

**Responding to young people who disclose self-harm: A discourse analysis of an
on-line counselling service**

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I declare that this thesis is my own work and has not been submitted for the award of a
higher degree elsewhere.

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This thesis is dedicated to the young people who use the ChildLine service and the volunteer counsellors who give up their time to make sure vulnerable children and young people always have someone to turn to.

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Abstract

There is a concerning prevalence of self-harm in young people and most young people who self-harm do not seek help. Little is known about what facilitates help-seeking in this population but evidence suggests that many do go on-line to talk about their experience. One-to-one internet ‘chat’ sessions with an adult counsellor are an increasingly accessible and popular form of help but this type of support is under-researched and the evidence base for its effectiveness is weak. Help-seeking for mental health problems is not a linear process and young people have to navigate complex interpersonal and intrapersonal barriers in order to take up a help-seeking position. Qualitative research that pays close attention to the dynamic negotiation of the help-seeking process between on-line counsellors and young people who disclose self-harm can increase our understanding of these complex and highly sensitive interactions. The aim of this study is to investigate how counsellors respond to disclosures of self-harm by using critical discursive psychology to analyse archived transcripts of 19 separate counselling interactions from an on-line counselling service for young people aged 18 or younger. The Foucauldian concepts of governmentality and pastoral power are used to explore on-line counselling sessions as a potential site for the regulation of risky behaviours and for encouraging young people to find safer ways of managing themselves. The tools of interpretative repertoires, ideological dilemmas and subject positions are utilized to examine some of the ways in which competing discourses of mental health are negotiated at the local interactional level. I identify three key interpretative repertoires (“*opening up*,” “*the divided self*” and “*keeping yourself safe*”) and analyse the ways in which these repertoires create different subject positions for the counsellors and young people. The analysis

demonstrates that the pastoral power of the on-line counsellor does not act uniformly on the self-harming subject and suggests that tensions and contradictions in counselling interactions may lead to some help-seeking interactions getting stuck. I conclude that the ways in which these repertoires are negotiated can produce or shut down important help-seeking opportunities. This thesis is the first study to look at on-line youth counselling through a Foucauldian lens and adds to our understanding of how pastoral power operates through on-line sites of governmentality. The findings have important consequences for on-line counselling practices and, more broadly, for our understanding of youth help-seeking for self-harm.

Keywords: Help-seeking, self-harm, on-line counselling, governmentality, pastoral power

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Chapter One: Introduction and background

1. Introduction

This chapter presents the background and context for an investigation into how on-line counsellors respond to young people when they disclose self-harm during a one-to-one internet chat interaction. Beginning with a brief discussion of self-harm and young people's help-seeking behaviours for mental health problems I will then examine the role of internet based communication and on-line counselling in the help-seeking process. I will then outline the theoretical framework of the research before lastly introducing the specific setting of the study in more detail.

Self-harm (i.e., self-poisoning or self-injury irrespective of motivation) is a major public health concern, with the lifetime prevalence of self-harm in UK adolescents estimated to be as high as 18% (Geulayov et al., 2018; Morey, Mellon, Dailami, Verne, & Tapp, 2016). However, rates of help-seeking amongst those who self-harm are low, with between a third and one half of adolescents seeking neither formal (e.g. GP, hospital) or informal (e.g. friends or family) support (Kidger, Heron, Lewis, Evans, & Gunnell, 2012; Rowe et al., 2014). This is concerning, not only because so many young people struggle alone with their distress, but also because self-harm is an important risk factor for future suicide (Chan et al., 2016; Mars et al., 2019). Studies of the delay or avoidance of help-seeking for mental health problems in adolescence have identified a number of potential barriers including poor mental health literacy, a preference for self-reliance and the impact of public, perceived and self-stigmatising attitudes to mental illness (Gulliver, Griffiths, & Christensen, 2010). The evidence for what actually facilitates adolescent help-seeking for mental health problems is less clear although existing studies consistently identify positive past

experiences with help-seeking as an important factor (Gulliver et al., 2010). A systematic review focused on help-seeking for self-harm in 11-19 year olds has identified fear of being viewed as attention-seeking and fear of their confidentiality being breached as key barriers to asking for help but also highlights that there is currently a lack of knowledge about what facilitates or promotes help-seeking in this specific population (Rowe et al., 2014).

Compared to traditional face-to-face help-seeking options, on-line internet services have been identified as having potential benefits for those experiencing stigmatising health problems including anonymity, increased accessibility and convenience (Gould, Munfakh, Lubell, Kleinman, & Parker, 2002; Stephens-Reicher, Metcalf, Blanchard, Mangan, & Burns, 2011). Young people now have access to a wide variety of on-line services designed to promote mental health, prevent mental illness and deliver mental health interventions including, for example, peer support web-forums, information websites, self-help resources, smartphone apps and computerised treatment delivery (Hollis et al., 2015). However, despite the growing number of on-line options available, the evidence base for their effectiveness is generally weak and under-developed (Hollis et al., 2017) and relatively little is known about young people's needs and preferences when accessing mental health support on the internet (Frost, Casey, & Rando, 2016; Klein & Cook, 2010). The present study extends our current understanding of a specific type of on-line communication that has increasingly been used to engage young people in discussions about mental health, namely synchronous text based dialogue, or 'chats' (Crutzen & De Nooijer, 2010; Hoermann, McCabe, Milne, & Calvo, 2017). Any computer mediated communication is synchronous if the participants are aware of real time interaction with others simultaneously but synchronous chat communication occurs via typed text only rather

than via audio and visual channels (Herring, 2002). Although the differences are not always clearly acknowledged in the research literature (or by the users themselves), email and instant messaging communication can potentially occur both synchronously and asynchronously but on-line chat is distinguished by the active commitment of the users to log in and out of chat channels (pages, rooms or forums) where participation involves the expectation of real-time, conversational interaction (Barton & Lee, 2013). Chat technologies can facilitate ‘group chats’ with multiple users, but the focus of the current study is one-to-one chat interactions as the site of on-line counselling sessions between a single young person and a trained adult counsellor.

Despite low rates of help-seeking in young people who self-harm, many do turn to the internet to seek information or talk about self-harm (Mars et al., 2015; Mitchell & Ybarra, 2007). Going on-line to access information, self-help material and peer support are all popular options for this population but research suggests that a real-time messaging interaction with a professional is one of the most highly endorsed forms of support (Frost et al., 2016). Currently, one of the most widely available means of accessing this kind of chat service is through third sector organizations, many of which have a history of providing emotional support and crisis intervention via telephone helplines (Davidson, Evans, & Sicafuse, 2012; Mishara & Kerkhof, 2013). Kids Helpline in Australia, Kindertelefoon in the Netherlands and Kids Help Phone in Canada are examples of services that now provide both telephone and on-line support for hundreds of thousands of young people every year and have reported an increasing proportion of their service users choosing to make contact via one-to-one chat rather than calling the telephone helpline (Fukkink & Hermanns, 2009a; Haner & Pepler, 2016; Hawke, 2017). Early research into the field of on-line counselling was focused on comparing it to more established forms of telephone and

face-to-face support and provided some evidence to suggest that the essential elements of the working alliance or therapeutic relationship are achievable on-line (Hanley, 2009, Blake Buffini & Gordon, 2015). Studies also suggest that those young people who are accessing *only* on-line services may have higher levels of psychological distress than those accessing alternative or additional support (Rickwood, Webb, Kennedy, & Telford, 2016) and also report higher levels of suicidal ideation and self-harm (Frost & Casey, 2016). However, the existing research into the outcomes and effectiveness of on-line counselling is mixed, with systematic reviews highlighting the lack of available high quality studies (Dowling & Rickwood, 2013; Hoermann et al., 2017). Furthermore, very little is known about the extent to which going on-line for support facilitates future help-seeking for mental health (Kauer, Mangan, & Sancu, 2014) or future help-seeking for self-harm (Frost et al., 2016).

Whilst the existing research has produced important knowledge about the variables that increase the risk of self-harm and impede help-seeking there is a lack of studies that take a deeper look at the processes – psychosocial and societal – through which help-seeking is negotiated. Quantitative methodological approaches offer limited insight into the subjective experiences of distressed young people and the ways in which they make sense of their emotions and circumstances (McDermott, Roen, & Scourfield, 2008; Roen, Scourfield, & McDermott, 2008). The reduction of complex relationships, meanings and experiences to discrete variables risks overlooking the importance of interaction and human agency in understanding young peoples' help-seeking choices (McDermott & Roen, 2016). Furthermore, a more dynamic understanding of how factors thought to hinder and enable help-seeking are negotiated at the interactional level is important for improving intervention and support (Biddle, Donovan, Sharp, & Gunnell, 2007; McDermott, Hughes, &

Rawlings, 2018). I will argue in chapter two that, in order to generate a more in-depth understanding of why young people may be hesitant to seek help, there is a need for more qualitative research that can look critically at the dominant medical discourses that present self-harm as a matter of individual psychopathology and help-seeking as a rational, linear process (Fullagar, 2005; McDermott & Roen, 2016). Discourse analysis offers great potential for increasing our understanding of how help-seeking for mental health problems is structured in terms of power and knowledge (Georgaca, 2014; Spong, 2010). Discursive analyses of the history of self-injury and suicide have highlighted how particularly dominant moral, psychiatric and gendered discourses have, over time, shut down or marginalised alternative ways of making sense of self-harm (Brickman, 2004; Marsh, 2010; Millard, 2015) but there is need for more research into how such discourses operate in the language of actual help-seeking interactions and the consequences this may have for young people experiencing distress.

Examination of the dynamic, interactional aspects of young people's help-seeking for self-harm has been challenging due to the difficulties in accessing and documenting this highly sensitive type of data (Mishara & Kerkhof, 2013; Sharkey et al., 2011). Research into the interactional aspects of help-seeking through helplines has tended to focus on telephone rather than on-line services. Conversation analysts have contributed important studies of adult telephone helpline interactions (Baker, Emmison, & Firth, 2005), how young people present particular problems (Cromdal, Danby, Emmison, Osvaldsson, & Cobb-Moore, 2018; Emmison & Danby, 2007) and some of the discursive devices helpline practitioners deploy in their responses to young people (Danby, Emmison & Butler, 2015; Butler, Potter, Danby, Emmison, & Hepburn, 2010; Emmison, Butler, & Danby, 2011). For example, an analysis of calls

to the NSPCC helpline (for reporting child protection concerns) suggest that the institutional requirements of the setting are different for young people compared to adults: young people were shown to struggle to take up a position of competence and credibility when seeking help (Hepburn, 2005). Discourse analytic studies examining young people's on-line talk about self-harm and suicide have tended to focus on web forums and messageboards rather than helpline or on-line chat interactions: studies of self-harm and suicide forums suggest that such spaces have their own unique set of social practices through which membership (Smithson et al., 2011), identities (Horne & Wiggins, 2009; Lundström, 2018), problem presentations (Smithson et al., 2011) and responses (Sharkey et al., 2012; Wiggins, McQuade, & Rasmussen, 2016) are all carefully and continually negotiated. Research into web forums dedicated to the discussion of self-harm has looked at the ways message content contrasts 'inauthentic' efforts to seek attention and 'authentic' pathological self-harm (Johansson, 2011) and that forum members actively attend to contradictory aspects of 'normalizing' and 'pathologizing' discourses in order to take up a position of authenticity (Franzen & Gottzén, 2011). A study of a more generic health website for teenagers identified a recurring repertoire of 'addiction' that presents self-harm as a habit that cannot be controlled (Harvey & Brown, 2012). Discourses of 'shame' and 'failure' have also been found to be recurrent in young people's on-line talk, especially for those marginalised in terms of their sexual and/or gender identity (McDermott, 2015; McDermott & Roen, 2016).

The current study is original in the way it combines critical discursive psychology and the theoretical framework of governmentality in order to investigate how self-harm is talked about in the unique setting of an on-line counselling service for young people. It adds to existing knowledge by examining how discourses of self-

harm and mental health operate at an interactional level to produce different help-seeking possibilities for young people who disclose self-harm to an on-line counsellor.

The theorization of governmentality that provides the framework for this study is developed from the work of Michel Foucault (Dean, 2010; Foucault, Burchell, Gordon, & Miller, 1991; Rose, 1999). More specifically, it takes the practice of counselling to be an example of one of the many techniques of neo-liberal governmentality that are aimed at facilitating the governing of social problems (Besley, 2006). Governmentality studies have offered important alternative perspectives on crime (Garland, 1997), health (Petersen & Bunton, 1997) and education (Ball, 2012), and highlighted the ways in which the ‘responsibilization’ of the individual as a moral agent and rational actor produces a particular type of entrepreneurial, neo-liberal selfhood (Besley & Peters, 2007). In the neo-liberal form of governmentality, young people come to be understood as a particularly important segment of the population whose risky behaviours must be carefully managed if they are to remain ‘docile bodies’ and useful to the state (Foucault, 1977; Foucault et al., 1991). However, rather than punitive, oppressive forms of power, the modern state ideally governs at a distance through what Foucault named “*technologies of the self*” and described as the range of “*operations on their own bodies and souls, thoughts, conduct, and way of being that people make either by themselves or with the help of others in order to transform themselves*” (Foucault, 1988, p.18). These new ways of regulating and governing the conduct of youth are intertwined with the emergence of what Nikolas Rose (1996, 1999) has called the ‘psy-disciplines’ (psychology, psychiatry and psychotherapy). Some governmentality scholars have called for a greater focus on the ways in which these technologies of the self operate at an interactional level (McIlvenny, Klausen, & Lindegaard, 2016; Rampton, 2016).

Foucault's concept of pastoral power offers a potential way to critically examine how governmentality might operate in a help-seeking interaction like on-line counselling (Martin & Waring, 2018; Waring & Latif, 2018).

In summary, despite what we know about risk factors for self-harm and the barriers to help-seeking, the prevalence of self-harm remains high in young people. Although young people do go on-line to seek help we know little about the potential outcomes of this and whether it facilitates further help-seeking. Discursive approaches have highlighted some of the dominant discourses that might operate in on-line talk about self-harm but the effects they have at the interactional level of an on-line one-to-one counselling chat have yet to be researched. In chapter three I argue that Foucault's theory of governmentality offers a critical framework for a discourse analysis of on-line counselling interactions that is sensitive to how power and knowledge may produce certain help-seeking subjectivities. By utilizing this theory, alongside a critical discursive psychological approach, the findings of this study have the potential to generate in-depth understanding of young people's help-seeking for self-harm, improve on-line counselling practice and uncover the ways in which governmentality is conducted at the level of a one-to-one on-line counselling interaction.

1.1 Research setting and research questions

The research setting for this study is ChildLine, a telephone and on-line counselling service available to all children and young people in the United Kingdom under the age of 19 (NSPCC, 2016). Originally an independent charity it was set up in 1986 as a telephone helpline for protecting children and young people from abuse (Harrison, 2000). Over the last 30 years it has developed beyond that focus, now fielding contacts on a wide range of issues including friendship issues, bullying,

sexual health and school problems, and in 2006 ChildLine became part of the National Society for the Prevention of Cruelty to Children (NSPCC, 2016). From April 2017 to April 2018 ChildLine provided 278,440 counselling sessions (73% of which took place on-line) and the proportion of counselling sessions focusing on suicide or self-harm was 14%, the highest level ever recorded by the service (NSPCC, 2018). At the time the study was carried out ChildLine counsellors were trained to support young people by balancing two core approaches: empathic, non-directive responses informed by person-centred counselling (Rogers, 1951) and a more directive crisis-intervention style when responding to immediate safeguarding issues (Auerbach & Kilmann, 1977; Stein & Lambert, 1984). Importantly, the setting is unique in terms of having a higher threshold for confidentiality than other services that work with children and young people in the UK: although there are important exceptions, ChildLine will not usually take action to protect a child without the child's consent (McCoy et al., 2018). In the context of disclosures of suicidal thoughts and self-harm this means that what is discussed in counselling sessions is kept confidential unless the child or young person is assessed to be at imminent life-threatening risk or if the child themselves gives permission for a referral to be made to external agencies (Daniels & Jenkins, 2000). However, ChildLine counsellors do not practice in isolation and decision-making on high-risk contacts commonly involves direction from counselling supervisors and service managers. (A summary of the ChildLine counselling model and confidentiality policy is included in Appendix 1).

Disclosures of self-harm to ChildLine on-line counsellors have increased in both number and proportion of total contacts taken by the service (NSPCC, 2018) and these disclosures can pose significant challenges to the service and its model of counselling. Counsellors seek to find an appropriate balance between empathic,

empowering responses on one hand, and a more direct safeguarding approach on the other. Engaging the young person in talk about wound care or alternative coping strategies are, in theory, options for achieving such a balance if it supports young people to come up with their own ideas for reducing their self-harming behaviours or minimising its effects (Inckle, 2011; Sullivan, 2017). Similarly, collaborative safety planning which includes agreeing active steps that young people can take themselves (such as avoiding triggers and knowing where to go for medical help) is part of the ASIST suicide intervention model used by the service (Rodgers, 2010). However, when young people are reluctant or ambivalent regarding the reduction of self-harm, or when self-harm is not their primary motivation for contacting the service, a collaborative counselling approach may become more difficult (Peterson, Freedenthal, & Coles, 2010).

The anonymous and confidential nature of ChildLine is a significant barrier to accurately assessing help-seeking outcomes for young people who contact the service (Stoilova, Livingstone, & Donovan, 2019). However, a range of possibilities do emerge when self-harm is disclosed in an on-line chat for the first time. Service users have the option to use their ChildLine account to log-in for further counselling sessions or alternatively to stop contacting altogether. They could potentially use the counselling session to explore and pursue future help-seeking opportunities beyond ChildLine or, on the other hand, find that talking about how they feel with a ChildLine counsellor helps with their distress. Some young people may also seek a direct referral on to other agencies whilst others may actively resist this (McCoy et al., 2018). The ChildLine service automatically archives transcripts of each counselling interaction on a secure server alongside computerised case notes created by the counsellor. The

counsellor also selects a code that reflects the main problem discussed in the counselling session e.g. ‘bullying,’ ‘family relationship issue’ or ‘self-harm’.

In this study I use discourse analysis to examine archived transcripts of counselling interactions where young people disclose self-harm to a counsellor, in order to investigate how particular patterns of language use may produce certain help-seeking possibilities and limit others. The study is organized around the following three research questions:

- 1. What are the different ways in which on-line counsellors respond to talk about self-harm when interacting with the young people who use the service?*
- 2. How do the different ways that counsellors and young people talk about self-harm complement or contradict each other and what effect does this have on counselling interactions?*
- 3. How does talk about self-harm position the counsellor and the young person with regard to help-seeking possibilities?*

1.2 Role of the researcher

During the completion of this thesis I have been employed as a ChildLine supervisor, working on counselling shifts to support counsellors, monitoring practice and delivering training to both volunteers and fellow members of staff. Occupying the dual role of both supervisor and researcher required reflexive engagement with each stage of the research process, from designing the study to analysing the transcripts and writing up the findings. A reflective journal (Ortlipp, 2008) was used as a space to reflect on the challenges of being an ‘insider researcher’ and consider the steps required to ensure the findings are as useful, valid and credible as possible (Smyth &

Holian, 2008). Overall, I argue that the unique nature of the setting and the anonymous, confidential nature of the service means ‘insider’ research was ethically justified and the utility of the findings outweighs the potential limitations of this approach (Floyd & Arthur, 2012).

1.3 Structure of the thesis

The thesis is divided into six main chapters. Following this introduction, chapter two is a narrative review of the academic literature pertaining to young people’s help-seeking for self-harm with a special focus on the role of on-line counselling. In chapter three I focus on critical approaches to mental health that explore young people’s self-harm from a historical and sociological perspective in order to question taken-for-granted understandings of youth self-harm. I also introduce the concepts of governmentality and pastoral power which comprise the major theoretical orientation of the study. In chapter four I introduce the methodology for the study and the rationale for using critical discursive psychology as the analytic approach. This chapter also examines the ethical considerations of using on-line qualitative methodologies to research the sensitive issue of young people’s self-harm. In chapter five I present the research findings and demonstrate the impact of language use on on-line help-seeking for self-harm in relation to three particular interpretive repertoires identified in the data: *the divided self*, *opening up* and *keeping yourself safe*. Finally, in chapter six I discuss the findings in relation to reviewed literature and outline the potential implications for on-line help-seekers and on-line counsellors. I also consider the strengths and limitations of the research before concluding by outlining the study’s original contribution to knowledge and making some recommendations for further research.

Chapter Two: A narrative review of young people's help-seeking for self-harm and the role of on-line counselling

2. Introduction

This chapter begins with an outline of the stages of the review process and the reasons for choosing a narrative review as the most appropriate way to summarise the relevant knowledge from extensive and diverse sets of literature. Previous systematic reviews on these topics are identified and two overarching questions are provided to organise the review. There follows a brief examination of the key terms of self-harm, young people, help-seeking and on-line counselling and the rationale for the choice of search terms used. The literature is then analysed and synthesised in order to present what is already known about young people's help-seeking for self-harm and use of on-line counselling, the gaps in the existing research, and how this thesis adds to current knowledge.

2.1 Conducting the literature review

In order to scope the type of research already published in the area of youth help-seeking and on-line counselling for self-harm, and to further refine the research questions that inform this study, a preliminary search of the literature was performed (Green, Johnson & Adams, 2006). Two recent systematic reviews into young people's help-seeking for self-harm were identified (Michelmore & Hindley, 2012; Rowe et al., 2014). Similarly, a critical and narrative review of the literature on on-line counselling (Richards & Viganó, 2013) and a number of systematic reviews into the outcomes of on-line interventions for mental distress (Barak, Hen, Boniel-Nissim, & Shapira,

2008; Hanley & Reynolds, 2009; Hoermann et al., 2017) have been carried out, including one with an exclusive focus on synchronous on-line counselling and therapy (Dowling & Rickwood, 2013). The aim of the current literature review is to incorporate any new research and provide a clearer synthesis of the findings from both the help-seeking literature and the on-line counselling literature, in order to identify possible gaps in our current knowledge about the potential for on-line chat counselling to facilitate help-seeking for young people who self-harm.

A narrative approach to the literature review is particularly appropriate when addressing more than one question, when tracing the development of a concept or practice, or when pulling together diverse sources of evidence from different fields of research (Ferrari, 2015, Green, Johnson & Adams, 2006). Although narrative reviews are recognised as having a greater risk of bias than systematic reviews, their reliability can be improved by incorporating aspects of systematic review methodologies and by describing the stages of the review process (Baethge, Goldbeck-Wood, & Mertens, 2019, Ferrari, 2015).

2.1.2 Review questions

The purpose of the literature review was developed in relation to the original research questions and the preliminary review of the literature (Hart, 2018). Two overarching questions were formulated to guide the narrative review process:

- 1. What is currently known about the process of help-seeking for young people who self-harm?*

- 2. What are the implications for the help-seeking process when young people choose to talk to a synchronous on-line counselling 'chat' service about their self-harm?*

2.1.3 Definitions and search terms

There are multiple and competing ways in which an act of self-harm might be described. These include, but are not limited to, terms such as ‘self-injury’, ‘self-mutilation’, ‘parasuicide’ and ‘non-suicidal self-injury’ as well as more descriptive labels of specific acts such as ‘cutting’, ‘burning’ or ‘overdosing’ (Chandler, Myers, & Platt, 2011). This review uses a broad set of search terms with the aim of ensuring that it is not limited to studies that conceptualise self-harm in one particular way. This approach is consistent with the research methodology of this thesis that utilizes discourse analysis to critically examine the effects of the different ways of talking about acts of self-harm during the help-seeking process. Similarly, the review includes the search terms ‘youth’ and ‘young people’ rather than only the terms ‘children’ and ‘adolescents’ for two main reasons. Firstly, the concepts of ‘youth’ and ‘adolescence’ are contested and a range of terms may be used to describe different ages (Lesko, 2012). Broadening the search terms this way enables a more critical engagement with the orthodox distinctions made between childhood, adolescence and adulthood. Secondly, the on-line counselling service that is the setting of the study offers support to anyone under the age of 19, which is itself a broad set of potential service users.

There is currently no agreed or commonly used definition of help-seeking (Rickwood & Thomas, 2012) so a wide range of literature was considered to try to encompass the full range of behaviours of interest, from anonymously looking at information on self-harm to openly and actively negotiating access to treatment or services. However, when searching for literature about on-line counselling the decision was made to exclude literature that focused on alternative interventions such

as computerised cognitive behavioural therapy or on-line mindfulness courses. This ensured a tighter focus on research into the unique characteristics of synchronous on-line counselling and its role in help-seeking, rather than the vast and growing literature on computerised treatment delivery. Full details of the search terms used, can be found in Appendix 2.

