AN EXPERIENTIAL, INDUCTIVE TA ANALYSIS

REPORT WITH REFLECTIVE COMMENTARY

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Here we reproduce an abridged version of 'Disgust, shame and the psychosocial impact of skin picking: Evidence from an online support forum' (Anderson & Clarke, 2019), accompanied by several reflexive boxes, written by lead author Suzy Anderson. The purpose of this chapter is:

- To provide an exemplar of a particular style of TA (here, a more experiential/inductive example; see the commentary by Beres and Farvid for a more critical/theoretical example);
- To show the sorts of decisions and rationales that take place often 'behind the scenes' of a formal publication.

The author's commentary boxes provide context and a sense of the lived practice of the research, written *after* the research was completed. They provide an intervention into the seemingly seamless published TA article, illustrating not only the craft involved, but also revealing something of the actuality of doing TA. The full version of the originally published paper is also avaliable on the companion website (the reference list can be found in the full paper).

Introducing the Research

This paper provides an exploration of people's accounts of problematic skin picking on online support forums and was rooted in my dissatisfaction with the representation of skin picking within existing research. As a trainee counselling psychologist, I'd had some insight into the intense distress that could accompany skin picking and I'd read devastating personal stories about experiences of skin picking on online support forums, but I felt that the research somehow failed to capture the meaning of these experiences for the people living them.

Several researchers had set out to describe and categorise skin picking, but this literature felt 'flat' and had little relevance for my clinical practice. I was frustrated that many papers discussed skin picking as being 'heterogenous', but then sought to draw simple, generalised conclusions about why people pick their skin. My counselling psychology training had shown me the value of considering the individual content and context of distress rather than using pre-existing generic diagnostic categories to make sense of people's distress, and I found it difficult to use this more nuanced approach with the shallow descriptions of distress that the existing research presented. I had little sense of the individuals being discussed; something had been lost in translation.

I remember wishing that other counsellors and therapists would read the stories that I had, so that they could begin to understand the complex emotional context and consequences of skin picking, with the hope that it might help their therapeutic sensitivity. I wrote this paper to represent those stories.

INTRODUCTION

Problematic skin picking is a complex behaviour characterised by repetitive manipulation of the skin causing tissue damage, and is associated with significant distress and psychosocial impairment (Tucker et al., 2011). Researchers have struggled to clearly define and categorise skin picking. In 2013, skin picking was included in the fifth edition of the Diagnostic

and Statistical Manual of Mental Disorders (DSM-5) as 'Excoriation (Skin-Picking) Disorder', alongside trichotillomania, within a chapter titled 'Obsessive-Compulsive and Related Disorders' (American Psychiatric Association, 2013). This diagnosis requires that skin picking is recurrent, difficult to stop, causes distress or impairment and is not explained as a symptom of another mental disorder. Many clinicians have expressed hope that the inclusion of skin picking as a discreet disorder would allow further study and ultimately improve clinical diagnosis and intervention (Stein et al., 2010) and draw attention to the clinical distress and impairment often suffered (Nemeroff et al., 2013). There has been criticism that this medicalises normal living and that DSM categorisation is sometimes based on opinion rather than empirical evidence (Pearce, 2014), and concerns expressed around the interests of the pharmaceutical industry and influence of DSM-5 panel members (Cosgrove & Krimsky, 2012). Broader ethical arguments voice concern that reliance on consensus-based diagnostic lists and scales risk abstraction from the patient experience and a loss of individual narrative and context (Pearce, 2014).

Research has identified notable physical and psychosocial impact and impairment as a result of skin picking. Physical bodily damage may include infection, bleeding and injuries (Neziroglu et al., 2008), as well as lasting tissue damage and pitted scarring (Wilhelm et al., 1999). Infected sores may require antibiotic treatment (Odlaug & Grant, 2008) or surgery (Neziroglu et al., 2008). Social withdrawal and experiential avoidance are common results of picking (Keuthen et al., 2001); many sufferers evade social and public events, causing disruption to employment, and seek to conceal skin damage (Flessner & Woods, 2006). Skin picking symptoms cause significant psychological distress, including elevated rates of suicidal ideation (Arnold et al., 1998).

