
Social Representations about the Functions of Deliberate Self-Harm from Adults and Adolescents: A Qualitative Study

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Abstract

This study aimed to describe the social representations about the functions of deliberate self-harm and to compare these representations from adolescents with and without a history of deliberate self-harm and adults without a history of these behaviours. We conducted a qualitative study involving the thematic analysis of forty-one semi-structured interviews. The participants consisted of 11 adolescents with a history of deliberate self-harm, 15 adolescents without a history of deliberate self-harm and 15 adults also without a history of behaviours. The interviewees mentioned eight functions of deliberate self-harm consistent with the existing literature, namely interpersonal functions (Communication Attempt, Interpersonal Boundaries, Interpersonal Influence, and Peer Bonding) and intrapersonal functions (Affect Regulation, Anti-Dissociation, Escape Mechanism, and Self-Punishment). Also, two new functions not described in the literature were mentioned (Introspective Mechanism and Replacement of Suffering). Regarding the differences between the three groups, several disparities emerged. Overall, results revealed that the group of adults referenced more interpersonal functions, while both groups of adolescents emphasized intrapersonal functions. This study provides insight regarding the social representations about the functions of deliberate self-harm, also focusing on the differences between adolescents with and without a history of these behaviours and adults without a history of deliberate self-harm.

Keywords: Deliberate self-harm, social representations, functions, interviews, qualitative study.

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Representações Sobre as Funções dos Comportamentos Auto-Lesivos de Adolescentes e Adultos: Um Estudo Qualitativo

Resumo

Este estudo teve como objetivo descrever as representações sociais sobre as funções dos comportamentos auto-lesivos e comparar as representações de adolescentes com e sem uma história de comportamentos auto-lesivos e de adultos sem uma história destes comportamentos. Foi realizado um estudo qualitativo que envolveu a análise de conteúdo de 41 entrevistas semi-directivas. Os participantes consistiram em 11 adolescentes com uma história de comportamentos auto-lesivos, e 15 adolescentes e 15 adultos sem uma história destes comportamentos. Os participantes referiram oito funções dos comportamentos auto-lesivos consistentes com a literatura existente, nomeadamente funções interpessoais (Influência Interpessoal, Ligação com os Pares, Limites Interpessoais, e Tentativa de Comunicação) e funções intrapessoais (Auto-Punição, Auto-Regulação do Afecto, Anti-Dissociação, e Mecanismo de Fuga). Duas novas funções não descritas na literatura foram também mencionadas (Mecanismo Introspectivo e Substituição do Sofrimento). No que se refere às diferenças entre os três grupos, no geral, o grupo de adultos referenciou mais funções interpessoais, enquanto os grupos de adolescentes destacaram as funções intrapessoais. Este estudo contribui para a compreensão das representações sociais sobre as funções dos comportamentos auto-lesivos, focando igualmente as diferenças entre adolescentes com e sem uma história destes comportamentos e adultos sem uma história de comportamentos auto-lesivos.

Palavras-chave: Comportamentos auto-lesivos, representações sociais, funções, entrevistas, estudo qualitativo.

Representaciones Sociales Sobre las Funciones de Comportamientos Autolesivos de Adultos y Adolescentes: Un Estudio Cualitativo

Resumen

Este estudio tuvo como objetivo describir las representaciones sociales sobre las funciones de comportamientos autolesivos y comparar las representaciones de adolescentes con y sin antecedentes de comportamientos autolesivos y adultos sin antecedentes de estos comportamientos. Realizamos un estudio cualitativo que incluía el análisis de contenido de 41 entrevistas semiestructuradas. Los participantes fueron 11 adolescentes con antecedentes de comportamientos autolesivos, y 15 adolescentes y 15 adultos sin antecedentes de estos comportamientos. Los entrevistados mencionaron ocho funciones de autolesión deliberada coherentes con la literatura existente, a saber, funciones interpersonales (Influencia Interpersonal, Intento de Comunicación, Límites Interpersonales, y Vinculación entre Pares) y funciones intrapersonales (Anti-Disociación, Autocastigo, Mecanismo de Escape, y Regulación del Afecto). Además, se mencionaron dos funciones nuevas no descritas en la literatura (Mecanismo Introspectivo y Reemplazo de Sufrimiento). Respecto a las diferencias entre los tres grupos, en general, los resultados revelaron que el grupo de adultos hizo referencia a más funciones interpersonales, mientras que ambos grupos de adolescentes destacaron las funciones intrapersonales. Este estudio proporciona información sobre las representaciones sociales acerca de las funciones de los comportamientos autolesivos, y también se enfoca en las diferencias entre adolescentes con y sin antecedentes de estos comportamientos y adultos sin antecedentes de comportamientos autolesivos.