2.1.4 Selection and synthesis

The narrative synthesis incorporates the relevant studies identified in the most recent systematic reviews on young people’s help-seeking for self-harm (Rowe et al., 2014) and synchronous on-line mental health interventions (Hoermann et al., 2017), but new searches were required in order to ensure comprehensive coverage of the most up to date research. The inclusion and exclusion criteria for review question one is summarised below:

Search one: <i>What is currently known about the process of help-seeking for young people who self-harm?</i>	
Inclusion criteria	Exclusion criteria
Study involved help-seeking intentions regarding self-harm	Study focused on help-seeking for another issue e.g. sexual health, substance use
Study involved actual help-seeking behaviours regarding self-harm	Study focused on help-seeking on behalf of another person
Study involved some participants under the age of 19	Study focused exclusively on suicidal behaviour
	The study was exclusively of people over the age of 19

Although there is a vast and rapidly expanding amount of research into digital technology and mental health interventions, the preliminary literature search suggested that relatively few studies focus specifically on on-line synchronous counselling. The selection criteria was, therefore, designed to include those studies which may not focus exclusively on self-harm or young people but do contribute important knowledge about the dynamics of on-line synchronous counselling. The inclusion and exclusion criteria for review question two is summarised below:

Search two: <i>What are the implications for the help-seeking process when young people choose to talk to a synchronous on-line counselling 'chat' service about their self-harm?</i>	
Inclusion criteria	Exclusion criteria
Participants engaged with a counsellor on-line in real time text-based interaction	On-line counselling was part of a self-help intervention
The sessions were one-to-one interactions	Counselling was support to another treatment modality e.g smoking cessation, medication management, cCBT
Study involved some participants under the age of 19	The study was exclusively of people over the age of 19
	The interaction was peer support
	The interaction was supported by another audio or audio-visual channel
	The interaction was a group 'chat'

When synthesizing the results of the review each article was critically assessed in terms of its approach and the quality and limitations of the findings and, where appropriate, the gaps and inconsistencies in our current knowledge were highlighted. Although there are no measures that can completely remove the risk of bias,

presenting the review process transparently with clearly defined review questions, search protocols and selection criteria strengthens the methodological rigour of a narrative review without compromising its scope and integrative qualities (Ferrari, 2015).

2.2 Self-harm

Self-harm in young people is currently a major public health concern in the United Kingdom and across the globe (Hawton, Bergen, et al., 2012; Jacobson & Gould, 2007) and the World Health Organisation estimates that suicide is the second biggest cause of adolescent mortality (WHO, 2014). Lack of agreement in defining what constitutes self-harm, a research focus on hospital and clinical settings and the frequently hidden nature of the behaviour itself means that establishing prevalence rates has been challenging (Muehlenkamp, Claes, Havertape, & Plener, 2012). Currently, psychiatric consensus in the UK holds that self-harm should be understood as intentional self-injury or self-poisoning irrespective of motive or degree of suicidal intent (Hawton, Saunders, & Connor, 2012). By this definition, large scale community studies have estimated prevalence rates in UK adolescents to range from 6.9% to 18.8% (Hawton, Rodham, Evans, & Weatherall, 2002; Kidger et al., 2012; Madge et al., 2008; Morey et al., 2016; O'Connor, Rasmussen, & Hawton, 2014). However, the relative incidence of both fatal and non-fatal self-harm appears to vary with regard to gender, stage of adolescence and method of self-harm (Geulayov et al., 2018). For example, studies have consistently shown that whilst self-harm is more common in females compared to males, the converse is true with regard to completed suicide (Canetto & Sakinofsky, 1998; Hawton & Harriss, 2008). Similarly, a recent UK based cohort study suggested a possible 68% increase in 13-16 year old females presenting to primary care with self-harm between 2011 and 2014 (Morgan et al., 2017).

Evidence also suggests that most self-harm, especially in younger adolescents, occurs in the community without becoming known to clinical services (Geulayov et al., 2018; McMahon et al., 2014). Self-harm in young people is, therefore, a complex and dynamic issue and further research is required to deepen our understanding of this population, particularly the significant majority who do not access support and instead suffer alone in their distress.

2.2.1 Defining self-harm

The terminology used in relation to acts of self-harm is highly contested and so requires careful exploration. A significant body of research, largely from the US, holds that certain acts of self-harm can be distinguished in terms of suicidal intent and categorised as non-suicidal self-injury or NSSI (Cipriano, Cella, & Cotrufo, 2017; Jacobson & Gould, 2007). By this definition NSSI behaviours (typically cutting and burning of the skin) are seen to be more prevalent and less medically severe than suicidal behaviours (such as hanging or jumping from height) (Klonsky, Victor, & Saffer, 2014). However, the current evidence base for such a distinction has been criticized due to the lack of research outside America, a lack of studies on adults and a lack of high quality large scale longitudinal data (Kapur, Cooper, O'Connor, & Hawton, 2013). Furthermore, potential problems have been identified with the term NSSI itself. Firstly, the current definition of NSSI would exclude those who intentionally self-poisoned even when they categorically deny suicidal intent. This is a significant population, estimated to constitute more than 25 per cent of those who present to hospital with self-poisoning (Kapur et al., 2006; O'Connor et al., 2007). Secondly, the relationship between self-poisoning and self-cutting behaviours is poorly understood: a large five-year study of adults presenting to hospital with self-harm found that one third of patients changed their method of self-harm, suggesting

that switching methods of self-harm is more common than previously thought (Owens et al., 2015). Thirdly, assessing suicidal intent can itself be challenging due to patients reporting memory problems, ambivalence and fluidity of intent (Freedenthal, 2007). Finally, and perhaps most importantly, NSSI has been identified as one of the most important risk factors for future suicide attempts (Andover, Morris, Wren, & Bruzese, 2012), which suggest that the prefix ‘non-suicidal’ may risk disguising this important association (Kapur et al., 2013).

In the European context, therefore, psychiatry, clinical research and health policy tends to understand self-harm as a continuum of suicidal and non-suicidal behaviours, but this approach also has its weaknesses. The use of the term ‘deliberate’ self-harm to encompass all fatal and non-fatal self-harming behaviours has been criticized for implying blame or judgement regarding behaviours that patients may experience as compulsive or out of control (National Institute for Health and Care Excellence [NICE], 2012). Similarly, clinical definitions of both self-harm and NSSI exclude behaviours deemed socially acceptable (such as tattooing and body piercing), which poses wider questions about who decides what does and does not count as self-harm (Inckle, 2010). In the next chapter I will look in more depth at the cultural and historical factors that account for the different ways that self-harm may be talked about and defined. However, this thesis will follow psychiatric orthodoxy in the UK by preferring the broader definition of self-harm as any act of self-poisoning or self-injury, irrespective of its motivation, and which is for purposes not socially sanctioned (Hawton et al., 2003). The rationale for this choice is because the research setting of the study adheres to this definition in terms of excluding behaviours such as binge drinking or extreme dieting when recording acts of self-harm. More importantly,

accurately assessing an act of self-harm as non-suicidal may be highly problematic in a study using archived transcripts from non-clinical on-line counselling interactions.

2.2.2 Risk factors for self-harm in young people

Community studies have consistently found that self-harm is more prevalent in females but evidence also suggests that males and females disclose different motivations for self-harm (Rodham, 2005), that different factors may be associated with self-harm in males and females (Hawton et al., 2002; Rodham, 2005) and that gender ratios for acts of self-harm vary considerably with age (Hawton & Harriss, 2008). Males are more likely to die by an act of suicide (Hawton, Saunders, et al., 2012; Madge et al., 2008), possibly because they tend to choose more dangerous methods of self-harming (Canetto & Sakinofsky, 1998). Beyond gender, certain psychological characteristics and stressful life events have been suggested as possible risk factors for self-harm. Higher levels of anxiety, depression and impulsivity and lower levels of self-esteem are all associated with a more severe history of self-harm (Madge et al., 2011). There is considerable evidence for an association between self-harm in young people and factors such as experience of sexual abuse, low socio-economic status or presence of suicidal or self-harming behaviours in family or peers (Evans, Hawton, & Rodham, 2004; Madge et al., 2011; Page et al., 2014). International research indicates that for lesbian, gay and bisexual people, rates of deliberate self-harm in both adults and adolescents are likely to be at least double those of their heterosexual peers, with rates for transgender youth being even higher (Haas et al., 2010; Liu & Mustanski, 2012; McDermott, Hughes, & Rawlings, 2017; Peterson, Matthews, Coppins-Smith, & Conard, 2016). Other groups thought to be at a higher risk of self-harm include looked after children (Meltzer, Gatward, Corbin,

Goodman, & Ford, 2003; Vinnerljung, Hjern, & Lindblad, 2006) and young offenders (Hawton, Linsell, Adeniji, Sariaslan, & Fazel, 2014).

Risk factors are crucial for informing intervention and prevention strategies for youth self-harm but they also provide an inherently limited and partial explanation of how the most common risk factors are related to self-harming behaviours (Hjelmeland & Knizek, 2010; 2017). The privileging of positivistic and quantitative studies of risk factors can lead to a narrow focus on individual variables and psychiatric factors rather than how those risk factors are perceived and experienced by young people (White, Marsh, Kral, & Morris, 2016). Not only does this disregard the contextual and relational aspects of self-harm but it also neglects the question of why many young people do not self-harm even though they display multiple key risk factors (McDermott & Roen, 2016). Therefore, qualitative research that is sensitive to cultural context, has the potential to deepen our understanding of the complex ways young people may negotiate and make sense of the experience of being ‘at risk’ of self-harm (Hjelmeland & Knizek, 2010).

2.2.3 Functions of self-harm

From a clinical perspective, empirical and theoretical studies have suggested a range of possible functions of self-harm (other than the intent to die). Most of this research has been focused on inpatient, undergraduate or adult populations, with studies of adolescent, community populations comparatively lacking (Klonsky, 2007; 2009; Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007; Nock, Prinstein, & Sterba, 2009). Studies focused on NSSI behaviours typically divide the functions of self-injury into two: intrapersonal (such as emotional regulation, anti-dissociation or self-punishment) and interpersonal (such as peer-bonding, sensation-seeking or help-

seeking) (Klonsky, Glenn, Styer, Olino, & Washburn, 2015; Nock & Prinstein, 2004), although evidence suggests these functions can overlap and co-occur (Andover et al., 2012; Suyemoto, 1998). A recent meta-analysis of NSSI behaviours found intrapersonal functions, particularly emotional regulation, to be the most prevalent, whereas interpersonal functions were less commonly reported (Taylor et al., 2018). Self-report measures from community samples provide a useful insight into the motives adolescents themselves describe for self-harming. Scoliers et al. (2009) investigated self-harm motives in a sample of 30,477 adolescents from six European countries and found that young people most frequently reported intrapersonal motivations for self-harm (to die, to punish themselves, ‘to get relief from a terrible state of mind’), but that interpersonal motivations (‘I wanted to show how desperate I was feeling’, ‘I wanted to get some attention’, ‘I wanted to find out if someone really loved me’) were also present. The importance of intrapersonal motives is also supported by a more recent study which also found that young people who had described being motivated to self-harm in order to ‘get relief from a terrible state of mind’ were significantly more likely to have self-harmed again in the following six months (Rasmussen, Hawton, Philpott-Morgan, & O’Connor, 2016).

Research into the likely intrapersonal and interpersonal functions of self-harm has been key to the development of possible treatments and interventions as well as informing the language and terminology through which self-harm can be talked about. Close scrutiny of these ideas alongside alternative conceptualisations of self-harm has the potential to deepen our understanding of this complex behaviour. A systematic review focused on self-reported accounts of self-harm suggests that ‘positive’ reasons for self-harm (such as defining the self or achieving a sense of mastery) have tended to be excluded from studies that rely on questionnaires and psychometric tools

(Edmondson, Brennan, & House, 2016). Furthermore, even the best supported theories of self-harm have the potential to produce incomplete accounts that are at odds with the subjective experience of young people (Stänicke, Haavind, & Gullestad, 2018). For example, the management of emotions is central to psychological theories of self-harm: the affect-regulation model suggests that self-harm is performed as a way of identifying and processing a surfeit of unwanted emotions (Gratz, 2007) whilst, conversely, the anti-dissociation model of self-harm holds that self-harming is used as a way of ending an intolerable dissociative state (Briere & Gil, 1998). Both accounts risk reducing self-harm to an internal, individualistic way of ‘coping with’ or ‘releasing’ problematic emotions (Bareiss, 2014; Berger, Hasking, & Martin, 2017) whilst minimising important cultural, social and structural factors (Chandler, 2016). Similarly, the self-punishment model of self-harm focuses on specific emotions (typically guilt and shame) related to a negative or failed view of the self (Schoenleber, Berenbaum, & Motl, 2014), but ignores how these emotions may be socially and culturally produced (Fullagar, 2003; McDermott et al., 2008). The addiction model of self-harm has been theorised as having both psychological and neurobiological mechanisms: from a neurobiological perspective, it is hypothesised that self-harm activates opioid and dopaminergic systems in the body which cause relief of psychological pain in a way that can induce craving for, and increased tolerance of, self-harm in those who are emotionally or perhaps genetically vulnerable (Blasco-Fontecilla et al., 2016). However, empirical support for this model is comparatively lacking (Nixon, Cloutier, & Aggarwal, 2002; Victor, Glenn, & Klonsky, 2012) and the notion that the concept of addiction can be extended beyond the ingestion of substances to include bodily practices such as self-harm is itself contentious (Chandler, 2016; Fraser, 1989). Nevertheless, addiction motives are

commonly endorsed by young people who self-harm which may be reflective of broader cultural changes whereby selfhood is increasingly re-imagined in neurochemical terms and mental distress is envisioned as something best countered through the manipulation of the body (Fullagar, 2009; Rose, 2003).

2.2.4 Interventions to prevent or reduce self-harm

Conclusive evidence for the benefit of specific or non-specific interventions for young people who self-harm is currently lacking (Hawton, Saunders, et al., 2012; Wood, 2009). There is also a lack of good quality evidence to support large scale suicide prevention strategies such as school-based, gatekeeper or universal interventions (Isaac et al., 2009; Katz et al., 2013; Klimes-Dougan, Klingbeil, & Meller, 2013). A Cochrane review of interventions for self-harm in adolescents found pharmacological approaches to be either ineffective or inadequately researched and found no clear evidence for therapeutic interventions either, although therapeutic assessment, mentalization-based therapy and dialectical-behaviour therapy were all found to warrant further investigation (Hawton et al., 2016). However, there are important methodological challenges in the use of the gold standard of randomised controlled trials (RCTs) to evaluate psychosocial interventions for self-harm including difficulties with blinding, finding an appropriate control intervention and the ethical considerations of randomising suicidal patients (Saunders & Smith, 2016). The knowledge produced by RCTs is also partial in the sense that it provides evidence of ‘what works’ for an average individual, stripped of their context, therefore limiting its reliability when applied to diverse, real world settings (Cowen, Virk, Mascarenhas-Keyes, & Cartwright, 2017). Furthermore, statistical evidence for preferring one intervention for self-harm over another cannot explain why a particular intervention works better or results in different outcomes for different groups of people

(Hjelmeland & Knizek, 2016). Qualitative research into the socio-cultural context of self-harm can address some of the gaps in our knowledge about young people's experiences, offer new perspectives on why an intervention may or may not be helpful, and potentially contribute to producing more effective interventions (White et al., 2016). In particular, the current study aims to improve our understanding of the help-seeking process by closely examining how self-harm is talked about when young people turn to on-line counsellors for support with their self-harm.

2.3. Help-seeking

Help-seeking is a broad concept, but the term essentially describes any attempt *“to obtain assistance in terms of understanding, advice, information, treatment and general support in response to a problem or distressing experience”* (Rickwood & Thomas, 2012, p.174). Research into seeking help for mental health problems has typically distinguished between formal and informal help-seeking: formal help-seeking includes both specialists (such as general practitioners and counsellors) as well as non-health professionals (such as teachers and youth workers), whereas informal help-seeking takes place through social relationships, most commonly friends and family (Rickwood, Deane, & Wilson, 2007). Self-help is increasingly being recognised as a third avenue for help-seeking including, for example, the use of interactive on-line resources which may or may not be mediated by an actual person (Rickwood & Thomas, 2012). All three types of help-seeking (formal, informal, self-help) can potentially take place on-line.

2.3.1 Young people and help-seeking for mental health problems

Research into help-seeking has traditionally stressed the importance of structural and demographic barriers to accessing care (Andersen, 1995; Penchansky &

Thomas, 1981) but it is increasingly recognised that interpersonal factors and internal barriers, particularly the beliefs and attitudes of help-seekers, are equally if not more important to understanding help-seeking for mental health problems (Biddle et al., 2007; Pescosolido & Boyer, 1999; Pescosolido, Gardner, & Lubell, 1998). In a systematic review of studies of barriers to young people's help-seeking for mental health, public, perceived and self-stigmatising attitudes and a preference for self-reliance were found to be key attitudinal barriers, while concerns about confidentiality and difficulty identifying symptoms (low mental health literacy) were also frequently identified (Gulliver et al., 2010). Research also consistently shows that girls are more likely than boys to express the need for help with an emotional problem (Farrand, Parker, & Lee, 2007; Schonert-Reichl & Muller, 1996) and that young people are more likely to seek help from family and friends than more formal sources of support such as general practitioners and mental health professionals (Rickwood, Deane, & Wilson, 2007; Rickwood, Deane, Wilson, & Ciarrochi, 2005). Although it is known that young people use the internet at higher rates compared to other age groups, their on-line help-seeking behaviours are less clearly understood (Edwards-Hart & Chester, 2010) but evidence suggests that those experiencing marginalisation or higher levels of psychological distress are particularly likely to go on-line to look for information and support (McDermott et al., 2018; McDermott, Roen, & Piela, 2015; Rickwood et al., 2016).

2.3.2 Help-seeking and self-harm

An important study of 6020 15-16 year olds in the UK (Evans, Hawton, & Rodham, 2005) found that those who self-harm, or experience thoughts of self-harm, differ from the wider population in a number of crucial ways: they had a smaller network of people to talk to, were less likely to talk to family or teachers and most

likely to feel the need for help but not actively seek it. They were also found to be more likely to cope by avoidant behaviours than by focusing on problems (Evans et al., 2005). This links with the growing body of research into the process of help-negation, which can be understood as the tendency for increased help-withdrawal or avoidance as levels of psychological distress grow, particularly the extent of self-harm and suicidal ideation (Frost, Casey, & O'Gorman, 2017; Wilson & Deane, 2010). The determinants of help-negation are not yet known and require further study but extreme self-reliance, affect regulation difficulties and perceived lack of social support are all associated with a strengthening of the help-negation relationship for suicidal thoughts (Labouliere, Kleinman, & Gould, 2015; Wilson & Deane 2012).

Fortune, Sinclair and Hawton (2008) have suggested a model of help-seeking behaviour before and after self-harm, based on extensive empirical research. Firstly, the model suggests that it is not the level or severity of 'need' that predicts help-seeking but how the young person perceives the episode of self-harm: 'spur of the moment', 'not a serious problem' and something they 'chose to do' are examples of how young people might explain non-help-seeking. Secondly, when self-harm becomes a problem for a young person their perception that something can actually be done becomes central and believing that they can or should be able to 'cope on their own' and feeling that they 'didn't want help' hampers the help-seeking process. This focus on intra-personal factors is consistent with the cycle of avoidance model (Biddle et al., 2007) that describes how an individual's beliefs and values around mental distress, and how a pattern of 'normalising' deteriorating symptoms and behaviours might play a role in a cycle of not seeking help. The third stage of Fortune et al.'s model (2008) focuses on the motivation to act, where the factors mainly relate to the interpersonal domain of help-seeking: worry about 'hurting others', 'creating more

trouble' or being labelled an 'attention-seeker' are all identified as important. This third stage, plus the fourth and fifth stages (deciding to actually seek help, choosing a source of help), share similarities with the Network Episode Model of help-seeking (Costello, 1998; Pescosolido & Boyer, 1999) which describes the importance of an individual's social network and interpersonal factors in their help-seeking outcomes.

Although Fortune et al. (2008) acknowledge their model requires strengthening by further empirical testing it nevertheless offers a modern and dynamic framework for understanding young people's help-seeking for self-harm which is applicable to community settings (rather than just clinical settings) and is drawn not from help-seeking intentions but from the actual experiences of young people. A recent systematic review of adolescent help-seeking behaviour for self-harm (Rowe et al., 2014) reinforces much of what is outlined in the model but also highlights some gaps and weaknesses. For example, although the model identifies 'emotional states' as a factor behind the motivation to seek help, other studies specify symptoms of depression, anxiety and eating problems as having a significant impact on help-seeking for self-harm (Watanabe et al., 2012; Tørmoen, Rossow, Mork, & Mehlum, 2014). Additionally, the review by Rowe et al. (2014), demonstrates that the majority of research, including that of Fortune et al. (2008), fails to identify facilitators to help-seeking. One study that did ask adolescents what might encourage help-seeking behaviour reported responses with an inter-personal focus: being treated with respect, assurance of confidentiality, and being able to disclose to someone trustworthy or someone of a similar age and/or background (Klineberg, Kelly, Stansfeld, & Bhui, 2013). Lastly, the possible impact of on-line help-seeking is underdeveloped in Fortune et al.'s model (2008), which is likely to be reflective of how the original data on which the study was based were collected in 2002. Therefore, a detailed

examination of what is said in actual on-line help-seeking interactions has the potential to further improve our understanding of the help-seeking process for young people who self-harm.

2.3.3 On-line help-seeking for self-harm

On-line help-seeking opportunities are increasingly diverse but research has consistently shown that there are both risks and opportunities for young people who turn to the internet for support when struggling with self-harm (Daine et al., 2013; Messina & Iwasaki, 2011). A systematic review of research into the internet use of young people under 25 years of age (who were looking at self-harm content or engaging in self-harm or suicidal behaviour) found significant potential for self-harming behaviours to be triggered or become normalised or to be exacerbated by competition or contagion effects (Marchant et al., 2017). Conversely, the same review highlighted significant benefits for this population in terms of potential crisis support, service delivery and the reduction of social isolation (Marchant et al., 2017). On-line help-seeking opportunities may be particularly important for high risk groups such as young people from LGBT communities who are at higher risk of suicide and self-harm but are reluctant to access mental health services (McDermott, 2015; McDermott et al., 2018). Research suggests that experiences of discrimination, shame and stigma limit opportunities for face to face help-seeking for LGBT youth but that they do use the internet to seek support and will frequently have postponed seeking help until they have reached a crisis point (McDermott et al., 2018; McDermott & Roen, 2016).

There is also some evidence that accessing on-line support is less susceptible to the help-negation effect for those help-seeking for self-harm (Frost et al., 2017) and suicidal ideation (Harris, McLean, & Sheffield, 2009), possibly due to the anonymous

and confidential nature of many on-line services (Frost et al., 2016). An Australian study of 1,463 young people aged 14-25 found that those seeking help for self-harm on-line were significantly more likely to report the *intention* to seek future help through mental health professionals or technology based sources (Frost & Casey, 2016), suggesting that for some, turning to the internet could be the first step in accessing more specialised support. However, a systematic review of the impact of on-line mental health resources found that although young people reported reasonably high levels of satisfaction with the information and services offered on-line there was no evidence to confirm the actual facilitation of further help-seeking, either on-line or off-line (Kauer et al., 2014). Despite the obvious potential of on-line resources, therefore, significant barriers may remain when young people use the internet to seek help for self-harm. This heightens the need for in-depth research into what actually happens in on-line help-seeking interactions, particularly synchronous one-to-one messaging interactions with adult professionals, the option particularly highly endorsed by young people who self-harm (Frost et al., 2016).

2.4. On-line counselling

On-line counselling has been compared unfavourably to face to face counselling due to the potential difficulty in interpreting a client's emotions and feeling-states given the lack of important non-verbal cues such as body language and facial expressions (Lester, 2006; Wells, Mitchell, Finkelhor, & Becker-Blease, 2007). Furthermore, it has been argued that the reduction of interaction to solely textual communication means attempts to counsel on-line are more akin to basic information-sharing and advice-giving than face to face counselling (Chester & Glass, 2006) and that text-only communication is more susceptible to ambiguity and miscommunication increasing the risk of breakdown of the counselling interaction (Rochlen, Zack, &

Speyer, 2004). However, a number of potential benefits to the medium of on-line counselling have also been suggested. Firstly, many on-line counselling services can be accessed anonymously which may encourage the disclosure of worries and concerns that could not be kept confidential by traditional services (King, Bambling, Lloyd, et al., 2006). Secondly, because anonymous text-only communication affords privacy to inadvertent expressions of emotion (such as crying through distress or stuttering due to feeling shame) clients may be more likely to talk about distressing or stigmatised problems (Haner & Pepler, 2016; Richards, 2009). This has been described as the on-line disinhibition effect (Suler, 2004) which, in the counselling context, may have a positive impact if it enables help-seeking for concerns that are difficult to talk about face to face or over the telephone. Thirdly, the on-line environment has the potential to give more balance to the client-counsellor relationship by minimizing the material effects of power and authority that can operate in a counselling relationship (Fletcher-Tomenius & Vossler, 2009), which may be particularly important for young people (Bambling, King, Reid, & Wegner, 2008; Lundmark & Evaldsson, 2017). Lastly, it has been suggested that the act of writing in synchronous on-line interaction creates a third zone of communication where the text can be reflected on not just by the counsellor but by the client themselves (Richards, 2009). In this sense, on-line counselling may have a potential advantage not shared by face to face or telephone interactions but more akin to that of writing therapy or email therapy (Richards & Viganó, 2013; Wright, 2002).

2.4.1 The effectiveness of on-line counselling for young people

Given that on-line one-to-one chat interactions with an adult professional are a popular help-seeking option for youth, especially those who are highly distressed and self-harming, there is a clear need to establish how beneficial these interactions are.

Research that has investigated outcomes for clients who talk with an on-line counsellor has found that although young people may report feeling more hopeful after a chat session, their levels of distress reduce only slightly or not at all (Dowling & Rickwood, 2015b; Haner & Pepler, 2017; King, Bambling, Reid, & Thomas, 2006). Furthermore, there is little evidence to suggest that levels of psychological distress and life satisfaction change significantly with the more on-line counselling sessions a young person receives (Dowling & Rickwood, 2015b). Despite this, young people generally report high levels of satisfaction when they use on-line chat counselling services (Fukkink & Hermanns, 2009b; Kit, Teo, Tan, & Park, 2019; Law, Haner, & Simon, 2015).

