



“I can’t describe it and they can’t see the rain.” an interpretative phenomenological analysis of the experience of self-harm in young adults who report difficulties identifying and describing their feelings

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Abstract

Self-harm is a serious and increasing public health concern. Self-harm is significantly associated with alexithymia, a trait characterised by a difficulty identifying and describing feelings. Alexithymia has been found to be a barrier to psychological treatment. This article explores the experiences of self-harm among eight young adults who reported difficulties identifying and describing their feelings. Semi-structured interviews were conducted, with the optional use of photographs as visual stimuli for discussion. Transcripts were analysed using Interpretative Phenomenological Analysis. Two themes are presented here: *The Obscure Self* describes participants’ struggle to grasp a coherent sense of self, and how self-harm provided a means of physically reconnecting with their bodies. *Words Fail Me* describes participants’ difficulties communicating their subjective experience, which increased feelings of isolation and recourse to self-harm. There were also tentative indications that participants were able to recognise their emotional experience when expressed by others. The lack of interpersonal connection, arising from difficulties understanding feelings and communicating them to others, may create or exacerbate the context for self-harm. The findings have relevance for the treatment of self-harm, given the high, but often unacknowledged, prevalence of alexithymia in clinical populations.

Keywords Self-harm · Alexithymia · Qualitative · Interpretive phenomenological analysis · Emotions

Introduction

Self-harm is defined in the UK as any act of self-poisoning or self-injury, irrespective of motivation (National Institute for Health and Care Excellence, NICE, 2013). Self-harm is a significant risk factor for subsequent death by suicide (Carroll et al., 2014). Engagement in self-harm appears to be increasing, particularly among adolescent girls and young women (Mcmanus et al., 2019; Morgan et al., 2017). Building understanding of this complex phenomenon remains, therefore, a priority for research.

Self-harm can serve an interpersonal function, such as eliciting a response from others and/or, more commonly, an intrapersonal function, such as regulating overwhelming emotion (Klonsky, 2007; Nock & Prinstein, 2004). Self-harm tends to be preceded by increased negative affect (Rodríguez-Blanco et al., 2018) and followed immediately by a feeling of relief (Nixon et al., 2002). Recourse to self-harm as an emotion regulation strategy may become habitual, and preclude use of more adaptive ways of dealing with difficult feelings (Chapman et al., 2006).

To understand the means by which self-harm might regulate emotions, it is also important to consider *how* emotions are experienced by people who self-harm. One psychological variable which might shed light on this question is alexithymia. Meaning literally, ‘no words for emotion’, alexithymia affects the cognitive processing of emotion, and is characterised by difficulties identifying and describing feelings and an externally-orientated thinking style (G. J. Taylor et al., 1997). People who self-harm tend to score significantly higher than people who have never self-harmed on measures

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of alexithymia, particularly with regard to identifying and describing feelings (Norman et al., 2020). However, the empirical evidence, derived almost exclusively from cross-sectional studies, is unable to address questions such as *why* people who self-harm score more highly on alexithymia, and what function self-harm plays in this context. Exploring people's lived experiences of this phenomenon, using qualitative methods, will deepen our understanding of a relationship that is likely to be complex, dynamic and nuanced.

To our knowledge, only one qualitative study has been conducted explicitly on this subject. Hemming et al. (2020) explored the relationship between alexithymia and harm to self and others among male prisoners. The participants, all of whom had high alexithymia scores, described how not talking with others about their feelings led to a build-up of emotions, which could result in violence to themselves or others. The authors found both individual factors, inherent to alexithymia, and contextual factors, relating to the prison environment, contributed to the prisoners' tendency not to disclose feelings. Contextual and individual factors have been observed in other environments. A study by Wadman et al. (2018) found that adolescent females were reluctant to talk to their families about their feelings and self-harm, for fear of unwanted or unhelpful responses. Other authors have noted that individual factors such as poor communication skills may be associated with self-harming behaviours (Nock, 2009). Individual and contextual factors may be hard to distinguish in practice. However, it is notable that the prisoners in Hemming et al.'s (2020) study talked about a difficulty *recognising* emotions, particularly at moments of heightened stress. This suggests that individuals with high alexithymia scores may not talk about feelings, not only because they do not want to, but also as a result of an inability to recognise and distinguish emotions. In addition, it might be assumed that, where individuals find it hard, for whatever reason, to talk about their feelings, self-harm would be used as a means of communicating those feelings to other people. However, the clear finding from Hemming et al. (2020), replicated across the empirical literature in other contexts (P. J. Taylor et al., 2017), is that self-harm is most commonly used to regulate emotion, rather than communicate distress to others.

The difficulty distinguishing and interpreting emotions highlighted in Hemming et al.'s (2020) study as a precursor to self-harm finds resonance in other qualitative analyses of self-harm in different environments. Horne and Csipke (2009) used grounded theory to explore the self-reported use of self-harm to regulate apparently contradictory emotional states. Among their predominantly female, community-based sample of adolescents and adults, self-harm was used in response to both overwhelming, poorly differentiated emotions and, also, the absence of emotion. The authors derived a theory from their findings in which self-harm, as a body-based intervention, serves to resolve both these states, by restoring sensation

or by providing some clarity or focus for the confused mind (Horne & Csipke, 2009).

