An insight into professionals’ understanding of self-injury

An explorative study on self-injurious behaviors among adolescents from a social worker’s perspective

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Abstract

The aim of the study was to gain an in-depth understanding of social workers’ perception and experience of encountering and working with self-injurious behaviors among adolescents. A qualitative methodology was used where three semi-structured interviews with counselors employed at youth health centers were conducted. The analysis was carried out through three different themes where the researcher explored in the counsellors’ views on underlying causes, their professional experience and how they worked with the self-injuring problematic. The findings identified self-injury as symptoms of other underlying problems, the close coupling between work experiences and adapting an accepting view of the phenomenon, and the challenges the counsellors’ experience when working with these adolescents. Further findings identified counsellors’ understanding of the relationship between self-injury and suicidality as rather complex.

Keywords; Self-injury, adolescents, suicidality, counsellors, social work
Preamble

I would like to begin by expressing my greatest gratitude to my informants. This research would not have been possible without the experience and knowledge you described. I would also like to thank my supervisor Ulla Forinder, for all your guidance, support and expertise during the research process.

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1. Introduction

1.1 Problem formulation and background

The social work profession is caring in its nature and therefore beneficial to develop a set of qualified and personal skills to facilitate the process of understanding future clients from a diversity of ages, cultures, and societies (Healy, 2008; Trygged, 2013). For professionals to develop an ability to recognize how individuals react and experience emotions differently, processes through which our coping strategies are developed. Many coping strategies are considered helpful for the individual’s wellbeing, and therefore significant to recognize, encourage and reinforce. We can, however, see that some have tendencies to develop coping strategies of the destructive sort. Behaviors considered to be harmful and at times even lethal to the individual.

Discussions among professionals on the global population’s mental health acknowledge a diversity of aspects, factors and behaviors. One concern of critical character is the increasing rates of individuals engaging in self-injurious behaviors (Øverland, 2010). Behaviors referring to the active choice an individual takes to cause harm and/or pain to his or her own body. A behavior that show critical tendencies of continuing to spread and therefore cannot be viewed as solely a societal threat exclusively on a national level, but nowadays to be acknowledged as a phenomenon with severe international existence (Kelada, Hasking & Melvin, 2016; De Riggi, Moumne, Heath & Lewis, 2016). Research on the topic has been conducted in countries and involved populations worldwide, all showing similar growing tendencies (Kelada et al., 2016; De Riggi et al., 2016). Knowledge and experiences from conducting research on and working with self-injury nationally could thereby help us indicate problems and aspects of the same phenomenon internationally.

Adolescents is recognized as a group with an increased exposure of starting to engage in acts of self-injury (De Riggi et al., 2016; Xavier, Gouveia & Cunha, 2016) A number of different risk factors have been identified to frequently occur especially during this time period in life. Adolescence has proven to be a stressful and problematic time for many individuals. It is a time in life with a growing consciousness of one’s surroundings, coupled with an increased awareness of the qualities, talents and looks one has in comparison to others (Parrish, 2009).
They have been recognized to be more sensitive to others’ criticism and negative comments, while simultaneously developing a greater need to be accepted, validated and socially included by peers and society (Xavier et al., 2016). Adolescence is associated with more intense thoughts and recognition of the future, and a period in life where one starts to identify oneself and base one’s self-worth on the interpretations of others’ attitudes and responses (Parrish, 2009). For a majority, adolescence is also a period of intense thinking and processing of questions related to life, death, and one’s own purpose and existence in the world (Fjellman, 2011).

Through statistics and research one has also identified a high suicide rate among adolescents who self-injure (Jenkins, Singer, Conner, Calhoun, & Diamond 2014). Though literature and research allow us to define self-injurious behaviors as a phenomenon distinguished from suicidality, evidence indicates that the relationship between the two is far more complex and that there never is a distinct line where one ends and the other begins (Øverland, 2010; Gulbas, Hausmann-Stabile, De Luca, Tyler & Zayas, 2015). The majority of adolescents who self-injure do not commit suicide (Fjellman, 2011). Nonetheless, one has confirmed that many of those individuals who commit suicide today, in fact do have previous experiences of having self-injured (Fjellman, 2011). One can thereby identify self-injurious behaviors among adolescents to be a significant area on which to focus one’s research on. An argument further supported by professional social workers expressing that they are feeling unequipped to meet adolescents with this problematic mental health issue because of little prior knowledge about the phenomenon (Lloyd-Richardson, 2010). This research is therefore carried out through a social worker’s perspective, hoping that this will result in valuable insights in how future social work colleagues view and interpret self-injury, and further explore in their understanding of the phenomenon in relation to suicidality.

1.2 Aim and research questions

The aim of this study is to gain a deeper understanding of self-injury among adolescents through a social work perspective, and doing so with focus on social workers’ perceptions, experiences, and views of the phenomenon. In order to reach this aim the following research questions have been formulated;
• What do social workers consider to be significant underlying causes and/or features to engage in self-injurious behaviors among adolescents?
• What do social workers experience as personal and/or professional challenges when meeting adolescents who self-injure?
• How do social workers view the relationship between self-injury and suicidality?

1.3 Essay disposition
This research study began with an introduction and overview of the area in focus while simultaneously providing the reader with arguments for how the current study is relevant to the platform of international social work. Thereafter followed by a subsection describing the study’s aim and research questions. Following the essay disposition, a subsection with the most significant concepts will be presented and explained to help create a more structured picture for the reader. The author will thereafter present and summarize the previous and relevant literature existing on self-injurious behaviors. Before presenting the next section in this research, a short conclusion of the most significant findings will be presented combined with a short section where the author explains the significance the particular studies have for the current study. The third section consists of the theoretical framework. Followed by the methodology part where the author describes how the different steps in the research study was carried out, among some are a description of the chosen research design, the sampling method, analytical tools and ethical standpoints. The methodology section is followed by the result and analysis section. This is where the empirical data is presented and analyzed through a diversity of themes and subthemes. A sixth headline will present two subsections where the findings and methodology are discussed separately in relation to the chosen aim and research questions. Under a third subsection, implementations for future research is also discussed. The researcher will thereafter provide a section where the references used in the research is presented in an alphabetical order. This will be followed by the last section called appendices where the letter of consent and interview guide is provided.

1.4 Explanation of concepts
This section presents definitions of central concepts used in this research study that are in need of further clarification.
**Self-injury/ self-injurious behaviors/ self-destructivity:** The concept is defined as acts of intentional self-inflicted harm individuals cause themselves or exposure their own bodies to. The author has made an active choice not to define the concept further with special consideration to the aim of this current study. A wide definition of self-injury was believed to allow the participating counselors to interpret the concept as they personally preferred, and thereby covering a wider spectrum of self-injury as a phenomenon.

**Adolescents/ young people:** In this thesis understood as individuals between the ages of 12 to 25.

**Youth health centers:** Within this study understood as youth counselling- and advice centers for young people between the ages 12-25 years. These centers supports and assists in matters of medical, psychological, and social nature (Nationalencyklopedin, 2017).

2. **Previous research**

The previous research section has been divided into three sub-headings under which data from a number of articles and research studies will be discussed. By comparing and combining the research articles with the aim and research questions of the current study, the author was able to identify a number of sub-headings. These were thereafter used to organize and divide different segments of the articles under the appropriate sub-heading. The author believed that this would give the previous research section a clearer structure, while providing the reader with an improved overview of the existing research on the area. The author will present the subheadings as follows; Current research on professionals’ experience of self-injurious behaviors; Professionals’ attitudes of and towards individuals engaged in self-injury; and Self-injury, suicidality and the relation between the two.

2.1 **Current research on professionals’ experiences of self-injurious behaviors**

Duggan, Heath, Toste and Ross (2011) acknowledged the limited literature existing with focus on self-injury from a professional perspective, and therefore decided to conduct their research from a school counselor’s viewpoint. They believed that the perspective would result in valuable and insightful knowledge about self-injury among adolescents (Duggan et al., 2011). 470 school counselors in North America participated in their study, and the researchers aimed
to highlight and investigate the perceptions and knowledge related to self-injury in schools (Ibid).

The school counselors expressed dissatisfaction with the professional training on self-injurious behaviors with which they had been provided (Duggan et al., 2011). Though more than 90 percent of the respondents reported to have had contact with the self-injuring problematic they considered the training to be insufficient (Ibid). Duggan et al. (2010) also found that 70 percent of the respondents acknowledged themselves to be the adult in which adolescents most likely would turn to during the school day, but merely 46 percent recognized themselves to be the most appropriate person. The researchers described this to be troubling as it has been identified that self-injury is more common today than previous years and that the awareness among mental health professionals has increased. The school counselors identified and described the underlying causes to be insufficient tools and lack of resources allocated to them to feel equipped taking on self-injuring adolescents (Duggan et al., 2011). A study with resemblance to the work of Duggan et al. was a research study conducted by Long and Jenkins (2010). They aimed to enhance a greater understanding of self-injury, and recognized that by focusing on the professional perspective it was possible to gain a richer and more truthful view of self-injurious behaviors, as well as clarify how clients with such problematic should be approached (Long & Jenkins, 2010). The researchers used an in-depth qualitative research design and conducted eight interviews with different counsellors, whereof seven were females and one male.

