The Fathers' Lived Experience of Having Had their Adolescent Child Engaging in Non-Suicidal Self-Injury

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Abstract

The study explores the fathers' lived experience of their adolescent child's non-suicidal self-injury (NSSI), paying particular attention to how this impacted them personally as well as relationally with their child and their partner. Six homogenous participants were recruited through purposeful sampling through a number of institutions which acted as gatekeepers. Data was collected through semi-structured interviews. The epistemological stance underpinning the study was social constructionism, adopting existential and phenomenological approaches. Interpretative Phenomenological Analysis (IPA) was adopted as the methodology of choice. Six Group Existential Themes (GETs) were elicited through the data analysis: impact of self-harm on their fatherhood; impact of the self-harm on the relationship with their partner and on their relationship with the adolescent; the mutual impact of the family system and the self-harm; the fathers' perception and experiences with professionals; and self-harm as a personal journey of growth for the fathers. Findings were interpreted and discussed through the lens of attachment theory, systems theory and trauma theory. The results of this study point to a strong relational foundation for NSSI, where the teenager's self-harming behaviour is fostered by the systemic dynamics where the relationship between the adolescent and father is intricately linked. The findings also showed how this experience can be humbling and enriching for fathers, also contributing to stronger family bonds. The need for timely interventions, including family therapy sessions, also came to light. Based on the findings and personal reflections, implications for practice as well as recommendations to researchers conducting comparable studies were made.

Keywords: NSSI, self-harm, adolescent, father, relational, trauma, attachment

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To my own father, Charles.

You may not be physically near,

but you are always by my side,

being my father and my protector.

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Chapter 1: Introduction

1.1 Preamble

The International Society for the Study of Self-Injury (2022) defines non-suicidal self-injury (NSSI) as "the deliberate, self-directed damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned." Although it is not driven by suicidal ideations, it is strongly associated with suicidality (Victor et al., 2019) and may be associated with unintended but severe physical damage and lasting scars as well as a variety of other comorbidities, such as disordered eating, depression, and anxiety (Bjarehed et al., 2012). NSSI frequently manifests as skin-piercing, skin-carving, skin-burning, striking, or self-biting behaviours as well as scratching, skin-picking and hair-pulling (Arbuthnott & Lewis, 2015). Indeed, it can be quite upsetting for parents to see or witness due to its visual resemblance to suicidal behaviours and attempts, particularly when wrist or arm cutting is involved (Whitlock et al., 2018).

1.2 Adolescent Mental Health in Malta

A recent study carried out with adolescents by the Richmond Foundation found that 70% of interviewed adolescents reported feelings of anxiety, whilst 80% of the young people interviewed believe that adolescents are susceptible to depression and 54% to suicidal thoughts. Moreover 37% of the adolescents interviewed said that they would try to resolve their mental health issues on their own, seeking out help from no one (Magri, 2022). Indeed, Abela et al. (2012) made reference to research which had shown that Maltese adolescents do not seek out their parents to confide in them.

1.3 Fatherhood in the Maltese Context

Fathers have an impact on the growth and adjustment of their offspring, and children are likely to receive greater emotional support and supervision when fathers are actively involved (Flood, 2003). In the family, fathers fulfil a variety of duties, including those of caring parent,

disciplinarian, provider, and playmate. On a national level, fatherhood has been on the political agenda over the last few years because it has been recognized that involvement of fathers in families is very much needed and desired. Indeed, in 2022 new legislation was passed whereby paternity leave was increased from 1 day to 10 days giving fathers the chance to bond with their child in the first few days of life (doi.gov.mt, 2022). However, while parents of young children have no difficulty carrying out their roles and responsibilities as parents, this becomes more complex in adolescence (Coleman, 2014).

1.4 Rationale for the Research

Throughout my 15 years supporting students and their families in my role as an Inclusion Coordinator in a boys' secondary school, I have had the opportunity to get an insight into the lived experience of students and their families struggling with NSSI, and often I cannot help but note that it is always the mothers who seem to be the reference point in this regard, and from whom the school receives feedback and updates with regard to the students when they have had an episode or are going through a phase of NSSI. As a trainee systemic family therapist this does not sit comfortably with me, and I therefore set out to explore and understand the dynamics behind this further.

I found there to be a dearth of literature that has explored the impact that adolescent NSSI has on the fathers of these youth as most studies explore this phenomenon almost exclusively through the mothers and then generalise their findings to both parents (Arbuthnott & Lewis, 2015). The aim of this study is therefore to pass the spotlight on to the fathers, giving them a voice to explore and express how they had lived the experience of their adolescent child engaging in NSSI. For the purpose of this study, I chose to adopt a qualitative approach using Interpretative Phenomenological Analysis (IPA) as the tool with which to analyse and interpret the fathers' stories and experiences.

1.5 Research Questions

The main research question for this study is:

- How have fathers experienced their adolescent child engaging in non-suicidal self-injury?

Two secondary research questions are explored throughout the course of the study:

- What impact did this have on their relationship with their child and with their partner?
- What impact did it have on their own physical and mental well-being?

1.6 Theoretical Framework and Philosophical Underpinnings

The first of the two main theoretical frameworks that underpin this study is that of Bowlby's Attachment Theory which outlines the importance of the parent-child relationship function (Bowlby, 1973). The second theoretical framework is Attachment Narrative Therapy (Dallos, 2006) which connects the domains of systemic practice, attachment theory and narrative therapy. The systemic approach provides a framework which enables us to explore multiple perspectives about experiences, relationships and events whilst exploring the similarities and differences between more recent and historical narratives or stories about oneself, other people, or events and what connects them. Moreover, this approach does not pathologize families but rather seeks to understand how forms of pathology shape internal experience and family dynamics (Dallos, 2006). Social constructionism serves as the overarching epistemological perspective that guides this investigation, where language is privileged as the "medium of meaning" (Flaskas, 2010, p. 241).

1.7 Use of Terms

The terms father, carer and guardian will be used interchangeably throughout the -study in respect of the fact that there are many families and situations where a person other than the

biological father would have taken on the role of fathering the adolescent, thus, making their experience just as valid and pertinent to the scope of this study.

Moreover, the terms NSSI, self-injury and self-harm will also be used interchangeably.

1.8 Conclusion

Following this introduction, the next chapter will provide a comprehensive overview of the literature on NSSI and its effects on parents and families, as well as the role of fathers in today's families and the continued marked absence of fathers in psychological research. Chapter 3 will provide an overview of the methodology and research design, providing a rationale for the use of IPA in collecting and analysing the data and this will be followed by the findings. The discussion and conclusion, will conclude this dissertation. The limitations of the study as well as recommendations for future studies and implications for practice will also be included in the final chapter.

Chapter 2: Literature Review

2.1 Introduction

Several studies have shown that the approach adopted by parents can have a significant influence on the development and maintenance of NSSI in adolescents (Wang et al., 2022), although the other side of the systemic coin is that the dynamics of the family as a whole suffers significant impact by the adolescent's NSSI (Townsend et al., 2021). However, there is a dearth of literature that has explored the impact that adolescent NSSI specifically has on the fathers of these youth, as most studies explore this phenomenon almost exclusively through the mothers (Arbuthnott & Lewis, 2015). The aim of this chapter is therefore to present a comprehensive review of the literature about the effects of NSSI on adolescents and their parents in my commitment to bring the lived experience of the fathers to the fore. This chapter will therefore present an outline of adolescence as a developmental stage. It will then delve into the complexity of NSSI - its prevalence among youth, its interpersonal functions, and how it presents itself. The chapter then moves on to looking into how family dynamics and NSSI impact one another, and the impact that NSSI has on parents. Lastly, I highlight the absence of the father's voice in the literature and bring to the fore the special bond between fathers and their adolescent children.

A comprehensive literature search of studies published in English between 2020 and 2023 was carried out through HyDi perusing the following databases: Scopus, PsycINFO (EBSCO), ProQuest One Academic and OAR@UM . The following keywords were used: 'adolescent', 'teenager', 'self-injury', 'non-suicidal self-injury', 'father', and 'experience'. Pertinent references identified throughout the course of reviewing the retrieved literature during the original search and which appeared to be relevant to the current research were also perused and included in the current review.

2.2 Adolescence as a Developmental Stage

Adolescence has been described as "a differentiated phase of life with its own defining characteristics" (Parra et al., 2015, p. 2003). It is regarded as a time of overcoming one's primitive impulses dominated by three key features: risky behaviour, mood instability and parental conflict (White, 1992). Therefore, the relationship between adolescence and what might seem like "tectonic shifts in family dynamics" (Waals et al., 2018, p. 2) means that it tends to stand out from among the other stages in the family life cycle where during this period family harmony can be difficult to achieve, partly due to the dynamic tension between adolescent need for autonomy and togetherness. Moreover, the child's emotional and hormonal changes, as well as a frequent lack of carers' understanding of typical adolescent emotional and social developmental needs only serve to make matters worse. Therefore, despite the fact that adolescence is typically characterised by greater freedom and independence from parents, it is also a development period during which the adolescent is particularly susceptible to loneliness, particularly when spending time with the parents (Woodhouse et al., 2011).

Viewed from an attachment lens (Bowlby, 1988), adolescence is seen as a period during which the attachment to the parents becomes secondary to that of peers, where the need for security gives way to the need for autonomy, and from attachment to individuation (Bowlby, 1988). Adolescents' ability to overcome this challenge is greatly aided by the presence of the parental attachment figures; however, an insecure attachment may evolve into anxious or avoidant attachment bonds, which have been linked to various aspects of psychosocial functioning, including internalising and externalising issues, issues with emotion regulation, and depressive symptoms (De Meulenaere et al., 2021).

2.3 Prevalence of NSSI

According to the January 2022, the UK National Institute for Clinical Excellence (NICE) report, 7.3% of girls and 3.6% of boys aged 11 to 16, and 21.15% of girls and 9.7% of boys aged 17 to 19 had self-harmed. These figures seem to reflect the reality of the local scene where a retrospective audit of patient records carried out in Malta at the national psychiatric hospital showed that approximately 38% of all children and adolescents who were in-patients from 2010 to 2014 (both years included) had engaged in self-harm before admission (Grech & Axiak, 2016). The average age at onset of NSSI is early adolescence, and that is, around the age of 14 years (Gandhi et al., 2018) and it peaks at around the ages of 15 to 17 years (Plener et al., 2015). Rather than age, self-harm has been associated with the pubertal period, particularly late or completed puberty (Patton et al., 2007) and the specific neurodevelopmental susceptibility during this period, although in 2021 *The Guardian* reported that self-harm had doubled in the previous six years in the UK in children between the age of nine and twelve (Marsh, 2021). Moreover, studies have shown that girls are more susceptible to self-harm than boys, with a ratio as high as five or six is to one (Hawton et al., 2012).

2.4 The Face of NSSI

A study conducted by Baetens et al. (2011) showed that teenagers who engaged in NSSI reported mostly usual adolescent issues including fighting with peers or having issues at school. However, only 16% of those adolescents reported having professional psychiatric assistance, and up to 40% did not recognise it as a personal issue requiring care as they do not tend to see themselves as having a serious problem. According to Evans et al. (2005) this may be because adolescents are more inclined to discuss their NSSI with peers and want to keep their behaviour a secret, especially from adults.

Indeed, NSSI is frequently cited by teenagers as a representation of independence (Gandhi et al., 2018) and according to Beatens et al. (2014) it is typical for teenagers to conceal NSSI from their primary carers during the initial stage, which may help the young person feel more autonomous. Parents or guardians who are familiar with the child, however, frequently pick up on this secretive behaviour, and they frequently suspect that something is wrong despite not knowing what the youth is going through. At this point, carers might start asking questions to the child in an effort to identify the root of their child's anxiety or to reassure themselves that there is no true reason to be concerned. Even though frequently well-intentioned, these probes may be perceived as a challenge to the adolescent's autonomy, which could jeopardise the child's sense of connection to their parents.

Parents' prior self-harm as well as other family/environmental factors like childhood maltreatment, dysfunctional families, and parent-child conflict have been proven to be risk factors for the children's self-harm. However, Hawton et al. (2012) posit that most young people self-harm as a result of a complex web of circumstances and experiences, such as biological, psychological, and cognitive weaknesses along with exposure to traumatic experiences.

While studies from non-clinical samples suggest that the type of self-injury may differ between boys and girls, NSSI rates among female teenagers are highly common in clinical samples. When research focuses only on NSSI activities (cutting, burning, self-hitting, and other forms of tissue injury) without considering other forms of self-harming behaviours, Heath et al. (2008) found no significant gender differences. But according to Baetens et al. (2011), girls are more likely to cut themselves, whereas boys are more likely to strike or burn themselves.

2.5 Interpersonal Functions of NSSI

According to Baetens et al. (2011), teenagers who engage in NSSI are primarily driven by intrapersonal motives. However, Hilt et al. (2008) embarked on a longitudinal study to explore the interpersonal function of NSSI (i.e., social positive reinforcement) in a community sample of young adolescents (ages 10 to 14) for which they adopted a four-function model put forward by Nock and Prinstein (2004). This model proposed that NSSI can fulfil four main purposes which vary along two binary dimensions: automatic versus social needs, and positive versus negative reinforcement. Using a longitudinal analysis of perceptions of parental connections, this study provided an opportunity to investigate whether teenagers who engage in NSSI believe that their relationships with their mothers and/or fathers will improve with time.

The study found that relationship quality with the fathers significantly improved for young adolescents who reported NSSI, providing empirical evidence for the NSSI's social positive reinforcement function. This model appeared to apply specifically to fathers, which suggests that, in contrast to relationships with mothers, relationships with fathers may be more influenced by environmental factors.

These findings emphasise the relative significance of father-adolescent interactions and are consistent with findings from other studies, for example, that of Shek (1998), who had found that conflict between a father and his adolescent child was a strong predictor of poor mental health. Indeed, a study by Di Pierro et al. (2012) found that adolescents who admired and emulated their fathers were more likely to engage in self-harm when the relationship was poor and characterised by poor communication, highlighting the special bond that adolescents have with their fathers.

2.6 Family Dynamics

Family systems as a whole are significantly impacted by NSSI (Townsend et al., 2021). Families may experience disruptions, and the self-injuring youth may be perceived as holding the primary position of power within the family (Bryne et al., 2008). The power dynamics in the family have been demonstrated to change when the adolescent's self-injury comes to light, with parents feeling reluctant to discipline their offspring (Raphael et al., 2006). Taking care of a child who self-harms reportedly caused some parents to change their career or cut back on working hours which may continue to put more financial strain on families (McDonald et al., 2007). Indeed, parents frequently neglect to respond to their own stress-related needs, instead prioritising their child's (Whitlock et al., 2018).

Moreover, Ferrey et al. (2016) found that parents and their partners occasionally disagreed on the optimal course of action, with some emphasising emotional support and others emphasising setting boundaries resulting in tense family dynamics. This study, along with others also brought to light siblings' plight and needs. However, as reported by Oldershaw et al. (2008), parents did believe that the NSSI had improved family life by fostering a closer bond between themselves and their children.

When considered as a whole, the relationship between parental risk factors for NSSI and youth NSSI may be reciprocal; NSSI can have a substantial negative influence on parental wellbeing and parenting, which may then damage parents' capacity to help their children.

2.7 Literature Exploring Impact of Adolescent NSSI on Parents

Having conducted a review of the literature, Arbuthnott and Lewis (2015) report that parental support for a child who self-injures can be harrowing and emotionally exhausting. Parents express a wide range of negative feelings (such as sadness, guilt, embarrassment, astonishment, disappointment, self-blame, rage, and impatience) whilst admitting to feeling lonely, alone, and

helpless. Moreover, parents report experiencing guilt and shame in regard to the self-harm (McDonald et al., 2007). The stigma attached to NSSI and the perceived lack of resources and support for NSSI can intensify these emotions, and as a result, parents feel unable to discuss their child's NSSI with family members or are very selective about who they disclose it to (Byrne et al., 2008).

2.7.1 Caregiver Strain and Understanding

The difficulty of caring for chronically ill parents or children has been referred to as "caregiver strain," and it has been connected to carer distress (Brannan & Heflinger, 2006, p. 409). This distress has a negative impact on the health and wellbeing of the carer and is defined by the unfavourable thoughts, feelings, and consequences (such as logistical, emotional, and attitudinal issues) that carers encounter as a result of providing care for a person who is chronically ill. Townsend et al. (2021) present the results of a qualitative analysis which highlights the deleterious impact of adolescent NSSI on parents and their lives where parents reported continuing anxiety and discomfort, as well as increased alertness, dread, and a decline in their own mental health.

Oldershaw et al. (2008) report that many parents struggle to come to terms with their child's self-injurious behaviour and feel unable to understand its significance, for example, regarding it as a 'phase'. This was supported by the findings from a qualitative study by Fu et al. (2020), which indicated that most parents are ignorant of NSSI in adolescence. Indeed, some of them had never heard of NSSI behaviours before their children exhibited them and underestimated how serious it was, disregarding it as a result and thinking that things would automatically get better. In addition, these authors found that a lot of people have preconceived notions regarding mental illnesses which do not fit their ideas, if any, of NSSI.

In line with McDonald et al.'s (2007) study, the majority of parents are unaware of the most effective coping mechanisms for their children's self-injurious behaviours, frequently equating

NSSI with adolescent rebellion. Moreover, Fu et al. (2020) found that some parents worry about their children's academic success, job, and marriage being disrupted by the NSSI and its effects.

2.7.2 Parenting and Parenting Styles: A Bi-Directional Effect

Baetens et al. (2014) argue that perceived parenting and NSSI may be causally related in both directions. Unhelpful parenting techniques can increase the likelihood of NSSI, but the opposite is also possible; negative parenting techniques can also be a result of NSSI. These authors confirmed the reciprocal relationship between NSSI and parenting behaviours. Over time, parenting behaviours are linked to NSSI as antecedents, whereas NSSI also significantly influences parenting. This study's findings, which centre on how parenting practises affect NSSI, demonstrate a long-term relationship between NSSI and both controlling and positive parenting. In other words, parenting practices, such as regulating physiological arousal/regulation, invalidating emotions, and handling stressful life events, may have a significant impact on the development of NSSI as well as its maintenance, increasing the load on a family system that is already strained.

Waals et al. (2018) proposed the Family Distress Cascade Theory, which looked at how NSSI and adolescent-parent relationships interact reciprocally. It was suggested that when parents cannot predict the appearance of the next NSSI, they will feel both acute stress and persistent secondary stress. As a result of this stress, parents may become more controlling, which would result in more NSSI episodes. Thus, according to this theory, controlling parenting styles are linked to more frequent and severe NSSI episodes.