Palabras clave: Comportamientos auto-lesivos, representaciones sociales, funciones, entrevistas, estudio cualitativo,

Deliberate self-harm is considered a public health problem (Hawton, Saunders, & O'Connor, 2012), affecting mainly adolescents and young adults. In Portugal, where this study was conducted, it is estimated that its prevalence among adolescents oscillates between 7.3% and 30% (Carvalho, Motta, Sousa, & Cabral, 2017; Gouveia-Pereira, Gomes, Santos, Frazão, & Sampaio, 2016; Guerreiro, Sampaio, Figueira, & Madge, 2017). This prevalence is similar to those found in other countries (Brunner et al., 2013; Calvete, Orue, Aizpuru, & Brotherton, 2015; Muehlenkamp, Claes, Havertape, & Plener, 2012).

There have been some conceptual problems surrounding the definition of deliberate self-harm. In the present study, we follow the definition stipulated in the Child and Adolescent Self-Harm in Europe (CASE) Study (Madge et al., 2008) and in the National Plan for Suicide Prevention in Portugal (*Plano Nacional de Prevenção do Suicídio*), Carvalho et al., 2013). Hence, deliberate self-harm encompasses several self-aggressive behaviours regardless of suicidal intent and includes self-cutting, self-burning, self-hitting, jumping from high places, ingesting medication and other dangerous substances, amongst other behaviours.

Apart from the attention this phenomenon has been receiving from the scientific field, there is also growing visibility of deliberate self-harm in the general media (Biddle et al., 2016; Haim, Arendt, & Scherr, 2017; Mok, Jorm, & Pirkis, 2015; Swannell et al., 2010; Whitlock, Powers, & Eckenrode, 2006; Whitlock, Purington, & Gershkovich, 2009), and particularly in social media (Canady, 2017; Dyson et al., 2016; Krysinska et al., 2017; Marchant et al., 2017; Memon, Sharma, Mohite, & Jain, 2018; Moreno, Ton, Selkie, & Evans, 2016; Niwa & Mandrusiak, 2012; Reddy, Rokito, & Whitlock, 2016; Zdanow & Wright, 2012). The normalization of these behaviours in the media may help those who engage in deliberate self-harm feel less isolated, but it may also increase interest in trying or adopting this practice as a way of coping with stress or distress (Reddy et al., 2016).

Social representations are a modality of knowledge that produces and determines behaviours since they define the nature of the stimuli that surround us and the answers we give them (Moscovici, 1961). Also, these representations can be understood as dynamic sets that aim at the production of social behaviours and interactions, and not only as the mere reproduction of these behaviours and interactions as reactions to external stimuli (Rodriguez-Zoya & Rodriguez-Zoya, 2015; Sampaio et al., 2000). Therefore, the growing visibility of deliberate self-harm can confront the general public with the existence of this phenomenon and subsequently build and modify their social representations about it, regardless of not having personal contacts with deliberate self-harm. In addition, the high prevalence rates of deliberate self-harm may imply that more individuals are aware of this behaviour (for example parents, teachers or peers) and, as a consequence, build different social representations about this phenomenon.

