that there is no lone working on the part of the researcher at any time so research interviews will take place during working hours when the offices are well attended. A full risk assessment will be completed to ensure the safety of both the participant and researcher.

13a. Is any part of your research taking place outside England/Wales?		
No	**X**	
Yes		If 'yes', please describe how you have identified and complied with all local requirements concerning ethical approval and research governance.

13b. Is any part of your research taking place <u>outside</u> the University buildings?		
No		
Yes	X	If 'yes', please submit a risk assessment with your application.
13c. Is any part of your research taking place <u>within</u> the University buildings?		
No	X	
Yes		If 'yes', please ensure you have familiarised yourself with relevant risk assessments available on Moodle.

14. What potential risks to the participants do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

As a researcher I aim to avoid the risk of harm to the participants as much as possible. Due to the potentially sensitive nature of the research a 1:1 interview is being used in order to ensure that the participant is not left in a distressed state with no access to support. It may be that the subject matter of the interviews is distressing for the participant. I will ensure that I am in a position to assist the participant to access appropriate help and support should this be necessary whilst also recognizing the limits of my own expertise as a trainee.

It is hoped that other clinicians, supervisors and line managers within the research setting (gatekeepers) will be able to advise as to the best procedure should any distress arise. The risk of distress will further be managed by ensuring that the participant takes details of support services away with them in the form of the debrief sheet and/or attends the optional debriefing session on offer.

Safeguarding and confidentiality policies will also be fully explained to participants in order that they know the limits of confidentiality should a risk to themselves (or

someone else) be disclosed. This is extremely important not least as the topic of the research is sibling aggression which may include historical or ongoing violence. As noted, safeguarding and confidentiality policies of the setting where research is taking place will be strictly adhered to throughout the process. It will also be ensured that interviews take place in a setting where participants cannot be overheard at all.

Participants will also be asked if they have any ongoing medical conditions that may put them at risk when completing the research and appropriate measures put in place if so. Emergency contact details will be obtained for all participants, in most cases this will be a family member who can be contacted in case of emergency or should the participant become very distressed.

Health and safety regulations for the setting where the research is being completed will be taken into account and followed strictly. It is not expected that there will be any major health and safety issues arising as a result of this research. However, a risk assessment will be completed within the research setting following their procedure. As the trainee is familiar with most of the potential research settings it is hoped that any practical risks can be minimized for the participants.

15. What potential risks to the researchers do you foresee, and how do you propose to deal with these risks? These should include both ethical and health and safety risks.

Again no particular health and safety risks are predicted for the researcher however every effort will be taken to familiarize the researcher with the health and safety regulations of the setting and they will be adhered to accordingly. The researcher will never do any lone working and will have a personal alarm in the room when completing interviews to be used in case of emergency.

Ethical risks to the researcher include potential for distress when working with this vulnerable population. Both supervision and personal therapy will be made available to the researcher in order that there is an opportunity to process any concerns that may arise. This risk may also be extended during the transcription and analysis process, the researcher will ensure that they have access to this support network throughout the process. A reflexive diary will be kept by the main researcher in order that they have an opportunity to reflect on their learning from the research.

Participants will also be screened in terms of risk of aggression towards the researcher. While this risk is expected to be minimal it will need to be considered and any participant with a history of violent behaviour towards professionals will not be included in the research. As most participants will be known to the service where research is taking place it is hoped that risk can be minimized as a full risk assessment will have taken place but will be considered for all potential participants on an ongoing basis.

16. What methods will you use to ensure participants' confidentiality and anonymity? (Please note that consent forms should always be kept in a separate folder to data and should NOT include participant numbers.)

Due to the qualitative nature of the study it is not possible to ensure confidentiality however a strict procedure will be followed to ensure anonymity for all participants.

Due to the sensitive nature of the topic, every effort will be made to anonymize participants especially if publication of the findings goes ahead. Consent forms will always be kept in a separate folder to data and will not include participant numbers. It is important that participants safety is ensured above the responsibility that the researcher has to confidentiality and anonymity. As noted, safeguarding policies for the individual settings will be adhered to in order to ensure participant safety as far as possible.

Participants will also be informed about issues of data protection in terms of storage of their interview recordings. Recordings will be stored on password accessible only computer and will not be accessible to anyone except the researcher. Pseudonyms will be used for all publishable material to ensure anonymity of participants and any siblings or family members they may mention by name.

Please place an 'X' in all appropriate spaces

Complete anonymity of participants (i.e. researchers will not meet, or know the identity of participants, as participants are a part of a random sample and are required to return responses with no form of personal identification.)	
Anonymised sample or data (i.e. an *irreversible* process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates.)	**x**
De-identified samples or data (i.e. a *reversible* process whereby identifiers are replaced by a code, to which the researcher retains the key, in a secure location.)	**x**
Participants being referred to by pseudonym in any publication arising from the research	**x**
Any other method of protecting the privacy of participants (e.g. use of direct quotes with specific permission only; use of real name with specific, written permission only.) ***Please provide further details below.***	**x**

The use of direct quotes from participants in publishable material will only be done with the express written consent of the participant.