However, the bond between the teenager and parent and their reciprocal interaction throughout repeated NSSI may not be fully depicted in this theory. Fu et al. (2020) spoke with parents of young people who self-harmed about the effect NSSI had on them, and most parents said they were more understanding and eager to engage and interact with their children as friends. Moreover, a phenomenological study carried out by Wang et al. (2022) concluded that managing

parents' expectations and negative impressions of NSSI can help to reduce adolescent parental conflict, in turn having a positive impact on the adolescents' inner conflict and preventing further episodes of NSSI.

2.8 The Father's Voice

2.8.1 Absence of the Father's Voice in the Literature

In 2004, Vetere stated that "…fathers are no longer a neglected topic, but they are still under-researched" (p. 325), and 20 years on, this statement still holds true. Indeed, as Gorell Barnes (2018, p. 27) stated, "fathers disappeared from research vision altogether for a decade or two". Additionally, since mothers have been, and still are, the primary carers for children (Milkie et al., 2015), when fathers have been acknowledged, it was through the mothers, as Arbuthnott and Lewis (2015) and others have noted. It follows that it is not surprising that mothers have traditionally been "the parent" involved in studies involving their child(ren). However, fathers do have an impact on their children's development, according to both theoretical perspectives and empirical data (Parent et al., 2017), where even as early as 1988, Bowlby made reference to a study where the patterns of attachment demonstrated to fathers paralleled those demonstrated to mothers.

Modern explanations for fathers' relative absence from paediatric research centre on characteristics of fathers include their lack of availability and accessibility compared to mothers, lack of time, lack of interest in research, and lack of availability (Mitchell et al., 2007). However, it is interesting to note that when Davison et al. (2017) asked fathers about their lack of participation, over 80% of the respondents said that they had not been requested to participate or that the mothers had not encouraged their participation.

Fathers' involvement in childcare has increased by almost threefold over the past 50 years (Fabiano & Caserta, 2018), highlighting the need for modern perspectives on father involvement, engagement, and intervention within clinical child and adolescent research. The fathers of children

who have behavioural and mental health issues are key protagonists for intervention efforts. However, in spite of an awareness of a lack of father involvement in clinical research, father engagement has remained at minimal levels (Fabiano & Caserta, 2018).

2.8.2 The Father and Adolescent Bond

Providing resources and assistance, enforcing rules, modelling and teaching adaptive behaviours, and coparenting with the child's other parent are all aspects of fathers' parenting. Abela et al.'s (2012) study showed that fathers are also capable of teaching their adolescent children how to recognise their positive qualities while motivating them to never give up on life, as well as helping them deal with the pressures of puberty. In short, positive father participation enhances child development in a variety of dimensions, as shown by copious and reliable research (Fabiano & Caserta, 2018).

Looking at the father-child relationship through the attachment lens brings to the fore the co-creation of the father and child interaction patterns and how both are susceptible to disruptions or breaches of previously established rhythms. Moreover, the fathers' identities are shaped by their interactions with others during their own formative years, and as a result, they may have developed coping mechanisms to deal with stressful situations, which may subsequently be in conflict with the desire and expectation of "being a good dad" (Gorell Barnes, 2018, p. 41).

2.9 Conclusion

Throughout this chapter I have attempted to outline not only the nature and functions of NSSI for youth and how this impacts the family system, but in particular, I have sought to bring to the fore the particular relationship that fathers have with their adolescent child, and therefore highlight the need to have a deeper understanding of how fathers, "quiet bearers of the wounds of self-injury" (Whitlock & Lloyd-Richardson, 2019, p. 43), experience their adolescent child self-harming.

Chapter 3: Methodology

3.1 Introduction

The aim of this chapter is to present a thorough overview of the methodology applied throughout this study. The rationale for the particular philosophical and epistemological stance and choice of methodology will be presented, together with a detailed overview of the processes involved in the selection of participants, the interviews, and the data analysis. Additionally, I will also highlight the process of self-reflexivity, as well as discuss the ethical considerations.

3.2 Research Rationale

The purpose of this study is to explore the lived experience of fathers whose adolescent child had engaged in NSSI, thereby addressing a paucity of literature in the area where most of the studies exploring the phenomenon of NSSI from the perspective of the parents did so through the mothers, thus, not necessarily reflecting the father's lived reality (Arbuthnott & Lewis, 2015). In light of this, a "constructivist epistemology" has been adopted where "knowledge progresses through understandings" (Dallos & Vetere, 2005, p. 27-28). Thus, this current study is original in that it seeks to give a voice to fathers, aiming to grasp, analyse and interpret their lived experience.

3.3 Rationale for a Qualitative Approach

A qualitative method was adopted for this study primarily because it is a human sciences approach, where the majority of the approaches advocate for an open inductive method of gathering and analysing data rather than developing hypotheses before conducting research (Pietkiewicz & Smith, 2014). And this is what I was seeking to achieve from my study – to openly explore the lived experience of the fathers. Moreover, this method of research is concerned with "meaning, sense-making and subjective experience" (Storey, 2011, p. 2), so it is highly suited for my study where I seek to understand and interpret the lived experience of fathers.

3.4 Rationale for Choice of IPA Over Other Methodologies

Interpretative Phenomenological Analysis (IPA) was chosen over other methodologies as it emphasises how each person's unique experiences relate to their environment (Willig, 2001), and it is particularly suited for exploring complicated, ambiguous, and emotionally charged topics (Smith & Osborn, 2015).

Other qualitative methods were explored, however, none seemed suitable for purpose. For example, Grounded Theory would have enabled me to develop an explanatory account of the fathers' experience as well as create a speculative theory in relation to the data (Charmaz, 2006), however, this is was not what I was after. Similarly, Thematic Analysis was also considered as a possible approach for this study, as it too is concerned with exploring the lived experiences of participants (Braun & Clarke, 2014). However, IPA was preferred for the hermeneutic and idiographic underpinnings.

3.5 IPA as a Phenomenological, Hermeneutic and Idiographic Approach

The core tenet of phenomenological inquiry is that experience should be investigated in the context in which it arises and on the basis of its own terms, studying "human beings in human terms" (Finlay, 2012, p. 27). Phenomenologists are concerned with subjectivity and embodiment, and that is, how we see others and how our perception of the other develops from our own "embodied perspective" (Smith et al., 2022, p. 14). Most phenomenological academics concur that returning to embodied, experiential meanings should be our primary concern, striving to provide rich and intricate descriptions of phenomena as they are actually experienced.

The second tenet of IPA is hermeneutics simply described as the "the theory of interpretation" (Smith et al., 2022, p. 17). In this way, IPA enables us to recognise how our research might provide significant insights that contain and go beyond the narratives of our participants, enabling the interpretative analyst to propose a different viewpoint to that of the narrator (Smith et

al., 2022). This makes an IPA study a “dynamic process” (Pietkiewicz & Smith, 2014, p. 8) where the researcher actively participates in determining how much access they have to the participant's experience, and how through interpretation, they make sense of the participant's private world.

As the third major tenet of IPA, idiography emphasises the particular, and is dedicated to truly understanding how specific “experiential phenomena” have been perceived from the viewpoint of specific individuals in a specific context (Smith et al., 2022, p. 24). As a result, IPA frequently employs small, homogenous samples where data is usually, although not exclusively, gathered through in-depth interviews (Smith, 2017).

Since the study is intended to explore the raw lived experience of fathers, an existential phenomenology stance was also kept in mind as this stance “attempts to explore and expose the meaning of phenomena in the life-world, the realm of day-to-day lived experiences prereflectively encountered in consciousness” (Garko, 1999, p. 168).

3.6 Epistemological Stance

The broad epistemological stance underpinning this study is social constructionism, positioning the researcher and participants as co-creators of meaning and knowledge where individuals actively construct the meanings around their lives in conversation with others (Carr, 2012). However, within this stance I adopt a critical realist approach where I remain aware that “the way we perceive facts, particularly in the social realm, depends partly upon our beliefs and expectations” (Bunge, 1993, p. 231).

Having outlined the philosophical underpinnings of this qualitative research, the reader will now be in a better position to understand the researcher’s mindset as the study unfolds (Creswell & Poth, 2018).

3.7 The Participants

3.7.1 Sample Criteria

In order to obtain rich and relevant data, the interview questions must hold significance for the participants (Dallos & Vetere, 2005), therefore requiring purposive sampling for participant selection (Smith & Eatough, 2006). A small homogeneous sample was needed for this study where the participants were required to be fathers whose adolescent child had engaged in NSSI, however, had not self-injured within the previous year.

3.7.2 Participant Recruitment

The sample size was determined by following the guidelines set by Smith et al. (2022, p. 105) who suggest that a size of three to five is enough for an adequate IPA study, whilst a larger sample of up to ten can "both unify and yet contain the variety of experiences" of the different participants. I therefore aimed to recruit eight to nine participants to enrich the study as much as possible.

The recruitment of participants was conducted through a number of organisations which acted as gatekeepers, namely, Richmond Foundation, the Family Therapy and Psychological Services at Foundation for Social Welfare Services (FSWS), Child and Young People's Services (CYPS), Caritas Malta, Cana Movement, and the Counselling Services of the Secretariat for Catholic Education (SfCE). Moreover, for ethical purposes, since I am employed in a Church school, any participants that would have been recruited through the SfCE would have had to be screened in order to ensure that the child/ren were not attending the school where I am currently employed. It is interesting to note, however, that only six participants were recruited in all, one through FSWS and five through CYPS, continuing to highlight the difficulty in conducting research on this topic with fathers.

3.7.3 Participant Characteristics

All participants were assigned pseudonyms and Table 1 below sets out the individual characteristics of the sample.

Table 1

Participants' Details

Father (pseudonyms)	Gender the Adolescent identifies with	Age of Onset of NSSI	Order of Birth
Peter	Female	4	Only child
David	Male	12	Eldest
Edmond	Female	15	Eldest
Alan	Female	13	Eldest
Martin	Female	15	Youngest
Robert	Female	13	Youngest

Five of the participant fathers were the biological fathers of their adolescent children, and one was an adoptive father who had adopted his daughter when she was a few months old. Four of the participants were Maltese, whilst another two were not. The two non-Maltese fathers were proficient English speakers and had lived in Malta with their family for several years. Five of the fathers were parenting more than one child, whilst one was the father to a single offspring. All bar one were fathers to an adolescent girl who had self-harmed. Most of the adolescents had self-harmed by self-cutting whilst two had also overdosed on medication.

3.8 Data Collection

3.8.1 Interview Guide

Semi-structured open-ended questions were constructed by way of creating a "virtual map" for the interview (Smith et al., 2022, p. 55) in a bid to facilitate a meaningful conversation with the participants during which they would feel comfortable exploring and sharing their experience of having had their adolescent child engage in NSSI. The interview guide was formulated based on the literature currently available which indicates how parents in general relate to their adolescent child's NSSI. As recommended by Smith et al. (2022), the questions were then discussed and reflected upon with my supervisor. Interview questions were originally constructed in English. Once these were finalised, they were then translated into Maltese in order to offer participants the choice of their preferred language. The quality of the translation was checked with my supervisor and checked through back translation in order to remain faithful to the original questions.

3.8.2 Pilot Interview

In order to test the flow of the interview questions and create "a conversation with a purpose" (Smith et al., 2022, p. 54), the first interview was used as a pilot interview. This interview was later transcribed and discussed with the supervisor. The interview guides are attached as Appendix A. This process was helpful in giving me the opportunity to reflect on my stance and how to better position myself for subsequent interviews. I reflected that my lack of experience in conducting such interviews had led me to overlook certain statements and disclosures, resulting in missed opportunities in potentially collecting valuable data through more in-depth replies. Despite this, the data collected from this interview was rich enough to allow me to include the interview in the study.

Following the pilot interview, I familiarised myself with the questions to the extent that I was able to use them creatively and spontaneously. Moreover, being aware that the topic was a particularly painful one to the fathers who were being interviewed, I was vigilant to remain

sensitive and attuned to the participants all throughout the interview, remaining aware of all non-verbal and non-behavioural communication (Pietkiewicz & Smith, 2014) and adjusting the flow and the order of the probe questions accordingly.

3.8.3 Conducting the Interviews

Once contact was made with the participants, I took the time to provide them with the details and scope of my study and once again confirmed their willingness to participate. We then went on to identify a suitable date and place to meet for the interview. All of the interviews were conducted in person bar one which was conducted online using a secure and encrypted connection on Zoom.

The first few minutes of each interview was dedicated to establishing a meaningful connection with the participants. Moreover, since the topic was very sensitive to the participants, at the start of each interview I asked the participants if they preferred to respond to the overarching question freely, or whether they would prefer to be supported by the semi-structured interview guide. Most participants preferred to start off by expressing themselves freely, and then be guided with probe questions. As the interviews progressed, I found myself being totally immersed in the conversation, and whilst I was indeed making use of the interview guide. However, I was also allowing myself to go with the flow of the conversation and exploring the participants' experiences on their own terms (Kvale & Brinkmann, 2014). When the interview was nearing its end, I invited them to share any last thoughts if any, and once again thanked them for their time and generous participation. At the end of the interview I reminded them where they could seek out free therapeutic support as requested by the Ethics Committee should they feel the need to. Duration of the interviews varied between 45 and 90 minutes.

3.9 Data Analysis

In a bid to achieve excellence in the analysis of the data, I kept in mind the four quality markers indicated by Nizza et al. (2021), and that is, to construct a captivating narrative, to develop an evolving experiential story, to conduct a close analysis of the transcripts, and to be attentive to the convergence and divergence of the participants' stories. I sought to achieve this by committing to an "iterative and fluid process of engagement" (Smith et al., 2022, p. 77), moving in and out between small sections of the transcript to the larger context, "from the particular to the shared, and from the descriptive to the interpretative" (p. 75).

Following the transcription of each interview, the first step involved reading and re-reading the transcript whilst listening to the recording of the interview several times. This helped me to fully immerse myself in the data and to 'hear' the voice of the participants in subsequent readings and stages of the analysis (Larkin et al., 2006). The second step then involved the examination and exploration of the semantic content and the use of the participants' language. In order to do this, the transcript was transferred to an Excel document where two columns were created, one for the transcript and the other for exploratory notes, as indicated in Smith et al. (2022). Each line was numbered for ease of reference at a later stage in the analysis. I then embarked on a close line-by-line analysis, during which I started to take down some exploratory notes and interpretive comments of what stood out for me, all the while staying close to the participants' meaning whilst employing my own interpretation. This then led on to the third step in the analysis, which required the addition of another column to the left of the original transcript. Here I started to note down experiential statements (Smith et al., 2022) resulting from the process of engaging with the exploratory notes. These statements were directly related to the participants' experiences but also presented a concise and compelling summary of the initial exploratory notes, this time including not only the participants' words but also my own interpretation, thus adding a deeper and more complex level of understanding to the transcript (Smith et al., 2022). By way of presenting an excerpt of the

data analysis process, a sample of a table showing the 3 columns is presented as Appendix B. After I had completed this stage of the analysis of first transcript, I met up with my supervisor and together we went over the 3-columned table where we discussed the process together and she guided me in how to refine and improve on certain aspects of the process before proceeding to the next step of the analysis.

Once I had completed the first three steps of the analysis for all six transcripts, I then set out to embark on the next step of the process, and that is, "searching for connections across experiential statements" (Smith et al., 2022, p. 90). In order to aid me in the process, I printed the experiential statements of the six participants on six different coloured papers, assigning a colour to each participant. This strategy enabled me to always be in a position to identify the origin of each statement and refer back to the transcript and my exploratory notes as needed during the process of mapping out which statements fit together. After cutting up the statements so that each statement was represented on an individual strip of paper, I started laying them out indiscriminately on a large surface, giving importance to each statement whilst doing so. As this process unfolded, it started to become evident which experiential statements could be clustered together to form themes. These sets of Group Experiential Themes (GETs) were then each given a title which best described an element of the experience at a group level. Moreover, some themes were considered to be very broad, and were later broken down into sub-themes. This process involved an ongoing zooming in and out from the specific experiential statements to the GETs and sub-themes that were slowly taking shape. Along the way, some experiential statements did not seem to fit any of the GETs that were taking shape, and a different GET or sub-theme was formed. The process continued until all the experiential statements which had been deemed relevant formed part of a GET. A total of 42 themes were initially elicited (Appendix C). The final stage entailed setting out the GETs and sub-themes in a table as presented by Smith et al. (2022). Once I had reached the final stage of this process, I once again met with my supervisor and together we discussed and refined the GETs and

the relevant sub-themes, ensuring that the individual sub-themes supported the GET and reflected the different experience of all the participants within the scope of the theme. The table of GETs and all the supporting extracts from the transcripts are presented in the next chapter.

3.10 Credibility and Trustworthiness of the Study

The validity and reliability of this study were crucial to this study. All throughout the data collection and analysis process I worked very closely with my supervisor, who was not only overseeing my work at every stage, but was also acting as a peer reviewer. We engaged in deep conversations, engaging with the data hermeneutically.

Moreover, all throughout the study I was committed to being open and transparent about the various process. All the steps were faithfully recorded such that any other researchers may follow every step from the start to the finish of the research process (Dallos & Vetere, 2005).

3.10.1 Translation of Data

Although the data was analysed in the original language, excerpts in Maltese were translated into English for the readers' ease of access. Back translation was employed in order to ensure that the English version accurately reflected the participant's intended meaning. A copy of the Findings chapter containing the original Maltese excerpts is presented as Appendix K.

3.11 Reflexivity

An IPA study highlights the need for self-reflexivity in order for priority to be given to the phenomenon being interpreted, rather than to one's "fore-structures" and preconceptions (Smith et al., 2022, p. 20). Moreover, the researcher plays a key role in the interpretation of the data and indeed, Biggerstaff and Thomspon (2008, p. 211) point out that "rather than attempt the impossible task of seeking to diminish the researcher's role", IPA brings the researcher's role into centre stage.

Therefore, in order to aid me in retaining an active reflective stance, I put certain processes in place. For example, I would purposefully block time immediately after each interview to allow myself the reflective space to take note of my initial thoughts and feelings. This process allowed me to get in touch with my biases and personal resonances, enabling me to fully absorb the raw experience of the interview and the participant. These notes would then be forwarded on to my supervisor, and we would discuss the implications accordingly. A sample of these notes is attached as Appendix D.