A systematic review of the evidence for child helplines Stoilova et al., (2019) found that young people consistently report that they value being listened to and understood by practitioners that they experience as knowledgeable and trustworthy. The concept of the working alliance has provided an important framework for evaluating the effectiveness of on-line counselling relationships: this can be defined as the quality of the bond that exists between worker and client, and their level of agreement with regard to the goals and tasks to be worked on (Bordin, 1994). Studies of face to face therapy show clear evidence for the moderate but consistent relationship between quality of alliance and client outcomes for both adults (Martin, Garske, & Davis, 2000) and children and adolescents (Shirk, Karver, & Brown, 2011). Evidence from adult populations suggests a working alliance can be achieved in synchronous, non-directive forms of on-line counselling but that the strength of the alliance and level of client satisfaction was typically lower than that achieved offline (Blake Buffini & Gordon, 2014; Leibert & Arche, 2006). In comparison, a UK study of 12-25 year olds found that 76% of the 46 participants reported a medium or high

quality working alliance with an on-line counsellor (Hanley, 2009) and an Australian study of eighty-six 12-18 year olds found that the majority of young people reported good quality on-line working alliances but consistently reported achieving better working alliances over the phone (King, Bambling, Reid, et al., 2006). Although this suggests on-line working alliances may be sufficient for supporting young people with their problems, the small number of studies and their small sample sizes shows the need for more research into this area, and particularly into the dynamics of on-line counselling interactions.

The concept of the working alliance has also been operationalized as a tool to assess the quality of individual chat interactions. One example is the Counselling Progress and Depth Rating Instrument (CPDRI), which focuses on three stages: problem clarification, goal exploration and action planning (Bagraith, Chardon, & King, 2010). In a study designed to examine the extent to which on-line counsellors adhere to Kids Helpline's non-directive model of counselling, only 53% of counselling transcripts were found to move through each stage of the counselling model and the majority of those counsellors attended only superficially to the goal exploration and action planning stages (Chardon, Bagraith, & King, 2011). These findings support other exploratory studies that have found that on-line counsellors seem to spend significantly more time utilising processes that gather information and build rapport (such as asking open ended questions, providing approval and encouragement, using empathic statements and paraphrasing to clarify client issues) at the cost of engaging in more task oriented processes (such as discussing potential solutions, providing guidance or challenging client thoughts) (Bambling et al., 2008; Williams, Bambling, King, & Abbott, 2009). A recent study of on-line chat transcripts, which also utilised the CPDRI, found that when problem clarification and

action planning processes did occur in counselling interactions they were both correlated with reductions in psychological distress for young people. However, goal exploration was virtually absent from the counselling behaviours making it impossible to establish any meaningful correlation between this process and client outcomes (Dowling & Rickwood, 2015a). These findings are consistent with research that suggests that whilst young people do go on-line to talk about emotional distress and self-harm the options available, including on-line counselling services, may not facilitate further help-seeking (Kauer et al., 2014; Rowe et al., 2014).

2.4.2 On-line counselling, young people and self-harm

There are some significant barriers to demonstrating the benefit of on-line counselling support for young people who self-harm or are at risk of self-harm. Firstly, clients chose these services because of the anonymity and confidentiality they offer which makes it challenging to carry out follow up research without compromising the integrity of the service (Sefi & Hanley, 2012). Secondly, those assessed to be at the greatest risk of self-harm have often been excluded from research on the grounds of being too vulnerable to participate safely, which has meant findings have not been generalizable to higher risk populations (Krysinska & De Leo, 2007). Thirdly, youth suicide itself is a statistically rare event so detecting the true effect of suicide prevention efforts requires longitudinal studies of such a large sample size that they are very difficult to implement (Brown, Wyman, Brinales, & Gibbons, 2007). This means there is a worrying lack of research that examines the processes and outcomes of on-line counselling sessions about self-harm. However, a recent study has investigated on-line helping behaviours and outcomes for the 113on-line Crisis Chat service in the Netherlands (accessed by both adults and young people) by replicating measures designed to evaluate telephone crisis calls (Mokkenstorm et al.,

2016). In terms of the response styles associated with improved outcomes, results were generally comparable to previous studies of telephone helplines (Mishara et al., 2007) but measures of counsellor respect and empathy were not associated with improvements in the chatter's emotional state and a smaller percentage of chatters ended sessions with reduced levels of suicidality compared to the telephone crisis callers (Mokkenstorm et al., 2016). Worryingly, a study of the Danish national child helpline 444 found that 37% of suicidal young people who had text counselling by SMS (short message service via mobile phone) reported feeling worse at 2-week follow up and only 23.9% said they felt better (Sindahl, Côte, Dargis, Mishara, & Bechmann Jensen, 2019). This suggests that, despite young people's preferences for on-line channels and the unique potential of on-line counselling for improving access to support for vulnerable groups, there is a fundamental lack of knowledge about how best to respond to young people who disclose self-harm to on-line counsellors.

2.5 Summary

This narrative review of the literature highlights a number of important issues. Firstly, self-harm is a complex phenomenon that is not well understood and there is a lack of high quality evidence about what kind of support works best for young people who self-harm. Self-harm itself is a contested term and studies of risk factors neglect the cultural context and diverse experiences of young people who hurt themselves. Most young people who self-harm do not tell anyone else and struggle with their distress alone but are more likely to tell friends and family than seek specialist support. For this reason, the internet is commonly seen as having great potential for reducing barriers to help-seeking by offering anonymous, confidential support. However, little is known about what actually facilitates help-seeking and although many young people do go on-line to talk about self-harm there is little evidence to

confirm that this is beneficial or leads to further help-seeking, either on-line or off-line. On-line chat with a trained counsellor is a popular and well endorsed option for young people in emotional distress but its effectiveness is yet to be established. There is a lack of research into what actually happens in on-line counselling interactions about self-harm and the findings from the existing research into outcomes is mixed.

The aim of this thesis is to address a gap in the literature by providing in-depth research on how self-harm is talked about in on-line counselling interactions. A qualitative investigation of naturally occurring interactional data can provide a detailed account of how help-seeking actually occurs and, therefore, extend our understanding beyond what is known about risk factors for self-harm and the assumed barriers and facilitators for help-seeking in young people. In this study I will use discourse analysis to examine taken-for-granted aspects of counselling interactions and consider how asking for help cannot be separated from issues of knowledge and power. In the next chapter I turn to research that has offered a more critical view of psychological understandings of self-harm and adolescence and I examine the existing discourse analytic research into counselling and on-line interactions. I also introduce Michel Foucault's concept of governmentality (Foucault et al., 1991) and outline how it can offer an alternative perspective on self-harm as well as provide a unifying theoretical framework for the study as a whole.

Chapter Three: Governmentality as a critical perspective on self-harm, youth and on-line counselling

3. Introduction

Despite the growth of research focused on understanding young people's self-harm and their help-seeking behaviour, there are considerable gaps in our understanding of what works best to support this vulnerable group. Even with the increasing availability of internet access the benefits of on-line support, and one-to-one chat counselling in particular, remains unclear. For these reasons, more critical approaches that can offer alternative perspectives on the enduring problem of youth self-harm have the potential to produce important new knowledge. Critical voices have consistently highlighted the role of mainstream psychiatry and psychology in the medicalisation of emotional distress and the risk of pathologising the regular experiences of worry and sadness an individual might go through (Boyle, 2011; Pilgrim, 2014). Not only does medicalisation minimise the social significance of people's environments and experiences as causes of distress but it reduces mental health concerns to a pathological problem of the self (Busfield, 2011) and leaves distressed people having to negotiate the stigma of being diagnosed as mentally ill or alternatively the feelings of blame and shame associated with the personal failure of not coping (Coles, Keenan, & Diamond, 2013; Fullagar, 2003). Rather than further studies that reinforce the unhelpful association between self-harm and mental illness there is a need for more critical research that looks at the complex factors that influence how young people make sense of self-harm and the dynamic and contingent ways they seek help for it (McDermott & Roen, 2016).

In this study I use Foucault's theory of governmentality (Foucault et al., 1991) as a critical way of drawing together a non-pathologising conceptualization of self-harm and a critical normative youth development framework, in order to investigate on-line counselling. A governmentality perspective gives focus to the programmes and techniques through which subjects are produced and made governable (Dean, 2010; Rose, 1999). More specifically, the governmental practices through which a subject is defined as an adolescent, or categorised as mentally ill, typically assume certain natural or prediscursive qualities to exist in the population and the operation of those practices produces particular forms of selfhood that may, in turn, have important material effects (Besley, 2010b; Petersen & Lupton, 1996). Governmentality, therefore, offers a critical approach to understanding youth self-harm and a novel way of examining the role of on-line counselling in the help-seeking process. In this chapter I introduce the concepts of governmentality and pastoral power before reviewing research that examines youth self-harm from a historical, cultural and sociological perspective. Lastly, I review the existing discourse analytic research into counselling and on-line counselling before suggesting the utility of a critical discursive psychological approach to on-line counselling interactions.

3.1 Governmentality

Governmentality is one of Foucault's most influential ideas and it has inspired a diverse set of literature across a wide range of disciplines (Binkley & Capetillo, 2009; Lemm & Vatter, 2014). The concept of governmentality appears at a particular juncture in the development of Foucault's thought and, although the trajectory of his writing resists a straightforward division into chronological stages, it is customary to distinguish three phases of his work (Dreyfus, Rabinow, & Foucault, 1983; Raffnsøe, Thaning, & Gudmand-Hoyer, 2016). In the first, archaeological phase his interest was

mainly the ‘discursive formations’ by which scientific knowledge progresses and through which human beings come to understand themselves (Foucault, 1970, 1973). The second, genealogical phase can be broadly characterized by a new focus on how power and knowledge operate to establish ‘regimes of truth’ (Foucault, 1977, 1978). In his third and final phase Foucault’s work turned towards ethics and subjectivity, and particularly the self’s active self-constitution (Foucault, 1985, 1986). The posthumous publication of previously unpublished lectures by Foucault at the College de France (especially those given between 1978 and 1981) has illustrated the importance of governmentality as a conceptual bridge between the second and third phases of Foucault’s thinking (Foucault, 2007, 2008, 2014, 2017). In those lectures Foucault suggested that governmentality should be “*understood in the broad sense of techniques and procedures for directing human behaviour. Government of children, government of souls and consciences, government of household, of a state or of oneself*” (Foucault, 2014, p.321).

For Foucault, the question of government began in 16th century Europe with the problematisation of sovereign and pastoral power associated with the break-up of feudalism and the crisis of the Reformation and Counter-Reformation (Foucault, 2007). The term governmentality was initially used to describe the development of a particular way of administering populations which occurred as these older forms of power were increasingly supplanted by the role of the state. As Foucault’s later work on ethics and the care of the self has become more widely known, however, governmentality has been more fully understood as incorporating not only government in terms of the state but also a specific way of thinking about the “*conduct of conducts*” (Foucault, 2002, p.337). This is reflected in Foucault’s shift from the technologies of power outlined in *Discipline and Punish* (1977) to what he called the

“*technologies of the self*” (Foucault et al., 1988, p.17). Foucault describes technologies of power as those that determine the conduct of the individual and submit them to certain ends or domination, whereas technologies of the self:

permit individuals to effect by their own means or with the help of others a certain number of operations of their own bodies and souls, thoughts, conduct and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality (Foucault et al., 1988, p.18).

It is the contact between the technologies of the domination of others and the technologies of the self that Foucault calls governmentality.

In the context of modern neo-liberalism, state and society come to be organized in relation to the market economy and human subjectivity is correspondingly constituted in terms of an entrepreneurial selfhood in which each individual is responsible for realising their own objectives by conceiving of themselves in economic terms (Foucault, 2008). Foucault’s later work, and its extension by the key theorists Nikolas Rose (1996, 1999) and Mitchell Dean (2010), has inspired a school of governmentality studies focused on the examination of how power operates in the advanced liberal democracies which are characterized by the reduced role of the state and populated by free, yet self-regulating individuals. However, an important body of literature has focused on the possible weaknesses and limitations of a governmentality approach (Rodin, 2017; Walters, 2012). Three central critiques that are particularly relevant to the current thesis are that governmentality studies have tended to discount the possibility for agency, imply a deterministic view of power and subjectivity, and focus more on abstract texts of government than the

more messy processes of their actual implementation (O'Malley, Weir, & Shearing, 1997; Rodin, 2017). These issues can be linked back to tensions in Foucault's original theorisations that remained unresolved at the time of his death (Fox, 1998). Implicit in much of the work of the governmentality school has been a reading of Foucault that locates agency in the discursive practices of the state and that is inattentive to the potential for resistance or counter-conduct (Lemke, 2002). Similarly, a focus on the government of others (subjectification) at the expense of the practices of the government of oneself (subjectivation) risks a one-sided and under-theorised view of subjectivity (Hook, 2007). Lastly, neglecting to examine how governmental programmes are articulated at a local, interactional level may leave governmentality studies blind to the processes by which discourse comes to permeate individual subjectivities (Thompson, 2003). Prominent governmentality scholars have countered these criticisms by arguing that their work has never claimed or aspired to be a study of how the texts of government are actually implemented (Rose, Malley, & Valverde, 2006). Nevertheless, as it has become more widely available, scholars have turned to the later, previously unpublished work of Foucault to suggest ways to enhance and expand the study of governmentality (Elden, 2017). In the next section I will outline the potential of a return to, and development of, Foucault's concept of pastoral power (Foucault, 2007).

3.2 Pastoral power and governmentality

Foucault uses the term pastoral power to illustrate the ways in which a range of different actors participate in the production of obedient, self-governing subjects (Foucault, 2007). Although originally derived through the traditions of Christianity, Foucault traces how *“the multiplication of the aims and agents of pastoral power focused the development of knowledge of man around two roles: one globalizing and*

quantitative, concerning the population; the other, analytical, concerning the individual” (Foucault, 1982, p.782). The figure of the pastor becomes a link between older, disciplinary forms of power and more modern governmental forms of power by occupying a position through which they can monitor and discipline their ‘flock’ but also inculcate self-reflection and self-governance in each individual (Hook, 2003). Waring and Martin have outlined how revisiting and extending the concept of pastoral power opens up new avenues for research and begins to address some of the established criticisms of the governmentality approach (Martin & Waring, 2018; Waring & Martin, 2018). They argue that:

pastoral power might be one means whereby the connection between governmental discourses and the constitution of subjects is effected – through the embodied, empirically visible agency of pastoral actors in concrete relationships of power with one another, not through some neglected, invisible, yet apparently all-encompassing discursive power (Martin & Waring, 2018, p.1298).

These ideas have been applied to health promotion (Jones, 2018) and used to analyse how medication adherence is negotiated through interactions between pharmacists, general practitioners and by the patients themselves (Waring & Latif, 2018). Such an understanding shifts the analytical focus away from governmental discourse towards the activity of pastor-like figures and their role in shaping subjectivity through social interaction. In the following sections I will revisit the topics of youth, self-harm and on-line counselling from a governmentality perspective and then go on to argue that the concept of pastoral power offers an original and dynamic way of examining how on-line counsellors respond to young people who disclose self-harm.

3.3 Youth and adolescence

Childhood itself is a contested term that has been understood in different ways across different political, economic and social contexts (Heywood, 2018; Wyness, 2002). The modern day conceptualisation of childhood as a stage that is distinct from adulthood did not become widely accepted until the 18th century (Cunningham, 2012). The notion of a stage of adolescence, occurring between childhood and adulthood, emerged in the 19th century when, through the process of industrialization, factories and schools became key sites for organizing, monitoring and understanding young people in Western society (Kett, 1993; Linders, 2017). It is in this context that the psychological study of the individual became one of the dominant approaches to the definition and management of social problems. Granville Stanley Hall (1905), whose writings constitute the first formal theory of adolescence, suggested that the stage of adolescence was not only transitional but also universal and rooted in human biology. In addition he famously labelled adolescence as a time of ‘storm and stress’ characterized by wild swings of mood and emotion as well as conflict with parents and other authority figures. Similarly, classical psychoanalytic theory portrays adolescence as a turbulent time, rooted in the young person’s negotiation of predetermined stages of psychosexual development (Freud, 1905).

The proliferation of different schools of psychology in the 20th century has provided a range of different ways to try and standardize and normalize child development, as well as options for treating and managing those individuals who deviate from the norm (Besley, 2006). However, this ‘psychologising’ of adolescence has also come under sustained critique (Burman, 2008; Lesko, 2012; Walkerdine, 1998). Burman has shown how the universalising claims of developmental psychology serve to naturalize what are in fact contingent and historically specific

gendered and cultural arrangements (Burman, 2008). Furthermore, deviations from developmental stages have been implicitly constructed in relation to white, heterosexual, middle-class men which results in forms of psychological knowledge that are inherently marginalizing for other groups (McDermott et al., 2018; 2008; Walkerdine, Lucey, & Melody, 2001). Lastly, from a cultural perspective, Lesko traces how the category of adolescence itself has always been a marginal one which positions young people in a perpetual state of 'becoming' and argues that developmental psychology maintains this by viewing adolescents as deficient in terms of their biology, their cognitive ability and their psychosocial functioning (Lesko, 2012; Lesko & Talburt, 2012).

During the 20th century the concept of socialization emerged as an alternative to a psychological understanding of young people and its focus on the individual (Lesko, 2012; White & Wyn, 2013). Sociological perspectives instead conceptualise young people in relational terms and typically prefer the term 'youth' to 'adolescence' (Furlong & Cartmel, 2006). Classic socialization theory takes children to be passive recipients of a homogenous adult culture and understands adolescents as incomplete members of society who are required to internalize core norms and values from key institutions like family, school and church (James, Jenks, & Prout, 1998). Problems like criminal behaviour and alcohol and substance use are, in this view, primarily consequences of a lack of socialization, which leads to the identification and categorization of certain groups of young people as 'at risk' and a potential danger to both themselves and society (Kelly, 2000). Interventions by adult practitioners, such as social workers and youth workers, become new opportunities to repair the socialization process and a chance to foster the character and skills that young people require in order to take up a position in the adult world (Besley, 2010b). With the

decline of the welfare state these interventions have become less about the provision of resources and more about the prediction and management of risks (Green, 2007). Monitoring populations can, therefore, create young people as a site of intervention who are ideally governed at a distance and encouraged to find ways to manage their own risks, in order to become self-regulating and productive citizens (Liebenberg, Ungar, & Ikeda, 2013).

In contemporary society the internet is increasingly becoming a key site for regulating the lives of young people. The role of the internet and digital technologies in the development and socialization of youth tends to be understood from two opposing perspectives. On the one hand, too much 'screen-time' and access to on-line media and social networking sites is viewed as detrimental to normal development and potentially exposes young people to on-line risks that they are not yet able to negotiate, such as on-line predators, cyber-bullies and pornographic material (Buckingham, 2007; Livingstone, 2009). On the other hand, young people may be portrayed as savvy and intuitive users of new technologies exploiting new opportunities for negotiating identity, building communities, improving health and empowering marginalized groups (Besley, 2010a; Walrave, Ponnet, Vanderhoven, Haers, & Segaert, 2016). A governmentality approach reconciles these opposing perspectives in the sense that discourses of 'youth at risk' create the rationale for increased control and surveillance of young people's internet use, but at the same time, produce new mechanisms for regulating and conducting youth selfhood through on-line spaces (Banner, 2016; Besley, 2010b). In particular, the internet becomes an important avenue through which young people embody the practices of the entrepreneurial self and make seemingly diverse choices about how to take up a place in society (Brown, Shoveller, Chabot, & LaMontagne, 2013). However, neo-liberal

discourses that position youth as ‘becoming’ autonomous actors may also increase the responsibility that young people may feel for life events that are viewed as turning points or critical moments in identity making, so that even in their negotiation of risk and uncertainty “*crises are perceived as individual shortcomings rather than the outcome of processes which are largely beyond their control*” (Furlong & Cartmel, 2006, p.6). The next section focuses more closely on the specific risk of youth self-harm and how this might be understood from a governmentality perspective.

3.4 Self-harm

From a historical perspective, a number of authors have analysed the ways in which the meaning of self-harm is not fixed but rather produced through the social, cultural and institutional practices of the time (Chaney, 2017; Marsh, 2010; Millard, 2015). For example, before the 19th century, suicide in particular was deemed a sinful or criminal act defined by pastoral or judicial power rather than psychiatric knowledge (Marsh, 2010). Similarly Chaney (2011) has shown how in late 19th century Britain, contemporary understandings of self-injury were closely bound to the increase in asylums, to which these behaviours were often confined, and Millard (2012) has demonstrated how the increasing reach of psychiatric expertise into mental healthcare in post-war Britain was concurrent with a shift away from an understanding of self-harm as ‘psycho-social communication’ and towards interpreting it as a type of ‘affect-regulation’. Foucault’s concept of bio-power (Foucault, 1978) is an important link between governmentality and the historical developments in how self-harm has been understood. Bio-power refers to the “*numerous and diverse techniques for achieving the subjugations of bodies and the control of populations*” (Foucault, 1978, p.140). In his work on prisons, factories and schools Foucault traces how mechanisms of disciplinary power begin to operate on the bodies of individuals with the aim of

producing normal, well-functioning members of society. However, simultaneously, bio-political power begins to operate through the growing knowledge that is produced in relation to the characteristics of specific populations. In turn, these populations can become targets of interventions which aim to enhance the overall welfare and security of society (Foucault, 2007). Hence, bio-power operates in tandem with older forms of medico-judicial power and, through the range of technologies and rationalities of governmentality, become dispersed at all levels of society from the state and its institutions to the family and individuals themselves (Foucault, 2008). Because the focus of bio-politics is the optimisation of the health and sustainability of the population, Foucault identifies self-harm (or more specifically suicide) as a unique problem, because it is an individual act that escapes the logic of bio-power (Foucault, 1978). With the decline of the reach of sovereign and disciplinary forms of power, psychiatric knowledge and psychological assessments offer ways to measure and hierarchize the risk of self-harm around a norm and, therefore, become vectors of bio-power which produce the individual as a site of intervention (Leoni, 2013). Although previous forms of power are not entirely replaced, self-harm and suicide increasingly becomes less a concern of judges, churches or asylums and more the focus of nurses, psychologists and counsellors (Marsh, 2010).

Critical approaches to self-harm have consistently highlighted the limitations of the medical or psychiatric model and the need for alternative conceptualisations (Chandler et al., 2011; Chandler 2016; McDermott & Roen, 2016; White et al., 2016). Sociological critiques have instead stressed the impact of societal pressure and problems with interpersonal interactions (including with friends, family, nurses and psychiatrists) as a crucial context for the maintenance of self-harming behaviours (Ekman & Söderberg, 2009; Hodgson, 2004). From a governmentality perspective

these pressures can be understood in terms of the macro-level neo-liberal discourses of choice, autonomy and self-reliance and the micro-level performance of entrepreneurial selfhood through which the individual takes responsibility for their own wellbeing (Rose, 1999). The power relations of neo-liberal governmentality operate to occlude the political and structural drivers of inequality whilst the surveillance and measurement of behaviours like suicide and self-harm works to exclude people through a process of ‘othering’ that also produces them as sites for intervention and rehabilitation (McDermott & Roen, 2016). Following this reasoning, self-injury has been described as:

a mechanism that helps the body reorganize unbearable affects, but on a social level, self-injury may help the body regain its capacity to produce and be a useful subjugated body in the service of capitalism. Self-injury, then, may be a phenomenon that has ‘escaped’ from psychiatric settings and now functions as an internalized punishment system that quickly alleviates emotional or mental pain” (Kokaliari & Berzoff, 2008, p.266).

Paradoxically, therefore, when young people turn towards hidden and secretive forms of self-harm as a way of trying to self-regulate and cope with distress, the regulatory mechanisms of governmentality may be implicated in the production of the very behaviours they seek to control (Kelly, 2000).

3.5 On-line counselling

For Foucault, counselling and psychotherapy are no more reflective of any ‘true’ or essential qualities of human experience than any other type of practice through which power and knowledge operate on or through an individual (Foucault, 2003), but these ‘psy-techniques’ do have a unique importance in the constitution of

the historically specific forms of subjectivity associated with governmentality (Rose, 1996, 1999). Rose (1985) argues that counselling is just one part of the ‘psy-complex’, which is a range of psychological, psychiatric and psychotherapeutic theories and practices that reach beyond the clinic and consulting room to influence how individuals think about themselves. A particularly important mechanism through which this complex functions is the one-to-one engagement with a practitioner of the ‘psy-sciences’ who lays claim to a type of knowledge or expertise on how to help, cure and increase the self-knowledge of their clients (Hook, 2003). The emergence of the psy-complex is tied up with the development of disciplinary power (Hook, 2007). In *Discipline and Punish* (Foucault, 1977) three instruments of disciplinary power are outlined: hierarchical observation, normalizing judgement and examination. Famously, Foucault saw hierarchical observation at its purest form in the panoptical spaces of hospitals and prisons, where sick bodies could be under perpetual surveillance, but underpinning this institutional power is the intensive and unilateral gaze of the expert figure of authority. These technologies of surveillance enable the normalizing judgements through which groups are organized and differentiated and, therefore, produce the possibility of the correction and treatment of individuals identified as deviant or abnormal. Finally, the instrument of examination is composed of those tools that make each individual a ‘case’ which, in the psy-sciences, are typically documentary techniques such as case studies, history taking and psychometrics (Rose, 1999). However, Hook argues that the psy-sciences have certain qualities that make them unique applications of power and an important bridge between earlier forms of disciplinary power and governmentality (Hook, 2003). The self-examining and normalizing procedures of medico-therapeutic practices are, for Foucault, a continuity of the Christian religious confessional practices which preceded

them (Besley, 2006). Most fundamentally, in pastoral power, the ‘truth’ remains hidden to both parties until it is communicated by the individual and then interpreted and revealed by the pastor. The counsellor, like the pastor, has the expertise and qualifications to guide individuals to find their own place within the bio-political logics and objectives of the state and, like the practice of spiritual reflection, therapeutic techniques can be actively adopted and practiced by subjects upon themselves (Hook, 2003).