17. Which of the following methods of data storage will you employ?

Please place an 'X' in all appropriate spaces

Data will be kept in a locked filing cabinet	**x**
Data and identifiers will be kept in separate, locked filing cabinets	
Access to computer files will be available by password only	**X**
Hard data storage at City University London	
Hard data storage at another site. *Please provide further details below.*	**x**

Interview recordings to be kept on memory stick in locked filing cabinet at home of primary researcher or on a password protected computer. Address: 4 Pickwick, Corsham SN130HZ

18. Who will have access to the data?

Please place an 'X' in the appropriate space

Only researchers named in this application form	**x**
People other than those named in this application form. *Please provide further details below of who will have access and for what purpose.*	

19. Attachments checklist. *Please ensure you have referred to the Psychology Department templates when producing these items. These can be found in the Research Ethics page on Moodle.

Please place an 'X' in all appropriate spaces		
	Attached	**Not applicable**
***Text for study advertisement**	X	
***Participant information sheet**	X	
***Participant consent form**	X	
Questionnaires to be employed		
Debrief	X	
Copy of DBS	X	
Risk assessment	X	
Others (please specify, e.g. topic guide for interview, confirmation letter from external organisation)		
Schedule of interview questions	X	

20. Information for insurance purposes.

(a) Please provide a brief abstract describing the project

Adolescents who self-injure may be increasingly vulnerable to the experience of sibling aggression, which previous quantitative research suggests is not a benign experience (Hardy et al., 2010) and may increase the risk of mental health problems such as self-harm (Bowes et al., 2014). This research aims to qualitatively and retrospectively explore the experiences of sibling aggression and NSSI and bridge the understanding of these two phenomena in a way that may inform both practice and theory for counselling psychologists. Participants will be recruited from charity mental health settings in Wiltshire. Interpretative Phenomenological Analysis (IPA) will be used as a methodology, with young adults who have experience of both NSSI and sibling aggression, to understand how they make sense of sibling aggression. Interviews will be transcribed and analysed in accordance with IPA.

Please place an 'X' in all appropriate spaces		
(b) Does the research involve any of the following:	**Yes**	**No**
Children under the age of 5 years?		X
Clinical trials / intervention testing?		X
Over 500 participants?		X
(c) Are you specifically recruiting pregnant women?		X
(d) Is any part of the research taking place outside of the UK?		X

If you have answered 'no' to all the above questions, please go to section 21.

If you have answered 'yes' to any of the above questions you will need to check that the university's insurance will cover your research. You should do this by submitting this application to anna.ramberg.1@city.ac.uk, before applying for ethics approval. Please initial below to confirm that you have done this.

I have received confirmation that this research will be covered by the university's insurance.

Name …… Date……

21. Information for reporting purposes.		
Please place an 'X' in all appropriate spaces		
(a) Does the research involve any of the following:	**Yes**	**No**
Persons under the age of 18 years?		X
Vulnerable adults?	X	
Participant recruitment outside England and Wales?		X
(b) Has the research received external funding?		X

22. Declarations by applicant(s)		
Please confirm each of the statements below by placing an 'X' in the appropriate space		
I certify that to the best of my knowledge the information given above, together with accompanying information, is complete and correct.		X
I accept the responsibility for the conduct of the procedures set out in the attached application.		X
I have attempted to identify all risks related to the research that may arise in conducting the project.		X
I understand that **no** research work involving human participants or data can commence until ethical approval has been given.		X
	Signature (Please type name)	**Date**
Student(s)	**Isobel Scaife**	**13th October 2015**
Supervisor		

Reviewer Feedback Form

Name of reviewer(s).			
Don Rawson			
Email(s).			
Don			
Does this application require any revisions or further information?			
Please place an 'X' the appropriate space			
No Reviewer(s) should sign the application and return to psychology.ethics@city.ac.uk, ccing to the supervisor.	x	**Yes** Reviewer(s) should provide further details below and email directly to the student and supervisor.	
Revisions / further information required To be completed by the reviewer(s). PLEASE DO NOT DELETE ANY PREVIOUS COMMENTS.			
Date: August 2015 Comments: A generally well thought out study with a clear rationale and appropriate methodology. You write with conviction and from an authoritative knowldege of the subject and so are persuasive. I think there will be two major challenges for you, both of which you will need to address; firstly as I think you already know, it may be hard to obtain permissions for the study. if you are lucky enough to be working on the inside of this area it might not be such an issue,			

but recruitment could still pose a problem, which leads me to the second issue.
Your interviews look like they will address the topic clearly enough. The problem is that they are also likely to open up pandora's box and so leave participants feeling more exposed if not re-traumatised. I suspect your putative participants will know this. Therefore, can you amend your procedure so that it also offers good closure? Although research and therapy should not be conflated., when researching therapeutic topics it is necessary to make your data gathering therapeutic with a small "t". How can you do this? In addition to deploying your skills as a counselling psychologist to good effect, the structure of your interviewing should also lead to a positive outcome for participants. At the very least they should exit your study feeling at least as good as when they entered itr. Preferably somewhat better. You will, also need to supply access to adequate backup /safety net resources.

Applicant response to reviewer comments

To be completed by the applicant. Please address the points raised above and explain how you have done this in the space below. You should then email the entire application (including attachments), with tracked changes directly back to the reviewer(s), ccing to your supervisor.