Although alexithymia was not the explicit focus of Horne and Csipke's (2009) study, some of the participant accounts of emotional confusion were similar to Hemming et al. (2020). This is perhaps unsurprising given the propensity of people who self-harm to report difficulties identifying and describing feelings (Paivio & McCulloch, 2004). The prevalence of alexithymic characteristics among people with a history of self-harm underlines the clinical importance of exploring this relationship. Most psychotherapeutic interventions rely on the individual's ability to identify, analyse and verbalise emotional experience. Alexithymia has been shown to affect the therapeutic relationship, with negative consequences for treatment outcomes (Ogrodniczuk et al., 2011). However, alexithymia itself appears to be modifiable through targeted interventions (Norman et al., 2019; Ogrodniczuk et al., 2018). Although no single therapy has been identified as optimal at reducing alexithymia, promising results have been observed using mentalisation exercises (Byrne et al., 2016), mindfulness training (Norman et al., 2019) and emotional awareness techniques (Burger et al., 2016). These therapeutic techniques may be useful in addressing alexithymic symptoms, which may in turn be beneficial for people who self-harm.

The current study was designed to address the dearth of qualitative research on alexithymia, and specifically its relationship with self-harm. Following Hemming et al.'s (2020) enquiry into alexithymia and harm to self and others among male prisoners, the current study focuses on young adults in the community: a population which has been shown to be at increasing risk of self-harm (Mcmanus et al., 2019). It addresses the research question, what function does self-harm serve in young adults who report difficulties identifying and describing how they feel?

Method

Design

The study was based on semi-structured interviews, analysed using Interpretative Phenomenological Analysis (IPA, Smith et al., 2009). The choice of a phenomenological method reflected the aim of understanding participants' subjective and individual experiences of self-harm. IPA is an idiographic method which focuses on each individual's narrative, while also looking for patterns and differences between accounts (Smith et al., 2009). This is achieved through the thorough reading, coding and identification of themes within each transcript in turn, before the themes from each participant's account are compared and combined or contrasted. Additionally, IPA acknowledges the interpretative role of the researcher through the concept of the "double

hermeneutic”, in which “*the researcher is trying to make sense of the participant trying to make sense of what is happening to them*” (Smith et al., 2009, p.3). The transparency of this process was considered important for the current study, in which participants were selected because they reported difficulty identifying and describing how they felt. Thus the findings are presented with extracts which illustrate the participants’ own sense-making, as distinct from the researcher’s subsequent interpretation, made in the context of the dataset as a whole. In a rare qualitative study of alexithymia, Dupont-Leclerc and Lecours justified the use of IPA, stating that “*the researcher’s participation in the construction of the participant’s experience is also critical in facilitating inferences..., which the participant might not be able to express alone.*” (Dupont-Leclerc & Lecours, 2018, p. 66).

The relative lack of qualitative research on alexithymia may reflect a concern that people who struggle to talk about their feelings would not be able to participate in research which requires them to be reflective about their inner experiences. Acknowledging this potential limitation, the current study incorporated the optional use of photographs as a means of engaging participants in the research process and eliciting emotional responses (Heider et al., 1988). Photo elicitation has been used in qualitative studies on sensitive subjects, including self-harm (Edmondson et al., 2018). In Edmondson et al. (2018), participants reported that using photos helped them feel in control of the interview and express themselves better than words alone. However, the requirement to take photographs added an additional burden on participants. This may have affected recruitment and possibly biased the sample towards people who saw themselves as visual or creative (Edmondson et al., 2013). Based on this experience the decision was taken to make the use of photos optional in the current study. Participants were given the option to bring to the interview up to ten photographs (their own or publicly available), which they felt represented what self-harm meant to them. The limit of ten was set to avoid an “*excessive number of images*” (Edmondson et al., 2018, p. 9).

Recruitment and Sampling

Participants were recruited from within Middlesex University and also among the general public, having taken part in an online survey for a separate study about self-harm, alexithymia and emotion regulation. The online survey was advertised within the University, on social media, and on websites designed to attract research participants (e.g. www.Callforparticipant.com) or with a specific focus on self-harm and suicide (e.g. the National Self-harm Network). To be eligible for interview, participants needed to be aged between 18 and 30 and to have self-harmed within the past five years. These criteria were set because of the prevalence of self-harm in teenagers and young adults (Moran et al., 2012) and

to capture sense-making in relation to relatively recent self-harm. In addition, participants needed to be fluent in English and to have reported difficulties identifying and describing feelings, scoring above 51 on the Toronto Alexithymia Scale (TAS20, Bagby et al., 1994). The TAS20 is the most commonly used measure of alexithymia and has good psychometric properties (Bagby et al., 1994).

