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**THE PREVALENCE AND PRACTICE OF SELF-INJURY:
A SOCIOLOGICAL ENQUIRY**

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MSocSc**

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requirements of
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ABSTRACT

The widespread practice of non-suicidal self-injury suggests that it might no longer be reasonable to frame such behaviours as individual pathologies and highlights the need to understand such acts as sociological phenomena instead. This dissertation therefore explored the core elements of self-injury such as the self, the body, and meanings ascribed to acts of injuring the self/body, in relation to forms of sociation. Focusing on intent and aetiology, this qualitative enquiry used an interpretive mode of explanation, and collected data via in-depth face-to-face interviews from a characteristically diverse community sample of fifteen participants.

Findings indicated that respondents' aetiologies of self-injury were located in social interactions characterised by abuse, neglect, bullying, and invalidation. Individuals who perceived themselves as worthless and unlovable objects punished themselves, or branded themselves as failures. Paradoxically, sufficient castigation averted the complete annihilation of the existential self. Findings concur with previous studies which reported that, at its deepest level, self-injury is antithetical to suicide.

This study also highlighted the body's communicative role in the symbolic expression of traumatic experiences, and emphasised its physiological role in (a) emotion regulation and (b) self-injury's propensity to become addictive. From a sociological perspective,

instant emotion regulation via self-injury allowed individuals to avoid social stigma; well managed social performances in turn protected social bonds.

Although self-injury constitutes a maladaptive coping mechanism, its reported physiological, psychological and social gains are significant and need to be considered in intervention programmes and policy. This dissertation therefore makes two recommendations: firstly, restorative practices should be reinstated, particularly in schools; secondly, the growing and alarming trend of copycat behaviours reported in children and young teens needs to be researched further in relation to the mediation, ideation and imitation of self-injurious behaviours.

Key words: Self-injury; non-suicidal self-injury; meaning; symbolic interaction; society; sociation; mediation; ideation; imitation; social-psychology; sociology

DECLARATION

Except where explicitly stated, this study is the original work of the author. This dissertation has not been submitted in any form to any other university.

Andrea M Mayrhofer, M.Soc Sc

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For a love that is bottomless

And never ceases to amaze me.

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THE PROBLEM AND ITS SETTING

1.1 Introduction

This dissertation has its genesis in the Scottish Government's National *Choose Life*¹ Strategy and Action Plan (2002), which aims to prevent suicide in Scotland. One of *Choose Life's* objectives is early suicide prevention and intervention, especially in view of increasing incidents of self-injury reported in literature. Self-injury is now regarded as a public health problem in the UK, the US, and many other countries around the world (Glassman, Weierich, Hooley, Deliberto & Nock 2007). The Mental Health Foundation (2006) estimates that, in the UK, 1 in 15 young people aged 11 to 25 self-harm. Literature on self-harm highlights that clinical studies tend to link self-injury to suicide, whereas non-clinical studies emphasise that self-injury functions as a coping mechanism to regulate emotions and, as such, is antithetical to suicide. This dissertation focused on the phenomenon of non-suicidal self-injury in attempts to gain a better understanding of such behaviours.

Self-harming and self-injurious behaviours have been variously described as self-destructive behaviours, self-wounding, self-mutilation, and self-inflicted violence. As shown in Table 1.1.1,

¹ "*Choose Life* is placed within a national public mental health programme, and is part of wider Scottish Executive commitments to improve population health, promote social justice and tackle inequalities. This allows suicide prevention work to be undertaken within a wider framework of policy objectives and initiatives that share the overarching goals of population mental health improvement" (Platt, McLean, McCollum, Blamey, Mackenzie, McDaid, Maxwell, Halliday & Woodhouse 2006 p.1).

conceptualisations of acts of self-injury, and therefore the terms used to describe them, keep changing (Shaw 2002; McAllister 2003).

Table 1.1.1 Estimated self-harm incidents from 1996-2006

Term used	Estimates of self harm per year	Source
A public health challenge	1 in 15 young people aged 11-25 in the UK	Mental Health Foundation (2006)
Deliberate self-harm	170 000	Centre for Suicide Research (2005)
Self-harm	160 000	The Samaritans (2000) based on 1998 figures for England and Wales
Intentional self-harm	150 000	NICE (National Institute for Clinical Excellence) (2002)
Deliberate self-harm	140 000	Royal College of Physicians & Royal College of Psychiatrists (2003)
Deliberate self-harm	100 000	Mental Health Foundation (1997)
Para-suicide	87 000	Gunell, Brooks & Peters (1996)

Source: Adapted from Sutton (2005 p.161)

As indicated in Table 1.1.1, self-harming behaviours are variously recorded as: (a) para-suicide, which might include self-poisoning; (b) deliberate self-harm, which is an umbrella term that subsumes overdoses, drug/alcohol abuse, self-cutting, and/or other forms of self-wounding, or (c) self-harm, which might include severe forms of eating disorders such as anorexia nervosa. Due to the lack of clarity concerning definitional terms, estimates shown in Table 1.1.1 are not a reliable reflection of the suicidal intent ascribed to acts self-injury in clinical literature. Interestingly, statistics issued by the Office for National Statistics (2005) indicate that suicides in the UK have reached

a 30 year low: “there were 5,755 adult suicides in the UK in 2003, the lowest number since 1973”, which stands in stark contrast to an estimated 140 000 cases of deliberate self-harm in the same year as shown in Table 1.1.1. Reports of a decrease of suicides and an increase of self-injury present two opposing trends, and raise questions concerning alleged linkages between self-harm and suicide. Recent literature has introduced the term non-suicidal self-injury (NSSI) in order to emphasise the non-suicidal intent of acts of self-injury (Jacobson & Gould 2007; Prinstein 2008), but academic literature appears to remain ambivalent as to whether to conceptualise self-injurious behaviours as antecedent to suicide, antithetical to suicide, or perhaps as both.

However, self-injury poses questions not only in terms of intent, but also in relation to aetiology. The biological model of man, which is investigated via individualistic methodological research designs and uses individualistic theoretical interpretations, tends to conceptualise self-injurious behaviours as individual pathologies. Individuals who self-injure have received diagnoses such as anxiety disorders, mood disorders, dissociative disorders, hyperactivity disorders, personality disorders, borderline personality disorders, and/or multiple personality disorders (Sutton 2007). By implication, millions of individuals around the world, including an estimated 1 in 15 individuals aged 11 to 25 in Britain, would have developed such disorders², increasingly so in the

² Whilst this dissertation acknowledges that individuals might experience episodes of mental anguish at some stage in their lives, such mental/emotional suffering or depression is not to be equated with diagnoses of personality disorders.

last two decades. Inevitably, such implications raise a number of questions regarding the reasons for such disorders. Considering the fact that the minds of individuals are formed and shaped via socio-cultural interaction in the societies they live in, the tacit association between self-injury and personality disorders positions both as social phenomena.

The trend and spread of non-suicidal self-injury is evidenced through websites dedicated to self-injury, through online message boards, through explicit videos and photographs posted online, and through online discussions of practices and meanings of self-injury, all of which has a global reach and audience. As expressed by Adler & Adler (2007, p.552), "people learned that self-injury existed, and how to perceive and interpret its effects, and they formed identities and social groups around it". The link between acts of self-injury and identity has also been observed in traditional societies, albeit for different reasons, as self-injury is often practiced as part of ceremonial ritual, particularly in initiation rites which mark a transition from childhood to adulthood. Western societies, however, do not confer such meanings to acts of self-injury.

1.2 Problem statement and research questions

This dissertation highlights the need to establish clarity not only in terms of intent, but also in relation to the aetiologies of the prevalence and growing problem of self-injury. Prevalence in this context does not

refer to an exact, cumulative total of annual incidence figures, but rather to the widespread, increasingly accepted practice of self-injury around which identities formed. This dissertation therefore poses research questions in relation to: (a) whether self-injurious behaviours are to be understood as antecedent to suicide, antithetical to suicide, or perhaps as both; (b) whether the practice of self-injury is due to personality disorders, and (c), whether the widespread practice of self-injury might be socially mediated. Although this qualitative research project makes no claims to answer such questions absolutely, the detail and richness of findings presented in this dissertation is expected to contribute to debates regarding the intent of self-injurious behaviours, and to provide a better understanding of the underlying aetiologies of self-injury with a view to informing *Choose Life's* objectives of designing and implementing effective intervention programs.

1.3 Assumptions

The fundamental assumption of this thesis is that the practice of self-injury cannot be ascribed to individual pathologies only. This assumption rests not only on the growing problem of self-injury, but also on Wright Mill's (2000 p.3 [orig. pub.1959]) famous dictum that "neither the life of an individual nor the history of a society can be understood without understanding both". Rossides (1978 p.140) concurs and argues that "the individual can be understood only within the context of the society that shapes him/her and, in turn, society can

be understood only in terms of its location within the total process of history". The present study espouses this sociological position and investigates the global practice of self-injury as a sociological phenomenon.

1.4 Glossary of key terms

Symbolic interactionism: Symbolic interactionism is "a theoretical perspective that emphasises how people interpret, act toward and therefore give meaning to objects, events, and situations around them. This perspective highlights how human meanings and actions arise out of the social processes of interpretation, communication and role taking" (Sandstrom, Martin & Fine 2006 p.23).

Self: The present study conceptualises the mind/self as a social construction. It argues that the social self is produced by, and integrated in, a social, mental and material world. The following definitions of self have been rendered by classical sociologists and adherents to the interactionist tradition:

- Mead (1967 p.140 [orig. pub.1934]): "The self, as that which can be an object to itself, is essentially a social structure, and it arises in social experience".
- Cooley (1983 p.184 [orig. pub.1902]): "This self-idea seems to have three principal elements, namely: the imagination of our appearance to the other person; the imagination of his judgment

of that appearance; and some sort of self-feeling, such as pride or mortification”.

- Essentially, as expressed by Popper & Eccles (1983 pp.115-120), this thesis holds that “the identity and integrity of the self have a physical basis; the self/persona is *one*”.

Embodiment: The notion of embodiment refers to the expression of the self, that is emotion, thought, belief and culture, via the body. In relation to self-injury, the skin constitutes the boundary between the inner and the outer self, and reflects, depicts and narrates the mental experience and resulting emotions.

- Burkitt (1999 p.128): “Emotion is to do with flesh and blood bodies and selves, actively bound in power relations and interdependencies, whose embodied expressions and feelings are primarily the outcome of those relations. This is the matrix in which emotions appear and can properly be understood”.
- Cregan (2006 p.3): “Embodiment is the physical and mental experience of existence”.

Self-injury: Self-injurious and self-harming behaviours have been interpreted and described in a variety of ways. The following definitions relate predominantly to intent:

- Menninger (1935 p.466): “Whilst apparently a form of attenuated suicide, self-mutilation is actually a compromise formation to avert total annihilation, that is, suicide”.

- Favazza (1996 p.222): "At the deepest, irreducible level self-mutilative behaviour is prophylactic and salubrious for groups and individuals threatened by death, disorganisation, disease and discomfort".
- Sutton & Martinson (2003, cited in Sutton 2007 p.1): "Self-injury is an expression of acute psychological distress. It is an act *done to oneself, by oneself*, with the intention of *helping oneself* rather than *killing oneself*. Paradoxically, damage is done to the body in an attempt to preserve the integrity of the mind".
- Klonsky (2007b p.1039): "Self-injury is defined as the intentional destruction of body tissue without suicidal intent and for purposes not socially sanctioned".
- Weierich & Nock (2008 p.39): "Non-suicidal self-injury is the direct and deliberate destruction of body tissue in the absence of suicidal intent".

Medical, biological, bio-medical, and social models:

- As discussed in detail in Chapter Two, the fields of psychiatry and psychology investigate man as an individual biological unit and thereby follow the laws of natural science. Literature generated outside of the natural sciences tends to refer to this approach variously as the medical model, the biological model, or the bio-medical model, but does not provide any clear distinctions between them. In contrast, the social sciences argue that aspects in relation to mental health, mental illness, and/or descriptive diagnoses of personality disorders are frequently associated with

social circumstances (Avison, McLeod, Pescosolido, 2007), and therefore investigate man as located and contextualised within his social environment. Such approaches are loosely referred to as the social model of man. Where this dissertation uses the terms medical, biological, or bio-medical model it does so purely in order to highlight arguments which conceptualise 'personality disorders', and therefore self-injury, as an entirely individual problem, in contrast to the social model which admits social influences on mental health and emotional well-being into its sphere of study.

1.5 Abbreviations and acronyms

A&E: Accident and Emergency

CSA: Child Sexual Abuse

DSH: Deliberate self-harm

DSI: Direct self-injury

NDSI: Non-direct self-harm

NSSI: Non-suicidal self-injury

RYL: Recover Your Life (Website)

SDB: Self-destructive behaviour

SH: Self-harm

SI: Self-injury

SIARI: Self-injury and Related Issues (Website)

SIB: Self-injurious Behaviour

SIV: Self-Inflicted Violence

SM: Self-Mutilation

SP: Self-Poisoning

SW: Self-Wounding

Intent, definitions, conceptualisations, and terminology have not only changed over time, but are also differentiated by the academic disciplines in which a study is located. The various aspects of self-injury are discussed in detail in Chapter Two. But first, the following section offers a brief overview of the structure of the dissertation.

1.6 Structure of the dissertation: a précis of each chapter

Chapter One: The problem and its setting

The purpose of Chapter One is to present a concise overview of the entire thesis. Having provided the *raison d'être* for this dissertation, set its research questions into context, and provided a comprehensive glossary of terms, the current section presents a précis of each chapter.

Chapter Two: Review of the literature

This chapter presents a comprehensive review of literature on the changing conceptualisations of intent, methods and functions ascribed to the considerable variety of self-harming and self-injurious behaviours. The chapter begins by addressing the question of intent, particularly in relation to arguments which frame self-injury as a risk factor of suicide.

The taxonomy of studies on self-injury presented in Chapter Two is indicative of multi-disciplinary efforts to understand such behaviours. For example, the field of neurobiology investigates stereotypical self-injurious behaviours in individuals who suffer from neurological impairment, whereas research in the field of neurochemistry highlights the physiological processes related to self-injury. Research in the fields of psychiatry and psychology frames self-injurious behaviours in terms of personality disorders, whilst non-clinical studies tend to critique such descriptive diagnoses.

Psychoanalytical perspectives of self-injury take the view that acts of self-injury are not necessarily indicative of a person's intent to die, but constitute a 'partial killing' which is focused on a part of the body. A partial killing, that is self-injury as self-punishment, for example, constitutes castigation sufficient enough to avert the complete annihilation of the self. As such, self-injury is antithetical to suicide. A deeper understanding of the human psyche is also pursued in anthropological texts, which discuss self-injury in terms of ontological insecurity, appeasement and sacrifice. The main difference between the literature generated in the medical field and the literature produced in other academic disciplines is that psychoanalytical and socio-cultural perspectives of self-injury do not separate the individual actors from the social environment they are located in, but acknowledge the influence of a person's socio-cultural context on their behaviours.

Studies across various disciplines report strong associations between self-injury and child sexual abuse (CSA), physical abuse, emotional neglect, and invalidation. Although research emphasises that law-like, cause/effect relationships between abuse and self-injury do not exist, persistent reports of abuse and neglect in relation to self-injury have developed into a recurring theme.

Chapter Three: Theoretical framework

This chapter introduces the sociological perspective of symbolic interactionism, which maintains that *meanings are social products* and that *people act according to the meaning they ascribe to a situation* through the ongoing interpretation of social processes (Blumer 1969a).

Interviewees in the present study located instances of self-injury in the social situations which gave rise to them and interpreted such situations, and their significance to acts of self-injury, accordingly. Therefore, in contrast to studies which propose functional models of self-injury, this dissertation concentrates on the aetiologies and social processes which, from the viewpoint of those who self-injure, prompt and/or influence the ideation and/or imitation of self-injury.

Symbolic interactionism also provides the framework for investigating the symbolic expression of emotion and thought - as influenced by aetiology - on the body. Some authors, for example, refer to the body as a looking-glass body that reflects, and as a phenomenological body that acts as a province of meaning. The theoretical perspective of

symbolic interactionism therefore offers the conceptual tools needed to theorise the practice of self-injury from the hitherto under-researched perspective of the self, the body, and society. The in-depth understanding gained, not only of actors' own interpretations of self-injury, but also of the aetiologies involved, is critical for the design of prevention and intervention programmes.

Chapter Four: Philosophy, methodology and methods

Chapter Four sets out the philosophical and methodological approach taken by this study. Informed by ontology and epistemology, the design of this dissertation is conceptualised around Simmelian units of analysis, that is, processes of sociation through which the social-self/mind is formed. It stands to reason that, in order to understand the meanings of self-injury, one needs to understand the social processes and situations through which such meanings are created. Weber's interpretive sociology, as a mode of explanation, is discussed critically. The essentially qualitative approach of this dissertation informed the operationalisation of the study.

