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Abstract

Background and aims: Self-mutilation (self-harm) is a phenomenon that is increasingly being seen in patients presenting in mental health services in the United Kingdom. This present study aimed to explore the lived experience of South Asian women raised in the United Kingdom and their perspective of 'Izzat' which refers to honour.

Method: Semi-structured interviews were conducted with 12 women of 'South Asian' heritage. Their accounts were analysed using interpretative phenomenological analysis (IPA).

Findings and discussion

The findings suggest that the concept of Izzat and Asian cultural identity permeated the narratives of all the participants. The results position Izzat as central to cultural discord felt by the women and as a base for some of the discontent that led to self-mutilating. The analysis revealed five over-arching themes as the most-common factors to self-harm among South Asian women which include (1) The struggle to maintain cultural identity (2) Experience of loss of control and trauma, (3) Focus on self-mutilation as a distraction process (4) Psychological angst as metacommunication of pain and (5) Enactment of perceived deserved punishment. Our conclusions argue for the importance of understanding the complexity of cultural diversity, introjected cultural expectations, and its impact on the development of trauma and implications for clinical practice.

Future research and practice should focus on exploring trauma informed methodologies and culturally sensitive approaches in working with those impacted by Izzat and the cultural responsibility of maintaining family honour.

Keywords: izzat trauma, self-mutilation, self-harm, sharam, honour, transcultural trauma

Introduction

Self-harm in the UK is a common problem which affects all races, and it weighs heavily on care services (Bhui, Bhugra, Goldberg, Dunn, & Desai, 2001). It is drawing much interest among concerned professionals and care providers (Brown, Chadwick, Caygill, & Powell, 2019; Cross et al., 2014; Gunasinge, 2015; Ragavan, Fikre, Millner, & Bair-Merritt, 2018).

According to the National Institute of Health and Care Excellence (NICE) guideline 16 of 2004, 'self-mutilation is defined as any non-fatal self-injurious or self-poisoning act purposefully carried out, regardless of underlying intent;' and this paper shall assume this reference in discussing self-injurious behaviour. It is also described as the deliberate mutilation of own body with no intent to die by suicide (Chapman, Gratz, & Brown, 2006; Gratz, 2001). Others have described self-harm / self-mutilation as relating to maladaptive coping mechanisms or ways of expressing and communicating emotions, which provides temporary relief rather than dealing with the underlying issues (McDougall & Brophy, 2006). Rather than focusing on self-mutilation/ self-harm definitions that relate to just our research findings we have noted here several other definitions, to demonstrate the plethora of perspectives within social and psychological literature regarding subject. Furthermore, this is particularly important given that those presenting in need of support, do so in a range of contexts which will be informed by a wide range of epistemologies.

It has been noted that over 800,000 people die due to suicide every year and the evidence indicates that for each adult who died from suicide there may have been more than 20 others attempting it (Royal college of psychiatrists 2020). Furthermore, it is estimated that there are more than 230,000 hospital attendances following self‐harm in England every year (McManus, Lubian, Bennett, Turley et al 2019). To understand the magnitude of the problem, an argument has been made that when considering such statistics in relation to self-harm three quarters of people who end up dying by suicide have not been in contact with mental health services at all (McManus, et al 2019).

Brief clarification of terms and context

With regards to clarification of terms, the term ‘self-harm’ is recognized by many practitioners and clinicians as synonymous with the term ‘self-mutilation’ thus the terms will be interchangeably used in this paper. South Asian Women in this paper refers to women whose origin of heritage is from Bangladeshi, Pakistani and India.

Izzat, as described in this paper refers to the concept of honour (Chapman et al., 2006; Chhina, 2017; Gratz, 2001; Gunasinge, 2015; Hamilton, 2018; McDougall & Brophy, 2006). It is prevalent in Hindu, Sikh, and Muslim communities (Chhina, 2017). It has been noted that in some parts of these communities, women are held responsible for maintaining family honour and avoiding shame (Commonly termed ‘sharam’ within their community) (Gunasinge, 2015; Husain et al., 2011). Other writers have argued that Izzat curtails women’s freedom, and enforces, significant cultural expectations which most elders within some Asian communities are keen to enforce (Hamilton, 2018; Husain et al., 2011; Lu et al., 2020).

A note on language

We would like to draw particular attention to the use of language in this paper and within the wider psychological therapies' profession in the use of the terms "*commit suicide"* and *"self-mutilation",* both of which have been argued to have stigmatising effect (Nielsen, Padmanathan, and Knipe, 2016). We have tended in this paper to use more widely the terms "die by suicide", "self-injury" or "self-harm", but where the participants or some of the literature used the terms self-mutilate, we have retained this term. Our caution here to all readers is drawn from and in line with (Nielsen, et al 2016), who argued for outdated, inaccurate, and stigma-laden terms to be expunged from the scientific literature and for the promotion of accurate and sensitive language.