Participants

Forty-nine participants in the online survey met the eligibility criteria and were invited to interview. Ten people responded positively, and eight interviews were conducted. (Two further interviews were cancelled for personal or practical reasons.) No incentive was offered for participation, except for the two Middlesex University psychology student interviewees who received course credits.

The eight participants were all female by biological sex, and two identified their gender as ‘other’. They were aged between 18 and 29 ($M = 22.38$, $SD = 4.14$). Two participants identified as white (British or American), one as black British, one as Asian and two as having mixed ethnicity. The remaining two participants did not disclose their ethnicity. Three participants lived in the United States; five were resident in the UK. TAS20 scores ranged between 53 and 84 ($M = 67.75$, $SD = 9.80$), with only one participant scoring below 61 (commonly used as an indicator of ‘high’ alexithymia, Taylor et al., 1997). Three participants had self-harmed within the past year, the rest had self-harmed within the past five years.

Procedure and Interviews

Briefing

All potential participants received briefing information in advance of the interview, which outlined the purpose of the study and contained details of relevant support organisations.

Interviews

All interviews were conducted between August and December 2018 by the lead author, a female student at Middlesex University conducting a PhD into the relationship between alexithymia and self-harm. Three interviews were conducted using video conferencing (Skype), due to geographical constraints, and four conducted face-to-face. One interview was conducted in writing over Skype instant messenger at the participant’s request.

Only two participants opted to use photographs. One person brought a series of ten photographs, which she had taken in the past, which documented her experiences chronologically. They included, for example, a photograph of a boarding card and another of a hospital bed. The other participant used

only one of her own photographs, which showed her scars. For the rest she had chosen nine internet images or memes, often with words or phrases which she felt reflected her own feelings, such as “Hold On Pain Ends (HOPE)”. Both participants used the images as a framework to guide the content and direction of the interview, and as reminders of what they were experiencing at different times in their lives. One further participant asked to use song lyrics to represent their experiences, because they said this had more meaning to them than visual images. This participant cited the lyrics as they came to her during the interview.

Interviews without photographs began with the broad question. “*Can you tell me about your experience of self-harm?*” The questions followed the direction set by participants, with prompts to explore reasons for, and feelings related to, self-harm, using questions such as “*What does/didself-harm do for you?*”. In line with the research question, participants were also asked “*On the survey you filled in, you said you sometimes find it hard to know how you feel. Can you tell me about that?*” For the two interviews involving photographs, participants chose the order in which they talked about the photographs, which provided the structure for the interview. Similar prompting questions were used.

The spoken interviews ranged in duration from 49 min to 1 h, 40 min (average 71 min) and were transcribed verbatim by the author. The interview conducted via Skype messenger took 4 h, 13 min due to connection issues and the additional time needed to type each message.

Ethics

The study was granted ethical approval by Middlesexname University Ethics Committee. Evidence suggests that participating in research about suicide or self-harm does not lead to a significant increase in distress or the urge to self-harm (Biddle et al., 2013). However, given the potential vulnerability of the participants, steps were taken to minimise any possible impact. The materials were compiled in consultation with a researcher with lived experience and the University’s counselling service. Participants were given details of support organisations. It was made clear that participation was voluntary and that they could withdraw from the study at any point during the interview. Participants were fully briefed about the nature of the study and written or oral (recorded) consent was obtained at the start. The interviewer and the participant completed a personalised safety plan together, in which the participant recorded the details of people they, or the interviewer, could contact after the interview, if either they or the interviewer were concerned that the participant might be at risk of harm. The interviewer was a trained Samaritan listening volunteer. A Visual Analogue Scale (VAS; Wewers & Lowe, 1990) was used at the beginning and end of the interview to assess the impact on mood. No participant gave any indication that they were at risk of harm, or

reported a worsening of mood as a result of the interview, and four participants gave improved scores relative to their pre-interview rating.

Analysis

The interviews were analysed using IPA (Smith et al., 2009). Each interview was analysed separately and in turn, using the following steps. First, the transcript was read and reread, to get a sense of the interview as a whole and also immerse the researcher in the detail of the narrative. Second, the transcript was annotated using Smith et al.’s (2009) method, distinguishing descriptive, linguistic and conceptual comments. The third stage involved the development of emergent themes, which were subsequently grouped into subthemes and finally into one super-ordinate theme. The lead author conducted these analytic stages, which were repeated for each participant in turn. One transcript was independently reviewed by the second author. The lead author then compared the thematic maps for each participant, to identify where the themes overlapped, conflicted or suggested higher-order concepts. No specialist software was used. The lead author kept a reflexive journal during the interview and analysis stages, which was useful in acknowledging her emotional, and sometimes visceral, response to the participants’ accounts.

IPA retains a focus on the individual participant experience, while at the same time looking for patterns across the dataset. Having identified four super-ordinate themes, the lead author reviewed the transcripts to understand how each theme related to each participant.