Long and Jenkins (2010) found that all respondents agreed adolescents to be one of the more frequent groups who engaged in self-injurious behaviors. In association with the frequency of self-injurious behaviors, the counselors discussed the different methods used. Long and Jenkins (2010) found that the methods differed between genders, and that some of the respondents believed that men were more likely to engage in external self-destructivity, i.e. drugs and alcohol consumption, than their female counterparts. In relation to underlying causes for the self-injuring the eight counselors had experienced exposure to abuse, depression, trauma and/or history of committed suicides in the family to be recurrent (Long and Jenkins, 2010). Some of them described how the self-injuring became an approach for clients to regulate and identify unbearable anxiety, shame and pain, and how the clients had expressed that it helped to transform the psychological pain into a physical one (Ibid).
The counselors had also discussed the relationship between their clients and themselves, and the essence of building an accepting, safe, and nonjudgmental environment (Long and Jenkins, 2010). A majority of the findings focused on the therapeutic relationship as the counselors identified and described in detail the most significant attributes of a healthy and functioning alliance. The relationship was discussed both from a client’s perspective, and from the professional viewpoint as the counselors talked about significant characteristics they recognized as important for them to feel comfortable when in contact with a self-injuring client (Long and Jenkins, 2010). From a client’s perspective, time, confidentiality, equality, acceptance and sensitivity were identified as most significant, and the counselors described the essence of creating an atmosphere based on all five of these relationship attributes. Regarding the counselor’s perspective, the researchers found one central key theme to be hope and to trust in oneself, one’s capabilities and knowledge (Long and Jenkins, 2010). The significance of recognizing one’s personal and professional limitations, coupled with an openness and acceptance to listen to the clients and their stories were other aspects mentioned and discussed (Ibid).

A second qualitative research similar to the study by Long and Jenkins, was one conducted by Whisenhunt et al. (2014b). Its aim was to explore in counselors’ experiences from working with self-injuring clients. In agreement with Long and Jenkins (2010) the researchers argued that though much research had been done within the subject of self-injury, little was directed or focused on a mental health professionals’ perspective (Whisenhunt et al., 2014b). Through a counselor’s perspective they therefore aimed to reach an understanding for the treatment and process of helping self-injuring clients (Ibid).

Whisenhunt et al. (2014b) asked 12 counselors who on a regular basis encountered clients with a self-injuring problematic to participate in their research. The researchers described that some of the counselors participating in their study had defined the self-injurious behaviors to be symptoms. Self-destructivity represented something that the client tried to hide, and them hurting themselves to be signs of underlying trauma(s) or problem(s) (Whisenhunt et al., 2014b). Some of the participants acknowledged self-injurious behaviors as stigmatized in larger society and believed it created an environment greatly counterproductive for the individual’s well-being. They argued that the stigma attached to self-injury could result in negative reactions
from one’s surroundings (Whisenhunt et al., 2014b). The self-injuring individuals risked feeling ashamed, judged and/or unaccepted, and thereby at greater risk of continuing to expose themselves to harmful and self-destructive behaviors (Ibid).

2.2 Professionals’ attitudes of and towards individuals engaged in self-injury

Mchale and Felton (2010) conducted a research study aiming to gather more information regarding the attitude among mental health professionals, and investigated causes to the negative attitudes and preconceptions service users continue to report. Through a literature review the two concluded that much of the condescending approaches among professionals were a result of lacking education, knowledge and actual practice experience regarding self-injurious behaviors (Mchale & Felton, 2010).

They aimed to explore the evidence that had examined the attitudes among health care professionals, and recognized the significance of focusing on the professional perspective. This would help us explore the negative and misleading views existing of self-injury as a phenomenon, as well as identify perceptions and attitudes worth strengthening (Mchale & Felton, 2010). Clues could be identified as to how professional health care providers could see the behavior so differently (Ibid).

Their research study found that the consequences of insufficient knowledge and practical training resulted in an awareness of self-injury among professionals to be lacking the depth and breadth required to successfully meet clients with this problematic (Mchale & Felton, 2010). Stronger communication was identified as essential as it helped to create a more accurate and functioning understanding and view of the self-injuring problematic (Ibid). One had to adopt a greater amount of respect, dignity and compassion, something the two researchers had found to be linked to more educational training in the area (Mchale & Felton, 2010).

In a research study by Muehlenkamp et al. (2013), recognition was directed towards reports showing that individuals seeking help for their self-injuring reported criticism towards the negative treatment they encountered from professionals. A poor attitude perhaps reflecting the societal stigma towards self-injury and the individuals engaged in such behaviors. Self-injury has been perceived to be a challenging behavior to treat, a factor these researchers suggested to underlie the criticism. In resemblance to the results of Mchale and Felton’s study,
Muehlenkamp et al. (2013) suggested the poor treatment and disrespecting attitude to be the result of lacking knowledge and skills as well as guidelines on how one as a professional ought to respond to self-injury.

A sample of 342 professional social workers, psychologists, psychiatric nurses and medical nurses participated to further investigate in their understanding and attitude towards individuals engaged in self-injurious behaviors (Muehlenkamp et al., 2013). Muehlenkamp et al. (2013) aimed to evaluate the association between the professionals’ attitude and the practical training they had regarding self-injury. Their findings proved the attitudes to be greatly multifaceted, diverse across the professions and to a large extent dependent on the training one had regarding self-injurious behaviors. Through actual experiences and exposure to self-injury Muehlenkamp et al. (2013) found that one developed greater knowledge and, perhaps most importantly, the comfort and confidence to work with these clients. This results in an increased empathy for their clients and thereby a decrease in the negative attitude (Muehlenkamp et al., 2013).

2.3 Self-injury, suicidality, and the relation between the two

Through the existing literature, the relationship between self-injury and suicidality is determined to be of complex nature. Whisenhunt et al. (2014a) aimed for their research study to conduct a research study to increase an understanding of the relationship, and chose to turn to mental health professionals to examine their views and understandings of the relation between self-injury and suicide.

Whisenhunt et al. (2014a) found that the outcomes of their research resembled the current discussion and the uncertainty regarding this relation among professionals today. The inconsistencies among the participating professionals’ views were found to demonstrate the multifaceted and complicated features of the relation between self-injury and suicide (Whisenhunt et al., 2014a). Their findings further established a disagreement among the participants as to whether engaging in a self-injurious behavior increased the suicide risk (Ibid). The same inconsistency was demonstrated in a second research study by Whisenhunt, Chang, Flowers, Brack, O’Hara & Raines (2014b) that suggested this subject to be quite problematic. Some of the participants discussed the significance of viewing them separately while others believed the suicide risk to accompany the self-injuring (Whisenhunt, 2014b).
Duggan et al. (2011) found that the majority of counselors in their research study assumed individuals who self-injured not to be suicidal. Nevertheless the researchers did highlight the essence in understanding that though one believes self-injury and suicidality to be behaviors distinguished from each other, an individual’s engagement in self-injury should be acknowledged as a potential warning sign for suicide, and therefore essential that a thorough risk assessment was carried out (Duggan et al., 2011).

Based on the studies discussed under this sub-heading one could suggest the focus not to be on identifying a fixed relationship between self-injury and suicidality but rather about the essence of professionals doing proper suicide assessments. Embracing the client perspective, their thoughts and ways to self-injure, and an overall behavior, would demonstrate a more accurate risk assessment (Whisenhunt et al., 2014a; Whisenhunt et al., 2014b).

2.4 Conclusion
The previous literature presented above highlights a lack of knowledge and awareness about self-injury in main society but especially among mental health professionals. Based on the earlier research, one can recognize the significance and the need for more research being conducted with focus on professionals’ point of view of the phenomenon. This will allow future practitioners to reach a more accepting understanding of the phenomenon while conducting further investigations in the relationship between self-injury and suicidality, and to facilitate treatment in this field of practice (Long & Jenkins, 2010; Mchale & Felton, 2010; Muehlenkamp et al., 2013; Whisenhunt et al., 2014a; Whisenhunt et al., 2014b).

The existing literature demonstrate that counselors risk experiencing anxiety and insecurity when meeting clients who self-injure and thereby being at risk of doubting their own competence. These challenges indicate the need for further research with focus on a professional perspective as this could provide professionals with more in-depth knowledge and awareness of self-injurious behaviors. The previous research demonstrates the essence of further exploration in the relation between self-injurious behaviors and suicidality. One can recognize the significance of social work professionals to acquire the knowledge needed to distinguish behaviors considered self-injuring and those at risk of behaviors resulting in lethal consequences.
The above mentioned research studies found a great significance to be the establishment of a positive relationship. Nevertheless more research has to be carried out with an explicit focus on the counselors’ perspective to further develop the professional knowledge about self-injury as a phenomenon and how the problematic affects today’s younger individuals.

3. Coupling to theory

Applying a theoretical framework on this research study generates greater prospects for a more thorough understanding of self-injury as a phenomenon (Rubin & Babbie, 2011). Based on the existing literature and research on the subject, several different theories are available through which the researcher is provided with a diversity of tools helpful when time for the analysis (Bernler & Johnsson, 2001). Nevertheless, the critical factor within this particular research is the aim to analyze the social workers’ understanding and experiences when working with adolescents who self-injure. The framework chosen should therefore provide the analytical tools necessary to analyze the explanation of their perceptions and experiences of self-injury, rather than the phenomenon itself.