Moreover, all throughout the study I remained keenly aware of all the roles I held - an educator, a trainee systemic family therapist and a parent to two young adults - and how my experiences might be impacting on my interactions and my interpretation of the participants' experiences. Indeed, in going back and forth in the analysis process I reflected on how my biases came to the fore and needed to be corrected. For example, how my personal belief of fathers not getting so emotional and so emotionally involved was proven wrong because the data from the transcripts was showing me otherwise. This was a very enriching personal experience for me in the course of the study. Moreover, my reflections and the frequent discussions with my supervisor ensured that I remained faithful to the participants' experiences all throughout. Furthermore, the support of my supervisor was also a source of holding and containment for me, and helped me to process my own feelings when the content disclosed during some interviews was particularly distressing and heavy to bear.

3.12 Ethical Considerations

In view of the sensitivity of the study, several ethical considerations were kept in mind. Prior to the start of the study, approval was sought from the Ethics Research Committee at the University of Malta (Appendix E). Only then were the respective gatekeepers contacted and

provided with the letter of information (Appendix F). One of the institutions that was acting as gatekeeper, FSWS, had its own ethics approval process which was also successfully completed (Appendix G). Once all ethical clearance was in place, the process of recruiting participants was able to commence.

Before commencing each interview, I went over the consent form (Appendix H) with each participant, informing them of their rights, and once again explaining the scope of the study. I made sure that the participants were comfortable being audio recorded. Any questions that the participants had were addressed during this time. For example, a common question was whether the child's mother was also going to be interviewed. I would then explain briefly my reason for giving priority to the father's voice, explaining in simple terms that data gathered from studies to date had done so mainly through the mothers. Indeed, two of the mothers were present for most or some of the interview. In these instances I made sure to establish a warm, trusting rapport with the mother, welcoming her presence if she (implicitly or explicitly) expressed her wish to remain present for the interview. Furthermore, the participants were assured of confidentiality all throughout as well as their right to withdraw from the study at any time.

I was also aware that I had a duty of care towards my participants, and if I had any concerns following an interview, I would inform the gatekeeper so that these could be addressed with the family in any upcoming sessions. Moreover, all throughout the interviews I adopted a compassionate and empathic therapeutic stance, remaining sensitive to the participants' stories and experiences (Yardley, 2008). Some interviews were cathartic for the participants, however, I ensured that the participants understood that the interview was not a therapy session. In the event that they might have experienced some distress following the interview, a list of organisations which offer free therapy services was provided (Appendix I).

3.13 Conclusion

This chapter has outlined the methodology employed throughout this study, together with a detailed description of the data collection and data analysis process, including reflexivity which holds a central role in an IPA study. Steps to ensure validity and credibility were also outlined, as well as the ethical considerations. The results of the data analysis will be presented in the next chapter.

Chapter 4: Presentation of Findings

4.1 Introduction

A thorough analysis of the interviews elicited very rich and insightful data reflecting the experience of fathers living with their adolescent child's self-harming behaviour. A number of Group Experiential Themes (GETs) came to light together with various sub-themes. Therefore, as guided by Smith et al. (2022), this chapter will mainly present my own sense-making analytical interpretation of the themes and sub-themes heavily supported by extracts from the transcripts whilst the next chapter will include a discussion with references to the relevant literature.

4.2 Group Experiential Themes and Sub-Themes

The six GETs that were elicited are presented in a concise table below, whilst a comprehensive table including the relevant sub-themes is presented in Appendix J.

Table 2

Group Experiential Themes

1. The impact of self-harm on fatherhood
2. Impact of the adolescent's self-harm impact on the parents' relationship
3. Impact on the relationship with the adolescent
4. How the family system and adolescents' self-harm mutually impact each other
5. The fathers' perception and experiences of the involvement of professionals
6. Fathers see self-harm as their own personal journey of growth

4.2.1 THE IMPACT OF SELF-HARM ON FATHERHOOD

4.2.1.1 How the Self-Harm Accentuated the Role of a Father as Protector of Child and Family.

All throughout the interviews it was evident that the self-harm brought the traditional role of the father as protector to the forefront where protecting their child from this invisible enemy became their primary role. Some stated it explicitly like Martin, whereas for others it was weaved in implicitly all throughout the interview.

> *As a father I think that my job is to protect her (l. 66)*

However, all the fathers expressed that protecting their child was not easy, because as Martin put it,

> *It's not easy when you understand that you have to protect your child from herself (l. 30-31)*

These fathers tore down walls, both in a metaphorical sense as well as in a physical sense, to protect their child. For example, Edmond took all the necessary measures to learn what was going on in his daughter's life on the internet and was then able to block certain apps which were contributing to her self-harm.

> *I was protecting her from these supercomputers and addictive technology, just like any parent would protect their children from anything that's addictive (l. 989-991)*

David, on the other hand, cancelled the order for the bedroom and bathroom doors in order to have immediate and unencumbered access to his son.

> *The fact that I know that I have access to my son … knowing that if God forbid something had to happen, I know that I have access to him. That there are no barriers in between us that I have to break down before getting to him (l. 129-131)*

All the fathers spoke about having taken measures to remove all items from the home which presented a physical threat to their child, in spite of the inconvenience that this brought to the family.

> *We didn't have any sharp knives for a long time in the kitchen and it made life very difficult I have to say (Edmond, l. 341-343)*

However, these fathers also expressed their discomfort at being told by the professionals at The Young People's Unit (YPU) (a section within Mount Carmel Hospital (MCH) which caters for children and adolescents) to allow their child to self-harm as a preferred alternative to suicide. This was at great odds with their role of father as protector.

> *I never accepted it when they used to tell us to allow her to self-harm (Robert, l. 176)*

4.2.1.2 Focus was on the Needs of the Child and the Family. Whilst I was interviewing the fathers, it became clear that all throughout this experience, their main focus was not them but the needs of their child and their family. Peter explained, for example, how his friends used to criticize him that he was giving in to his daughter's demands even when he could not financially afford to, yet he would reply with:

> *I would rather go hungry and see my daughter happy (l. 556)*

Others, like Edmond, took time off work to fully dedicate his time and attention to getting to grips with the situation and the dark reality that his daughter was living with on the internet and to truly be there for her and the family:

> *This was an extremely complicated world. So I really took on board the challenge. I took some time off work and I started to learn about ….the online environment of young people (l. 110-114)*

And he does not regard this as a huge sacrifice, but rather something that needed to be done for the family, a time to *"deploy everything I've got" (l. 604):*

> *Looking back, did we sacrifice a lot? No, not really. Well, we just adapted, and we just really went for it as a family. (l. 609-609)*

4.2.1.3 How the Self-Harm Impacted the Self-Confidence of Being a Father. In their own way, a lot of the fathers expressed feeling insecure in their role as a father, with the fear that they will always be second guessing themselves.

> *Yeah, you never feel secure. It's something cracked in…your self-confidence and in the feeling secure that you are doing the right thing and it's hard to see it as repaired this crack. I mean this crack is there and it's probably never going to be fully fixed (Martin, l. 223-227)*

Most of the fathers spoke about feeling like a failure, expressing their hurt that their child had not sought them out in their moment of distress which brought them to the realisation that their relationship with their child was not as close as they thought it was.

> *At first I felt like a failure. One, because he didn't have the courage to come and speak to me and tell me what he's feeling and I was under the impression that we were close enough that we would be able to discuss certain things. (David, l. 140-141)*

Moreover, some fathers expressed a deep regret that they did not realise what was going on in their child's life, and wondering whether things might have been different had they spent more time with them.

> *Perhaps had I given her more attention would she have been more open with me? (Robert, l. 391-392)*

In one way or another, all the fathers expressed feeling a lack of control over the situation, rendering them powerless to protect their child.

> *Then you find out that you don't have control. You don't have really the situation that you were expecting or you are not able to control the situation and she takes control over the situation and you have to understand how to keep her safe (Martin, l. 103-106).*

4.2.1.4 Having to Live with the Constant Threat of Self-Harm. Having to live with the constant worry and threat of self-harm and possibly suicide was highlighted as one of the major concerns in these fathers' lived experience and which tore at the very fibre of their being.

> *God forbid I should come home and find her strangled or she jumps from the roof into the internal courtyard or onto the street (Peter, l. 185-187)*

Doors seemed to hold both symbolic and practical meaning to these fathers, where for some the absence of doors represented ready access to their child, as noted above for David, whilst for others, doors were a way to keep their child safe and contained within the home in a bid to mitigate risk of self-harm.

> *When she was home on leave (from YPU), we were locking doors because she was escaping, and we were searching for the razor blades in different places and things like that. (Edmond, l. 150-152)*

4.2.1.5 Having to Live with Personal Anguish and Narratives of Loss. For some of these fathers, living with loss has become part of their script, something that they have had to learn to live with. The self-harm had robbed them of their child, for some in a metaphorical sense whilst for others in a very real sense.

We had a daughter, and she lost her way. Like when Jesus takes her away from you … the house is empty without her. We are like a childless couple. (Peter, l. 477-480)

Alan, on the other hand, is worried that the self-harm is stripping his daughter of a future.

What is the next step? Is she going to miss out? Is she gonna, what? Studying? There's no studying. There's no goals in life. (l. 583-584)

All throughout the study, it became very clear that these fathers live their life with a lot of sadness, albeit expressed in different ways. For example, Alan describes the heartbreak at having had to visit his daughter at the YPU.

Visiting her in YPU, which …. I see it as a prison. It's heartbreaking. (l. 205-206)

Moreover, father don't only carry their own sadness, but they live also weighed down by their child's sadness.

Sadness. "I'm sad. I'm sad." The child is sad. She's sad. (Peter, l. 29-30)

4.2.1.6 Living with Shame: the Stigma of Self-Harm, YPU and MCH. Those fathers whose children had been admitted to YPU and MCH all spoke with a degree of shame about this, reflecting the stigma and cultural connotations attached to these institutions. Peter, for example, referred to MCH as *"down there"* (l. 104, 106, 148) during several instances of the interview, reflecting how he feels about it. However, this was something that they knew they had to live with and somehow come to terms with.

Nowadays I cannot say that I'm proud or I speak at liberty about my daughter's condition, but this is something that's she won't be the first one. (Alan, l. 297-299)

4.2.2 IMPACT OF THE ADOLESCENT'S SELF-HARM ON THE PARENTS' RELATIONSHIP

4.2.2.1 The Self-Harm Brought Tension in the Parents' Relationship. Some of the participants shared that the self-harm had brought about tension in the relationship with their partner or ex-wife. Robert, for example, shared how he no longer looks forward to going home because rather than being a place of rest after a day's work, instead he is met with his wife's frustrations and accusations that he is not doing enough to help with the situation with their daughter, describing how he retreats into himself and communicates with no one when he and his wife argue because he feels that any attempts at communicating are futile.

> *When that happens, I close up unfortunately. For example, I spent two or three days closed in on myself, and its like no one else exists at home (l. 343-345)*

Some fathers spoke of their attempt to remain united with their partner in the face of the self-harm. However, despite their best efforts, the self-harm still drove a wedge between them.

> *So we tried to understand how to be united in this situation. But it for sure impacted the relationship somehow. I mean in some cases, giving more unity, in some cases also keeping us apart (Martin, l. 234-240)*

4.2.2.2 Some Couples Joined Forces in the Face of the Self-Harm. On the other hand, some fathers describe how their child's self-harm was the glue which helped to strengthen their bond, and for one father this was in spite of the fact that they had been separated for several years.

> *So I would say that nowadays the relationship I have with her mother is more open than before, because we know that a problem and we try and tackle it together. (Alan, l. 360-363)*

4.2.2.3 Couples Found Ways to Balance Each Other Out. Some fathers described how they tried to find ways to balance each other out. Robert, for example, described how he saw his wife as being "too overprotective" (l. 109-100), and therefore chose to adopt a different approach.

My approach is to stay back and speak when I need to speak and then leave (l. 163)

Other fathers, on the other hand, whilst also aware of this difference in approaches, adopted a more positive collaborative stance.

In some phases I was a little bit following her lead, let's say. In some cases she was a little bit too much going in an anxiety mode, so I try to push her away from that situation because you know, too much anxiety is not healthy as well, so its push and pull. (Martin, l. 244-248)

4.2.2.4 Some Avoided Blaming Each Other Whilst Some Succumbed to the Cycle of Blame. Some fathers described how the very pain of their child's self-harm and their constant threat of suicide drove them to doubt themselves as parents, wondering with whom the blame lies.

You wonder, but is it our fault? Is it my fault? My wife's? (Robert, l. 186-187)

Other fathers, on the other hand, like Edmond, described how extending self-care to themselves became important to them.

I think we made loads of mistakes as we were learning, but we were kind to ourselves in that situation (l. 610-611)

4.2.3 IMPACT ON THE RELATIONSHIP WITH THE ADOLESCENT

4.2.3.1 They Became More Sensitive to the Needs of their Adolescent Child. Most of the fathers interviewed shared how throughout this journey they developed a keen sensitivity to the needs of their child, learning to let go of their pre-set expectations of how their child should be developing and behaving and instead really seeing them for what they are in the moment.

> *I ….try to look at her not through the filters of my way of life, but trying to see her through the way that she wants to present herself to me. (Martin, l. 166-168)*

Indeed, Edmond offers this as advice to other parents:

> *Don't try and fit a young person into what you expect them to be. Because every young person is different. (l. 919-920)*

4.2.3.2 They Adjusted their Parenting Styles. Another theme which came through with all the fathers was how they adjusted their parenting styles to meet the needs of their suffering child. Edmond reflected and was able to discern the value of tough love and how it could be harmful to fragile teenagers. He became more emotionally attuned to his daughter's needs and was prepared to change his parenting style to fit her needs.

> *Yeah, so tough love doesn't work for everybody. Clearly it doesn't work for …young people who have challenges (l. 219-221)*

On the other hand, he is conscious that he doesn't want a spoilt child, and he tries to balance the risk of self-harm with keeping his child grounded.

> *I still don't give in immediately because I don't want him to be spoilt (l. 199)*

Edmond too speaks of having become aware of the need to keep a delicate balance between keeping control of his daughter's online activity whilst also keeping her safe.

And you don't want to restrict things too much because they use Instagram as a messenger ….but that's also the place where they do the scrolling and you can't separate the two….So you can't just ban it. (l. 566-572)

Edmond speaks about the value they found in picking their battles and reflecting on what really mattered, which was a positive communicate style.

When she did something a bit, you know, a bit rude or something, you know, we'd pick our battles much more and we'd make sure that we were not criticising her as a person….and just having a really positive communication style (l. 227-230)

4.2.3.3 They Appreciated the Father-Child Bond. All the fathers expressed their appreciation for the father-child bond and some expressed an appreciation for their close relationship, where they feels that the self-harming experience brought them closer to each other.

I think it brought us closer. He is more open. He opens up a lot more. I think it brought us closer. It brought us much closer. (David, l. 235-236)

In the midst of their pain, or perhaps because of their pain, these fathers all went out of their way to speak highly of their children, highlighting their wonderful qualities. Peter makes a point of repeatedly bringing forward Tansy's cooking and sporting abilities, expressing pride in her accomplishment, wanting to stress that Tansy is more than the self-harming behaviour.

Because she has a good brain. Because she used to bake cakes too. (l. 308-309)

4.2.3.4 Yearning for the Loss of the Bond they had Before the Self-Harm. In contrast, some fathers expressed with deep sadness the bond that they used to have with their child before the self-harm set in, a bond which has now been weakened.

She was like my "hubby", all the time with me. She's a daddy girl. (Robert, l. 1)

Martin described how the self-harm shattered his myth that his daughter would be his baby forever, realising that the self-harm is a stronger force than their bond.

> *You tend to think that, uh, that she is your baby forever, and then you start to understand that it's really not like that (l. 41-43)*

4.2.3.6 They were Aware that Mutual Trust was Lost. Trust became a big issue for all the fathers that were interviewed, where the strained interactions and the constant threat of a self-harming episode eroded the trust in their relationship with their child. For some fathers, the loss of trust also came as a result of the adolescents' lies and manipulation. Robert described how his daughter had told one of her therapists that he had behaved inappropriately with her, resulting in him and his wife being investigated by the authorities.

> *She went into another phase where she was twisting things around. I was obviously very upset. I had a lot of anger inside me and that sort of thing. But after she admitted that she wanted attention, she wanted, something, I don't know what it was. (l. 208-211)*

Edmond, on the other hand, spoke of the mistrust that his daughter felt in his regard in resisting and resenting his attempts at helping her by immersing himself into her online activities.

> *So I was challenged right in the beginning to try and understand my daughter's digital life ..... so I think this created a lot of mistrust because I wanted to start monitoring what she was doing online. (l. 72-75)*

4.2.4 HOW THE FAMILY SYSTEM AND ADOLSCENTS' SELF-HARM MUTUALLY IMPACT EACH OTHER

4.2.4.1 They Acknowledged the Power of the Self-Harm. Albeit in different ways, most of the fathers admitted that the self-harm used to wield its power over them, where they found themselves having to give in to its demands. Peter, for example, described how, in spite of the fact that they get by on a minimum wage, he would find himself powerless in the face of his daughter's demands.

> *And this is what I tell my daughter, I tell her, "Tansy, listen to me dear, everything slowly. You want something, I cannot just buy it for you immediately. You need to be patient, we only have a minimum wage." But no, "Now I want it, I want it now." (l. 545-548)*

4.2.4.2 The Impact of the Family System on the Self-Harm. Most of the fathers had the wherewithal to appreciate the systemic complexity of self-harm and how the family system had had an impact. For example, Alan openly acknowledges that the separation from his wife could have had a direct impact on his daughter's mental health.

> *This separation in one way or the other contributed to the condition and the condition at the moment. ...you never know, she might have been happier. (l. 280-282)*

David, on the other hand, described how he discovered statements in his son's diary where he had stated that he was self-harming because of his relationship with his mother, where at hospital he told therapists that he felt abandoned and rejected by his mother. He described how his son would go into his grandmother's bathroom, lock the door and punch the wall with the stress of the anticipation of having to spend time with his mother the day after, whereas now that he is no longer seeing his mother he is in a much calmer state.

Downstairs my mother has a door, she removed the key but he closes himself in the bathroom and he starts punching the way because the day after he would be due to be with his mother. (l. 430-433)

4.2.4.3 The Impact of the Self-Harm on the Family System. Undoubtedly all the fathers spoke of how the self-harm impacted the whole family system. David, for example, spoke about his young daughter's terrors and sleepless nights, insisting on sleeping on her father to ensure that he does not leave in the middle of the night.