Discussion of shame within skin picking research is preliminary and has so far been anecdotal. It has been reported that patterns of shame often follow picking episodes among a clinical sample (Keuthen et al., 2000), and self-reported shame correlates strongly with negative psychosocial impact of skin picking (Keuthen et al., 2001). Snorrason et al. (2010) found that picking was followed by marginal increases in guilt and significant increases in shame.

Skin picking is grossly under-recognised by professionals (Hayes et al., 2009). Few sufferers access help and many will wait decades before seeking treatment (Odlaug & Grant, 2007). It has been suggested that shame and embarrassment around the self-inflicted nature of the problem may complicate recognition and treatment (Bohne et al., 2005).

Given the known psychosocial impact of skin picking, there is surprisingly a lack of qualitative research exploring the lived experience of people who problematically pick their skin. Research has largely been based on measures of skin picking that by their nature cannot represent the nuances of individual voices, emotions and perspectives. It seems pertinent to attend to these voices so as to paint a more detailed picture of the range of individual experiences and needs; this is likely to add depth to clinical understandings of skin picking and thus inform appropriately heterogeneous and adaptive therapeutic interventions. Case studies are few in number and often focussed on treatment interventions (e.g. Capriotti et al., 2015). Some have qualitatively illustrated picking by presenting details of cases, often considering the client's emotions as central to their experience. For example, Deckersbach et al.'s (2003) case report described a woman's intense shame and guilt alongside social anxiety and feelings of insecurity, prompting her to use makeup to conceal the damage

caused by her picking. This would often fail to relieve her concerns about her skin's appearance and instead contribute to a further cycle of picking behaviour. She also felt guilt and shame for her loss of control when picking.

Given the complex and heterogeneous nature of skin picking, it is important to foster a deeper and more nuanced understanding of the lived experience of individuals who pick their skin. This study will seek to give insight into meaning attributed to skin picking behaviour by a range of individuals and understand the nuances of its psychosocial context and impact. Because there is a perception that current treatments are ineffective and that professionals are ill-informed (Tucker et al., 2011), seeking a fuller understanding of skin picking behaviour and contributing to increased knowledge and awareness among professionals are overdue. To date, there have been no systematic analyses of experiential accounts of skin picking. Furthermore, very little existing literature explores patterns of shame in skin picking (Weingarden & Renshaw, 2015) despite its apparent prevalence and possible impact on treatment seeking. As such, this study will seek to add detail to the conceptualisation of skin picking with a particular focus on the subjective experience of self-consciousness and shame, intending to contribute towards the development of relevant treatments and inform strategies to increase treatment accessibility and uptake.

Choosing an Experiential Approach to Thematic Analysis

My counselling psychology training has taught me the value of attending to individual experiences with genuine curiosity and of prioritising space for people's voices, words and sense-making. I firmly believe that individuals are best placed to talk about their own emotional experiences and that it is difficult (if not impossible) to discuss distress objectively as it is so subjectively experienced, quantified, understood and helped. As such, I wanted to explore what people discussed when they communicated freely about their picking, what they prioritised and what was important or interesting to them, much as I would within a counselling relationship. I took an experiential approach in my research to allow space for centring the meanings expressed in these stories and give a more expansive picture of individual experience and meaning. Although I didn't work *with* participants, an experiential approach ensured I would 'stick with the person's point of view'; TA allowed me also to focus on shared or patterned meaning or experience, beyond the individual 'case'.

METHOD

Data collection and sample

Data were gathered from an online support forum for people who pick their skin in order to offer a more naturalistic perspective on skin picking with minimal researcher influence (Braun & Clarke, 2013). Online research methods have proven useful in accessing sensitive data from hard-to-reach populations, and the Internet has been shown to be a rich source of data providing insight into conditions where shame or stigma means that anonymity is important for the participant group. As problematic skin picking is often viewed as a pathological

over-use of a benign behaviour (Hayes et al., 2009), it was important to choose only accounts where the individuals reported their picking as being problematic in their own subjective terms. In total, 100 'problem disclosure statements' (Miller & Gergen, 1998), where individuals presented their experience of skin picking as explicitly or implicitly problematic in terms of damage caused, psychological symptoms or impact on general functioning, were purposively sampled. The vast majority of posts met these criteria. Posts were discounted if, for example, they did not present an individual's experience (such as posts that were conversational responses to others), the level of picking was not considered problematic or they focussed on treatments or symptom management.