By contrast with most of the studies reviewed in the literature, which use samples drawn from psychiatric wards, this dissertation sought to obtain data from a community sample. Sample recruitment was facilitated through agencies which offer services that are accessible to the general public. One third of the final sample of fifteen participants was male; ages ranged from 16 to 57 years. Data were generated via in-depth interviews, which were transcribed verbatim in order to avoid

premature data reduction. Analytical procedures such as topical and cross-sectional coding ensured transparency and allowed a theoretical generalisation of the findings. Data management processes such as coding and indexing were supported by NVivo7, which is a software program for qualitative data analysis.

Chapter Five: Interpretation of data

Findings indicate that acts of intentional self-injury tend to produce an instantaneous sense of well-being. This is due to the physiological mechanism of the body which, when injured, releases opiate-like analgesics, known as endorphins. This endorphin rush restores a measure of equilibrium in intensely stressful situations, which in turn allows individuals to continue to function normally. Respondents therefore regarded self-injury essentially as a coping mechanism and not as a suicide attempt.

Respondents traced the aetiologies of self-injury to intensely negative emotional states caused by child sexual abuse (CSA), emotional abuse and neglect, invalidation, and various forms of bullying. The emotions experienced in such malfunctioning social relationships were described as: (a) intense anger and helplessness as individuals were unable to change their situation; (b) a sense of worthlessness because they were treated as worthless objects; and (c) a consequent hatred for being so worthless, unlovable, and/or a failure. This damaged sense of self led to punishing and/or branding the self, to purging and cleansing the self in cases of child sexual abuse, and to using the body to communicate

the hurt experienced. As such, the role of body is not only implicated physiologically, but also symbolically. Therefore, from the viewpoint of participants, self-injury ought not to be treated as a problem in and of itself, but as a symptom of an underlying aetiology.

Respondents also referred to the ideation of self-injury via various media such as books, films, TV, certain genres of pop-music, social networking sites, and peers. Whilst such socialisation was not reported as causative, it was perceived as mediated ideation, which has since been evidenced in copycat behaviours in pre-teens and young teenagers. Such cohorts require very specific and age-appropriate intervention programmes.

Chapter Six: Theoretical discussion of findings

Chapter Six discusses the findings within the theoretical framework of symbolic interactionism. Respondents' creation of their social self is theorised via the processes of self-objectification, which were informed by shameful, abusive and invalidating social relationships. The unloved, unworthy object of the self was in turn hated, punished, and branded. From the sociological perspective of symbolic interactionism the injured self expresses socially created meaning. As such, the self constitutes a symbolic depiction and reflection of the abuse and neglect experienced at the hands of others, whether in familial or educational settings. The fact that aetiologies of self-injury were so consistently located in social situations demands a rethink of the

concept of 'individual pathology', and should be considered in policy and practice in early prevention and intervention programmes.

Findings also indicate that the social yields of self-injury are reportedly considerable, as instantaneous tension relief allows individuals to function 'as normal', which in turn helps to avoid stigma and thus preserves the social bond. As a result, social interaction can be managed effectively. Although self-injury constitutes a maladaptive and addictive coping mechanism, respondents emphasised consistently that, for them, self-injury was antithetical to suicide. These findings confirm previously published narratives as discussed in Chapter Two.

Respondents also identified an additional and very different aetiology for self-cutting, namely cultural mediation via social-networking sites. Processes of mediation, ideation and imitation of self-injury have reportedly resulted in the sub-culture of skin-scratching/cutting amongst children and teens. The chapter discusses imitative self-injury in terms of media-induced behaviours, akin to the Werther Effect. The media, family and school are addressed briefly in terms of their roles as social institutions at the meso-level in relation to self-injury. Relentlessly negative media reporting reportedly has a negative impact on the general mental health and wellbeing of young people who are in the process of forming their identities.

Chapter Seven: Concluding comments and recommendations

The final chapter draws together the various strands of the thesis. It discusses the limitations of the present study, emphasises its sociological yields and original contributions to knowledge, and offers recommendations for policy and practice. Recommendations are made to address bullying within a general framework and school ethos of restorative practice, which emphasises the notions of respect, accountability, and restoration. This approach might also provide a framework for early prevention and intervention programmes. The chapter also recommends research on mediation, ideation and imitation of self-injury from a sociological perspective. In the interim, tentative recommendations are made to address copycat self-injury via educational campaigns. Suggestions for further studies of self-injury in the discipline of sociology conclude Chapter Seven.

CHAPTER 2

REVIEW OF THE LITERATURE

2.1 Introduction

Chapter Two has been dedicated to a comprehensive review of the literature on self-injurious behaviours. Section 2.2 begins by introducing the search strategy, which discusses search terms, selection criteria, and the selection procedures followed. The array of search terms used in current literature highlights how perceptions of self-injury have shifted during the 60 years of multi-disciplinary research on this topic. Section 2.3 therefore establishes conceptual clarity concerning the terminology applied in academic discourse. This is critical for subsequent discussions on the key concept of intent. Section 2.4 presents the taxonomy of self-injurious behaviours and discusses studies of self-injury undertaken in the fields of neurobiology, neurochemistry, psychology and cultural psychiatry/anthropology; socio-cultural perspectives on self-injury end this section. Aetiologies such as childhood-trauma, abuse and neglect reported in the literature are discussed in Section 2.5. The question of whether such aetiologies are to be conceptualised as antecedent to self-injury is introduced in Section 2.6. A brief overview of various clinical and non-clinical approaches to dealing with self-injury is presented in Section 2.7. The conclusion of this chapter highlights the knowledge gaps revealed by this comprehensive synthesis of literature

and sets out the rationale for studying the prevalence and practice of self-injury from a sociological point of view.

2.2 Search strategy

Academic literature can be reviewed either systematically or comprehensively. According to Petticrew & Roberts (2006), systematic reviews of literature constitute a tool which is used to identify, appraise and synthesize information according to stringent inclusion and/or exclusion criteria. Meta-analyses are undertaken in order to identify and appraise quantitative information on the basis of effectiveness and efficacy, whereas meta-syntheses tend to appraise qualitative studies on the basis of feasibility, appropriateness, and meaningfulness (Joanna Briggs Institute 2007). Due to the strict inclusion criteria used, systematic reviews have been critiqued for being narrowly focussed (Petticrew & Roberts 2006). On the other hand, non-systematic or comprehensive reviews have been critiqued for their undifferentiated inclusion of studies irrespective of underlying methodologies or methods used. However, non-systematic reviews are undertaken in order to gain a comprehensive overview of a topic which, by definition, requires a broad approach.

The methodology applied to a review of literature needs to be informed by its purpose, the research problem and the research question. The particular research problem of this dissertation, namely the prevalence and practice of self-injury, indicates that it is no longer sufficient to

research such behaviours primarily from a medical perspective of pathologies. Instead, such behaviours need to be understood firstly from the standpoint of those self-injure, and secondly, due to the widespread problem of self-injury, as a societal phenomenon. In order to establish whether a wider body of knowledge on self-injury had been produced in other academic disciplines, a comprehensive rather than a systematic review of the literature was required. An initially very broad bibliographic database search was therefore conducted. At that stage, no limits regarding publication dates, sample criteria, or academic discipline were set. Search terms, selection criteria and selection procedures are now discussed in detail.

Search terms: Due to the wide-ranging terminology used in studies on self-injury, terms such as self-harm, deliberate self-harm, attempted suicide, para-suicide, self-destructive behaviour, self-injury, self-injurious behaviour, self-wounding, self-abuse, self-mutilation, self-cutting, and self-inflicted violence, were applied.

Selection Criteria: In line with the initially broad approach to the topic, review results included multi-disciplinary studies that were undergirded by a range of methodologies, and therefore study design, in accordance with the academic discipline in which a study was located. Such criteria therefore did not influence the inclusion or exclusion of a paper. However, once a comprehensive overview of the topic and the issues it involved had been gained, the review focused on the phenomenon of the prevalence and practice of self-injury as a strategy

for emotion regulation. Accordingly, studies with an emphasis on suicide, attempted suicide, para-suicide and self-poisoning, and studies reporting on general self-harming behaviours such as smoking, substance abuse and eating disorders, were excluded in subsequent searches.

Selection procedure: Bibliographic databases and data hosts searched were ASSIA (Applied Social Sciences Index and Abstracts), AMED (Allied and Alternative Medicine), CINHALL (Cumulative Index to Nursing and Allied Health Literature), COPAC (Academic and National Library Catalogue), CSA (Cambridge Sociological Abstracts), NHS e-Library, OVID database host, PsychINFO, SSCI (Social Science Citation Index), the ZETOC database, the Campbell Collection, and the ISI Web of Knowledge. I also pursued references which had been cited frequently in peer-reviewed academic journals, searched indices of relevant journals, placed alerts on on-line academic journals, obtained articles via inter-library loans, and searched subject-specific websites which were established by and for people who engage in self-injurious behaviours. Furthermore, I searched for publications of studies undertaken in different cultural settings, consulted government reports, and undertook book searches within the growing body of literature on the topic of self-injury. Materials produced by non-statutory organisations working with self-injuring individuals were included. Grey literature such as unpublished dissertations, and articles in newspapers and magazines which were generally dominated by the umbrella term deliberate self-harm (DSH), were excluded.

The preliminary review of literature, carried out from June to November 2005, spanned publication dates from 1935 to 2005. Most of the reviewed research had been published in the last two decades. This review of the literature was updated routinely until close to submission of the full draft of this dissertation in November 2008. Within the short period of the last three years some of the views on self-injurious behaviours have shifted again. Such shifts are reflected in discussions in the following two sections, which endeavour to establish conceptual clarity regarding the meanings ascribed to self-injurious behaviours and consequently the terminology used in academic discourse.

2.3 In search of conceptual clarity

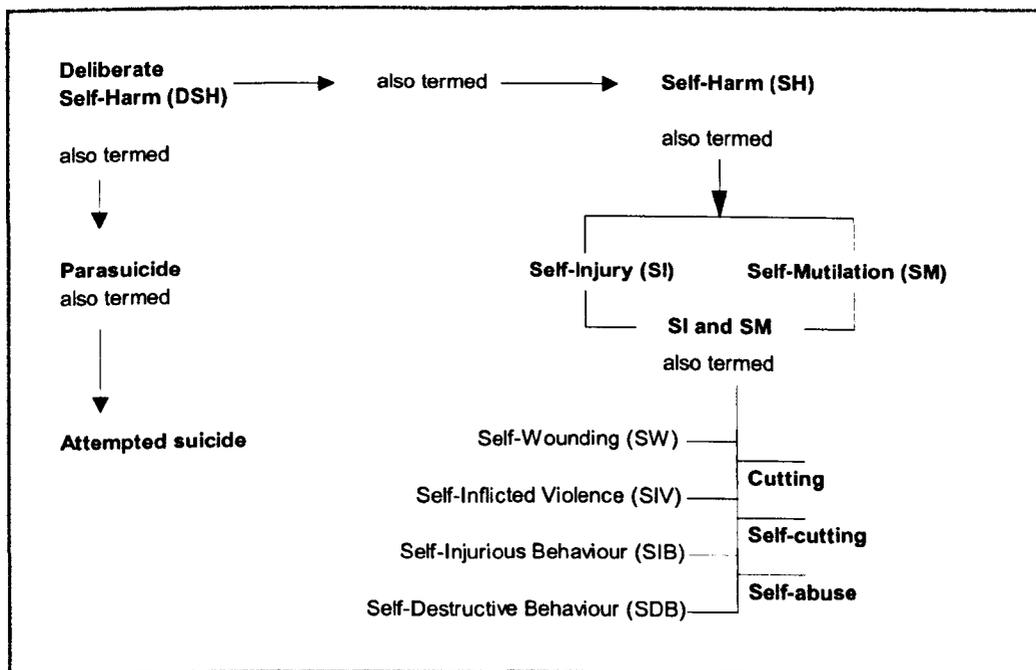
The many different types of self-injurious behaviours, the range of methods used in self-injury, and multi-disciplinary efforts involved in trying to understand the functions of such behaviours have led to a considerable array of terminology, definitions and concepts employed in reporting various aspects of self-injury. As McAllister's (2003 p.178) critical review of multiple meanings of self-harm concludes, "the debate about the naming of this phenomenon has featured in the literature for over 60 years". Illustrative terms used to describe self-harming behaviours in the literature reviewed for the present study include the following: self-destructive behaviour (Menninger 1935; 1938; Alvarez 1975), delicate skin-cutting (Brickman 2004), deliberate self-harm, self-poisoning, self-injury (Hawton, Kingsbury, Steinhardt,

James & Fagg 1999; Hawton, Fagg, Simkin, Bale & Bond, 2000) attempted suicide (Hawton, Harriss, Simkin, Bale & Bond 2004), para-suicide (Linehan 1993), and self-harm, self-injurious behaviour and self-injury (Spandler 1996; Babiker & Arnold 1997; Conterio, Lader & Kingson-Bloom 1998; Strong 2000; Turner 2002; Yates 2004; Adams, Rodham & Gavin, 2005; McAndrew & Warne 2005; Sutton 2005; Simpson 2006; Straker 2006; Whitlock, Powers & Eckenrode 2006; Klonsky 2007a). Other terms used in academic literature are self-wounding (Tantam & Whittaker 1992), self-inflicted violence (Alderman 1997) and self-mutilation (Menninger 1935; 1938; Walsh & Rosen 1988; Favazza 1996; Hewitt 1997; Levenkron 1998; Suyemoto 1998; Tsai 2002; Derouin & Bravender 2004). Despite the variety of illustrative descriptions used, systematic reviews of literature (Webb 2002; Gratz 2003a) reveal that the most common term used until the early 1990s was 'deliberate self-harm' (DSH). Used as an umbrella term, DSH uncritically subsumed acts of para-suicide, deliberate overdosing, recklessness, laceration, and a range of unspecified acts of self-injury.

As a result, much of the academic discourse on self-injury is replete with indistinct, undifferentiated terminology. Its interchangeable use obscures conceptual distinctions and renders meaningful analytical comparison of studies exceedingly difficult (Ross & Heath 2002; Shaw 2002; Yates 2004; Simpson 2006; Haas & Popp, 2006). It also casts doubt on statistics and prevalence figures of self-harm/self-injury. Additional terms used in very recent literature include 'direct self-

injury' (DSI) and 'non-direct self-harm' (NDSH) (Sutton 2007). Current literature, however, appears to have agreed on using the term 'non-suicidal self-injury' (NSSI) (Glassman, Weierich, Hooley, Deliberto & Nock, 2007; Jacobson & Gould, 2007; Muehlenkamp & Guterrez 2007; Whitlock, Lader & Conterio, 2007; Prinstein, 2008). Figure 2.3.1 illustrates the variety of self-harming behaviours reported in multi-disciplinary studies.

Figure 2.3.1 Terminology used in multi-disciplinary studies



Source: Sutton (2005)

As shown in Figure 2.3.1, the umbrella term 'deliberate self-harm' (DSH) used to be strongly associated with acts of attempted suicide. By contrast, terms like self-harm and self-injury, with all their variations, are widely conceptualised as a mechanism to cope with intensely negative emotions, which suggests that acts of self-injury are intended to maintain life rather than to end life.

Intent emerges as a key aspect in debates which frame self-injury as an attempted suicide in contrast to studies which understand self-injury as essentially antithetical to suicide. The following section therefore presents an overview of the different conceptualisations of self-injury as seen from the perspectives of medical/biological models of individuals who self-injure, and of therapists.

2.3.1 Intent: attempted suicide or anti-suicide?

Clinical literature has used the term deliberate self-harm (DSH) for a number of decades. DSH includes acts of self-poisoning and unspecified self-injury (Hawton, Fagg & Simkin 1996; Hawton, Townsend, Arensman, Guinell, Hazell & Heeringen 1999; Kerkhof 2000; De Wilde 2000; Crouch & Wright 2004). Although suicidal intent frequently remained unclear, assumed links between often unspecified types of self-harm and eventual suicide were included in statistical data (Kerkhof 2000; DeLeo & Evans 2004). However, a re-examination of data collected from 14,892 patients (Hawton et al 2004 pp.199-208), who had been referred to hospitals in the UK over a 23 year study period, resulted in the acknowledgement that self-cutting was associated with low suicidal intent. "The lower level of suicidal intent associated with self-cutting also reflects overall differences in motivation; rarely is self-cutting a life-threatening activity, except when a major blood-vessel is deliberately severed" (Hawton et al, 2004, p.206). This distinction is critical and concurs with Shaw's (2002) historical analysis of clinical literature published between the

1900s and the year 2000, which indicates that conceptualisations of self-injuring behaviour have changed considerably.