3.1 Social constructionism

The theoretical framework will be based on social constructionism. This perspective was first introduced in the 1960's by Berger and Luckmann and will allow the researcher to explore the impact of the social, cultural, and political context in which the participating social workers have encountered and experienced self-injury (Furman, Jackson, Downey & Shears, 2003). Social constructionism as a theoretical framework acknowledges reality as individually constructed through experiences, thoughts, conversations and meetings, and varies between all members in society (Angelöw & Jonsson, 2000). This defines the foundation of how we interpret and understand our reality, and how this is carried out separately between everyone in society (Ibid). Social workers have individual strengths, weaknesses, capabilities, and experiences, all with a certain impact when meeting clients. Applying social constructionism on this research will facilitate the process of reaching the wanted in-depth understanding in the participating counselors’ perspectives.

In accordance with social constructionism our interpretations and the way we understand reality is created and structured through context and personal experience (Payne, 2014). Thereby
indicating that personal experiences and social interactions with others being the foundation on which we make our interpretations of phenomena and reality in which these exist. One can portray social constructionism as a puzzle that represents an individual’s composition of reality. Every piece in the puzzle reflects separate experiences that together form one’s current picture of a particular phenomenon.

Social constructionism attempts to explain the impact which the context has on our understandings (Furman et al., 2003). A theoretical framework through which peoples’ separate worldviews are socially constructed, and thereby recognizing the significant influences that the social-, political- and cultural environment has on one’s interpretation of experiences and the surroundings (Ibid).

Through this theoretical framework focus is directed towards the significant impact of the social workers’ subjective interpretation of self-injury as a phenomenon, and how it influences their understanding when meeting individuals with a self-injuring problematic (Furman et al., 2003). This would indicate that experiences and perceptions are individually constructed by each respondent, thereby allowing an in-depth exploration in the essence of their stories, understandings, and knowledge. In the light of the current research study, focus will lay on individualistic interpretations of self-injury as a phenomenon, created as reflections of the existing values and beliefs the participating social workers’ separate environments have, in combination with their subjective and personal perceptions of self-injurious behaviors (Furman et al., 2003).

4. Methodology

4.1 Research design

The research study was carried out through a qualitative research design. This approach allowed the gathering of more in-depth data from the social workers interviewed in this study, and further enhanced the possibilities for the interviewees to express their subjective and personal understanding of behaviors they identified to be self-injurious (Kvale & Brinkman, 2009; Royse, 2004). This gave the researcher greater possibilities to gain the rich and in-depth understanding required to answer the research aim (Kvale & Brinkman, 2009). This has been recognized as one of the main advantages of the qualitative methodology as it provided
opportunities to explore the social workers’ visions and experiences of self-injury in a freer setting (Royse, 2004).

The quality outcome in a qualitative research study is to a large extent influenced by the researcher’s own competence, skills and thoroughness (Patton, 2015). The qualitative methodology therefore required the author to develop a broad knowledgebase about self-injury. This process had to be done before the interviews were conducted as it allowed the researcher to grasp a rich and more in-depth picture of the social workers’ understandings and experiences of self-injury. The researcher read available and relevant literature on self-injurious behaviors before the interview guide was constructed. This helped to broaden the knowledge about the subject, further increasing the potentials of reaching a deeper understanding of the participating social workers’ perceptions and experiences of self-injury among adolescents (Ibid). Gaining a more in-depth understanding of previous literature allowed the researcher to find more interesting and significant aspects and angles to explore.

4.2 Mode of procedure

4.2.1 Choice of previous literature and scientific articles

*Discovery* and *SocIndex* were the main databases through which the author collected the previous literature and scientific articles used in this research study. To ensure the quality of the material, the searches were thereafter limited to solely show full text articles that had been peer-reviewed. The author further decided to exclusively rely on previous research published 2010 or later to ensure that the material was up to date. The keywords used were *self-injury, adolescents, social work(er), counselor* and *suicide*. These were combined in different constellations, of which some generated hits as followed:

- *Self-injury* and *social work(er)* generated about 471 hits.
- *Self-injury* and *counselor* generated about 179 hits.
- *Self-injury, suicide* and *adolescents* generated about 500 hits
- *Self-injury, suicide* and *social work* generated about 120 hits.
4.2.2 Selection of interviewees

Three interviews were held with counselors employed at youth health centers. Because of the chosen focus, the researcher initially tried to contact potential participants through purposive sampling, a process that generated one individual willing to take part in the study. The initial contact was made through phone call and email. The other two respondents were found through snowball sampling, a technique through which the researcher had an initial contact with a counselor who was unable to participate but who mentioned the study to colleagues, whereof two were interested and contacted the author via the contact information provided (Rubin & Babbie, 2011).

4.2.3 Research process and data collection

The in-depth qualitative methodology allowed for semi-structured interviews. These were carried out in a quiet setting chosen by the interviewees, for their convenience and to ensure they felt comfortable during the interviews. The particular interview design was chosen because it provided the researcher with great prospects of gaining the rich and in-depth data necessary to fulfill the aim and answer the research questions (Kvale & Brinkman, 2009). This approach generated greater opportunities for the respondents to talk freely, while at the same time reducing the risks of them being affected by the researcher’s personal values, biases and preconceptions when responding (Royse, 2004). Each interview lasted about 40 minutes.

Before the interviews were carried out, the researcher conducted an interview guide with open-ended questions. This approach was chosen because it allowed the participating counselors to interpret the questions and thereafter answer according to how the questions were individually understood. Considering the aim, this appeared to be the most suitable approach to take for the author to gain the desired in-depth understanding of the experiences and perceptions of self-injury. The guide was thereafter sent to the supervisor for approval, a step carried out before the scheduled interviews. The interviews with the three counselors were recorded and thereafter transcribed to facilitate the identification of themes to use in the analysis.

4.2.4 Tools of analysis

Thematic coding was chosen when the researcher approached the analysis of the empirical data. A method chosen as it allowed the researcher to start out from a number of predetermined
concepts that thereafter were adjusted and further developed into the themes and subthemes used when presenting and analyzing the gathered data (Robson, 2011). The three research questions the author set out to answer built the foundation on which the themes were built on. The three were summarized and written down as three separate concepts; *why engaging in self-injury, challenges, and coupling to suicidality*, a process Rubin and Babbie (2011: 525) refer to as “concept mapping”. Thereafter the transcribed interviews were read through thoroughly several times. This methodological step helped the researcher to familiarize herself with the data, which is considered an essential step in the thematic coding analysis (Robson, 2011). Segments of the transcriptions were divided amongst the most suitable concept.

The concept mapping gave the researcher a clearer overview of the existing data, while simultaneously functioning as the process through which the author began to identify initial codes (Robson, 2011). The process of coding the data built the foundation on which the researcher thereafter identified and developed the themes and subthemes used when presenting the results and analysis (Rubin & Babbie, 2011). When the process of concept mapping was finished the author had identified three major themes ‘underlying causes’, ‘professional experience’, and ‘working with adolescents who self-injure’. The generated data from the three interviews gave detailed and rich information that allowed each theme to be further presented through a number of subthemes to provide descriptions of different parts of each theme.

The thematic analysis was chosen because the author believed it would enhance a more in depth understanding of the participating social workers’ perceptions of self-injury.

### 4.3 Essay credibility

Some would argue that the credibility of a research study is somewhat differently measured in qualitative research compared to one of quantitative nature (Rubin & Babbie, 2011). The author of the current study has therefore chosen to discuss the different measurements, *validity* and *reliability*, as one major concept because of the two’s somehow similar natures in qualitative methodology.

One approach taken to increase the credibility of this research study was to describe in close detail the different steps in the research process. Focus have been placed on the in-depth insights into the social workers’ own understandings of self-injury and their subjective reality of the
phenomenon. Rubin and Babbie (2011: 234) imply that “the directness, depth, and detail of its observations often gives it better validity than the quantitative measurement”.

The qualitative methodology has been acknowledged to be very subjective in its nature, also from a researcher’s point of view. When applying this particular research design, the researcher thereby had to recognize the possible influences such subjectivity could have on the research findings. To ensure and increase the credibility the author tried to be reflexive throughout the entire research process. Reflexivity has been recognized to limit possible influences from the author’s personal assumptions, experiences, and biases (Rubin & Babbie, 2011). The researcher used open-ended questions during the interviews with the three counsellors. This approach lowered the potential impact the researcher had on the answers given by the participants and thereby not jeopardizing the capturing of the truthfulness in their responses (Kvale & Brinkman, 2009). To ask questions in an open-ended manner allowed the respondents to answer without the researcher leading them to a certain answer.

Through the reflexive approach the researcher had a different awareness throughout the research, and thereby lowered the risks of personal experiences, assumptions and biases having an impact on the gathered data and how it thereafter was analyzed (Rubin & Babbie, 2011). Literature on qualitative methodology implies that the close and subjective nature of the qualitative research design required the author to ensure that the knowledge and results presented in the study were grounded in truthful and valid data (Ibid).

4.4 Ethical standpoints

The Swedish Research Council acknowledges the need for four main demands to be existent when research is being conducted to ensure it being of good quality; the demand for information, the demand for consent, the demand for confidentiality and the demand for utilization of data (Vetenskapsrådet, 2002). These demands have been recognized and integrated in the current research study in order to secure the required ethical standards.

To begin with, the researcher was responsible to inform the counselors about their role in the research study (Vetenskapsrådet, 2002). The author therefore sent out a letter of consent to the participating counselors (Appendix 2) providing the necessary information about the steps that were to follow in the research process and clearly pointing out the purpose of this particular
study (Royse, 2004). The letter of consent clearly stated their participation as voluntarily and that the informants were entitled to withdraw themselves from the study at any point (Ibid).