Date: October 2015

Response:

I have taken on board all of these key concerns. As discussed in person, I have amended the study to use young adult participants rather than adolescents in order to address concerns about accessing such a vulnerable and young population. The second important amendment made has been to organize an optional debriefing group post interview that will allow the participants to hopefully gain therapeutic closure (in case that was not possible with the debriefing procedures already in place). This group will be run by my external supervisor, Dr Rebecca Antwhistle, who is a counseling psychologist and is very much familiar with the study.

I have also amended the interview schedule somewhat in order to reduce the potential distress caused to participants by a change in some of the more direct questions. On a personal level I have been engaging with the Developing Research Skills in Counselling Psychology module in order to ensure that my interviewing technique encompasses my therapeutic skills effectively. I will continue to read around this subject and use colleagues on placement (including my supervisor) for both practice and feedback.

Reviewer signature(s)

To be completed upon FINAL approval of all materials.

	Signature (Please type name)	**Date**
Supervisor		
Second reviewer		

6.1. Appendix B – Participant Information Sheet



Title of study: Self-injury and sibling aggression in adolescence. A retrospective inquiry.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?
This study is being undertaken as part of the researcher's Doctoral Degree in Counselling Psychology at City University in London. Previous research has shown that the family and especially family support can make a big difference for adolescents with self-injury. Therefore this study wants to better understand the role of the relationship between siblings when one is someone with self-injury. The researcher wants to understand how adolescents with self-injury made sense of their sibling relationships and how they experienced them. Ultimately, we are trying to understand what the experience of sibling aggression is like for those with self-injury. It is hoped that insight into this topic would allow counsellors and other professionals to better support young people and adults with self-injury.

Why have I been invited?
You have been invited because you meet the following criteria:
(1) Age 18 to 30 years
(2) Female
(3) You have a history of self-injury also known as self-harm
(4) You have at least one brother/sister who you lived with when you were younger
(5) You are also British and speak English as a first language

These criteria are designed so that the study looks at the specific experience of people who meet each of the different criteria to give as much insight as possible into what that experience was like.

Do I have to take part?
Participation in the project is voluntary, and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you feel that any questions are too personal or intrusive then you can refuse to answer them. Ultimately, you have the right to say no to anything that makes you uncomfortable and to withdraw from the study completely at any point in the process.

What will happen if I take part?
- Involvement in the study would not be expected to last longer than a month. Once one interview has been completed it is not expected that we will need to meet again but if so this will be within one month of the original interview where possible.

- You will only need to meet the researcher on 2 or three occasions. Primarily to find out if you are happy to be involved and then to complete one or two interviews.
- Each meeting would be expected to last an hour or so
- First you will have to fill out a questionnaire which will tell me a few details about yourself such as your age, ethnicity, living arrangements, number and age of siblings and socioeconomic status. The main part of the research will involve one (maybe two) interviews where I will ask you questions about what it was like to be someone with self-injury and has siblings.
- A qualitative research method is being used where the researcher will look at detailed interviews in depth for a small number of participants (8 to 10) rather than lots of different participants. The interviews will be transcribed word-for-word and then will be analysed to look for similar and different themes across all cases. The emphasis of this research is on understanding the individual experience of each participant.
- Research will take place in the setting where participants have previously sought help for self-injury in a private room with only the researcher and participant are present.

What do I have to do?
Primarily if you want to participate in this study you will need to sign a consent form. Then you will have to fill out a questionnaire which will tell me a few details about yourself such as your age, ethnicity, living arrangements, number and age of siblings and socioeconomic status. Also you will need to provide your emergency contact details. The main part of the research will involve one (maybe two) interviews where I will ask you questions about what it is like to be someone with self-injury and has siblings. You do not have to answer any questions that make you uncomfortable. The interview will last around 60 minutes. If we have time it may be necessary to organise a second interview to ensure I have fully understood what you said in the first interview but this may not be required.

What are the possible disadvantages and risks of taking part?
This study might bring up some difficult issues for you and you will be asked about your relationship with your siblings. It may be that talking about this could cause you some distress. It is not the aim of the researcher to upset or distress you but it is important that you are aware that this might occur. Every effort will be made by the researcher to assist you should you require access to a counselling or a social support service.

What are the possible benefits of taking part?
The benefits of taking part in this study are to do with helping researchers and professionals who work with adolescents with self-injury to have a better understanding of what life is like for them. This research will be able to inform counsellors and psychologists about what it is like for adolescents with self-injury to make sense of sibling aggression and what the experience means to them. Any knowledge that helps to understand the challenges that are faced by adolescents today will improve how practitioners in the field of mental health are able to support these adolescents and this is a chance to be part of something that could help others in the future.

What will happen when the research study stops?
Once the study is finished in accordance with the Data Protection Act (1998) all data will not be kept any longer than necessary and in the meantime will be stored safely and securely to ensure that it is not accessible to anyone apart from the researcher.

Will my taking part in the study be kept confidential?