Research has shown that deliberate self-harm can have several functions (e.g. Bentley, Nock, & Barlow, 2014; Nock, 2009). Klonsky and Glenn (2009) systematized the most common functions in the Inventory of Statements about Self-Injury, an instrument which includes a scale that evaluates 13 types of functions of deliberate self-harm that aggregate in two dimensions. These dimensions include interpersonal functions (Autonomy, Interpersonal Boundaries, Interpersonal Influence, Peer Bonding, Revenge, Self-Care, Sensation Seeking, and Toughness) and intrapersonal functions (Affect Regulation, Anti-Dissociation, Anti-Suicide, Marking Distress, and Self-Punishment). Understanding the functions of these behaviours is crucial for supportive and effective responses to individuals' disclosures of self-harm (Muehlenkamp, Brausch, Quigley, & Whitlock, 2013). Furthermore, knowing how this phenomenon is viewed by others may have important implications for clinical intervention and prevention programs (Arbuthnott & Lewis, 2015; Baetens et al., 2015; Bresin, Sand, & Gordon, 2013; Miner, Love, & Paik, 2016).

Hence, analysing the representations about the functions of deliberate self-harm of subjects with and without these behaviours is relevant.

Most of the existing studies focus on the description of the attitudes and experiences of different types of populations, namely adolescents who self-harm (Batejan, Swenson, Jarvi, & Muehlenkamp, 2015; Klineberg, Kelly, Stansfeld, & Bhui, 2013; Rissanen, Kylmä, & Laukkanen, 2008), parents of adolescents who self-harm (Ferrey et al., 2016; Kelada, Whitlock, Hasking, & Melvin, 2016; McDonald, O'Brien, & Jackson, 2007; Oldershaw, Richards, Simic, & Schmidt, 2008; Rissanen, Kylmä, & Laukkanen, 2009), peers (Berger, Hasking & Martin, 2013, 2017; Bresin et al., 2013), healthcare professionals (Karman, Kool, Poslawsky, & Van Meijel, 2015; McHale & Felton, 2010; Rai, Shepherd, & O'Boyle, 2019; Rees, Rapport, Thomas, John, & Snooks, 2014; Vine, Shawwhan-Akl, Maude, Jones, & Kimpton, 2017), counsellors (De Stefano, Atkins, Noble, & Heath, 2012; Fox, 2011; Long & Jenkins, 2010), or teachers (Berger, Hasking, & Reupert, 2014; Heath, Toste, & Beettam, 2007; Heath, Toste, Sornberger, & Wagner, 2011).

However, there is still a general lack of knowledge concerning the social representations about the functions of deliberate self-harm, since a considerable part of research focused only on the attitudes towards self-harm. Moreover, there is limited information regarding the perspectives of individuals that did not have direct contact with these behaviours (professionally or personally). In addition, there are few studies that compared the social representations of diverse samples and their possible divergences, including the social representations about the functions of these behaviours. Therefore, one of the goals of the present research is to understand and explore the social representations about the functions of deliberate self-harm from adolescents with and without a history of deliberate self-harm and adults without a history of these behaviours.

There are two studies which compared the views about the functions of deliberate self-harm from college students with and without a history of these behaviours (Batejan et al., 2015; Bresin et al., 2013). The study developed by Batejan and colleagues (2015) concluded that the participants without a history of self-harm appeared to emphasize some interpersonal functions slightly more than participants with a history of self-harm. On the other hand, the study conducted by Bresin et al. (2013) found little differentiation among functions between groups. There is also a recent study (Duarte, Gouveia-Pereira, Gomes, & Sampaio, 2019) that compared the social representations about the functions of deliberate self-harm from adolescents and their parents in families of adolescents with and without a history of deliberate self-harm. Results showed that parents emphasized interpersonal functions and devalued intrapersonal functions when compared to both groups of adolescents and that these differences were heightened in the families of adolescents with a history of deliberate self-harm.