In line with guiding principles from the Swedish Research Council (2002), the author handled the counselors’ participation with strict confidentiality. The qualitative research methodology allowed the researcher to enter the subjective world of the participating counsellors, and thereby also presenting their subjective stories and realities (Rubin & Babbie, 2011; Royse, 2004). The author paid careful consideration to this particular aspect and therefore removed certain parts of the interviews from the results presented in this research study. The Research Council’s demands when conducting research further requested the author, due to her ethical responsibility, to protect the participants’ true identities and the author was therefore careful not to violate this confidentiality (Rubin & Babbie, 2011).

The letter of consent further informed the participants that the interviews would be recorded (Appendix 2). The interviews with the three counselors were held in Swedish and thereafter translated into the English language as the thesis was to be written in English. The quotations used in the result section has thereby also been translated in English and the quotations have been interpreted by the author herself to ensure the interviewees’ words kept the same initial signification. The quotations were read through thoroughly several times and the translations were compared to those originally written in Swedish. The informants were informed about their opportunity to read through the finished research study before the author submitted it (Appendix 2). A step in the research process to ensure that the informants felt that the researcher had interpreted their stories in an accurate and respectful manner.

5. Presentation of results and empiricism analysis

As this research study is of a qualitative nature with an explicit focus on the social workers’ perspectives, the results are presented through a thematic structure where the significant angles of the participating social workers’ own understandings and experiences are realized. Three themes will be presented as followed; the underlying causes, professional experience, and working with adolescents who self-injure. The themes will be presented and thereafter analyzed separately before the author continues to present the result and analysis for the next theme.
Before the presentation and analysis of the thematic data, the author provides the reader with a short description of the interviewees participating in this research study.

5.1 The interviewees
The first interviewee, Ana, is a social worker who has been employed at a youth health center for a time period under one year. She has previous experience from working with adolescents, though through a different authority.

The second interviewee, Beth, has much experience in the social work profession. Her experience is mainly gained from working as a counselor, a profession through which she has had the opportunity to meet many adolescents engaging in self-injury. Beth has been employed at her current workplace for a time period of 5-10 years.

The third interviewee, Carla, has been employed at a youth health center for a time period between 10-15 years. Besides her current employment she does also have a previous professional career as a school counselor.

5.2 The underlying causes
With this theme the intentions are to explore and analyze the social workers’ view on the meaning of self-injurious behaviors. Through the three respondents’ descriptions of their views of underlying causes the author identified two subthemes through which the presentation of results and analysis will be carried out. The subthemes will cover intrapersonal and interpersonal factors, functions and causes to the adolescents engaging in self-injurious behaviors. This theme has been divided into the following subthemes; symptoms and impact from society.

5.2.1 Symptoms
This subtheme will present the intrapersonal factors the three counselors described that underlie self-injurious behaviors, and thereby explore in the participants’ view of the self-destructivity as symptoms.

Though the interviews were conducted separately, all three social workers recognized acts of self-injury as significant and critical symptoms of other underlying problems. The interviewees
implied the underlying problematic to cause high and severe levels of anxiety, and the self-injuring becoming an attempt for the adolescents to regulate this anxiety;

Usually it is a direct relief from anxiety. It feels good to have an outlet for one’s feelings here and now, but then it turns to anxiety after injuring oneself. (..) and instead of feeling better one is covered in scars in need to be hidden, and feeling even worse. (Ana, personal communication, November 21, 2016)

In accordance to Beth, acts of self-injury are, whether it being through cutting, eating disorders, or sexual intimacy, hardly the solution to the underlying problem. As mentioned by Ana in the quote above, Beth agreed that the self-injuring resulted in more anxiety, and a devastating negative circle was created; the anxiety lead to self-destructive actions that thereby caused higher levels of anxiety. She described her experience and understanding as followed;

Most of the adolescents describe that they feel good directly after doing it but that it is soon back again resulting in feelings of guilt and shame for doing it, which makes it even worse (Beth, personal communication, November 25, 2016)

The interviewees acknowledged some adolescents to show tendencies of self-injuring as an attempt to be recognized by their surroundings. A behavior that one respondent implied being the consequence of not being seen by their surroundings and it thereby being an attempt to be noticed. She believed that they began to hurt themselves because there was no other arena for them to be noticed.

Beth described the harmful behavior to function as an attempt for the adolescents to transform the psychological pain they feel into a physical one. The same informant viewed the self-injuring as indicators of the adolescents’ missing significant and/or necessary components in life, and therefore believed in recognizing acts of self-injury as a call for help. Ana described it as an outlet for the painful anxiety, - an anxiety she described to be related to negative assumptions of oneself, convincing thoughts and feelings of being worthless, and feelings of unworthiness of being loved, caused by a low or non-existing self-esteem.
In resemblance to the other interviewees, Carla described acts of self-injury to be symptoms of other problematic and believed it to be an anxiety relief. She believed that adolescents with a more serious self-injuring behavior many times had been through a traumatic event, i.e. being bullied, exposed to or witnessed sexual assaults and/or violence. She argued that such trauma created painful and extensive feelings of anxiety, guilt and shame within the adolescents who therefore harmed themselves as an attempt to punish themselves. A trauma was however not always existent among the individuals who self-injured. Carla described low self-esteem and high anxiety, caused by not feeling ‘good enough’, to also be common underlying causes. She believed this particular group of adolescents to be a critical consequence of the increasing demands and pressuring values existing in our society today.

**Analysis**

The study’s findings pointed out a significance of adapting a wider and more in-depth perspective of self-injury. Social constructionism recognizes that Ana, Beth and Carla shared an in-depth understanding of self-injury and described the behaviors as symptoms. Through the chosen theoretical framework thereby possible to suggest these findings as results of similarities in the three counselors’ social and cultural contexts in which they have encountered self-injury. Both Muehlenkamp et al. (2013) and Mchale and Felton (2010) found detailed insights into the self-injuring problematic as necessary in order to reach an in-depth and accepting perception of self-injury as a phenomenon and of individuals who engage in such behaviors. To describe the self-destructivity as symptoms could indicate that one has developed a capacity to see beyond the act of self-injury in itself, and with references to the studies by Muehlenkamp et al. and Mchale and Jenkins, possible to imply that Ana, Beth and Carla had gained a detailed and in-depth insight into the phenomenon that comprises self-injury.

The findings suggests that professionals can develop an understanding unaffected by prejudices and preconceptions about self-injurious behaviors. The greatest influence on a counsellor’s understanding could thereby be the contexts in which the person interacts with self-injury rather than the amount of years in the counselling profession.
5.2.2 Impact from society

This subtheme will present the interpersonal factors that were identified as causes to adolescents’ self-injuring. The author was able to identify two separate patterns within this particular subtheme.

The interviewees described high and increasing demands in society to negatively affect many adolescents today, and believed the school environment to be of critical nature. Ana expressed that though she had noticed an increasing pressure and stressful environment for the younger population, she had not experienced it to be a primary cause to the self-injuring. Beth and Carla believed and described acts of self-injuring partly to be symptoms of the high-performing society, and the intense need to be good enough;

That you should be right, capable and look good. So the problem is here and generates self-harm and self-destructiveness as well. (…) The stress to be right.
Whatever that is. (Beth, personal communication, November 25, 2016).

Beth described how the adolescents engaged in such self-destructivity as a coping mechanism. She referred to the behavior as a consequence of constantly comparing themselves to peers and others, and that her experience was that especially young girls had severe difficulties of feeling good enough. Carla described the school environment as a critical source to the high anxiety. She believed the anxiety to be the result of the adolescents constantly feeling a stress to achieve and perform certain results, an anxiety for some too difficult to cope with;

(…) this is growing more and more, this with performance anxiety and school, and that you do not think you are good enough, you are fighting and fighting. It is also such a thing that can make the anxiety unbearable to live with and that you therefore start to cut yourself or do something (…) the high-performance group, especially among girls is huge (…) and it is sad because this is also a societal phenomenon (Carla, personal communication, December 1, 2016)

As described by Carla, society has created dimensions that divide people into categories based on looks, talents, etc. Further describing that she believed body fixation and sexualization existing among adolescents today to be devastating;
I think it is devastating (...) Instead of everyone having their qualities, their good sides, without rejections. That everyone is welcome (Carla, personal communication, December 1, 2016)

From a societal perspective, self-injury was described as having a certain risk of being contagious. Beth described that one individual’s self-destructivity risked influencing others, that they heard the behavior to be an effective way of decreasing or completely remove the anxiety. Ana described it as a potential risk of being contagious and influence other adolescents to engage in self-destructivity, but clearly pointed out that this was simply an instinct she had. Carla believed some adolescents to engage in self-injurious behaviors to feel companionship, belongingness, and to feel part of a group. Shame and guilt were described as being partly responsible for the continuing of a self-destructive behavior. Beth believed that adolescents were exposed to greater risks of being influenced by others and that they risked engaging in a self-injuring behavior because they had heard it could alleviate anxiety, and be used to punish themselves.

Beth believed that self-injury was as frequent today as when she first started working as a counselor but that adolescents today experienced greater pressure not only internally but from their immediate surroundings and from larger society. Beth believed adolescents to experience the pressure to be right and look a certain way in previous years too, but not to the same extent. She described how particularly young girls overanalyzed their relationships and compared themselves to others. Carla had difficulties to estimate if self-injury was a phenomenon that had increased during recent years but recognized that adolescents had greater courage today to reach out for help compared to before. She did recognize that adolescents had the courage today to reach out for help compared to before. She described that the stigma attached to self-injury had decreased compared to the views in society in previous years.