And instead of using the pillow, she is using my stomach to sleep on to make sure that I don't get up (l. 455)

Edmond took extended time off work to be there for his daughter, even spending seven months abroad with her whilst she was in a mental health facility. This at the cost that he was far away from his wife and his younger daughter.

She was admitted to a mental health facility there and she stayed there for seven months, so I was also there for seven months and visiting every day. (l. 139-141)

Robert also spoke about the tension that the situation put on the whole system.

The tension that it brings in the family, her relationship with us, ours with her, her with her siblings. It has affected a lot of things. (l. 222-223)

4.2.4.4 How they Suffered Together as a Family and Found Support in Family and Friends. All the fathers expressed a great belief in the value of suffering together as a family. Edmond phrased it beautifully when he stated:

We were there so we could suffer with her (l. 159-160)

Likewise, David also placed great value in the support of family and friends to get through the journey of the self-harm.

> *The support that I had from my mother, my siblings and from this friend and his wife and children, it was enough, and it was more than enough for me. For me, family is everything. (l. 624-626)*

4.2.5 THE FATHERS' PERCEPTION AND EXPERIENCES OF THE INVOLVEMENT OF PROFESSIONALS

4.2.5.1 The Need to Seek Help when the Parents Realise that the Self-Harm is Bigger than Them. Most of the fathers acknowledged that once they realised the gravity of the situation, they knew that they needed to seek professional help. Robert expressed it clearly when he said:

> *We couldn't understand obviously, then we started to look for more help (l. 64-65)*

Edmond, on the other hand, also acknowledged the importance of getting professional help for their own mental wellbeing. In reference to the Phoenix Group, a support group for parents offered at CYPS, he stated that:

> *We, still, I think got really a lot out of it. For our own wellbeing. (l. 875-876)*

Some of the fathers explained that they found the strategies that they were being given by professionals very useful in learning how to live through the experience and support their child in the process.

> *So psychological support of psychologists that were trying to help us in understanding how to read the emotions, how to cope with emotions, how to manage the emotions, how to let go the emotions. And also explaining …. not only our emotions …. So having somebody a little bit helping us in understanding what was her situation. … understand the process and how to deal with it.... (Martin, l. 293-296)*

4.2.5.2 Fathers Had Different Experiences with Different Professionals. Most of the fathers who were interviewed felt reassured by the support that they were getting from the professionals who were supporting them and their child. Martin, for example, explained that through professional input they learnt that trauma does not necessarily need to be a big objective event to have an impact on someone's mental health.

> *We then learned that trauma not always is obvious. It can be so because you read it as trauma even if it's not objectively traumatic. (l. 280-282)*

Edmond, for example, really appreciated the sessions that he and his wife had at Tal-Ibwar, the Therapeutic Centre for Adolescents run by Caritas.

> *And they gave us some family sessions there. Parent sessions with the counsellor and that was extremely helpful. Just helping us to refine our language much more. (Edmond, l. 806-808).*

Edmond and his wife also attended group parent sessions at CYPS, and again, as much as he found them to be helpful, he does, however, feel that support should have been made available to them a lot earlier in the journey of self-harm, because up until that point they had been floundering on their own.

> *And so it was quite a long time before we started to get the pieces together of what services were available and what the likely progression would be. (l. 871-873)*

Moreover, some fathers also stated that as much as they appreciated the input of all professionals, however, they feel that the lack of collaboration between the different professionals is not helpful to the recovery process.

So I think there's a lot of different teams, it's all there, a lot of people working, but it's like everyone is working separately, rather than one team. (Alan, l. 586-588)

It was not only the support of the psychiatrists, psychologists and psychotherapists that was appreciated by the fathers, but also other professionals like social workers.

The social worker would come and take her out …. and I would be here with my mind at rest because your mind just keeps on worrying because she was always up to something. (Peter, l. 496-501)

Not all the fathers' experiences with professionals were positive, however, where some of the father expressed scepticism and even mistrust. Indeed, Alan feels that professionals are not in a position to give advice or pass judgement because they are not present in the moments of crisis.

How can they tell us what to do or what not to do, or what we did wrong, or what we did right from the comfort of their chair in their office? They don't even see. (l. 543-545)

A number of fathers also expressed feeling confused and insecure because the advice they got from professionals was not consistent and varied from one institution to another, and from one professional to another.

One has an approach one way, you go to someone else, and his approach is another way. (Robert, l. 311-312)

Moreover, Robert expressed feeling insecure with professionals' advice knowing that this was based on what his daughter would have told them, and having already experienced an incident where what she had reported was untrue, this left him feeling very vulnerable.

The fact that my daughter goes to somebody and spends an hour talking, that person is getting certain feedback, certain things, but they are not living the reality, and we don't know what she is telling them. (l. 316-318)

A number of fathers also expressed that their child could not be treated with a one-solution-fits-all remedy, seeing the situation as too abstract and each child and each situation too unique for anyone to come up with a readymade solution.

You can't say, OK, one job fits all. No one solution fits all because every character is different. (Alan, l. 505-506).

Moreover, fathers whose children had experienced YPU also had strong opinions about their experience with the institution, both personally as well as through their child. For example, some fathers expressed their disquiet and concern about the fact that once admitted, these disturbed adolescents are allowed to sit around idly all day and are accommodated all together, where some patients are more violent than others. Indeed, Alan suggests that:

I would try and reinvent YPU in the sense where you make it nice. You try and do a difference between aggressive mental patients and less aggressive and less sick patients because with Kiera there were people who possibly could have made her worse (l. 567-571)

4.2.6 FATHERS SEE SELF-HARM AS THEIR OWN PERSONAL JOURNEY OF GROWTH

4.2.6.1 How Fathers View Self-Harm. Different fathers view self-harm in different ways. Some, like Alan, see it as a battle that needs to be fought.

If it was me, I will try and fight it. And if I win the battle, could be yes, could be no. (l. 328-329)

Others, like Robert, sees it as a matter of will power, mind over matter.

This is similar to somebody who smokes. I used to smoke. If everybody tells you because it's harming you, you pay no attention. You have to be the one then. Once you decide, you do it. And this is the same thing. (l. 121-123)

Edmond, however, saw his daughter as a helpless victim of self-harm who had no choice but to succumb to its demands.

She was so deeply, deeply unhappy and unsatisfied with her life that she would do anything to make that feeling go away…. I just saw her as just someone who simply had no choice. (l. 698-702)

4.2.6.2 Trying to Make Sense of Self-Harm – a Journey of Understanding. Although all the fathers viewed self-harm differently, they all went through the process of trying to make sense of it in their own unique way and in their own unique set of circumstances. Alan, for example, attributed his daughter's self-harm to the fact that she is adopted**.**

So many things have happened since then that today we know that there is a problem because she's adopted. (l. 13-14)

Others, like Robert, just could not make sense of it at all.

We were obviously very upset. I mean you feel like shaking her sort of. "Why?" I mean we give her all the love of a family, all the attention. (Robert, l. 71-73)

However, over time and in their own way, the fathers went through their own personal journey of understanding and acceptance.

I had to learn that not everything is possible to rationalise, and the emotions are as real as any other things, even if sometime are not explicable or understandable, but the fact that they are there it's just that fact is real. (Martin, l. 137-140)

4.2.6.3 Different Ways of Coping and Personal Beliefs – Their Personal Journey of Grwoth. By drawing on their own personal belief systems, all the fathers found their own ways of coping through this process. For example, Peter found succour in his faith in God.

I pray to Jesus that He makes her better, just like I got better. (Peter, l. 521-522)

Others, on the other hand, had resigned themselves to the worst-case scenario as a way of coping with a situation which they feel they have no control over.

Now God forbid sometimes happens, we live with that. If nothing happens, and she goes back to normal, we live with that. I cannot change the future. I can help make a better future, but I cannot change the future. (Alan, l. 96-98)

This stance is grounded in their belief in destiny, that:

What's meant to happen whether you like it or not, whether your work for it or not, its gonna happen (Alan, l. 608-609)

For Edmond, on the other hand, his way of coping was to immerse himself into learning all that he could about his daughter's newly diagnosed condition as well as the dark online reality which had taken control of her life.

So I was challenged right in the beginning to try and understand my daughter's digital life, as well as her physical life. (l. 72-73)

4.2.6.4 Being Aware of their Family of Origin Scripts. In navigating this journey with and through their children, these fathers came face to face with their own family of origin scripts, reflecting on how these had impacted them as fathers.

For Alan the family of origin script is very strong, and he still uses it as his guide to parent his daughters.

> *This is how my mother used to downplay certain things. I try to be the same because I believe, as I said earlier, that there's always a solution to the problem. (l. 428-429)*

Edmond, too reflected on his own family of origin script, describing how his own Victorian style of upbringing was all about tough love, being raised to suppress his emotions.

> *So the way I was raised was about tough love, basically the British kind of public school system. You know, you just gotta get on with life…. You can't mope around just cause you're having a bad day. (l. 210-213).*

However, he described how he was able to reflect on this and how his personal journey of growth enabled him to move away from his family of origin script and adapt a parenting style which was more emotionally attuned to his daughter's and the family's, needs.

> *So in this case, all of our relationships in the family are much stronger than they were before, partially because we've moved away from this tough love family model. (l. 683-686)*

Indeed, Edmond attributed becoming a better person as a direct result of having lived through the journey of self-harm together as a family.

> *I think I'm a much better person because of what we went through as a family (l. 596-597)*

Martin saw his personal journal of growth as having rendered him more humble, where he sees the bash to his self-confidence as something which has provided him with the humility to look beyond what he cannot see or understand.

> *I don't know if I'm wiser, but I know that I know less than I, I mean, I'm for sure less self-confident than I was before, not necessarily in a bad way. (l. 157-158)*

4.2.6.5 Their Advice to Fathers Going Through Self-Harm with their Adolescent. All the fathers were very generous in sharing their advice to other fathers who might be going through the experience of self-harm with their child. Most of the fathers stressed the importance of giving time and attention to their children, spending quality time with them.

> *It is the attention and the dedication and the time, even one to one with the children, so that they feel that they are part of the family. (Robert, l. 405-407)*

All the fathers recommended seeking professional help.

> *Somehow, through someone, try and find support because you'll need it. It's a rollercoaster of a ride, there's going to be the highs and there's going to be the lows. (David, l. 650-562)*

Alan advised being patient and staying calm.

> *Be patient and allow time. Not to heal. Things might change for the better… but be patient. (l. 454-455).*

Lastly, Edmond strongly adviced parents to "stay relevant" (l. 929) and learn about their child's online activities.

> *I think that learning about their digital lives is a really key thing. Don't just let that be a blank spot because you'll never manage the whole person if half their lives is located away on the internet. (l. 930-934)*

4.3 Conclusion

The themes and extracts presented in this chapter evidence the various facets of the fathers' experience of their and their child's NSSI journey. Some of the experiences are supported by findings in the current literature of how parents go through this experience with their children, whilst other findings reflect an experience that is very personal to fathers. In the next chapter, I will discuss these findings in more depth, supporting my discussion with relevant literature.

Chapter 5: Discussion and Conclusion

5.1 Introduction

Several of my findings echo those found in the current literature, and that is, how parents struggle with the exhausting emotional and psychological strain in having to live with the constant uncertainty and threat of self-harm, in having to make adjustments to their lifestyle to prioritise their child's needs in response to the NSSI, and their sense of helplessness and lack of understanding, just to name a few. However, since my study gave voice to the parent whose voice, for the most part, has been silent on this topic, a number of other findings came to light. Therefore, in this chapter I will continue to build on the current literature, as well as discuss and expand on some of the more pertinent and resonant findings of this study interweaving the theoretical frameworks of attachment theory (Bowlby, 1988), systems theory (Dallos & Draper, 2005) and trauma theory (Van der Kolk, 2014). Towards the end the chapter, I will also present the limitations of the study, together with implication for practice and suggestions for future studies.

5.2 Stigma and Shame

In their paper, McDonald et al. (2007) stated that the mothers who had participated in their qualitative study had reported a vast array of negative feelings regarding their child's self-harm, particularly guilt and shame. They reported that these mothers felt ashamed that their children were experiencing such a profound level of unhappiness and felt that they had failed them as parents. Similarly, the fathers in this study also expressed shame at having failed at being a good father to their child. Indeed, Weinblatt (2018, p. 29) states that "shame is a natural consequence of experiencing failure", and these fathers struggled to come to terms with this, questioning what they could have done more of or differently, in turn creating their own "internal storm" (Perry & Winfrey, 2021, p. 61). This in turn led them to experience acute stress, described by Maté (2019, p. 34) as "a state of disharmony or threatened homeostasis."

Moreover, the fathers also struggled with the shame brought on by the stigma of self-harm, representing a mental illness that warranted their child having to be admitted to YPU or MCH. Indeed, one parent could not even bring himself to mention the hospital by name, instead referring to it as “down there”. Byrne et al. (2008) describes how some parents, feeling enshrouded in shame, feel unable to divulge their child’s self-harm with anyone, in turn finding themselves alienated. Shaw (2023) describes self-alienation as a principal expression of shame, turning inward into self-doubt and blame. Indeed, some of these fathers feared becoming “socially bankrupt” (Sammut Scerri et al., 2017, p. 33), living in fear of being judged negatively as individuals and as a family. However, as Smith (2013, p. 41) posits, “secrecy is not always negative and can serve as a gatekeeper” to the traumatic narrative, where keeping the self-harm private enables families to retain some kind of stability and normality in their lives demonstrating resilience. So keeping the self-harm a secret can help families to maintain their narrative “in the face of an unacceptably destabilizing new story” (Sluzki, 2008, p. 126).

5.3 Resilience

Some of the fathers coped better with their adolescent’s NSSI than others and were able to seek and find support from family and friends, exhibiting resilience in the face of this trauma. However, as Smith (2013) explains, resilience and vulnerability are not independent variables but elements that live side by side in the complexity of relationships, where individuals might exhibit both at the same time depending on the situation. Smith explains how trauma and resilience are embedded in each other, where this interweaving of the two is essential to enable individuals to reevaluate their situation and take steps to heal.

5.4 Fathers Got Emotionally and Actively Involved

Despite gender roles and relations having undergone significant changes in every aspect of society, the predominant belief in western societies continues to be that families are primarily mother-centred (Minkin & Menasce Horowitz, 2023). This belief was also confirmed in a recent

local study commissioned by the National Commission for the Promotion of Equality (NCPE) where researchers found that the traditional perception that the care of children is the woman's role still holds true (Cutajar & Camilleri, 2023). However, the fathers in this study did not conform to this dominant belief because most of the fathers took on a very active role in their child's NSSI ordeal, also engaging with their child on an emotional level. Indeed, all the fathers embraced the role of a nurturant father (Pleck, 2010), where some even took a leave of absence from their employment and others changed jobs in order to be more physically and emotionally available for their child. This is in direct contrast to the belief that mothers are usually the ones to make adjustments to their jobs in order to meet their children's needs (Grixti, 2022). Indeed, some of the fathers in this study perceived themselves to be more at the centre of the crisis and in touch with their child's struggles than the mother. This continues to build on the findings that there is indeed a special bond between adolescents and their fathers (Di Pierro et al., 2012; Nock & Prinstein, 2004). This continues to highlight the need to redefine fathering, something which has been ongoing for decades, where for example, in 1996, Silverstein called for a redefinition of fathering to place more emphasis on fathers' caretaking and nurturing roles.

5.5 The Father as Protector

The active role of father as protector was one of the main findings in the study. This fathering trait was also highlighted by O'Gara et al. (2022) in their qualitative study with father-daughter dyads in the context of attempted suicide where they found that the fathers who actively responded to their daughters in a protective manner during their emotional crisis tended to have a strong emotional attachment with their child. The study of O'Gara and her colleagues also shed light on how fathers view their identities as fathers and their parental responsibilities, even if their daughters frequently resisted their fathers' attempts to protect them, a finding which was also echoed in this study where fathers stepped up their role as protector in every way they deemed necessary to try and keep their child safe.

5.6 Family Scripts and Belief Systems

Throughout the study a number of the fathers made reference to their own family of origin scripts in trying to come up with coping strategies in the face of the NSSI. As Byng-Hall (1985, p. 302) states, “family scripts connect generations”, linking belief systems and bridging the gap between the family and the individual as well as between generations. Moreover, family scripts give meaning to interactions and create a consistent backdrop for new behaviours to be played out. In more functional terms this can be understood, amongst other things, that the way parents parent their children is heavily influenced by the way that they would have been parented themselves (Wynne, 1988). This study found that some of the fathers had employed their family of origin script in a replicative manner with their children, which may not have been necessarily helpful in the circumstances, whilst others demonstrated an awareness that their family of origin script was not suited to their family’s needs and took conscious steps to adjust it, thus, introducing a corrective script for their family.

5.7 NSSI as a Relational Issue

As stated by Stratton (2016, p. 6), “we live our lives through our relationships,” where our relationships—with other people and with the environments in which we live—have a profound impact on both our sense of self and wellbeing. Close relationships, especially those with family members, typically rank higher than everything else when it comes to what matters most to people, according to research (Layard, 2005). And this perhaps was the most pertinent finding of this study and one which has the heaviest implications for systemic family therapy practice, because all throughout all the interviews it became very clear that NSSI is a relational issue.

Pipp and Harmon (1987, p. 651) state that, ‘‘homeostatic regulation between members of a dyad is a stable aspect of all intimate relationships throughout the lifespan.” Indeed, a study carried out by Demidenko et al. (2014) found that girls with depressive diagnoses reported a weaker attachment and felt less warmth and emotional availability from their fathers. Similarly, fathers of

girls with a diagnoses of depression reported having poor communication with their daughters. So, by looking at how fathers experience their child's NSSI through systems theory (Dallos & Draper, 2005), modern attachment theory (Schore & Schore, 2008) and trauma theory (Van Der Kolk, 2014) we can start to get a better understanding of how adolescents and their fathers impact each other.

According to the family systems theory, illness is not merely a biological event suffered in a human being independent of others, but rather this theory acknowledges the interdependence of people's physiological and psychological processes (Dallos & Draper, 2005). All throughout the study, the fathers shared their experience of their child's NSSI in a way that spoke of a "wish to remember and the need to forget" (Woodcook, 2022, p. 15), where the fathers described their experience of their adolescent child self-harming as the fear of not knowing what was going on, the fear of the risk to their child's life, feeling excluded from their child's inner world, feeling demoralised and helpless to do anything in the face of this internal enemy. This reminds one of the definition of complex trauma by Ford and Courtois (2013, p. 78) who define it as including "a complex combination of frightening, alienating, and demoralizing experiences in the absence of adequate response or protection." Moreover, the fathers were also taking on and living with their child's pain, because as Perry and Winfrey (2021, p. 61) put it, "humans are emotionally 'contagious'". However, these fathers suffered stoically, all the while focusing their efforts into the needs of their child. From here one notes that in keeping with IPA, the data and analysis took the study "into new and unanticipated territory" (Smith et al., 2022, p. 116), thus, necessitating the need to explore and introduce new literature and different perspectives.