Background literature

It is important for us to set out the cultural context in which Izzat and family honour, locates. The participants in this study shared about their cultural experiences of expectations from women and men, and how incidences for example of going against cultural/family expectations, respect of religious teachings, not following instructions of who not to marry, sharing family secrets, or challenging power structures following a western ideal perspective etc. could constitute a breach of honour. This would often attract punishments enacted through shunning, beatings, or in worst case scenario honour killing by members of the family or those with power in the community. For many women some of their experiences lead to, running away, ostracization and discrimination which resulted in them being desperate, and psychologically distressed. This often led to seeking support or presenting with mental ill health and other threat responses such as self-harm. We draw from Niaz

and Hassan (2006) who illuminated Izzat in their research and writing about cultural heritage and dynamics within South Asian communities. They highlighted the patriarchal nature of some South Asian communities, the potential discrimination of women in society, and how for some women their mobility, work, self-esteem and self-image, self-worth and identity, seems to depend upon the male members of a patriarchal society. They further argued that the cultural norms prevailing in some of these communities perpetuates the position of women socially and economically and potentially enables the maintenance of practices such as Izzat.

In cases of the trauma ensuing from such cultural expectations, male chauvinism accompanied with violence and oppression often results in women being denied the opportunity to complain about any cultural mistreatment or experienced injustice. Furthermore, this often results in some women experiencing psychological maladjustment, seeking psychological support or defending themselves against violence and aggression (Chhina, 2017; Gunasinge, 2015). Voicing resentment, enacted resisting, or trying to go against the culture often brings estrangement from the family and the community who are usually quick to attach the 'shameful' and 'dishonourable' labels on dissenters (Chhina, 2017). There is a vertical power axis which usually is designed to govern the community and family realm against incidence and issues which are likely to bring dishonour. Chhina (2017) went on to argue that the solemn aim of Izzat within the South Asian community, the cultural law and behavioural code of conduct, is seen by many as preserving the perceived family honour. However, there is literature which is increasingly exploring the negative consequences of women challenging Izzat, (Chhina, 2017; Cross et al., 2014; Millard, 2013; Pitman & Tyrer, 2008; Ragavan et al., 2018; Sabri, Simonet, & Campbell, 2018) however, it appears that there is paucity of studies exploring the

traumatic and lived experience of challenging Izzat, which we have made reference to in this paper as *Izzat trauma.*

Cooper et al., (2006) study which focused on the variances between individuals of South Asian heritage and white British in rates, characteristics and how services were provided, concluded that Asian females were more likely to report interpersonal family difficulties in comparison to their white counterparts (32% Vs. 19%). However, the report also noted that these women were unlikely to share their problems openly due to cultural ramifications. The study, however, reported that the reasons for such disproportionate high rates of self-harm in South Asian females were unclear (Cooper et al., 2006). Despite this acknowledgement of unclear justification of disproportionate high rates noted in this study, the underlying mechanism and dynamics of some South Asian communities as noted in our introductory sections could explain these findings (Niaz & Hassan 2006). This relates namely to how influential family or community members usually enforce punitive measures to women who transgress cultural boundaries and expectations (Niaz & Hassan 2006; Cross et al., 2014).

Whilst we are focusing on the impact of trauma resulting from experiences of Izzat, it is important to note that our aim is not to misrepresent or disrespect cultures of communities but to offer insight into some of the impact and dynamics that emerge from these. We have reviewed literature which highlights that at times friction and tension within families may lead to stress which generates suicidal behaviour and mental distress in South Asian females, (Cooper et al., 2006; Cross et al., 2014; Gunasinge, 2015; Salam, 2003a). Others however, have argued that underpinning the violence in most Asian families is the concept of Izzat that requires females to

bear the responsibility of upholding the family and community honour. Therefore, a woman's appearance and behaviour in the Asian culture is of paramount importance as they represent their families and community (Hamilton, 2018; Ragavan et al., 2018; Rajiva, 2006; Sabri et al., 2018). Any transgression or shortcoming will bring disrepute to the family and community (Chhina, 2017). Asian communities in the UK have strived to hold on to their cultural traditions and values. The desire to retain cultural traditions is deemed causative of stress from those who champion integration, and hence it is problematic (Gunasinge, 2015; Hamilton, 2018; Hussain & Cochrane, 2002). In engaging the literature from these studies (e.g. Cooper et al, 2006; Cross et al, 2014; Gunasinge, 2015; Hamilton, 2018), we note a central theme of three important strands that often contribute as causal factors to women resorting to self-harming. The first, being awareness of the reality of being punished if their behaviour, actions, or decisions are perceived by their family to be incongruent with cultural norms and expectations. Secondly, another causal factor to their distress is the difficult decision that many make to flee from their families when their identity and personhood is well woven within that family and community. Thirdly, the psychological maladjustment that follows these stressors, compounded by introjected shame, and awareness of being the person that would have brought dishonour on the family, perpetuates the decision to self-harm. Despite these presented findings from the reviewed literature (Glibert et al 2004; Cooper et al, 2006; Cross et al, 2014; Gunasinge, 2015; Hamilton, 2018), there has however, been criticism to these perspectives with others arguing that explanations of the idea of cultural conflicts are still vague though there is an accepted relation to a disparity between the Asian traditional cultural values and the British culture (Chhina, 2017; Hicks & Bhugra, 2003).