Research conducted in non-clinical settings has been reporting for some time that acts such as self-cutting, self-burning and other forms of self-injury do not necessarily carry any suicidal intent at all (Walsh & Rosen 1988; Babiker & Arnold 1997; Turp 2003). Such claims have become increasingly frequent. Reece's (1998) article on female survivors of abuse and Austin & Kortum's (2004) paper on teenagers' self-injury indicate that most self-injurious behaviours, even if engaged in repeatedly and over long periods, ought not to be classified as failed suicide. In fact, Hodgson (2004) refers to self-injury as anti-suicide, asserting that such behaviours constitute a coping mechanism. Similarly, Gratz's (2003a) study on the aetiology of self-harming behaviour suggests that self-harm could be conceptualised as antithetical to suicide. Reportedly, the stated intent is to regulate emotions in critical situations, and thereby to preserve life, rather than to end life (Pembroke 1994; 2007).

Such findings concur with Menninger's (1935 p.466) observations, taken from a psychoanalytical perspective, that "... whilst apparently a form of attenuated suicide, self-mutilation is actually a compromise formation to avert total annihilation, that is to say, suicide. In this sense it represents a victory, sometimes a Pyrrhic victory, of the life instinct over the death instinct". Similarly, half a century later, Favazza & Conterio's (1988, p.27) conclusions, based on 250 case studies, are

that "self-mutilation may provide rapid, albeit short-lived, relief from episodes of depersonalisation, severe anxiety, intense anger, depression, hallucinations, perceived internal or external flaws, racing thoughts and rapidly fluctuating emotions, boredom and stimulus deprivation, and feelings of loneliness, emptiness, and insecurity". Self-injury as a response to any of the above does not indicate suicidal intent. As expressed by Walsh (2005 p.7, cited in Jacobson & Gould, 2007 p.130), "the intent of the self-injuring person is not to *terminate* consciousness (as in suicide), but to *modify* it".

The assertion that self-injury constitutes a coping mechanism is also reflected in literature published by therapists who counselled individuals who had inflicted injury on their bodies (Calof 1995a; 1995b; 1997; Favazza & Conterio 1989; Alderman 1997; Levenkron 1998; Conterio et al 1998; Turner 2002; Derouin & Bravender, 2004; Sutton 2005; 2007). Such literature is supported by accounts rendered by individuals who have first-hand experience of self-injury. The latter see themselves not as survivors of suicide/attempted suicide, but rather as survivors of physical and emotional abuse (Harrison 1995; Spandler 1996), as well as "survivors of psychiatric treatment" (Pembroke 2001 pp. 30-32; 2007). As Calof (1995a; 1995b) points out, a survivor mentality manages, rather than ends, life. Claims that self-harm differs from attempted suicide are also made in qualitative studies carried out in voluntary organisations which offer support and counselling to individuals who self-harm, notably Bristol Crisis Service (Arnold 1995), 42nd Street (Davies 2000), and Penumbra (Haydock

2001; Penumbra 2005). The lack of, and need for, public acknowledgement of such behaviour, particularly within psychiatric discourse, is documented by Cresswell (2005) who argues in favour of psychiatric survivors' testimonies of self-harm. Warm, Murray & Fox's (2003) study, which used an on-line, self-selected sample of self-harmers to test perceptions about self-harm as presented in psychiatric and psychological literature, concludes that the terms deliberate self-harm, self-mutilation and self-injurious behaviour are used interchangeably and refer to a self-destructive behaviour which is actively managed. Such behaviour does not carry suicidal intent.

2.3.1.1 The use of terminology to express intent

Yates' (2004 p.38) paper uses the term self-injury in "a desire to recognise all methods of direct self-injury and to refrain from making assumptions about the intent or value of the behaviour". In Yates' (2004 p.39) article, self-injurious behaviour (SIB) refers to

"...self-inflicted, direct, socially unacceptable destruction or alteration of body tissues that occurs in the absence of conscious suicidal intent or pervasive developmental disorder. Thus, the current definition of SIB does not include acts of self-starvation, self-poisoning, substance abuse, refusal of medical treatment, excessive risk-taking or other forms of indirect self-harm, nor does it include the kinds of stereotypic SIB that characterise populations with pervasive developmental disorders and delays".

As such, self-injury is defined clearly, but negatively, that is, by what it is not, rather than by what it is. This negative definition excludes 'intent' purposely. Since then, the term self-injury has been used to differentiate self-harming behaviours, such as smoking, from obviously injurious behaviours such as skin-cutting (Simpson 2006; Straker 2006; Whitlock, Powers & Eckenrode 2006; Klonsky 2007a). Literature produced in 2006/2007 has become even more specific and uses the term self-cutting (Muhlenkamp, Swanson & Brausch 2005; Yip 2005; Rao 2006; Yip 2006),

The field of psychiatry has begun to call for a clarification of terminology (Claes & Vandereycken 2007). Klonsky's (2007b p.1039) definition reads that "self-injury is defined as the intentional destruction of body tissue without suicidal intent and for purposes not socially sanctioned". Jacobsen & Gould (2007 p.138) frame this as an 'emotion regulation hypothesis'. The most recent literature uses the term 'non-suicidal self-injury' (NSSI). "NSSI refers specifically to those behaviours reportedly conducted without suicidal intent, whereas behaviours including a desire to die are referred to as suicidal" (Prinstein 2008 p.2). The use of specific terminology not only clarifies the type of behaviours under discussion, but also their associated intent. This is also depicted in Sutton's (2005) diagram, which is presented as Figure 2.3.2.

Figure 2.3.2 Clarification of terminology³



³ Permission to feature this diagram in the present study was obtained from Jan Sutton on the 4th of February 2008.

Figure 2.3.2 depicts self-harming (SH) behaviours as including self poisoning (SP) and self-injury (SI), as all of them harm the body. However, the diagram also shows that self-injurious behaviours do not carry suicidal intent. They have very specific functions instead, which confirms the repeated claims made by many who engage in self-injury, and echo those of their therapists.

Griesbach's (2007 p.53) recent study, which was funded by the Scottish Government's National Programme for Improving Mental Health, confirms such non-suicidal intent, stating that "young people who self-harm see acts of self-harm, and attempted suicide, as two completely different things"; although self-harm may, in some cases, result in death, "motivation and intent are entirely different". Yet, debates concerning associated suicide risks remain.

2.3.1.2 Remaining debates concerning the risk of suicide

The same study (Griesbach 2007) also reports on interviewees who saw self-injury and suicide on a continuum. This is interpreted in terms of risk on two counts: firstly, an accidental overdose of paracetamol could lead to suicide; secondly, suicide might become "an option when self-harming did not work" (Griesbach 2007 p.32). The possibility of self-harm losing its effectiveness, and therefore becoming a suicide-risk, is also addressed by Whitlock & Knox (2007 p.635), who proposes that neither model (self-harming behaviours versus suicidal behaviours) is likely to occur in its pure form, but that self-injurious

behaviours “signal an attempt to cope with psychological distress” and that suicidal behaviours might either “co-exist or evolve over time if self-injurious behaviours begin to fail as a functional coping mechanism”.

The argument of risk factors of suicide being frequently present in *non-suicidal* self-injury is also raised by Jacobson & Gould (2007) but for different reasons. In Jacobson & Gould’s study (2007 p.129) “correlates of NSSI” refer to aetiologies, such as “a history of sexual abuse, depression, anxiety, alexithymia⁴, hostility, smoking, suicidal ideation, and suicidal behaviour”. The study does not appear to differentiate between aetiologies (sexual abuse) and resulting risk factors such as depression and associated symptoms.

Muehlenkamp & Gutierrez’s (2007 p.80) risk factors differ somewhat, as the study reports that “self-injuring adolescents who endorse symptoms of anhedonia⁵, pessimistic future perspectives, low self-acceptance and poor family connections appear to be at the greatest risk for suicide”. Such factors, however, might constitute risk factors for suicide irrespective of whether a person engages in self-injury. Historically and statistically, most people who have committed suicide are not known to have self-injured, but may have lost hope and

⁴ *Alexithymia* is a Greek term (*a* = without, *lexia* = words) which means having no words for feelings. Alexithymia has been described as “disturbance in affective and cognitive functions in patients with diagnoses including somatic illness, substance abuse, and post-traumatic stress disorder. Salient features include difficulty recognising and verbalising feelings” (Ayd 1995 p.24).

⁵ *Anhedonia* is a Greek term (*an* = without, *hēdonē* = pleasure); the inability to derive pleasure from activities which are usually pleasurable.

purpose (described as risk factors). Yet, Muehlenkamp & Gutierrez (2007 p.77) also report that "...individuals engaged in NSSI were able to identify a number of reasons to keep living, suggesting that they are motivated to live, with is antithetical to the motivations underlying suicidal behaviour (the desire not to live)".

However, it is interesting to note that *self-injury as a risk factor of suicide* is discussed within the framework of *non-suicidal self-injury* (NSSI), a term which finally appears to have been agreed upon after decades of academic debate around conceptual clarity on intent.

As discussed previously, outside of clinical settings self-injury is primarily understood as non-suicidal in intent. However, this does not mean that individuals who injure their bodies never contemplate to end their life, but it does mean that self-injurious acts are not intended as acts of suicide. Clearly there is a need to ascertain not only the function, but also the aetiology of self-injury, in order to develop support mechanisms which do not address the symptom, but the underlying reasons. Intent, therefore, continues to present a key issue in debates regarding service provision (Haydock 2001; Barker & Buchanan-Barker 2004; Penumbra 2005; Mental Health Foundation 2006; Kinnin 2006; Gratz 2007; Griesbach 2007; Mishara 2007; Walsh 2007).

The following section presents an overview of functions ascribed to self-injurious behaviours by studies in various academic disciplines.

The taxonomy includes literature from the fields of neurobiology, neurochemistry/physiology, psychology, as well as socio-cultural perspectives.

2.4 Taxonomy of self-injurious behaviour

Whilst Sutton's (2005; 2007) clarification of terminology is descriptive, academic literature theorises self-injurious behaviours according to a range of criteria which might include the degree of severity of an injury, or according to criteria set by the discipline in which the study is conducted. For example, Menninger (1935; 1938) discusses self-mutilation in terms of organic diseases in relation to neurotic and psychotic patients, as religious practice, and as socio-cultural convention. Although these different aspects are addressed, Menninger (1935 p.409) uses the term 'mutilation' to convey the underlying notion of destruction; "destruction", he argues, "is not the fruit of love but of hate". In his later work, Menninger (1938) conceptualises various elements of suicide, namely an individual's wish to kill, to be killed, and /or to die. Menninger's theoretical perspective is critical to the concept of intent, and has been used to theorise findings in Chapter Six. Favazza (1996), from the perspective of cultural psychiatry, uses a similar and now widely accepted classification of what he terms self-mutilative behaviour. Acknowledging that classifications may be subject to change as knowledge increases, Favazza (1996) presents the following, broad grouping:

1) Deviant pathological self-mutilation

- i. Major: Infrequent acts (eye enucleation, limb amputation)
- ii. Stereotypic: Repeated acts such as head banging and eyeball pressing; seem to be devoid of symbolism and are often rhythmic
- iii. Moderate/superficial: Episodic or repetitive acts of low lethality and little tissue damage; This type is similarly classified by Walsh & Rosen as a Type III self-alteration of the physical form, is described as low lethality and as engaged in during a psychic crisis

2) Culturally sanctioned self-mutilation

Socio-cultural, religious, traditional rituals and practices

Whilst Jones & Daniels' (1996) study of self-injury in relation to social-aggression employs an ethological approach, it suggests similar axes:

- i. Axis I: Specific neuropathology
- ii. Axis II: Physical or psychological isolation during development
- iii. Axis III: A physiological state of high arousal with rage, frustration or isolation or psychological constructs representing these behavioural states

These categories are determined along similar lines in that they broadly distinguish between organic, developmental, behavioural and psychological aetiologies. Although comparisons between human self-

mutilation and animal auto-mutilation⁶ are not without controversy (Favazza 1996; Jones & Daniels 1996), it is accepted that certain neurochemical and physiological processes are similar and may induce comparable self-injurious behaviours. This is also reported in Tiefenbacher, Novak, Lutz & Meyer's (2005) study on socially-reared monkeys which were exposed to artificially created, emotionally stressful situations. Various classifications of self-injurious behaviours are now discussed from different academic perspectives.

2.4.1 Neurobiology: functional analyses of stereotypic self-injury

Some individuals with autism, developmental disabilities and profound mental retardation display aberrant and self-injurious behaviours (SIB) such as hitting or biting themselves severely. Medically speaking, the functional anatomy of the nervous system is considered separate from organic, neurological functionality. Functional analyses are therefore carried out to ascertain whether SIB occurs due to neurological impairment or whether such behaviour is stimulated by non-biological factors (Van Camp, Vollmer & Daniel 2001), is reinforced automatically or socially (McKerchar, Kahng, Cacioppo & Wilson 2001; Van Camp et al 2001), or is associated with environmental determinants such as the transition from one location to another (O'Reilly, Lancioni & Emmerson 1999; McCord & Thomson 2001), for example. Stereotypic self-injury is extremely difficult to manage, since one might never be entirely

⁶ "The prefix *auto* instead of *self* is used because no-one knows whether an animal has a true sense of self" (Favazza 1996 p.68).

certain whether SIB is caused by biological malfunction or whether it is an expression of the frustration experienced by individuals' inability to communicate their distress, or anything else, effectively (Clarke & Whittaker 1998). Jones & Daniels (1996 p.266) report that, "in mental retardation, the neuro-pathological basis of Axis I and the developmental disturbance of Axis II are often co-present". Self-restraint (SR) in developmentally impaired children exhibiting self-injury is an important field of study (Rapp & Miltenberger 2000). Indications are that the severity of SIB may also be influenced by an individual's pain-threshold, which is determined by chemical and physiological reactions such as the natural production of endorphins in one's body.

2.4.2 Neurochemistry and physiology: endorphin hypotheses

Unusually high or low levels of chemical compounds known as endorphins have been implicated in relation to self-injurious behaviours (Yates 2004). Endorphins⁷ are endogenously produced chemical compounds which have analgesic properties. The relationship between the production of endorphins and self-injurious-behaviours (SIB) was illustrated by the analgesic- and the addiction-hypotheses (Barrera, Teodoro, Selmecci & Madappuli 1994; Alderman 1997; White and Schultz 2000). The analgesic-hypothesis posits that a person may produce unnaturally high levels of endorphins, which would increase

⁷ Endorphin: "One of a group of opiate-like peptides produced naturally by the body at neural synapses at various points in the central nervous system pathways where they modulate the transmission of pain perceptions. The term *endorphin* was coined by combining the words *endogenous* and *morphine*. Like morphine, endorphins raise the pain threshold and produce sedation and euphoria" (Blood, Studdert & Gay 2006).

one's pain-threshold considerably. This would explain why pain does not inhibit self-injurious behaviour (Barrera et al 1994). The addiction-hypothesis states that "self-injurious behaviour is initially thought to be unrelated to the mechanism of endorphin release, but it becomes cumulatively reinforced through operant conditioning" (White et al 2000 p. 1577; Yates 2004). This suggests that individuals may inflict pain on themselves purposefully in order to stimulate endorphin production⁸, high levels of which, due to their opiate-like function, create a feeling of well-being⁹ (Levenkron 1998). Barrera et al (1994 p.186) conclude that "the necessary condition for self-injury could be either a deficit or an excess of endorphins, depending on which explanatory mechanism is chosen". The fact that clinical studies render credible arguments for and against both theories presents major challenges to the medical profession in terms of selecting appropriate pharmacological treatment regimes aimed to alleviate, or at least reduce, SIB in mentally impaired individuals. However, both the analgesic- and the addiction-hypotheses were also alluded to by individuals who did not present with developmental disabilities, but injured their bodies through self-cutting.

Research involving participants from non-clinical populations confirms that self-cutting can become addictive as self-injurers claim they have to cut deeper to obtain a previously experienced sense of relief (Austin

⁸ Endorphins: "A group of peptide hormones that bind to opiate receptors; endorphins reduce the sensation of pain and affect emotions" (The American Heritage Medical Dictionary, 2002).

⁹ "Besides behaving as a pain regulator, endorphins are also thought to be connected to physiological processes including euphoric feelings, appetite modulation, and the release of sex hormones. Prolonged, continuous exercise contributes to an increased production and release of endorphins, resulting in a sense of euphoria that has been popularly labelled "runner's high" (Columbia Electronic Encyclopaedia, 2008).