Findings

Four themes were identified: Control and Compulsion; Is Self-Harm Bad?; The Obscure Self; and Words Fail Me. Two themes, The Obscure Self and Words Fail Me, are presented here, since they reflect the function served by self-harm in the context of struggling to know and describe how you feel. Table 1 summarises the other two themes.

The Obscure Self: Self-Harm Proves I am Real

The superordinate theme of the Obscure Self concerned participants’ difficulty understanding themselves. Four subthemes were identified: Difficulties Understanding Feelings, Logical Versus Illogical Self, The Intangible Self and Self-Harm Makes Me Feel Real.

Difficulty Understanding Feelings

The theme of difficulty understanding feelings was evidenced across all the interviews. This could be experienced as an absence of emotion, a confusing mix of emotions or even both

Table 1 Summary of Themes Not Presented in Detail in the Current Study

Theme	Description	Illustrative Extract
Control and Compulsion	Self-harm provided a feeling of control, when other aspects of life felt out of control. However, it could also become controlling, like an addiction.	P2: <i>“The only thing I had control over was cutting and I would cut and when they would start to disappear I would cut more and sometimes I would cut over my already, um my scabs. And um, it was just something that I had control over in my life at the time, because I felt I had no other control on anything else”</i>
Is Self-Harm Bad?	This theme explores the participants’ feelings towards self-harm, in particular the way in which they both acknowledged and resisted the social construct of self-harm as bad.	P5: <i>“When I can actually think things through rationally, self-harm is a good way to calm down suicidal thoughts, it’s a compensation, and if I can self-harm and not kill myself and I don’t know any other way not to kill myself then in my mind, like self-harm is better than me trying to kill myself in a way.”</i>

together (P5: *“It’s like I felt a lot but not a lot”*). In this extract P2 describes her difficulties distinguishing between emotional states:

P2: *Mostly I can chalk it down to a positive emotion or a negative emotion. Past that I have problems determining is this anger, is this shame, is this sadness? All I know that it’s negative, and I don’t know how to distinguish between those.*

P2 differentiated between feeling good or bad, but was unable to describe her feelings in any more detail. The emotion words (anger, shame, sadness) sounded like a check list with which to narrow down the meaning of the negative feeling. Even context was not always a reliable way for participants to interpret vague and undifferentiated emotional states, as in the following extract:

P8: *I don’t know what the bad feeling is or what the good feeling is. Or what causes it, so I might be really happy and I’ve no idea, and I’d be like this is weird why am I happy? [laughs] Like you know. Like I might just have a really bad day and feel really dark but have no idea why. Just like didn’t do anything bad today or yesterday why do I feel like jumping off a cliff?*

P8, like P2, could not pinpoint her emotions beyond feeling bad or good, nor could she identify their cause. Her words imply an expectation that feelings will logically follow from events.

Logical Versus Illogical Self

P8 was not alone in trying to use logic to understand her feelings. Six participants used language which either explicitly or implicitly contrasted their logical, cognitive or rational selves, located in their head or brain, with their irrational selves.

P4: *“Obviously I’ve got a boyfriend so there’s like some rational side to myself that is like well obviously someone finds you attractive. Even that I still doubt sometimes”*

This extract illustrates this tendency to describe two sides of oneself, often in dialogue or conflict. Similarly, in the following extract, P7 appears to distinguish between different parts of herself.

P7: *“I guess yeah I’ve just come to terms with this is how I’m going to feel for a while until I really figure out if it is something on the inside or with my brain or is it just, is it just me?”*

For P7, as for many of the participants, undifferentiated feelings with ill-defined root causes provided poor road maps to understanding the mysterious self.

The Intangible Self

For some participants, the difficulty understanding themselves also appeared to be linked to a disconnection from their physical bodies. Four participants (P2, P3, P4, P5) described how, at times, self-harm was preceded by a feeling of numbness or dissociation (P3: *“like I was in a bubble, like the world was going on around me but I wasn’t really in it”*). This subtheme is encapsulated in the metaphor of the Obscurus, used by P4. In the film *Fantastic Beasts and Where to Find Them* (Heyman et al., 2016), the Obscurus is a magical parasite that forms when a witch or wizard suppresses their magical powers. It looks like an amorphous cloud of black smoke.

P4: *Like I saw myself, but I didn’t really get it. Like sometimes I would look at myself and think oh your eye makeup looks good, like your eyes look nice, but then the rest of it would be quite negative. The way I describe it, I don’t know if you understand it, basically in *Fantastic Beasts and Where to Find Them*... there’s*

Obscure the, this, like one, like a bad thing, and it's like a-, I can show you. [P4 searches online for an image.]

P4: ... Like a very hazy ...[...] here we go. This thing.

I: Oh right, so like a blob of air, or of smoke.

P4: Yeah, so it's quite hazy like, it's kind of there, but still it's kind of not there. Kind of confusing. Confuses me.

The defining feature of the Obscure for P4 was its lack of tangible, physical presence. It was 'hazy' and therefore hard both to grasp and to define. The Obscure symbolised a lack of a solid, coherent sense of self. It was a state P4 described as confusing because she knew that, like the Obscure, she was 'there', she did exist, but sometimes it felt as if she were not.