In total, 100 posts by distinct individuals were selected, with a balance of posts taken from before and after the publication of DSM-5 in 2013. This was intended to capture accounts before and after the shift in diagnostic perspectives in case the change impacted individual's self-concept and the manner in which they presented their experience (73 chronological posts dated 2004 to May 2013 and 27 chronological posts dated May 2013 to 2015). Progress was reviewed after 100 posts were selected and it was decided that enough data have been gathered to 'tell a rich story' (Braun & Clarke, 2013: 56).

Why Online Forums?

I knew that there was a wealth of information about skin picking on publicly accessed online support forums, so it seemed pragmatic to use forums as my data source, particularly as the use of pre-existing data meant that I would not influence how people told their stories. Almost immediately, I noticed differences between what I was reading on the forums and the impression given by existing research, which typically relied on data collected more 'interactively' by researchers, such as through verbal or paper administration of scales, diagnostic interviews and questionnaires. I wondered whether the use of more 'anonymous' online data may be particularly suited to seeking insight into *experiences* of skin picking, and whether the peer acceptance and 'normalisation' of experiences often considered shameful on support forums might help people to discuss their experiences more freely.

Ethical considerations

As this research did not seek informed consent, it was important to ensure that data were taken from an online venue considered public (British Psychological Society, 2009). The message board chosen is easily found using search engines and is accessible without registration or password protection. The site has no conditions of use disallowing posts to be used in research, and the forum's user guidance explicitly acknowledges the message board area of the site to be public. Data were anonymised by removing names, usernames and the names of others mentioned in the data. Identifiable features such as occupation and age were replaced with similar alternatives. The name of the forum itself is deliberately not included in this report. The discussion board has a file on the website specifically designed to

instruct search engines not to index it, meaning that commonly used search engines would not locate the website if asked to search for quotations used in this analysis.

Analysis

Data were analysed using a process of inductive thematic analysis (Braun & Clarke, 2006), with a focus on broad thematic patterning across the data. Analysis was conducted from a critical-realist perspective, assuming the existence of a pursuable reality, while acknowledging that representations of this reality are characterised by factors such as participants' culture, language and political interests (Ussher, 1999). The excerpts were read by the first author (S.A.) on selection and then re-read for familiarisation. They were initially read with no specific focus, though it was noticed that many chose to disclose an intense psychosocial impact, often mediated by emotions such as disgust and shame. Interesting features were then systematically coded with a particular (though not exclusive) focus on the experience of self-conscious emotions. These codes were then reviewed by the second author (V.C.), sorted into meaningful themes and all data relating to each theme were collected together. Themes were mapped, revised and refined to ensure a good fit with the data. Given the scarcity of qualitative data discussing the nature of picking behaviours, we begin by providing some contextual discussion of the experience of skin picking. We then report on three themes referring to self-conscious emotions and psychosocial impact: 'get out of my skin', 'I am shameful' and 'no one must ever see'. Spelling and grammatical errors in the data have not been corrected.

Coding and Theme Development

I found the first steps of data coding difficult. The stories were often painful and overwhelming to read and I struggled to push past my emotional response and productively code. I persevered and after several readings with a pen in hand I began to see the words in front of me 'as data' through a more emotionally removed lens. I underlined defining, powerful or interesting statements, then began to code writing phrases that captured aspects of experiences that were both explicit and implicit within the data. Some of my coding labels included: "can't tolerate texture", "texture/bumps are not me, separate to me" and "get out of my skin". I re-read sections with less coding to make sure I wasn't neglecting areas of the data, and I challenged myself to read with more patience and curiosity when I found myself coding quickly or without too much thought and reflection. Something that helped to maintain this focus was trying to keep the person in mind and imagining their response to reading my coding. I feel that this helped me to better represent the meaning of their words rather than skimming off more easily categorised elements.

Once I'd thoroughly coded the dataset, I began to mind-map the strongest messages into clusters, playing around with different groupings and links. When I had a reasonably clear representation of potential patterns, I met my supervisor, who simply asked: "what do you find most interesting?" Our conversation about self-disgust, shame and concealment shaped my final themes. These themes are undoubtedly influenced by my experience as a counsellor and my interest in understanding the content and meaning of individual distress, and I consider my subjectivity to have been a valuable resource in both interpreting and reconstructing the data.