- Only the researcher will have access to data
- Audio recordings will only be accessed by the main researcher and will be kept on computer that can only be accessed by password.
- Any personal information given by you will be destroyed once used for research purposes.
- In accordance with the Data Protection Act (1988) all data will not be kept any longer than necessary and will be stored safely and securely to ensure that it is not accessible by anyone apart from the researcher.
- It is important to note that the researcher has a duty to you to ensure your safety. If during the research process you should disclose something that would show you (or someone else) to be at risk of physical or emotional harm then it may be necessary to break confidentiality to ensure you/they get access to the necessary help. This may involve talking to other healthcare professionals.
- All records will be stored on a computer accessible only by a password before being destroyed when they are no longer being used for data analysis purposes.

What will happen to the results of the research study?
This research will be written up as part of a doctoral thesis by the main researcher Isobel Scaife. Every effort will be made to ensure anonymity for all participants. It is possible that the research may be published in a scientific journal in brief format once the thesis has been completed. If this should take place again every effort would be made to ensure that none of the research participants are identifiable from the published material.
If you want to receive a copy of any publication or summary of the results of the research then please email isobel.scaife@city.ac.uk and these will be sent accordingly.

What will happen if I don't want to carry on with the study?
If you want to withdraw from the study at any time this is totally up to you and you will not incur any penalty.

What if there is a problem?
If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: *Self-injury and sibling aggression in adolescence. A retrospective inquiry.*

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: Anna.Ramberg.1@city.ac.uk

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London Research Ethics Committee, [*PSYETH (P/F) 15/16 121*].

Further information and contact details
Please contact: Isobel Scaife or Dr. Daphne Josselin Psychology Department at City University on 020 7040 8523 or Email: isobel.scaife@city.ac.uk or daphne.josselin.2@city.ac.uk

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

6.2. Appendix C – Informed Consent Form



Title of Study: *Self-injury and sibling aggression in adolescence. A retrospective inquiry.*

Ethics approval code: [*PSYETH (P/F) 15/16 121*]
Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: being interviewed by the researcher allowing the interview to be audiotaped Completing questionnaire asking me about my age, ethnicity, living arrangements, number and age of siblings and socioeconomic status of parents. Also my emergency contact details. Making myself available for a further interview should that be required	
2.	This information will be held and processed for the following purpose(s): To answer the research question To allow for transcription and analysis of data by researcher I understand that the following will be done to protect my identity from being made public: Consent forms will always be kept in a separate folder to data and will not include participant numbers.	

	Recordings and data will be stored on password accessible only computer and will not be accessible by anyone except the researcher. Pseudonyms will be used for all publishable material to ensure confidentiality of participants and any siblings or family members they may mention by name.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to to take part in the above study.	

Name of Participant	Signature	Date

Name of Researcher	Signature	Date

When completed, 1 copy for participant; 1 copy for researcher file.

Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

6.3. Appendix D – Debrief Form

CITY UNIVERSITY LONDON

Self-injury and sibling aggression in adolescence. A retrospective inquiry.

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it.

This study is being undertaken as part of the researcher's Doctoral Degree in Counselling Psychology at City University in London. Previous research has shown that the family and especially family support can make a big difference for adolescents who self-injure. Therefore this study wants to better understand the role of the relationship between siblings when one is a self-injurer. The researcher wants to understand how adolescents who self-harm made sense of their sibling relationships and what the experience was like for them. The questions you were asked really aimed to make sense of your relationship with your sibling and what it is like for you as an individual. The researcher is hopeful that the research will contribute to the understanding around the experience of self-injury as it is such a prevalent problem among teenagers today.

If for any reason you found the research to be a distressing process or you have any concerns then do not hesitate to contact your GP or health professional.

The following contact details may also be useful to you:
Self Injury Support
http://www.selfinjurysupport.org.uk/

Self Injury Self Help, Bristol
https://www.sishbristol.org.uk/ or 0117 2308230

Bristol Mind
http://www.bristolmind.org.uk/ or 0117 980 0370.

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

Isobel Scaife isobel.scaife@city.ac.uk
Daphne Josselin (Supervisor) daphne.josselin.2@city.ac.uk

Ethics approval code: *[PSYETH (P/F) 15/16 121.*

6.4. Appendix E – Demographics questionnaire

Questionnaire

Name:

Date of Birth:

To which of the following do you consider that you belong? (Please circle one only)

- White – British
- Black or Black British - African
- White - Irish
- Black or Black British - Any other Black background
- White - Any other White background
- Asian or Asian British - Indian
- Mixed - White & Black Caribbean
- Asian or Asian British - Pakistani
- Mixed - White & Black African
- Asian or Asian British - Bangladeshi
- Mixed - White & Asian
- Asian or Asian British - Any other Asian background
- Mixed - Any other Mixed background
- Chinese
- Black or Black British - Caribbean

- Other ethnic group

Employment status (Please circle one only)
Are you currently:

- Employed for wages
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- Stay-at-home parent
- A student
- Unable to work

Education completed (Please circle one only)
What is the highest level of education you completed?