Specifically in Portugal, as far as we know there are no qualitative studies that explored the representations about the functions of deliberate self-harm. Thus, our study aimed to qualitatively describe the social representations about the functions of deliberate self-harm from adolescents with and without a history of deliberate self-harm and adults without a history of these behaviours, and to compare the social representations of these three groups. We did not involve adults with a history of deliberate self-harm in the present investigation since it is part of a wider research project that focuses on the study of the social representations about deliberate self-harm from groups that have been described as being more important for intervention and prevention in this context, namely peers (e.g. Berger et al., 2013, 2017; Hasking, Rees, Martin, & Quigley, 2015) and family (e.g. Arbuthnott & Lewis, 2015; Miner et al., 2016), and also since these behaviours are considerably less frequent in adults (Klonsky, 2011).

Method

Participants

In total, our sample comprised 41 participants, which were organized into three distinct groups: 11 adolescents with a history of deliberate self-harm, 15 adolescents without a history of deliberate self-harm, and 15 adults also without a history of these behaviours.

The interviewees lived in the centre region of Portugal. The socio-demographic data that was obtained is summarized in Table 1. Focusing on the group of adolescents who had a history of deliberate self-harm, most of the participants were female, with an age of onset ranging from 12 to 16 years old (mean=13.5, *SD*=1.4), and the most common method was cutting (Table 2).

Table 1
Sample Characteristics (N=41)

		Adolescents With Deliberate Self-Harm (n=11)	Adolescents Without Deliberate Self-Harm (n=15)	Adults Without Deliberate Self-Harm (n=15)
Gender	Female	8	8	7
	Male	3	7	8
Age	Range	14-20	14-18	33-65
	Mean	17.7	15.9	45.7
Current School Grade	9 th grade	2	5	N/A
	10 th grade	2	2	N/A
	11 th grade	3	2	N/A
	12 th grade	4	6	N/A
Number of Siblings	0	4	5	1
	1	4	6	7
	2	2	4	5
Marital Status	>2	1	0	2
	Single	N/A	N/A	3
	Married	N/A	N/A	10
Interpersonal Contacts with Deliberate Self-Harm	Divorced	N/A	N/A	2
	Yes	11	6	7
	No	0	9	8

Note. N/A – Not applicable.

Table 2
Age of Onset, Gender and Methods Used for Deliberate Self-Harm (N=11)

Age of Onset	Gender	Methods
12	Female	Cutting
12	Female	Cutting
12	Female	Cutting, Drinking and Ingesting Medication
12	Female	Biting and Banging or Hitting Self
13	Female	Cutting
13	Female	Cutting and Burning
14	Female	Cutting
14	Male	Cutting
15	Female	Cutting
15	Male	Cutting
16	Male	Cutting and Burning

Instruments

The instruments used in the present study comprised a set of brief socio-demographic questions (made after the interview) and a semi-structured interview script. The interview script was designed to obtain information regarding the social representations about the functions of deliberate self-harm. The main goal was to allow participants to talk freely about their experiences, thoughts and opinions, but there was also the concern to elicit information about this topic. Therefore, the script included open-ended questions and possible follow-up questions (Dörnyei, 2007) which were framed according to information from the literature (Klonsky, 2007; Nock, 2009). Providing some examples, the interview script included questions such as “Please share what you think about these behaviours...”, “What do you think that might get young people to self-harm...” and “What reasons exist for young people to engage in deliberate self-harm? Please share your thoughts...”.

Procedure

The participants were recruited through contacts with one school and personal contacts who then snowballed into other connections. The potential participants were contacted by telephone or email and informed about the goals of the investigation. Those who agreed to participate were then given more detail about the study and a meeting was arranged to perform the interview according to their availability.

The interviews were conducted between September 2015 and August 2016 and had an average duration of 30 minutes. After the interviews, the participants were asked if they had any doubts about the study. The audio from the interviews was recorded with permission and later transcribed. The 41 transcripts which constituted the data were then imported into QSR International NVivo8 software for further analysis.

Ethical Procedures

This study was part of a wider research project that aimed to study social representations

about deliberate self-harm. This project was approved by the General Education Directorate of the Ministry of Education and Science from Portugal regarding the participation of adolescents.

Prior to the interview, each participant was guaranteed anonymity and asked to sign a written consent form. The participants could withdraw at any time. Regarding adolescents, their parents were responsible for signing the consent form after being informed about the study. All the parents had previous knowledge of their children deliberate self-harm.