& Kortum 2004). Such incidents are reported frequently in literature on self-mutilation, self-injury and self-cutting (Favazza & Conterio 1988; 1989; Favazza, De Rosear & Conterio 1989; Walsh & Rosen 1988; Levenkron 1998; Strong 2000). The addiction-hypothesis is also referred to in terms of 'secondary gain'. Calof's (1995b) research on chronic self-injury in adult survivors of childhood abuse indicates that, in addition to the symptom-relief, that is, the primary gain derived from self-injurious behaviour, the addictive euphoria experienced at increased endorphin levels provides considerable secondary gain. The psycho-physiology of self-mutilation is also discussed by Haines, Williams, Brain & Wilson (1995) and suggests that individuals may become physically addicted to the 'endorphin rush'. As expressed by Yates (2004 p.50), " over time, the individual becomes increasingly tolerant to the mood-elevating influence of SIB-induced opioid release, and it becomes necessary to engage in more frequent and/or more severe SIB to achieve the desired mood-altering outcome". Therefore, whilst the repetitive aspect of self-injury may be common to both groups, that is, individuals with mental impairment and biologically healthy individuals, the intentionality of SIB may not be. The question of the extent to which self-injurious behaviour is influenced by states that are labelled as mental disorders, which do not have diagnosed organic aetiologies, is discussed in the following section.

2.4.3 Psychological diagnoses: classified and coded

A reading of the social history of psychiatry (Shorter 1997) indicates that the neurologically based bio-medical model and the therapeutic-psychological model have held opposite positions for centuries (Parker, Georgaca, Harper, McLaughlin & Stowell-Smith 1995; Bowers 1998; Fee 2000). Psychiatry has therefore alternately been dominated by either its medical or its therapeutic arm during different periods of time. Radden (2003 p.37) argues that “decades later the professional boundaries are still diffuse as psychiatrists, psychologists and medical practitioners continue to identify and describe mental disorders without reference to underlying causes”. This is evidenced by the nosology used in psychiatric literature. For example, the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) devotes 900 pages to listing approximately 300 different mental disorders, classified and coded (American Psychiatric Association 2000). More than 1000 professionals and organisations were involved in the task of producing this volume, but on completion announced that “the concept of mental disorder lacks a consistent operational definition” (American Psychiatric Association 2000 p.xxx). Likewise, its British equivalent, the ICD-10 Classification of Mental Disorders, which was in the making for almost three decades, carries little agreement among psychiatrists on the best way of classifying mental disorders (Sartorius, 2002). Kutchins & Kirk (1999) present a detailed, well chronicled account of the professional considerations and political deliberations that underpinned the entire process of compiling the

DSM-IV and its previous editions, and raise serious questions about the validity and reliability of the nosology used. The fact that psychiatric nosology does not establish causes, but is merely descriptive, is also recorded by writers outside of the anti-psychiatry movement, for example Hansen (2003), who uses a feminist approach, and in Bowers' (1998) work on the social construction of mental illness.

Yet, individuals who self-injure are frequently labelled as suffering from personality disorders, multiple personality disorders, anxiety disorders, emotional disorders, conduct disorders, identity disorders and, latterly, impulsivity disorders, mood disorders, dissociative disorders, psychotic disorders and 'others' (Strong 2000; Sutton 2007). Pattison and Kahan (1983 p.867) suggest that deliberate self-harm (DSH) be added to the DSM-IV as a "proposed diagnostic syndrome". Favazza & Conterio (1988) note that the DSM lists 'self-mutilation' as associated with schizophrenia, major depression and multiple personality disorder. In a subsequent paper Favazza, DeRosear & Conterio (1989 p.359) refer to the "problematic nature of many diagnostic categories". Although repeated self-wounding is listed in the DSM as one of the symptoms associated with borderline personality disorder and even multiple personality disorder, Tantam & Whittaker (1992 p.454) argue that "the validity of personality disorder diagnoses has been criticised, and there is no personality disorder diagnosis which is unique to self-wounding". Levenkron (1998) points out that the term self-mutilation is not listed in the DSM because the

behaviour does not have official recognition as a disorder. That, however, was a decade ago, and debates continue.

Conceptual distinctions regarding cognition, emotions, neural activities, and the set of terminologies used by neurologists and psychiatrists continue to characterise such debates (Panksepp 2001; Ross 2003). Chalasani (2006) advocates that the entire psychiatric terminology be rephrased. Instead of casting self-injurious behaviour as an individual pathology, one might conceptualise it as a "non-specific symptom of distress" as suggested by Yates (2004 p.41). Adler & Adler's (2007) recent work discusses the de-medicalisation of self-injury, since symptomatic and descriptive diagnoses and labels remain unsubstantiated by neurological diagnoses (Parker et al 1995; Fee 2000; McAndrew & Warne 2005). Wisdom & Green (2004 p.1236) note the danger of diagnostic labelling (often seen as necessary in order to claim reimbursement from insurances), as such labels become part of an identity of young people, which often hinders rather than encourages recovery. Simpson (2006 p.431) points out that, due to the problem of diagnostic labels, human problems become 'professionalized' and, due to such 'over-professionalisation', "self-harm remains one of the most mis-understood facets of the human condition". Adler & Adler's (2007) paper frames self-injury as deviant behaviour, from a sociological rather than biological perspective, which implies choice rather than pathology. The sociological perspective offers a platform from which to theorise the practice of self-injury as influenced by social factors.

2.4.4 Socio-cultural perspectives

A high percentage of individuals who self-cut also report eating disorders. This raises the question of whether the prevalence of self-cutting might, like anorexia nervosa and bulimia, be socially mediated. Like anorexia nervosa and bulimia, self-cutting carries pathological diagnoses (Strong 2000; Favazza et al 1989; Favazza 1996; Hewitt 1997; Turner 2002; Turp 2003; Austin & Kortum 2004; Brickman 2004). Like anorexia nervosa and bulimia, acts of self-cutting lack a biological base for their diagnosis.

2.4.4.1 Socio-cultural expressions of emotions via the body

Vandereycken & van Deth's (1994 p.65) comprehensive cultural historical account of anorexia nervosa traces this phenomenon "from miraculous maiden to hysterical patient". Whereas fasting was formerly advocated as part of achieving heightened spiritual and therefore moral purity, shifting worldviews later portrayed such practices as pathology (Vandereycken & van Deth 1994; Hewitt 1997), albeit without a definitive somatic diagnosis. This 'new pathology' named anorexia nervosa became prevalent in the second half of the nineteenth century as bourgeois Western European society underwent rapid social changes. These changes facilitated women's emancipation from the literal and metaphorical corset of the Victorian era and set in motion a profound reorientation of female gender identity.

Hewitt (1997 p.44) states that, amongst the themes of body, self and social identity, "theorists began to discuss anorexia as a reaction to cultural messages about the female body and changing gender roles". Body manipulation through self-mastery is often equated with self-worth, particularly when one's sense of identity is threatened. Favazza (1996) argues that the purging of one's body conveys a feeling of spiritual purity and physical cleanliness, which indicates the interplay between physiological and psychological processes. Taking a psychological perspective, Conterio et al (1998 p.119) state that "food and feeding rituals are riddled with symbolism such as loving, nurturing, giving, soothing, need gratification and sensuous pleasure". Reportedly, overeating generally represents attempts to fill a void, whereas purging the body of food represents attempts "to eject terrible, unwanted feelings including guilt, rage, and sadness, which often result from abuse" (Conterio et al 1998 p.123).

The common element in eating disorders and self-cutting is the purposeful use of one's body to express changing identities, concomitant emotions, a need to gain or regain control and, at a deeper level, to feel clean, purged and pure, that is, worthy (Menninger 1938; Favazza & Conterio 1989; 1996; Alderman 1997; Strong 2000, Turner 2002; Sutton 2005). The use of the body as an instrument for symbolic expression has had cultural significance since the earliest recorded societies.

2.4.4.2 The body as canvas: inscription of identity

Historically, culturally sanctioned self-mutilation included adolescents' initiation rites¹⁰ which were performed in order to establish individual and social identity. These were "primitive attempts to achieve social acceptance and entry into the adult world; they are pacts, unconscious and sealed with blood, indicating the adolescent's desire to be reconciled with society" (Favazza 1996 p.281). Hewitt (1997 p.118) argues that "in a culture that does not order itself with well-defined social and gender roles, religious unity, or coming of age rituals, individuals turn to self-initiation; self-mutilation becomes a tactic to emerge from psychological fragmentation or disassociation and to integrate one's physical and emotional self". Based on years of experience of working with self-harming adolescents in care settings, Nicholson (2004a; 2004b) too argues that, in a society which does not provide culturally sanctioned initiation rites into adulthood, adolescents will set their own markers of initiation, particularly abused, neglected and looked-after children who have no family support and lack identity and a sense of belonging. Skin-carving is a signifier, a form of branding in attempts to establish, change or modify one's individual and social identity (Hewitt 1997). Symbols etched into one's skin send a message, both in societies which still value social organisation based on tribal and kinship patterns, and in less traditional, individualistic societies in which people increasingly use their bodies in a variety of ways to express themselves.

¹⁰ Such rites included purposely induced, severe nose-bleeding, and the piercing, tattooing and scarification of various parts of the body, depending on tribal custom.

2.4.4.3 The modern primitive movement

Fakir Musafar¹¹ (epilogue in Favazza 1996, pp. 325-334) claims to have been instrumental in starting "the modern primitive movement" which "encouraged a whole new generation of people to use their bodies for self-expression and to search and experiment with the previously forbidden 'body side' of life". According to Klesse (1999 p.17), such experimentation includes the following: contorting bones, sleep deprivation, fasting, wearing irons and chains, branding, burning, body penetration through piercing, puncturing and flagellation, and being suspended on a cross, on "the witches cradle or on flesh hooks, suspended by wrists/thighs". The degree to which such behaviours are practiced ranges from less severe to extreme. Mainstream body-modifications correspond to Favazza's (1996) and Walsh & Rosen's (1988) Type III categories of self-mutilation. Strong (2000 p.148) notes how common body modification and body mutilation have become among teenagers: "amid enormous pressure to conform, and a barrage of impossible media images to live up to, teens are expected to establish their own personal, sexual, spiritual, and political identity – to figure out who they are, what they believe in, and what they stand for" (Strong 2000 p.148).

Barker & Buchanan Barker (2004) argue that the prevalence of expression via the body was only possible because of Western societies' focus on it and obsession with it. Yet, history testifies that

¹¹ Musafar practises most extreme forms of body-mutilation. The wide publicity of such "body play" led to a global subculture of various forms of body modification.

individuals, whether in ancient, traditional or modern societies, have used their bodies as a canvas on which emotion, affliction and social/individual identity were expressed, whether painted, pierced, branded, carved or cut. The difference is that such acts used to be culturally sanctioned within a community, whereas practices such as extreme body-modification (bodily-injury) and self-cutting in contemporary Western societies are not socially accepted, except in certain sub-cultures. Turner's (1999) metaphors of thick/hot communities characterised by permanence, a sense of belonging and emotiveness, versus thin/cool post-modern societies marked by non-commitment, fleeting acquaintances and alienation, are indicative of the changes in social fabric experienced by communities, clans, tribes and citizens of nation states. "In the modern world of unemployment, tattoos on hands or foreheads which proclaim 'Hate' are indicative of alienation and separation rather than masculine mateship" (Turner 1999 p.47).

Strong (2000 p.141) observes that "the widespread popularity of piercing, tattooing, and more extreme forms of body manipulation has roughly paralleled the rise of psychologically disturbed cutting". The symbolic meaning of "gesture, wound and scar" has also been investigated by Rao (2006) who, like Menninger (1935; 1938), Favazza (1996) and Straker (2006), acknowledges the role of skin in attempts of wounding in order to heal. Skin, as a location of communication, provides a "joint focus" (Straker 2006 p.107) between the 'self' and the 'other'. The concept of skin as a border between the

inner self and the outer self (Benthien 2002), and the function of skin as a place for narration has also been pursued in interactionist theory which, in relation to self-injury, is discussed fully in Section 3.5.

Social alienation, ontological insecurity (Giddens 1991), and “a research for identity and a heightened reflexivity about life and its meaning” (Klesse 1999 p.19), exhibited through public display, are socio-cultural concepts that are close to the alienation, emotional-dysregulation and alexithymia frequently reported by individuals who self-cut in private (Alderman 1997; Turner 2002; Gratz 2003b). Favazza (1996 p.222) contends that “at the deepest, irreducible level self-mutilative behaviour is prophylactic and salubrious for groups and individuals threatened by death, disorganisation, disease and discomfort”. These notions are generally supported by texts on self in relation to sacrifice, guilt, shame, pain and violence (Glucklich 2001). These notions are also addressed in literature in the fields of anthropology and psychoanalysis, which discuss self-mutilation in relation to sacrificial violence, in terms of mankind’s innate need to deal with guilt and shame, the need to reconcile and the need to appease; hence, to sacrifice (Menninger 1935; 1938; Bellah 1973; Smith 1973; Favazza 1996; Babiker & Arnold 1997; Hewitt 1997; Glucklich 2001; Tsai 2002).

Whilst varying intents may be ascribed to specific types of self-injury, underlying aetiologies do not seem to be entirely dissimilar after all. Connors (1996) and Walsh & Rosen (1988) point out that behaviour

alone does not constitute self-injury. "The broad continuum of self-harming behaviour is partly determined by social norms, the actor's intent, the psychological state accompanying the act, and how the act affects not just the body but the self as well" (Connors 1996 p. 198). However, as discussed in the following section, Pitts' (1999) analysis of media accounts of self-mutilation presents a strong-counter argument against any such similarities.

2.4.4.4 Mutilation debate versus mental health discourse

Pitts (1999 p.295) asserts that the media "tethers unidentified internal stuff", such as anxieties experienced by those who habitually 'slice' their arms, to decorative forms of body modification. Such acts, and those described by Klesse (1999) refer, in modern societies, to body adornment and voluntary expression of identity. Pitts (1999 p.291-303) argues that "in the mental health use of the term, the self-mutilated body expresses a suffering self" and claims that the framing of bodily expression as pathological de-legitimises the agency of sub-cultures.

In contrast, Jeffreys (2000 p.409) is not persuaded by the use of "fashionable post-modern theory that provides a rationale for the mutilation" and asserts that "the ideology which gives legitimacy to mutilation" (Jeffreys 2000 p.420) needs to be critically analysed. Reportedly, the cottage-industry of extreme body modification/self-mutilation originated from gay-sadomasochism and punk adornment

(Jeffreys 2000) and is heavily implicated in the advocacy of violent body-mutilation as described by Klesse (1999) and Musafar (in Favazza 1996). From a psychoanalytical perspective, Menninger (1935; 1938) and Yates (2004 p.38) too acknowledge the connection between self-cutting and masochism, whilst Sutton (2007 p.16) states that "self-injury is *not usually* carried out with sexual intent" (italics mine).

Clearly there is a tension between pathologising self-injury/self-mutilation through the mental health discourse, and politicising body-modification/body-mutilation through the feminist discourse which asserts agents' choice of expression. Both streams are reflected in the body of literature on self-injurious behaviour, and both have been linked to learned behaviour and media influences, as is the case with anorexia nervosa and bulimia. Body modification, irrespective of the degree of severity involved, is clearly used to express the complexity of people's identities and emotions via their bodies. Studies in the field of 'the sociology of the body' refer to the 'embodied self', which is discussed in Sections 3.5 and 6.3.2.3 of the present study.

2.4.4.5 The prevalence of self-injury: mediated via the media?

Favazza & Conterio's (1988) study indicates that 91% of their respondents discovered the benefits of self-injury accidentally. For example, picking off a scab, or a sharp scratch with one's fingernail might, perhaps surprisingly, provide some sense of well-being, and

thus develop, incrementally, into damaging the skin more severely and, eventually, into habitual skin-cutting. As Adler & Adler's (2007) research concludes, "people who engaged in self-injury before 1996, about the time when it emerged more publicly, discovered this behaviour on their own".

But self-injuring behaviour has reportedly also been learned from family members and friends, in settings such as correctional facilities for young girls (Ross & McKay 1979), in prisons, and in psychiatric wards (Harrison 1995; Strong 2000; Crouch & Wright 2004). Ross & McKay (1979) and Walsh & Rosen (1988) use the term 'contagion' to describe learned behaviour; Adler & Adler (2007 p.551) refer to the "social-contagion effect". Citing Becker (1953), Adler & Adler (2007 p.551) report that, "from their friends, people learned not only how to do it but also how to interpret it. They learned that self-injury existed, and how to perceive and interpret its effects, and they formed identities and social groups around it" (Adler & Adler 2007 p.552).