- Never attended school or only attended primary school
- GCSE
- A-Levels
- College/Technical Training
- University Degree
- Postgraduate Training

- Other (please specify)

Please list the details of all your siblings below:

Sibling 1:
Brother/Sister Name:
Full/Half/Step:
Date of Birth:
Lived together during adolescence: Yes/No

Sibling 2:
Brother/Sister Name:
Full/Half/Step:
Date of Birth:
Lived together during adolescence: Yes/No

Sibling 3:
Brother/Sister Name:
Full/Half/Step:
Date of Birth:
Lived together during adolescence: Yes/No

Sibling 4:
Brother/Sister Name:
Full/Half/Step:
Date of Birth:
Lived together during adolescence: Yes/No

Sibling 5:
Brother/Sister Name:
Full/Half/Step:
Date of Birth:
Lived together during adolescence: Yes/No

Sibling 6:

Brother/Sister Name:

Full/Half/Step:

Date of Birth:

Lived together during adolescence: Yes/No

Emergency contact details

Name:

Relation to you/Friend:

Home Number:

Mobile Number:

6.6. Appendix F - Poster Advert



Department of Psychology

City University London

PARTICIPANTS NEEDED FOR

RESEARCH IN ADOLESCENT SELF-INJURY

We are looking for **adult** volunteers to take part in a study on

self-injury and sibling aggression.

You would be asked to: *complete interviews with a researcher discussing your experience of sibling relationships.*

Your participation would involve *1 or 2* sessions,

each of which is approximately *60* minutes.

For more information about this study, or to take part,

please contact:

Isobel Scaife or Dr. Don Rawson

Psychology Department

at

020 7040 8523 or

Email: *isobel.scaife@city.ac.uk*

This study has been reviewed by, and received ethics clearance

through the *City University]* Research Ethics Committee, City University London [*PSYETH (P/F) 15/16 121*].

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email: Anna.Ramberg.1@city.ac.uk

6.7. Appendix G – Interview Schedule

Interview Schedule V3

Title of study: *Self-injury and sibling aggression in adolescence. A retrospective inquiry.*

TOPIC 1: Family life

What was life like in your home as a teenager? Prompt: Tell me about your family members.

Is your family important to you? Why?

Who did you talk to about your relationship with your siblings when you were growing up?

TOPIC 2: Self-injury

Can you tell me about one of the first times you self-injured? How old? Where?

How did you feel after self-injuring?

Were you able to tell your siblings about your self-injury? How did this make you feel?

Have you recovered from self-injury? Did your sibling play a role in this?

TOPIC 3: Sibling relationships

Can you tell me about a time when you argued with your sibling/s as a teenager? Prompt: What happened? How did you feel? How did you cope?

What were the positives in your sibling relationship? What were the negatives? Prompt: How have these positives/negatives impacted on you?

Are your siblings important to you? Why?

To end:
Can you tell me what your relationship with your sibling/s is like for you at the moment?

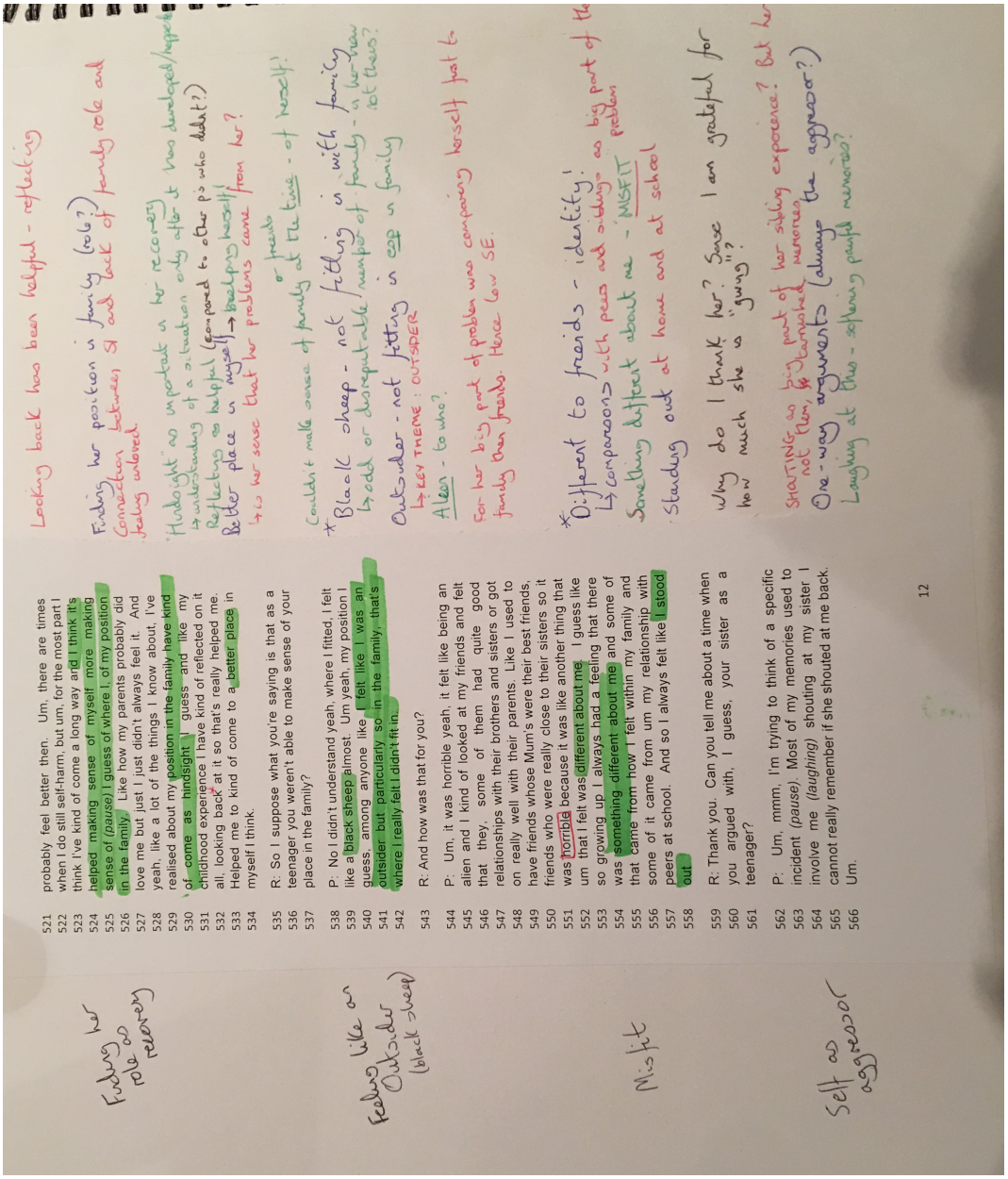
What are your favourite memories of your siblings?