Beth described an overall understanding in society today that one is supposed to be persistently happy. She believed that this unfortunately sent out the wrong values to adolescents in our societies and that the increasing numbers of adolescents who engaged in self-injurious behaviors was grounded in this false view of life. Beth implored that we all need to realize and accept that life is less fun some days;
To handle the gray day, for this is also life. Otherwise life becomes a quest to constantly find something. It’s good with incentives but not every second, it's a false world (Beth, personal communication, November 25, 2016)

Carla believed it to be problematic for adolescents to be confronted with the reality today and that the misleading views and values exposed them to severe risks of feeling hatred towards themselves;

(...) there are views that one should be happy all the time, and that is tough. And it’s not true, research on happiness shows that you are happy 30 seconds every so often. And that is something I usually talk about, if you don’t feel bad sometimes, you cannot feel when you’re happy (Carla, personal communication, December 1, 2016)

Analysis
Social constructionism implies that the years of professional experience have a certain impact on how a phenomenon is perceived (Furman et al., 2003). The three counselors differences in opinions regarding the societal impact could therefore be analyzed as caused by the three informants’ diversity in years working as professional counselors. As described previously, social constructionism can be viewed as a puzzle where Beth and Carla, because of their greater work experience, have more pieces to use when building and constructing their perception of self-injurious behaviors and the adolescents who engage in these behaviors. Each piece represents and reflects an experience, and as the two previously had worked as counsellors in other workplaces, these pieces help cover a larger spectrum of the phenomenon. Interviewees Beth and Carla interpreted self-injury from a wider spectrum that thereby gave them a broader insight in self-injury today as well as from a historical perspective (Angelöw & Jonsson, 2010). Whisenhunt et al. (2014b) found their study to indicate that individuals’ self-injuring to be greatly affected by the environment’s reactions, and therefore exposed to risks of their environments becoming counterproductive in relation to their self-destructivity. Through the current study it is possible to see that self-injury is perceived as stigmatized by larger society and thereby greater risks of the self-injuring adolescents' surroundings at risk of being negatively influenced by these values. As described by Whisenhunt et al., the adolescent’s
environment turns counterproductive. Long and Jenkins (2010) discussed the effects that occurred when society stigmatized self-injury and meant that professionals ought to adapt an accepting and non-judgmental perspective and gain awareness of the counterproductive nature of the adolescents’ environments.

The results found by Whisenhunt et al. (2014b) and the findings of the current research study indicate that society at large has a stigmatizing understanding of self-injurious behaviors and adolescents who engage in them. If further acknowledging Mchale and Felton’s study and their results, it indicated that the misleading and judgmental views among health care professionals to be consequences of insufficient personal in-depth experiences of the phenomenon. One could therefore analyze the stigma and shame attached to self-injury to be socially constructed. Social constructionism argues that an individual’s perception and view is created through the experiences and contexts in which the current knowledge has been gathered. Self-injury, or more specifically the stigma attached to it, is a critical effect of a social construction. Our cultural, social and political context has developed a perception that acts of self-injury are to be looked down upon. An argument supported by the stigmatization within society towards piercings and tattoos, as these from a historical perspective were considered to be harmful and self-destructive too (De Riggi et al., 2016; Lloyd-Richardson, 2010). Piercings and tattoos are as harmful today as in years back, but today viewed by larger society as 'normal' rather than frowned upon. Social constructionism can thereby explain phenomena as constructed through our social interaction with other individuals and the environment at large.

High levels of anxiety and the constant comparisons are consequences of the society adolescents live in today. One pattern found in the current study was the beliefs of high demanding and high achieving societal climate to have great impact. The findings suggest that experience from meeting and working with adolescents who self-injure can help professionals develop a broader, richer and greater historical spectrum on which the understanding of the phenomenon can be constructed. Nevertheless not indicating that the two have the most correct understanding of self-injury, but rather a wider context through which their understanding had evolved.
5.3 Professional experience

This theme will present and explore in the professional experiences described and discussed by the participating counselors. The categorizing and interpreting of the empirical data allowed the author to divide the data into three subthemes; attitudes, the coupling to suicidality and gender differences.

5.3.1 Attitudes

This subtheme intends to explore the counselors’ attitude towards their profession and workplace with special regards to adolescents whom they had met with a self-injuring problematic.

It was an overall positive attitude that the counselors presented, an admiration for these young girls and boys who were willing to open up and tell their stories. Ana used the words “fun”, “strength”, and “exciting” when she described her experiences with these individuals;

(...) it is amazing that they have the courage to share their feelings and thoughts.
There is so much strength in it too, to come here even though you feel so incredibly bad (Ana, personal communication, November 21, 2016)

“Satisfying and exciting” was how Carla described her professional experience. Her long experience in the social work profession made her acknowledge that more adolescents had the courage to seek help today compared to when she first started at the youth health center. She described it as an incredibly positive change that she believed had occurred because more people talked openly about self-injury as a phenomenon and the problematic associated to it today.

The interviews presented a humble admiration for adolescents with a self-injuring problematic. The counselors also described and highlighted the significance of them as professionals to ask questions and take responsibility in the room. Beth described the attitude to have changed in society regarding self-injury and other difficult topics. She believed in not being afraid to ask difficult or uncomfortable questions, and described how the questions symbolized her willingness to listen to the adolescents’ stories. This is something the same informant
mentioned to be different compared to her previous years in the profession. She described the professional attitude and beliefs earlier to see certain subjects as taboo;

Previously one was to be quiet about certain things, one was to let sleeping dogs lie, but this has changed, today we bring it up to tell you we are ready to listen to it (Beth, personal communication, November 25, 2016)

Ana mentioned the significance of being the adult in the room, and the responsibility she had to ask the questions, though they at times were difficult and uncomfortable to ask. She believed and described it as a helpful approach for the adolescent to receive the courage to talk about his/her relation to self-injury. It was an overall shared attitude between Ana and Beth, that they rather asked too many questions than miss a particularly important one. The significance of asking questions was an attitude that also Carla shared, but her input was quite different from the other two’s as she did not describe the questions as neither difficult nor uncomfortable;

I have never been particularly scared, I have never been afraid to ask about neither violence, abuse nor self-harm (Carla, personal communication, December 1, 2016)

Analysis

The current study identified an admirable and overall positive attitude towards adolescents who engaged in acts of self-injury. Muehlenkamp et al. (2013) were unable to present similar positive attitudes in their research study but did, however, allow individuals from different professions to take part in their study compared to the one profession recognized in this current study. Because of the similarities in workplace, education and employment tasks, the shared positive attitude between Ana, Beth and Carla can be viewed as natural if analyzed through social constructionism.

The results presented by Duggan et al. (2011) showed self-injury to cause a greater insecurity among school counselors than was found among the three informants from the current study. The different understandings and views of the phenomenon could indicate that the self-injuring problematic is less frequent in school environments than at youth health centers, and that the experiences and contexts do influence our perceptions. Social constructionism implies that
being less exposed to self-injury could make the school counselors unable to develop a similar structured and in-depth understanding of self-injury as the counselors working at the youth health centers (Payne, 2014). The counselors in the two different studies had developed their interpretation of self-injury based on their subjective realities, and therefore their workplaces, personal experiences and social interactions with self-injuring adolescents to be of great influence (Angelöw & Jonsson, 2000). The contexts the counselors employed at the youth health centers described as foundations for their perceptions were similar, and compared to other contexts, the self-injuring behavior was found to be more frequent in this environment. The school counselors on the other hand had not described the same level of experience of meeting students with such self-destructivity. It is of course significant to acknowledge social constructionism’s focus on the subjective reality, but compared to the reality presented by the school counselors, one could imply the positive attitude shared by the social workers in the current study to be a result of similarities in workplace and experiences from meetings adolescents who self-injured (Furman et al., 2003). School counselors could be assumed to be more affected by the societal view and prejudices of self-injury because of their less frequent encounters with the phenomenon (Ibid).

The current study supports the significant relationship between knowledge and experiences of self-injurious behaviors and the attitude adopted towards the individuals who engage in them. A relation also found in Mchale and Felton’s study who claimed that a disrespectful, condescending and negative attitude towards self-injuring individuals to be caused by a lack of knowledge, experience, and education (2010).

5.3.2 The coupling to suicidality

Through this subtheme the author hopes to create a more structured picture of how the three participating counselors described their understanding of the relation between self-injury and suicidality.

The participating counselors described self-injury and its relationship to suicidality as both complex, and to an extent non-existent. According to Ana, an act of self-injury was associated with harm and exposure to pain, and she therefore believed these adolescents also having a tendency and capability to expose themselves to more dangerous and severe pain. Though
acknowledging that she had no prior experience of a client whose self-injury had resulted in suicide, she carefully pointed out that this was her interpretation. Nonetheless, later in the interview she described that her experience rather portrayed acts of self-injury as strategies to cope with the anxiety, and not the adolescents’ unwillingness to live. Ana meant that the individuals she had met had expressed how nice it would be not to have to wake up the next morning, rather than explicitly expressing a desire to die.

In accordance with Beth, and based on her experience with the adolescents she had met so far, there was not a strong coupling between self-injurious behaviors and suicidality. She questioned the relationship. When the interviewer thereafter described the existing statistics indicating individuals with a self-injuring problematic not to be suicidal, but that those who commit suicide once had self-injured, Beth became open to such a connection. Statistics that were brought up by Carla as she described the relation as followed;

(...) many of those who we later see trying to make serious suicide attempts have prior experiences of engaging in some self-injurious behavior, so it is definitely a risk. (Carla, personal communication December 1, 2016)

Carla expressed that as she saw it, there was one group where the two were “completely separate”, and one group with adolescents who, through their self-destructivity, were exposed to greater risks of attempting suicide. The adolescents who believed it to be a functional way of regulating one's anxiety, Carla believed as more likely to continue their self-injuring. She described it as critical when a certain behavior no longer was sufficiently painful for it to relieve the “aching” anxiety, and therefore believed youth to be more likely to engage in more serious behaviors as an attempt to reach the same effects.