There is a consensus in literature that despite the weak evidence base for the management of patients with self-mutilating tendencies particularly in offering clinical and psychological care that is transculturally appropriate, researching cultural practices that influence behaviours and risk is important as it informs formulating and managing risk in clinical services (Cross et al., 2014). This ultimately is beneficial for those from minority ethnic backgrounds. Furthermore, the National Institute of Clinical Excellence is continuously drawing guidelines for individuals involved in the care, assessment, and management of self-harm (NICE, 2013).

It is imperative for counsellors, psychotherapists and psychologists to understand that the cultural landscape is continually developing; this necessitates an advocacy for guidelines that are evidence based, and provision of culturally competent services that include an enduring consideration of cultural individualities during therapeutic encounters (Tummala-Narra, 2015).

The section that now follows outlines the aims of this study.

Aims of this study

The aims of this study were to explore the meanings that South Asian women in the UK who self-harm, assign to their experience of the behaviour and which factors account for this phenomenon.

Materials and Methods

It has been noted that qualitative research focuses on the viewpoint of those involved, the 'insider' perspective, and their personal experience; what it means to them, thus it lends itself well to the current research aims (Smith, Flowers, & Larkin, 2009). It allows the researcher to explore meanings and make sense of skills, in this

case, of self-harmers. The method chosen for this research was Interpretative Phenomenological Analysis (IPA), which have unique emphasis on personal meaning-making by individuals within a context and with a shared experience (Smith et al., 2009).

We chose IPA as the preferred method for analysis because the principal purpose of the research is to develop an in-depth understanding of individuals' experiences. IPA in this study aims to analyse the participants' views of their experiences with (self-mutilation) self-harm and to assume where permitting an 'insider perspective' (Smith et al., 2009; Zortea, Dickson, Gray, & O'Connor, 2019). An IPA approach purports that individual are 'experts on making sense of their world' (Brown et al., 2019; Smith et al., 2009; Zortea et al., 2019). The idea of 'making sense' resonates with the purpose of this study, to record and analyse the lived experiences of the sample of South Asian women in the UK. Thus, IPA is congruent with our aim of exploring the lived experience of South Asian women in the UK who self-harm.

Ethics, participants, recruitment, and procedure

This study received ethical approval from Nottingham Trent University School of Social Sciences Research Ethics Committee. The sample of participants comprised of twelve (12) women of UK origin who also identify their ethnicity as 'South Asian.' The study examined both previously married and married, and 'single' women. The focus was on personal stories of the impact of Izzat, the lived experience of their culture and narratives of self-harm and perception of self-harm. The participants were recruited from local charities supporting women who have experienced domestic violence or other social challenges. The advert was sent to these gatekeepers who supported recruitment of the women. In relation to the interviews

each participant participated in 1 interview with the first author. As part of adhering to ethical practice, especially given the nature of the study, the maintenance of safety of participants was paramount. This was achieved through debriefing with each participant, and the availability of psychological support from their support workers after the interview. As part of engaging with their informed consent, they were also informed of their right to withdraw from the study up until the analysis where their data would have been anonymised. Furthermore, they were also given the opportunity to request a follow-up interview should they decide to add any more information to their initial interview.

The Demographics table note the pseudo-anonymised demography of the sample used in this study. Reference to the components of the table is made in the results and discussion that follow.

Table 1. Demographics of the sample (*n* = 12)

Pseudonym	Age	Ethnicity	Country of birth	Religion	Education	Occupation	Co-habitants	Marital status	Dependents
Farah	Early 20s	"British Asian" of Pakistani origin	England	Muslim	A levels	Working	Sibling	Single	None
Vanessa	Early 20s	"British Asian"	England	Muslim	Degree (in study)	Student	Parents and siblings	Single	None
Jasvinder	Early 40s	"British Asian" of Indian origin	England	Sikh	Honorary doctorate	Author, campaigner	Partner and children	Partnership	Children
Tjinder	Late 20s	"British Asian"	England	Non-practicing Muslim	Degree	Not working for mental health problems reasons	In refuge centre	Single	None
Saskia	Late 30s	"British Muslim" of Indian origin	England	Muslim	Degree (in study)	Student	Parents and siblings	Single	None
Baljit	Mid 20s	"British Asian" of Pakistani origin	England	Sikh	Not specified	Not working	Living alone	Single	None
Satveer	Late 20s	"British Asian"	England	Sikh	Degree	Motivational speaker/self-harm awareness trainer	Daughter	Single	Daughter
Sarah	Early 30s	"British Muslim"	England	Muslim	Not specified	Not working	In refuge centre	Estranged	None
Mia	Late teens	"British Asian"	England	Muslim	Degree (in study)	Student	Mother and siblings	Single	None
Bobbie	Early 30s	"British Asian" of Indian origin	Kenya	Muslim	GCSE O level	Counsellor	Partner and children	Partnership	Three daughters
Shazia	Late 20s	"British Asian"	England	Muslim	A levels	Not working	In refuge centre	Divorced	None
Tai	Late teens	"British Asian"	England	Sikh	A levels	Student	Parents	Single	None

Note: Reference will be made to this table throughout the results and discussion.