Governmentality has provided a useful framework for investigating how internet technologies have increasingly been used to manage mental health ‘from a distance’ through on-line platforms and health apps (Fullagar, 2008; Petrakaki, Hilberg, & Waring, 2018). However, on-line counselling is an important form of internet support for young people who self-harm, which has yet to be examined through a Foucauldian lens. Foucault’s concept of pastoral power is particularly relevant in the context of this thesis as there are clear parallels with Foucault’s ‘confessional’ subject and how a young person and adult counsellor might try to make sense of a disclosure of self-harm during an on-line counselling session. Waring and Martin (2018) propose a model of pastoral power that differs in a number of ways from more orthodox conceptualisations of governmentality. Firstly, it stresses the active role of the pastor in translating and communicating governmental discourse into meaningful forms such as, for example, expectations of particular types of talk or behaviour. Secondly, it recognises that in late modernity there is not one single governmental authority but rather multiple pastors and pastorates that govern conduct in ways that may not always be compatible. Lastly, and most importantly, the pastor’s cultivation of a self-regulating subject does not discount the possibility of counter-conducts and the contestation of governmental practices. Rather, because the subject

is active in its own self-constitution it has the capacity to identify and exploit contradictions and inconsistencies in the operation of pastoral power (Martin & Waring, 2018). In their study of the government of medicine use, Waring and Latif (2018) found that patients recognise the plurality of governing discourses and exploit the competing discourses of pharmacists and general practitioners to justify counter-conduct (in the form of non-adherence). Pastoral power, therefore, as elaborated by Martin and Waring (2018), is particularly appropriate for this study as it recognises the role of the on-line counsellor in articulating and communicating governmental discourse as well as the agency of the young person in taking up or resisting the subject positions made available through that discourse. In the final section of this chapter I turn to some of the research that has already taken a discursive approach to self-harm, help-seeking and on-line communication and the potential links to governmentality.

3.6 Towards a discursive understanding of young people's help-seeking for self-harm

Discourse analyses of interview and focus-group based data has highlighted some of the inherent tensions in young people's talk about suicide and self-harm. A New Zealand based study of young people's talk about depression and suicide found a dominant 'medicalised' discourse that constructed depression as a disease but also a second, less accessible 'moral' discourse that constructed depressed and suicidal young people as failures (Bennett, Coggan, & Adams, 2003). Similarly, UK based studies have identified the paradoxical ways self-harm is talked of as both a rational and accessible act but at the same time positioned as 'other' (Roen et al., 2008) or, alternatively, constructed in terms of a public/private dualism (Scourfield, Roen, & McDermott, 2011). Fullagar (2003) outlines how discourses of risk become privileged

in the discussion of young people's behaviours in a way that pathologizes distress and reduces it to the level of the individual. Discourse analytic approaches are increasingly being deployed in research into on-line spaces and offer important opportunities to strengthen our understanding of self-harm and help-seeking behaviours in young people. In particular, discourse analysis of on-line communication can disrupt taken-for-granted ways of understanding a problem and identify excluded and alternative ways of making sense of the world (Jones, Chik, & Hafner, 2015). For example, Johansson (2011) has shown how on web forums dedicated to the discussion of cutting, message content contrasted 'authentic' pathological self-harm with 'inauthentic' efforts to seek attention. A study of a more generic health website for teenagers identified a recurring repertoire of 'addiction' through which forum users presented self-harm as a habit they could not control (Harvey & Brown, 2012). Discourse analyses of self-harm and suicide forums suggest not only that such spaces have their own unique set of social practices but that on-line forums have the potential to increase users' sense of agency and control over the characterisation of their experiences: for example, young people's on-line talk has been observed to construct cutting as a coping technique in opposition to adult and professional talk about self-harm as an illness to be cured (Smithson, 2015). Discourse analytic research into on-line help-seeking for LGBT youth who self-harm has demonstrated the complex manoeuvres required to negotiate powerful discourses of shame and normative development in order to position themselves as in genuine need of help (McDermott & Roen, 2016).

A large number of studies have used discourse analysis to research counselling and psychotherapy (Spong, 2010). Studies that focus on interaction have typically used transcripts of counselling sessions to research a variety of topics including the

discursive negotiation of the therapeutic relationship (Roy-Chowdhury, 2006) and other therapeutic processes such as self-reflection, negotiating agency and blame and the transformation of meaning (Avdi & Georgaca, 2007). Discursive research into therapeutic talk with children and young people has largely been through conversation analysis (Bateman, Danby, & Howard, 2015; Hutchby, 2005, 2007). Synchronous on-line counselling interactions have also been researched from a discourse perspective, although the focus of such studies has also been the micro-level, interactional aspects of on-line talk (Paulus, Warren, & Lester, 2016). This has produced important knowledge about the technical, linguistic aspects of on-line counselling: research has examined how active listening (Danby, Butler, & Emmison, 2009), formulations (Stommel & Van der Houwen, 2013), meta-communications (Jager & Stommel, 2017) and endings (Stommel & Te Molder, 2015) are interactionally accomplished (or not accomplished) as possible responses to client 'troubles talk'. However, ethnomethodologically informed studies such as these privilege the local organization and regularities of counselling talk above the wider cultural discourses and power relations that a young person help-seeking for self-harm has to negotiate (Prior, 2012).

The field of governmentality studies has been criticised for the lack of talk-focused analyses at the level of interaction, and therefore the unhelpful reification of the macro/micro divide that persists in discourse studies (McIlvenny et al., 2016). However, some pioneering studies have used governmentality as a framework to approach the analysis of mental health talk. For example, a 'governmentality-in-action' approach has been used to examine face-to-face counselling sessions (Brownlie, 2004; Miller & Silverman, 1995). Solberg (2016) has used governmentality to inform her analysis of counselling interactions in welfare rehabilitation settings and Klausen (2016) takes a governmentality perspective to her

analysis of resistance to psychotherapeutic discourse in interactions on a non-health based web-forum. In the next chapter I will outline how critical discursive psychology (Wetherell, 1998; Wetherell & Edley, 2014) can combine the Foucauldian focus on power and discourse whilst also accommodating a sensitivity to the complex, interactional work involved in the co-construction of subjectivities. I will also show that critical discursive psychology can create new knowledge about how self-harm is talked about in on-line counselling interactions in a way that is consistent with the theoretical framework of governmentality and Foucault's concept of pastoral power.

Chapter Four: Methodology

4. Research questions

Young people are generally reluctant to seek help for their mental health but many do choose to talk to on-line counsellors about self-harm (Frost & Casey, 2016; Frost et al., 2016). The way counsellors responds to disclosures of self-harm has implications for future interactions, including further help-seeking, but there is a lack of research that offers an in-depth examination of what is actually said in such moments, especially with regard to synchronous on-line counselling (Dowling & Rickwood, 2015b; Rodda, Lubman, Cheetham, Dowling, & Jackson, 2014). Given that young people who try to communicate their distress may be marginalized in multiple ways it is also important to address the power relations that are implicit in the help-seeking process (McDermott, 2015; McDermott et al., 2015). The concepts of governmentality and pastoral power (Foucault, 2007) offer a theoretical framework to investigate how power and knowledge operate in the interactional context of an on-line counselling session. The study is therefore organized around the following three research questions:

- 1. What are the different ways in which on-line counsellors respond to talk about self-harm when interacting with the young people who use the service?*
- 2. How do the different ways that counsellors and young people talk about self-harm complement or contradict each other and what effect does this have on counselling interactions?*
- 3. How does talk about self-harm position the counsellor and the young person with regard to help-seeking possibilities?*

4.1 Philosophical assumptions

I have outlined how our understanding of mental health and, more specifically, the meaning of self-harm, is contested and has varied across social and historical contexts. Consequently, this study uses a social constructionist approach as a particularly appropriate and productive way to investigate how an issue like self-harm is talked about (O'Reilly & Lester, 2017). In terms of epistemology a social constructionist perspective holds that “*as soon as we begin to think or talk about the world, we also necessarily begin to represent ... Talk involves the creation or construction of particular accounts of what the world is like*” (Edley, 2001, p. 437). This is in direct contrast to the positivist and realist epistemologies that underpin cognitive and structural approaches to language, which take talk to be reflective of internal psychological processes and states such as memory, attitudes and beliefs (Potter 1996, Edwards, 1997). A common misconception regarding social constructionism is that such an approach to research somehow endorses a philosophical idealism and relativism which denies that events like self-harm and mental distress exist beyond their discursive representations (Burr, 2003). From a critical perspective, however, practices such as neuroscience, psychiatry, developmental psychology and psychotherapy are clearly implicated in how an event like self-harm comes to be talked about and, in turn, the very real material effects that this can produce (Hook, 2007). Importantly, an epistemology that is attentive to the different ontological claims invoked when accounting for self-harm, potentially allows for the close examination and mapping of how meaning is constructed through competing sets of knowledge and practices and how this may produce certain subjectivities. However, as I will go on to explicate further, this does not necessitate a theory of the subject as ahistorical and constituted only in the moment of speech.

Instead, I will utilise a Foucauldian conceptualisation of the subject, which rejects subjectivity as something essential but instead holds the subject to be continually constituted and reworked in relation to particular techniques and practices of power which include ‘technologies of the self’ (Foucault et al., 1988).

4.2 Rationale for qualitative discursive research

A review of the literature has shown that current knowledge about youth self-harm relies heavily on quantitative methodologies and a psychological model of mental illness that offer only a limited understanding of the social and cultural factors a young person has to negotiate in the process of seeking help (or not seeking help) for their distress. A growing body of qualitative research has begun to address those limitations and provide alternative perspectives on the experience of youth self-harm (Chandler, 2016; Taylor & Ibañez, 2015), including studies that employ on-line methodologies to access communities that have previously been underrepresented (McDermott & Roen, 2016). However, studies that examine actual help-seeking interactions remain relatively rare, partly due to the inherent difficulties of accessing naturalistic data (naturally occurring conversation generated independently of research) from the types of settings where this kind of talk about self-harm is likely to occur (Potter & Shaw, 2017). A qualitative investigation that can provide an in-depth examination of the taken-for-granted aspects of on-line counselling interactions is potentially a more productive way to create new knowledge about youth help-seeking for self-harm, compared to quantitative approaches that necessarily reduce complex phenomena into quantifiable, measurable units and variables (Pope & Mays, 1995; Willig, 2013). In particular, discourse analysis recognizes that language use is not neutral and can function to actualise the agendas of both speakers and listeners (Jorgenson & Phillips, 2002). The unequal power relations that operate on vulnerable

and marginalised young people when seeking help, and the contested nature of self-harm itself means that discourse analysis is a particularly appropriate qualitative research method for a critical exploration of the rich interactional data that makes up the transcript of an on-line counselling interaction.

4.3 Discourse analysis

Discourse analysis is not one, singular method but rather a wide range of varied approaches that may employ very different ways of conceptualising and analysing discourse (Wetherell, Taylor, & Yates, 2001b; Wood & Kroger, 2000). Broadly, however, discourse can be thought of as communicative events (such as texts, utterances, visual images, gestures and so on) that constitute a “*particular way of talking about and understanding the world (or aspect of the world)*” (Joregenson and Philips, 2002, p.1). In the field of mental health, discourse analysis has been effectively applied to a wide range of topics, including public texts such as mental health legislation and media accounts of mental health issues (Callaghan, Fellin, & Warner-Gale, 2017; Paterson, 2007), individual accounts and experiences of mental ill health (Burns & Gavey, 2004; Lafrance & Stoppard, 2006) professional accounts and practices (Leishman, 2004; Thomas & Stoppard, 2004) and the deconstruction of clinical categories (Horton-Salway & Davies, 2018; Wilson & Crowe, 2016). Such studies are often framed in relation to the level of discourse on which they are focused, ranging from macro-analytic studies of overarching socio-cultural discourses to micro-analytic studies of actual linguistic events (Willig, 2013; Wooffitt, 2005). I will now distinguish two specific discourse analytic approaches that are commonly applied to interactional data before providing a rationale for using critical discursive psychology (Goodman, 2017; Wetherell & Edley, 2014) as a particularly appropriate

and potentially productive method for analysing on-line counselling talk about self-harm.

Discourse analytic approaches to interaction are united by their focus on the functional and sense-making properties of language (Wooffitt, 2005). Conversation analysis (CA) is a fine-grained, turn by turn examination of how particular activities are accomplished through talk (Antaki, 2008). Conversation analytic research has made important contributions to our understanding of how client-professional interactions unfold at the micro-level in, for example, medical encounters (Heritage, 2004), helplines (Baker et al., 2005) and different forms of on-line talk (Paulus et al., 2016). However, because CA limits itself to an analysis of the local, organizational features of specific interactions it has been criticized for ignoring the ways power and oppression may limit possibilities for talk in particular ways for particular groups of people (Billig, 1999; Hammersley, 2003). The conversation analytic approach to talk has been an important influence on discursive psychology, a form of discourse analysis that has developed with a specific focus on theorizing and studying psychological constructs (Edwards & Potter, 1992; Wiggins & Potter, 2008). Discursive psychology (DP) utilises many of the analytic methods of CA but can be distinguished by the way it builds on analyses of the sequential organization of talk to describe its rhetorical organization: “*the way versions are put together to counter alternatives*” (Potter, 1997, p.193). In other words, in DP, talk is always action oriented in the sense that it routinely resists or denies actual or potential alternative versions of what is being said (Te Molder, 2015). Such an approach conceptualises discourse as both constructed and constructive, in the sense that moment-to-moment constructions of the world are assembled from a range of linguistic resources such as categories, narratives and metaphors (Wiggins & Potter, 2008).

Discursive psychology offers an important and unique way of understanding social action. For example, it has been used to explore how features such as blame, concern and illness are accomplished interactionally in various kinds of institutional talk (Edwards, 1997; Horton-Salway, 2001; Potter & Hepburn, 2003). However, DP has been criticized in two key but inter-related ways. Firstly, like conversation analysis, DP's epistemological commitment to analysing only those categories invoked through participants' talk prohibits engagement with the broader cultural and ideological context that may situate speakers (Billig, 1999). Secondly, the rejection of any attention to internal states ushers in a type of "*blank subjectivity*" that struggles to account for the varied and individualising effects of discourse and risks subjectivity creeping back into the analysis in ways that are 'unreconstructed' and 'untheorized' (Parker, 1997). Some discursive psychologists have countered that this argument ignores the radical potential of in-depth, empirical analysis of political and ethical issues as they emerge in everyday and institutional settings (Potter, 2010; Stokoe, Hepburn, & Antaki, 2012). Alternatively, a critical strand of discursive psychology exists that has looked to post-structuralist theory as a way of accounting for how power and knowledge are bound up with the way language operates (Edley, 2001a; Wetherell, 1998).

4.4 Critical Discursive Psychology

The ideas of Michel Foucault are central to a number of critical discursive approaches to psychology, including the influential work of Carla Willig (1999) and Ian Parker (1997). However, Wetherell and Edley's (2014) critical discursive psychology (CDP) is distinguished by the way it combines the fine-grained approach of conversation analysis with Foucauldian and post-structuralist theories of power. Like conversation analysis, CDP emphasises the action orientation of people's talk

and “*the notion of social order as constituted intersubjectively as participants display to each other what is going on*” (Wetherell & Edley, 1999, p.89). However, this is balanced by CDP’s understanding that meaning cannot be constructed outside of discourse which, in the Foucauldian sense, always has a history and imbricates power relations (Wetherell and Edley, 1999). It can be argued that a Foucauldian conceptualisation of discourse goes far beyond language so is therefore incompatible with the discursive analysis of talk (Hook, 2007). In contrast, Foucault himself envisaged his ideas as a tool-box that could be utilised in a range of different ways for interrogating and transforming societal discourses and practices (Kendall & Wickham, 1999). In his final works on sexuality Foucault developed a theory of power that outlined how power acts not just relationally but also *within* subjects that are continually producing themselves through processes of self-surveillance and self-discipline (Foucault, 1985, 1986). My reading of Foucault is that these ideas are consistent with CDP’s notion of the individual as “*partly subject to pre-existing discursive resources, but endlessly mobilizing and reworking these*” (Wetherell, 2005, p.70). Critical discursive psychology is, therefore, a synthetic approach that can examine how talk involves an active use of discourse but is at the same time constrained by the particular systems of knowledge and forms of rationality through which aspects of ‘selfhood’ are produced and rendered knowable (Yates & Hiles, 2010). Critical discursive psychology is the method of discourse analysis that will be used in the current study and its synthetic approach can be seen most clearly in the analytic concepts of interpretative repertoires, ideological dilemmas and subject positions, to which I will now turn.

4.4.1 Interpretative repertoires

The term ‘interpretative repertoire’ was first used by the sociologists Gilbert and Mulkay (1984), and then developed further by discourse analysts Potter and Wetherell (1987). Interpretative repertoires can be defined as “*recurrently used systems of terms used for characterizing and evaluating actions, events and other phenomena*” (Potter & Wetherell, 1987, p.149). Whereas broader definitions of discourse typically incorporate manifestly fixed and abstract representations of the world, the concept of interpretative repertoires focuses on the flexible and dynamic use of language in everyday life:

By interpretative repertoires we mean broadly discernible clusters of terms, descriptions and figures of speech often assembled around metaphors or vivid images. In more structuralist language we can talk of these things as systems of signification and as the building-blocks used for manufacturing versions of actions, self and social structures in talk (Potter & Wetherell, 1995, p.89).

Because discourse analysis is particularly interested in the variability of talk, interpretative repertoires are a useful tool for analysing how such variation occurs between relatively consistent and bounded discursive themes. Compared to other theories of discourse, the concept of interpretative repertoires also implies an element of agency for speakers who can select between a range of available possibilities for meaning-making, rather like the way a dancer may express themselves by using pre-figured and culturally recognisable steps or movements, which are then flexibly and creatively performed (Edley, 2001a; Potter & Wetherell, 1995).

Examples of interpretative repertoires can be found in a wide range of research topics including work on racism (Goodman & Burke, 2010; Wetherell & Potter, 1992)

gender (Charlebois, 2012; Edley & Wetherell, 1997) and health psychology (Seymour-Smith, 2015; Seymour-Smith, Wetherell, & Phoenix, 2002) but I want to draw on Wetherell's (1996) analysis of young females' talk about 'fear of fatness' as a particularly useful and relevant illustration of the concept, given the research topic of this thesis. In small group interviews with a researcher, participants were identified to be using four different repertoires in their talk about dieting and body image: an individualistic repertoire (*'it's just the media'*), a personological repertoire (*'thinness as enviable'*), a confessional repertoire (*'I feel guilty'*) and a natural repertoire (*'natural body'* and *'natural self'*) (Wetherell, 1996). Crucially, rather than displaying consistent accounts of events and reasons for their motives and actions, speakers were seen to shift between these repertoires depending on the context of their talk. Attendance to variations in how things are accounted for is a central focus of any form of discourse analysis and in the following sections I will return to the examples above in order to illustrate how the analysis of such variation can be further developed by the use of the concepts of ideological dilemmas and subject positions.

4.4.2 Ideological dilemmas

In contrast to notions of 'intellectual' ideology that imply formalized and consistent theories and beliefs about the world, Billig (1987) suggests that in social interaction we can only observe the messy, contradictory aspects of 'lived ideology'. From this perspective, the varied and oppositional character of interpretative repertoires is crucial because "*they permit the possibility not just of social dilemmas but of social thinking itself. Without these oppositions there would be no way of arguing about dilemmas or understanding how opposing values can come into collision*" (Billig et al., 1988, p.17). The ideological dilemmas that emerge in interaction are not necessarily recognised as problematic and speakers may move

fluidly between opposing repertoires as they navigate, resist or affirm the different possibilities afforded to them through discourse. However, the dilemmatic nature of lived ideology is sometimes acknowledged by speakers which may in turn produce effective and less effective attempts at resolving those inherent tensions (Edley, 2001a).

The concept of ideological dilemmas is best illustrated by using an example. In Wetherell's (1996) study of young females' talk about dieting and body image, she identified an individualistic repertoire that stressed the importance of being seen as an individual who can resist the unrealistic pressures from the media and society as a whole. Nonetheless, in their conversations speakers could be seen to utilize both this individualistic repertoire and a personological repertoire, which endorsed thinness as a valuable, enviable quality compared to 'fatness'. Through talk, therefore, the following ideological dilemma emerged:

If you view the issue of body shape and eating through the repertoire of individualism then it becomes a betrayal of individual autonomy and a sign of weakness to give in to social pressure. How can you account, then, for wanting to be thin? (Wetherell, 1996, p.39).

Participants tended to try and resolve this dilemma by accounting for dietary restraint through a 'natural' repertoire, where eating behaviour is explained in terms of natural appetites and legitimate health choices rather than social influences. Conversely, a fourth 'confessional' repertoire produces an alternative resolution to the dilemma, where overeating or loss of restraint is a "*terrible thing to do*" and blame is attributed, not to society or the media, but to personal failings. Hesitation and the use of disclaimers have commonly been shown to suggest the presence of an ideological

dilemma (Billig et al., 1988), for example, when a participant in the aforementioned study states “*Well I sort of stopped eating but, I, I wouldn’t call it a diet*” (Wetherell, 1996). However, the key indicator of the presence of an ideological dilemma is when speakers are seen to oscillate back and forth between subject positions across stretches of talk (Edley, 2001a). The navigation of ideological dilemmas, therefore, has important implications for how certain subject positions may, or may not, become available during an interaction and the significance of these concepts for a critically discursive account of subjectivity will be outlined in more detail below.

4.4.3 Subject positions

Subject position is a widely used term in discourse analytic research but it may be conceptualised in a variety of ways depending on how subjectivity is theorised in the differing approaches to discourse (Törrönen, 2001). In positioning theory, originally developed by Rom Harré and colleagues, a subject position:

incorporates both a conceptual repertoire and a location for persons within the structure of rights for those who use that repertoire. Once having taken up a particular position as one’s own, a person inevitably sees the world from the vantage point of that position and in terms of the particular images, metaphors, storylines and concepts which are made relevant within the particular discursive practice in which they are positioned (Davies & Harré, 1990 p.46).

From the perspective of critical discursive psychology, subject positions function on two distinct levels: firstly, they index how speakers are positioned through particular repertoires and the rights and responsibilities these entail. So in the context of a medical encounter between a doctor and a patient, ways of speaking and acting are

limited by the subject positions available in discourse and, importantly, these positions are not equally available to all participants. Secondly, multiple subject positions may be relationally produced across the course of a conversation as speakers creatively and mutually achieve particular social actions: analyses of doctor-patient consultations have, for example, demonstrated how interactions can also be organised around ‘servant-client’, ‘parent-child’ and ‘male-male’ subject positions (Silverman, 1985; Törrönen, 2001). Turning again to Wetherell’s study of young people’s talk about eating and body image, a number of subject positions can be identified. The interpretative repertoire of “*it’s just the media*” positions young women as either easily swayed or controlled by media and social expectations or, instead, as strong minded, independent individuals who resist this: the “*devalued*” subject position in this context was to admit to being influenced in this way (Wetherell, 1996, p. 37). Similarly, the repertoire of “*I feel guilty*” positions speakers as weak and sinful if they are unable to control their eating or weight in comparison to strong-willed, disciplined women whose eating behaviours are characterized as more morally acceptable (Wetherell, 1996).

Extending these ideas, the notion of *troubled* subject positions has been developed by Wetherell (1998, 2005). Talk that fits within particular dominant discourses about the world typically involves taking up certain ‘untroubled’ subject positions where the rights and norms of the interactional context are recognised and respected by the speakers. In contrast, ‘troubled’ subject positions develop where talk is recognised as contradictory and a speaker’s position in talk becomes destabilised or challenged. It follows that the ideological dilemma outlined earlier in the statement “*Well I sort of stopped eating but, I, I wouldn’t call it a diet*” could feasibly be negated with recourse to the ‘natural’ repertoire of natural, healthy appetites or

alternatively by assuming the devalued subject position of weak-willed, sinful woman. In critical discursive psychology, therefore, subject positions are an important analytical tool for examining not only the naturalized, taken-for-granted aspects of talk, but also the interactional possibilities that are afforded to speakers who are marginalized through particular discourses (Wetherell, 1998).

In everyday interactions, speakers are less likely to attend to troubled subject positions and, when they do, they will typically shift smoothly towards less troubled positions through the employment of mutually endorsed, 'common sense' discursive resources (Edley, 2001). In comparison, certain types of institutional interaction may play-out on a more contested discursive terrain and create more pressure for speakers to accomplish and justify particular accounts (Heritage, 2004). A relevant example of this is Hepburn's analysis of calls to the NSPCC child protection helpline that suggest the institutional requirements of the setting are different for young people who call compared to adults: young people were shown to do more interactional work and use different rhetorical devices when establishing their concerns as credible and their phone call as justifiable (Hepburn, 2005). Similarly, an analysis of interactions on a men's on-line peer support forum illustrates the complex discursive work required of men who help-seek for depression when they have yet to receive a medical diagnosis (Gough, 2016). In the field of psychotherapy in particular there is a growing interest in the ways that subject positions can be used to analyse how therapeutic processes are accomplished at the micro-level of interaction (Avdi, 2012; Guilfoyle, 2016). From this perspective:

positioning is a key process through which selves are performed, jointly constructed – and potentially reconstructed – through language and within interaction. Psychotherapy, in this framework, works through creating a

particular type of conversation within which the problematic of distressing subject positions clients occupy are explored, challenged or expanded (Avdi & Georgaca, 2018, p.49).