RESULTS

Overview of the experience of skin picking

The participants' accounts depicted skin picking as a complex and heterogeneous behaviour. Many described picking multiple sites across their bodies, often choosing to include other body-focussed behaviours (e.g. biting nails, tweezing hairs and picking their nose) together with their skin picking, suggesting that these could be viewed as similar behaviours with common meaning. Some described site preference changing over time, often following efforts to stop picking in one area, creating a sense of hopelessness that they would 'just move on to some other body part to mutilate' (E52).

Many accounts described a connection between picking and negative affect, particularly boredom, ruminating, anxiety and stress. Stress and anxiety appeared to 'fuel' (E27) skin picking and make it 'worse' (E38, E67), creating 'peak periods' (E59) of picking behaviour. Several described a compulsive behaviour where they had little control or power over their urges or the 'need to pick' (E65), often despite strong personal conviction and promises of 'it's my last pick' (E16). Some described their 'wandering' (E43) hands unconsciously or semi-consciously scanning their bodies for bumps and imperfections. Several excerpts describe falling into a 'trance-like state' (E67, E71) while picking.

The damage of picking was discussed in physical and psychosocial terms. Physically, the accounts disclosed tissue damage, permanent impact on the 'true shape' (E38) of their skin, infections and pain. The psychosocial impact of picking appeared to largely relate to feelings of disgust, shame and the consequent interpersonal avoidance and self-concealing behaviours. Some accounts noted the cyclical nature of skin picking; it was commonly accepted that picking created further imperfections and that a successful break from picking could improve the skin. Some accounts suggested a wider cycle incorporating the experience and impact of shame and negative affect:

> Horrid, vicious cycle, this … I pick and pick, the scars make me ugly. The ugliness and frustration of being out of control depress me terribly. I need comfort. So I pick. And I'm depressed. (E43)

We now discuss the three main themes developed.

Setting up the Analysis and Selecting Data Extracts

Given that readers may not be familiar with problematic picking behaviour and that my study did not have defined eligibility criteria, I decided it would be helpful to begin my analysis with a non-thematic overview of participants' picking behaviours and the psychosocial and physical impacts of skin picking. I hoped that this would give some context to my analysis and give a broad picture of the experiences of skin picking represented in the dataset. In selecting extracts, I aimed to choose a mix of statements that either well-represented elements of the theme, had a powerfully vivid use of expression, or offered an impression of context or personal meaning. I was careful *not* to select quotations that might be seen as 'sensationalist' or disgusting, as I felt a duty to represent the participants with respect and sensitivity and did not want to distract from the overall purpose of the paper – which was to listen to participants rather than open them to judgement.

Theme 1: Get out of my skin

An absolute disgust for and intolerance to bumps, skin 'gunk' (E68), imperfections within the pores and on the surface of the skin were frequently evident. There appeared to be little motivation to cause the skin itself damage, rather the impact on skin appears to be unintended 'collateral damage' from removing what were perceived to be 'foreign' entities and substances. Many accounts described being unable to tolerate anything that was experienced as 'abnormal' (E39) and needing to get every last bit out with disregard for the damage done to the skin:

> It seems like I HAVE to get all the disgusting stuff out of my skin. (E35)

> … I hate/love it. I love getting this SHIT out of my face […] I use tools and tweezers and razor blades to get that 'one last bit' out … destroying my skin in the process. (E53)

As the above extract shows, the language used to describe extracting perceived abnormalities was sometimes aggressive and the process was seen as a 'battle' (E72). This may suggest a separateness of the self from the contents of the skin, warranting a forceful or attacking response: 'I attacked it into submission' (E68). Some excerpts gave the sense that the imperfections may be in some way unclean. The idea that picking would remove dirt substances and make the person 'purer' (E40) seems to be echoed in accounts of individuals seemingly disinfecting their skin with strong cosmetic chemicals:

> … a bad part of me says that i must get anything dirty out of my body so i pick and pick! (E32)

> Right now my face hurts because I have doused it with glycolic acid three days in a row, benzyl peroxide and proactive cleaner. I am pretty sure it was a bad thing to do to my skin. (E40)

Of the accounts that described picking at scabs, the disgust and compulsion to pick tended to be targeted not at the scab itself but at the possible pus (E49) below or 'plugs' (E43) beneath them. This suggests that any interference with healing was not intentional but motivated by a perceived need to remove other substances. The irony of this behaviour was recognised within some accounts:

> When it starts to scab over I pick or squeeze because there's usually some puss (yuck) […] Then the cycle: cover with makeup, more infection, more squeezing, a little healing, more picking etc. […] I ALWAYS seem to think that I can make it better. (E49)

> I think I try too hard for perfection, and ironically […] sabotage it by squeezing away. (E55)

Some accounts recognised a strong pleasure or satisfaction gained from picking, particularly where it was done 'just right' (E64). Some of these fantasised about a perfect or 'rewarding zit popping experience' (E40), seeming to define perfection as a complete and almost instant extraction of the offending substance without interference with the skin: 'Instantly the bump will be gone and your skin will be perfect' (E43). Again, this may imply that the intention is not to cause damage but rather to cleanse the skin or make it 'flat' (E81). This pleasure sometimes carried its own disgust, with accounts seemingly ashamed of the 'disturbing' (E28) satisfaction and relief gained from picking:

> … I get a little rush out of [picking] […] It's a gross and sick obsession, I know, but if I don't confess my true feelings about this stuff, I won't get better. (E31)

Feelings of disgust are apparent throughout the experience, whether focussed on imperfections, damage caused or the individual's perceived lack of self-control.

Theme 2: I am shameful

There was a general acknowledgment that skin picking was a shameful experience. This shame was shown to impact on how individuals revealed their stories; some acknowledged that they found it difficult to disclose despite the anonymity of the forum. Others felt gratitude for the opportunity to safely reveal their 'deepest, darkest secret' (E9) and relief that they were not alone in the behaviour. Statements such as 'it's good to know that I'm not the only freak' (E56) and 'it helps me not to feel too crazy' (E55) suggest a sense of isolation and feeling of shame in the world beyond the forum.

Many participants expressed disgust focussed on the symptomatic process and activity of picking:

> … I indulge in a destructive and shameful habit of incessantly picking at my face and upper back, chest, forearms, scalp and hands. Ick! I'm grossing myself out! (E28)

> … I feel so embarrassed to admit that I eat my scabs and always have a hand in my hair. I am disgusted with myself. (E15)

On a few occasions, mentions of disgust appeared to focus on the individual's sense of personal accountability for the picking and the self-inflicted process of 'destroying' (E43) themselves. One individual described their shame at being unable to stop:

> The worst part for me is the shame and self-hatred. Knowing intellectually that I am harming myself and not being able to stop. Consumed with thoughts about how weak I am, how pathetic, and people must think I'm really sick. (E64)

The idea that there is something 'wrong with me' (E22) prevailed, extending from the feeling that 'I do something disgusting' to the more wholly negative view that 'I am a shameful person'. Some appeared to believe their skin picking indicated a more general, global personal insufficiency or fault and interpreted their symptoms as being indicative that they were in some way a 'lesser person' (E10):

> I'm scared that the dermotillomania is a symptom of fundamental deficits within me which are unresolvable. I'm scared that I do not have the power to stop myself. (E86)

In some cases, these shameful feelings appeared to impact on individuals' sense of professionalism:

> Who would hire a teacher that looks like this … always picking at themselves … I am ashamed … (E51)

Several people were concerned that their picking behaviour made them a bad parent. Fears that children would be damaged were reflected in concerns around the familial nature of picking and that they might 'pass it on' (E18) to their child. Several accounts identified concerns for their children as a key motivator to stop picking:

> My children have seen my bloodied face and back. There are days I want to call 'Child protective Services' on myself. (E28)
>
> I've just had my first child, and I want to be free of this – don't want to pass it on to her. (E18)

Several statements indicated a frustration that picking is a childish behaviour that should have long been left behind. There seemed to be some shame in the struggle as if a true adult would be able to stop picking:

> … I must be immature or behind in some way to still be struggling with skin picking. (E6)

Theme 3: No one must ever see

Much of the shame described in the data appeared to stem from the notion that the damage from picking was 'so obvious' (E96) and that 'everyone is staring' (E54). Throughout the data, there was an emphasis on hiding skin picking by carefully concealing any damage and by avoiding exposing situations. This need to hide was by far the most evident psychosocial impairment and there were many accounts of social avoidance. Hiding tended to involve complete avoidance of any interaction and refusal to leave the home:

> im in my third day of hiding now. ive made a serious mess of my face. (E7)
>
> if it weren't for my very supportive husband […] I would starve to death because I will not and cannot go to the grocery store. (E66)