Analysis

The participating counselors’ description of their understanding of the relation of the two phenomena indicated the same complexity as presented in the already existing research on the subject. The empirical data highlighted similar uncertainty within the counselling profession, and supported the differences in opinions one can find in the current discussion on the relationship between the two phenomena. In resemblance to the results found in the research
study by Whisenhunt et al. (2014a), the three counselors’ understandings could be described as rather multifaceted and sometimes complicated. Beth and Carla shared similarities concerning the amount of years working with persons who self-injured and the contexts in which these occurred, but still differed in their understanding of the relation.

Nevertheless, the understanding one has on the relation between the two is based on the experience one has of the two phenomena, and one’s perception of what behaviors and acts classify as self-injuring. Beth did not see a strong coupling between the two phenomena, and significantly referred to her own experience with meeting adolescents who self-injured. Social constructionism suggests that our subjective interpretations of what a phenomenon is are constructed through our thoughts, experiences, contexts and interactions with it (Angelöw & Jonsson, 2000). This can therefore help explain the divergent interpretations and views on the relation between self-injury and suicidality found in the current study and previous literature.

5.3.3 Gender differences

This subtheme intends to describe the participating counselors’ experiences and views on gender differences among the adolescents whom they had met with a self-injuring problematic. As the author developed this subtheme she identified two separate patterns regarding the views on gender differences.

One pattern showed certain gender differences to be existent. Beth expressed that she more frequently met young girls who self-injured. Though emphasizing that such problematic also exists among boys, she had recognized that especially the stress to always look good and right more often affected young girls. An aspect she believed to be because girls, in generalized terms, compete with one another more than boys;

(...) girls never give themselves credit for any of their achievements, they are never good enough. (Beth, personal communication, November 25, 2016).

When asked to discuss her view on potential gender differences Ana mentioned that she had little experience within the counselling profession but based on her professional experience thus far she could not see any differences. She also pointed out that neither could she see any gender differences in regards to the underlying causes to the self-destructivity. Ana did, however, point
out that she had not worked in the youth health center that long and therefore was unsure of potential effects this could have on her view regarding possible differences. Ana further described how she previously had worked at a home for unaccompanied refugee children. A home exclusively for boys. She claimed that none of the children living there had self-injured but also admitted that she could not remember if the subject was ever brought up and discussed.

In accordance to Carla and her experiences, one significant gender difference was the approach through which the self-injuring was directed. She experienced that girls had greater tendencies to direct the destructivity inwards and harm themselves, while boys more often were acting extroverted through fights, taking risks and an overconsumption of alcohol. Behaviors she classified as self-injuring. She pointed out to have recognized that some boys do direct their self-injuring inwards and mentioned meeting adolescents of both genders who self-injured through sex. She specifically described one individual who had expressed so much hatred towards himself and therefore allowed men to do horrible things to him. Carla meant that he did this exclusively to hurt himself;

(...) the hatred towards himself was unbearable and he punished himself through pain by exposing himself to risks and meeting men who were worse and worse, men who exposed him to terrible things. (Carla, personal communication, December 1, 2016).

Though experiencing that girls more often were exposed and affected by stress and demands from themselves and society, Beth pointed out that it is considered more acceptable for girls to talk about feelings and problems, and admitted that this could be one contributing factor to the gender differences she had experienced. Carla described the differences as consequences of the self-destructivity being perceived differently when directed inwards in comparison to outwards. She believed that boys thereby more often ended up in the penitentiary and social services as opposed to girls, who ended up in the health care system.

**Analysis**

In resemblance to the previous literature, the current research found differences in the views on self-injury and differences between genders. Long and Jenkins (2010) found some counselors to believe the self-injurious behaviors to be more common among women while others argued
that they experienced it to be quite similar, and who believed such self-destructive behaviors to be more frequent among men. Though not as many counselors participated in the current study, the researcher also found different patterns. One pattern showed self-injurious behaviors as more frequent among women while a second described no gender differences.

Long and Jenkins further found that the differences between genders to a certain extent considered the acts of self-injury and the methods that were used. The same factor was brought up by Carla who described men to more often engage in external methods while women chose to turn the self-destructive actions towards themselves.

5.4 Working with adolescents who self-injure

Through this theme the author aims to present the data described by the respondents in relation to how they approached and worked with adolescents who self-injured. The theme has been further divided into three subthemes to provide the reader with a more in-depth description and understanding of challenges they had experienced arising when working with the self-injuring problematic, approaches used to handle these, and significant lessons the counselors had drawn based on their professional experiences thus far.

5.4.1 Challenges

Through this subtheme the author intends to present challenges the counselors expressed and described during the interviews.

When Carla described and discussed the challenging aspects of working with self-injuring adolescents, she first and foremost mentioned the societal structure to be of difficulty. Carla carefully pointed out that she experienced the mental health professionals as being too focused on diagnosing the adolescents, and as she saw it, attempting to combat a structural societal problem on an individual level. She described it as challenging to work with self-injury solely on an individual level when she believed the underlying causes to the anxiety and self-destructivity to be deeply rooted in society, its structures and values. Carla expressed the challenges she experienced when working solely to find symptoms in order to diagnose the individuals as followed;
It is a challenge in itself, to work in this diagnostic-focused profession (Carla, personal communication, December 1, 2016)

Carla found it challenging from a societal perspective too, as she described how especially young people find themselves in an environment where they constantly are encouraged to compare themselves to others. She expressed the seriousness of this cultural phenomenon in which larger society teaches younger individuals that certain qualities are better than others, and instead of welcoming all as equals, focus is on body- and sexual fixation.

Ana expressed that the most challenging aspect of working with these adolescents was to trust her gut feelings. When identifying the seriousness in a behavior the majority of her decisions were based on gut feelings and she described it as challenging sometimes to trust these. Another difficulty mentioned by Ana was not to misjudge an adolescent and the seriousness in his/her self-destructivity. An aspect also mentioned by Beth as difficult and challenging, as she believed a misjudgment risked being followed by the wrong assessments that thereby risked pushing the adolescent further away. Beth brought up the difficulties she experienced when meeting these adolescents, and because of the numerous questions available, felt that she risked missing to ask that one essential question to the right adolescent;

(...) not everyone is asked if they have been abused but an adolescent might have been through it and therefore want to punish themselves by cutting themselves. And when leaving wondering why I did not ask about it. (Beth, personal communication, November 25, 2016)

Ana and Beth mentioned it to be difficult at times to determine when an adolescent had a more serious self-injuring problematic than they had the task or capability to manage. Challenges arose surrounding the ability to distinguish between the adolescents who balanced between the youth health center and the authorities responsible for heavier psychiatric problematic, and whether they were to engage in the individual or not.

Carla described it as challenging to trust herself when working with adolescents who self-injured. She described the challenge to lay in feeling completely comfortable in asking the questions and thereafter listening to their stories, stories she described to be very challenging
and difficult to hear sometimes. Carla described how many adolescents whom she had met had bad prior experiences of talking to or reaching out to adults, something she believed had resulted in a lack of trust for adults in general. An additional challenging factor Carla experienced was meeting the young individuals and feeling as if she was being tested. It was important to convey the strength and capacity to accept the adolescents’ skepticism in those situations.

**Analysis**

The counselors taking part in the current study did not express dissatisfaction towards the prior knowledge about self-injury when first meeting and working with adolescents who self-injured. Contrary to the counselors in the study conducted by Duggan et al. (2011), neither inadequate knowledge nor the necessary professional training of the self-injuring problematic was brought up. Duggan et al. found that the counselors felt unequipped to handle the self-injuring problematic, despite a high percentage viewing themselves as the most likely first contact the adolescents would turn to. This draws a significant difference from the counselors working at the youth health centers who rather described their challenges to be related to themselves. The two environments are significantly different as the three from the current study described different and more in-depth professional and personal challenges when working with self-injuring adolescents. This suggests that the informants’ understandings were developed from a larger sum of experiences, where they had encountered more self-injurious behaviors than the school counselors. The author can, through social constructionism theory, analyze this to be a result of self-injurious behaviors to be more frequent in youth health centers than in schools. Thus the opportunities for Ana, Beth and Carla to develop an understanding for the phenomenon on a wider foundation, meaning that their perception of self-injury being of more in-depth nature. The results Duggan et al. found could suggest that the counselors had inadequate experiences with self-destructive behaviors, thus more dependent on their education and practical training in the area to be sufficient as this, to a great extent, is how they will perceive the phenomenon.
5.4.2 Manage the challenges

This subtheme is focused on the approaches and strategies the participating counselors expressed to be useful and functional when managing the challenges mentioned in the subtheme above.

The respondents brought up professional experience as one of the greatest and most helpful tools when facing challenges. Beth acknowledged that during her years as a counselor she had gained valuable knowledge that today allowed her to differentiate between occasions during which the self-injuring occurred, the underlying causes and thoughts, and how this had helped her professionally. Her work experience with self-injury allowed her to see beyond the self-injuring itself.