Whilst the interactional practices focused on in the current study do not make the same claims towards the therapeutic and emotionally transformative potential of talk supposed by the psychotherapies, there is potential utility in using positioning theory to explore how help-seeking and non-help-seeking subjectivities are mutually accomplished for young people in on-line counselling sessions. Moreover, as I hope to have demonstrated, critical discursive psychology (and its tools of subject positions, interpretative repertoires and ideological dilemmas) offers a particularly suitable method for examining the local effects that talk about self-harm can produce without ignoring the discursive backcloth that always informs the resources available for interaction (Wetherell, 1998).

Having outlined the rationale for qualitative, discursive research as well as the key concepts of critical discursive psychology, in the next section I turn to how this approach was applied to the setting of an on-line counselling service.

4.5 On-line qualitative methodologies

The development of on-line qualitative methodologies has demonstrated that qualitative methods designed for face to face research cannot simply and straightforwardly be deployed to on-line spaces and the communities who inhabit them (Hewson, 2014; Mann & Stewart, 2000). Developing rigorous and effective ways of researching these spaces is important for two central reasons. Firstly, it enables research of specific topics and diverse populations that may be hard to reach by other means. Such populations are often paradoxically both under-represented in

research and the most in need of the potential beneficial effects of research (McDermott & Roen, 2012; Wilkerson, Iantaffi, Grey, Bockting, & Rosser, 2014). In the context of research into suicide and self-harm, there are significant practical and ethical issues to be considered when accessing 'in-the-moment' data and ensuring the research process is not detrimental for the participant (McDermott, Roen, & Piela, 2013). The geographical scope and potential anonymity of internet mediated research, therefore, hold the promise of producing new knowledge that would be difficult to access using traditional offline methods (Seymour, 2001). Secondly, on-line spaces such as forums, blogs, and instant messaging services are unique spaces in their own right where aspects of culture and identity play out in specific and unique ways (Kozinets, 2010; Paulus et al., 2016). On-line data sources (such on-line counselling transcripts) may lack noteworthy information such as age, ethnicity, sexuality and gender and even when these are present there is often no acceptable way of verifying this information as representative of someone's off-line identity (Jowett, 2015). However, rather than taking this as a weakness, on-line research increasingly acknowledges the complex interplay between on-line and off-line forms of identity (Cover & Doak, 2015). This provides a rationale for discursive analyses to focus on how identities are performed 'in talk,' and what this tells us about on-line spaces, rather than making any claims about representing the authentic voice of a particular individual (Gibson, Wigginton, & Crabb, 2015; Orgad, 2009).

4.6 Ethics

Research into on-line spaces has greatly increased as the impact of internet technologies on human interaction has grown (Hooley, Marriott, & Wellens, 2012). Qualitative on-line methodologies have considerable potential to improve our understanding of sensitive topics and hard-to-reach populations but also pose

important theoretical and ethical challenges to the researcher (Gibson et al., 2015; Wilkerson et al., 2014). Increasing our knowledge about the dynamics of on-line counselling interactions where young people seek help for self-harm has potential benefits for professionals and service users but requires ethical research that takes clear and justifiable decisions on issues such as access to data, consent, confidentiality and potential harm to participants (McDermott et al., 2013; Sharkey et al., 2011). In this section I will discuss the main challenges and the steps taken to ensure the research was ethically sound.

4.6.1 Confidentiality and anonymity

At the time the current study commenced, young people signing up to use the on-line one-to-one chat service agreed to a privacy policy stating that ChildLine may use anonymised data to improve and promote the service. The data were accessed retrospectively by sampling completed transcripts that were already archived on the service database. Because the researcher was a full time member of staff, data sampling, storage and analysis could take place on-site, with fully anonymised copies of counselling transcripts stored as password protected Word files on a secure server. Due to its high threshold of confidentiality combined with the anonymous nature of the on-line service, ChildLine does not hold identifying details for the vast majority of users. Therefore attempts to contact young people about research (for example, during ‘live’ contacts) may disrupt their use of the service and potentially put their confidentiality at increased risk. Additionally disclosures relating to deliberate self-harm may involve transient but upsetting states of mind, and asking potentially vulnerable young people to revisit those states of mind, without much fuller knowledge of their current wellbeing and levels of support and resources, is potentially unethical (Mishara & Weisstub, 2005). For this reason, a study design that

rigorously protects service users from any adverse effects of research was preferred to one which relies on informed consent.

4.6.2 Informed consent

Data from counselling interactions are produced by both young people and counsellors but this study is particularly interested in the responses of the counsellors themselves. For this reason the decision was made to seek informed consent from those counsellors whose transcripts were selected in the sample (O'Reilly & Parker, 2014). The process was carried out as follows: firstly, ChildLine counsellors were alerted to the study via two separate means. Initially, they were alerted via the weekly 15 minute briefing that all counsellors receive before their counselling shifts in their individual bases. A copy of the briefing message (to be read out by the individual shift supervisors) and the participant information sheet can be found in the appendices (see Appendix 3 and Appendix 4) and an email address was provided for any counsellors or shift supervisors who had queries or concerns about the process. Secondly, the same briefing message was posted on the ChildLine volunteer networks, a password protected internet forum for counsellors, to ensure the key messages about the study had adequate reach and were accessible in different formats. Thirdly, counsellors have their own individual supervisors that offer ongoing support with their counselling practice. These individual supervisors were recruited to contact potential participants, distribute an information sheet and let each counsellor know if permission had been sought to use one of their transcripts in the study. The counsellor had the opportunity to discuss further with the researcher or their own supervisor before making their decision about consenting for their transcript to be used in the study. Consent was confirmed by receipt of an electronically signed copy of a consent form returned to the researcher (see Appendix 5).

4.6.3 Potential risks and avoiding harm

The research involved no potential risk to the young person at the time the interaction took place because it focused on archived transcripts. However, there remains a small but important risk that a young person could recognise themselves in the research, or be recognised by others (O'Reilly & Parker, 2014). This was countered in three main ways. Firstly, the sampling criteria purposefully excluded transcripts that contain highly individualized talk which focuses on unique personal, cultural or geographical information. This criterion is consistent with the research aims of analysing aspects of talk that show a degree of consistency across the data set. Secondly, at the stage of analysis the transcripts were stripped of extraneous identifying data including names and usernames and stored using its database record number only. Thirdly, once the analysis was complete paraphrasing was used at the report writing stage in order to disguise any aspect of the young person's talk that carries a credible risk of compromising their anonymity. This is an established way of protecting the on-line and off-line identities of people from vulnerable and marginalized groups, whilst sensitively working with raw and unguarded data that may be unique to on-line spaces (McDermott & Roen, 2016; McDermott et al., 2013).

Potential harm is also considered to be low for the counsellors. It remained possible, however, that poor or questionable practice could be discovered during the sampling process (Bond, 2004) and require follow up and further scrutiny by the ChildLine service. For this reason, the information sheet disseminated before sampling commenced gave counsellors the option of opting out and refusing permission for their transcripts to be accessed for the purposes of this research. A more significant risk may be counsellors recognising their own practice in the excerpts of talk used to illustrate the analysis and feeling criticized or distressed by the findings

(West, 2002). However, because the sampling process excluded any transcripts that demonstrate poor practice, findings should reflect the possibilities and limitations of the counselling model itself rather than problems with an individual's counselling practice. Because of the sensitive nature of the topic counsellors were also informed they will have access to a debriefing session with the researcher to talk through the research and its findings (McCosker, Barnard, & Gerber, 2001). Confirmation for ethical approval of the study can be found in Appendix 6.

4.7 Research process and analytic procedures

The analytic plan for the current study incorporates Potter and Wetherell's (1987) influential description of the stages of discourse analysis as well as the more recent contributions by Willig (2008) and Potter (2012), alongside Goodman's (2017) outline of critical discursive psychology. The stages followed are detailed below:

Stage one: Data collection and sampling

In discursive psychology sample size refers to the amount of interactional data collected rather than the number of participants in a study (Potter, 2012). In other words it is the consistency and variation in talk and what it achieves in a specific type of interaction that is the focus of sampling, rather than any attempt to attain a representative sample of a range of views, attitudes or beliefs (Potter & Wetherell, 1987). In the current study, sampling procedure was determined by two main considerations. Firstly, in order to strengthen any possible claims for consistency or variation of particular features (namely interpretative repertoires, ideological dilemmas and subject positions) a sufficient number of transcripts were required (Goodman, 2008). Because the number and the type of features of interest emerge during the analytic process, the research protocol did not prescribe a required number

of transcripts but, given the length of a typical on-line counselling session and, considering the sample sizes of similar studies, it was estimated that 15-20 transcripts would be appropriate (Avdi & Georgaca, 2007; Reeves, Bowl, Wheeler, & Guthrie, 2004). Unlike other forms of qualitative research this analysis was not aiming for a point of saturation after which no important new features emerged (Saunders et al., 2018). Rather, a preliminary reading of each transcript was completed at the point of sampling to help inform when to finish the process. Once 19 transcripts had been sampled the researcher made the judgement that the data-set was both rich and diverse enough and also displayed enough consistent and interesting features to support a discourse analysis (Wetherell, Taylor, & Yates, 2001a). Secondly, the transcripts were sampled from a database on which all counselling interactions are documented using a number of different fields e.g. age, gender, length of duration, main problem discussed. Because the service is made up of many different counsellors and receives hundreds of contacts a day, from young people of different ages talking about different topics, a multi-field search was carried out using the following sampling frame to ensure the transcripts related to the research questions:

i) The 'facts' field of the database record contained the term 'self-harm,' or 'self harm'; ii) the duration of the contact was longer than 30 minutes (indicating that the transcript was more likely to be rich in features and variation); iii) transcripts from the base where the author of the current study works were excluded; iv) the database indicates that the transcript contains the young person's first instance of disclosure of self-harm to the service (this criterion was suggested on the basis that previous interactions with the service may have had an influence on the way a young person talks about self-harm); v) transcripts focusing on unique or unusual content that risked compromising a young person's confidentiality were excluded. This particular

exclusion criterion covered interactions that included obvious identifying information such as personal and geographical features as well as topics and situations that carried a credible risk of being identifiable by the young person (or people that know that young person); vi) transcripts that contained counsellor responses that did not adhere to the counselling model of practice were excluded on the basis that research into poor practice would require a different ethical framework. In addition, because the focus of the study is a new and under-researched area, focusing on counselling practice that broadly adheres to the service 'model of intervention' is potentially a more productive starting point; vii) atypical contacts, such as abusive or hoax presentations (classified as 'testing' contacts by the service) were also excluded.

Because the sampling was of archived transcripts it was necessary to search the database retrospectively and the time period was limited to the six months immediately before the date on which the study commenced. The limited demographic data that can be discerned from the sampled transcripts is summarised in Appendix 7.

Stage two: Data management

Transcriptions of audio recordings of interactions are a critical stage of many discursive psychological studies (Edley, 2001a; Wiggins, 2016) but on-line, text-based interactions are far simpler to accurately present on the page. Previous studies of similar on-line services have had the facility to record the time-markers at which each on-line response was sent during the counselling session, in order to get a feel for the pace of the interaction (Stommel & Van der Houwen, 2013), but at the time the current research was carried out the ChildLine chat system did not archive this information on its database. Therefore, the text of the interaction was simply pasted into a Microsoft Word document, with each line numbered to aid analysis and

usernames replaced with ‘Counsellor’ and a pseudonym for the young person to indicate who sent each message. Following Potter (2012), a clear and transparent audit trail was ensured with transcripts and analytic notes stored in password protected files on a single workplace computer and organized with reference to the corresponding database record number.

Stage three: Coding

In discursive psychology coding is distinct from the analysis itself and serves instead as a means of organizing an expansive set of data and selecting the material most relevant to the research questions (Potter & Wetherell, 1987). A second read-through of all the transcripts took place first to build up familiarity with the data. Once the coding process began it was particularly attentive to talk focused on self-harm and help-seeking but the transcripts were coded as inclusively as possible. This meant that even talk that initially seemed only vaguely or tangentially related to the research questions was initially included (Potter & Wetherell, 1987). In some instances the coding process made links to topics that were identified in the literature review. For example, some talk referred explicitly to the topics of ‘shame,’ ‘addiction’ or ‘attention-seeking’ and was best coded using these terms. However, it usually took multiple readings to decide on the most useful ways of categorizing talk so most counselling responses were coded tentatively and sometimes initially given more than one code. Coded chunks of text were copied into a separate Word document to allow an easier comparison of the differences and regularities in counselling responses before returning to individual transcripts to examine the functions of talk. This tentative, inclusive way of coding reflects the inductive approach of discourse analysis which allows the analyst to be surprised by the data and ensures the potential for unexpected features or patterns to be discovered (Potter & Wetherell, 1987). The

selective nature of the coding process also reflects how a discourse analysis is, from the very beginning, a partial account and just one of many potential ways of reading the data. The initial coding schema can be found in the Appendix 8.

Stage four: Analysis

There is no single or ‘best’ way to carry out a discourse analysis (Wetherell et al., 2001a). Regarding the analysis of talk, Wetherell (1998) suggests that an eclectic approach is best suited to analyse both the local concerns of participants and the wider discursive resources that are available, but that the tools utilised and the balance of such a synthetic analysis should depend on the type of data and the questions being asked of it. The analytic plan for the current study was informed by the stages of discourse analysis mapped out by Potter and Wetherell (1987), Willig (2008) and Goodman (2017). An example of the data analysis table used for each transcript can be found in Appendix 9. Each stage is outlined in more detail below:

i) Discursive constructions: The first stage of analysis focused on the ways in which different discursive objects were constructed. Each transcript was worked through line by line to identify how self-harm and help-seeking were implicitly and explicitly referenced in the dialogue between the young person and the counsellor. This was a recursive, cyclical process that involved revisiting the original codes in order to develop a more sophisticated reading of the subtle differences in the ways self-harm and help-seeking were talked about.

ii) Interpretative repertoires: The second stage of analysis involved identifying how the various discursive constructions were located within wider discourses. In critical discursive psychology this means identifying interpretative repertoires that repeat across the data corpus (Edley, 2001a). A common feature of these repertoires, that

assists in their identification, is how they are constituted out of metaphors or figures of speech (Wetherell & Potter, 1988). The presence of interpretative repertoires demonstrated both consistency and variation in the language used to describe self-harm and help-seeking, and the variation was analysed across transcripts, between speakers and at the level of the individual speaker themselves.

iii) Action orientation: The third stage looked at how different discourses worked in relation to each other. A critical discursive psychological approach is attentive to both the sequential and rhetorical aspects of talk in the sense that the function of an interpretative repertoire may be determined in relation to the alternative discursive constructions that are oriented to by the speakers. In some instances, certain repertoires appeared to be complementary and reinforce each other but some interactions revealed ideological dilemmas that highlighted competing or contradictory aspects of discourse. A focus on the action orientation of talk was important at this stage as it suggested possible functions for the variations in talk that were displayed in the earlier stages of analysis.

iv) Subject positions: Closely related to stage three is the focus on the subject positions made available by the different discursive constructions that have been identified. An interpretative repertoire can enable and constrain particular ways of being and stretches of talk may index the avoidance or, conversely, the active taking-up of the subject positions offered. Subject positions are particularly visible in talk about the characteristics and features which speakers use to describe themselves and the ways that interpretative repertoires may separate opposing positions from each other (Wetherell, 1998). Particular attention was paid to features suggestive of 'troubled' and 'untroubled' subject positions. The distinction is important because in critical discursive psychology what appears to be a troubled position in one context

may be taken up smoothly, without question in other contexts. Rather, it is the extra interactional work put in to consolidating, avoiding or retreating from certain positions that indicates a troubled subject position.

v) Practice: The guiding question in this stage of analysis was how the identified interpretative repertoires and subject positions open up or close down opportunities for action and limit what can be said or done? More specifically this meant analysing how the different ways of speaking about self-harm, and the positions this offered for counsellors and young people, produced different possibilities for help-seeking.

vi) Subjectivity: The final stage of analysis is to ask how subjectivities are constructed or how different versions of self are accomplished. This is speculative in the sense that discursive psychology supposes no direct relationship between language and mental states but it is possible to trace how selfhood might be reconfigured as an interaction unfolds. In relation to the research question the focus here was how counselling interactions may or may not produce particular help-seeking subjectivities for young people who disclose self-harm.

Following Wetherell (1998), critical discursive psychology holds that a complete discourse analysis must make links to the broader, cultural and historical systems of meaning that are not always discernible in talk alone. Whilst an inductive, interpretive approach allowed for the discovery of potentially unexpected findings, the analysis also required careful, scholarly judgement about what aspects of the wider, discursive backcloth might be relevant to the interactions (Edley, 2001a).

Stage five: Validation

There are a number of considerations in evaluating the trustworthiness and rigour of discursive psychological research (Taylor, 2001). Following Potter and Wetherell (1987), the findings were reviewed for their *coherence* (the analysis ‘fits’ together in a plausible way), their *fruitfulness* (the analysis produces ‘new’ knowledge and ‘new’ problems) and how they are presented in a *transparent* way, allowing the reader, to some extent, to ‘test’ the claims made by the researcher. Analysis is illustrated with extracts from the data that are large enough for the reader to judge the possible effects of specific repertoires across stretches of on-line counselling talk. Reflexive journaling (Ortlipp, 2008) was also used to provide a space to consider how the analytic process might have been influenced by the ‘insider’ status of the researcher. Following Harper (2003), I used the journal to try and develop a critically reflexive approach by constantly questioning my choices and considering how my own position as a helpline professional might make it challenging to identify taken-for-granted aspects of on-line counselling practice (See Appendix 10 for an excerpt from the reflexive journal).

4.8 Summary

In this chapter I have introduced the rationale for qualitative discursive on-line research, argued that critical discursive psychology is a particularly appropriate method given the interactional qualities of on-line counselling interactions and introduced the main concepts of critical discursive psychology (interpretative repertoires, ideological dilemmas and subject positions). I have also considered some of the practical and ethical challenges when using on-line qualitative methodologies. Lastly I have described the different stages of the research process and outlined the

analytic plan used to investigate the data. In the next chapter I present the findings from that analysis which demonstrate that three key interpretative repertoires reoccur in the dataset and that the ways in which these repertoires are negotiated by the counsellors and young people can produce or shut down important help-seeking opportunities.

Chapter Five: Splits, safety and help-seeking subjectivities

5. Introduction

The chapter that follows is in two main parts. Firstly, I outline three key interpretative repertoires that were identified during the analysis which I have termed “*the divided self*”, “*opening up*” and “*keeping yourself safe*” and I illustrate these repertoires using excerpts from different transcripts. Secondly, I use longer excerpts to demonstrate some of the ways in which the deployment of these repertoires may produce different help-seeking possibilities for young people who disclose self-harm. Throughout, I draw attention to how the pastoral power of the counsellor does not operate in a straightforward manner but is actively negotiated by the young person in the mutual accomplishment of governed and self-governed subjectivities.

5.1 The Divided Self

The therapeutic culture that informs modern day talk about the self can be viewed as both a consequence and a development of the individualised sense of selfhood that has become naturalised in Western thinking since Descartes (Howard, 2004). Nikolas Rose (1996) has argued persuasively that the psy-disciplines, alongside a range of other knowledges and practices, recursively generate and maintain the notion of an internal, psychologised subjectivity through which persons can accord significance to aspects of themselves and their experience. Many other fields (including political, legal and economic rationalities) similarly construct and conduct human interactions around the notion of selfhood but, like a psychiatric consultation or session of psychotherapy, counselling interactions are frequently focused on the articulation of a troubled or problematized sense of self (Wright, 2011). Accordingly,

the dataset was saturated with instances of talk about the troubled self and my focus here is to examine a particular and recurrent pattern of talk that commonly occurred at the point when the young person was disclosing self-harm to the counsellor. I will now use excerpts to illustrate instances of such talk which I argue can be usefully understood as organized around the repertoire of a 'divided self'.

The first excerpt is from a 13 year old female called Lou. The section shown is the very first part of a chat session where Lou discloses she has just self-harmed and explains that this was the first time she had hurt herself:

Counsellor: *Hi, you're through to a counsellor at ChildLine.*

Counsellor: *What would you like to talk about?*

Lou: *Hi*

Counsellor: *Hiya there, what would you like to talk about tonight?*

Lou: *well lately I have been feeling really down and I don't know why my life is filled with people that care about me and stuff I'm just not happy*

Lou: *I haven't exactly been coping with it well either*

Counsellor: *It sounds like it's been really difficult for you to understand where these feelings have been coming from, at the same time though it's brilliant that you're talking about it ... What's it been like trying to cope with them?*

Lou: *It's been really hard. I've been hiding a blade I got from a pencil sharpener for weeks now and just before this I tried to cut it didn't really work but the marks are visible and I just don't know what to do*

Counsellor: *I'm glad that you came on after you tried to cut yourself ... it sounds like trying to cut had made you reach the point of talking about it ... How do you feel when you look at the marks and think about how you've been feeling?*

Lou: *I feel sick when I look at them and mad that I didn't do it for some reason even though I know it's wrong*

Counsellor: *I can imagine it being difficult to know what to do when there are all of these different forces pushing you to do it or not ... Would it be okay to tell me a little more about today, and what's been happening while you have been feeling all of this?*

Lou: *Well it's not just today that brought this on I've been feeling this way for months and I tried to do it not long ago but put the blade down but today I don't know what happened it just got to me the thought of it being there it was like it had to be done*

Counsellor: *I remember you saying you'd had the blade for a while now ... it really does sound like this feeling has been building and building ... would it be OK if I asked what made you get the blade and keep it?*

A number of different divisions or conflicts emerge in this stretch of talk. Firstly, there is a division between an external, happy public life and internal, unhappy feelings. Secondly, self-harm is simultaneously sickening and wrong but also necessary and inevitable. Thirdly, there is a conflict between a rational, thinking part of the self on the one hand and confusing, compulsive behaviours on the other. These features are clearly partly constructed in relation to the counsellor's responses and it is instructive to closely examine how the interaction is shaped by the deployment of the repertoire of the divided self.

Lou's first substantial turn in this interaction contrasts confusing unhappy feelings with her ostensibly happy life, which is "*filled with people who care*". The counselling response aligns with this division, locating the problem as a challenging, internal emotional issue but also one that can potentially be spoken about. This creates the context in which the speakers then make sense of the subsequent disclosure of self-harm: Lou's attempts to cut herself become both the consequence of an unresolved emotional conflict and the point at which she tries to seek help. Speaking of self-harm as a result of inner conflict also helps account for some of the contradictory aspects of the young person's talk and considerable conversational work takes place to account for Lou's self-harm even though she names her attempts to cut as sickening and wrong. Phrases like "*I don't know what happened,*" "*different forces pushing*" and "*it just had to be done*" work in tandem with the repertoire of the divided self to create self-harm as an unfathomable, compulsive act stemming from a split-off part of the self that is unknown and uncontrollable.

The concept of subject positions offers a useful way of understanding some of the tensions in this interaction. Firstly, a repertoire that produces Lou as divided and not accountable for self-harming may be deployed in relation to certain alternative subject positions such as someone who is 'attention-seeking,' someone who has been neglected and not cared for, or someone who is actively suicidal. However, the repertoire of the divided self potentially limits the available ways the young person can seek help. For example, friends and family might lack the 'expert' knowledge to make sense of Lou's inner confusion and because the problem of self-harm is an internal, psychologized one there is no space for an intervention beyond the level of the individual. Secondly, to the extent that the repertoire of the divided self is informed by a governmental, psychologising discourse, it also offers a particular set of

subject positions to the counsellor. The counsellor potentially has the expert knowledge required to access these split-off parts of the young person and to diagnose or cure them. Alternatively, by occupying a 'non-expert' position, the counsellor risks being positioned as someone unable to help or someone just as confused as the young person. Instead, the counsellor's responses appear designed to maintain a more collaborative possibility where the mystery of Lou's self-harm might be resolved through talk. However, the counselling response that tentatively rationalizes the act of cutting as something that can be understood in terms of "*today, and what's been happening*" remains at odds with the construction of Lou's self-harm as something produced by an enduring and bewildering internal conflict. Furthermore, the responses "*what's it been like trying to cope with [the feelings]*" and "*what made you get the blade and keep it*" suppose a rational, thinking subject with the potential to process and talk about the act of self-harming rather than one that simply does not know. Initially at least (as the excerpt of the early stages of this interaction illustrates) the repertoire of the divided self does not facilitate the straightforward and mutual accomplishment of a help-seeking position for Lou.

The second excerpt is from a chat with a 15 year old female called Grace who opens the chat by stating "*Um basically my parents have recently discovered I self-harm and now when I do it I feel guilty, but I want to do it*". Later on, in the middle section of the transcript, this conflict is discussed in more detail:

Grace: *At first she was angry and disappointed. She told my dad and they were both worried and agreed to take anything away that I could use and to stop doing it (sic). I explained that it wasn't that easy.*

Counsellor: *And did they listen to you?*

Grace: *Yeah but they don't understand. I feel like I'm letting them down.*

Counsellor: *It can be really difficult for other people to understand why people self-harm. I wonder if you've had a look at any websites about self-harm yourself?*

Grace: *They also asked to see my arms, I initially refused, but did show them eventually. Yeah I have but I'm still unsure about the reason I do it. I also suffer with anxiety.*

Counsellor: *That's okay – sometimes people self-harm and they can't put their finger on why they do it. It's not an ideal coping technique and ideally we would love to work with you to help you try and find a different method that works for you – for now though we just want to make sure you are staying safe.*

Grace: *I know, I don't understand it. That would be good thank you.*

The divided nature of Grace's experience here manifests in two ways. Initially, there is a conflict expressed in the guilty feelings about self-harming on the one hand and the desire to continue the behaviour on the other. This can be understood as the possible effect of a discourse of abnormality that produces self-harm as a transgressive and socially unacceptable behaviour that must be punished or extinguished in some way (and the same discourse may be discernible in Lou's description of cutting as 'wrong' in the preceding transcript). In the current transcript, its effect is to position Grace's parents as agents for monitoring and enforcing those social norms and reduce Grace to the position of either compliance or, instead, failure through continuance of her self-harm as a hidden, secretive part of the self. The second aspect of division expressed in this interaction is a split between the articulation of self-harm as an irrational, compulsive act versus self-harm as a knowable, understandable behaviour. At a fundamental level Grace's talk about not understanding and being unsure about

her self-harm introduces the dichotomy of a speaking/acting subject who lacks insight into the self-harming behaviours that they describe.