Data Analysis

In accordance with the aims of this study, content analysis was used in an inductive approach, since it is considered an appropriate analysis in qualitative descriptive studies (Sandelowski, 2000; Vaismoradi, Jones, Turunen, & Snelgrove, 2016; Vaismoradi, Turunen, & Bondas, 2013). In a first moment, the transcripts were comprehensively read to understand what the participants told regarding the functions of deliberate self-harm and what were the emerging categories. Afterwards, all the statements about this subject were coded and sorted into categories based on how different codes were related and linked (Hsieh & Shannon, 2005).

Results

Several functions emerged from the content analysis of the 41 interviews. In total, participants made references to 10 different functions that we organized into interpersonal and intrapersonal functions. The interpersonal functions include Communication Attempt (to communicate with others), Interpersonal Boundaries (to establish a distinction between self and others), Interpersonal Influence (to manipulate others or seek help) and Peer Bonding (to establish a connection with peers). The intrapersonal functions include Affect Regulation (to alleviate negative affect or to create positive affect), Anti-Dissociation (to cease the experience of dissociation), Escape Mechanism (to escape from

or to ignore problems), Introspective Mechanism (to concentrate on thoughts), Replacement of Suffering (to replace emotional distress with physical pain), and Self-Punishment (to express anger towards oneself). With the exception of Introspective Mechanism and Replacement of Suffering, all the functions that emerged from content analysis have been previously described in the literature (e.g. Conterio & Lader, 1998; Klonsky, 2007, 2011; Klonsky & Glenn, 2009; Nock, 2009). Table 3 presents some excerpts from the interviews.

In total, 237 references to the functions of deliberate self-harm emerged from the content analysis: 94 (39.7%) referring to interpersonal functions and 143 (60.3%) to intrapersonal functions. In Table 3 we detail the number of participants that mentioned the functions in each group, the number of references that each group made to the functions, and the totals for each function.

Focusing on the interpersonal dimension, our results showed that the participants' social representations comprised four distinct interpersonal functions and that there were differences between the three groups. The most prominent function was Interpersonal Influence, with a total of 71 references made by 23 participants, followed by Interpersonal Boundaries (10 references), Communication Attempt (nine references) and Peer Bonding (four references). In terms of differences between groups, adults made references to all the four interpersonal functions, especially Interpersonal Influence (34 references from 11 participants). The group of adolescents without a history of deliberate self-harm cited two interpersonal functions, Communication Attempt and Interpersonal Influence, and particularly emphasized this last one with 26 references made by eight participants. However, the group of adolescents with a history of deliberate self-harm only mentioned Interpersonal Influence, with 11 references made by four participants.

Regarding the intrapersonal dimension, results revealed social representations that referred to six intrapersonal functions and further differences between the three groups

Table 3
Functions that Emerged from Content Analysis and Excerpts from the Interviews