Avoidance had a weighty impact on quality of life. Participants frequently described cancelling plans and missing out on social occasions, with some recalling having missed significant life events. Some stayed home from work. Some described how their avoidance contributed to their sense of regret, adding to feelings that they were 'guilty and weak' (E75):

> I have cancelled meetings with friends, missed work, let people down and one of my biggest regrets & shames was missing a friends funeral. (E74)
>
> i now see that what should have been one of the most important times ever in my life turned into something mediocre and memory-less […] because of my low self-image, self-esteem; my high self-consciousness, self criticism, embarrassment … (E56)

There was some mention of avoidance and concealment within close relationships. Some felt that they needed to hide their skin or wounds from their partner, while others avoided relationships altogether so as not to be exposed:

> I have never had a boyfriend. I am afraid that when he sees me he will be disgusted. And I have to admit, I am too. (E99)

As well as experiential avoidance, many accounts detailed extensive and time-consuming measures taken to conceal the damage caused by picking. Much of this revolved around using makeup to hide marks and deliberately wearing clothing that covered picking sites. There were mentions of avoidance of particular activities that might threaten this concealment, such as not swimming because 'all the makeup wears off' (E64):

> I have spent thousands of dollars on makeup and skincare. Worn long sleeves, jeans and boots in the middle of summer. Worn more makeup than a circus performer. Been hours late for engagements because I was picking then had to jump through all the hoops to cover it up. I have even not gone out when my apartment building had a REAL fire alarm because I was picking and didn't have enough time to slap on enough makeup and cover up my marks. (E89)

Some noted that an inability to conceal picking damage presented a motivation to stop:

> … i can be quite good if i have a night out i know i'm going to when i want to wear a fairly revealing top, but i just want to stop once and for all. (E12)

Some indicated that shame may be impacting their recovery as they acknowledged their reluctance to expose themselves through accessing treatment. It was not absolutely clear where this shame was focussed, but there were hints that for some, this may be around revealing the damage to a professional and/or related to admitting that they need help:

> Just this week I've gotten to the point where I feel I need therapy, bit I'm just to ashamed to ask anyone for help. (E23)

On the basis of the accounts analysed, Figure 7.1 presents perceived connections between disgust, picking, shame and avoidance, whereby the experience of shame may contribute to a cycle of skin picking.

Developing the 'Skin Picking Impact Cycle'

Reading individual stories allows you to learn more about how they connect and make sense of the experiences reported. While previous research has identified compulsivity and shame to be significant for those who pick their skin, TA allowed me to present statements that these experiences were meaningfully connected, such as "the worst part for me is the shame … Knowing intellectually that I am harming myself and not being able to stop". Here, distress appears to be mediated by shame around the struggle to control the picking, implying that the inability to intellectually override compulsivity was experienced as evidence of a personal weakness. Statements such as this richly contextualise experiences in a way that makes sense and has great therapeutic value – they tentatively suggest where therapy might focus and where particular sensitivity might be needed. However, from my therapeutic work, I know I find cycles that illustrate processes invaluable. I therefore decided to visually summarise some of the connections that I'd noticed within the data, creating a behavioural, cognitive and emotional cycle of the impact of skin picking.