Data analysis

Our methodological perspective and approach to analysis was that we are making sense of the participants making sense of their experience, hence the double hermeneutic (Smith et al., 2009). The participants shared their experiences and narratives whilst trying to make sense of `making sense' of self-harm, culture, trauma, socio-cultural explanations, and experiences of psychological ill health. The analysis progressed through close and continuous analysis of each transcript and other narratives, directed by the research question, and aim of the study.

The first author collected all the data but both authors engaged in the analysis prior to writing this paper. The first stage of the analysis process was that we engaged in separate analysis of the data and once potential themes had emerged, we then cross-referenced the potential themes by consulting with each other and debating the potential presence of such themes. Through this process we identify prevalent themes that were common to most participants and unique themes that were specific to only one or two participants. As recommended by Smith et al. (2009), emerging themes were organized into major (superordinate) and minor (subordinate) components (Smith et al., 2009).

Researcher reflexivity was an inherent and ongoing part of the research process as we both kept diaries and had discussions about the data and its impact on us. The reasons for us keeping diaries and journaling through the research, analysis and writeup of this article was to engage with our reflections. It was also to engage with trustworthiness evidence (Smith et al., 2009), whilst also reflectively prompting our process of self-care by engaging with our feelings and thoughts about the women's experiences. Furthermore, the diaries enhanced our learning further about self-

harming, as we engaged in our interpretation cycles and reading, thus evidencing transparency of our processes to each other.

Findings

Firstly, this study finding relate to factors behind self-harm, by highlighting proposed reasons for self-harm from the narratives of the 12 participants who engaged in the study. Progressively, the findings evidence patterns in meanings, within and across the data. It was evident from all the transcripts that culture, (poignantly the impact izzat and shame) were inextricable and closely weaved into the women's experiences and narratives of trauma, self-harm, and their psychological distress. Table 2 which follows depicts the superordinate and subordinate themes which were conceptualised though the analysis.

Table 2 : Emergent superordinate and subordinate themes

Superordinate theme	Subordinate theme
1. The struggle to maintain cultural identity	• Experiencing cultural limbo • Struggle to deal with cultural perspectives on self-harm
2. Trauma and loss of control	• Trauma and pain from weight of cultural expectations • Lack of control over self-directivity
3. Focus on self-harm as a distraction process	• Perceptions of self-harm as alternative to suicide

4. Psychological angst as metacommunication of pain	• Metacommunication of need for culturally sensitive help • Self-harm as communication of conflict of selves
5. Enactment of perceived deserved punishment	• Self-blame and guilt • Impulsivity

In the section that follows we will present our findings and link them to the direct quotes from the transcripts.

Our data analysis enabled us to conceptualize the 5 superordinate themes as presented in table 2. All the women voiced the struggle to maintain cultural identity. They revealed the tension in being both British and having South Asian Heritage and culture. Our findings highlighted the centrality of culture and the trauma that many of the women had faced as a result of conflicts and incongruence in relation to their cultural experience of Izzat and attempts to resist being held responsible for family honour. It was evident from all the transcripts that the women were clear that their self-harm was not in attempt to die by suicide but that it was a psychological defence of distraction. Furthermore, what the majority of the participants voiced which we conceptualised as psychological angst was interpreted in our analysis as their metacommunication of pain. Lastly, all the participants communicated to some degree the impact of the graphic nature of their self-harm, and we interpreted this in our analysis as an enactment of the punishment. For some, this was an enactment of perceived deserved punishment, i.e. being cut off from the community enacted by a physical cut off but for others the enactment of wanting to cut off those that had inflicted their trauma. In considering and explicating these ideas, the research

emphasises the significance of Izzat or cultural discord in relation to self-harm among British South Asian women.

The struggle to maintain cultural identity

The struggle to balance or maintain both British and South Asian Heritage and culture left the women conflicted in relation to who they were.

One of the conceptualised subordinate themes was *Experiencing cultural limbo was* central to these participants' narratives.

For example, *Jasvinder* described how her attempt to negotiate her identity and sense of self in relation to others and to manage often conflicting emotions left her confused and feeling that her confidence was undermined. Although she had a difficult relationship with her family, her sense of identity is closely bound to it, indicated by her notions of emptiness when she fled away from home.

> *"I ran away with my boyfriend as I wanted to be like any other British girl… The police tracked me down and made me ring home. My mother answered. She told me I was dishonoured, shamed, a prostitute… By disowning me, my mother had won the respect of the community. I missed my family terribly" [Jasvinder]*

Regardless of the numerous negative interactions she describes, she maintains a strong attachment to her family as indicated in the statement, 'I missed my family terribly.' She described how her mother helped to uphold the notion of Izzat and perpetuate her estrangement from the family.