6.8. Appendix H – Participant Details

Pseudonyms have been used and sibling ages have not been included to protect anonymity.

Name	Age	Ethnicity	Education	Sibling Details
Sarah	24	White British	College/Technical Training	Younger brother and sister
Kelly	20	White British	A-Levels	Two younger brothers
Becky	19	White British	A-Levels	Younger sister
Ciara	30	White British	College/Technical Training	Younger brother
Holly	30	White British	University Degree	Younger brother
Jessica	21	White British	A-Levels	Two older brothers, two younger half brothers
Alexandra	28	White British	University Degree	Older brother, younger sister
Caroline	27	White British	Postgraduate Training	Older brother, younger brother

6.9. Appendix I – Example of analysis with notes and emergent themes from Alexandra's interview



Rage

Anger

567 R: Take your time there is no rush, if you think of
568 anything.

569 P: Um *(long pause)*, yeah, I am struggling to think
570 cos I can think of a couple of incidents but they
571 weren't so much arguing, I don't think.

572 R: Do you want to tell me about those?

573 P: Well, yeah, there was a time when we were at
574 our church, my sister was with her friends and
575 building some sort of pond or something and um, I
576 think, my sister *(pause)* yeah, I can't exactly
577 remember what happened I think maybe I was
578 doing something and my sister wanted to do it
579 differently and then I got **really** angry and I just
580 dragged the pond lining like away from her and I
581 think I kind of ran towards her and tried to hurt her
582 and her and all her friends like ran off screaming.
583 Um, yeah, I can't remember it in too much detail
584 but...

585 R: Do you remember how it felt?

586 P: Yeah, well I just felt so angry and um, and it felt
587 horrible, like it was quite exposing because other
588 people were there, other people's children, my
589 sister's friends and it felt like one of the first times
590 that it had kind of gone outside the family home
591 almost. Other people had seen what this was like.
592 Yeah. The other memory that I have actually was
593 as a child so I don't know if that is as relevant. I
594 think I was probably a bit younger then.

595 R: You can tell me if you like.

596 P: Um well it was when me and my sister were in
597 the paddling pool one year um, and I can't
598 remember why I was so angry but basically I cut a
599 hole in the paddling pool because I was so angry
600 and I wanted to spoil her fun. Um, and then she
601 got really upset and told my parents and they said
602 that I had to pay for the cost of the paddling pool.
603 Um, yeah, I don't really remember.

604 R: How did that make you feel?

605 P: I was so upset and I was really angry as well
606 yeah.

607 R: And how did you, I guess that's what kind of
608 keeps coming up – these feelings of anger and
609 how did you cope with them?

"Not arguing" then what was it? One sided aggression?

Small incidents escalating to age

Attacking sister - 'tried to hurt her' Physical and emotional aggression
'her + all her friends' ↳ externalising her own frustration?

Being exposed (as a villain) outside family home
"people" - again her sense of
'gone outside the family home' - different zones
"this" - what is this? Her way of being?

Anger - "can't remember why" x2

Spoiling sister's fun intentionally - hurting her in diff ways

Keeps saying she can't remember but she does remember feeling being "so angry" and paying the price

Anger as cause and effect - cycle of anger

She has already said that she coped by shouting / hurting others.

6.10. Appendix J – Table of themes for one case

Super-ordinate themes and sub-themes from Becky's interview

Themes	Line Number	Key Words
Broken Relationship		
- No link to sister	360, 440	Break down what relationship we did have, …a bit non-existent
- Bad feelings	466, 623, 460	Frustrates me, made me hate my sister, just makes me angry
- Reciprocal aggression	503, 510, 520	I don't back down and nor does she, know how to hurt each other, that's her point to like aim for
Self as worthless sister		
- Uncaring self	701, 545, 231	I just didn't really care, I just didn't show that it bothered me, I honestly didn't care. Like I just didn't care
- Being completely different	420, 568, 138	We are just completely different, majorly different, sister as 'good girl' who achieves everything
		I was treated differently,