Learning about self-injury has occurred through daytime television as long ago as 1988 (Favazza & Conterio 1988) and has been publicly admitted to by famous personalities and endorsed by pop-icons and celebrities (Musafa in Favazza 1996; Hewitt 1997; Hawke 2000; Derouin & Bravender 2004; Sutton 2005). Since the mid-1990's, learning via the public arena has also taken place widely through Internet websites (Warm et al 2003; Hodgson 2004; Mitchell & Ybarra 2007; Whitlock, Lader & Conterio 2007). Whitlock, Powers &

Eckenrode (2006 p.407) report that adolescents use the Internet as a “virtual meeting place” for primarily social reasons; such on-line fora include websites dedicated to self-harm. Whitlock 2007 et al (2007 p.1136) report on the “the rapid identification of others with shared history, experience and practices; hundreds of self-injury focussed message boards are currently active”. Similarly, Adler & Adler’s (2008) paper reports on the cyber-worlds of self injurers, where identities are forged in on-line chat rooms, a sense of belonging is established through on-line communities, and where individuals know they will find emotional support. The publicity that self-injury receives via web-sites, blogs, chat-rooms, social networking sites, movies, music, TV shows, magazines, books and newspapers has certainly contributed to the rapid spread of knowledge about such behaviours. For example, “YouTube.com allows individuals to post videos complete with music and narrative for others to view, comment on, rate, and bookmark; direct exchange with the video creator is common and often emotionally charged” (Whitlock et al, 2007 p.1137). Whilst it is recognised that many such sites act as a support, they also contribute to presenting and endorsing such behaviours as normal. The question of whether dedicated internet fora promote self-cutting inadvertently is yet to be researched.

Another aspect of media influences in relation to self-cutting is emphasised by Muhlenkamp et al (2005), who hypothesise a connection between adolescent self-cutting and the social objectification of a woman’s body. For example, Armstrong’s (2001)

content analysis of gangsta-rap music portrayal of misogyny indicates that 490 songs, produced between 1987 and 1993, contain reference to violence concerning women. Such "symbolic encoding of gender relationships" (Armstrong 2001 p.96) forms part of the social objectification of a woman's body. Muhlenkamp et al's (2005) model of self-objectification and self-harm shows that a negative body image, as conveyed by ubiquitous media messages, is likely to be a factor in depression, risk behaviour and self-harm. Some websites endorse anorexia nervosa via Pro-Ana sites, bulimia via Pro-Mia sites, eating disorders via Pro-ED sites, and self-injury via an "informal Pro-SI" movement (Adler & Adler 2007 p.555). The question of whether the practice of self-injury is socially learned, and whether such acquired identification then becomes the norm, will also be pursued as part of this dissertation.

Synopsis

This section discussed the taxonomy of self-injurious behaviours as studied in the fields of neurobiology, neurochemistry/physiology, psychology, and from socio-cultural perspectives. Socio-cultural views of self-injury referred to the role of the body in expressing emotions in general, and to the role of skin in self-cutting and/or self adornment, in particular. As indicated, the mental health discourse and the feminist discourse take different positions. The question of the media as mediator of the ideation and imitation of self-injury was debated in relation to the link between identity and body-image. The notion of the

embodied self will be used in the analysis and interpretation of data collected for this study.

The inherent characteristics of self-injurious behaviour appear to be intentionality, aetiology, functions and meanings. Having discussed literature related to intent and academic taxonomy, Section 2.5 engages with aetiologies and functions/meanings of self-injury.

2.5 Frequently reported aetiologies, functions and meanings

Aetiologies are also referred to as risk factors which could predispose individuals to self-injurious behaviours (Muhlenkamp & Guiterrez's (2007). Linehan's (1993) references to chronic invalidation, Favazza's (1996) extensive case studies from a psychoanalytical perspective, Babiker & Arnold's (1997) work on self-mutilation, Shaw's (2002) review of clinical literature on self-harm in a historical context, McAllister's (2003) critical review of multiple meanings of self-harm, and Gratz's (2003a) empirical and conceptual review of risk factors and functions of deliberate self-harm, indicate that there is no single aetiology for self-injurious behaviours. However, the literature discussed so far, and accounts by therapists working with individuals who self-injure, whether in the United States (Favazza 1996; Alderman 1997; Levenkron 1998; Conterio et al 1998; Turner 2002), in Canada (Mishara 2007), or in the UK (Davies 2000 [42nd Street]; Haydock 2001 [Penumbra]; Penumbra 2005; Spandler & Warner 2007; Sutton 2007), as well as commissioned research reports (Mental Health

Foundation 2006; Griesbach 2007), highlight that a large number of individuals who self-injure over prolonged periods of time have suffered various forms of abuse and neglect. However, such aetiologies are not to be interpreted as causality in the scientific sense, since many who have been abused do not injure their bodies, and many who practice self-injury have never been abused. The following recent studies on self-injury have reported abuse, neglect and violence as strongly associated variables.

2.5.1 Childhood trauma, violence, abuse and neglect

Despite the controversies surrounding the False Memory Syndrome¹² (Sutton 2007), recently published research confirms frequently reported, strong correlations between child sexual abuse (CSA) and self-injury. For example, Rodriguez-Srednicki's (2001) study of 471 female college students supports previous findings that CSA is associated with self-destructive behaviours and dissociative symptoms in adulthood. Significant associations are also reported by Zoroglu, Tuzun, Sar, Tutkun, Savacs, Ozturk, Alyanak & Kora (2003), who investigated suicide attempts and self-mutilation among Turkish high school students in relation to abuse, neglect and dissociation. Associations between habitual self-mutilation and bulimia, dissociation and sexual/physical abuse are also reported by Matsumoto, Azekawa, Yamaguchi, Asami & Iseki (2004), as well as by Ystgaard, Hestetun,

¹² "The notion that memories of child abuse can be forgotten, and then years later be remembered" (often at the onset of puberty) "sparked a bitter debate in the 1990s and instigated the formation of The False Memory Syndrome Foundation (FMSF), and The British False Memory Society (BFMS)" (Sutton 2007 p.184).

Loeb & Mehlum's (2004) study on childhood sexual/physical abuse and repeated suicidal behaviour. Similarly, Sinclair & Green's (2005 p.2) qualitative study on the resolution of deliberate self-harm reports an "unpredictability of family life, ranging from specific accounts of sexual abuse or physical violence to more general memories of confusion or feeling unsupported". Reportedly, in the majority of cases, the distress of such individuals is not acknowledged or validated.

It needs to be emphasised that none of these studies claim that childhood abuse is the only pre-disposing factor for self-inflicted violence. Nonetheless, self-injurers consistently report either childhood sexual/physical abuse and/or severe emotional neglect, or have witnessed violence and abuse. Zoroglu et al (2003) caution that, since different types of abuse often co-exist within a family, it may be misleading to focus merely on one type of abuse. Derouin & Bravender (2004 p.14) for example refer to general violence in the home, to divorce, and "a general lack of emotional warmth from parents"; such factors contribute to chronic invalidation (Linehan 1993; Sutton 2005; Yip 2005). Consistent with this research, Glassman et al (2007 p. 2488) report on NSSI during adolescence being "partially explained by the presence of a self-critical cognitive style", which was developed as a result of emotional/physical/sexual abuse; internalised self-critique may render adolescents more likely to "engage in NSSI for self punishment". As noted in the large body of literature on sexual violence, self-blame manifests in many different ways, as victims live with an altered sense of their self-concept, and with mental and

emotional scars (Breitenbecher 2006; Murthi, Servati-Seib & Elliott 2006). Correlations between emotional and behavioural dysregulation are also drawn by Selby, Anestis & Joiner (2008 p. 595) whose paper focuses on negative cognitive emotion strategies. The re-enactment of trauma at societal level is central to child abuse (Finkelhor 1984; van der Kolk 1996; Yip 2005; 2006; Weierich & Nock 2008). Weierich & Nock's (2008 p.42) study not only shows strong associations between CSA and post traumatic stress disorder (PTSD), but also that "retrospectively reported childhood sexual abuse is associated with non-suicidal self-injury (NSSI) during adolescence – a finding which is consistent with prior research in this area". Conflicting emotions such as fear of abandonment, the urge to escape while being forced to recognise one's helplessness, and attachment to abusers, particularly if the abuser is a care giver, tend to result in rage, resentment, a need to control, and other obsessive behaviours, which in turn perpetuate trauma in interpersonal relationships and at the wider societal level (Finkelhor 1984; van der Kolk 1996; Yip 2005; 2006). Simpson (2006) reports that a person's sense of self tends to become unclear, and that their sense of personhood is frequently severely compromised as a result of CSA, which may result in states of dissociation. This could feasibly be explained by Tiefenbacher et al's (2005 p.5) hypothesis that "adverse early experience, such as early social separation, followed by later repeated stressful events can result in lasting alterations in neuro-peptide and neuro-endocrine systems associated with the regulation of stress and anxiety".

2.5.2 States of dissociation

Dissociation plays a twofold role in relation to self-injury. Quoting Kardiner (1941 p.82), van der Kolk (1996 p.307) notes that "during dissociative states, a subject acts as if the original traumatic situation were still in existence and engages in protective devices which failed on the original occasion". In Connor's (1996) study some individuals stated that a *dissociated part of the self* was the one carrying out the self-injury. Reportedly, in the process of self-cutting, individuals experience the satisfaction of being in control of pain, a control which was denied them in their original traumatic situation (Connors 1996; Austin & Kortum 2004; Sutton 2005). Self-injury therefore serves to manage situations that include overwhelmingly painful emotions which an individual may not even be able to fully recognise and express (Calof 1995a). As expressed by one individual in Austin & Kortum's (2004 p.521) study: "I watched myself in a state of detachment as I cut through layers of skin to find comfort". Experientially, these individuals knew that they would feel better afterwards, due to states of heightened euphoria (discussed in section 4.2). Alternatively, "self-destructive behaviour may be thought of as providing a relief from the numbed state which accompanies continuing dissociation (Rodriguez-Srednicki 2001 p.78)". Self-injurers frequently describe a sense of numbness, inner emptiness and/or fragmentation (Favazza 1996; Alderman 1997; Conterio et al, 1998; Haydock 2001; Turner 2002, Sutton 2005). Reportedly, self-cutting ends episodes of fragmentation and provides a sense of integration. According to van der Kolk (1996)

and Calof (1995a), chronically self-injurious behaviour constitutes attempts at self-regulation and at managing unresolved trauma. Connors (1996 p.199) refers to consequent self-injury as "a fundamentally adaptive and life-preserving coping mechanism". The processing of traumatic events depends on the developmental state of an individual. For example, a child traumatised at three years of age might "continue to process intense emotional states with the development capacities of young children, whereas people traumatised later will utilize different mechanisms to cope with further stressful experiences" (van der Kolk 1996 p.318), particularly if an individual has not learned to express emotions. This concurs with Gratz's (2003b) findings on alexithymia, and Spandler & Warner's (2007) and Gallop's (2002) discussion of the often limited coping mechanisms available to individuals who were abused as children.

Gratz (2003a) highlights emotional inexpressivity and affective disorders as risk factors for deliberate self-harm. Alexithymia is also investigated in Paivio & McCulloch's study (2004 p.351) as "a mediator between childhood trauma and self-injurious behaviours"; the authors conclude that "results provided initial support for a causal model of SIB with deficits in emotion awareness and expression". From a different perspective, Rao's (2006) phenomenological study of self-cutting highlights that the skin is frequently experienced as the border between self and others. As such, it acts as a location through which one can validate one's existence, particularly during states of dissociation. Trauma, alexithymia and dissociation have recently been

described as “psychological characteristics of self-injurious behaviour” (Polk & Liss, 2007 pp.567-577).

Body-alienation experienced as a child seems to intensify during adolescence, which may be why self-injury reportedly often begins in adolescence (Walsh & Rosen 1988). Teenagers who experienced abuse and/or neglect may find it particularly difficult to identify boundaries and come to terms with separation, autonomy, selfhood and identity (Conterio, Lader & Kingson-Bloom 1998; Machoian 2001). The decline of community life and lack of general understanding and acceptance provided by a previously tighter social network presents a void (Favazza 1996; Hewitt 1997; Nicholson 2004a) that needs to be filled. As discussed in Section 2.4.4.5, in contemporary society the media has taken on the role of informant on issues concerning gender, sexuality and body image (Austin & Kortum 2004; Barker & Buchanan-Barker 2004; Muhlenkamp et al 2005).

As indicated throughout this section, there is no single aetiology for self-injurious behaviours. However, some functions and meanings have been reported consistently, and are summarised in Table 2.5.1. Table 2.5.1 shows that although the reviewed literature spans a number of decades, is drawn from a variety of academic disciplines, and includes studies conducted in various countries, the functions and meanings of self-harming and self-injurious behaviours remain consistent.

Table 2.5.1 Functions and meanings of self-injurious behaviour as reported in the reviewed literature

Functions and meanings	Author
Variant of suicide; avoids total annihilation	Menninger (1935; 1938); Walsh & Rosen (1988)
Antithetical to suicide	Gratz (2003a); Hodgson (2004)
Attempt to manage rather than to end a difficult existence; coping mechanism; trauma management;	Favazza & Conterio (1989); Pembroke (1994; 2007); Calof (1995a; 1995b; 1997); Connors (1996); Alderman (1997); Levenkron (1998); Turner (2002); Glassman et al (2007); Griesbach (2007); Jacobson & Gould (2007); Muehlenkamp & Guitierrez (2007); Whitlock et al (2007); Adler & Adler (2007; 2008)
Re-enactment of and/or response to trauma	Connors (1996); Conterio, Lader & Kingson-Bloom (1998)
Symptom of stereotypic self-injury; exact functions frequently indeterminable	O'Reilly et al (1999); McCord & Thomson (2001); McKerchar (2001); Van Camp et al (2001); Le & Smith (2002)
Physiological functions (analgesic, addictive) Addiction / euphoria; also as secondary gain	Favazaa & Conterio (1988a, 1988b); Walsh & Rosen (1988); Favazza & Conterio (1989); Barrera et al (1994); Calof (1995b); Haines et al (1995); Alderman (1997); Levenkron (1998); Strong (2000); White and Schultz (2000); Turner (2002); Austin & Kortum (2004); Yates (2004)
Desire for ritual or symbolic purification, sacrifice, healing, appeasement; due to 'hearing voices'	Menninger (1935; 1938); Bellah (1973); Smith (1973); Calof (1995b); Favazza (1996); Babiker & Arnold (1997); Hewitt (1997); Suyemoto (1998); Glucklich (2001); Tsai (2002); Turner (2002)
Gain and/or maintain a sense of identity	Fakir Musafar in Favazza (1988); Hewitt (1997); Austin & Kortum (2004); Barker & Buchanan-Barker (2004)
Communication / expression of identity and emotion via one's skin	Ross & McKay (1979); Arnold (1995); Favazza (1996); Klesse (1999); Turner (1999); Davies (2000); Strong (2000); Haydock (2001); Muehlenkamp et al (2005); Straker (2006); Sutton (2005)

Functions and meanings	Author
Alexithymia (no words for emotions; emotional inexpressivity); showing without telling; symbol	Calof (1995a); Rodriguez-Srednicki (2001); Gratz (2003a; 2003b); Austin & Kortum (2004); Paivio & McCulloch (2004)
Dissociation / depersonalisation / disengagement	Calof (1995a); Connors (1996); Van der Kolk (1996); Rodriguez-Srednicki (2001); Zorogly et al (2003); Austin & Kortum (2004); Matsumoto et al (2004); Rao (2006)
A child's dissociation in order to protect his/her image of the (abusive) caregiver as a protector	Calof (1995b)
Physical reintegration after dissociation	Walsh & Rosen (1988); Favazza (1996); Alderman (1997); Conterio et al (1998); Rodriguez-Srednicki (2001); Turner (2002); Sutton (2005)
Re-enactment of trauma	Van der Kolk (1996)
Being in control (of pain) or of the abusive situation while re-enacting	Calof (1995a); Connors (1996); Van der Kolk (1996); Austin & Kortum (2004); Yates (2004); Simpson (2006)
Control and regulation of emotions; managing unresolved trauma	Favazza & Conterio (1988); Alderman (1997); Strong (2000); Gratz (2003); Glassman et al (2007); Weierich & Nock (2008)
Relief from / prevention of emotional pain (may become habitual)	Calof (1995b); Van der Kolk (1996); Babiker & Arnold (1997); Strong (2000); Austin & Kortum (2004); Sutton (2005)
Rage reduction method; tension reducing; impulsivity	Calof (1995a; 1997); Van der Kolk et al (1996); Gratz (2003); Warm et al (2003), Sutton (2005); Selby et al (2008)
Overview of functions and terminology	Suyemoto (1998); Adams, Rodham & Gavin (2005); Yip (2005); Chalasani (2006); Haas & Popp (2006); Klonsky (2007a); Prinstein (2008)

Based on consistently reported functions and meanings, Suyemoto (1998) constructed functional models of self-mutilation as depicted in Table 2.5.2.

Table 2.5.2 Functional models of self-mutilation

Model	Function
Environmental Model	SM expresses inexpressible and threatening conflicts
Drive Models : Anti-suicide	SM is a suicide replacement, a compromise between life and death drives
Affect regulation / Emotion dysregulation Models	SM stems from the need to express or control anger, anxiety, or pain that cannot be expressed verbally or through other means
Dissociation	SM is a way to end or cope with the effects of dissociation that results from the intensity of affect
Interpersonal Model Boundaries	SM is an attempt to create a distinction between self and others. It is a way to create boundaries or identity and protect against feelings of being engulfed or fear of loss of identity.