Ana described one of her most valuable insights today to be the significance of building an alliance with every adolescent. A relation built on trust, comfort and safety. A factor that Carla also mentioned. Based on her experience, a strong relation between adolescent and professional enhanced the chances to stop the self-destructive behavior in a shorter period of time. She described the essence of being present and showing interest. The same respondent had experienced one strategy to be particularly successful when working with adolescents, namely to help them start reflecting over their situation and the reasons behind them hurting themselves. Carla further described that when an underlying traumatic event is existent, the focus was on helping the adolescents start reflecting on why they continued to allow their tormentor(s) to hurt and control them. For those whose self-injury was grounded in societal impact, performance anxiety, and/or the stress it generated, she described the essence of the adolescent beginning to reflect why (s)he felt in such a way, and where the pressure came from.

Ana and Beth mentioned that when they felt uncertain about an individual, were concerned over his or her self-injuring and felt worried for that adolescent’s safety, they had closer contact with the adolescent, and described that they asked them to come for counselling sessions more frequently. Beth mentioned consultations with colleagues and other professions as a good support system if she experienced an adolescents’ self-injuring too difficult or challenging to handle herself. An approach Ana also brought up when discussing how she managed in
scenarios when she felt an adolescent’s self-injuring too challenging or difficult to handle on her own.

One of the respondents believed in making the situation less dramatic. She described it as significant to focus on a positive perspective, and show her admiration and happiness over that the adolescent had chosen to stay alive;

‘I am happy that you have chosen life at times when you have felt this way’
(Ana, personal communication, November 21, 2016)

Carla mentioned the significance of developing the strength to continuously ask the adolescents about their self-injuring. She described it as essential if wanting to reach the young individual behind all that anger, frustration and unwillingness to partake in a conversation. Ana described herself as more comfortable in her role now in comparison to when she first started. She believed in the essence of continuing to ask questions, and to explain how common self-injurious behaviors actually are among adolescents. Ana believed it helped them realize they were not alone.

Beth believed in knowledge. The significance of providing the adolescents with information about what anxiety is, how it functions and how it sometimes can make you more creative. She believed in helping the adolescents to understand the anxiety as a consequence or symptom of something else;

To tell them that the anxiety is a wake-up call for something else, there is something we need to identify (Beth, personal communication, November 25, 2016)

Analysis
Previous literature found knowledge and prior experiences of practical training with self-injuring behaviors to increase the self-confidence among mental health professionals. An angle found in the current study as well. The three informants described experiences from the counselling profession and from meeting adolescents who self-injured to make them more secure in themselves and their roles and therefore experienced less challenges today compared to when they started. Social constructionism implies that the greater experience one has with
and around self-injurious behaviors, the more detailed insights into the problematic one gains. Though the three had not met the exact same adolescents, similarities regarding contexts and variety, have resulted in a wider understanding for the phenomenon among them. Long and Jenkins (2010) found the relationship between client and professional to be significant to change a self-destructive behavior. The current study found, in resemblance to Long and Jenkins’, an accepting and non-judgmental environment to be essential. Whisenhunt et al. (2014b) identified equal findings which could indicate that professional experiences increase our knowledge about self-injury and thereby counterbalancing the perceived challenges. This could result in stronger beliefs in our professional skills and qualities. An in-depth and more accepting understanding of self-injurious behaviors can be developed through social interactions with the phenomena and individuals engaged in them.

Studies by Mchale and Felton (2010) and Muehlenkamp et al. (2013) believed in the essence of professional experiences and more detailed insights into the actual phenomenon for professionals to interpret it in an accepting manner. The consequences of insufficient knowledge and practical experience could result in an understanding lacking the necessary depth and breadth. Counselors with a variety of interactions with self-injury can see beyond the phenomenon itself, and instead experience challenges and thereafter develop strategies to handle these on a more in-depth level.

Ana, Beth and Carla described an open-minded view of self-injury and embraced interesting strategies to handle challenges. Instead of focusing on the non-understandable factors in the adolescents’ behaviors, they described strategies that turned abstract thoughts and feelings into concrete facts. They approached the challenging aspects of working with these individuals with a greater focus on how they could handle difficulties in better ways, rather than arguing that self-injurious behaviors are too difficult to work with in general. Social constructionism implies previous interactions with self-injury and exposures to different challenges to expand the professional’s perspective, and that one learns and develops from and with each experience. Professionals will, thereafter, develop strategies in accordance to their truth and perceptions of the phenomenon (Angelöw & Jonsson, 2000).
5.4.3 Significant lessons drawn from experience

This subtheme provides the reader with the information the three counselors described as the most valuable insights they had gained during their professional experiences thus far in their professional careers.

As Ana expressed, one of the greatest lessons she had drawn from working with adolescents who self-injured was to hasten slowly, and to ask the sometimes difficult and uncomfortable questions. She believed in acknowledging that there was no quick fix, and to accept that it takes time. Carla mentioned the significance of never making an assumption about the amount of time it will take to change the behavior. She described that a change many times occurred faster than she first had thought. The same informant brought up the essence of believing in change, believing that she, in her role as the professional, was capable of helping the adolescents to change their self-destructive behaviors. Carla believed in listening to the young individuals. Listening to their stories and realize that she was responsible to ask the essential questions;

(... it is possible to influence, it is possible to make a change in a behavior, faster than one might had thought at first (...)) (Carla, personal communication, 1 December, 2016)

Ana believed in showing the adolescent that she cared by asking questions. She believed it showed the adolescents that she was interested and ready to listen to their stories. The same counselor expressed that these young boys and girls were in urgent need to be noticed and heard. She described that it therefore was significant to come back and ask about their self-injuring, even though the adolescents claimed they had stopped harming themselves. She believed it ensured them that the subject still was of significant character. Beth described a similar view and described the significance of taking all individuals and their self-injuring behaviors seriously. She also pointed out the significance of being careful when meeting these young persons, and described it to be because she did not want to pay too much attention to the wrong behavior. She expressed it to be particularly important when meeting individuals who showed tendencies of harming themselves to be noticed. She described it as counterproductive and being a reinforcement of the negative self-destructive behavior rather than having positive
effects. One was rather to acknowledge the acts of self-injury as symptoms and to focus on finding the underlying causes;

(...) many times I do not even want to see the scars, because one should not have focus on the wrong behavior (Beth, personal communication, November 25, 2016)

Ana and Carla also brought up and described the symptom-aspect as valuable knowledge they had drawn from practice. Ana highlighted the significance of seeing beyond the self-inflicted harm the adolescents exposed themselves to, and had to do more than simply “scratching the surface”. Carla believed in portraying and approaching the adolescent as if (s)he was any other young person, a person with very strong and difficult feelings. She believed it to be essential that she, as the professional, identified the adolescent separately from the acts of self-injury (s)he engaged in;

(...) to not only see the self-injurious behavior, but to see the human being behind (Carla, personal communication, December 1, 2016)

Analysis
This subtheme can to a certain extent be coupled to how the counselors managed challenges in their work. One resemblance was the significance of believing in oneself and the skills and knowledge one had. Long and Jenkins (2010) identified similar findings in their research, and described the essence of a warm and healthy relationship between client and counselor. Social constructionism implies contexts in which social interactions occurred and personal values to affect our interpretations of a phenomenon. The findings identified under this subtheme could thereby be understood as results from the counselors’ professional experiences and detailed insights into the self-injuring problematic. Something the participating counselors described as valuable awareness and helpful in order to see beyond an act of self-injury, and to first and foremost see the individual behind it.
6. Discussion

6.1 Discussion of results

The aim of this study was to gain an in-depth understanding of self-injurious behaviors among adolescents through a social work perspective, and doing so with explicit focus on social workers’ perceptions, experiences, and views of the phenomenon. The researcher set out to answer three research questions focused on underlying causes to self-injury, challenges the social workers experienced in their work with this problematic and their understanding of the relationship between self-injury and suicidality.

Self-injurious behaviors were identified as symptoms of trauma and/or other problems, and society was believed to have a certain influence. The three counselors, who took part in this study, viewed acts of self-injury as coping mechanisms, in which adolescents engaged when their underlying problematic caused levels of anxiety too severe and difficult to cope with. The researcher identified similar findings in earlier research where professionals claimed acts of self-injury to alleviate the anxiety. Self-injurious behaviors are stigmatized in larger society, an aspect more obvious after reading previous literature on the subject and listening to the three informants. The three counselors discussed the stigma and negative preconceptions as critical contributions to the existing statistics showing the high rates of adolescents who self-harm. Adolescents’ close surroundings and the environment in larger society ought to be viewed as counterproductive. The empirical data described the stressful environment and constant exposure to high demands to be devastating for adolescents, and risk pushing them towards an engagement in self-injurious behaviors. In previous research, the findings rather discuss and identify the environment as a reinforcement than a primarily cause. Reactions from one’s surroundings and an already stigmatized view of self-injury instead create a counterproductive atmosphere for the individual. The current study indicates that the two informants with a more similar work experience, considering current and previous workplaces and employment tasks, had closer resemblances between their perceptions of underlying causes compared to the third informants and the findings found in previous literature. Nevertheless, the studies by Long and Jenkins (2010) and Whisenhunt et al. (2014b) did not exclusively focus on adolescents compared to the current study, and therefore significant to recognize that this could have affected the differences between findings.
In relation to the first research question, the findings showed an overall view among all studies indicating that underlying causes to self-injurious behaviors are viewed as symptoms, and that society do have a certain impact on why adolescents in these behaviors. Social constructionism implies that the social workers’ views of adolescents, whom they have met and worked with, become their truths, and therefore not possible nor important to identify an interpretation as more accurate than the others. Throughout this research, focus has thereby been to identify the understandings and interpretations the different social workers had of underlying causes to self-injurious behaviors, and explore in their subjective realities described and presented. One can, however, claim that the similarities regarding experience, education and clients, combined with the shared professional social work values between the counselors in the different studies indicate that these factors could have a certain impact on one’s understanding of self-injury as a phenomenon, and adolescents who engage in these behaviors.