Interpersonal Functions	
Communication Attempt	<p>“It is like they are trying to communicate something to the world” (adolescent without DSH)</p> <p>“They are saying something through self-harm, something that they can not say otherwise” (adult without DSH)</p>
Interpersonal Boundaries	<p>“They want to differentiate themselves from schoolmates” (adult without DSH)</p> <p>“Self-harm implies an enormous tendency for self-affirmation” (adult without DSH)</p>
Interpersonal Influence	<p>“When we do it, we are desperately asking for help” (adolescent with DSH)</p> <p>“It is a way to make their family and friends understand they are not alright and that they need to do something” (adolescent without DSH)</p> <p>“It seems like a call, a scream, a call for attention, like, ‘look at me!’” (adult without DSH)</p>
Peer Bonding	<p>“They want to belong to some kind of adolescent thing” (adult without DSH)</p> <p>“It is a form to get integrated with other adolescents” (adult without DSH)</p>
Intrapersonal Functions	
Affect Regulation	<p>“Not all people do it because it hurts, because of the emotional part, I think of it as the release of their negative energies” (adolescent with DSH)</p> <p>“It is the way out, it is the way to release their bad feelings” (adolescent without DSH)</p> <p>“They feel such great pain that they want to relieve it through cutting” (adult without DSH)</p>
Anti-Dissociation	<p>“Because they want to feel something” (adolescent with DSH)</p> <p>“Maybe they have to feel themselves and that’s the only way” (adolescent without DSH)</p> <p>“They need to feel alive” (adult without DSH)</p>
Escape Mechanism	<p>“It is the only way to run away from something, from all the problems” (adolescent with DSH)</p> <p>“They are trying to run away from bad things” (adolescent without DSH)</p> <p>“They self-harm because there is something wrong and they need to escape from it” (adult without DSH)</p>
Introspective Mechanism	<p>“I mutilate myself in an introspective way because it helps me to think and connect many ideas when I do it” (adolescent with DSH)</p> <p>“Maybe they do it to imagine other things, to put your head in other worlds, in your own thoughts” (adolescent without DSH)</p>
Replacement of Suffering	<p>“I am substituting the soul’s pain by the body pain” (adolescent with DSH)</p> <p>“They are creating a physical pain to forget a psychological pain” (adolescent without DSH)</p>
Self-Punishment	<p>“They mutilate as punishment” (adolescent without DSH)</p> <p>“Instead of taking revenge on others, they blame themselves” (adult without DSH)</p>

Note. DSH = Deliberate Self-Harm.

were found. The function with more references was Affect Regulation (78 references made by 22 participants), followed by Anti-Dissociation (25 references), Self-Punishment (14 references), Replacement of Suffering (12 references), Escape Mechanism (seven references), and Introspective Mechanism (seven references). Focusing on the differences between groups, adolescents without a history of deliberate self-

harm mentioned all the intrapersonal functions, emphasizing Affect Regulation (19 references), similarly to adolescents with a history of deliberate self-harm, which mentioned five out of the six functions. The group of adults cited four intrapersonal functions. However, if we observe the number of references made by each group, adolescents with a history of deliberate self-harm made a total of 75 references to the

Table 4
Number of Participants who mentioned the Function and Frequency of References

	Adolescents With DSH (n=11)		Adolescents Without DSH (n=15)		Adults Without DSH (n=15)		Total (N=41)	
	Part.	Ref.	Part.	Ref.	Part.	Ref.	Part.	Ref.
<i>Interpersonal Functions</i>								94
Communication Attempt	-	-	2	3	3	6	5	9
Interpersonal Boundaries	-	-	-	-	3	10	3	10
Interpersonal Influence	4	11	8	26	11	34	23	71
Peer Bonding	-	-	-	-	3	4	3	4
<i>Intrapersonal Functions</i>								143
Affect Regulation	11	49	7	19	4	10	22	78
Anti-Dissociation	3	8	4	10	4	7	11	25
Escape Mechanism	1	2	2	2	2	3	5	7
Introspective Mechanism	2	6	1	1	-	-	3	7
Replacement of Suffering	3	10	1	2	-	-	4	12
Self-Punishment	-	-	2	2	3	12	5	14
Total of References	-	86	-	65	-	86	-	237

Note. Part. - Number of participants that mentioned the functions; Ref. - Number of times each function was mentioned by the participants.

intrapersonal dimension, while adolescents without a history of these behaviours made 36 references and adults made 32 references.

Globally, these results indicate that there are some differences concerning the social representations from the three groups, especially in the interpersonal dimension. Results will be further discussed taking into account the contents of the interviews.

Discussion

The present study focused on the understanding and comparison of the social representations about the functions of deliberate self-harm from adolescents with and without

a history of deliberate self-harm and adults without a history of these behaviours.