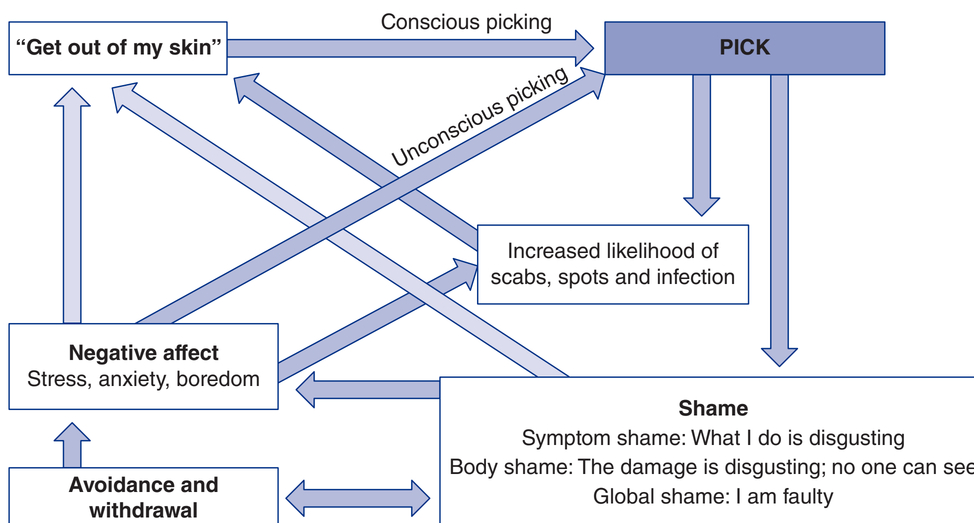

Figure 7.1 Skin picking impact cycle*, incorporating shame and negative affect

**Connections which are not so explicitly illustrated within the data have been drawn paler.*

DISCUSSION

This study is the first to systematically qualitatively explore disgust and shame associated with, and the related psychosocial impact of, skin picking. The perceived anonymity and accepting community nature of the forum appeared to facilitate open discussions of skin picking with reduced fear of judgement. As such, the data provided a nuanced and detailed description of the lived experience of skin picking.

The naturalistic nature of data collection meant that those involved chose the shape, content and focus of their disclosures. There appeared to be more discussion of shame, disgust and embarrassment than has been captured in previous research. Shame has previously been shown to inhibit direct disclosure within the phenomenologically similar condition of trichotillomania (Woods et al., 2006), so it is not surprising that some of the more painful details of skin picking's emotional experience are revealed by a more anonymous and unobtrusive style of research.

Previous research has indirectly and anecdotally noted the presence and importance of shame in skin picking (e.g. Keuthen et al., 2001). This study confirmed this and offered new insight into the varied presentations of shame, offering examples of both shame about skin picking behaviours and more global shame about the body and the self. Body shame was evidenced by severe social avoidance and extensive concealment measures taken by some individuals. Shame is known to motivate avoidance and withdrawal (Tangney & Dearling, 2002) and this was true within the current sample. Future research should focus on under standing the instance and types of shame within skin picking and whether these are universally held experiences.

Weingarden and Renshaw (2015) considered the possibility of a shame cycle within skin picking, whereby secondary body shame as a consequence of picking may itself act as an emotional trigger for further picking. Accounts within this study explicitly demonstrated some cyclical behaviour in line with this proposal, although avoidance and negative affect appeared to be significant mediating factors for some individuals. More research is needed to understand the mechanisms by which negative affect and possibly shame itself might increase picking behaviour.

The significance of shame in skin picking has several implications for treatment. Shame is known to impact help-seeking and is a common barrier to treatment in OCD (García-Soriano et al., 2014). Online treatment modalities or structured self-help programmes may help individuals to engage in treatment when their shame prevents access to face-to-face therapy. Research into treatment efficacy has largely focussed on behavioural and psychopharmacological interventions (Schumer et al., 2016), which do not actively work with emotional experience. The skin picking impact cycle proposed in this study presents different stages of picking behaviour which may help to develop more emotionally informed treatment interventions, such as work to increase disgust tolerance, to promote understanding and self-acceptance or to reduce avoidance behaviours.

A significant limitation of this study is the lack of clinical assessment of participants. As such, caution should be taken when extending the current findings to clinical populations. It is known that people who problematically pick their skin rarely seek treatment (Neziroglu et al., 2008), and it may be that those who seek online support are those who have particularly struggled with their picking or its impact. Alternatively, there may be individuals who find their picking too shameful to disclose their experiences online.

This study is the first to seek to qualitatively represent the psychosocial impact of skin picking and in doing so offers many windows of insight into lives where skin picking causes clear emotional distress. It appears pertinent for future research to further explore and understand this distress so that interventions can be more attuned, accommodating, informed and responsive to client needs.

Concluding Thoughts/Reflections

On reflection, I don't recall consciously 'choosing' to use a data-driven, experiential type of TA or having a clear preference for that approach. Rather, my method was selected to suit my objective. I wanted the reader to have insight into the powerful stories that I had read online, so I presented those very stories, albeit in a more concise and summarised way. I wanted participants' standpoints to be prioritised, rather than existing theory or ideas about diagnostic categorisation, as I feel that distress, and the meaning of that distress, is best described *by* those who have experienced it. This required an experiential approach, and an inductive orientation. I would strongly encourage others to go through this process of really trying to understand what you *want* to do, before deciding exactly how you do it, thereby embracing the flexibility that reflexive TA can offer in getting you there.

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