Self-Harm Makes me Feel Real

In the context of this theme, self-harm functioned as a way of reconnecting with the physical self and feeling real. In the following extract, self-harm seemed to be a means of investigating the body:

P1: *It wasn't like super deep, like it hadn't cut down to the nerves or anything, but it was reasonably deep and I was like, oh my god, this is like um seeing someone on the operating table, and I was like you can actually see the layers of [laughs] of like skin and fatty tissue and I can feel where the muscle starts, so it's just like, it was really weird.*

P1 likened the experience of seeing her own wound to that of looking at someone else's inanimate body. The constituent parts of the body were revealed and dissected, but they did not appear to add up to a coherent whole. It was as if she had sought to understand herself by literally uncovering what lay beneath, but the outcome was inconclusive, not illuminating.

Although P1's account was unusual in the way it objectified the body, four other participants described how reconnecting with their bodies through self-harm allowed them to feel real. In these circumstances self-harm appeared to function in two ways, either by inducing visceral pain or by seeing blood flow out of the body.

P3: *I was kind of having like some dissociation and not really feeling like I was real or like I had to like prove physically that I was real and I didn't know that I was depressed but I definitely didn't feel right and... I remember sitting in class and like just staring out the window and thinking that I needed to hurt myself to like feel and prove that I was real, like prove it to myself.*

Here P3 described the memory of feeling that hurting herself was the only way to feel real and a physical part of the world

around her. This experience was echoed by P4, who described how blood provided evidence that she existed:

P4: *It kind of reminded you you're still human almost cos if you draw blood for example and you can see it like you still see that your body is there like you don't just feel like a nothingness ball of air almost.*

In summary, the theme the Obscure Self describes how the self is hard to 'grasp', both because of the difficulty of distinguishing feelings and identifying their cause and because of a feeling of disconnection from the physical self. Self-harm provided a means of reconnecting with their body and proving that they were real.

Words Fail me: Self-Harm Relieves the Distress of Disconnection

This superordinate theme explores the consequences of having no words for emotions. Five subthemes were identified: Difficulty Describing Feelings, Failure to Communicate Leads to Disconnection, Self-Harm Replaces Words, Words Help Me and Borrowed Words.

Difficulty Describing Feelings

All participants expressed, implicitly or explicitly, a difficulty describing their inner experiences. Sometimes this was demonstrated directly through their use of language (P1: "*I was tha- in my head I was like phzeu and shortly after that I think is when the first episode [of self-harm] happened*"). Elsewhere participants talked explicitly about having no words to describe their feelings.

P2: *Well I don't know, um I don't know if I ever know what I want to say. I know for sure what I'm feeling, and how I'm feeling inside and how I want to feel but I don't know how to, I don't know how to say it, like I don't know how to find the words to use. And so I just don't try.*

Here, P2 described the frustration of not being able to put her internal experience into words. This made communication effortful, resulting in her not even attempting to describe to others how she felt.

Failure to Communicate Leads to Disconnection

Without words, participants found it hard to communicate their subjective experience, leaving them feeling disconnected from others, misunderstood and unacknowledged. This subtheme was powerfully illustrated in the following extract from P6's interview, in which she described the experience of

trying to communicate how she felt, before she received a diagnosis of autism. The coat and wellies are a metaphor representing the actions she took to cope with her feelings

P6: If you put on a full-length raincoat and wellies to go out into a storm. In autism the coat and wellies make the environment manageable. but in general conversations with mental health people...there isn't a storm, I only think that there is a storm so I shouldn't need the coat and wellies and I can't complain I got drenched because I can't describe it and they can't see the rain.

P6 used a metaphor of a storm to describe the strength of her emotional experience. For her, the storm was real and so severe that she needed serious, “full length” protection against it. For others, however, it was invisible – “they can't see the rain”. Furthermore her experience was negated by the mental health people who told her that there was no storm. Her inability to describe her experience resulted in, not merely a misunderstanding, but a complete denial of her reality. Moreover it seems as if even her right to appeal was denied her. She “can't complain” that she felt the way she did because it was her fault that she could not communicate effectively. Later P6 described how she internalised the feeling that she was at fault, which exacerbated her engagement in self-harm.

P6: I think before that often felt like my fault. I'd try to explain and people wouldn't understand so they didn't get what I was saying and I was bad. I think that often lead to more fuel for self-harming.

Self-Harm Replaces Words

Six participants connected feelings of isolation and loneliness with their engagement in self-harm. Here, P2 associated self-harm with not being able to talk to her family.

P2: I think it started because of the way someone in my life made me feel and then from then it kind of spiralled because I didn't feel that I could talk to my family and that, I was becoming an adolescent so I was, as adolescents do I think, kind of distancing myself from my family and felt really closed off from them, in that I couldn't really talk to them or anyone else, so I turned to hurting myself.