Source: Adapted from Suyemoto (1998)

Taking a clinical-psychological point of view, Suyemoto's (1998) functional models indicate some of the emotional states involved in self-injury. Klonsky's (2007a) review of the functions of self-injury, also from a clinical-psychology perspective, yield similar results. So does Haas' and Popp's (2006) study, which was designed to assess immediate functions of self-injurious behaviour.

Succinctly, Adams, Rodham & Gavin (2005 pp.1293-1309) identify "three broad functions, namely coping, control and validation"; "self-harm is to act as a way of validating suffering by creating a physical

manifestation of inner pain". Nock & Prinstein (2004) propose a four-factor theoretical model of 'self-mutilative behaviour' functions, which groups reported reasons for self-injury into positive versus negative, and automatic/self versus social reinforcement factors. This 'functional assessment of self mutilation' (FASM) model incorporates social factors. Similarly, Yip (2005) offers a multi-dimensional view, which acknowledges the socio-cultural context of self-cutting, such as pressures created within a young persons learning environment, and pressures regarding a young person's body in terms of looks and presentation. Yip (2005) subsequently applied her approach successfully in her practice in working with a family whose daughter had self-harmed. Reportedly, a holistic, multi-dimensional view addresses aetiologies as well as symptoms (Yip 2006).

Synopsis

This section on frequently reported aetiologies, functions and meanings highlighted the complexity of factors involved in self-injury. The fact that trauma, violence, abuse and neglect are experienced as part of social interaction reiterates the question of whether the practice of self-injury should still be framed as an individual pathology. Various authors have since begun to theorise the array of emotional, physiological and physical factors discussed as antecedents of self-injury. This discussion is presented in the following section.

2.6 Theorising antecedents of self-injurious behaviour

Concurring with Menninger (1935; 1938), Walsh & Rosen (1988 p.182) point out that there appears to be a “unanimity regarding the *antecedents* of these acts” (of self-injury) which, accumulatively, could provide a theoretical base for such behaviour. The antecedents to self-mutilative acts are theorised as follows: a loss or a threat of perceived loss of control in any given situation, mounting tension which the individual cannot communicate, dissociation or depersonalisation, the urge to cut or to hurt the body by other means; no pain is experienced during this act, tension is relieved, and the individual returns to normalcy (Walsh & Rosen 1988). A similar path is described by Sutton (2005). Although this sequence of events (or parts thereof) has (have) been discussed by various authors (Favazza 1996; Alderman 1997; Babiker & Arnold 1997; Calof 1997; Conterio, Lader & Kingson-Bloom 1998; Levenkron 1998; Turner 2002, Yates 2004; Sutton 2005; Yip 2005; 2006; Adler & Adler 2007), a unified theory of self-injury has yet to be advanced formally. However, the general term employed for clinical samples is “affect-regulation theory” (Whitlock & Knox, 2007). Authors now attempt to extend this theory to community samples and, latterly, Yip (2005; 2006) and Adler & Adler (2007) have begun to conceptualise self-injury as a sociological phenomenon rather than as a medical problem or individual pathology. However, whilst Yip (2005; 2006) still follows a trauma-based model, Adler & Adler (2007) have framed self-injury as deviant behaviour. The sociology of deviance builds on the social interactionist perspective. Yet, whilst Adler &

Adler's (2007) paper discusses social meanings of self-injury, it does not engage with the core element of symbolic interactionism, that is, the self and its symbolic expression, in any great detail. Yet, self and body are the most obviously and evidently implicated elements in the practice of self-injury. The present study addresses this gap and, in Chapter Three, theorises the self, and the body, as core concepts of self-injury. The following and penultimate section of this chapter briefly engages with therapeutic approaches to dealing with self-injury.

2.7 Therapeutic approaches to dealing with self-injury

A number of authors (Walsh & Rosen 1988; Favazza 1996; Alderman 1997; Levenkron 1998; Turner 2002; Sutton 2005) have suggested that therapy needs to consider the individual, his/her particular circumstances, and the aetiology of self-harming behaviour. Types of therapies include individual counselling, family counselling, group therapy or hospital treatment. Strong (2002) reports that the choice of therapy is usually influenced by decisions on whether to treat an individual's symptom, that is, self-injury, or the reasons for such behaviours. Addressing the cause of a problem may involve having to work through trauma, which a self-harming individual may, initially, not be ready for.

The US based S.A.F.E. Alternative™ Program (**S**elf **A**buse **F**inally **E**nds) admits individuals who seek help into a 30 day program which rejects the authoritarian treatment model practised in many psychiatric wards.

Members of staff do not remove sharp instruments, nor do they drug or restrain individuals. The programme also rejects coping techniques such as offering cuddly toys for comfort since such mechanisms are perceived as reinforcing regressive behaviour. Imitations of self-cutting such as using a red pen to draw on one's skin, or putting ice cubes on one's skin, are also disallowed, although literature on self-help frequently cites such measures as helpful in attempts to overcome the urge to cut. Although such delaying/avoidance techniques are non-harming, S.A.F.E. point out that they reinforce the belief that "strong emotions must be responded to through physical action" (Conterio, Lader & Kingson-Bloom 1998 pp.210-214; Gallop 2002). Instead, the S.A.F.E. Alternative™ Program teaches that feelings should be "responded to through words" (Conterio, Lader & Kingson-Bloom 1998 p.212); expression via art such as painting or drawing is encouraged. The programme is based on the philosophy of returning responsibility for one's recovery to individuals. It builds on individuals' commitment to wanting to change their behaviour, and supports them fully in the process of reclaiming their personhood (Conterio et al, 1998).

In the UK, the return of responsibility for self-cutting to 'patients' at psychiatric wards was debated by a number of organisations (Royal College of Psychiatrists 2006) and then applied selectively in a pilot project at an NHS Trust in England. Evaluations have not been published as yet. However, most people who self-cut are not kept as in-patients, but have their wounds sutured at A&E if necessary.

The Mental Health Foundation's Inquiry (2006 p.9) into self-harm among young people emphasises the "urgent need for many professionals and others working in health, social care and education to reflect on, and update, their practice in relation to young people who self-harm. To do this, they need to reconnect to their core professional skills and values: empathy, understanding, non-judgemental listening, and respect for individuals". This approach is different to the practice of treating individuals as service users, and/or as consumers of health services. As Cresswell (2005) states, language shapes public perception.

The voluntary sector in the UK adopted a social model approach some years ago. Agencies such as 42nd Street in England (Davies 2000; Spandler & Warner 2007), and Penumbra in Scotland (Haydock 2001; 2005), for example, offer drop-in facilities which build on the social model of mental health. This approach emphasises "collective responses in the form of counselling, informal support and befriending relationships; alongside this we offer an extensive group work programme which includes a weekly drop-in, suicide/self-harm group" (Davies 2000 p.40). Young people are exposed to "addressing different parts of themselves: one day they can be sat in a counselling room exploring feelings about childhood, and the next day on a minibus for an activity day with other young people" (Davies 2000 p.40). Interaction, guided participation and being listened to are critical factors for young people. Counselling for people who self-injure is also offered in drop-in centres run by Penumbra throughout Scotland. Yip

(2006) likewise advocates a 'strengths perspective' to working with adolescents who self-harm. A strengths perspective recognises that self-injurious behaviours are a symptom of an underlying aetiology, and therefore does not frame self-injury as an individual pathology. Reportedly, understanding the underlying reason of such behaviours, and emphasising/affirming an individual's strengths, has shown remarkable results (Yip, 2006). Agencies working with young people agree that people who self-harm need support during recovery, but also state that the final responsibility for reclaiming their personhood must rest with the individual.

Different approaches to therapy are of interest to the *Choose Life* Strategy and Action Plan in relation to its first objective, namely the early prevention of and intervention in suicides and self-harm. Interviewees' perceptions of services and therapy are discussed in Section 5.7, and recommendations for policy and practice are offered in Chapter Seven.

2.8 Conclusion

The review of literature yielded a comprehensive overview of multi-disciplinary, and therefore theoretically and methodologically diverse, approaches to studying the phenomenon of self-injury. For example, research in the field of neurobiology investigated whether self-injury was due to neurological impairment, whereas functional analyses examined cause/effect relationships between the nervous system and

stereotypical self-injurious behaviours. Hypotheses regarding the stimulants for such behaviours have so far remained inconclusive. The disciplines of psychiatry and psychology displayed their inherent tensions between the psyche and the soma, as the neurochemical processes involved in self-injurious behaviour can neither be claimed to be purely biological, nor purely psychological, be that in cause or in effect. The analgesic, and potentially addictive, properties of endorphins were hypothesised as playing a significant role in self-injury; such psycho-physiological and/or neurochemical theories were also discussed by ethologists who study self-injurious behaviours in relation to social aggression. Literature also acknowledged that psychiatric nosology as cited in the DSM-IV and the ICD-10 merely describes mental disorders without providing scientific references to underlying causes. Yet, such descriptive labels are used to frame discourse on self-injury. The clinical model therefore portrays self-injurious behaviours as a mental health problem.

By contrast, discourse informed by anthropological, cultural and/or feminist perspectives engaged with concepts such as ritual, meaning, sub-cultures and identity, in other words, concepts involved in social interaction and its expressions of aspects thereof via one's body. These debates acknowledged the primacy of agency and conceptualised the intent to self-harm as an actor's choice, both in relation to body-adornment/modification and in relation to the practice of self-cutting. Whilst the present study will explore meanings related to the

expression of 'the self' via 'the body', body adornment in relation to piercing, tattoos and body implants will not be addressed.

Research methods varied widely according to academic discipline. Clinical studies tended to use standardised psychological tests and expressed results in the format of statistical analysis. Non-clinical, qualitative studies tended to use open-ended questions via face-to-face interviewing, telephonic interviews and/or internet-based research. Most samples consisted of female participants and were therefore gender-biased. The variety of theoretical approaches and research methods encountered is typical of a comprehensive review of literature. A systematic review, in contrast, would have set strict inclusion/exclusion criteria, particularly concerning a study's methodology, methods, sampling criteria and theoretical approaches. However, in line with this study's aim to contribute to a better understanding of suicidal intent and self-injury from a sociological perspective, a comprehensive review of literature was both necessary and appropriate.

Although multi-disciplinary approaches to studying the main aspects of self-injurious behaviour such as intent, aetiologies, functions and meanings have employed a range of methodological approaches, significant gaps in the knowledge base concerning self-injury remain.

- Firstly, the body of literature generated outside of clinical literature has conceptualised self-injurious behaviours as a widely

practised coping mechanism, and therefore as antithetical to suicide. Some literature within psychiatry/psychology now acknowledges this, and has begun to use the term *non-suicidal self-injury* (Jacobson & Gould 2007; Muehlenkamp & Guitierrez 2007). However, as discussed in Section 2.3.1.2, arguments have now shifted to discussing 'risk factors' between self-injury and suicide. Such arguments perpetuate the conceptual contradiction of terms between *non-suicidal behaviours used to regulate emotions*, and the intent to commit suicide

- Secondly, biological, psychological and individualistic perspectives imply that self-injurious behaviours constitute an individual pathology. However, psychiatric nosology merely describes symptoms; it does not evidence scientifically proven cause/effect relationships with regard to self-injury. The medical model and the mental health discourse therefore fail to explain how, or why, largely unspecified pathologies are supposed to have been acquired by millions of adolescents globally, and by an estimated 1 in 15 people, aged between 11-25, in the UK, within the last two decades or so.

- Thirdly, whilst some authors have acknowledged that 'the self' and 'the body' are intrinsic to the practice of self-injury, only studies in the field of psychoanalysis have applied these concepts to studying suicide and self-injury. The unprecedented, global rise of incidents of self-cutting positions this behaviour as a

sociological phenomenon, and therefore demands that the notions of self and body are theorised and deliberated from a sociological perspective, which accords logical priority to 'the social' rather than to 'the individual'. This study therefore aims to explore whether aetiologies of self-injury are located in, or associated with, societal factors.

Because most studies of self-injurious behaviours are located within the discipline of psychology they have concentrated purely on the individual as their unit of analysis. However, in attempts to understand the sharp increase in incidents of self-injury, it is imperative to explore the wider social environment of those who self-harm. This argument is based on the assertion that individuals are shaped by the forms and patterns of social interactions of the society they live in. The aims of this dissertation therefore are:

- a) To establish conceptual clarity regarding intent by ascertaining whether participants' experiences are to be understood as antecedent to suicide, antithetical to suicide, or perhaps both. Findings are expected to contribute to debates about prevention / intervention programs.
- b) To contest the notion that self-injury is a purely individual pathology, as this would mean that millions of people around the world, and an estimated 1 in 15 individuals aged 11-25 in the UK, suffer from biologically unsubstantiated individual pathologies or mental disorders which result in people injuring their bodies. The

underlying question is one of how, and/or why, such supposed disorders are acquired. This dissertation therefore needs to explore the meanings of the self and the body in relation to self-injury from a sociological perspective, in order to gain a fuller understanding of the issues involved.

- c) To investigate whether socialisation is a factor in rising prevalence estimates of self-injury.

Stated as research questions these aims read as follows:

- 1) Can self-injurious behaviours be best understood as antecedent to suicide, antithetical to suicide, or perhaps both?
- 2) Is the practice of self-injury to be understood as an individual pathology in relation to personality disorders?
- 3) Is the growing problem of the practice of self-injury socially mediated?

These questions are not posed as hypotheses, but are to be explored qualitatively. The originality of this dissertation lies in its sociological approach to exploring a topic which, so far, has been conceptualised predominantly as an individual pathology. Yet, self-injury has developed into a widespread phenomenon that needs to be discussed outside of the confines of the individual concept of man presented in mental health discourse. Chapter Three therefore discusses the sociological theoretical framework within which data, collected from individuals who self-injure, will be interpreted in Chapter Five and discussed theoretically in Chapter Six.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 Introduction

Most of the literature presented in Chapter Two is located within the bio-medical, individualistic model of man, which theorises self-injury in terms of functional, cognitive, and/or behavioural pathologies. The fields of psychiatry and psychology regard patients as their main units of analysis, use individualistic theoretical perspectives, and consequently frame self-injury as an individual pathology. In contrast, literature in the fields of cultural anthropology and sociology engages with theoretical perspectives which acknowledge that the minds of individuals, and consequently their behaviours, are formed and shaped by the socio-cultural contexts in which individuals are embedded. Texts using feminist theory differentiate between self-injury and body modification, and discuss the latter in terms of the theory's intrinsic concept of power relations. The phenomenon of self-injury has also been theorised as deviant behaviour. Yet, although the sociology of deviance draws from interactionist theory, the concept of deviance itself does not adequately engage with the most fundamental elements involved in self-injury, namely the self and the body. Chapter Three addresses this gap.

Theoretical approaches are also determined by the unit of analysis under investigation. For example, self-injury could be investigated as

individualistic behaviour at the micro level, or as a 'social fact' in and of itself at the meso/macro level. However, this dissertation's predominant interest lies in gaining an understanding of the aetiologies of self-injury, and of the meanings that are ascribed to such behaviours. Mind, self, emotions, and society therefore constitute core concepts. In combination, they can neither be accommodated by a purely individualistic, nor by a macro-theoretical approach to understanding self-injury. Section 3.2 therefore introduces the sociological perspective and theoretical framework of symbolic interactionism, which offers the conceptual tools necessary to theorise mind, self and society as elements which are inextricably intertwined via social processes and interrelationships.

Section 3.3 illustrates the value of theorising the reciprocity of social relationships as part of the formation of the self. Such reciprocity is debated using Simmel's theory of sociation and concurrent methodological approach of designating social interaction as the main unit of analysis. Detailed arguments, presented in Section 3.4, are followed by a brief discussion of varieties of interactionism, an overview of critiques of interactionism and their refutation. Having debated sociation, mind, self and society, Section 3.5 introduces the sociology of the body, which espouses the notion of the embodied self. The concept of the role of the body in social interaction facilitates later discussions of the symbolism involved in self-injury. An overview of the concepts of sociation, interaction, the human mind as a social creation, the embodied self, and symbolism as a bearer of social

meaning, is presented in Figure 3.5.2. An outline of how the concepts will be used to interpret data in Chapter Five and theorise findings in Chapter Six, concludes this chapter.