- Them vs. Me	620, 894,84	just another thing for…my family to blame on me, they are important but it's not everything is it?
Self-injury as only way to cope		
- Questioning how to cope	142, 250-4	Because how do you deal with that?, Thinking that's how you cope…but obviously it's not is it?,
- Wanting to seem strong	793, 767, 573, 639	Taking the role..of the strong one, I don't want other people to see me as weak, it's just pride, I used to sit in my room crying about it all the time. I just didn't show that it bothered me though.
- Struggling with self-injury	203, 591	I did that and I thought that was something I could control, hiding it but releasing it at the same time

6.11. Appendix K – Final themes with recurrence

THEMES	Sarah	Becky	Ciara	Holly	Jessica	Alexandra	Caroline	Kelly
Disconnection								
Closed myself off		x	x	x			x	x
Self-injury as unspeakable	x		x			x	x	
Absent siblings	x	x			x	x	x	
Negative experience of the sibling								
Sibling as the aggressor		x			x		x	x
Self-injury as part of the problem	x	x		x			x	x
Negative perceptions of the self								
Blameful sister	x	x		x		x	x	x
Bad daughter	x	x		x		x	x	
Rejected self	x		x		x	x	x	
Surviving the teenage years								
Self-injury as a way to deal with sibling relationships		x		x	x	x		
Siblings as a resource	x	x	x	x	x		x	x
Better with time	x		x		x	x	x	

6.12. Appendix L – Table summary of each superordinate theme with supporting quotes

1.0 Disconnection
1.1. Closed myself off
I was too wrapped up in self-destruct mode. I was just too busy with my own emotions... *(Holly, L774).* I like I had to separate my like my, my family um from this part of me *(Caroline, L419-420).* I think also at the time I was I'm going to do what I'm going to do. I was a strong headed teenager and yeah. *(Ciara, L362-367)* I just spent a lot of time in bed on my own so it kind of ruined that as well as I didn't want to do anything or speak to anyone. *(Becky L356-357)* 'felt like a black sheep almost' *(Alexandra, L538-539)*
1.2. Self-injury as unspeakable
I didn't want to talk to my brothers *(Caroline, L349)* I couldn't they can't they can't (talk with siblings about SI)' *(Caroline, L433).* We weren't really that close so I just didn't even think about sort of saying it to them *(Alexandra, L397-399)* But yeah I'd never discuss it with them at the time, definitely not *(Sarah, L1178-1179).* He never really said anything about it or did anything" *(Ciara, L353-354)*
1.3. Absent Siblings
he's always kept himself to himself really, never been that vocal or like talked that much about much so. *(Alexandra 825-6)* he would sort of keep himself to himself and go off and do his own thing *(Sarah, L1287)* when you grow up you kind of split apart a bit *(Caroline, L24)* We've never had that kind of bond but she is important cos she is my sister but maybe just not how other people would have a relationship. *(Becky, L412)* I really missed my little brothers. That was like the hardest part. *(Jessica, L95-6)*

2.0. Negative experience of the sibling
2.1. Sibling as the aggressor
Yeah, um he used to call me some horrible things, like he's got a really (pause), he's wordy, he's creative with his insults and he knows exactly what buttons to push type

thing. *(Jessica, L619-622)*

there has been times when he's pushed me and - he's punched me and - he's used like the most horrible names you can think of *(Kelly, L592-594)*

She would say things or do things and like even if it wasn't necessarily true so my Mum would shout at me and they both knew I couldn't handle it. *(Becky, L299-317)*

I always remember my brothers teasing me and telling me I had tree trunk legs *(Caroline L784-785)*

2.2. Self-injury as part of the problem

Erm, if I'm like really down he's like "Ah don't worry, you can just go and get a knife and just go and cut yourself to bits but that'll be alright," or he'll say that I'm really stupid for doing it - and I'm like, but I'm not *(Kelly, 537-541)*

he was in my face and he was holding me up like against the wall and he was pleading with me yeah. *(Caroline, 544-547)*

I remember one particular time we tried to talk and it ended up with him crying and trying to punch me like "Why are you like this?" (Holly, L562-564)

there was one incident where my mum was really ill and she was like "oh it's your fault what you're doing to yourself it's making her ill and stressed" and whatever so that sort of thing was hard *(Becky, L528-532)*

I remember one occasion where my brother got really angry and frustrated with me and um he kicked off and was saying "it's your fault that we don't get to do anything anymore and you have to ruin things because you won't do it and why don't you just like man up" (*Sarah, L601-607)*

3.0 Negative perception of self

3.1. Blameful sister

I want to do it - but if I do I feel like I'm not only letting myself down but I let him [her brother] down *(Kelly, 774-776)*

Mum blamed me for my sister doing it [self-injuring] so that was just a bit more pressure (laughs). *(Becky, L255-257)*

I was like she [my sister] shouldn't have to worry about me (Sarah, L915)

Yeah but just I kind of think I can remember her sort of whimpering and running away quite a few times. *(Alexandra, L759-760)*

I think back on it now and I am so disgusted with myself. I'm like "oh god how could I do that to my brother" like he was desperate and I didn't care *(Caroline, L562-565)*

I just lost my temper and I kinda went into this tunnel vision and I remember grabbing his arm and just shutting his arm in the door. Horrendous *(Holly, L691-693)*