P2 generalised her unwillingness to talk to her family as an experience common to many adolescents. To people with no experience of self-harm, the “so” in the last sentence, directly connecting problems talking to family with subsequent self-harm, might be hard to understand. To

P2, however, there appeared to be a logic that connected the two. Self-harm was an alternative to talking, a different method of relieving distress. This may become self-reinforcing. P5 articulated her belief that her almost life-long engagement in self-harm had prevented her from learning to talk about her feelings.

P5: Because I found that mechanism that was so useful that I didn't even need to learn about how to talk about my feelings and emotions, then I automatically just don't learn it. Because there isn't that need in there that I need to know it and still there isn't so much people that actually teach me how to identify or how to know it.

Like many of the other participants, P5 felt isolated during her childhood and adolescence. In this extract, she cited the lack of a caring attachment figure to model and teach effective emotional regulation skills as a reason for her difficulties in understanding and expressing her feelings. Left to herself, self-harm became her habitual means of managing her own feelings which removed the need not only to talk about them, but also to learn *how* to talk about them.

It might be assumed that, where words fail, self-harm is used as means of communication. In fact only one participant explicitly talked about self-harm in that way. Her actions carried a message that she was unable to communicate in words.

P1: I think a part of it is well you've upset me look at what I've done er this is all your fault, I wouldn't actually say it, but it's what would be inferred.

In contrast to all the other participants, who were concerned to keep self-harm secret, P1 described self-harming in order that others might understand how much they had upset her. Self-harm was used as a direct replacement for words. It seemed to be a way of asking to be heard, where words had failed.

Words Help me

While the failure of words to express feelings was associated with self-harm, finding the right words played a role in recovery for those participants who had stopped self-harming. In two cases (P4 and P6), receiving a correct diagnosis (respectively, of depression and autism) had been transformative: having a word to describe and explain their inner experience helped them both understand themselves and also communicate better with others.

P4: Because I always say like, I know people call it when you get diagnosed being labelled, I actually liked that, I wanted to be diagnosed because it gave me an answer, like it wasn't just oh I'm feeling this way because oh I

don't know, it's like I'm feeling this way because I have this or I have that, like there's a reason for it.

The label gave P4 a reason for her feelings, an 'answer' to the mystery of her obscure self. The diagnosis appeared to legitimise her experience and give her permission to treat it objectively. More generally, P4 and other participants were speaking with the benefit of hindsight, and, in some cases, through the lens of therapy, which had given them words for experiences, for which, at the time, they had none.

P6: *"Now I would consider it to be overload. Then, I didn't really know what it was except a place I got to before I did something I would later have to deal with."*

Even for participants who did not receive a specific diagnosis, recovery in two further cases appeared to coincide with, or be facilitated by, improved connection with partners, friends or parents which enabled them to feel heard.

Borrowed Words

The paradox of this theme is that participants were, of course, mainly reliant on words to describe their experiences during the interview. Where participants found that their own words failed them, they were sometimes able to borrow words from others. Poetry, song lyrics, internet memes and metaphors were all used at various times to express what they felt. P8 illustrated her feelings by quoting song lyrics.

P8: *I guess like I struggle quite a lot to put my feelings into words and music's almost a replacement for that, like I can listen to a song and be like exactly, damn it, that's bang on, that's exactly how I feel.*

P8 acknowledged in this extract the difficulty she had finding the right words to express how she felt and yet she was able to recognise the feeling when expressed by someone else. The force of that recognition was expressed through the language used ("*damn it, that's bang on*"). Perhaps, like P4 and P6's diagnoses, hearing her own experience verbalised by someone else legitimised the feelings. Other participants cited poetry (P3) or online memes or verbal images (P4) as serving a similar purpose in their lives.

In summary this theme explores the implications of finding it hard to put feelings into words. Without words, participants were unable to make themselves understood to others which exacerbated feelings of isolation and increased recourse to self-harm. However, in some cases, words could be borrowed or labels found which helped the participants understand their own experience and convey it to others.

Discussion

The themes The Obscure Self and Words Fail Me reflect the lived experience, and the consequences, of struggling to identify and describe feelings. In addition, they provide insight into the function played by self-harm in these circumstances.

The Obscure Self

In the theme of the Obscure Self, participants appeared to lack a clear sense of the self as a coherent, physical whole. Aspects of this theme echoed the findings of another IPA of the experience of the self in users of online self-harm discussion fora (Adams et al., 2005). As in the current study, Adams et al. (2005) identified participants' need for external validation (such as an official diagnosis), which was given more weight than subjective, predominantly negative, feelings about the self. The authors suggest that the conflict between the internal and external selves meant that participants "*lacked a sense of coherency, resulting in a fragmented, torn sense of self*" (Adams et al., 2005, p. 1305). However, unlike participants in the current study, Adams et al.'s (2005) participants did appear to have a sense of their 'real' selves, which they felt they needed to hide in order to be accepted by others. This sense of a 'real' self, which participants could identify but chose to hide, contrasts with the findings of the current study. Here, the predominant theme was a search for the self, whose feelings, thoughts and motivations were not understood. This distinction may reflect the selection, in the current study, of participants who scored highly on the Toronto Alexithymia Scale. As well as difficulties identifying feelings, alexithymia is also characterised by an externally-focussed, rather than introspective, thinking style (G. J. Taylor et al., 1997).