3.2 Theorising self-injury

The review of literature in Chapter Two highlights that the majority of studies cited take the individual as their unit of analysis. Individualistic theories, however, ignore the fact that mind and self are socially created, and consequently omit to situate the practice of self-injury within a wider social environment. As expressed so eloquently by Scheff (1990 p.4), "these designs employ isolated individual subjects without reference to their webs of social relationships, as if they were irrelevant". Theoretical individualism (which conceptualises a person as a self contained unit, as opposed to theorising the individual as part of a whole [society]), was therefore rejected for this study. A very different approach would have been to use a macro-theoretical perspective and to theorise the practice of self-injury as a Durkheimian social fact. However, as critics, for example Pope (1976), point out, whilst Durkheim uses the concept of social facts to underpin his positivistic approach to the study of man and society, his comparative study of *rates of suicide* in different countries does not offer any specific theoretical position to start with. Using the variables of integration and regulation, his findings were subsequently interpreted and conceptualised as alienation and anomie respectively, in order to render his findings sociologically meaningful. Although this dissertation

declines such a macro approach to theorising the meanings of acts of self-injury, it does concur with Durkheim's rejection of an entirely individualistic concept of man. A detailed discussion of Durkheim's (1980 [orig.pub.1895]) approach to taking 'social facts' as units of analysis is presented in Chapter Four, which discusses the ontological and epistemological considerations which underpin this thesis.

An alternative theoretical approach might have been to theorise self-injury from a feminist perspective, particularly since many of the studies cited in Chapter Two used female samples and consistently reported significant associations between self-injury and various forms of physical abuse. Such associations might have been explored within the framework of power-relations, which are intrinsic to feminist theory. Essentially, however, feminist theory does not recommend itself to exploring self/mind and body in relation to non-suicidal self-injury. Therefore, based on the reasons outlined, individualistic, macro-sociological, and feminist theories were rejected.

The self is a complex construct which incorporates intangible and tangible components such as thoughts, ideas, identities, emotions, the body, gender, and processes of social interaction. Any one of these components could, hypothetically speaking, play a dominant role in the practice of self-injury, and therefore deserve to be theorised in their own right. However, the deeper and more fundamental question of the present sociological enquiry is this: if repeated acts of self-injury are not caused by individual pathologies as is suggested by psychological

and individualistic models of man, but purposefully engaged in as coping mechanisms, as is asserted in much of the non-clinical literature, then what are the events, occurrences, and/or processes which produce the thoughts, emotions, ideas, identities and consequent decisions that lead to the practice of self-injury?

Simmel (1971 [orig. pub.1908]) argues that, in seeking to understand man and society, one needs to study social interactions and processes. The concepts of sociation and social interaction have frequently been linked to the notion of the 'social self' as advanced by classicists like Cooley (1864-1929), Thomas (1863-1947) and Mead (1863-1931), all of whom link "the emergence of the human mind and the structure of society to the processes of social interaction" (Turner, 2003 p.346). Considering the constant interaction of mental and social processes at play in social interaction, this dissertation focuses on social processes, and actors' interpretations of such processes, that lead to individuals' decisions to repeatedly injure themselves and/or their body. The sociological, theoretical perspective of interactionism engages with concepts such as the mind, self, society, symbols/objects, meanings, interaction, and motives (Reynolds & Herman-Kinney 2003). As such, interactionism is neither individualistic, nor strictly structural/functional in orientation, but offers a theoretical framework for investigating processes of social interaction as espoused by the Simmelian (1908) concept of sociation. Interactionism therefore possesses the conceptual tools required to explore self-injurious behaviours as societal phenomena.

Conceptually suited to exploring processes of social interaction that might explain the phenomenon of the global practice of self-injury, symbolic interactionism provides an appropriate and robust theoretical framework within which the three research questions can be explored and debated, namely: (a) concerning intent, whether self-injurious behaviours are to be understood as antecedent to suicide, antithetical to suicide, or perhaps as both; (b) whether the practice of self-injury is due to individual pathologies, and (c), regarding the widespread reach of such behaviours, whether self-injury is socially mediated, ideated, and/or imitated.

Simmel's theory of sociation, the sociological perspective and theoretical framework of symbolic interactionism, and interactionism's application to the self and the body are now discussed in turn.

3.3 Understanding society through forms of interaction: Simmel's Theory of Sociation

Simmel, a classical sociologist and contemporary of interactionists such as Cooley, Thomas and Mead, highlights the reciprocity between individual and society, which is created via processes of social interaction (Simmel 1908; Simmel 1917; Simmel 1971 [orig. pub.1908]; Frisby & Sayer 1986; Lichtblau 1997; Frisby 2002; Spykman 2004 [orig. pub.1925]). Simmel refers to the processes of building, forming and maintaining such relationships as 'sociation' (*Vergesellschaftung*) (Simmel 1908).

"Sociation is the form, realised in innumerably different ways, in which individuals grow together into a unity within which their interests are realised. And it is on the basis of their interests – sensuous or ideal, momentary or lasting, conscious or unconscious, causal or teleological – that individuals form such unities" (Simmel 1971 p.24 [orig. pub.1908]; 1908 p.4).

Simmel asserts that without such forms of sociation, societies would not be created, and therefore conceptualises society as "the totality of specific interactions", as "a labyrinth or web of interactions and relationships" and "society as an abstract concept – as sociation" (Frisby & Sayer 1986 pp.59-60). Sociation is developed via various forms of interaction whether cooperation, competition, or conflict. Such forms of interaction bear an influence on, and are influenced by, interpersonal social relationships. This dissertation is interested in aspects of processes of sociation, such as interrelationships between members of the family, peers, virtual on-line relationships, and sub-cultures in so far as they influence meanings and interpretations of self-injury.

Spykman (2004 p.79 [orig. pub.1925]) states that "socialisation, the growing into a unity, is immediately the result of the mental activities of the entities involved". This is also the position taken by Cooley (1983 [orig.pub.1902]), whose theory of society as a looking-glass is based on the concept of the mental-social complex, which is discussed

in detail in Section 3.4.2.1. Similarly, Burkitt (1991 pp.38-41) refers to "the inner conversation which we call thinking" and argues that "what we call the mind is in fact a conversation held internally with a person's own self, which is based entirely on language and social meanings". As expressed by Nisbet (1993 p.101), the meanings created by, and embedded in, societal processes constitute "the prime elements which characterise the relationships and processes within which men live".

Such social relationships are endowed with meaning, take on diverse forms, are reciprocal and may, at macro level, develop into cultural norms and/or social structures. It is therefore logical for the forms/patterns of sociation to constitute the legitimate and uncontested subject matter of sociology, which is the essence of Simmel's sociology. As expressed by Simmel (1971 p.25 [orig. pub.1908]; 1908 p.5]):

"If therefore there is to be a science whose subject matter is society and nothing else, it must exclusively investigate these interactions, these kinds and forms of sociation. For everything else found within 'society' and realised through it and within this framework is not itself society. It is merely a content that develops or is developed by this form of coexistence, and it produces the real phenomenon called 'society' in the broader and more customary sense of the term only in conjunction with this form".

According to Simmel, aspects of social life such as history, politics, economics, religion, culture and psychology, each of which are addressed by their corresponding academic disciplines, constitute the 'content' of society (Simmel 1908; Simmel 1971 [orig. pub. 1908]; Frisby & Sayers 1986; Frisby 2002). Spykman (2004 p.47 [orig. pub.1925]) too argues that "sociology is interested in society as form, while the social sciences are interested in society as content". As expressed by Frisby (2002 p.54 citing Simmel 1908]), "sociology... through a process of abstraction and combination, separates the content and form of social events... it is the only science which really seeks to know only society, *sensu strictissimo*" (in its strictest sense). The methodological implications of choosing social interaction and reciprocal relationships as a level of analysis are discussed in Chapter Four, Section 4.3.3.

Simmel's concepts of forms and content in society are critical for this dissertation's theoretical approach to exploring the assumption that self-injury is a sociological phenomenon that may be prompted via certain forms or patterns of interaction. Patterns of interaction might include forms of influence such as domination and/or conflict, for example. The Simmelian content, from which such forms are to be abstracted, might include social institutions such as the family, the school, peer groups, the media and/or social networking sites. Aspects of such sociation/interrelationships therefore need to be investigated sociologically to ascertain whether or not they bear an influence on the prevalence and practice of self-injury.

Simmel's theory of sociation, occasionally referred to as 'relational sociology' due to its principle of taking relationships as a unit of analysis, has had a significant influence on the development and "intellectual genealogy" of interactionism at the Chicago School (Frisby 2002; Stryker 2002; Rock, cited in Atkinson & Housely 2003 p.21; Helle 2005; Wanderer 2005). Section 3.4 discusses the theoretical framework of symbolic interactionism in detail.

3.4 Symbolic Interactionism

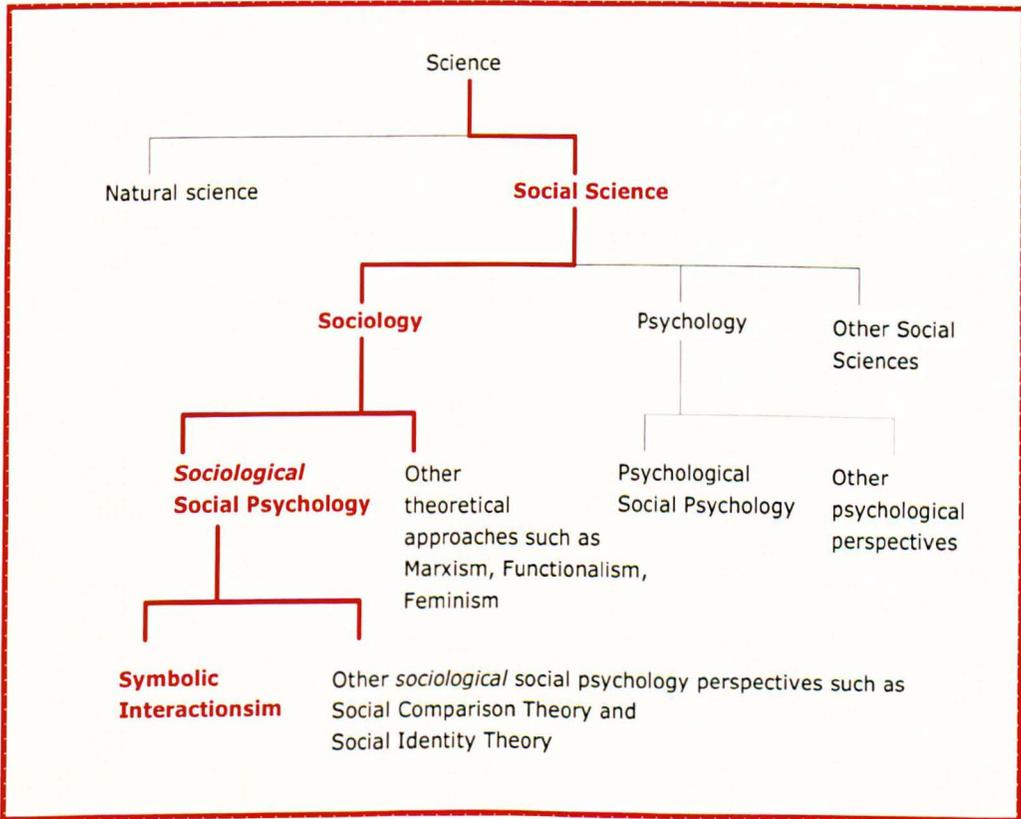
Symbolic interactionism's key-concepts are mind, self, social interaction, meaning, the definition of the situation, and the use of symbols. These core concepts have been encapsulated in Blumer's (1969a p.2) statements as follows:

"Firstly, human beings act toward things on the basis of the meaning that things have for them; secondly, such meanings arise in social interaction and, thirdly, such meanings are interpreted before being acted on".

Symbolic interactionism therefore "sees meaning as a social product" (Blumer 1969a p.5). The present study is particularly interested in meanings, or social products, in relation to self-injurious behaviours, not only in terms of the objectification of self via processes of social interaction, but also in terms of a possible mediation, ideation and imitation of self-injurious behaviours.

More recently, symbolic interactionism has also been used to theorise the body and the notion of embodiment (Waskul & Vannini 2006) as well as the links between emotions and bodily processes (Burkitt 1999), all of which are highly relevant to self-injurious behaviours. As such, the sociological perspective of symbolic interactionism offers a unique theoretical framework within which the practice of self-injury can be explored. As depicted in Figure 3.4.1, Charon (2007) positions symbolic interactionism as sociological social psychology.

Figure 3.4.1 Symbolic interactionism



Source: Adapted from Charon (2007)

Regarding the sub-discipline of social psychology, Blumer (1969b p.102) emphasises that, “in contrast to physiological psychology and individual psychology, the premise of a *social* psychology is that group

life provides the setting inside of which individual experience takes place, and that such group-life exerts a decisive influence on such experience". Such group-life includes interactions within social institutions such as the family, school and media.

The theoretical differences between sociological and psychological approaches to the study of individuals in society are highlighted by the further division of social psychology into *sociological* social psychology and *psychological* social psychology. The *sociological* approach, however, remains firmly underpinned by its fundamental assumptions, which posit "the social process of experience or behaviour as logically prior to the individuals and their individual experiencing which is involved in it, and explains their existence in terms of that social process" (Mead 1967 p.223 [orig.pub.1934]). Likewise, *psychological* social psychology remains committed to its own theories by assigning logical priority to the individual in the interpretation of data (Charon 2007). Furthermore, both approaches operate largely within their respective methodological frameworks. That is, research in the field of *sociological* social psychology is likely to be based on fieldwork, whereas *psychological* social psychology tends to use surveys or experimental methodologies and reduces results into statistical format. Although the theoretical perspective of symbolic interactionism does use quantitative approaches, such as Kuhn's 20 Statements Test for example, its Chicago-School heritage favours qualitative methods, which produce rich accounts of social meanings and actions. This

renders symbolic interactionism a useful tool for understanding self-injury as a societal phenomenon.

The following section discusses interactionism's intellectual roots in order to illustrate the connection between Simmel's theoretical and methodological concept of sociation, and interactionism. This brief, historical overview of an era, in which scientific paradigms and world-views shifted significantly, also illustrates that the mind/self is socially created, which is highly relevant to understanding self-injury from a sociological perspective.

3.4.1 Intellectual roots

Classical writers who are most frequently mentioned in connection with symbolic interactionism include Charles Saunders Peirce (1839-1914), William James (1842-1910), John Dewey (1859-1952), Charles Horton Cooley (1864-1929), William Isaak Thomas (1863-1947), and George Herbert Mead (1863-1931). The connection between Peirce, James, Dewey, Cooley, Thomas and Mead was twofold; firstly, they shared an interest in the study of man and society, although their approaches differed according to their respective academic disciplines¹³; secondly, they thought that pure rationalism and pure empiricism were methodologically inadequate for the study of man and society, and

¹³ Peirce, James, Dewey and Mead were not only known as philosophers, but also as scientists, psychologists and social psychologists respectively, whereas Cooley and Thomas were sociologists (Stryker 2002]; Reynolds & Herman-Kinney 2003; Wiley 2006).

advocated philosophical pragmatism instead¹⁴. As such, the works of Cooley, Thomas, and Mead were influenced not only by their national socio-political context, but their theorising was also part of the wider philosophical debates of their time, which were characterised by the quest for a “scientific study of human behaviour” (Rossides 1978 p. 513). This quest needs to be understood against the intellectual background of the 19th century, which no longer accepted the soul-body and/or mind-body dualisms of Greek philosophy, when the Age of Reason had been challenged by the counter-Enlightenment movement of Romanticism, and when Darwin’s theory had begun to influence studies of biology and functional psychology (Mead 1936; Rossides 1978; Reynolds & Herman-Kinney 2003; Turner 2003; Helle 2005).

The phase of secular rationalism of the Enlightenment period was followed by a phase of secular empiricism, when moral philosophers questioned “the foundations of social life” (Seigel 2005 p.87; Rossides 1978). In response to such unsettledness the writers of the Romantic Age expressed a longing for aspects of a medieval Europe in which, prior to the industrial revolution, a sense of community had been shared. As Nisbet (1993 p.76) remarked: “Tönnies everywhere notes the moral element; all of the cherished elemental states of mind or society, such as love, loyalty, honour, friendship, and so on, are emanations of *Gemeinschaft*”. As Mead (1936 p.74) observes, “the self must have a relationship with something else beyond itself; the self does not exist except in relation to something else”. According to

¹⁴ A discussion of philosophical pragmatism is incorporated in debates on philosophy and methodology in Chapter Four, Section 4.2.2.

Mead (1936 p.120), the theoretical difference between earlier philosophers such as Kant, and the Scottish Moralists and German Idealists, was this: where Kant "had postulated the self as noumenal" (intangible/transcendental), the Romantics had argued that, although mind and self were noumenal, it was through the reflection and application of mind and self that phenomena, and consequently the social experience and social realities, were created.