On the other hand, in their modern attachment theory, Schore and Schore (2008) explain how relational trauma has been found to have a profound and often severe impact on emotional regulation and the capacity to connect with others leading to a sense of desperation. As Van der Kolk (2014, p. 136) stated, "most human beings simply cannot tolerate being disengaged from others for any length of time". And this is true for both the adolescent and the father where both

experienced a sense of isolation and desperation albeit in different ways as was adduced in this study.

Moreover, one could consider that the manner in which the fathers respond to their child is also a reflection of their own attachment histories and patterns. A distinctive feature of the original theory of attachment is that "behaviour is always a function of the entire history" (Sroufe, 2005, p. 362) where Bowlby (1973) posited that individuals have a tendency to return to their basic pattern of attachment in the face of challenging situations.

Intergenerational trauma could also play a role, where even with the best intentions to make things better, individuals that have experienced intergenerational trauma may become rigid in their responses (Vetere, 2020). This theory posits that extremely negative experiences can have such a profound effect on an individual and that this could in turn have an impact on their children (Yehuda & Lehrner, 2018). Although this present study did not delve into the father's own childhood experiences and attachments, however, some fathers did make reference to overly strict parenting and emotional unattunement with their own parents and this in turn could have impacted their relationship and attachment style with their own child.

5.8 Posttraumatic Growth

Profound mental anguish all throughout the period of their child's self-harm and after was reported by all the participants in the study, where they suffered trauma which shook them to the very core, shattering preconceived personal beliefs and expectations for their own life and that of their child. However, it was interesting to note that most of the fathers also reported a renewed appreciation for life and for the relationships with their child and their family. Tedeschi and Calhoun (2004) coined the phrase "posttraumatic growth" to describe this transformation born out of a major life crisis, defining it as a "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (p. 1). However, much as traumatic symptoms

are not brought on by the traumatic event (Levine, 1997), likewise posttraumatic growth is not the direct result of the traumatic event itself, but rather it is born out of the struggle to come to terms with the altered reality that emerges in the wake of the trauma (Tedeschi & Calhoun, 2004).

Tedeschi and Calhoun (2004, p. 2) explain that "continuing personal distress and growth often coexist", as was evidenced in this study, adding great depth and richness to these fathers' quality of life, albeit not rendering it joyful and carefree. Indeed, fathers who experienced such posttraumatic growth were not only able to surpass some of the challenges which were present before the crisis occurred, but also experienced a profound improvement in the quality of their relationships with their child and their family. As a result of this life transforming experience, these fathers were able to recognise that certain goals and standards were no longer feasible or desirable for themselves and their child, in turn challenging their personal beliefs and schemas (Tedeschi et al., 2015).

Reflecting on the experience and creating a trauma narrative was another common dimension to the participants' experiences, where they integrated their posttraumatic growth into their life stories and positioned the trauma as a turning point in their lives (Tedeschi & Calhoun, 2004). Indeed, in spite of the anguish and distress, retrospectively the fathers embraced the journey that their child's NSSI had sent them on and challenged them with, and as a result they developed a deeper and more sensitive approach to life and significant relationships.

5.9 Implications for Practice

5.9.1 Adopting a Systemic Relational Stance

Perhaps the most pertinent finding which resulted from this study, and which has direct implications for practice is the need to look at NSSI systemically, where "systemic thinking has its emphasis on the relationship between relationships" (Burck & Daniel, 1995, p. 12). A systemic approach recognises the significance of context as well as the ways in which relationships among

people or environments interact to generate understandings or ways of being (Smith, 2013). Therefore, rather than regarding NSSI as a dysfunction of the adolescent, this study promotes the idea that the 'problem' exists relationally and should therefore be addressed relationally within the family. This underscores the need for and importance of family therapy in mental health settings that provide a service for children who NSSI. However, this support needs to be timely and judiciously therapeutic. The fathers who had attended family therapy sessions expressed that they had found the sessions useful, however, there were elements which had inadvertently caused them greater distress. Indeed, therapists should be vigilant to make sure that that family therapy is not misused as a space to air certain grievances by the parents "in front of the children" (Smith, 2013, p. 64) rather than talking with the children, as many parents may not have a clear idea of its purpose. Moreover, an unrestrained conversation may result in added stress and distress for the whole family.

5.9.2 Father Involvement in Treatment

Fathers s felt that they should have a more direct input and say in their child's treatment programme, where clinicians take the time to listen to their worries and aspirations for their child as this in itself may be having a direct effect on the adolescents' psychological health (Demidenko et al., 2014). Moreover, fathers should feel safe sharing their concerns with practitioners where they do not feel that they are at risk of being judged. In this study some fathers were parenting in unintentionally unhelpful ways where a "breakdown in paternal intention" (O'Gara, 2022, p. 903) may have had an impact on their child's NSSI. Practitioners should be sensitive to fathers' own schemas and family of origin scripts and help them to understand how these may be perceived by their child, whilst guiding them to reflect on making the necessary adjustments all the while remaining sensitive to their well-meaning parenting intentions.

5.9.3 Working with the Adolescent Using an Attachment Therapy Perspective

Research has indicated that adolescents' ability to effectively manage negative emotions during periods of change and transition may be influenced by their parents' more attuned and

sensitive reactions (Demidenko et al., 2014). Therefore, keeping in mind the special relationship between fathers and adolescents, a better understanding of the attachment relationship can potentially be helpful to support the adolescent to find a way out of the emotive state fuelling the self-harm as well as facilitate the repair of the attachment bond in therapy through improving important aspects of the parent-adolescent attachment relationship such as accessibility, emotional attunement, and communication (Diamond et al., 2002).

5.9.4 Timely Professional Support

Putting support in place in a timely and consistent manner can be critical in stemming the self-harm. Most of the fathers emphasised that visits with mental health practitioners were too short and too far apart. Moreover, by the time that the family started to benefit from some kind of family therapy, the NSSI had been going on for some time. For example, most of the parents noted the great benefit of attending group couple sessions at The Phoenix Group at CYPS, however, likewise they all felt that this service had been made available to them very late in the day. Most of the parents regretfully expressed that had they been aware of certain information and insights soon after onset (about how to relate and communicate with their child, etc.), this might have had a real impact of their child's NSSI trajectory.

5.9.5 The Need for Individual Sessions or Therapy for Fathers

All throughout the data collection process as the interviews progressed it started to become clear that the fathers had suffered a "crisis of witnessing" (Perlesz, 1999, p. 12), in not having been sufficiently listened to and seen in their own trauma. Indeed, as mentioned earlier, it was evident that these interviews were very cathartic for the participant fathers – a space where they could speak freely about how their child's self-harm had impacted them personally and relationally. I therefore believe that fathers going through such an experience would greatly benefit from being offered personal therapy to support them through this process, not just as a catharsis, but as a means to

process and make sense of their and their child's trauma and find a way to move forward. Moreover, this would enhance fathers' involvement in family sessions (Carr, 1998).

5.10 Limitations of the Study

Although this explorative qualitative study addressed a facet in the literature relating to how parents, and specifically fathers, experience their adolescent child's NSSI, there were some limitations. Although the participant sample was homogenous it was very small with just six fathers, therefore the findings cannot be considered conclusive (Maxwell, 2012). The sample also consisted of fathers who had sought treatment as recruitment was done through professionals in order to have a safety net. Some experiences might be similar or different to those whose children had not been in treatment. Moreover, being an IPA study, the findings are my own interpretation of the participants' experience. Furthermore, since I was an active participant in how much access I had to their experience (Pietkiewicz & Smith, 2014), being a novice researcher might have limited the depth and richness of the data that was achieved. Moreover, during two of the interviews the child's mother was present for some or all of the interview, and this might have had an impact on what the fathers may have felt able to share and how to express it. Moreover, some of the interviews were held in the participants' homes or place of work at their invitation, whilst others were conducted in my office at my own place of work. In both instances an unconscious power imbalance may have been at play. Furthermore, the homogeneity of the participants may have lacked some uniformity in that one of the fathers did not live in the same household as his child, albeit there are regular weekly visits and sleepovers, thus, possibly having an impact of the father-adolescent relationship and the extent of the father's experience of his child's self-harm.

5.11 Recommendations for Future Researchers

A frequent reflection throughout the data collection process was an appreciation for the fact that as a trainee systemic therapist I had acquired circular interviewing skills. As Tomm (1988, p. 5) states, "circular questions tend to be characterized by a general curiosity about the possible

connectedness of events that include the problem, rather than a specific need to know the precise origins of the problem." Therefore, with these skills I was able to be accepting and non-judgemental, in turn eliciting more open responses from the participants. A researcher embarking on similar research on a similarly sensitive topic would be well-advised to familiarize themselves with this technique in order to get the most out of the interview and support the participant through the reflective process.

Another reflection which stayed with me was that as I processed each interview, listening and re-listening to the recording to truly immerse myself in the narrative (Smith et al., 2022), more and more I felt the need to leave some time before conducting another interview in order to enable me to process the emotional impact that the interview would have left on me. Moreover, I felt that scheduling the interviews back-to-back would not have done the research process, nor the participants, due justice in light of the anguish and the pain that the participants were sharing with me. Therefore, future researchers would do well to start their data collection process as early as possible in order to allow themselves enough time to space interviews as far apart as needed in order to engage with the process with due diligence and respect for the participants as well as for the researcher, as well as enabling the researcher to build on from one interview to the next.

Moreover, as a female researcher, conducting an interview with the husband/partner may have caused some of the mothers to feel insecure and resentful that they were not being involved during the interview. Therefore, future research should consider taking into account the mother when conducting interviews which relate to their child especially if it concerns a sensitive or painful topic, because inadvertently one could cause more harm (Sammut Scerri et al., 2012).

5.12 Suggestions for Future Studies

Future studies could explore the ways in which particular patterns in the attachment relationship between parents and adolescents influence the adolescent's emotional development and

the functioning of the family unit as a whole. Another area of future studies could be exploring with fathers what sort of parenting support they would need which would capitalise on their paternal qualities and optimise their father involvement. Carrying out such a study nationally means that it would need to be sensitive to, and take into account, the local culture and traditions that, for the large part, govern Maltese families.

5.13 Conclusion

The findings of this study seem to indicate a strong relational basis to NSSI where the relationship between adolescent and father are inextricably interwoven and where the systemic dynamics create the climate for the adolescent's self-harming behaviour. However, the findings also brought to light how, for those fathers who are able to go through this experience with a degree of awareness and reflection, it can be a humbling journey, enriching the quality of family relationships in the process. The data that was gathered yielded rich findings from which suggestions for future studies as well as implications for practice and recommendations to researchers undertaking similar research were made.

Moreover, this study took me on my own personal journey where I was touched by the fathers' pain and suffering emanating from the deep emotional connection with their child. As a trainee systemic family therapist this has strengthened my belief in the bonds that families create, and it is my hope that this enriched awareness will provide me with a deeper understanding and enable me to be more sensitively attuned to the personal and relational struggles of fathers with their children.

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Appendix A

Interview Guides

Interview Guide

Overarching question:

Tell me about your experience as a father of a child who has self-harmed.

Prompt questions:

What was it like for you when you first found out about your son or daughter's self-harming behaviour?

How did you feel when you became aware of the self-harm?

Can you describe how having a child who self-harms affected you?

What did you used to imagine was going through your child's mind in that moment?

Can you explain how having a child who self-harms impacted your parenting style?

How did this impact your relationship with your child?

What impact did this experience have on your relationship with your partner?

What impact did it have on your own mental and emotional well-being?

Can you describe what you did to cope?

What support, if any, were you as a father receiving at the time (by way of supporting your child as well as personal support)?

What sort of support would you have needed that might have been helpful?

What advice would you give to fathers going through this experience?

Is there anything else you would like to tell me about your experience with having a child who self-harms?

Mistoqsijiet gwida għall-intervista

Mistoqsija globali:

Tista tgħidli fuq l-esperjenza tiegħek bħala missier ta' tifel/tifla li kien/kienet jagħmel/tagħmel il-ħsara lilu/lilha nnifsu/nnifsha?

Mistoqsijiet ta' gwida:

Kif kienet għalik l-esperjenza meta l-ewwel sirt taf bil-ħsara li ibnek/bintek qed jagħmel/tagħmel lilu/lilha nnifsu/innifsa?

Kif ħassejtek meta sirt taf b'dan?

X' impatt ħalla fuqek dan?

X'kont timmagina li kien ikun għaddejj minn moħħ ibnek/bintek dak il-ħin?

Tista' tispjegali ftit kif il-"parenting style" tiegħek, igfieri il-mod kif trabbi lil uliedek, gie affettwat?

Tista' tiddeskrivi x'għamilt biex tkampa?

Dan x'impatt ħalla fuq ir-relazzjoni mat-tifel/tifla tiegħek?

Din l-esperjenza x'impatt ħalliet fuq ir-relazzjoni tiegħek mal-partner?

X'impatt ħalliet fuq is-saħħa mentali u emozzjonali tiegħek?

X'sapport, jekk kien hemm, kont qiegħed tirċievi bħala missier matul dak iż-żmien (sapport biex tista tkun ta' għajnuna għal ibnek/bintek kif ukoll għalik personali)?

Kien hemm xi tip ta' support ieħor li xtaqt tirċievi biex tħossok iktar imwieżen f' dan il-mument?

X'pariri tagħti lill-missirijiet li għaddejjin minn esperjenza simili bħalissa?

Hemm xi ħaga oħra li tixtieq taqsam miegħi fuq din l-esperjenza?

Appendix B

Sample of the Data Analysis Process

	196	To some extent, yes, I mean, at least in	196	Has become more
	197	theory, then it's hard to to really change	197	respectful of his
Became more	198	the parenting style. To some extent,	198	daughters' way of being
sensitive to	199	yes, of course, because you are aware	199	rather than how he
the needs of	200	that that you need to, uh, be more	200	wants them to be.
his child	201	respectful of their way to be, rather	201	
	202	than the way that you would like them	202	
Impact on	203	to be. But it's not an easy task to really	203	*Changed his parenting*
parenting style	204	change because parenting is putting on	204	*style by becoming more*
	205	your daughters what you would like, I	205	*emotionally attuned to*
	206	mean them to be thinking that what	206	*his daughters.*
	207	you would like them to be would be the	207	*Coming to grip with the*
	208	way for them the way to be happy, but	208	*internal struggle of*
	209	then it's hard to, you know, it's always a	209	*allowing his daughters*
	210	fight between you wanting them to be	210	*their autonomy and*
	211	happy in the way that you think they	211	*letting go of his own*
Moving	212	should be happy and them wanting to	212	*expectations for them*
around in a	213	follow their path. I mean, it's not	213	
crystal shop	214	something new. I guess it's not	214	
	215	something that … it's only in this case …	215	
	216	it's always there and in even with other	216	
	217	daughter that don't have the self	217	Relating with his
	218	harming part, but so even more in this	218	daughter now feels like
	219	situation you, a little bit treated with	219	moving around in a
Impact on his	220	the, like moving in a crystal shop - might	220	crystal shop - with every
self-	221	try not to break them, so it's you don't	221	step you risk breaking
confidence as		really know how much to push, how		something.
a father		much not to push, where to stop and		
		it's rather a discomfort this way of		
		parenting. Because I mean, I'm you		Second guesses himself
		tend to, uh, impose or push, and		because he never knows
		sometimes you should push but but you		whether doing or not
		don't, because maybe it's not the way		doing something can
		to do it. Otherwise something could		result in another self-
		upset her and you don't never know if		harming episode
		the she being upset is the normal		
		teenage reaction to parents that want		
		to push you somewhere, or if it's		
		something more that could bring her to		Whatever he does, he is
		self harming episode. So you don't		never sure whether it is
		know if you really should push or not. I		the right thing or the
		mean it's confusing let's say. So if you		wrong thing
		don't do it, maybe you're doing		
		something wrong. If you do it, then		
		maybe you're doing something wrong.		
		So either way you're doing something		

		wrong, or either way, you're doing something good, so it's complicated.		
		Int		
	222	Yes, like you, you never feel secure.	222	
		Martin		
Impact on relationship with child	223 224 225 226 227	Yeah, you never feel secure. Yeah. Yeah, it's something cracked in, uh, as I was saying before, in your self-confidence and the in the feeling secure that you are doing the right thing and it's hard to see it as repaired this crack. I mean the crack is there and it's probably never going to be fully fixed.	223 224 225 226 227	Martin does not feel that he will ever feel secure again in his role as a parent. He will always be second guessing himself The self-harm has cracked their relationship and he does not think that it will ever be fully whole again
		Int		

	228 229	How would you say that it impacted on the relationship with your daughter's mother?	228 229	
		Martin		
Balancing each other out Joining forces Balancing each other out	230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248	Well, luckily enough, we were both, let's say, good at not going in that circle of the blaming, of, because you didn't do that right, because you should have done that. And even though sometimes we were on the brink of this kind of circle and, uh, but it's a dangerous one because then you really to risk to break the relationship. So we tried to understand how to be unite in this situation. But it for sure it impacted the relationship somehow. I mean in some cases, giving more unity, in some cases also keeping us apart because maybe I think that she didn't do this thing in a good way and this could be a problem, and she for sure thinking that I was not doing the right thing in that way. So I mean you can feel it that there is some resentment in what you're doing, but on the other way, we were also trying to not having this resentment crushing or breaking the relationship. So awareness that we need to do something better and for sure she was more, let's say, she was better in doing these kind of steps than me. In some phases of this I was a little bit following her lead, let's say. In some cases she was a little bit too much going in a in a anxiety mode, so I try to push her away from that situation because you know, too much anxiety is not healthy as well, so it's push and pull. Not easy.	230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248	Martin and his wife were able to avoid going into the circle of blaming each other for the daughter's self-harm. They tried to be united in the situation. The self-harm created a paradox in his relationship with his wife - it united them in one way but drove them apart in another. Brought resentment into the relationship - both secretly blame each other They were both aware that they needed to step up and do better The mother tends to be more anxious, so Martin pulls her back. They found a way to balance each other out

Appendix C

Table of Original Themes

Table of Initial Themes
Trying to make sense of the self-harm
Ways of coping
Family of origin scripts
Personal journey of understanding
Personal journey of growth
Views on self-harm
Personal anguish
Stigma of YPU/MCH
The power of self-harm
Lies/manipulative games
Lack of understanding
Narrative of loss
Recommendations to fathers
Experiences with Professionals
Family therapy sessions useful
Felt reassured by professionals
Professionals don't know
Lack of trust in professionals
Realising that the problem is bigger than them
Recommendations to professionals
Being taught by professionals how to deal with situation
Lack of control over the situation/helplessness
Focused on the needs of the family
Joining forces
Balancing each other out
Cycle of blame
Effect on relationship with wife/partner
Impact on self-confidence as a father
Impact on relationship with child
Suffering as a family
Impact of self-harm on the system
Role of the father to protect
Impact of the system on the self-harm
Realization of not knowing what's going on in child's life
Self harm as a journey
Personal beliefs
Personal journey of growth
Adjustments to parenting styles
Role of destiny / luck
Support system – family/friends
Worries about the future
Living with the constant threat of self-harm

Appendix D

A Sample of Notes Following each Interview

Interview No. 1

22.11.2023

Peter

Processing Notes

Initial Impressions/Thoughts:

Such simple people. So humble. So welcoming.