Participants in the current study described in different ways the sense of feeling disconnected from their bodies. Alexithymia has been associated with difficulties in interoception, or bodily awareness, including the misinterpretation of bodily signals (Brewer et al., 2016). It has been suggested that embodied sensation plays a role in shaping consciousness of the self (Herbert & Pollatos, 2012). The interoceptive confusion associated with alexithymia, therefore, may contribute to the poor sense of self among participants. Similar accounts of physical disconnection can be found in other studies of self-harm (Horne & Csipke, 2009). Klonsky (2007) found evidence for a feeling generation function, in which self-harm is used in order to feel real. It may be that this function is particularly relevant for people with high alexithymia, exacerbated by interoceptive difficulties. Indeed, in their study of male prisoners with high alexithymia, Hemming et al. (2020), found that violence to the self or others was preceded either by an emotional overload or by an absence of emotions, which they termed "the void". This, and the current study, appears to support the theory proposed

by Horne and Csipke (2009) that self-harm “*resolves a state of psychosomatic suspension*” by integrating the physical and emotional experience of emotion (Horne & Csipke, 2009, p. 655). Furthermore, it suggests that this theory may be particularly relevant for people with high alexithymia scores.

Words Fail me

This theme explored how participants found it hard to communicate their subjective experience, which exacerbated feelings of isolation and increased recourse to self-harm.

Previous qualitative analyses of self-harm have similarly identified difficulty talking about feelings (Edmondson et al., 2018). As Wadman et al. (2018) noted, it is not always possible to distinguish between an inability to talk and an unwillingness to talk. Although both aspects were identified in the current study, the reluctance to talk was not as prominent as in Hemming et al.'s (2020) study, in which the masculine environment of prison was identified as creating a strong disincentive for sharing emotions. In participants' accounts, the inability to talk appeared to be due, at times, to difficulty in finding the words to describe feelings, and, at other times, to difficulty knowing what those feelings were. These two aspects seemed to be in some ways interdependent: it is difficult to talk about something you cannot identify, but also, perhaps, it is hard to understand feelings which you cannot name.

Only one participant (P1) clearly described using self-harm as a means of communication in place of words. This case seemed to exemplify the interpersonal (Klonsky, 2007) or social reinforcement (Nock & Prinstein, 2004) function, in which self-harm is used to elicit a response in other people. The fact that only one participant described her engagement in self-harm in this way is consistent with the evidence that interpersonal functions are endorsed less frequently than intrapersonal functions (Nock & Prinstein, 2004). It is worth noting that, contrary to common (but false) perceptions that socially-motivated self-harm is less serious than self-harm for intrapersonal motives (Knowles et al., 2013), this participant had self-harmed with suicidal intent several times. Her use of self-harm, apparently to provoke action in others, does not imply that it was ‘attention-seeking’, in the pejorative sense of that phrase (Long et al., 2013). Instead the external-orientation inherent in alexithymia may lie behind the search for both an external cause (“*this is your fault*”) and an external solution (“*now deal with it*”) to her distress. The reduced capacity for self-reflection among people with high levels of alexithymia has been found to be associated with an externalised locus of control, causing them to attribute health problems to external factors over which they have less influence (Hungry et al., 2016).

In the case of P1, therefore, the link between the theme Words Fail Me and self-harm was direct and unmediated.

Self-harm replaced words as a means of communication. Among the other participants, however, the route from Words Fail Me to self-harm appeared to be indirect, via the failure of words to communicate experience to others. Consistent with other accounts of self-harm (Adams et al., 2005; Edmondson et al., 2018; Wadman et al., 2018), attempts to communicate experience were met with invalidating and unhelpful responses. Participants spoke of feeling misunderstood at home or among their peer group, either prior to or in the context of self-harm. Such responses may increase the feeling of social isolation which has been associated with self-harm (Endo et al., 2017). This association may be exacerbated in people with high alexithymia, which is correlated with interpersonal problems (Jordan & Smith, 2017). Furthermore, as expressed by one participant in the current study, early interpersonal experiences, such as poor attachment or trauma, may themselves have contributed to difficulties talking about feelings (Frewen et al., 2008) and recourse to self-harm (Cleare et al., 2018) later in life.