Previous to content analysis, the socio-demographic data allowed us to gain some insight into the participants' interpersonal contacts with individuals who have self-harmed. It is important to underline that all of the adolescents with a history of deliberate self-harm stated that they knew or were close friends with other individuals who self-harmed, while only six adolescents and seven adults without a history of deliberate self-harm had interpersonal contacts with a history of these behaviours. Some studies have found that those who self-harm know more peers who also self-harm than those who do not have a history of deliberate self-harm

(Claes, Houben, Vandereycken, Bijttebier, & Muehlenkamp, 2010), including friends (Nock & Prinstein, 2005; Yates, Carlson, & Egelang, 2008). Hence, we consider that this data may be associated with the influence that peers have in the onset of these behaviours (Jarvi, Jackson, Swenson, & Crawford, 2013). In terms of the interpersonal contacts of adolescents without a history of deliberate self-harm, our findings are also consistent with previous research (Bresin et al., 2013). Nonetheless, this result shows that more than half of the adolescents and adults without a history of deliberate self-harm build their representations based on other “sources” besides personal contacts with experiences of these behaviours, such as information presented in the media.

Overall, the participants cited 10 different functions, although there were differences between the three groups. The interpersonal functions included Communication Attempt, Interpersonal Boundaries, Interpersonal Influence and Peer Bonding, while the intrapersonal functions included Affect Regulation, Anti-Dissociation, Escape Mechanism, Introspective Mechanism, Replacement of Suffering and Self-Punishment. Comparing these functions with the organization proposed by Klonsky and Glenn (2009), only six of the thirteen functions proposed by the authors were cited by the participants. Regarding the interpersonal dimension, the participants did not mention Autonomy, Revenge, Self-Care, Sensation Seeking and Toughness. Focusing on the intrapersonal dimension, Anti-Suicide and Marking Distress were also not mentioned. These results may indicate that there is still a general lack of scientific knowledge about the functions of deliberate self-harm. Nonetheless, two functions not mentioned in this systematization emerged from content analysis (Communication Attempt and Escape Mechanism), as well as two new functions which were not found in the literature (Introspective Mechanism and Replacement of Suffering).

Focusing on these four functions, Communication Attempt has been mentioned by some authors (e.g. Conterio & Lader, 1998;

Favazza, 1987) but it was not present in Klonsky and Glenn’s categorization (2009). Regarding Escape Mechanism, although it can be considered a form of Affect Regulation because it involves the reducing of negative states (Klonsky, 2007), the interviewees’ verbalizations of this function implied the specific escape from problems. Therefore, we opted by considering Escape Mechanism as an independent function. Likewise, the function Replacement of Suffering has some similarities with Marking Distress because both of them are based on the physical expression of negative emotions. However, we decided to differentiate these functions, since Replacement of Suffering consists of a specific mechanism where emotional distress is replaced by physical pain. At last, we did not find any references in the literature to the function Introspective Mechanism nor to the contents associated with it.

Regarding the disparities between the three groups of participants, there are some differences that should be noted. Overall, the group of adults referenced more interpersonal functions, while both groups of adolescents gave more relevance to intrapersonal functions. These results are similar to those previously found (Batejan et al., 2015; Duarte et al., 2019), where participants without a history of deliberate self-harm considered interpersonal functions for engaging in these behaviours as more relevant than participants with a history of deliberate self-harm did.

In the present study, adults were the only group that mentioned the interpersonal functions Interpersonal Boundaries and Peer Bonding, and greatly emphasized Interpersonal Influence. Moreover, the interviewees’ discourses about Interpersonal Influence, were oriented towards two distinct approaches. Adolescents with a history of deliberate self-harm described this function as a help-seeking behaviour, while adults tended to view this function as a negative call for attention from the adolescent. On the other hand, adolescents without a history of deliberate self-harm verbalized both types of perspectives concerning this function. These

findings may suggest that, as Law, Rostill-Brookes, and Goodman (2009) found in their study, there is still the stigma and social belief that these behaviours have a manipulatory nature. Hence, we hypothesize that this stereotypical perspective has influenced adults' social representations.

Subsequently, when comparing these results with the perspectives of parents of adolescents with deliberate self-harm some similarities emerge, such as the description of deliberate self-harm as a "time-limited phase", influenced by peers, and sometimes seen as a "fashion" (Oldershaw et al., 2008). In this study, authors also found that all parents felt that they could not fully understand or empathise with self-harm, which most adults also stated in our interviews. These similarities between the representations of adults without interpersonal contacts with deliberate self-harm and parents of adolescents who self-harmed may imply that these social representations are build regardless of having contact with these behaviours.