Struggle to deal with cultural perspectives on self-harm

Satveer demonstrates conflicting feelings about the impact self-harm had on her life. Initially, there is lack of understanding why she adopted this behaviour which culminates in continuous questioning, stating:

"*I did and still do question what I am doing?"*

This suggests the behaviour is partly a spontaneous reaction to the pain and frustration Satveer and others in a similar situation go through. However, there is a general acceptance that self-harm has been a great help to her. She stated

> *"its seen me through' so much, and kept me alive but good Asian girls don't do this…." (*Satveer).

These participants' statements were understood by the researchers as relaying the struggle to maintain their cultural identity, especially given the price that they had to pay, by having to then flee, or question one's own actions, or self-harm as a way of coping with psychological distress.

Our third superordinate theme was evident from all the participants who voiced experiences that we conceptualised as trauma and loss of control. In this theme we understood participants as sharing experiences they felt had impacted their wellbeing to the point of presenting with symptoms we understand as researchers to relate to trauma. These as will be noted in some of the quotes were for example, flashbacks and nightmares.

Lack of control over self-directivity

It can be understood best through Saskia's experience who shared that her mother physically assaulted her and categorically told her that it was *'her duty'* to fully submit herself to her husband. Feeling helpless, stressed, having flashbacks and having no control of self-directivity, she self-harmed. She felt that she could not escape her predicament because her family controlled all the exit routes, she stated she '*had nowhere to go.'* She stated:

> *I did think about running away - but I had nowhere to go. I was*

shipped off to Huddersfield with a total stranger and his family. I was 17 and was having nightmares and flashbacks of what they did to me. My mother told me it was my duty to do whatever my husband told me [Saskia]

We understood how Saskia's experience and that of all the other participants offered them a measure of personal control, and moments of freedom something they could do out of their volition and a thing no one could take away from them.

Trauma and pain from weight of cultural expectations

Marriage under duress is an aspect some Asian women are still experiencing (Refuge Against Domestic Violence - Help for women & children., 2021). Baljit stated she was groomed to be a wife from the onset of her adolescence. Her formal education became secondary while *'marriage lessons'* were taking place at home. She stated:

I was kept at home to cook, clean, and look after the family. I was being groomed to be a wife and this broke me….. it was horrific… the tears, the stress and what happened to me … I still had to do it because that's what we do… and I did [Baljit]

Focus on self-harm as a distraction process

As researchers we conceptualised self-harming as a distraction, based on understanding of what the participants were sharing as relaying that self-harming was multifaceted in its symbolism. Namely in this theme the quotes exemplify the perspective that many of the participants viewed self-harming as serving the purpose of distracting oneself from the psychological pain they were experiencing.

Perceptions of self-harm as alternative to suicide

In us making sense of the participants making sense of their experience, it was clear that all of them were conveying how self-harm was considered better option, rather than committing suicide, albeit still perceived by them as culturally unacceptable.

Findlay stated that

> *I have a daughter to think about and …. It wasn't so much that I wanted to hurt myself, more a need to stop my thoughts,'… 'For a few seconds my worries disappeared. I was shocked by what I'd done, but the adrenalin, relief and pain were comforting.' [Findlay]*

Another participant Vanessa shared she used a camera to take pictures of anything symbolising her self-harming and injuries. She shared how the process enabled her to be objective about herself harming experience and shared how this enabled her to engage with what we conceptualised as a process of distracting herself away from the internal pain of shame. Consequently, enabling a change in behaviour.

She stated

> *'I was given a camera for two weeks and told to take pictures of anything relating to my self-harming…… Looking at all the pictures made me realise how strange this was. By taking away the emotion, I was finally able to understand my behaviour and learn how to stop it' [Vanessa]*

Psychological angst as metacommunication of pain

Not all people are able to articulate their displeasure or concern at perceived cultural injustices from family, and friends. Instead of verbalising their feelings, some, like Jasvinder self-harm to communicate their angst and pain.

Our Subordinate theme here, was noted as *Metacommunication of need for culturally sensitive help.*

It was evident to us that some participants were relaying how they would be motivated to talk about their self-mutilating behaviour and problems if the clinicians shared similar cultural background. Sarah had an opportunity to confide in someone from her own cultural background. She stated

> *"When I 'cut' before, when I was admitted to [xxx Hospital] and I explained to the staff why I had done it and that it was all to do with Izzat…. they wrote in my notes that I was losing touch with reality. I wished I had someone who would understand my needs and what Izzat is about" [Sarah].*

In addition to Sarah's example, the majority of participants' self-harm actions were interpreted as communication of conflict of selves.

Jasvinder stated she took 'an overdose as a protest' and stated her family refused to get her "medical attention".

> *At 15, they locked me in my room until I agreed to the marriage. I took an overdose as a protest, and my sister refused to get me medical attention. They wore me down…and from then on whilst one hand I could say I have accepted it but on the other they can't break me. Cutting helps me …. [Jasvinder]*

It was undeniable to us that all the participants faced what we conceptualised as psychological angst and that self-harm was more than just about "self-harming", and more a way of communicating. Furthermore, all the participants voiced being misunderstood in mainstream services and it was clear that they needed culturally sensitive and appropriate support.