Initially, the counselling response is to explore if the young person has been listened to by her parents, thereby aligning with the idea that self-harm is both something that can be talked about and also something perhaps too complex to be stopped by the simple, punitive measures so far enforced by Grace's mother and father. Secondly, self-harm is described by the counsellor as something "*really difficult*" for others to understand, and Grace's response positions her as someone who is also uncertain about her behaviour. Lastly, a much fuller counselling response then follows where self-harm is named a "*coping technique*", something that is not "*ideal*" and, most importantly, something that can be collaboratively worked on and replaced by alternative methods of coping. Grace's final response in this excerpt ("*I know, I don't understand it. That would be good thank you*") indicates that the young person has tentatively taken up a help-seeking subject position in which she defers to the expert knowledge of the counsellor. In comparison, Lou cannot be seen to take up such a position in the preceding transcript (although that excerpt is different in the sense it is taken from the very start of a counselling interaction).

The concept of 'troubled' subject positions offers a useful way to extend the analysis of these two excerpts. When Lou speaks of a life full of caring people and Grace describes her concerned and protective parents, a number of potential subject positions are produced through a disclosure of self-harm, including problematic ones such as 'attention seeker' and 'suicidal'. The repertoire of the divided self offers a partial resolution to this by divorcing the act of self-harm from a rational and conscious intent. Read in this way, both Grace and Lou take up positions of 'not-knowing' but with different consequences. From initially stating "*I feel guilty, but I*

want to do it,” Grace tentatively moves towards the less troubled subject position of a client who is able to seek knowledge from the counsellor. In comparison, in Lou’s counselling interaction the deployment of the repertoire of the divided self results in both Lou and the counsellor being positioned as unable to make sense of the inner conflict that has produced the young person’s act of self-harm. The disparity between the compulsive, unfathomable nature of Lou’s self-harm and the rationalizing, surveilling responses of the counsellor makes it more difficult for Lou to move forward in the help-seeking process.

The repertoire of the divided self is a recurrent feature in the dataset and it is typically the young person who initially deploys this language as a resource for communicating about self-harm. The excerpts above suggest some of the ways that counselling responses may attend to this repertoire and the potential implications this can have for the co-production of subject positions. They also illustrate how governmental discourse does not act uniformly on the self-harming subject and that a great deal of conversational work may occur in successfully establishing the relations of pastoral power. Furthermore, interpretative repertoires do not operate in isolation and other repertoires can be called upon by speakers to negotiate the discursive terrain of the setting of a one-to-one chat about self-harm. In the next sections I turn to two more key repertoires, which I have named ‘*opening up*’ and ‘*keeping yourself safe*’. Although both are discernible in the chat excerpts detailed above I will now describe these using alternative examples from other interactions where their occurrence and their effects can be illustrated more clearly.

5.2 Opening up

A common feature of most of the transcripts under analysis is that counsellors and young people ‘talk about talk’. More specifically, both parties tend to reflexively discuss the very act of communicating in which they are engaged. ‘Talk about talk’ also features in another notable way, when speakers refer to other communicative acts that have taken place with others in the past or might take place in the future. For example, counsellors may report on what other young people’s experience of talking to ChildLine was like and young people may discuss past attempts at talking about their self-harm with others that may or may not have been experienced as helpful. I have termed the main repertoire that appears to organize such talk in the current dataset ‘opening up’ and I will use the following two extracts to outline it in more detail. The first extract comes from the very first part of a one to one chat with a 16 year old female I have called Jo:

Counsellor: *Hi there*

Counsellor: *Hello*

Jo: *Hello*

Counsellor: *What would you like to talk about today*

Jo: *I recently self-harmed and I need to stop but I can't find any coping mechanisms*

Jo: *It's stupid I know, but I didn't know who else to go to*

Counsellor: *Perhaps you can tell me more about your self-harming and what sort of things trigger it*

Jo: *I'm never sure what triggers it, I just wake up depressed and see no other reason not to. I usually cut, scratch or don't eat/drink because I feel so bad about myself*

Counsellor: *How long have you felt like this?*

Jo: *About 18 months ago I think*

Counsellor: *Do you mind me asking how old you are?*

Jo: *I'm 16*

Counsellor: *Thanks*

Counsellor: *Well done for talking about this today. 18 months is a long time to feel like this. I wonder if anyone else knows how you feel sometimes?*

Jo: *I understand people know I feel (sic), I've talked others out of suicide. But when I opened up about how I was feeling to them they just called me an attention seeker*

Counsellor: *So it seems like you support other people but when you need support they do not appear to help*

Jo: *Never, there's one friend who I opened up to the other day and he's trying his best to help me – but I don't want to trigger him to do anything*

Counsellor: *remember you do not have to cope on your own we are here to listen to what you have to say*

The first part of this interaction has important similarities with the excerpts from the transcripts of Lou's and Grace's one-to-one chat sessions, particularly the talk about 'coping' and 'not-knowing'. Another interesting comparison is the way Jo mentions feeling depressed and Grace mentions suffering with anxiety and how the counselling

responses do not appear to attend to either disclosure directly. However, a notable difference is how the later part of Jo's interaction is organized around the interpretative repertoire of opening up and the possible subject positions this offers. Initially there is a polarisation between the subject position of an 'at risk' individual who is speaking their authentic suicidal feelings and the alternative devalued subject position of an inauthentic attention-seeker. From this perspective, disclosing self-harm without talking about suicidal feelings might make it harder to take up a position from which to seek help. The counselling response that follows works to position Jo as someone deserving of support in relation to the unhelpful, uncaring people around her. Jo's response endorses this understanding and then deploys the repertoire of opening up in a slightly different way: communicating your distress to someone risks overwhelming them and being positioned as an unsafe person that friends cannot cope with. Although Jo's talk of "*triggering*" her friend to do something is not specific, users of the ChildLine service commonly share worries about exacerbating the self-harming behaviours of their friends or concern that their friends may inform an adult (such as a parent or teacher) about their disclosure. Opening up about self-harm, therefore, is a potentially problematic process that does not necessarily produce untroubled subject positions from which Jo can seek help. However, alternative possibilities are discernible in the counselling interaction. For example, when Jo talks about how she has "*talked others out of suicide*" this implies that opening up can be a transformational process that can stop people from hurting themselves. The counselling response that ends this excerpt serves to maintain the possibility of a positive, supportive dialogue, in opposition to discourses that problematize speaking about self-harm in the ways outlined above. Opening up to a counsellor offers a space

where self-harm can be talked about directly and where being listened to offers an alternative to having to cope on your own.

The second extract also comes from the opening section of a transcript. The young person is a 14 year male I have called Tom:

Counsellor: *Hi you are through to someone you can talk to*

Tom: *Hello*

Counsellor: *Hi – would you like to tell me what is going on for you this evening?*

Tom: *I have recently started cutting myself to release my anger and depression but my worry is I have a lesson tomorrow in school that I really hate and my worry is it will get me very angry and depressed and that after school I will take that out on myself*

Counsellor: *Thank you for telling me this, it sounds like things are difficult for you right now and I am glad that you are talking to us. You are concerned that you will get angry and depressed during your lesson tomorrow and then take that anger out on yourself – do you mean that you are concerned you will cut yourself?*

Tom: *Yes*

Counsellor: *OK, thank you. I would like to support you and explore this with you and I am wondering if you can tell me how you feel about recently starting to cut yourself?*

Tom: *I know I shouldn't but it makes me feel better and I think it would make it easier for people to understand if I ever tell them.*

Counsellor: *you sound critical of yourself – would I be right in saying that?*

Tom: *Yes I am very shy and I have low self esteem*

Counsellor: *Well I think you are doing really well telling me this – it takes courage and we want to help you whenever you need us to. Young people self-harm for lots of different reasons – for you it is to release anger and depression and you have told me that it helps to make you feel better. You have also told me that you think people would understand if you told them. Can I ask you what you would like them to understand?*

Tom: *I think people often find me strange or weird because I don't talk much due to being very shy. I think if they saw the cuts they would understand that I wasn't so weird and they might have more sympathy for me being quiet*

Counsellor: *First of all I would like to say that I don't find you strange or weird. I know that we have only just said hello but I can hear a young person who is struggling and trying to find a way forward. I do not think that is weird or strange I think it is courageous. It sounds like you are telling me that if other people know you are cutting yourself to relieve yourself of difficult feelings that they will not think you are weird, perhaps they will think you are normal?*

Tom: *Yes*

Counsellor: *What it would be like for you if people thought you were 'normal'?*

Tom: *I feel like people always talk about me behind my back and they spread rumours about me and I think if they knew I cut myself they would have more sympathy and they would stop doing that*

Counsellor: *It seems like you would really like people to understand what you are going through and how you are feeling but it is difficult for you to get that response*

from people. By cutting you are hoping they will see how serious it is for you. Is there anyone in your life who you can tell – who would understand?

Tom: *I don't think I would be able to open up to someone like that*

Counsellor: *It sounds like that would be difficult for you and maybe for now talking to us is enough for you. We can work with you to try and find a way forward and I hope you will keep talking to us.*

There are some notable similarities between the excerpts from Tom's and Jo's transcripts: both young people mention feeling depressed and struggling with negative feelings about themselves in the face of uncaring others. Initially, Tom's self-harm is made sense of in terms of angry and hateful feelings about a lesson at school, which result in Tom turning those feelings on himself through cutting. His response "*I know I shouldn't but it makes me feel better*" indicates a troubled subject position where self-harm is talked about as both a worrying, unacceptable behaviour but simultaneously a better alternative to feeling angry and depressed. In addition, it is initially Tom's personal failings (shyness, low self-esteem) that account for his difficulties in being understood by those around him. The counselling response acknowledges and reflects back Tom's talk about self-harm but also states "*you are doing really well telling me this – it takes courage and we want to help you*". Correspondingly, the question "*Can I ask what you would like them to understand?*" illustrates how the repertoire of opening up potentially offers an alternative subject position where the young person bravely tells the truth about themselves and is recognised as deserving of help.

As illustrated by the excerpt from Jo's counselling interaction, the repertoire of opening up can imply something transformational, such as being talked out of suicide.

In Tom's interaction, opening up about self-harm envisages a different type of change, from being positioned as weird, shy and misunderstood towards becoming a more normal, understandable figure that others perceive as brave and worth caring about. From this perspective, disclosing self-harm is an authentic communication of emotional distress that could help Tom access the appropriate care and support. Discernible again here is a psychotherapeutic discourse where one might become normal by voicing your inner struggle and learning to manage, angry hateful feelings without hurting yourself. Crucially, when the counsellor asks "*Is there anyone in your life you can tell – Who would understand?*" Tom remains unable to open up to somebody outside of the confines of an anonymous one-to-one counselling session. There is a risk, therefore, that locating the problem within Tom positions him as a failure in a double sense: both failing to manage his angry depressed feelings without self-harming and failing to have the strength and courage to open up to the people around him. Furthermore, the role of Tom's school and the behaviour of his peers are (so far) unexplored which risks occluding alternative subject positions and their corresponding help-seeking possibilities. Possible problems with Tom's lessons or the potential bullying behaviours are not attended to by Tom or in the counsellor's responses: rather, the onus at this stage is very much on Tom to take up a position of illness or failure that can be worked on only through opening up to the counsellor.

Both of the above excerpts contain patterns of language-use that I argue can be usefully understood as an interpretative repertoire of 'opening up,' which occurs across the dataset and is commonly utilised by both the counsellors and the young people themselves. Further analysis will examine more examples of how this repertoire is deployed and the significant effects this has on the help-seeking possibilities produced by on-line counselling interactions. For now it is useful to note

that ‘opening up’ not only functions to organise counsellors and young people into particular roles and relationships but implies certain assumptions about the possibilities of talk that can be characterized both positively and negatively. There are also clear links between the repertoire of opening up and Foucault’s confessional subject. If pastoral power acts on the spaces of divided selfhood to position the on-line counsellor as an ‘expert’ or ‘guide’ then the repertoire of opening up endorses an ongoing dialogue with the counsellor through which the young person might make sense of themselves and their self-harm.

5.3 Keeping yourself safe

I have named the third and final interpretative repertoire to be examined ‘*keeping yourself safe*’. Whilst the repertoire of ‘*the divided self*’ was primarily deployed by the young people being counselled and the repertoire of ‘*opening up*’ was common in the talk of both young people and counsellors, talk about ‘*keeping yourself safe*’ was typically initiated through a counsellor response. Furthermore, this repertoire tended to be present in sections of talk where the interaction was focused on issues of risk or where taking up a position of help-seeking appeared problematic. The first example for analysis comes from roughly the mid-point of a one-to-one chat with a 14 year old female I have called Ava:

Counsellor: *I have to say that I think you have been incredibly courageous telling me this. Can I ask though how often you self-harm and what it is you actually do?*

Ava: *I hadn’t self-harmed for about a month and a half before yesterday and today, before that twice a week? It seems to be getting worse and I cut myself with a pair of scissors on my left arm and today and yesterday on my left hand*

Counsellor: *Can I just check that when you do cut yourself that you are also looking after yourself at the same time? That sounds a bit strange when I put it that way but I just want to make sure that you keep your cuts clean*

Ava: *Yea*

Ava: *I don't usually cut so deep that it bleeds just so it hurts and leaves a mark*

Ava: *also I wash the scissors before I do anything*

Counsellor: *Sorry it seems as though your last message took a while to come through to my end. It's good to hear that you are keeping yourself safe. It sounds as though you had a good six weeks or so and then you started cutting yourself again. What happened to make that happen?*

The excerpt begins with the counsellor complementing Ava for being able to open up about self-harm, before asking directly for more details about her self-harming behaviour. An increase in the frequency of cutting works to position the young person as potentially more risky and the counsellor's responses switch away from open questions about how the young person is feeling to a more directive approach, checking Ava is "*looking after*" herself and keeping her cuts clean. I want to argue that this is an important point in this counselling interaction for two main reasons. Firstly, there is a potential shift from a psychotherapeutic discourse towards a medical discourse where physical safety takes precedence and the young person is positioned as a risky adolescent in relation to the assessing authority of a knowledgeable adult. Secondly, the paradoxical nature of the counselling responses that follow indicate an ideological dilemma that is being attended to in the talk of both parties. The young person's relapse into cutting and the rather detached, matter of fact description of their self-harm ("*twice a week?*" and "*It seems to be getting worse*") make sense in terms of

the repertoire of the divided self: Ava's cutting is somehow separate from her and increasingly beyond her control. The counselling response that follows (*"Can I just check that when you do cut yourself that you are also looking after yourself at the same time?"*) encapsulates the tension between the repertoire of 'the divided self' and the repertoire of 'keeping yourself safe'. In order to keep talking to the counsellor Ava must be constructed as risky enough to deserve support but not so risky that a medical, safety-based intervention must be prioritised. The contradictory nature of the question is somewhat acknowledged in the follow-up statement, *"That sounds a bit strange when I put it that way"*. However, as the interaction progresses the dilemmatic nature of this talk is dissipated as the focus becomes how the young person doesn't cut too deeply and keeps her wounds clean, therefore mutually accomplishing a position where Ava can simultaneously ask for help whilst also exerting control over her behaviours and 'keeping herself safe'. This in turn facilitates the next response from the counsellor which can now orient to a young person who has the ability to rationally consider their self-harming behaviour in the process of opening up about their inner distress. In this example, therefore, the interpretative repertoire of 'keeping yourself safe' operates with reference to a medical discourse of risk and safety but also a psychotherapeutic discourse of self-knowledge and self-management.

A similar pattern can be seen in the following extract taken from a different transcript with a female called Eve who did not disclose their age:

Eve: *I find cutting addictive and I've gone cold turkey for two days now, I have my blades but it's eating away at me that I need to get myself with them again.*

Counsellor: *I can hear that you are finding things difficult at the moment and that you have said that you find cutting addictive. ChildLine will never tell you not to cut, but I'm wondering how you can keep yourself safe if you do decide to cut?*

Eve: *Well I usually count to ten with clenched fists or stomp on ice but it doesn't work*

Eve: *But I can't think of a full way to help myself from it*

Counsellor: *It sounds like you have tried different ways of coping when you feel that you need to self-harm, but you have said that it doesn't always work. If you do choose to cut, it is important for you to keep your wounds clean and dry if you cut, and to make sure that what you cut with is clean and sterile to reduce the chances of getting any infections*

Eve: *I wash my blades so they are clean I hope*

Counsellor: *I can hear that you are trying to keep yourself safe when you cut, thanks for explaining that for me.*

For Eve, it is a discourse of addiction that positions her as divided or struggling with inner conflict: on the one hand she has avoided self-harming for two days but on the other hand she continues to struggle with a nagging urge to cut herself. In a similar way to the preceding excerpt there is a contradiction in the counsellor's question "*how can you keep yourself safe if you do decide to cut?*". The young person's initial response is about failed efforts to help themselves by trying alternative coping strategies, which, alongside the aforementioned 'need' to get with their blades, positions them as risky and unable to control their self-harming behaviours. The counselling response that follows is clearly organised around a medical discourse and focuses on the risk of "*infection*" and the importance of keeping cuts "*clean and*

sterile". Furthermore, the phrase "if you do choose to cut," and the agreement that they do try to keep their wounds clean, positions the young person as having a degree of choice and control over their self-harming behaviour. However, it is notable that Eve's last response is limited, expressing "hope" rather than certainty, and that the final counselling response acknowledges the young person as "trying" to keep herself safe, which suggests that the tensions between the repertoires of 'the divided self' and 'keeping yourself safe' are not resolved simply and straightforwardly. Even so, in this short stretch of talk there is a movement away from the construction of the young person unable to cope with an addiction they cannot control towards a position where they can engage with the medical advice on offer and make safer choices.

A third example of the repertoire of 'keeping yourself safe' can be seen in the following transcript where a 15 year old female called Maria has started the interaction by talking about being depressed and suicidal:

Maria: *I feel depressed even with people about*

Maria: *I just don't care about myself anymore*

Maria: *I just really really don't*

Counsellor: *They sound like really difficult feelings to have – how do you keep yourself safe when you are feeling so low?*

Maria: *I made a promise I won't cut*

Counsellor: *That sounds like a promise that is really important to you. How have you found keeping that promise?*

Maria: *Yes. 24 days ago I made the promise and I haven't cut since*

Maria: *Its really hard. Without the promise I'm sure I would have cut myself*

Counsellor: *That is a massive achievement – I hope you can feel proud of that as it doesn't sound as if it has been easy for you*

Maria: *I am proud ☺*

Counsellor: *Good, it is really positive that you are able to see how much you have achieved there. You said it has been hard – how have you coped without the cutting?*

Maria: *I feel suicidal*

Maria: *I imagine hurting myself*

Maria: *I've joined a keep-fit class*

Maria: *I've joined a keep-fit class [response sent twice]*

Counsellor: *So from what you have said, the cutting was perhaps helping you to cope with the suicidal feelings. And although it is great that you have kept to your promise and not cut – your method of coping with the suicidal feelings is not there, but the suicidal feelings still are.*

Maria: *Yeah, exactly!!*

Counsellor: *But it is also very positive that you have dealt with those feelings in a positive way by joining the keep-fit class. It sounds like it might have taken a great deal of strength to do?*

Maria talks initially talks about being depressed, suicidal and no longer caring about herself but the divided nature of her selfhood emerges following the counsellor's question "*How do you keep yourself safe when you are feeling so low?*". This question

shifts the focus to talking about how Maria feels proud about a promise not to cut (that she made to herself or possibly to someone else), and then later on talk about how she made herself join a keep-fit class. The counselling responses align with this healthier, less risky version of the young person and reflect on the strength and positivity that the young person has demonstrated to safely manage her feelings. However, the repertoire of 'keeping yourself safe' is problematic in the sense that the young person's promise to keep themselves safe from cutting has made it harder to cope with their suicidal thoughts. In this example, having the strength and self-discipline to manage her self-harm alone does not resolve Maria's distress and this conflict is encapsulated in these three back to back responses: (*I feel suicidal – I imagine hurting myself – I've joined a keep fit class*). The counsellor responds to this by acknowledging the paradoxical position Maria finds herself in and at this point in the interaction it is possible to imagine other help-seeking positions could have emerged, where the young person's distress could be talked about in more detail by opening up to the ChildLine counsellor or someone else who could offer support. However, the last response returns to a discourse of strength through self-management and self-discipline which, at that point at least, limits Maria's opportunities for seeking help.

The repertoire of 'keeping yourself safe' offers a different set of potential subject positions compared to those outlined in the analysis of the repertoire of 'opening up'. Instead, self-harm is spoken of as something the Maria can, to varying degrees, have agency over and the focus becomes the capacity of the young person to regulate their own behaviour. Rather than someone whom it would be beneficial to 'open up' to, the counsellor may be positioned in an alternative role where they act to evaluate an individual's capacity to manage themselves safely, given the specific degree of risk exhibited by each young person. To this extent, agreeing to keep oneself

safe involves the negotiation of both a disciplinary power that constructs the young person as vulnerable and risky and a pastoral power that recruits the subject into managing that risk through heightened self-awareness and reflection. At a fundamental level, 'keeping yourself safe' implements a prescriptive, medicalizing knowledge that prioritizes physical safety over emotional distress and is directed towards a predictable, self-regulating subject rather than one that is irrational and divided. I will go on to expand on the oppositional aspects of these two key repertoires ('opening up' and 'keeping yourself safe') in the analysis of further excerpts in the section that follows.

5.4 Help-seeking and subjectivity

As I have demonstrated, both counsellors and young people strategically deploy interpretative repertoires in order to suit the rhetorical demands of the on-line interactional context. However, the effects of deploying interpretative repertoires are not always straightforward and tensions and contradictions between repertoires can emerge. My analysis will show that these tensions and contradictions play out most clearly in the different subject positions that are proposed by the interplay of key repertoires and, in particular, the possibilities that emerge for help-seeking. This final section of analysis will be structured around three excerpts, from three different transcripts. I will analyse and compare each excerpt to highlight how different help-seeking subjectivities can be worked up from key interpretative repertoires, which may be seen to be both complementary and contradictory, before discussing the possible consequences of this for the help-seeking process.

The first excerpt comes from Isla (age not disclosed) who began by describing herself as “*very upset*” over a mixture of “*different things*”. The section shown started at roughly the midpoint of the counselling session:

Counsellor: *You said that you sometimes thought about ways of killing yourself. What’s it like for you to have those types of thoughts?*

Isla: *It really scares me I do not like having those feelings and I do want them to stop I just do not know how*

Counsellor: *It sounds as though you’re going through a frightening time. I can hear that you went a while without hurting yourself but now you tend to self-harm when you get the suicidal thoughts. How do your injuries seem at the moment?*

Isla: *Some of them are only there from a couple of days ago some of them are cleaning up and scarring*

Counsellor: *Just so I can understand a bit more about your safety can I ask what you do when you hurt yourself?*

Isla: *I normally cut myself or burn myself*

Counsellor: *Thanks for explaining that to me. I’m wondering how you feel after you do it.*

Isla: *I feel better and I feel like I deserve the pain but then after a day or so after I have calmed down they hurt and then I think why I do it.*

Counsellor: *So from what you’re explaining, you have mixed feelings. There’s a relief at the time and something inside you feels like you deserve to feel pain but later on, you have to cope with the pain and you regret doing it. I’m wondering how you*

care for your injuries. At ChildLine, we recommend that if you decide to cut, you use something to clean the cuts like perhaps an antiseptic wipe or cream and then covering your cuts with something like a plaster or bandage. It's important to make sure you use something that you aren't allergic to. It's also a good idea to clean whatever you're using to cut with. How do you feel about that?

Isla: *That seems like good advice but at the time I do not think about the after effects and I use anything I can find*

Counsellor: *It sounds like you're saying that in the moment, it's hard to think too much about taking care of yourself. From what you're saying, you do try and do something to take care of the injuries. Just so you know, you can also find information and treatment for burns here – [link](#). From what you said about your mum, you think she'd understand about how you feel. What sort of things would you like to be able to say to her?*

Isla: *I just want to be able to tell her everything so she can support me*

Counsellor: *That sounds as though it would mean a lot to you, to be able to share it with her*

Counsellor: *How does it feel to be talking about these things tonight on this chat?*

Isla: *It would but me and my mum are not very close and I do not want to tell her as I used to support my mum a lot and I do not want to disappoint her if I tell her everything*

Isla: *It feels like a weight off my shoulders and I am so grateful, thank you.*

Counsellor: *It sounds like supporting mum might have had a big effect on you. What makes you feel as though your mum would be disappointed if you told her how you are feeling?*

Isla: *I do not know it just feels as though it would*

Counsellor: *I can tell that something is stopping you from feeling able to tell her because of how you think she might react. It's important to choose what feels best for you and we'd never put you under any pressure to do something that's not right for you. We can carry on being here to listen though, and to help you think about what you'd like to do. I'm aware that we're coming towards the end of this chat, but how do you think you'd feel about having more chats with us sometimes?*

Isla: *I would like to have more chats about how I feel, I have finally found someone who will listen to me, thank you so much*

Counsellor: *You're really welcome. You don't have to go through this on your own. We're always here whenever you want to talk.*

The repertoire of the 'divided self' is discernible at the very start of the excerpt in the talk about suicide. The young person's suicidality is constructed as a separate and scary part of their experience that they want to stop but cannot yet control. The counselling responses then turn towards a discussion of the young person's safety organised around the repertoire of 'keeping yourself safe'. Questions that ask the young person about what they 'do' to self-harm, how they 'feel' when they self-harm and what steps they can take if they 'decide' to cut, altogether suppose a self-regulating subject who can rationally appraise their behaviour and potentially be positioned as someone with the capacity to remain within certain parameters of safety. As the transcript shows, however, taking up such a position in this interaction

is problematic. The concept of ideological dilemmas offers a useful way of understanding such difficulties. It describes how contradictory themes can arise from the 'taken-for-granted' notions deployed in talk, which means speakers may have to actively attend to these dilemmas in order to take up or avoid certain subject positions and the rights and responsibilities those positions entail.