3.2. Bad daughter

I wanted to be like my sister *(Alexandra, L651*)

we are really different and my mum sees her as the 'good girl' *(Becky, L137-8)*

the bit I would focus on would be the 'Henry's really intelligent and I'm not' bit. *(Caroline, L693-695)*

I guess thinking back on it, it was when I was trying to maybe punish myself for being the way I was, as it were, like why would you put your family through that as it were? *(Sarah, L1027-1034)*

I was heartbroken because you look at your parents' faces and there's this, just this, they don't understand why. *(Holly, L358-L360)*

3.3. Rejected self

because part of me always believed that they didn't want me there. That they would be better off if I wasn't there. *(Alexandra, L157-159)*

You are in pain and if you were in physical pain your family would come along and hug you and comfort you and make you feel better. To be denied that is really, is traumatic but yeah, and it still feels that traumatic now. *(Caroline, 476-480)*

But she did tell him to calm down technically ….but not with much you know severity. *(Jessica, 873-875)*

But then it always comes back like well he's never going to listen to me coz he never does *(Sarah, L445-446)*

Just that he wouldn't sort of listen to me, erm he thought I was just being big sister who was just being mean to somebody again *(Ciara, L811-813)*

4.0 Surviving the teenage years

4.1. Self-injury as a way to deal with sibling relationships

Like I would be crying or I couldn't cry, just this build up of emotion and I had to do something [self-injure]. Cos like I wasn't much of a sharer. *(Jessica, L276-279)*

An achievement (laughs). I actually thought I was good at something cause I've always felt not as good as my sister and then I did that [self-injured] and I thought that was something I could control (pause) yeah. *(Becky, 202-206)*

it just compounds all the other feelings you still have about yourself and it's just, you know, a perpetual circle of self-harm basically. *(Holly 645-647)*

And I used to shout at my family a lot. Kind of throw things and um, I think that's where self harm kind of came into it. Cos, I felt like um punishing myself a lot. *(Alexandra, L8-12)*

4.2. Siblings as a resource

Yeah he's just always just been quite happy and chilled out and really helpful. Yeah he's a good boy. *(Ciara, L108-110)*

he was always this you know happy little chappy and he still is a happy little chappy *(Holly, L743-744)*

They're kids and they're innocent in everything that has happened. Yeah, they just

make me happy. *(Jessica, L887-889)*

my sister would come into my room and sit with me and watch Disney films with me *(Sarah, L233-235)*

If I'm really down he'd be like, "Shall we go and watch Harry Potter?" or - 'cause I love Disney as well, he'd be like, "Shall we go and watch a Disney film?" *(Kelly, L573-576)*

Um but it was nice, it was nice when Henry would come and kind of get me out of trouble for something or another. *(Caroline, L616-618)*

cause my sister would get it [self-injury] and she would explain cause she would listen to me explaining so I guess that was one positive *(Becky, L338-341)*

4.3. Better in time

Yeah we are really close, yeah, yeah very close. We have had times when we haven't been and we have drifted but we've always always come back and it's like we've never been apart um. *(Ciara, L1141-1144)*

In some ways me and my brother are a little bit closer now that I'm not living with him but he still drives me up the wall so we are not…I wouldn't say we are close I mean we talk and get on a bit better *(Sarah, L445-453)*

I've thought like I've thought about it and never done it, never done it since, which is good obviously *(Sarah, L1075-1077).*

But we do get on, we haven't argued for a while, I don't even know what our last argument was really. *(Jessica, L1004-1006)*

We do all get on, like we can all be in the same room together, and laugh and joke and stuff but yeah it's better than when we were teenagers, *(Alexandra, L879-882)*

not my 'go to' anymore *(Jessica, L385)*

it [self-injury] has less of a control over me now than it used to *(Alexandra, L508)*

You know and it's now just that kind of inherent…you know ok we might not talk for a couple of months but if you need me I'm there sort of thing. Um and that's really important. *(Caroline, L772-775)*

it's not something I rely on um, like I did when I was a teenager *(Caroline, L384-385).*

Section B: Combined Case Study and Process Report

‘Finding your glow’: The power of the actualising-tendency in brief person-centred therapy in an NHS Primary Care Setting*

*All names have been changed to ensure anonymity

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Section C: Publishable Paper

Hurting each other: Exploring the negative impact of sibling relationships for young women with a history of self-injury

12. Title Page

Hurting each other: Exploring the negative impact of sibling relationships for young women with a history of self-injury

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Key Words: self-injury, self-harm, adolescent mental health, sibling relationships, families

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13. Abstract

The family environment has been shown to be important in the context of adolescent non-suicidal self-injury, yet sibling relationships have been widely ignored. This study attempts to understand how young women with a history of self-injury make sense of, and experience, sibling relationships. Semi-structured interviews were used with eight young adult women (age 18-30), and interviews were analysed using Interpretative Phenomenological Analysis. Two important super-ordinate themes emerged: Negative experience of the sibling and negative perceptions of the self. Participants described how aggression was experienced in the sibling relationship not solely but also as a response to self-injurious behaviour. The accounts suggested that participants were also aggressive towards their siblings creating a negative perception of the self in the family which contributed to participants' emotional distress and self-injury. This research highlights the need to consider the impact of sibling relationships when working with those who self-injure.

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