Enactment of perceived deserved punishment

Despite voicing the injustice of what they had all faced, all the participants, interestingly voiced an aspect of understanding how culturally there are some transgressions they perceived should result in punishment. Although all of the participants did not consciously voice they deserved punishment, in analysing their experiences and behaviour it was evident to us that they all carried what we identified as a subordinate theme of 'Self-blame and guilt'.

Tai described the torture that her family and friends went through because of what she saw as the shame she brought on them. Tai stated:

> *"I don't know, ….at the time I was just messed up inside. Even if I felt I hadn't done anything, I still carried the responsibility for everyone…. It's like my head was full of so much, I wanted something to calm me down and if I hadn't done that, I would have just gone mad"* [Tai]

Impulsivity

In addition, it was also clear that all the participants engaged in self-harm at times without precontemplation of their action. Such self-harming behaviours by the participants were often done by some without forethought and quite quickly upon experiencing psychological distress. Upon reflection, following the event many of them were surprised themselves that they had engaged in this behaviour. We use here a couple of quotes from Tai and Mia which encapsulate what we conceptualised as the subordinate theme of impulsivity.

> *"I don't know, …. I was not thinking about it at the time…. I was just messed up inside. Thinking about it now…. mmm… I think If I hadn't done anything, I*

would have just blown up. If I hadn't done that, I would have just gone mad." [Tai]

My worst phase was probably three years ago when I ended up having over 50 stitches in my arms over a period of a week. I was so scared of myself; I never would have envisaged myself doing so much damage to my own body. [Mia]

In ending this section with this quote, in our reflections we understood the desperation, trauma and the pain that all our participants were enduring. Our discussion which follows rather than focus on each superordinate and subordinate theme, in line with IPA discussion writeup, we engage in a dialogue between our findings and the existing literature (Smith et al. 2009).

Discussion

In this discussion, rather than focus on each superordinate theme we present a synthesised discussion and draw on literature to explore a number of perspectives. These include what contemporary research and studies hypothesise about the psychological function of self-harm. As therapists, we draw on psychodynamic, cognitive, and trauma perspectives. We also advocate the importance of an awareness of transgenerational, cultural and a compassion focused approach in working with individuals who self-mutilate.

There is a plethora of literature which evidences that self-harm function primarily as a means of psychological managing intense emotional experiences. Thus, at least in the short term, it provides individuals with a way to defend against angst, escape from distress (Briggs et al., 2019; Cooper et al., 2005; NICE, 2013). Our scoping literature review for this paper revealed that many studies rely on the use of long-term retrospective measures which explore self-harm experiences and their history over time. This perspective is further illuminated by Nielsen, Sayal, & Townsend, (2017) who noted examples of this in stating most studies focus on assessment consultations in which questions like "*Please estimate the number of times in your*

life you have intentionally self-mutilated without the intention of committing suicide; or … ", *"Have you ever cut yourself?*" (Glazebrook, Townsend, & Sayal, 2016; Nielsen, Sayal, & Townsend, 2017). This focus on retrospective experiences and on interventions rather than an in-depth understanding why, is primarily limited in psychology and psychotherapy literature (Briggs et al., 2019; Glazebrook et al., 2016; Lockwood, Townsend, Allen, Daley, & Sayal, 2020; Nielsen et al., 2017). We found that this is even more the case when exploring transcultural perspectives for example such as what our research and paper is presenting.

For professionals in the mental health and psychological professions, it is important to increase both our understanding of the influencing bio-psycho-social-sexual, spiritual and cultural factors that inform self-harm behaviours. Furthermore, it is also important to enhance our capacity to respond appropriately (Briggs et al., 2019; Nielsen et al., 2017). We have identified that there are numerous factors why individuals self-harm, including interpersonal stressors (e.g., disputes with family, conflicts within valued/intimate relationships, a history of trauma which may be compounded by other losses or stressors, psychological distress and mental ill-health; intrapsychic conflict, attempt to die by suicide etc., (Briggs et al., 2019; Garza, Rich, & Omilian, 2019; Glazebrook et al., 2016; Lockwood et al., 2020). Whilst self-injury/mutilation may appear to be similar to behaviours relating to die by suicide, it is essentially different. This was also evident from what our participants voiced, for example, around what we conceptualised as a theme of self-harming behaviours serving as a distraction from the internal pain. In self-harm, the individual is attempting to manage intense internal and external experiences in order to avoid suicidality. Furthermore, it is further argued that it is also possible that suicidality and self-injury, although different, can co-exist (Nielsen et al., 2017).