Peter loves Christmas – I arrived to the sound of Christmas carols coming from upstairs.

I felt very welcomed and safe in the home. They treated me as a welcomed guest and we stayed in the "best" room. This was the home of his parents where Peter himself grew up. The "ghosts" of his parents are still very present. He is being loyal to his dead parents. It looks like the furniture and decorations didn't change from all those years ago. Living with the ghosts of the past. The wedding photo of his parents dominates the room – they were looking down on us all throughout the interview.

I explained the scope of the study to the wife and she seemed to understand. Initially she was going to leave us alone, but she kept lingering. In the end she gave up on the "pretence" and sat down on the single sofa next to me. This caused me to be tense at times as she kept interjecting. On the other hand I could understand why she felt the need to be involved – this is her child that we are talking about. In fact I remembered about a study which had explored men's absence from studies which had mentioned that one of the reasons was that women didn't tell the men about the study and knowingly left them out and participated alone. It's like the mother's need to dominate when it comes to her child. I could feel myself tensing up during some moments after a question bracing myself for her to reply before Peter could. In the end I started putting in statements like, "This is for you Peter, how did you feel as a father?"

I was struck by the poor cultural capital in both Peter and his wife. I noted that often Peter struggled to answer my questions, always reverting to answering on a practical level ("I used to tell her …".) I had to push and probe to get some answers on a deeper, emotional level, and I wondered whether he actually had the ability to do so. But this was not because Peter was not being cooperative – it was simply that he was giving me the best that he could.

I was struck by how resigned they are about the situation, how they don't harbour any anger or resentment towards anyone. Quite the contrary, they are so grateful for all the help and support that they have been given.

I was struck by their intelligence at viewing Mount Carmel not as a place of "crazies" but rather a hospital like Mater Dei or Boffa.

Appendix E

Approval from the Ethics Research Committee

L-Università ta' Malta

Charlotte Schembri <charlotte.schembri.20@um.edu.mt>

Research Ethics Application - Approved by FREC, no UREC decision needed

SWB FREC <research-ethics.fsw@um.edu.mt> 30 August 2023 at 12:21
To: charlotte.schembri.20@um.edu.mt
Cc: Dr Clarissa Sammut Scerri <clarissa.sammut-scerri@um.edu.mt>, "Ms Ingrid M. Grech Lanfranco" <ingrid.grech-lanfranco@um.edu.mt>

REDP Application ID: SWB-2022-01061

Dear Charlotte Schembri,

Your ethics application regarding your research titled *The fathers' lived experience of having had their adolescent child engaging in non-suicidal self-injury* has been **approved**.

Faculty Research Ethics Committees are authorised to review and approve research ethics applications on behalf of the University of Malta, except in the case of sensitive personal data. In this regard, your ethics proposal **does not need to be sent to UREC-DP**. Hence, **you may now start your research**.

Disclaimer: *The research team should note that only the English versions of the documents submitted have been reviewed by FREC. It is the duty of the research team to ensure that all documents in Maltese (or any other language) are faithful translations of the English version.*

Regards,

L-Università ta' Malta

Faculty Research Ethics Committee

Faculty for Social Wellbeing
Room 113, Humanities A Building
+356 2340 2237 / 3956 / 3220
um.edu.mt/socialwellbeing/students/researchethics

Appendix F

Information Letter

Information letter

Dear Participant

My name is Charlotte Schembri and I am a student at the University of Malta, presently reading for a Masters in Family Therapy and Systemic Practice. I am presently conducting a research study for my dissertation titled, “The fathers' lived experience of having had their adolescent child engaging in non-suicidal self-injury”. This study is being supervised by Dr Clarissa Sammut Scerri. This letter is an invitation to participate in this study and below you will find information about the study and about what your involvement would entail, should you decide to take part.

The aim of my study is to try to get an insight into fathers’ perceived and subjective experience as well as their perceived impact on their relationship with their partner and their child. The focus will be on the fathers' subjective world view. Your participation in this study would help contribute to a better understanding of this as up until now most studies have mainly focused on how mothers go through this experience with their children. Therefore, in focusing my study on fathers, I am hoping to give fathers a platform from which to share what impact this experience has left on them. Any data collected from this research will be used solely for the purposes of this study.

Should you choose to take part in this study, you will be asked to participate in an hour-long face-to-face interview, where you will be free to express yourself in either Maltese or English. The interview will take place at a time and location which will have been mutually agreed in advance and which will be convenient to yourself. Should you be unable to meet in person, the researcher will use Zoom and will activate the “Require Encryption for 3rd party endpoints SIP/H-323 function”, which means that online interviews will be encrypted to provide the participants with an added level of security whereby only those who have access to the passcode can access them.

The interview will be audio recorded and kept securely on my personal laptop where only myself, as the researcher, and my supervisor, will have access to it. Moreover, the interview will be transcribed by the undersigned and transcripts will also be securely stored in an encrypted manner on my personal laptop where access is strictly limited to myself and my supervisor. Any data from the transcript will be treated confidentially and pseudonyms will be used all throughout.

Participation in this study is entirely voluntary; in other words, you are free to accept or refuse to participate, without needing to give a reason. You are also free to withdraw from the study at any time, without needing to provide any explanation and without any negative repercussions for you. Should you choose to withdraw, any data collected from your interview will be erased as long as this is technically possible (for example, before it is pseudonymised or published), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in an anonymised form.

If you choose to participate, please note that there are no direct benefits to you. Moreover, should you experience any discomfort or distress during the interview or after, you will be provided with a list of organisations, both free as well as fee paying, that offer the services of mental health professionals.

Please also note that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased as long as this will be possible. All recordings and relevant transcripts will be destroyed after 6 months of submission of dissertation, and that is, by December 2024. A copy of this information sheet is being provided for you to keep and for future reference.

Thank you for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me by e-mail charlotte.schembri.20@um.edu.mt; you can also contact my supervisor over the phone: 2340 3061 or via email: clarissa.sammut-scerri@um.edu.mt.

Sincerely,

Charlotte Schembri

charlotte.schembri.20@um.edu.mt

Dr Clarissa Sammut Scerri

clarissa.sammut-scerri@um.edu.mt.

Ittra ta' Tagħrif

Għażiż Parteċipant,

Jiena Charlotte Schembri, studenta fl-Università ta' Malta, u bħalissa qed inseġwi Masters in Family Therapy and Systemic Practice. Ir-riċerka għad-dissertazzjoni tiegħi jisimha: "L-esperjenża kif għexuha il-missierijiet li kellhom tfal adolexxenti li kienu għamlu hsara lilhom infushom". It-tutur tiegħi hi Dr Clarissa Sammut Scerri. B'din l-ittra nixtieq nistiednek tipparteċipa fir-riċerka tiegħi. Hawn taħt issib aktar informażżjoni fuq l-istudju li qed nagħmel u fuq xi jkun l-involviment tiegħek jekk tiddeċiedi li tieħu sehem.

L-għan tal-istudju hu li niprova nesplora l-esperjenża suggettiva u ippercepita tal-missirijiet kif kienu għexu l-esperjenza meta kellhom it-tfal tagħhom adolexxenti jagħmlu il-ħsara lilhom infushom, u l-impatt percepiet li din ħalliet fuq il-missirijiet b'mod personali u fuq ir-relazzjoni mat- tfal tagħhom adolexxenti u kif wkoll mal-partner. Il-fok se jkun fuq l- ħarsa tad-dinja suġġettiva tal-missirijiet.

Il-sehem tiegħek f'dan l-istudju se jgħin għax ikun qed jagħti kontribut biex ikun hemm aktar għarfien fuq din il- ħaga għax s'issa ħafna mill-istudju li sar iffoka l-aktar kif l-ommijiet jgħixu din l-esperjenża ma uliedhom. Għalhekk, l-għan tiegħi hu li permeżż ta' dan l-istudju inkun qed noħloq spażju fejn il-missirijiet ikunu jistgħu jaqsmu l-impatt li din l-esperjenża ħalliet fuqhom. L-informażżjoni kollha li tinġabar fir-riċerka tintuża biss għall-fini ta' dan l-istudju.

Jekk taqbel li tipparteċipa, tintalab li tipparteċipa f'intervista ta' siegħa fejn il-parteċipant ikun jista jesprimi lilu nnifsu bil-Malti jew bl-Ingliz. Din l-intervista issir f'post u f' ħin li jkun gie miftihem minn qabel u li jkun komdu għal-parteċipant. Jekk il-parteċipant ma jkunx jista jiltaqa b'mod fisiku, l-intervista issir permezz ta' Zoom u jiġi attivat "Require Encryption for 3rd party endpoints SIP/H-323 function". Dan iffisser li l-intervisti ikunu encrypted u il-persuna li jkollha il-passcode biss tkun tista taċċesshom.

L-intervista ser tkun awdjo irrecordjata u tinzam b'mod sikur fuq il-laptop tiegħi personali fejn jien biss, bħala ir-riċerkatriċi, u it-tutur tiegħi, ikollna access għalihom u f'ċirkostanżi eċċeżżjonali l-ezaminatur/i. Barra minn hekk, l-intervista tkun wkoll traskriva minni, ir-riċerkatriċi. It-traskriżżjonijiet wkoll ser jinzammu b'mod sikur fuq il-laptop personali tiegħi b'mod encrypted fejn jien u it-tutur tiegħi biss ikollna aċċess u f'ċirkostanżi eċċeżżjonali l-ezaminatur/i. Id-data meħuda minn fuq it- traskriżżjonijiet tiġi trattata b'mod konfidenżjali u jintuzaw psewdonimi.

Il-parteċipażżjoni tiegħek f'dan l-istudju tkun għalkollox volontarja; fi kliem ieħor, inti liberu li taċċetta jew tirrifjuta li tieħu sehem mingħajr il-bzonn li tagħti raġuni. Inti wkoll liberu li twaqqaf il-parteċipażżjoni tiegħek fl-istudju meta tixtieq, mingħajr ma jkollok tagħti spjegażżjoni u mingħajr ebda riperkusjoni. Jekk tagħżel li tirtira mir-riċerka, l-informażżjoni li tkun laħqet ittieħdet fl-intervista miegħek titħassar dment li dan ikun teknikament possibbli (ngħidu aħna, qabel ma tiġi psewdoniżżata jew ippubblikata), u sakemm l-għanijiet tar-riċerka jkunu jistgħu jintlaħqu u ma jintlaqtux serjament. F'dak il-każ, l-informazzjoni tiegħek tintuża u tinżamm anonima.

Jekk tagħżel li tipparteċipa, jekk jogħġbok innota li m'hemm l-ebda benefiċċju dirett għalik. Jekk tesperjenża xi skumdita jew dwejjaq waqt l-intervista jew wara, tigi iprovudut b'lista ta' organiżżażżjonijiet li joffru is-serviżż ta' terapija, kemm dawk li joffru is-serviżż b'xejn kif wkoll dawk privati.

Bħala parteċipant, għandek id-dritt, skont ir-Reġolament Ġenerali dwar il-Protezzjoni tad-Data (GDPR) u l-leġiżlazzjoni nazzjonali, li taċċessa, tikkoreġi u fejn hu applikabbli, titlob li l-informażżjoni li tikkonċernak titħassar. L-informażżjoni kollha li tingħabar fl-istudju tiġi meqruda wara 6 xhur li tkun iddaħħlet id-dissertażżjoni, iġifieri sa Dicembru 2024. Qed ngħaddilek kopja ta' din l-ittra biex iżżommha bħala referenza.

Grażżi tal-ħin u l-kunsiderażżjoni tiegħek. Jekk ikollok xi mistoqsija, tiddejjaqx tikkuntattjani fuq charlotte.schembri.20@um.edu.mt; tista' tikkuntattja wkoll lit-tutur tiegħi fuq: 2340 3061 jew elettronikament fuq: clarissa.sammut-scerri@um.edu.mt. .

Tislijiet,

Charlotte Schembri
charlotte.schembri.20@um.edu.mt

Dr Clarissa Sammut Scerri
clarissa.sammut-scerri@um.edu.mt.

Appendix G

Approval from FSWS

Gmail

Charlotte Schembri <ceschembri@googlemail.com>

Your request for research - Outcome Letter

3 messages

Balzan Ronald at FSWS-Head Office <ronald.balzan@gov.mt> 16 May 2023 at 08:11
To: Charlotte Schembri <ceschembri@googlemail.com>

Dear Ms Schembri

Please find attached the letter of approval from the Research Office regarding your request to conduct research with the FSWS. Although the Research Office is giving you approval, the Service Provider and the Participants still retain the right to refuse any research at any time.

Please prepare the final versions of your research participant recruitment documents (i.e. information sheet, consent form and interview guide – in Maltese and English) and send them to the undersigned so that they will then be distributed amongst potential participants.

Please be aware that it may take some time for the Services to identify and contact potential participants. Hence, please allow good time for them to be able to carry out the necessary contacts.

Please note that, as per FSWS Research Policy, you are obliged to send via e-mail a PDF copy of your dissertation/project once it has been finalised (and, where applicable, graded).

Good luck with your study.

Regards

Ronald Balzan
Senior Research Executive
FSWS - Head Office

FSWS 25 YEARS OF SERVICE
Foundation for Social Welfare Services

Appendix H

Consent Form

Participant Consent Form

The fathers' lived experience of having had their adolescent child engaging in non-suicidal self-injury

I, the undersigned, give my consent to take part in the study conducted by Charlotte Schembri. This consent form specifies the terms of my participation in this research study.

1. I have been given written and verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased as long as this is technically possible (for example, before it is pseudonymised or published), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in an anonymised form.
3. I understand that I have been invited to participate in an interview in which the researcher and I will explore how the experience of having had my adolescent child engage in self-harm had an impact on me and my relationship with them and my partner at the time. I am aware that the interview will take approximately an hour. I understand that the interview is to be conducted in a place and at a time that is convenient for me, and that I will be free to express myself either in English or in Maltese.
4. I understand that my participation might cause me to feel some discomfort. If this happens I may make use of the support services information that Charlotte Schembri will give me. I am aware that this document comprises a list of free services. The document also includes fee-paying services which I understand I will have to pay for should I decide not to use free services.
5. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others by giving some insight into how fathers and their families can be supported through this experience in the future.
6. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
7. I understand that all data collected will be erased by December 2024, and that is, within 6 months of submission of the dissertation to the University of Malta.
8. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.
9. I am aware that, by marking the first-tick box below, I am giving my consent for this interview to be audio recorded and converted to text as it has been recorded (transcribed).
   □ I agree to this interview being audio recorded

   □ I do not agree to this interview being audio recorded

10. I am aware that extracts from my interview may be reproduced in these outputs using a pseudonym [a made-up name or code – e.g. respondent A].
11. I am aware that should the interview be held online, the researcher will use Zoom and will activate the "Require Encryption for 3rd party endpoints SIP/H-323 function." which means that online interviews will be encrypted to provide the participants with an added level of security whereby only those who have access to the passcode can access them. The researcher will only audio record the interview.

I have read and understood the above statements and agree to participate in this study.

Name of participant: _____

Signature: _____

Date: _____

Charlotte Schembri
charlotte.schembri.20@um.edu.mt

Dr Clarissa Sammut Scerri
clarissa.sammut-scerri@um.edu.mt.
Tel: 2340 3061

Formola tal-Kunsens tal-Parteċipant

"L-esperjenża kif għexuha il-missierijiet li kellhom tfal adolexxenti li kienu għamlu ħsara lilhom infushom".

Jiena, hawn taħt iffirmat, nagħti l-kunsens tiegħi li nieħu sehem fl-istudju ta' Charlotte Schembri. Din il-formola tal-kunsens tispjeġa t-termini tas-sehem tiegħi f'din ir-riċerka.