In this interaction, the counselling responses begin to appeal to common sense notions of safety such as cleaning wounds, cleaning self-harm tools and using plasters but taking up such a position cannot be reconciled with the young person's presentation of divided selfhood. What sounds like 'good advice' right now has no meaning because in the moment of self-harm the dangerous, uncontrolled part of the self operates beyond the rationalizing, medicalizing talk of the counsellor. Notably, in this interaction, Isla's responses about safety are worded ambiguously and the question of her capacity to stay safe is not fully resolved, reflecting perhaps the dilemmatic effects of the repertoires being deployed. It is at this point that the repertoire of 'opening up' is called upon, initially with reference to the possibility of help-seeking from mum. Another sort of division is then discernible in Isla's reluctance to share the aforementioned split-off, hidden parts of the self with her mother whom objectively appears as someone with the potential to support her. Here, the repertoire of the divided self prevents opening up to a parent because the act of making these hidden private experiences 'public' (by asking for help) risks being judged by and, consequently, disappointing those around you. In summary, for all the counsellor's attempts to explore safety and the possibilities of help-seeking the young person remains unable to make sense of or control their self-harm or tell anyone about it. How, therefore, are the tensions and dilemmas that emerge from this counselling interaction eventually resolved? I want to argue that one way to read the ending of this

excerpt is as a rapprochement between the repertoires of ‘opening up’ and ‘the divided self’ and the complementary subject positions that are eventually produced. The divided, irrational self-harming subject can seek help only by opening up to the figure of the counsellor who neither judges (like friends or relatives might) nor enforces limits on the young person’s risky behaviours. As such, the help-seeking possibilities produced by this interaction appear, for now at least, very much limited to continued use of ChildLine.

The second excerpt comes from the second half of a counselling interaction with a 17 year old female called Kay. In the opening section Kay explained that she has been trying to reduce her self-harm but shared that trying to stop has made her “*feel worse*” and left her punching walls and not talking to people. Furthermore, Kay described how in the past the only times she has felt “*really happy*” was when she was cutting and also that, although she has been self-harming for 5 years, she has never really shared this with anyone:

Kay: *this is the first time I have told someone what really goes on*

Counsellor: *Do you feel able to talk about your feelings with your Dad or your sisters?*

Counsellor: *Oh, I’ve just read that*

Counsellor: *well in that case you are being incredibly brave chatting to me tonight about things*

Kay: *I don’t like to worry my Dad my older sister has her own problems so I don’t want to worry her and I can’t have my dad worrying about me and as for my little sister she is too young*

Counsellor: *And I'm pleased that you feel ready to start to open up, ask questions and make some changes to take some important and positive steps forward*

Counsellor: *I understand why you would not want to add to the worries of your family, but at the same time keeping all your worries inside can make it even harder for you*

Kay: *I would rather carry the stress than worry my Dad if it wasn't for him I would be dead!*

Counsellor: *it sounds like your dad is really important to you, and that you're trying really hard to stay strong for him, even though you find it hard*

Counsellor: *you don't have to tell Dad everything. But maybe you could choose some things – like your worries about college – that you might feel able to share with him*

Kay: *my dad is the best and I would do anything for him and my sisters. I have had to stay strong for years whilst my older sister was going through hard times and my dad was depressed and my little sis had no clue what was going on I was the strong one on the outside always but weak on my own*

Kay: *he knows I find college hard he is very supportive he helps me as much as he can*

Counsellor: *it's great to hear that you are so close to your family, and that you feel they are really supportive of you*

Counsellor: *but at the same time trying to stay strong for everyone can be really hard*

Kay: *my dad and my sister and my dads dad and nana and my uncle are the ones who are there the rest of my family are dickheads*

Counsellor: *We don't always get along with our family (!)*

Counsellor: *so whilst I can understand you trying to stay strong for everyone, just remember it can be really hard. And you shouldn't be expected to cope all on your own*

Kay: *I get along with them but they have an issue with us*

Kay: *it is hard but this is helping*

Counsellor: *From what you've said, it sounds like, whilst you know that you can be happy whilst you are cutting, you also know that this is something you should try to do less. You talked earlier about punching walls, and keeping quiet, but I'm wondering if you've thought of any other ways you might try to cope with the cutting?*

Kay: *Going running helps a lot and going out with mates helps but there is always an itch like I need to do it*

Counsellor: *It's great to hear that you are finding chatting to us is helping. We've only got another 10 minutes left on this chat, so I'd like to talk to you some more about coping strategies and staying safe when self-harming, if that's OK with you?*

Kay: *Yeah, that's fine*

The focus of this section of the transcript is initially the idea of 'opening up' as positive and brave and the possibility of the young person opening up by talking to family members. This leads on to a more detailed dialogue through which Kay's

responses articulate a divided sense of self in terms of being “*strong*” on the outside and “*weak*” on the inside. This builds on the divided nature of the initial presentation (not shown) of being both happy when cutting but also wanting to stop. The counselling responses remain organized around the repertoire of ‘opening up’ as a way of resolving this division but, in a similar way to Isla’s interaction, Kay does not engage in talk that might create a subject position from where the ‘*weak*’ self-harming part of herself can be voiced to others. It is in this context that the counsellor’s comment “*you shouldn’t be expected to cope all on your own*” is important as, ironically, it marks a switch towards talk that is focused on that very possibility. I would argue that at this point that there is a shift away from the repertoire of ‘opening up’ towards the repertoire of ‘keeping yourself safe’. In this interaction, the dilemmatic nature of the deployed repertoires is most comfortably resolved by the way the repertoire of ‘keeping yourself safe’ offers a less troubled subject position for Kay. A discussion of alternative coping strategies and staying safe when self-harming is less disruptive of the ‘strong-public/weak-private’ division that continues to organize her talk. Going running and spending time with friends become valid alternatives to talking about distress (with a counsellor or family member) and Kay signals her agreement for the remainder of the counselling session to focus on discussing how best to regulate her own behaviour. In this interaction, therefore, ‘keeping yourself safe’ emerges as the key repertoire which, on the one hand, shuts down certain help-seeking possibilities and, on the other, positions the counsellor as the dispenser of practical, pragmatic advice that is acceptable to Kay, who is positioned as continuing to cope stoically and in private.

The final excerpt comes from the middle third of a counselling session where a twelve year old female called Alex has been talking to a counsellor about relapsing with her self-harm:

Counsellor: *Before we go on – can I just check how you look after your scratches when you've done them? We at ChildLine need to know you are safe.....*

Alex: *I have not drawn blood, I don't have anything sharp enough, if I did have something sharp enough like a razor blade I think I would be worse so I'm trying to help myself. They just leave red lines*

Counsellor: *Ok – just want to check you are safe and looking after any cuts and so on So you said earlier that you'd not self-harmed for a couple of months? That's quite an achievement maybe?*

Alex: *It was good it took a lot of willpower but I don't think I could do it again*

Counsellor: *Maybe that's how you feel at the moment? Lots of young people who self-harm have periods of time when it's harder to stop self-harming. When you say it took a lot of will power to not self-harm – are you able to say more about that?*

Counsellor: *Just wondering where that will power came from?*

Counsellor: *Maybe it's too hard for you to say?*

Alex: *I thought that someone liked me and a proper relationship was going to happen all I tried to change for them but nothing happened it made me feel worse, before I was clean for a while I was really bad and had suicidal thoughts on a daily basis I had plans but never the guts to do them I've stopped thinking like that though*

Alex: *I'm scared if myself*

Alex: **of myself*

The first section of talk is again organized around the repertoires of ‘keeping yourself safe’ and ‘the divided self’. Initially, the interaction focuses on the young person exercising power over themselves and the counselling responses frames Alex’s abstinence from (or self-control over) their self-harming as an achievement. This kind of talk has the potential to position Alex as a strong, self-regulating subject who can resist the urge to cut themselves. Alex’s talk about willpower makes sense in terms of ‘keeping yourself safe’ but, despite how the counselling responses that follow attend to the idea of willpower, it is not directly talked of again. Instead, the Alex’s talk focuses more on the divided nature of her experience: the conflict subtly expressed in the phrase “*I’m trying to help myself*” becomes starker when the young person later says “*I’m scared of myself*”. In a similar way to the first excerpt in this section of analysis, the repertoire of ‘keeping yourself safe’ creates a dilemma for the Alex whilst she remains positioned as a divided subject. In other words, a conflict emerges between talk centred around the young person’s inner strength versus talk that calls into question her safety and her capacity to cope on their own. As the next part of the transcript shows, the counselling responses initially continue to operate within the repertoire of ‘keeping yourself safe’ but then the focus of talk quickly shifts:

Counsellor: *Sounds like you work really hard to keep yourself safe?*

Alex: *I’ve tried so hard but I’m slipping and I don’t know what to do*

Counsellor: *just want to say that you’ve done a very strong thing in getting in touch with ChildLine and sharing all this*

Counsellor: *How does it feel to chat with me tonight about these things?*

Alex: *Thank you I couldn't keep it in any longer*

Alex: *It's nice having someone to talk to like a weight lifting off my chest sharing it is nice*

Counsellor: *Just want to remind you that there is always someone here at ChildLine for you to chat to or email. You don't have to go through things alone*

Alex: *OK, should I tell my friends some of this*

Counsellor: *Just wondering if you've got much support in your life right now. Have you got a special friend for example?*

When Alex again resists being positioned as someone who can get through their distress through hard work and inner strength (“*I've tried so hard but I'm slipping and I don't know what to do*”) the counsellor responds in an interesting way. The focus appears to shift from ‘coping’ to ‘talking’ and the interpretative repertoire of ‘opening up’. Compared to Kay’s transcript, where strength was related to the capacity to cope by yourself, the counselling responses now focus on the strength it takes to communicate your distress and share your feelings. The repertoire of ‘opening up’ is also implicit in the metaphor deployed by Alex when she states that talking is like a weight lifting off her chest and when the counsellor suggests that she doesn’t have to cope with her distress alone.

It is this context that the seemingly abrupt turn towards the idea of telling friends is produced. The concept of ideological dilemmas is useful here in the sense that the interpretative repertoires of ‘opening up’ and ‘keeping yourself safe’ are potentially contradictory and this might offer one way of understanding why some counselling interactions can get ‘stuck’ in ways that are difficult to resolve. For

example, the help-seeking process may be hindered if the only resolution offered by the counselling interaction is to position the young person as ‘weak’, ‘attention-seeking’ or ‘out of control’. However, the adaptable nature of particular interpretative repertoires also enables speakers to deploy them flexibly in order to manage particular dilemmas and achieve certain ends. In this instance, the counselling interaction produces possibilities of help-seeking for Alex when talk could have become limited to an isolated, self-managing subject. Compared to the first two transcripts, where help-seeking possibilities were limited to talking to ChildLine, or being coached to cope better (and more safely) alone, the young person here takes up a position from where they might open up to their friends. In this instance, the repertoire of ‘opening up’ positions the young person as ‘strong’ in their ability to talk openly and honestly in a broader sense than confiding solely to the pastoral figure of the counsellor. Despite also being positioned as lacking both willpower and the knowledge of what to do next it may be the very act of speaking that particular ‘truth’ about themselves that offers a resolution to the dilemma of being both divided internally and struggling to control their urge to self-harm. Although this involves taking up a ‘failed’ subject position in relation to ‘keeping yourself safe’ this enables the counsellor and young person to articulate the repertoire of ‘opening up’ in such a way that it offers subject positions where it is possible to simultaneously be recognised as strong *as well as* conflicted and confused.

In this last section of analysis I have used three different transcripts to examine how three key interpretative repertoires (‘the divided self’, ‘opening up’ and ‘keeping yourself safe’) are manifested in the talk of young people and on-line counsellors. The way these repertoires are deployed and negotiated impacts on the way potential help-seeking opportunities emerge. In the first example Isla took up a position where she

would continue telling her distress to ChildLine, in the second example Kay became positioned as having to manage her own distress and in the last example Alex was positioned as potentially disclosing her self-harm to someone in her life, such as her friends. How such patterns of talk develop is important, not because discourse analysis can claim to know any truths about these young people's experiences, but because counselling responses that deploy certain interpretative repertoires are clearly implicated in the development or the neglect of potential help-seeking opportunities.

The available help-seeking positions can also be made sense of in relation to the pastoral power of the on-line counsellor. In each transcript, a private act of self-harm became open to examination and evaluation through the process of on-line counselling. Self-harm problematises the neo-liberal ideal of a rational, entrepreneurial subject but the operation of pastoral power potentially creates a space for the working on and improvement of the self. However, the counselling interactions show that discourses of governmentality do not effortlessly shape each individual into a docile, self-regulating subject. Rather, the young person and the counsellor negotiate 'common sense' versions of these discourses through mutually recognised interpretative repertoires. The ways in which the contradictory and dilemmatic aspects of these repertoires are resolved can shed light on how some young people find ways to pursue further help-seeking opportunities whilst others are left feeling that they have to keep coping by themselves. In the final chapter of this thesis I will consider what the implications of these findings are for on-line counselling practice and summarize how this study contributes to our existing knowledge about young people who seek help for self-harm on-line.

Chapter Six: Discussion, implications and conclusion

6. Introduction

The prevalence of self-harm in young people is concerning and many of those who self-harm do not seek help. The primary research questions for this study are focused on investigating how on-line counsellors respond to young people who disclose self-harm and the potential effects this may have on the help-seeking process. Previous research suggests that an acceptable working alliance can be established in on-line counselling ‘chat’ sessions and studies have also explored some of the discursive features of helpline interactions and on-line spaces where people talk about mental health. However, the current research adds to that knowledge through the unique use of critical discursive psychology to investigate how powerful discourses of risk, adolescence and mental health position marginalized young people in relation to the ‘expert’ figure of the on-line counsellor. The study also makes an original contribution by demonstrating the utility of the concept of pastoral power for understanding how on-line talk can disrupt or maintain regimes of governmentality for the self-harming subject. In this final chapter I begin by turning to some of the criteria that can be used to evaluate discourse analytic research before acknowledging the strengths and limitations of the current study. I also look at the implications of the findings for young people’s help-seeking for self-harm, on-line counselling services and opportunities for further research. Finally, I conclude by summarising the findings of this study and the original contribution that this thesis makes to knowledge about the role of on-line counsellors in the help-seeking process for young people who self-harm.

6.1 Reflexivity, exceptions and trustworthiness

As an “insider” researcher, who has significant experience of delivering and supervising on-line counselling sessions with young people who disclose self-harm, it is important to recognise the potential for personal beliefs, experiences and values to introduce bias to the research process. That risk was countered in three main ways. Firstly, from the starting point of sampling transcripts, through the coding procedure and the identification and selection of discursive features, until the writing up of the findings, reflexive journaling and memos were employed to reflect on the analytical choices and interpretations made (Harper, 2003; Ortlipp, 2008). This provided a space to actively question how certain material did or did not resonate with my own views and ideas about self-harm and on-line counselling. Actively engaging in this process supported the analysis to focus on the features of the data oriented to by the young people and the counsellors rather than those that were most meaningful to the researcher. Secondly, across the 19 sampled transcripts, other discursive features were identified but not made central to the analysis. Furthermore, it would have been possible to draw out only those instances where a repertoire had one particular effect. For instance, limiting analysis to excerpts where the repertoire of ‘opening up’ produced an untroubled help-seeking position for the young person would risk a partial, inauthentic representation of the operation of pastoral power. Actively seeking out exceptions to the ways in which a repertoire was hypothesized to function challenged the researcher to consider alternative readings of the data and resulted in a richer, more diverse set of findings (Potter & Wetherell, 1987). Thirdly, it is acknowledged that whatever measures are taken, a discursive psychological approach does not produce an objective, replicable analysis of the data. Instead, trustworthiness is established through a thorough and transparent explication of how the analytic

claims are supported by the excerpts that are presented (Wetherell et al., 2001a). This provides space for the reader themselves to evaluate if the interpretations are valid and whether the claims are reasonable and justifiable (Hepburn & Potter, 2003). An audit trail and an anonymized version of the data set were also maintained to ensure that the ChildLine service has the means to review the findings in relation to the original transcripts (Potter, 2012).

6.2 Coherence, fruitfulness and new problems

The validity of discourse analytic findings may be assessed not just by their internal coherence and how the analysis lets the reader “*see how the discourse fits together*” (Potter & Wetherell, 1987, p. 170) but also in terms of their coherence with previous research (Potter & Hepburn, 2005). The notion of the divided self is consistent with studies that suggest young people hide their self-harm in the face of discourses of failure and inadequacy (Fullagar, 2003; McDermott et al., 2008). Asking for help through the repertoire of the divided self might be viewed, therefore as an alternative to telling the self as ‘failed’ or deciding not to disclose self-harm at all (McDermott, 2015). Similarly, studies have identified young people’s reluctance to be positioned as an ‘attention-seeker’ as a common barrier to seeking help for self-harm and suicide (Chandler, 2016; Roen et al., 2008) but that conversely, young people who self-harm may seek validation from others and want their distress to be recognised as legitimate and authentic (Rodham, Adams, & Gavin, 2005). ‘Opening up’ to an adult in an on-line counselling chat creates a position from which a young person’s self-harm may be legitimized but at the possible cost of reducing conflict and distress to an internal, cut-off part of the self that can only become knowable through the pastoral figure of the counsellor. When counselling responses focus on the ability of the young person to ‘keep themselves safe’ this produces a dilemma for the self-harming subject:

how to occupy a position that is consistent with authentic distress but not so ‘at risk’ that they warrant immediate safeguarding rather than ongoing counselling? This finding is consistent with discourse analytic studies of internet suicide forums that have shown how participants avoid eliciting support in a straightforward manner: instead help-seeking positions are mutually accomplished by on-line talk about being “*on the edge*” (Horne & Wiggins, 2009, p.170) and moving “*in and out of crisis points*” (Wiggins et al., 2016, p.1244). The complex, interactional work identified in the current study of self-harm disclosures to on-line counsellors is therefore, not unique, and shares commonalities with similar on-line settings.

The fruitfulness of a discourse analysis can be evaluated in terms of its ability to offer useful explanations of a problem or issue and produce new questions and areas of interest (Potter & Wetherell, 1987). The identification of interpretative repertoires and ideological dilemmas in on-line counselling transcripts offers a new way of understanding how talk about self-harm can get stuck and therefore restrict help-seeking possibilities for young people. Even if a model of counselling practice may be judged to be internally consistent, the close analysis of its real life application, in turn-by-turn on-line interaction, may show how commonly deployed repertoires can oppose and contradict one another. Counsellors should be encouraged to recognize and reflect on the ideological dilemmas this can produce and so create space for the full range of help-seeking possibilities to be considered. The findings also suggest that analysing naturally occurring on-line counselling talk from the perspective of critical discursive psychology can contribute to the limited existing research that uses interpretative repertoires (Reeves et al., 2004), ideological dilemmas (Ziminski, 2007) and subject positions (Guilfoyle, 2016) to investigate the dynamics of counselling interactions.

I also suggest that the research findings are consistent with the model of non-help-seeking developed by Biddle et al., (2007): the cycle of avoidance model suggests that young people frequently avoid framing their distress as something ‘real’ that requires support, by normalizing their experiences and continually raising the threshold for help-seeking. Delaying help-seeking in this way means that young people often present as ‘in crisis’ by the time they eventually cross the threshold into help-seeking actions (Biddle et al., 2007). In common with other mental health help-seeking models, stigma is a key driver to the behaviours described in the cycle of avoidance, and the transcripts analysed in the current study feature many examples of talk that is oriented around the avoidance of stigmatised subject positions like ‘weird’ or ‘attention-seeking’. Talking to an on-line counsellor has the potential to provide a safe, non-stigmatising space where young people can disclose their distress and their self-harm and, for some, this interaction may accomplish subject positions that enable further help-seeking possibilities. However, the findings of this study also suggests that the inability to resolve the oppositional aspects of key repertoires could contribute to the normalization of young people’s distress and even raise the threshold for future help-seeking.

The findings of this study also offer an important counterpoint to a tendency in governmentality studies to assume that “*subjects are successfully produced by the discourses, apparatuses and practices that seek to construct them*” (Clarke, 2005, p.454). Martin and Waring’s (2018) development of the Foucauldian concept of pastoral power suggests that the interaction between pastors and their flock is a site where governmental discourse is potentially contested or limited. This provides a conceptual lens to explore those frequent occasions when on-line counselling does not straightforwardly discover self-harm, make it knowable or produce a self-regulating

subject who can verbalise and seek help for their distress. This study highlights how the operation of pastoral power can be seen to produce discursive repertoires which young people may orient to as oppositional and contradictory, making it harder for them to achieve help-seeking subjectivities. Future research could explore other common presentations to on-line counselling services where establishing a help-seeking position may be similarly problematic, such as young people who hear voices, use substances or use bingeing and purging behaviours to try and control their weight.

6.3 Implications for practice

Discursive psychology has been successfully used to examine and improve practice in a variety of different of settings including medical consultations (Pomerantz, Gill & Denvil, 2009), child protection helplines (Hepburn, 2005) and mental health intervention (Kiyimba, 2016). The findings from the current study have a number of implications for Childline and other on-line counselling services that are used by young people who self-harm. Firstly, it is important to note that phrases such as *'looking after yourself'* and *'keeping yourself safe'* were not featured in the training material for ChildLine counsellors before or during the time period in which the current research was completed. This finding is consistent with research informed by conversation analysis that suggests that instructions from professional texts and training manuals often represent theorised or idealised interactions rather than the more complex realities of natural dialogue (Jager & Stommel, 2017, Peräkylä, & Vehvilfinen, 2003). The identification of the repertoire of *'keeping yourself safe,'* as a recurrent feature in the counselling transcripts poses questions about how counsellors articulate what they have learned in training and how this knowledge might feedback into the development and improvement of training material. Comparing the existing guidance on responding to disclosures of self-harm with the interpretative repertoires

that I have identified in my research could be used to further develop best practice or alternatively promote better adherence to the guidelines that exist in the current training material.

Help-seeking is a highly complex process and the presence or absence of a particular repertoire in an on-line counselling interaction is unlikely to determine help-seeking outcomes in a straightforward way. Nevertheless, paying careful attention to the implications of language use has the potential to at least broaden the range of responses that on-line counsellors can call upon when responding to self-harm. A useful comparison may be the development of ‘trauma-informed’ practice that has encouraged practitioners to consider the ways that their use of language can have detrimental effects for those who have survived traumatic experiences. When interventions like sex education programmes focus on what young people can do to ‘*keep themselves safe from abuse*’ this language can revictimize those survivors who were powerless in comparison to an adult perpetrator and so further reinforce feelings of shame and self-blame (Fava & Bay-Cheng, 2013, Hanson & Lang, 2016). The findings of my research suggest that the repertoire of ‘*keeping yourself safe*’ could have similar effects on young people who turn to on-line counselling services to talk about their self-harm by reinforcing the denial of their distress and strengthening their preference for coping alone. Furthermore, it suggests that there may be value in the ChildLine service reconsidering how and when counsellors deploy this repertoire and investigating whether there are alternative ways of talking about safety that are more sensitive to the struggles that young people experience when imagining and negotiating acceptable forms of support.

6.4 Limitations of the study and opportunities for further research

A number of limitations to the current study must be considered. Firstly, it is important to acknowledge the unique nature of the dataset. The ChildLine database typically holds very limited information about its users. In many of the sampled transcripts young people spoke about their age and gender, and some spoke about their family relationships, their education status and their sexuality but in some transcripts none of these details were disclosed. Moreover, categories like race, ethnicity, social class and disability were not referred to in the sampled transcripts at all. This limits the study in the sense that it cannot tell us how representative certain features of talk might be for particular groups of young people and what this means for their help-seeking possibilities. Future research could try to address this limitation, although the more focused the research is on the unique details of service-users, the more difficult it becomes to preserve their anonymity. This links to a second limitation of the study, namely the need to present excerpts of the data in a way that protects the anonymity of the service users. Although the analysis of the transcripts and identification of interpretative repertoires was completed using the undisguised interactional data, some small details had to be changed, and non-essential features paraphrased, in order to ensure service users could not be recognised in the presented excerpts. However, this is an established way of working with sensitive data that could not be accessed by other means, and care was taken to ensure that the excerpts were faithful and trustworthy representations of the original raw data (McDermott et al., 2013). Other limitations related to the sampling procedure are that transcripts which contained a great deal of unique, personalized talk and those that were not first contacts with the ChildLine service were excluded from the study. Repeat contacts and disclosure of personal details could both feasibly indicate that young people are closer to seeking

help and the discursive features of such counselling interactions could conceivably be different. Further research would be required to investigate whether the same set of interpretative repertoires feature when young people have a series of contacts with an on-line counsellor and the extent to which the repertoires perform the same discursive functions.