Others however, have argued that there is a strongly evidenced connection between an episode of self-injury, repetition and suicide completion that is because an episode of self-injury increases the chance of suicide completion by up to 100-fold (Briggs et al., 2019). Drawing from a number of recent systematic reviews and meta-analyses it was evident that self-harm/injury has been noted in numerous trials for a range of conditions, including depression, anxiety, borderline personality disorder, psychosis, and somatoform disorders (Briggs et al., 2019). In a study by

Gilbert, Gilbert & Sanghera (2004), it was noted that shame, subordination, fear, and entrapment contributed to the aetiology of psychopathology presentations in the sample of South Asian women's participants in their study. The study (Glibert et al., 2004) presented findings that showed that the fear of bringing shame and maintaining family honour (izzat) often resulted in women feeling trapped in dysfunctional relationships as well as the lack of accessing mental health services. There was also an important identification of fear relating to professionals not keeping confidentiality (Glibert et al., 2004). Drawing on our research and the purveyance of self-harm in a range of disorders and studies (Briggs et al., 2019; Lockwood et al., 2020; Nielsen et al., 2017) we decided to focus our discussion also on the underlying aetiology of this behaviour, which in line with the studies we have reviewed, we concur is trauma.

Self-harm as the enactment of the compulsion to repeat Trauma

We draw our formulation of trauma as the ground beneath self-harm from a range of studies which argue that traumatic childhood experiences continue to impact on the person both consciously and unconsciously long after the traumatic event (Garza et al., 2019; Lockwood et al., 2020; Nielsen et al., 2017). In our interviews the participants gave a background to their identity as having the centrality of family, and "we culture" across the lifespan. They relayed their lives as girls growing into womanhood and how their challenges with izzat emerged as they grew into adulthood and towards relationships and marriage. Thus, although we focused the analysis on the self-harming behaviours, the lived experience cannot be divorced form the whole of development across the lifespan. Relating to self-injury and trauma, it has been noted that traumatic childhood experiences leave a residue of 'felt experiences' impact, affects, and way of internal processing that often continues to operate, both consciously and unconsciously, later in life (Connors, 1996; Robertson, Nester, & Dardis, 2020). Another recent study presented findings which argued that developmental trauma or chronic early childhood exposure to traumatic experiences can have a long-lasting pervasive impact on a range of things. This includes impact on mental and neural development, including problems with executive functioning, self-regulation attention, and impulse control (Rogel et al., 2020a). We acknowledge however, that not all self-harm has its aetiology in

traumatic childhoods, and that there are a myriad of factors including for example, an experience of incongruence with one's cultural identity as relayed by the majority of participants in our study. However, we concur with Rogel et al (2020), who argued that clinical manifestations, (in the case of our study, self-harm) tend to be related to enduring difficulties in regulating biological homeostasis and behavioural control (Rogel et al., 2020b; Spinazzola, der Kolk, & Ford, 2018). Thus, we argue that the current presentation of our participants in relation to self-mutilating behaviours whilst linked to what they voiced as Izzat, shame, and cultural discourse, is linked to trauma, alienation and disconnection from self, and others. This has been succinctly noted by, for example, Connors, (1996) and more recently Spinnazzola et al (2018), who argued that we can better see the functions and meaning of self-injury as an enactment and inadequate response to manage and modulate overwhelming feelings of intense psychological arousal, internal feelings of disconnection from self or others (Connors, 1996; Spinazzola et al., 2018). We understand that these feelings have their aetiology in trauma which at core is about disconnection; disconnection from a sense of the cultural self, from one's own history, and from the pain of ones experiencing all of which leads to a profound sense of inadequacy. A number of authors have postulated that by its very nature, trauma violates psychological and physical boundaries which help to define self. In line with this the participants in our study communicated what they referred to as numbing, internal emptiness, alienation, with the majority of participants stating, "I don't know who I am anymore". They all communicated how they 'used' self-injury as a way to function, to re-connect with self, to regulate with their internal distress and to communicate their angst. Other authors have suggested that in essence what individuals presenting with self-harm behaviours are struggling with, is a fundamental sense of dislocation, disconnection, difficulties with emotional regulation and disrupted boundaries (Connors, 1996; Robertson et al., 2020; Rogel et al., 2020; Spinazzola et al., 2018).

The compulsion to repeat and enact the trauma

Another aspect of trauma we would like to outline in this discussion is a concept which has been widely written about but in our experience of working with practitioners new to working with trauma is also often misunderstood. This is namely that of the compulsion to repeat the punishment and re-enactment of the trauma. We

have presented for example quotes which relay, self-harming behaviours which were often done by some participants without forethought and quite quickly upon experiencing psychological distress, and internal shame. It was only upon reflection, following the event, many of them voiced to us their surprise at what they had done to themselves. For many trauma survivors, re-enactments of the trauma serve multiple functions including perceptions of regaining power and control “this time I will be in control of the pain”; communicating and portraying to others what happened in the original trauma; retrieving unconscious aspects of the trauma which may be unconscious, or which may be kept in the bodies in memory (Levy, 2000; Nielsen et al., 2017; Rothschild, 2000; van der Kolk, 2014). It has been suggested that because trauma is generally stored in nonverbal modes, for example as sensations and visual images, trauma survivors may unconsciously enact out the event on their bodies as a way to release the stored information/trauma (Connors, 1996; Levy, 2000; Rothschild, 2000; van der Kolk, 2014). We also concur with others who have long argued that with specific reference to self-injury, another meaning of the self-mutilating is to communicate needs regarding the presence of emotional pain and longing for containment, and for some it serves to manage the dissociative process through regulation of the intensity of intolerable sensation/psychic pain (Connors, 1996; Ferrante, Marino, Guglielmucci, & Schimmenti, 2020; Levy, 2000; Rothschild, 2000; Spinazzola et al., 2018; van der Kolk, 2014). Thus, in our analysis given that the participants were all South Asian females who described their ‘pain’ as emerging form cultural discourse relating to the concept of Izzat, we link here the compulsion to repeat as a way to psychically return to the trauma as a way to process it. For example, to communicate, “this time I will be in control of the pain and choose what happens to me”; or to communicating and portray to others what happened in the original trauma – a cutting off from one’s own culture and people, a severe punishment for bringing shame on the family/transgressing. This was then enacted by the survivor by a physical cutting/self-harm. This interpretation we give here is in line with findings from literature (Connors, 1996; Rogel et al., 2020; Spinazzola et al., 2018) as well as from what the participants all shared; which was that whilst on one had cutting the skin felt soothing and tension was momentarily released/ significantly reduced they gained a sense of homeostasis. However, it remained evident in all cases that the participants felt that they still remained