1. Ingħatajt l-informażżjoni bil-miktub u/jew bil-fomm dwar l-iskop tar-riċerka; kelli l-opportunità nagħmel il-mistoqsijiet, u kull mistoqsija ngħatajt tweġiba għaliha b'mod sħiħ u sodisfaċenti.
2. Nifhem ukoll li jiena liberu li naċċetta li nieħu sehem, jew li nirrifjuta, jew li nwaqqaf il-parteċipażżjoni tiegħi meta nixtieq mingħajr ma nagħti spjeġażżjoni jew mingħajr ma niġi penalizzat. Jekk nagħżel li nipparteċipa, jaf niddeċiedi li ma nweġibx kull mistoqsija li ssirli. F'każ li nagħżel li ma nkomplix nieħu sehem fl-istudju, l-informażżjoni li tkun laħqet inġabret mingħandi titħassar dment li jkun teknikament possibbli (ngħidu aħna, qabel ma tiġi psewdonizzata jew ippubblikata), u sakemm l-għanijiet tar-riċerka jkunu jistgħu jintlaħqu u ma jintlaqtux serjament. F'dak il-każ, l-informażżjoni tiegħi tintuża u tinzamm anonima.
3. Nifhem li ġejt mistieden nipparteċipa f'intervista li magħtulha jien u ir- riċerkatriċi se nesploraw l-esperjenża suġġettiva u ippercepita tiegħi bħala missier kif kont għext l-esperjenża meta kelli lil ibni/binti adolexxenti jagħmel/tagħmel il-ħsara lilu innifisu/lilha innifsa, u l-impatt percepiet li din ħalliet fuqi personali u fuq ir-relażżjoni ma ibni/binti adolexxenti u kif wkoll mal-partner. Il-fok se jkun fuq l- ħarsa tad-dinja suġġettiva tiegħi. Jien konxju li l-intervista ser iddum madwar siegħa. Nifhem li l-intervista ser isir f'post u f'ħin li huma komdi għalija, u li se nkun liberu li nesprimi ruħi bil-Malti jew bl-Ingliz.
4. Nifhem li jekk inħoss li l-intervista b'xi mod iddisturbatni, nista' nirreferi għat-tagħrif dwar is-serviżżi ta' appoġġ li Charlotte Schembri se tgħaddili. Naf li d-dokument bit-tagħrif jinkludi lista ta' serviżżi bla ħlas. Id-dokument fih ukoll xi serviżżi bil-ħlas, li jkolli nagħmlu minn buti f'każ li ma nagħżilx is-serviżżi bla ħlas.
5. Nifhem li bil-parteċipażżjoni tiegħi f'dan l-istudju, m'hemm l-ebda benefiċċju dirett għalija. Nifhem ukoll li din ir-riċerka jaf tkun ta' benefiċċju għall-oħrajn għax tista tagħti għarfien kif il-missirijiet u il-familji ikunu jistagħu jingħataw l- għajnuna meħtiega f'dawn iċ-ċirkostanżi.
6. Nifhem li, skont ir-Reġolament Ġenerali dwar il-Protezżjoni tad-Data (GDPR) u l-leġiżlażżjoni nażżjonali, għandi dritt naċċessa, nikkoreġi u, fejn hu applikabbli, nitlob li l-informazzjoni li tikkonċernani titħassar.
7. Nifhem li l-informażżjoni kollha miġbura se titħassar sitt xhur wara li tkun giet issottometta id-distertażżjoni, igifieri Dicembru 2024.
8. Ingħatajt kopja tal-ittra ta' tagħrif biex inżommha u nifhem li se ningħata wkoll kopja ta' din il-formola tal-kunsens.

9. Konxju li, jekk nimmarka l-ewwel kaxxa t'hawn taħt, inkun qed nagħti l-kunsens tiegħi biex l-intervista tiġi irrekordjata bl-awdjo u maqluba f'kitba fl-istess waqt (traskriżżjoni).
   - ☐ li l-intervista tiġi irrekordjata bl-awdjo.
   - ☐ Ma naqbilx li l-intervista tiġi irrekordjata bl-awdjo.

10. Konxju li siltiet mill-intervista tiegħi jistgħu jiġu riprodotti bl-użu ta' psewdonimu [isem ivvintat jew kodiċi - eż. parteċipant A].

11. Jiena naf li jekk l-intervista se ssir online, ir-riċerkatriċi se tuża ż-Zoom u se tattiva l-għażla tar-"Require Encryption for 3rd party endpoints SIP/H-323". Dan iffisser li l-intervisti ikunu encrypted u il-persuna li jkollha il-passcode biss tkun tista taċċesshom. Ir-riċerkatriċi se tirrekordja id-diskors biss ta' waqt is-sessjoni mingħajr filmat.

Qrajt u fhimt l-istqarrijiet t'hawn fuq, u naqbel li nipparteċipa f'dan l-istudju.

Isem il-parteċipant: _____

Firma: _____

Data: _____

Charlotte Schembri
charlotte.schembri.20@um.edu.mt

Dr Clarissa Sammut Scerri
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Tel: 2340 3061

Appendix I

List of Support Services Given to Participants

Dear Participant,

I hope this email finds you well.

I would like to take this opportunity to thank you for your participation in this study. I appreciate your involvement and cooperation throughout this entire process.

I would like to remind you that the aim of my study is to try to get an insight into fathers' perceived and subjective experience as well as their perceived impact on their relationship with their partner and their child. The focus will be on the fathers' subjective world view. Your participation in this study will help contribute to a better understanding of this as up until now most studies have mainly focused on how mothers go through this experience with their children. Therefore, in focusing my study on fathers, I am hoping to give fathers a platform from which to share what impact this experience has left on them. Any data collected from this research will be used solely for the purposes of this study.

This study was not anticipated to cause distress and the interview questions were formatted in as sensitive a manner as possible; however, if your participation has led you to experience any distress or discomfort for whatever reason, then below I have included some information about services that offer free and paid professional support that you might find helpful.

If you require any additional information or wish to report any concerns about this study, please do not hesitate to contact both myself, on 79606061 or my research supervisor on 2340 3061.

Kind regards,

Charlotte Schembri

FREE SERVICES

Richmond Foundation
info@richmond.org.mt +356 21 224580/ 21 482336/ 21 480045
Supports both individuals who are experiencing mental health problems as well as those around them. Apart from supporting individuals by offering therapeutic help, Richmond Foundation also guides individuals by teaching the necessary skills to live and work independently. Their services include support groups, assisted living solutions, educational programmes, as well as counselling services.

Supportline 179 (24/7 access)
This is Malta's national helpline acting to provide support, information about local social welfare and other agencies, as well as a referral service to individuals who require support. It is also a national service to individuals facing difficult times or a crisis. Their primary mission is to provide immediate and unbiased help to whoever requires it.

Kellimni .com (24/7 access) http://kellimni.com/21244123/21335097
kellimni.com is an online support service in which trained staff and volunteers are available for support 24/7 via email, chat and smart messaging. This service is managed by SOS Malta.

Crisis Resolution Malta crisismalta@gmail.com/ +356 9933 9966
Offers immediate care. Crisis resolution 24/7. The team of volunteers which answer the phone are all professionals, and the consultation service is free.

Crisis intervention Mater Dei +356 2545 3950
Supports in various crisis situations related to mental health. Monday to Friday 7am – 5.30pm.

PAID PROFESSIONALS

Counsellors: Malta Association for the Counselling Profession (MACP) www.macpmalta.org
Council for the Counselling Profession (CCP) ccp.msfc@gov.mt

Family Therapists: Malta Association of Family Therapy and Systemic Practice (MAFT-SP)

<maft.systemicpractice@gmail.com>

Psychologists: Malta Chamber of Psychologists mcp.org.mt
Malta Psychology Profession Board mppb.msfc@gov.mt

Malta Association of Psychiatrists: map.org.mt

Psychotherapists: www.facbook.com/MaltaAssociationForPsychotherapy

Appendix J

Table of GETs and Sub-Themes

Group Experiential Themes

1. THE IMPACT OF SELF-HARM ON FATHERHOOD
1.1 How the self-harm accentuated the role of a father as protector of child and family
1.2 Focus was on the needs of the child and the family
1.3 How the self-harm impacted the self-confidence of being a father
1.4 Having to live with the constant threat of self-harm
1.5 Having to live with personal anguish and narratives of loss
1.6 Living with shame: the stigma of self-harm, YPU and MCH
2. IMPACT OF THE ADOLESCENT'S SELF-HARM ON THE PARENTS' RELATIONSHIP
2.1 The self-harm brought tension in the parents' relationship
2.2 Some couples joined forces in the face of the self-harm
2.3 Couples found ways to balance each other out
2.4 Some avoided blaming each other whilst some succumbed to the cycle of blame
3. IMPACT ON THE RELATIONSHIP WITH THE ADOLESCENT
3.1 They became more sensitive to the needs of their adolescent child
3.2 They adjusted their parenting styles
3.3 They appreciated the father-child bond
3.4 Yearning for the loss of the bond they had before the self-harm
3.5 They were aware that mutual trust was lost
4. HOW THE FAMILY SYSTEM AND ADOLSCENTS' SELF-HARM MUTUALLY IMPACT EACH OTHER
4.1 They acknowledged the power of the self-harm
4.2 The impact of the family system on the self-harm
4.3 The impact of the self-harm on the family system
4.4 How they suffered together as a family and found support in family and friends
5. THE FATHERS' PERCEPTION AND EXPERIENCES OF THE INVOLVEMENT OF PROFESSIONALS
5.1 The need to seek help when the parents realise that the self-harm is bigger than them
5.2 Fathers had different experiences with different professionals
6. FATHERS SEE SELF-HARM AS THEIR OWN PERSONAL JOURNEY OF GROWTH
6.1 How fathers view self-harm
6.2 Trying to make sense of self-harm – a journey of understanding
6.3 Different ways of coping and personal beliefs - their personal journey of growth
6.4 Being aware of their family of origin scripts
6.5 Their advice to fathers going through self-harm with their adolescent

Appendix K

Presentation of Findings with original Maltese excerpts

Chapter 4: Presentation of Findings

4.1 Introduction

A thorough analysis of the interviews elicited very rich and insightful data reflecting the experience of fathers living with their adolescent child's self-harming behaviour. A number of Group Experiential Themes (GETs) came to light together with various sub-themes. Therefore, as guided by Smith et al. (2022), this chapter will mainly present my own sense-making analytical interpretation of the themes and sub-themes heavily supported by extracts from the transcripts whilst the next chapter will include a discussion with references to the relevant literature.

4.2 Group Experiential Themes and Sub-Themes

The six GETs that were elicited are presented in a concise table below, whilst a comprehensive table including the relevant sub-themes is presented in Appendix J.

Table 2

Group Experiential Themes

1. The impact of self-harm on fatherhood
2. How the adolescent's self-harm impact on the parents' relationship
3. Impact on the relationship with the adolescent
4. How the family system and adolescents' self-harm mutually impact each other
5. The fathers' perception and experiences of the involvement of professionals
6. Fathers see self-harm as their own personal journey of growth

4.2.1 THE IMPACT OF SELF-HARM ON FATHERHOOD

4.2.1.1 How the Self-Harm Accentuated the Role of a Father as Protector of Child and Family.

All throughout the interviews it was evident that the self-harm brought the traditional role of the father as protector to the forefront where protecting their child from this invisible enemy became their primary role. Some stated it explicitly like Martin, whereas for others it was weaved in implicitly all throughout the interview.

> *As a father I think that my job is to protect her (l. 66)*

However, all the fathers expressed that protecting their child was not easy, because as Martin put it,

> *It's not easy when you understand that you have to protect your child from herself (l. 30-31)*

These fathers tore down walls, both in a metaphorical sense as well as in a physical sense, to protect their child. For example, Edmond took all the necessary measures to learn what was going on in his daughter's life on the internet and was then able to block certain apps which were contributing to her self-harm.

> *I was protecting her from these supercomputers and addictive technology, just like any parent would protect their children from anything that's addictive (l. 989-991)*

David, on the other hand, cancelled the order for the bedroom and bathroom doors in order to have immediate and unencumbered access to his son.

> *Il-fatt illi naf li għandi aċċess għalih it-tifel…… li naf li jekk allahares qatt jinqala xi ħaġa, naf li għandi aċċess għalih. Illi there is no barriers in between us li I have to break down before getting to him (l. 129-131)*

All the fathers spoke about having taken measures to remove all items from the home which presented a physical threat to their child, in spite of the inconvenience that this brought to the family.

> *We didn't have any sharp knives for a long time in the kitchen and it made life very difficult I have to say (Edmond, l. 341-343)*

However, these fathers also expressed their discomfort at being told by the professionals at The Young People's Unit (YPU) (a section within Mount Carmel Hospital (MCH) which caters for children and adolescents) to allow their child to self-harm as a preferred alternative to suicide. This was at great odds with their role of father as protector.

> *Jien ma kontx naċċetta meta jgħidulna ħalliha tagħmel is-self-harm (Robert, l. 176)*

4.2.1.2 Focus was on the Needs of the Child and the Family. Whilst I was interviewing the fathers, it became clear that all throughout this experience, their main focus was not them but the needs of their child and their family. Peter explained, for example, how his friends used to criticize him that he was giving in to his daughter's demands even when he could not financially afford to, yet he would reply with:

> *Noqgħod bil-ġuħ jien u nikkuntenta lit-tifla (l. 556)*

Others, like Edmond, took time off work to fully dedicate his time and attention to getting to grips with the situation and the dark reality that his daughter was living with on the internet and to truly be there for her and the family:

> *This was an extremely complicated world. So I really took on board the challenge. I took some time off work and I started to learn about ….the online environment of young people (l. 110-114)*

And he does not regard this as a huge sacrifice, but rather something that needed to be done for the family, a time to *"deploy everything I've got" (l. 604):*

> *Looking back, did we sacrifice a lot? No, not really. Well, we just adapted, and we just really went for it as a family. (l. 609-609)*

4.2.1.3 How the Self-Harm Impacted the Self-Confidence of Being a Father. In their own way, a lot of the fathers expressed feeling insecure in their role as a father, with the fear that they will always be second guessing themselves.

> *Yeah, you never feel secure. It's something cracked in…your self-confidence and in the feeling secure that you are doing the right thing and it's hard to see it as repaired this crack. I mean this crack is there and it's probably never going to be fully fixed (Martin, l. 223-227)*

Most of the fathers spoke about feeling like a failure, expressing their hurt that their child had not sought them out in their moment of distress which brought them to the realisation that their relationship with their child was not as close as they thought it was.

> *At first I felt like a failure. One, għax ma kellux il-kuraġġ li jiġi jkellimni u jgħidli x'inhu jħoss u jien kien mingħalija li konna close biżżejjed li nistgħu nitkellmu ċertu affarijiet. (David, l. 140-141)*

Moreover, some fathers expressed a deep regret that they did not realise what was going on in their child's life, and wondering whether things might have been different had they spent more time with them.

> *Forsi kieku jiena tajt iktar attenzjoni magħha setgħet kienet iktar tkun open miegħi? (Robert, l. 391,392).*

In one way or another, all the fathers expressed feeling a lack of control over the situation, rendering them powerless to protect their child.

> *Then you find out that you don't have control. You don't have really the situation that you were expecting or you are not able to control the situation and she takes control over the situation and you have to understand how to keep her safe (Martin, l. 103-106).*

4.2.1.4 Having to Live with the Constant Threat of Self-Harm. Having to live with the constant worry and threat of self-harm and possibly suicide was highlighted as one of the major concerns in these fathers' lived experience and which tore at the very fibre of their being.

> *Forsi Alla ħares qatt niġi u nsibha mgħallqa jew taqbiżli minn fuq il-bejt għal ġol-bitħa jew għall-barra (Peter, l. 185-187)*

Doors seemed to hold both symbolic and practical meaning to these fathers, where for some the absence of doors represented ready access to their child, as noted above for David, whilst for others, doors were a way to keep their child safe and contained within the home in a bid to mitigate risk of self-harm.

> *When she was home on leave (from YPU), we were locking doors because she was escaping, and we were searching for the razor blades in different places and things like that. (Edmond, l. 150-152)*

4.2.1.5 Having to Live with Personal Anguish and Narratives of Loss. For some of these fathers, living with loss has become part of their script, something that they have had to learn to live with. The self-harm had robbed them of their child, for some in a metaphorical sense whilst for others in a very real sense.

Kellna tifla u sfrattat. Sfrattat bħal meta il-Bambin jieħodhielek…id-dar vojta mingħajra. Qisna koppja mingħajr tfal. (Peter, l. 477-480)

Alan, on the other hand, is worried that the self-harm is stripping his daughter of a future.

What is the next step? Is she going to miss out? Is she gonna, what? Studying? There's no studying. There's no goals in life. (l. 583-584)

All throughout the study, it became very clear that these fathers live their life with a lot of sadness, albeit expressed in different ways. For example, Alan describes the heartbreak at having had to visit his daughter at the YPU.

Visiting her in YPU, which …. I see it as a prison. It's heartbreaking. (l. 205-206)

Moreover, father don't only carry their own sadness, but they live also weighed down by their child's sadness.

Dwejjaq. "Imdejqa. Imdejqa." Imdejqa t-tifla. Imdejqa. (Peter, l. 29-30)

4.2.1.6 Living with Shame: the Stigma of Self-Harm, YPU and MCH. Those fathers whose children had been admitted to YPU and MCH all spoke with a degree of shame about this, reflecting the stigma and cultural connotations attached to these institutions. Peter, for example, referred to MCH as *"hemm isfel"* (l. 104, 106, 148) during several instances of the interview, reflecting how he feels about it. However, this was something that they knew they had to live with and somehow come to terms with.

Nowadays I cannot say that I'm proud or I speak at liberty about my daughter's condition, but this is something that's she won't be the first one. (Alan, l. 297-299)

4.2.2 IMPACT OF THE ADOLESCENT'S SELF-HARM ON THE PARENTS' RELATIONSHIP

4.2.2.1 The Self-Harm Brought Tension in the Parents' Relationship. Some of the participants shared that the self-harm had brought about tension in the relationship with their partner or ex-wife. Robert, for example, shared how he no longer looks forward to going home because rather than being a place of rest after a day's work, instead he is met with his wife's frustrations and accusations that he is not doing enough to help with the situation with their daughter, describing how he retreats into himself and communicates with no one when he and his wife argue because he feels that any attempts at communicating are futile.

> *Meta dak ningħalaq totalment sfortunatment. Per ezempju nagħmel jumejn, tlieta, ningħalaq fija nnifsi u qisu m'hu qed jeżisti ħadd madwari d-dar. (l. 343-345).*

Some fathers spoke of their attempt to remain united with their partner in the face of the self-harm. However, despite their best efforts, the self-harm still drove a wedge between them.

> *So we tried to understand how to be united in this situation. But it for sure impacted the relationship somehow. I mean in some cases, giving more unity, in some cases also keeping us apart (Martin, l. 234-240)*

4.2.2.2 Some Couples Joined Forces in the Face of the Self-Harm. On the other hand, some fathers describe how their child's self-harm was the glue which helped to strengthen their bond, and for one father this was in spite of the fact that they had been separated for several years.

> *So I would say that nowadays the relationship I have with her mother is more open than before, because we know that a problem and we try and tackle it together. (Alan, l. 360-363)*

4.2.2.3 Couples Found Ways to Balance Each Other Out. Some fathers described how they tried to find ways to balance each other out. Robert, for example, described how he saw his wife as being "too overprotective" (l. 109-100), and therefore chose to adopt a different approach.

My approach noqgħod lura u nitkellem li għandi nitkellem u nitlaq (l. 163)

Other fathers, on the other hand, whilst also aware of this difference in approaches, adopted a more positive collaborative stance.