Nonetheless, the fact that the group of adolescents without a history of deliberate self-harm also emphasized Interpersonal Influence as a help-seeking function and cited all the functions that adolescents with a history of deliberate self-harm mentioned, might indicate that age proximity can play a role in the understanding of these behaviours. Therefore, peers seemed to be more aware of the functions of deliberate self-harm, which is not in accordance with previous research that concluded that peers were largely unclear about why people engage in these behaviours (Bresin et al., 2013). However, this discrepancy can be related to the methods used in the studies, since we followed a qualitative approach that allowed participants to talk freely, while the mentioned study was based on the reading of fictional vignettes. Furthermore, we hypothesize that since six adolescents without a history of deliberate self-harm reported knowing other adolescents with these behaviours, their social representations might have been influenced by the sharing of experiences from their peers, hence the references to intrapersonal functions.

On the other hand, the focus of adolescents with a history of deliberate self-harm on intrapersonal functions is also important and consistent with previous research (e.g. Duarte et al., 2019; Klonsky, 2007). In our results, it is clear that this group of participants emphasized this type of functions, specially Affect Regulation. We might conclude that these adolescents' social representations about deliberate self-harm – and, of course, their own experiences – are based on the idea that self-harm is a lonely and autonomous way of coping with negative emotional states (Affect Regulation), avoiding dissociative states (Anti-Dissociation), escaping and withdrawing from negative emotions (Escape Mechanism) and isolating themselves in their thoughts (Introspective Mechanism). When we take into consideration that the other function that this group mentioned consisted in Interpersonal Influence (as a help-seeking behaviour), we might also question if, on their perspective, when self-harm is directed towards others, it encompasses a cry for help, as if their distress has become too unbearable to deal on their own through intrapersonal functions.

In summary, our study provides relevant information regarding the social representations about the functions of deliberate self-harm in adolescents and its differences in the three groups of participants. First of all, we must underline the presence of two new functions not described in the literature, which can contribute to further understanding concerning the motivations of deliberate self-harm. Secondly, the differences found between the three groups of interviewees revealed that there is a gap between the representations of adults without a history of deliberate self-harm and the representations of adolescents with and without a history of these behaviours. Clinically, the fact that peers were more aware of the functions of these behaviours is relevant, since it indicates that friends and close peers can play a significant role in clinical work (Bresin et al., 2013). Also, our results underline the need to psycho-educate parents and other adults potentially involved in clinical interventions (such as other family members, teachers or healthcare workers), considering

that their social representations about this phenomenon are sometimes biased and can have negative effects on treatment and recovery. In this context, our findings suggest that there is the need to develop prevention programs focusing on deliberate self-harm, namely through psycho-education. This approach might be important to contribute to the building and modification of social representations, and also to avoid subsequent negative attitudes towards adolescents who engage in deliberate self-harm.

Limitations and Directions for Future Research

Although the qualitative methods used in the current study allow a comprehensive approach to this subject, certain limitations should be noted. First of all, this study was limited by its sample size and by the selection of the participants, that was mostly made through personal contacts and consisted of a convenience sample. A larger sample, with more diversity, would allow more representative results. Also, the inclusion of adults with a history of deliberate self-harm would allow its comparison with the other groups' representations and contribute to further understanding.

Our findings offer some important insight concerning the social representations about the functions of deliberate self-harm, but more research is clearly needed in this area. In a first stance, since there is still scarce information regarding the social representations of individuals that did not have direct contact with these behaviours, future research could involve the comparative study of the representations about the functions of deliberate self-harm in different social groups. This could include individuals from different ethnic groups, with different professional backgrounds (such as education staff, or mental health workers), with distinct "proximities" to deliberate self-harm (namely the family members of those who present these behaviours), amongst others. Furthermore, other social representations about the phenomenon of deliberate self-harm could be explored.

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