afterward with the frustration of being culturally marginalised, voiceless and literally cut off from their culture and 'people', thus in cultural limbo and with an identity crisis.

Implications for clinical Transcultural trauma work and research

Having identified the impact of Izzat throughout this paper, and from what we have presented we want to highlight an important point which we believe is important for all researchers and practitioners to hold in mind particularly when working form, a Eurocentric perspective. That is firstly to hold in mind that hurt, and misunderstandings are common in intergenerational family relationships across all cultures, because of the reality of family members navigating conflicting needs and expectations (Fishbane, 2019). It has been suggested further that of course if abuse is ongoing or if there is a risk to physical/psychological emotional threat or harm threat to an individual, then clearly the therapist needs to advocate for the client's safety (Fishbane, 2019). However, a warning has also been given that practitioners/researchers should also be mindful of their own process and at times instinct to save or rescue clients from their unhappy past or current culture or strained relationships with parents/siblings' others in their social networks (Fishbane, 2019; Robertson et al., 2020). Fishbane, (2019) raised an important reminder that part of the complexity to be aware of is that for cultures that are more collectivist, differentiation of self does not mean separation; and that often the work can include ways of exploring how one's identity can coexists with interdependence. Thus, we concur with those who advocated for an empathic approach when working cross-culturally and who note the importance of not demonizing the culture of another but rather who seek to see it as a resource which the clients/ participants they work with can be supported to navigate and reach their own decisions about their cultural/family/self-identity (Fishbane, 2019; Lago & Charura, 2021; Moodley, 2009). With this in mind, when working transculturally our work should focus on supporting clients to work through their trauma, and a part of this may well include supporting clients to develop their ability to choose, how they want to respond to their cultural discourse, and who they want to be in relationship or not (Fishbane, 2019). Others have also argued that it is important for researchers to consider the emotional impact and consequences of participating in research which asks

questions about trauma (Robertson et al., 2020). We end on this note, it is incumbent upon professionals to resist the tendency to feel that some trauma survivors are undeserving of care or that their cultural struggles are not something that they can be helped with (Garza et al., 2019) It is important for all working with survivors of trauma to have clinical/research supervision, which is trauma informed and transculturally appropriate, and to treat all traumatized clients with the compassion and respect they deserve (Garza et al., 2019). It is only through this way of working that re-victimizing interactions with complex trauma survivors and vicarious trauma can be buffered against in this important work.

The findings should be taken with the understanding that the study had a limited sample size and generalising from this group to all South Asian women who self-mutilate is not possible. As suggested in the background, the term 'South Asian women' does not fully appreciate the diversity within these communities including the idiosyncrasies, paradoxes and dualities in their cultural expressions and identities.

Conclusion

Our study explored the South Asian women in the United Kingdom experiences of self-mutilating. A dozen narratives were analysed to draw out common factors behind the phenomenon and their relation to Izzat or culture. Five superordinate themes were conceptualised from the narratives.

It is encouraging that there is growing concern about forced marriages for example, led by the government, but due care should be exercised in trying to reach out to those who need help. There is need to make sure no stigma follows south Asian people or those who need help but clearly want to maintain close relationship with their communities.

Future research should explore the impact of differences within the South Asian culture in relation to self-harm. The results would inform how services can be tailored to women from south Asian British community.

Implications of the findings:

- Psychotherapeutic support for clients from diverse communities who present with self-harm should focus on the importance of understanding the complexity of cultural diversity, and its impact on the development of trauma.
- Practitioners should recognise the impact of introjected cultural expectations and their role in identity development throughout the lifespan.
- Practitioners should develop cultural competencies to work effectively and in culturally sensitive ways with those who may present with Izzat trauma and self-harm experiences.

Implications for policy

- There is a need for policy makers to focus on recognizing how cultural experiences such as Izzat and the cultural responsibility of maintaining family honour can contribute to development of psychological trauma and breakdown. Thus, core sets of strategies and safeguarding policies are required to effectively guide and influence the enforcement of protection of vulnerable adults from diverse communities.

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