In some phases I was a little bit following her lead, let's say. In some cases she was a little bit too much going in an anxiety mode, so I try to push her away from that situation because you know, too much anxiety is not healthy as well, so its push and pull. (Martin, l. 244-248)

4.2.2.4 Some Avoided Blaming Each Other Whilst Some Succumbed to the Cycle of Blame. Some fathers described how the very pain of their child's self-harm and their constant threat of suicide drove them to doubt themselves as parents, wondering with whom the blame lies.

Tgħid, imma it-tort tagħna? It-tort tiegħi? Tal-mara? (Robert, l. 186-187)

Other fathers, on the other hand, like Edmond, described how extending self-care to themselves became important to them.

I think we made loads of mistakes as we were learning, but we were kind to ourselves in that situation (l. 610-611)

4.2.3 IMPACT ON THE RELATIONSHIP WITH THE ADOLESCENT

4.2.3.1 They Became More Sensitive to the Needs of their Adolescent Child. Most of the fathers interviewed shared how throughout this journey they developed a keen sensitivity to the needs of their child, learning to let go of their pre-set expectations of how their child should be developing and behaving and instead really seeing them for what they are in the moment.

> *I ….try to look at her not through the filters of my way of life, but trying to see her through the way that she wants to present herself to me. (Martin, l. 166-168)*

Indeed, Edmond offers this as advice to other parents:

> *Don't try and fit a young person into what you expect them to be. Because every young person is different. (l. 919-920)*

4.2.3.2 They Adjusted their Parenting Styles. Another theme which came through with all the fathers was how they adjusted their parenting styles to meet the needs of their suffering child. Edmond reflected and was able to discern the value of tough love and how it could be harmful to fragile teenagers. He became more emotionally attuned to his daughter's needs and was prepared to change his parenting style to fit her needs.

> *Yeah, so tough love doesn't work for everybody. Clearly it doesn't work for …young people who have challenges (l. 219-221)*

On the other hand, he is conscious that he doesn't want a spoilt child, and he tries to balance the risk of self-harm with keeping his child grounded.

> *Xorta ma nċedilux mal-ewwel għax ma rridux ikun spoilt (l. 199)*

Edmond too speaks of having become aware of the need to keep a delicate balance between keeping control of his daughter's online activity whilst also keeping her safe.

And you don't want to restrict things too much because they use Instagram as a messenger ….but that's also the place where they do the scrolling and you can't separate the two….So you can't just ban it. (l. 566-572)

Edmond speaks about the value they found in picking their battles and reflecting on what really mattered, which was a positive communicate style.

When she did something a bit, you know, a bit rude or something, you know, we'd pick our battles much more and we'd make sure that we were not criticising her as a person….and just having a really positive communication style (l. 227-230)

4.2.3.3 They Appreciated the Father-Child Bond. All the fathers expressed their appreciation for the father-child bond and some expressed an appreciation for their close relationship, where they feels that the self-harming experience brought them closer to each other.

Naħseb it brought us closer. He is more open. Jitkellem ħafna aktar. Naħseb li ġabna aktar close. Ġabna ħafna aktar. (l. 235-236)

In the midst of their pain, or perhaps because of their pain, these fathers all went out of their way to speak highly of their children, highlighting their wonderful qualities. Peter makes a point of repeatedly bringing forward Tansy's cooking and sporting abilities, expressing pride in her accomplishment, wanting to stress that Tansy is more than the self-harming behaviour.

Għax hi moħħha tajjeb. Għax hi anki kienet tagħmel il-kejkijiet. (l. 308-309)

4.2.3.4 Yearning for the Loss of the Bond they had Before the Self-Harm. In contrast, some fathers expressed with deep sadness the bond that they used to have with their child before the self-harm set in, a bond which has now been weakened.

Kienet qisa il-hubby tiegħi, il-ħin kollu miegħi. She's a daddy girl. (Robert, l. 1)

Martin described how the self-harm shattered his myth that his daughter would be his baby forever, realising that the self-harm is a stronger force than their bond.

You tend to think that, uh, that she is your baby forever, and then you start to understand that it's really not like that (l. 41-43)

4.2.3.6 They were Aware that Mutual Trust was Lost. Trust became a big issue for all the fathers that were interviewed, where the strained interactions and the constant threat of a self-harming episode eroded the trust in their relationship with their child. For some fathers, the loss of trust also came as a result of the adolescents' lies and manipulation. Robert described how his daughter had told one of her therapists that he had behaved inappropriately with her, resulting in him and his wife being investigated by the authorities.

Daħħlet f'fażi oħra fejn bdiet iddawwar l-affarjiet. Ovvjament ħadtha bi kbira ħafna kont. Daħħlet ċertu rabja fija u dawn l-affarjiet. Pero imbagħad wara ammettiet li qisa riedet l-attenzjoni, riedet, xi ħaġa, ma nafx x'kienet. (l. 208-211)

Edmond, on the other hand, spoke of the mistrust that his daughter felt in his regard in resisting and resenting his attempts at helping her by immersing himself into her online activities.

So I was challenged right in the beginning to try and understand my daughter's digital life ….. so I think this created a lot of mistrust because I wanted to start monitoring what she was doing online. (l. 72-75)

4.2.4 HOW THE FAMILY SYSTEM AND ADOLSCENTS' SELF-HARM MUTUALLY IMPACT EACH OTHER

4.2.4.1 They Acknowledged the Power of the Self-Harm. Albeit in different ways, most of the fathers admitted that the self-harm used to wield its power over them, where they found themselves having to give in to its demands. Peter, for example, described how, in spite of the fact that they get by on a minimum wage, he would find himself powerless in the face of his daughter's demands.

> *U jien it-tifla hekk ngħidilha, ngħidilha, "Tansy, isma minni hi, kollox bil-mod. Trid oġġett, ma nistax naqbad u nġibu dak il-hin. Issapporti, aħna paga minima għandna." Imma le, "Issa rridu, irridu issa." (l. 545-548)*

4.2.4.2 The Impact of the Family System on the Self-Harm. Most of the fathers had the wherewithal to appreciate the systemic complexity of self-harm and how the family system had had an impact. For example, Alan openly acknowledges that the separation from his wife could have had a direct impact on his daughter's mental health.

> *This separation in one way or the other contributed to the condition and the condition at the moment. ...you never know, she might have been happier. (l. 280-282)*

David, on the other hand, described how he discovered statements in his son's diary where he had stated that he was self-harming because of his relationship with his mother, where at hospital he told therapists that he felt abandoned and rejected by his mother. He described how his son would go into his grandmother's bathroom, lock the door and punch the wall with the stress of the anticipation of having to spend time with his mother the day after, whereas now that he is no longer seeing his mother he is in a much calmer state.

Downstairs my mother has a door, she removed the key but he closes himself in the bathroom and he starts punching the way because the day after he would be due to be with his mother. (l. 430-433)

4.2.4.3 The Impact of the Self-Harm on the Family System. Undoubtedly all the fathers spoke of how the self-harm impacted the whole family system. David, for example, spoke about his young daughter's terrors and sleepless nights, insisting on sleeping on her father to ensure that he does not leave in the middle of the night.

U minflok tuża l-imħadda tużali żaqqi biex torqod biex żgur lanqas inqum. (l. 455)

Edmond took extended time off work to be there for his daughter, even spending seven months abroad with her whilst she was in a mental health facility. This at the cost that he was far away from his wife and his younger daughter.

She was admitted to a mental health facility there and she stayed there for seven months, so I was also there for seven months and visiting every day. (l. 139-141)

Robert also spoke about the tension that the situation put on the whole system.

It-tensjoni li ġġib fil-familja, ir-relazzjoni hi magħna, aħna magħha, hi ma' ħutha. Affettwat ħafna affarijiet (l. 222-223)

4.2.4.4 How they Suffered Together as a Family and Found Support in Family and Friends. All the fathers expressed a great belief in the value of suffering together as a family. Edmond phrased it beautifully when he stated:

We were there so we could suffer with her (l. 159-160)

Likewise, David also placed great value in the support of family and friends to get through the journey of the self-harm.

The support that I had from my mother, my siblings and from this friend and his wife and children, it was enough, and it was more than enough for me. For me, family is everything. (l. 624-626)

4.2.5 THE FATHERS' PERCEPTION AND EXPERIENCES OF THE INVOLVEMENT OF PROFESSIONALS

4.2.5.1 The Need to Seek Help when the Parents Realise that the Self-Harm is Bigger than Them. Most of the fathers acknowledged that once they realised the gravity of the situation, they knew that they needed to seek professional help. Robert expressed it clearly when he said:

Ma stajniex nifhmu ovvjament imbaghad bdejna nippruvaw insibu aktar għajnuna (l. 64-65)

Edmond, on the other hand, also acknowledged the importance of getting professional help for their own mental wellbeing. In reference to the Phoenix Group, a support group for parents offered at CYPS, he stated that:

We, still, I think got really a lot out of it. For our own wellbeing. (l. 875-876)

Some of the fathers explained that they found the strategies that they were being given by professionals very useful in learning how to live through the experience and support their child in the process.

So psychological support of psychologists that were trying to help us in understanding how to read the emotions, how to cope with emotions, how to manage the emotions, how to let go the emotions. And also explaining .... not only our emotions .... So having somebody a little bit helping us in understanding what was her situation. ... understand the process and how to deal with it.... (Martin, l. 293-296)

4.2.5.2 Fathers Had Different Experiences with Different Professionals. Most of the fathers who were interviewed felt reassured by the support that they were getting from the professionals who were supporting them and their child. Martin, for example, explained that through professional input they learnt that trauma does not necessarily need to be a big objective event to have an impact on someone's mental health.

> *We then learned that trauma not always is obvious. It can be so because you read it as trauma even if it's not objectively traumatic. (l. 280-282)*

Edmond, for example, really appreciated the sessions that he and his wife had at Tal-Ibwar, the Therapeutic Centre for Adolescents run by Caritas.

> *And they gave us some family sessions there. Parent sessions with the counsellor and that was extremely helpful. Just helping us to refine our language much more. (Edmond, l. 806-808).*

Edmond and his wife also attended group parent sessions at CYPS, and again, as much as he found them to be helpful, he does, however, feel that support should have been made available to them a lot earlier in the journey of self-harm, because up until that point they had been floundering on their own.

> *And so it was quite a long time before we started to get the pieces together of what services were available and what the likely progression would be. (l. 871-873)*

Moreover, some fathers also stated that as much as they appreciated the input of all professionals, however, they feel that the lack of collaboration between the different professionals is not helpful to the recovery process.

> *So I think there's a lot of different teams, it's all there, a lot of people working, but it's like everyone is working separately, rather than one team. (Alan, l. 586-588)*

It was not only the support of the psychiatrists, psychologists and psychotherapists that was appreciated by the fathers, but also other professionals like social workers.

> *Is-social worker kienet tiġi u toħroġha u hekk … u jien qiegħed hawn rasi mistrieh għax moħħok jibqa' għaddej għax hi dejjem tivvinta. (Peter, l. 496-501)*

Not all the fathers' experiences with professionals were positive, however, where some of the father expressed scepticism and even mistrust. Indeed, Alan feels that professionals are not in a position to give advice or pass judgement because they are not present in the moments of crisis.

> *How can they tell us what to do or what not to do, or what we did wrong, or what we did right from the comfort of their chair in their office? They don't even see. (l. 543-545)*

A number of fathers also expressed feeling confused and insecure because the advice they got from professionals was not consistent and varied from one institution to another, and from one professional to another.

> *Minn l-approach tiegħu qiegħda mod, tmur għand xi ħadd iehor l-approach tiegħu mod ieħor. (Robert, l. 311-312)*

Moreover, Robert expressed feeling insecure with professionals' advice knowing that this was based on what his daughter would have told them, and having already experienced an incident where what she had reported was untrue, this left him feeling very vulnerable.

> *Li t-tifla qiegħda tmur għand xi ħadd u tagħmel siegħa għandu titkellem, qed tieħu ċertu feedback, tieħu certu dan, pero mintiex qed tgħixha u aħna ma nafux x'qed tgħidilhom it-tifla. (l. 316-318)*

A number of fathers also expressed that their child could not be treated with a one-solution- fits-all remedy, seeing the situation as too abstract and each child and each situation too unique for anyone to come up with a readymade solution.

> *You can't say, OK, one job fits all. No one solution fits all because every character is different. (Alan, l. 505-506).*

Moreover, fathers whose children had experienced YPU also had strong opinions about their experience with the institution, both personally as well as through their child. For example, some fathers expressed their disquiet and concern about the fact that once admitted, these disturbed adolescents are allowed to sit around idly all day and are accommodated all together, where some patients are more violent than others. Indeed, Alan suggests that:

> *I would try and reinvent YPU in the sense where you make it nice. You try and do a difference between aggressive mental patients and less aggressive and less sick patients because with Kiera there were people who possibly could have made her worse (l. 567-571)*

4.2.6 FATHERS SEE SELF-HARM AS THEIR OWN PERSONAL JOURNEY OF GROWTH

4.2.6.1 How Fathers View Self-Harm. Different fathers view self-harm in different ways. Some, like Alan, see it as a battle that needs to be fought.

> *If it was me, I will try and fight it. And if I win the battle, could be yes, could be no. (l. 328-329)*

Others, like Robert, sees it as a matter of will power, mind over matter.

Dan bħal xi ħadd ipejjep. Jien kont inpejjep. Jekk kulhadd jgħidlek għax jagħmillek il-ħsara, u għax jagħmillek hekk, ma tagħtix kas. Inti trid tkun imbagħad. Once li tiddeċiedi inti taġġmilha. U din l-istess ħaġa. (l. 121-123)

Edmond, however, saw his daughter as a helpless victim of self-harm who had no choice but to succumb to its demands.

She was so deeply, deeply unhappy and unsatisfied with her life that she would do anything to make that feeling go away…. I just saw her as just someone who simply had no choice. (l. 698-702)

4.2.6.2 Trying to Make Sense of Self-Harm – a Journey of Understanding.

Although all the fathers viewed self-harm differently, they all went through the process of trying to make sense of it in their own unique way and in their own unique set of circumstances. Alan, for example, attributed his daughter's self-harm to the fact that she is adopted**.**

Minn dakinhar tant ġraw affarijiet li llum il-ġurnata we know that there is a problem since she's adopted. (l. 13-14)

Others, like Robert, just could not make sense of it at all.

Ovvjament ħadnieha bi kbira. I mean ikollok aptit qisek tixxajkja speċi "Għalfejn?" I mean konna ntuha l-imħabba kollha ta' familja, l-attenzjoni kollha. (Robert, l. 71-73)

However, over time and in their own way, the fathers went through their own personal journey of understanding and acceptance.

I had to learn that not everything is possible to rationalise, and the emotions are as real as any other things, even if sometime are not explicable or understandable, but the fact that they are there it's just that fact is real. (Martin, l. 137-140)

4.2.6.3 Different Ways of Coping and Personal Beliefs – Their Personal Journey of Growth. By drawing on their own personal belief systems, all the fathers found their own ways of coping through this process. For example, Peter found succour in his faith in God.

Nitolbu 'l-Bambin biex iffejjaqha kif fiqt jien. (Peter, l. 521-522)

Others, on the other hand, had resigned themselves to the worst-case scenario as a way of coping with a situation which they feel they have no control over.

Now God forbid sometimes happens, we live with that. If nothing happens, and she goes back to normal, we live with that. I cannot change the future. I can help make a better future, but I cannot change the future. (Alan, l. 96-98)

This stance is grounded in their belief in destiny, that:

What's meant to happen whether you like it or not, whether your work for it or not, its gonna happen (Alan, l. 608-609)

For Edmond, on the other hand, his way of coping was to immerse himself into learning all that he could about his daughter's newly diagnosed condition as well as the dark online reality which had taken control of her life.

So I was challenged right in the beginning to try and understand my daughter's digital life, as well as her physical life. (l. 72-73)

4.2.6.4 Being Aware of their Family of Origin Scripts. In navigating this journey with and through their children, these fathers came face to face with their own family of origin scripts, reflecting on how these had impacted them as fathers.

For Alan the family of origin script is very strong, and he still uses it as his guide to parent his daughters.

> *This is how my mother used to downplay certain things. I try to be the same because I believe, as I said earlier, that there's always a solution to the problem. (l. 428-429)*

Edmond, too reflected on his own family of origin script, describing how his own Victorian style of upbringing was all about tough love, being raised to suppress his emotions.

> *So the way I was raised was about tough love, basically the British kind of public school system. You know, you just gotta get on with life…. You can't mope around just cause you're having a bad day. (l. 210-213).*

However, he described how he was able to reflect on this and how his personal journey of growth enabled him to move away from his family of origin script and adapt a parenting style which was more emotionally attuned to his daughter's and the family's, needs.

> *So in this case, all of our relationships in the family are much stronger than they were before, partially because we've moved away from this tough love family model. (l. 683-686)*

Indeed, Edmond attributed becoming a better person as a direct result of having lived through the journey of self-harm together as a family.

> *I think I'm a much better person because of what we went through as a family (l. 596-597)*

Martin saw his personal journal of growth as having rendered him more humble, where he sees the bash to his self-confidence as something which has provided him with the humility to look beyond what he cannot see or understand.

I don't know if I'm wiser, but I know that I know less than I, I mean, I'm for sure less self-confident than I was before, not necessarily in a bad way. (l. 157-158)

4.2.6.5 Their Advice to Fathers Going Through Self-Harm with their Adolescent.

All the fathers were very generous in sharing their advice to other fathers who might be going through the experience of self-harm with their child. Most of the fathers stressed the importance of giving time and attention to their children, spending quality time with them.

Hija l-attenzjoni u d-dedikazzjoni u ħin anke one to one mat-tfal biex iħossuhom iktar parti mill-familja (Robert, l. 405-407)

All the fathers recommended seeking professional help.

Somehow, through someone, try and find support because you'll need it. It's a rollercoaster of a ride, there's going to be the highs and there's going to be the lows. (David, l. 650-562)

Alan advised being patient and staying calm.

Be patient and allow time. Not to heal. Things might change for the better… but be patient. (l. 454-455).

Lastly, Edmond strongly advised parents to "stay relevant" (l. 929) and learn about their child's online activities.

I think that learning about their digital lives is a really key thing. Don't just let that be a blank spot because you'll never manage the whole person if half their lives is located away on the internet. (l. 930-934)

4.3 Conclusion

The themes and extracts presented in this chapter evidence the various facets of the fathers' experience of their and their child's NSSI journey. Some of the experiences are supported by findings in the current literature of how parents go through this experience with their children, whilst other findings reflect an experience that is very personal to fathers. In the next chapter, I will discuss these findings in more depth, supporting my discussion with relevant literature.