A further limitation to the study is that discourse analytic research cannot claim generalizability in the same sense as positivist, statistical research. In other words, it does not follow that the observations about the sampled interactions can be generalized to other service users or indeed to other on-line counselling services. However, it has been argued that discursive research can be generalizable in an alternative sense. Goodman (2008) suggests that the discursive features that are discovered by a discourse analysis may be identifiable in other settings and may have similar rhetorical effects. Future research, therefore, could investigate other interactional settings (both 'on-line' and 'off-line') where self-harm is discussed, to look for the presence and examine the function of talk that could be understood in terms of the repertoires of 'the divided self', 'opening up' and 'keeping yourself safe'. Lastly, qualitative research may have a naturalistic generalizability where the research findings resonate with key stakeholders, as well as other researchers, with the data and results being recognizable in terms of the readers own experiences (Duff, 2006; Smith, 2018). The dissemination of the findings to on-line counsellors and service users, through workshops and accessible written reports, offers further opportunities to assess the naturalistic generalizability of the current research and, in turn, the potential improvement of on-line counselling practice.

6.5 Conclusion: A summary of this study and its original contribution to knowledge

In chapter one of this thesis I introduced the context of the research, the low rates of help-seeking for young people who self-harm and the lack of existing knowledge about the benefits of on-line counselling for this population. I also outlined the unique research setting of ChildLine, a national service that offers anonymous, confidential counselling for the majority of its users but a more directive, interventionist approach for those young people who present with immediate, life-threatening risk. In chapter two I provided a narrative literature review that pulled together a diverse set of literature on self-harm, young people's help-seeking and on-line counselling and concluded that the lack of in-depth studies of how young people and counsellors talk about self-harm in on-line counselling interactions was an important gap in current knowledge. In chapter three I introduced Michel Foucault's (2007) concepts of governmentality and pastoral power and suggested that these provide a useful theoretical framework for understanding how young people and on-line counsellors might make sense of self-harm in relation to the range of discourses that operate on the neo-liberal subject in late modernity. I argued that a governmentality approach could produce a new, critical reading of on-line counselling for self-harm because it focuses not on the 'truth' of psychotherapeutic or bio-medical knowledge but rather its effects. Additionally, a close analysis of the language of naturally occurring counselling interactions addresses the significant lack of such studies in the governmentality literature and can further our understanding of the role of pastoral power in the production of help-seeking subjectivities. In chapter four I described the method of critical discursive psychology and how this fits with the theoretical framework of governmentality. I also explained why an on-line qualitative

methodology is a particularly appropriate way of addressing the research questions, what the strengths and weaknesses of such an approach might be and how the unique research setting impacted on the design of the study. In chapter five I presented excerpts from the counselling transcripts to examine three particular interpretative repertoires that were identified in the discourse analysis: ‘the divided self,’ ‘opening up’ and ‘keeping yourself safe’. I then used three longer excerpts to show how the contradictory and oppositional aspects of these repertoires can be difficult to resolve and argued that this provides useful insights to how some help-seeking positions might be difficult to achieve once a young person discloses self-harm to an on-line counsellor.

In this final chapter I have begun by considering some of the criteria that can be used to evaluate the quality of discourse analytic research and highlighted some of the limitations of the study. The findings are based on a very close, in-depth analysis of a small number of on-line counselling interactions and are, by their nature, exploratory. However, the thesis makes a number of important and original contributions to knowledge. Disclosing self-harm to somebody else is an important step in the help-seeking process but how self-harm is talked about in synchronous on-line counselling interactions has not previously been studied. Addressing this gap in the literature is significant because on-line counselling services are a popular option for young people who self-harm and the evidence base for what facilitates help-seeking in this group is limited. My research demonstrates the delicate and subtle interactional work that is required for on-line counsellors to manage competing and contradictory discourses of self-harm. In particular it highlights the importance of finding creative ways to mutually accomplish help-seeking positions that offer young

people alternatives to the powerful discourses of shame and self-blame that can reinforce a preference for self-reliance and the avoidance of help.

This study is also important because it takes a critical perspective on on-line counselling interactions and highlights the power relations that are implicit in taken for granted aspects of counselling practice. Some governmentality scholars have argued there is a need for new ways of researching how governmentality progresses sequentially at the micro-level of talk (McIlvenny et al., 2016). The use of critical discursive psychology to examine how different help-seeking subjectivities are achieved by young people and on-line counsellors shows the non-determinate nature of counselling discourse and the potential of the concept of pastoral power to extend our understanding of neo-liberal governmentality. From this perspective, the tensions between the interpretative repertoires that occur in the counselling transcripts correspond with the split functions of pastoral power, as the on-line counsellor tries to support the young person to make sense of their self-harm whilst simultaneously acting as a 'relay' of discipline and surveillance. For some young people their experiences of distress and confusion appear so at odds with neo-liberal ideals of rational and responsible selfhood that their help-seeking options remain very limited. However, as my analysis shows, others are able to engage with on-line counsellors in ways that tentatively resolve the tensions that emerge when discourses of governmentality operate on the subject of self-harm. Most importantly, therefore, the findings of this thesis challenge the practice of on-line counselling to consider its role in young people's help-seeking for self-harm and bring about new ways of responding to their distress.

7. References

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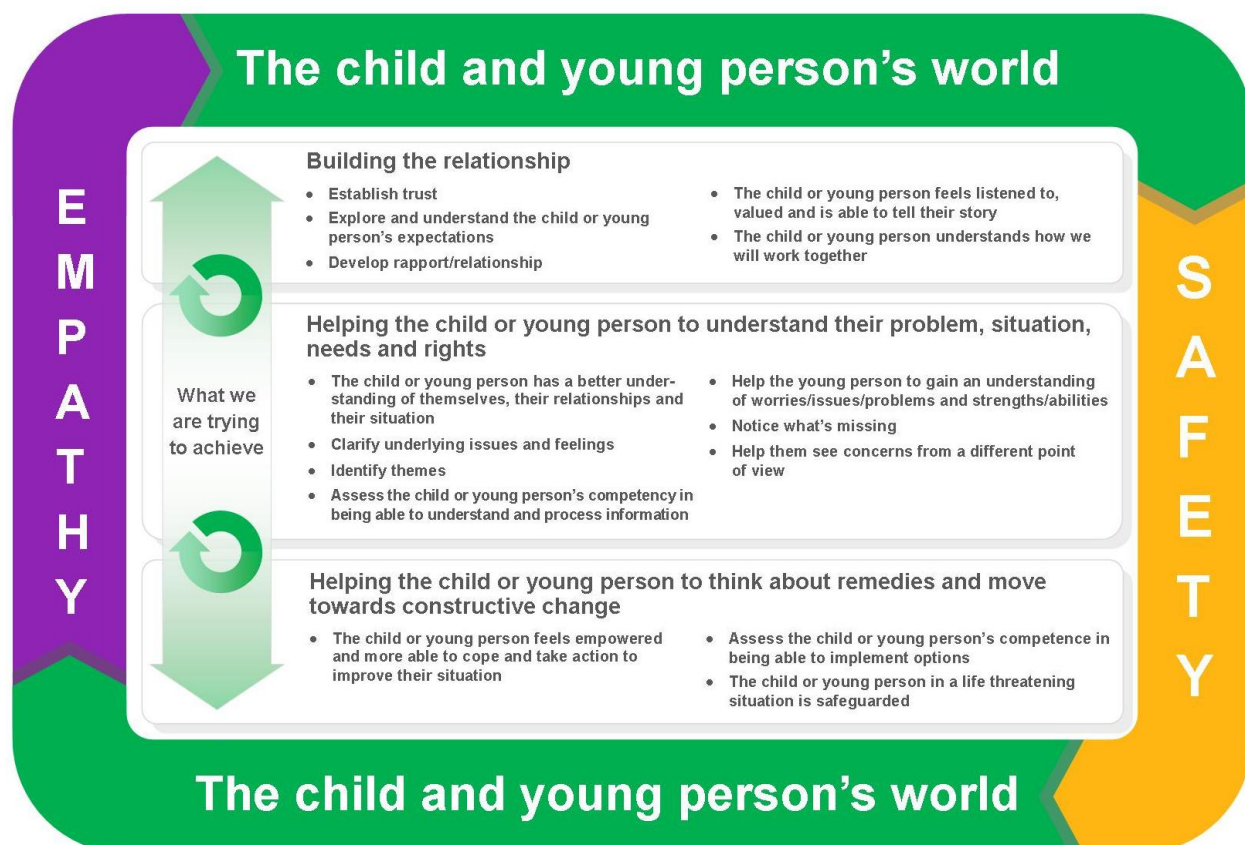
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8. Appendices

Appendix 1: ChildLine counselling model and confidentiality policy



The ChildLine counselling model aims to put young people at the centre of the conversation, and explore their world through:

- Being respectful, valuing and accepting and having empathy
- Trying to understand a young person's thoughts, feelings and actions
- Helping the child to understand their situation and available choices
- Giving appropriate information and support
- Ensuring safety and wellbeing

The model aims to provide children and young people with a safe and confidential space where they are empowered to make their own decisions. Counsellors receive an initial nine-week introductory training programme, which focuses on the counselling model and includes a component on risk, followed by further issue-specific training and workshops. A revised and extended training model is due to be rolled out across all 12 ChildLine bases from January 2020.

ChildLine confidentiality policy

ChildLine is a unique service that has dispensation to work outside of the United Kingdom's safeguarding framework *Working Together to Safeguard Children* (HM Government, 2018). It operates with a very high confidentiality threshold and as a result it is not required to act on disclosures of abuse in the same way as other agencies. A young person's confidentiality is only breached under five circumstances:

1. Where the young person is assessed to be in a life threatening situation
2. Where the young person discloses abuse by someone in a position of authority who has access to other young people
3. Where the abuser contacts ChildLine, including situations where the abuser is themselves a child
4. Where the age or capacity of the child indicates that they do not have the ability to make appropriate decisions to promote their immediate safety
5. Where the contact is an adult

The ChildLine website has a confidentiality promise to children and young people, which states that whatever the child says is between them and ChildLine, but if ChildLine are concerned about their safety they may need to get the child some help:

We'd only need to say or do something if

- You ask us to
- We believe your life or someone else's life is in danger
- You're being hurt by someone in a position of trust who has access to other children like a teacher or police officer
- You tell us that you're seriously harming another person

Appendix 2: Literature Searches

Although the review of the literature was narrative rather than systematic, searches for relevant material were carried out in a systematic way. The narrative synthesis incorporated the relevant studies identified in the most recent systematic reviews on young people's help-seeking for self-harm (Rowe et al., 2014) and synchronous on-line mental health interventions (Hoermann et al., 2017), but new searches were carried out to ensure comprehensive coverage of the most up to date research.

Systematic searches of the following databases were carried out: Web of Science, PubMed, EMBASE, CINAHL, PsychINFO and PsychARTICLES. The search terms and syntax was informed by previous systematic reviews. For review question one: (*What is currently known about the process of help-seeking for young people who self-harm?*) the search covered from January 1st 2014 to January 1st 2018 and the search terms were as follows:

'self-harm or self-injury or non-suicidal self-injury or self-mutilation or suicide or deliberate self-harm or DSH or suicidal behavio\$ or NSSI or non-fatal deliberate self-harm or self-poisoning or self-injurious behavio\$ or parasuicide' AND *'helpseek\$ or seek\$ help or seek\$ treatment or help seeking behave\$ or disclosure'* AND *'young people or teenager\$ or youth\$ or adolscen\$ or children'*

For review question two (*What are the implications for the help-seeking process when young people choose to talk to a synchronous on-line counselling 'chat' service about their self-harm?*) initial searches produced very limited results. This reflected a gap in the literature relating to a lack of studies that have looked directly at on-line counselling for youth suicide and self-harm. However, a broader search for research

into on-line counselling for young people was more productive. The search covered January 1st 2017 to January 1st 2018 and the search terms were as follows:

'on-line counsel\$ or on-line counsel\$ or cybercounsel\$ or web counsel\$ or e-counsel\$ or chat support' AND *'young people or teenager\$ or youth\$ or adolscen\$ or children'*

This search process, and the checking of reference lists, identified a number of relevant studies that were published since the most recent high-quality systematic reviews. This literature, and the studies identified in those previous reviews, were critically appraised and their findings incorporated in a narrative synthesis of all the research pertinent to the two overarching review questions.

Appendix 3: Briefing message for counsellors

Please be aware that a new piece of research will soon be beginning that aims to study how counsellors respond to disclosures of deliberate self-harm in 1-2-1 chats. This is a small scale study looking at interactions that took place over the past 6 months and only 15-20 transcripts are likely to be used. Please read the participant information sheet and if for any reason you do not want your transcripts to be considered for this study please let your individual supervisor know straight away so that they can instruct the researcher.

If you are one of the 15-20 people selected for the study you will receive an email from the researcher (Philip Rowley, Supervisor, ChildLine Liverpool, prowley@nspcc.org.uk) explaining the project in more detail and asking your consent for the transcript to be used in the study. This means you will have a second chance to opt out of the study at this point.

As you will see from the participant information sheet, the study is based on past/archived transcripts so will not disrupt young people's use of the ChildLine service in any way. Additionally, your position in the organization will not be affected whether you grant or withhold consent for your transcripts to be used in the research.

Appendix 4:

Participant Information Sheet

Title of study: *Responding to adolescents who disclose self-harm: A discourse analysis of an on-line counselling service.*

My name is Phil Rowley and I am a Supervisor at ChildLine Liverpool. I am conducting research into the ChildLine 1-2-1 chat service and this research will be supported by Lancaster University. I am contactable at prowley@nspcc.org.ac.uk, 0207 456 7722

What is the study about?

The purpose of this study is to explore how counsellors respond to adolescents who disclose self-harm during the process of seeking help from ChildLine's on-line support service.

What would participation in the study mean for me?

If you have no objections to being included in this study you may be contacted over the next month to ask to give your consent for one of your counseling transcripts to be used in the study.

Do I have to take part?

No. It's completely up to you to decide whether or not you take part. You can ask not to be contacted or simply decline to give your consent if you are one of the 15-20 ChildLine Counsellors who are contacted.

Will my data be Identifiable?

The information you provide will be used anonymously. The data collected for this study will be stored securely and only the researcher conducting this study will have access to the data:

- The files on the computer will be stored securely on a single computer in an NSPCC building (meaning no-one other than the researcher will be able to access them) and the computer itself password protected. The transcript will be made anonymous by removing any identifying information including your name. Anonymised direct quotations from the transcript may be used in the reports or publications from the study and your name will not be attached to them.

○

What will happen to the results?

The results will be summarised and reported in a thesis and may be submitted for publication in an academic or professional journal. The study's findings will also be reported in summary to the ChildLine service. The resulting study will also form the basis of a PhD from the University of Lancaster.

Should you be asked permission for your transcript to be used you will also have the opportunity to withdraw your information up until the point that the final thesis report is submitted. This request can be made by email directly to the researcher.

Are there any risks?

Because the focus of this study is archived transcripts that have already been completed, the risks involved in participating in this research are very low.

The design of the study means that the transcripts of interest are only those with a high degree of adherence to the ChildLine counselling model. However, in the process of sampling transcripts it is possible that poor professional practice will be identified. Normal ChildLine procedure will be followed here and your individual supervisor would be alerted so they can talk through any practice issues that might have been identified.

Information from children and young people will also appear in the study but only in heavily disguised form through the use of careful summarising and paraphrasing. This is because disclosures relating to deliberate self-harm may involve transient but upsetting states of mind, and asking potentially vulnerable young people to revisit those states of mind is not ethical without much fuller knowledge of their current wellbeing and levels of support than ChildLine will usually have. For this reason, a study design that rigourously protects service users from any adverse effects of research has been preferred to one which relies on their informed consent.

Although the risks to participating are assessed to be very low participants would strongly be encouraged to talk to their own supervisor should they experience any distress. A full debriefing session will be offered to all of those whose transcripts were used in the study.

Are there any benefits to taking part?

There are no direct benefits in taking part in this research although by giving permission for one of your transcripts to be used you may feel like you are making a contribution to improving the ChildLine service.

Who has reviewed the project?

This study has been reviewed by the NSPCC Research Ethics Committee and Lancaster's Faculty of Health and Medicine Research Ethics Committee, and approved by the University Research Ethics Committee at Lancaster University.

What should I do if I do not want my transcripts to be considered for the study?

Your individual ChildLine supervisor is aware of the study and you can let them know directly so that they can instruct the researcher.

Where can I obtain further information about the study if I need it?

If you have any questions about the study, please contact your individual ChildLine Supervisor in the first instance.

Appendix 5:

Consent form

Study Title: *Responding to adolescents who disclose self-harm: A discourse analysis of an on-line counselling service.*

We are asking if you would give permission for a study to use one of your counselling transcripts in a study designed to explore how counsellors respond to adolescents who disclose deliberate self-harm.

Before you consent to participating in the study we ask that you read the participant information sheet and mark each box below with your initials if you agree. If you have any questions or queries before signing the consent form please speak to the principal researcher, Phil Rowley.

1. I confirm that I have read the information sheet and fully understand what is expected of me within this study
2. I confirm that I have had the opportunity to ask any questions and to have them answered.
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason up until the point the thesis/report is submitted.
4. I understand that the information from my counselling transcript will be pooled with that of other participants, anonymised and may be published.
5. I consent to information and quotations from my transcripts being used in reports, conferences and training events.
6. I consent to take part in the above study.

Name of participant _____ **Signature** _____ **Date** _____

Name of researcher _____ **Signature** _____ **Date** _____

Appendix 6: Confirmation of ethical approval

Research and Enterprise
Services Division



Applicant: Philip Rowley
Supervisor: Dr Elizabeth McDermott
Department: DHR
UREC reference: RS2014/96

26 June 2015

Dear Philip and Elizabeth,

Re: Responding to adolescents who disclose self-harm: A discourse analysis of an on-line counselling service

Thank you for submitting your research ethics application for the above project for review by the Faculty of Health and Medicine Research Ethics Committee (FHMREC). The application was recommended for approval by FHMREC, and on behalf of the Chair of the University Research Ethics Committee (UREC), I can confirm that approval has been granted for this research project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;
- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress);
- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please contact the Research Ethics Officer, Debbie Knight (01542 592605 ethics@lancaster.ac.uk) if you have any queries or require further information.

Yours sincerely,

A handwritten signature in blue ink that reads 'S. C. Taylor'.

Sarah Taylor
Secretary, University Research Ethics Committee

Cc Fiona Aiken, University Secretary, Professor Roger Pickup (Chair, FHMREC); Prof Stephen Decent (Chair, UREC).

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Appendix 7: Participant characteristics

Service users commonly share very little identifying information when engaging with the ChildLine service, especially when contacting for the first time. The table below summarizes the limited information held about the characteristics of the young people who took part in the 19 counselling interactions that were analysed in this study. The pseudonyms used in the 10 transcripts which were quoted from are also shown in the table for ease of reference. The known demographics include age and gender and two of the young people also spoke about their sexuality:

Participant characteristics	
Transcript 1 (Lou)	12 year old female
Transcript 2 (Tom)	14 year old male
Transcript 3 (Eve)	Female, age unknown
Transcript 4	13 year old female
Transcript 5 (Kay)	17 year old female
Transcript 6	Age unknown, gender unknown
Transcript 7 (Jo)	16 year old female
Transcript 8 (Ava)	14 year old female, gay
Transcript 9	Age unknown, gender unknown
Transcript 10	15 year old female
Transcript 11 (Isla)	Female, age unknown
Transcript 12 (Alex)	12 year old female
Transcript 13	14 year old female
Transcript 14	Female, age unknown
Transcript 15 (Grace)	15 year old female
Transcript 16 (Maria)	15 year old female
Transcript 17	17 year old female, gay
Transcript 18	16 year old male
Transcript 19	13 year old female

Appendix 8: List of initial codes

The table below summarizes the first round of coding that preceded the identification of interpretative repertoires and subject positions:

Initial coding schema	
1. Coping	Talk about ability to cope and different coping strategies
2. Time	Talk about how long self-harm behaviours or thoughts have persisted
3. Addiction	Talk that invokes addiction such as cravings or urges
4. Psychiatric	Talk about symptoms or conditions e.g. depression, anxiety
5. Medical	Talk about wound care e.g. plasters, washing cuts
6. Irrational	Talk about confusion and feeling out of control
7. Hormones	Talk about hormones and the physiology of adolescence
8. Strength	Talk about courage, willpower, bravery
9. Peers	Talk about the impact of peers
10. Weakness	Talk about feeling flawed or failing
11. Punishment	Talk about deserving pain or to be uncared for
12. Disclosing	Talk about the act of telling somebody about self-harm
13. Risk	Talk about danger and feeling unsafe
14. Secrecy	Talk about hidden, very private experience
15. Triggers	Talk about triggers for self-harm
16. Managing emotions	Talk about releasing or dealing with difficult feelings
17. Suicide	Talk explicitly focused on suicide
18. Attention-seeking	Talk about being called attention seeking
19. Shame	Talk explicitly focused on feelings of shame

Appendix 9: Example data analysis table

STAGE 1	STAGE 2	STAGES 3-4	STAGES 3-4	STAGE 5
<i>How are the discursive objects constructed?</i>	<i>Locating instances where the same discursive object is constructed in different ways.</i>	<i>How do the discourses work in relation to one another?</i>	<i>What is gained from constructing the discursive object in this particular way?</i> <i>What subject positions are offered by the constructions we have identified?</i>	<i>How do the identified discursive constructions and subject positions open up or close down opportunities for action and limit what can be said or done?</i>
<p>Self-harm</p> <ul style="list-style-type: none"> - response to suicidal thoughts - cutting - multiple triggers - response to argument - cutting deeper <p>Self</p> <ul style="list-style-type: none"> - a suicidal part of the self - a part that wants to live - voices that tell to cut - strong, courageous - not good at talking 	<ul style="list-style-type: none"> a) self-harm as the only alternative b) cutting and crying to cope c) cutting deeper for suicide? 	<p>Uncertain, unsayable self vs strong coherent self</p>	<p>Counsellor refers to a thinking, courageous agentic self that can do things beyond self-harm and keep themselves safe</p> <p>Young person continually evades this agentic subject position. Instead, they are overwhelmed, unable to think or act aside from cutting and crying</p>	<p>Young person's talk continually closes down opportunities to think and care about the self</p> <p>Counsellor cannot escape a discourse in which YP must be the agent for change and must be active in communicating and making safe choices</p> <p>Counsellor becomes stuck/repetitious</p>

<p>Talking</p> <ul style="list-style-type: none"> - opening up, the whole story - 'in person' vs 'on-line' - strength, courage 	<ul style="list-style-type: none"> a) telling the knowable self b) unsayable, uncertain self 	<p>Active, doing coping strategies vs insular, self-directed strategies (crying, Cutting)</p>	<p>Unable to link 'on-line' talk with future possibility of 'in person' talk</p> <p>---</p>	<p>The uncertainty, the unthinking self shuts down talk as an option</p> <p>Absence of questions such as "what is your counsellor like",</p>
<p>Coping</p> <ul style="list-style-type: none"> - List of strategies - crying - letting feelings out - keeping safe 	<p>---</p> <ul style="list-style-type: none"> a) internal, psychological processes b) external, physical activities 		<p>Lack of talk about possibilities of failings in the face to face counsellor and YP's mum and their responsibilities in helping YP to cope</p>	<p>"what did you argue about with mum" illustrates the constraints of this dialogue (focus is on what YP can do)</p>

STAGE 6

"This stage in the analysis traces the consequences of taking up various subject positions for the participants' subjective experience." (p.175)

What can be felt, thought, and experienced from within the subject positions identified?

The issue of safety (escalation of suicide risk) seems to cause the chat to breakdown as the counsellor struggles to move YP towards safety whereas if suicide risk was less prominent the YP's uncertainty may have been more tolerated and work on this deferred until future chats. YP remains feeling unsafe. Counsellor remains feeling concerned.

Appendix 10: Excerpt from reflexive journal

What is helpful to let go of or ‘bracket off’?

This counsellor has a style that is different from my own and from that which I try to facilitate when supervising other counsellors. Though a difficult quality to describe, the interaction is more familiar and informal than what I would personally aim for. It has been useful to let go of that personal opinion and focus more on how the counselling responses still fit within the counselling model and appear to be effective at engaging the young person.

What does this interaction remind you of?

The way that the young person continually returns to a discourse of addiction reminds me of the difficulties counsellors can experience when working with young people who present as very stuck and unable to change. It brings to mind some of my own frustrations that I’ve experienced when trying to support young people to find ways to break negative cycles of behaviour. However, this is a useful observation as it encourages me to challenge my assumptions about this and look more carefully at the transcript for passages of talk that challenge that assumption.

What has surprised you?

It’s somewhat surprising to see how well the interaction seems to go given the seemingly ‘shallow’ level of interaction and how the focus of the talk is simple coping strategies and praise from the counsellor. This is a good reminder that the quality of a counselling interaction might not be best judged by the level of disclosure or depth of emotion achieved and that any judgement of quality is better left at the sampling stage. In this interaction talking in terms of addiction enables the young person and the counsellor to mutually accomplish a help-seeking position without too much difficulty.

What does your focus risk excluding from analysis?

This young person does talk about how peer support has been important to her. This is an interesting feature and perhaps important because other transcripts from the sample focus more on the challenge of opening up to peers. It is possible that talk about peer support would have featured more in a different sample.

What are your reflections on the coding of the talk in this transcript?

The term relapse is challenging to code because it might fit both within a medical discourse of symptoms or with the broader discourse of addiction. However, across the transcript it becomes clearer that the young person is making sense of their experience through the discourse of addiction and a ‘craving’ to self-harm. It is interesting to note that the counsellor aligns very quickly with this discourse of addiction.