For the majority of participants, self-harm was conceptualised as an alternative to talking, as a means of alleviating negative feelings. Talking to others about feelings is not only integral to many therapeutic interventions but can play an emotion regulation function in everyday life (Zaki & Williams, 2013). In fact, the benefits of talking may not be dependent on interpersonal interaction. Merely labelling feelings (Torre & Lieberman, 2018) can have positive emotion regulation effects. Without words to describe their feelings, people with alexithymia may be less able to make use of interpersonal or labelling emotion regulation strategies. There was, however, an indication in the current study that participants were able to use ‘borrowed’ words to express feelings, when their own words failed them. A review by Luminet and Zamariola (2018) found that, although the majority of studies showed that people with high alexithymia were less able to label emotions than people with low alexithymia, no differences were found in a study where participants were required to choose an emotion label from a given set, rather than think of it themselves (Constantinou et al., 2014). Furthermore, in Krentzman et al. (2015), participants showing alexithymic characteristics reported that having to rate, daily, the degree to which they felt each of a list of emotions led them to identify previously hidden feelings. The current study adds tentative support to the suggestion that people with high alexithymia may recognise their own emotional experience when expressed by others.

Strengths and Limitations

The use of photo elicitation in the current study was an attempt to enhance the richness of the participants' accounts and, although only two participants chose to use photos, the method was effective, partly in its representative function, and partly

in giving participants control over their narrative. The process of choosing photographs seemed to have allowed participants an opportunity to remember and reflect on their experiences of self-harm in advance of the interview. The study methodology also inadvertently signalled a potential alternative to the use of visual imagery: the use of ‘borrowed words’ by participants to express themselves suggests that verbal prompts such as song lyrics or poetry might be a more effective stimulus in participants with high alexithymia scores. This idea is supported by the feedback given by the participants who chose not to use photographs, which included the fact that some found it hard to think in visual images.

The study has limitations. Although the participants were all young female adults, some had self-harmed only during their teenage years, while others had self-harmed in their twenties. The difference in elapsed time since their last engagement in self-harm might have affected their reflections on the experience. A further limitation lies in the different methods used for the interviews. The interviews with photographs took a less structured form, although similar prompting questions meant that all interviews were focussed on the participants’ engagement in self-harm. In addition, using both Skype and face to face methods in the study may have led to differences in the data gathered. Lo Iacono et al. (2016) discuss how the detail of non-verbal communication cues may be lost using Skype, but also how participants may feel more at ease in their chosen environment and more inclined to open up, compared with a face-to-face interview. However, in this case, the face-to-face interviews were longer in duration than the Skype interviews (although not the Skype messenger interview), indicating perhaps that it was easier to establish rapport in person, or that, having travelled to the interview, participants and researcher were more invested in the process.

Clinical Implications

Some of the experiences described by participants echo previous qualitative accounts of self-harm, and will be familiar to clinicians, in particular difficulty talking about feelings. This study adds value, however, by exploring how such difficulties may arise not only from a fear of the consequences of disclosure but also or instead from difficulties associated with the cognitive processing of emotions. Given the prevalence of alexithymia in clinical samples (McGillivray et al., 2017), it is likely that a high proportion of participants in other studies of self-harm would also have scored highly on the TAS20. Greater awareness of alexithymia in clinical practice could increase understanding of the reasons behind individuals’ apparent reluctance to talk about their feelings. More generally, it reminds us that the barriers to help-seeking may not be limited to fear of stigma (Nearchou et al., 2018) or unhelpful responses (Wadman et al., 2018) but may also include an inability to find the right words.

Two specific implications for clinical practice from this study are worth highlighting. First, the sense of the self as fragmented and disconnected, and the use of self-harm to generate feeling points perhaps to a need for interventions which focus on bodily sensation. Mindfulness-based therapies, which have been shown to be effective in reducing alexithymia (Norman et al., 2019), may work in part by increasing interoceptive awareness through a focus on the body. Second, it was an interesting feature of the study that participants were often able to recognise their experience when it was expressed in ‘borrowed’ words, such as song lyrics or poetry. This tentative finding may have implications for interventions designed to increase emotional awareness among people with high alexithymia.

Conclusion

This study explored the experience of self-harm in people who struggle to identify and describe their feelings. It highlighted how self-harm can be used to communicate when words fail, to relieve the distress of disconnection from others and to generate feeling when the sense of a coherent self is lost. The findings have relevance for the treatment of self-harm, given the high, but often unacknowledged, prevalence of alexithymia in clinical populations. In addition, participants’ surprising use of song lyrics, poetry and quotations suggests that individuals may recognise their own emotional experience in other people’s words.

Author Contributions The study formed part of the lead author, Hilary Norman’s, doctoral thesis, supervised by the other three, named authors. Hilary Norman conceived of and designed the study, with the support of the other authors. Material preparation, data collection, transcription and analysis were performed by Hilary Norman. Lisa Marzano independently reviewed one transcript. Themes were derived by Hilary Norman and discussed with Lisa Marzano. The first draft of the manuscript was written by Hilary Norman and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Data Availability Due to the sensitive nature of this research, participants of this study were not asked for consent for their data to be made available to others for further research, so supporting data is not available.

Declarations

Ethical Approval This study was approved by Middlesex University Ethics Committee on 6 June 2018, reference 4083.

Consent to Participate Informed consent was obtained from all individual participants included in this study.

Consent to Publish Informed consent was obtained from all individual participants to the publication of their data in anonymised form.

Conflicts of Interests/Competing Interests The authors have no relevant financial or non-financial interests to declare.

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