Another interesting angle is the view on gender differences the study found. In resemblance to results presented in previous literature, the current study’s findings indicate that the views on gender differences are multifaceted. One can establish that the self-injuring problematic is not gender specific. Nonetheless, from a generalized perspective, one can see differences to exist in the methods chosen when inflicting pain on oneself. The lack of clarity regarding behaviors to be considered self-injuring have resulted in adolescents falling outside the statistic frames, because their behaviors not being identified as self-injurious. There are certain preconceptions in larger society that self-injury equals cutting the own skin. One informant mentioned that she believed boys often self-injured through violence or alcohol abuse. Gender and gender expectations are socially constructed, thus critical when a certain behavior is normalized by larger society and therefore mistakenly not understood as symptoms of underlying problems. This perspective can to a certain extent effect how one views potential gender differences.

A second research question focused on the challenges professional social workers experienced when encountering and working with adolescents who self-injure. To begin with it would be wrong to suggest that all individuals have the qualities required to understand a behavior, and what it could stand for. Nevertheless, certain professions are required to develop the qualities and characteristics needed to approach a diversity of behaviors, among which self-injury can be mentioned as one. Therefore troubling that parts of the previous literature indicate that
mental health professionals adapt an approach affected by stigma and negative preconceptions attached to individuals who self-injure. On the contrary, the counselors, from the current study, identified and described the challenges as caused by themselves and the problems they had to reach the adolescents. Through social constructionism one can explain an in-depth insight into the reality of the adolescents’ reality to increase one’s knowledgebase about self-injury, that thereafter has a certain impact on the attitude one adapts towards the behaviors and people engaged in them. Muehlenkamp et al. (2013) highlighted the negative attitude among mental health professionals, and found poor treatment and disrespecting attitude to be consequences of on how to work with the self-injuring problematic. With knowledge increases the prospects of also developing a more accepting and non-judgmental understanding of this problematic. The three informants expressed feeling more comfortable and confident to work with self-injuring adolescents after they had gained experience. Muehlenkamp et al. (2013) identified similar results, of which indicates that though all professionals experience certain challenges, the more experience and in-depth knowledge one gains through interactions with the phenomenon, more empathy and humbleness are developed for individuals engaged in self-injurious behaviors.

The challenges the three informants expressed were partly caused by the society. When interacting in society, human beings interpret reality based on contexts, personal values, and how the phenomenon is perceived in larger society. Feelings of shame and guilt in relation to self-injury is a societal construction, with an unfortunate impact on many adolescents willingness to share their stories. The informants experienced challenges when trying to reach an adolescent. Because of the disrespecting and negative attitude that parts of the previous literature indicate, the stigma, shame and presumptions attached to self-injury in larger society risk affecting social workers’ prospects of working with the self-injuring problematic most successfully and appropriately.

Self-injury and its coupling to suicidality ought to be established as very complex. The previous research on the relationship and the findings from the current study both indicate its complex nature. The multifaceted understandings that are described could indicate the insignificance of establishing a firm relationship between the two phenomena. The three informants and the earlier research acknowledged that all cases of self-injurious behaviors are at risk of resulting in suicide, whether it being intentional or not. Though social constructionism argues that we all
have our subjective realities and understand phenomenon differently, professional experiences and interactions with the phenomena separately and together, should not be interpreted as the real truth. The informants as well as the previous literature argued that professionals ought to view all cases individually, and conduct a thorough suicide assessment at all times.

6.2 Discussion on methodology

The research study was conducted through a qualitative research design. A method the author evaluates to be suitable considering the explorative nature of the study’s aim. The qualitative methodology allowed the researcher to gain more in-depth insights into the participating social workers’ understandings and views of the subject of interest. The qualitative approach permitted the researcher to explore in the informants’ subjective interpretations and reality of the self-injuring problematic.

The data was collected through three interviews of semi-structured character, where open-ended questions were used. An approach evaluated as suiting considering the explorative aim, and by applying open-ended questions the three informants were given the opportunity to, in a freer setting, interpret the questions and thereafter answer in accordance to how they understood it. Nevertheless, the interview guide was constructed before the actual interviews and thereby their answers being partly controlled by the researcher herself, as compared to the setting offered through unstructured interviews. Nonetheless, considering the researcher’s inexperience in conducting research and collecting data, the semi-structured interviews were most suitable as it allowed the researcher to collect the data necessary to answer the aim, and created a certain structure for the researcher.

Though working individually with this research study was an active choice, to work in pairs is preferable. By working in pairs one increases the opportunity to conduct a research of better quality as one can discuss each step in the process with another person who is familiar with the subject. Considering the researcher’s inexperience, a few interviews could have been conducted as practice prior to the actual interviews took place. This would enhance the researcher’s confidence in the role as the interviewer. Furthermore, if conducting more than three interviews the researcher would have explored in a greater amount of experiences and understandings, through which a more in-depth result would be achieved.
Another aspect worth discussing is the researcher’s choice to solely conduct interviews from social workers employed at youth health centers. One could argue that it limited the study from enabling a broader understanding. Nonetheless, the researcher wanted to ensure the participating counsellors had prior experience of self-injurious behaviors among adolescents, and the youth health centers were therefore the best option.

6.3 Suggestions for future research

This study focused on the professional social work perspective of self-injurious behaviors, their experiences and understandings from working with adolescents engaged in such behaviors. The findings from this study and other previous literature both indicate the essence of more research being conducted with an explicit focus of the relationship between self-injurious behaviors and suicidality. It would be interesting for further exploration in this complex relationship. This topic has raised great interest and concern during this research process. It would, therefore, be of great interest to see further research carried out with focus on this relationship, and to conduct the research from an adolescent’s perspective to hopefully gain more insight in how such self-destructive actions are understood from within.
7. References


• **WHO, 2013**

Appendix 1 – Interview guide

Hur länge har du arbetat som kurator? Hur länge har du arbetat på ungdomsmottagningen?
How long have you worked as a counsellor? How long have you been employed at the youth health center?

Vad upplever du är orsakerna till att ungdomarna börjar självskada?
What do you experience are the underlying causes to the adolescents starting to self-injure?

- Hur ser orsakerna ut i jämförelse med när du först började arbeta med ungdomar med självskadeproblematik?
  How would you describe the causes today compared to when you first started working with adolescents with self-injuring problems?

Hur upplever du eventuella könsskillnader?
Do you experience that there are any gender differences?

- Vad tror du dessa beror på?
  How do you interpret these differences?

Skulle du kunna berätta mer om hur din arbetslivserfarenhet med självskadebeteende bland ungdomar ser ut?
Could you tell me more about your work experience with adolescents who self-injure?

- Hur skulle du beskriva ditt arbete med självskadebeteende?
  How would you describe your work with self-injurious behaviors?

Vilka aspekter skulle du säga, är mest utmanande i mötet med dessa ungdomar?
What aspects when meeting these adolescents do you experience as most challenging?

- Hur skulle du beskriva att dessa ser ut idag jämfört med de utmaningar du upplevde i början?
  Have these changed in comparison with when you first started?
- Hur skulle du säga att dessa påverkar ditt möte med ungdomarna?
   How do you experience these to affect your work with the adolescents?

Skulle du kunna berätta om hur din syn på relationen mellan självskadebeteende och självmord ser ut?
Could you describe your understanding and view of the relationship between self-injury and suicidality?

Nu skulle jag vilja be dig titta tillbaka på när du först började arbeta med självskadebeteende. Vilka upplever du är de viktigaste lärdomarna du tagit med dig?

Professional, personliga etc?
I would like you to go back to when you first started working with self-injurious behaviors. What do you feel are the most important lessons you have taken with you? Personal, professional, etc?
Appendix 2 – Letter of consent

*Information to the counsellors taking part in the research study on self-injurious behaviors among adolescents.*

The aim of this study is to gain a more in-depth understanding of self-injury among adolescents today. I believe it is significant to take note of your professional viewpoint of this issue, as it hopefully can result in a research that manages to convey important and instructive knowledge of your experiences of self-injurious behaviors.

The material that the researcher plans to use will be collected through separate interviews where focus will be on your knowledge and experience from working with adolescents with a self-injuring problematic. These interviews will be recorded as this enables the processing and analyzing of the collected material, and further ensuring you, as my informant, that the material is interpreted in an accurate, systematic, and thorough manner. In addition, I will also send the finished research study to you so that you get the opportunity to read through and see if I interpreted you correctly. Once the study has been approved by an examiner it will be published in DIVA, a portal where students' essays are published.

Your participation in this study is completely voluntary and you may choose to suspend your participation at any time. A participation will be kept confidential and names or other information that may lead to the participating counsellors being identified will not be used.

I have been assigned a supervisor by Högskolan in Gävle. Her name is Ulla Forinder and you are welcome to contact her via email if you have any questions or comments. Her email address is; ulla.forinder@hig.se.

I would like to thank you in advance for choosing to participate in this study, and I will do my absolute best to manage this opportunity in the best way possible.

Best regards,

Klara Carlsson

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