A similar point is made by Adam Smith¹⁵ (1723-1790), who emphasises that self-reflective processes lead to self-formation which, in turn, would lead to a more humane social and economic life. In Smith's view, economic co-dependency fosters individual introspection in the process of "a seller having to look at himself from the point of view of the buyer, and vice versa, each must take the attitude of the other" (cited in Reynolds, 1993). Smith's theories of the development of an individual, who, through communication and social interaction, not only within the family unit but through involvement in economic life, would learn sympathetic introspection and then transmit such values through organic relationships with other members of society, "prefigured much of modern social psychology" (Stryker 2002 p.21). In fact, Adam Smith's (1853) discussion of the consequences of isolation from communication with others through lack of involvement in public life is frequently quoted as having inspired Cooley's theory of the looking-glass self. Smith's quote, cited in Stryker (2002 p.18]) reads:

¹⁵ Scottish Moral Philosophy and German Idealism had a significant influence on the sociological and theoretical perspective of interactionism (Shalin 1984; Reynolds 1993; Stryker 2002; Reynolds & Herman-Kinney 2003; Helle 2005).

“Bring him [man] into society, and he is immediately provided with the mirror which he wanted before. It is placed in countenance and behaviour of those he lives with. This is the only looking-glass by which we can, in some measure, with the eyes of other people, scrutinize the propriety of our own conduct”. Writers of that period clearly express what Simmel considers to be the central element around which a society coheres, namely the reciprocal and formative influence of the relational, social self on the formation of society. The notion of the self being created in social interaction is a concept that will be used extensively in this dissertation in attempts to understand the self as expressed in the practice of self-injury.

Synopsis

At the close of the nineteenth century Western European populations needed to redefine themselves amidst fundamentally changed political, economic and societal relationships. Writers of the Romantic Age described a self that was reflective, and a self which was, through reciprocal interaction, forming new relationships between individuals and the communities they lived in. These movements contributed to the intellectual climate in which Simmel conceptualised his relational sociology, and in which Cooley, Thomas and Mead formulated social psychology, or more precisely, the sociological perspective for which Blumer later coined the “somewhat barbaric neologism” *symbolic interactionism* (Blumer 1969a p.1), which will form the theoretical

background to understanding the practice of self-injury from a sociological perspective.

Symbolic interactionism is a coherent, general theory of social interaction, which offers a set of theoretical propositions and concepts that are not found elsewhere in the discipline. As will be illustrated in the following section, interactionism brings together the core concepts necessary to theorise self-injurious behaviours, namely society, processes of sociation, mind and self.

3.4.2 Society, mind and self: the core concepts of interactionism

Although much of the literature on symbolic interactionism features Mead, it was Cooley who pioneered its formulation (Reynolds & Herman-Kinney 2003; Helle 2005; Jacobs 2006). Whilst Cooley (1983 [orig.pub.1902]) developed James's (1910 [orig.pub.1890]) ideas of the social self through his model of the looking-glass self and the primary group, Thomas (1928) developed the concept of the 'definition of the situation'. Mead's (1967 [orig.pub.1934]) usage of the 'I' and the 'Me' had already been present in James's work; Mead then extended the concept. Each author ¹⁶ offered a unique contribution to the study of man and society via their development of the sociological

¹⁶ As academics they were connected by their collegial proximity at American Universities during the early years of American Sociology (Wiley 2006); Cooley was Professor of Sociology at Michigan University, Mead had been "appointed to a post in the department of philosophy at Chicago in 1894 upon the suggestion and invitation of Dewey, and Thomas accepted a professorship in Sociology at Chicago in 1910" (Helle 2005 p.50).

perspective of symbolic interactionism. The core ideas proposed by Cooley, Thomas and Mead are discussed in the following section.

3.4.2.1 The human mind is social: Cooley's looking-glass self

Cooley's (1983 [orig.pub.1902]) theory of human society is closely aligned to the Scottish Moralists' understanding of how changes in society are influenced via self-reflection, which he refers to as "sympathetic imagination" (Miller, cited in Reynolds 1993 p.10). In Cooley's understanding, the sociability so created constitutes the collective aspect of human life and leads to collective welfare. These collective aspects are not seen as antithetical to the individual, but as achievable only through individuals. Cooley repeatedly emphasises the fallacy of setting the individual and society in opposition, since an individual can no more be separated from society than society can separate itself from individuals. "A separate individual is an abstraction unknown to experience; in other words, society and individuals do not denote separable phenomena, but are simply collective and distributive aspects of the same thing" (Cooley 1983 pp.36-37 [orig.pub.1902]). Cooley states that an individual can be separate from society

"only in the external sense; if you go off alone into the wilderness you take with you a mind formed in society and you continue social intercourse in your memory and imagination, or by the aid of books; this, and this only, keeps humanity alive in you and just in so far as you lose

the power of intercourse your mind decays" (Cooley 1983 p.48-49 [orig.pub.1902]).

In that sense, "the human mind is social" and, to that extent, "society is mental: in short, society and the mind are aspects of the same whole" (Cooley 1983 p.81 [orig.pub.1902]). The necessity of human interaction for a person to develop human traits has also been evidenced by children who have lived in extremely isolated conditions, or in the wild, for example feral children. As Jacobs (2006 p.23) states, "Cooley's unique notion of 'the social' rests upon the integration, not the separation or opposition, of the individual and society". Attempts to explain rising prevalence estimates of self-injurious behaviours therefore need to take 'the social' into account, which lies outside the remit of individualistic theories.

Cooley's insights regarding the human mind, a mind which was initially produced in human interaction and would in turn affect society, provide the foundation on which his sociological concepts of the primary group and the looking-glass self were developed. The primary group consists of individuals who are part of one's immediate environment or frequent face-to-face interaction, for example parents, siblings, playmates and neighbourhood groups through which community is experienced. Cooley (1919 p.24 [orig.pub.1909]) refers to such associations as "the nursery of human nature" which appears to be the same across all known civilisations, and continually emphasises that "human nature is not something existing separately in

the individual, but in a group nature or primary phase of society” (Cooley 1919 p.29 [orig. pub.1909]).

In interaction within a primary group, a child learns to interpret the feedback received from individuals within that group, which in turn allows him/her to form a perception of himself/herself. It is through communication and social interaction that we “expand the inner experience” of ourselves and of others (Cooley 1983 p.104 [orig.pub.1902]). For example, whether a child is affirmed through affection or impaired through neglect, an individual will initially come to perceive of him or herself, via reflection, in the way that others see him. This is why Cooley refers to the reflected self, or ‘the looking-glass self’. The perception of the self as formed through lack of affirmation, abuse, emotional neglect and/or invalidation is also referred to in studies cited in the review of literature, and was reported by interviewees in the present study (reported on in Chapter Five). Cooley’s concept of the looking-glass self therefore constitutes a significant component in the theorisation of self-injurious behaviours.

“This self-idea seems to have three principal elements, namely: the imagination of our appearance to the other person; the imagination of his judgment of that appearance; and some sort of self-feeling, such as pride or mortification” (Cooley 1983 p.184 [orig.pub.1902]). Helle (2005 p.43) points out how Cooley combines his idea of identity formation in the primary group with later social relations, “which are frequently characterised by an attitude towards oneself, which one has

gained by attributing such an attitude to the mind of another person". We then respond *according to our interpretation* of how we think the other person perceives us. Hence, "there is no sense of 'I', as in pride or shame, without its correlative sense of 'you', or 'he', or 'they' " (Cooley 1983 pp.182-184 [orig.pub.1902]). An understanding of this process is critical when considering some of the emotional aspects, and their aetiologies, involved in self-injurious behaviours. This point is also emphasised in Scheff's (1990) work on the emotion of shame created in social interaction. The role of shame as a powerful *social* emotion will be discussed in Chapter Six, which theorises the findings presented in Chapter Five.

The notion of self-formation via such social processes at the micro level within a family unit, and at the meso/macro level via social institutions such as the school and the media, for example, is a significant feature of Cooley's social theory. Essentially, Cooley (1983 pp.119-124 [orig.pub.1902]) asserts that

"society, in its immediate aspect, is a relation among personal ideas, which leads me to conclude that the imaginations people have of one another are the solid facts of society, and that to observe and interpret these must be a chief aim of sociology (p.121); in other words, we want to get at motives, and motives spring from personal ideas."

This aspect is critical in challenging the notion that self-injury is an individual pathology and will be argued in relation to the second research question. Cooley's reference to society as 'a relation among personal ideas' is also expressed in Simmel's concept of society as being comprised of 'reciprocal relationships' which, in Cooley's terms constitute the 'solid facts of society' and, in Simmel's terminology, the 'forms' of interaction. Figure 3.4.2 illustrates these relationships.

Figure 3.4.2 The looking-glass self

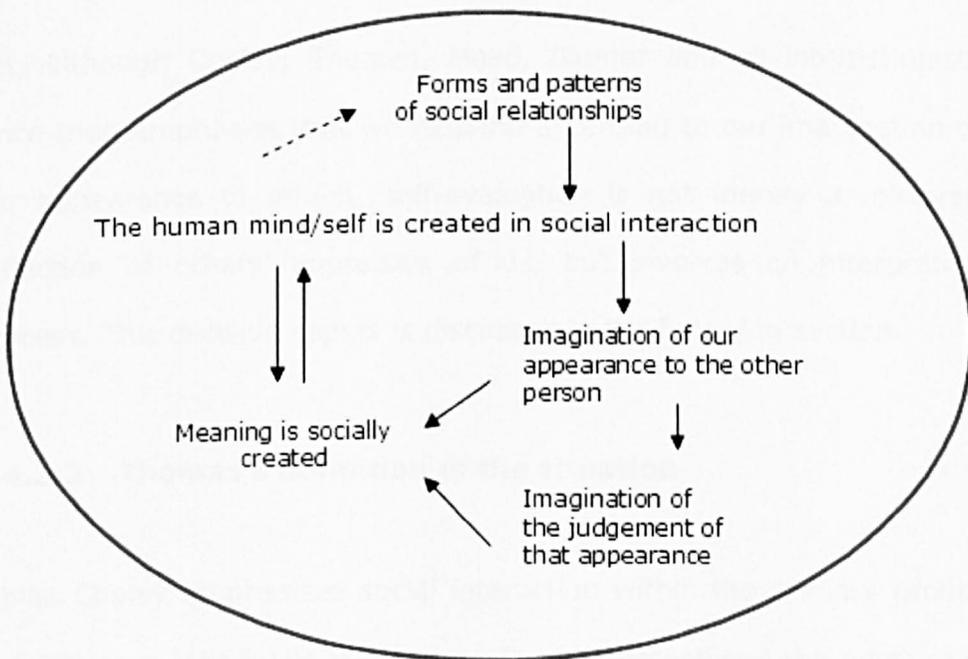


Figure 3.4.2 depicts the processes of Simmel's sociation and Cooley's interactionism. Simmel's forms and patterns of social relationships, and Cooley's understanding of the formation of mind/self via socially created meanings formed in the imaginations people have of each other in social interaction, constitute the environment within which the

formation of the mind/self is embedded. A person's imagination of other people's judgement of their appearance constitutes their social reality. The dashed line in Figure 3.4.2 indicates that this reality is in turn reflected back at society. The utility of Cooley's model of the looking-glass self, and of the notion of the immediate social reality being the personal idea, lies in its ability to trace a person's sense of self to the social relationships which created it. This critical theoretical construct will be used in linking the objectification of self to the aetiologies which underlie the practice of self-injury.

Yet, although Cooley, Thomas, Mead, Blumer and all interactionists since then emphasise that we respond according to our imagination of our appearance to others, self-evaluation is not merely a mirrored reflection of others' appraisals of us, but involves an interpretive process. This decisive aspect is discussed in the following section.

3.4.2.2 Thomas's definition of the situation

Whilst Cooley emphasises social interaction within the primary group, W.I. Thomas (1863-1947) theorises the adolescent and the adult self; he is specifically interested in the formulation of a theory of human motivation for action (Reynolds & Herman-Kinney 2003). Thomas, like Cooley, and Weber (discussed in Section 4.3.2) emphasises that one cannot study human behaviour without obtaining an understanding of the situational interpretation offered by the actors themselves. The famous Thomas Theorem, that *if men define situations as real, they*

are real in their consequences (Thomas 1928 p.572), is based on the understanding that human behaviour "can only be studied in connection with the whole context, that is the situation as it exists in verifiable, objective terms, and as it has seemed to exist in terms of the interested persons" (Thomas 1937, cited in Stryker 2002 p.31). Stryker highlights Thomas's emphasis that "introducing subjective definitions of the situation is required in any explanation precisely because the 'same' objective situation does not lead to identical behaviour" (Stryker 2002 p.31). Therefore, the individual's definition of a situation, understood as real and therefore real in its consequence, needs to be understood in all its complexity. Essentially, 'the situation' "...consists of three kinds of data, namely the objective condition, pre-existing attitudes, and the definition of the situation" (Stryker 2002 p.32). In cases of self-injury, although objective conditions might vary and pre-existing attitudes may differ, the definition of the situation is pivotal in the aetiology of self-injurious behaviours. As Vernon (1965 p.169) emphasises, "processes of socialisation are continuous, incorporate new experiences, and interpret events in the light of past experiences". The interpretation and reinterpretation of past experiences is important with regard to self-injury, particularly if individuals have experienced abuse and/or neglect. The claim that social interaction is essential to the formation of self is also central to Mead's philosophy, albeit in a somewhat different sense.

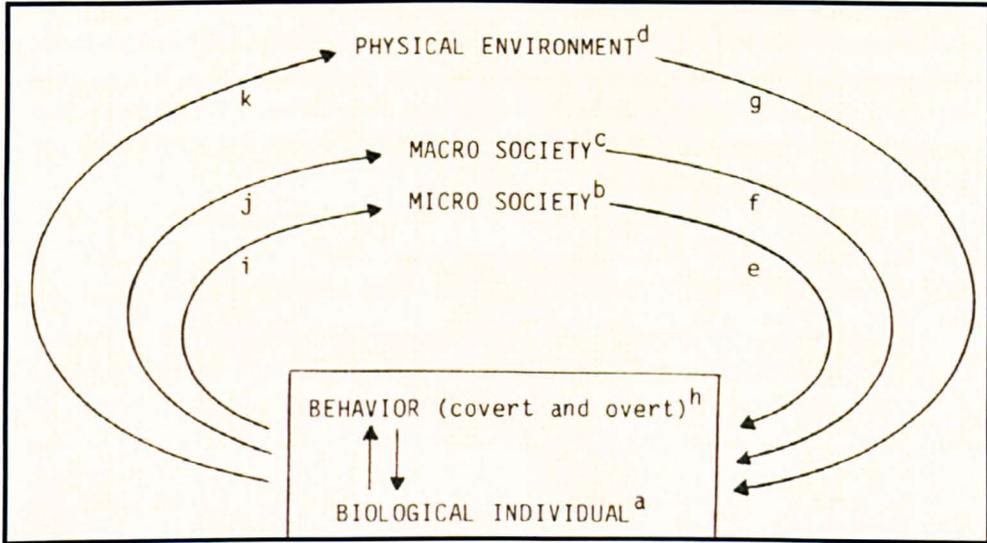
3.4.2.3 George Herbert Mead's objectified self

The interpretation of much of Mead's work needs to be understood in the light of its composition and posthumous publication. Mead's (1967 [orig.pub.1934]) best known publication entitled *Mind, Self and Society* is comprised almost entirely of student notes based on Mead's 1927 classroom lectures on social psychology. According to Melzer (1967 p.20), these student notes were not intended for publication, "at least not in the form in which they were printed". In addition, as noted by Anselm Strauss (1984 p.1441), "anyone who has had an opportunity to study the class-notes housed at the University of Chicago will have noted that Morris' book [Mead 1967 [orig.pub.1934]] does not read entirely true to the actual flow of the [students'] lecture notes". This may account for not only "the misleading title of the book, as the natural, logical order of Mead's thinking seems to have been society, self and mind – rather than Mind, Self and Society" (Reynolds & Herman-Kinney 2003 p.68), but also for "many a misunderstanding in interpreting Mead's work, as he [Mead] himself was wary about committing ideas to paper and publishing them if they seemed incomplete to him" (Helle 2005 p.50). Mead himself did not produce "a systematic presentation of his theoretical framework" during his lifetime (Reynolds & Herman-Kinney 2003 p.67). Mead's most quoted work, edited by C.W. Morris and published as *Mind, Self & Society* (Mead 1967 [orig.pub.1934]), incorporates some previously unpublished manuscripts and essays in addition to the students' lecture notes, and the extent of editing is uncertain. Some decades

later, Baldwin (1986) undertook a comprehensive consolidation of Mead's writings and acknowledged his debt to the University of Chicago Press for permission gained "to quote extensively from Mead's works", which consist of many unpublished, but also published, articles (Baldwin 1986 p.5). Much of the unpublished work was "fragmentary and often in draft form" (Dodds, Lawrence, Valsiner 1997 p.486), but was then summarised and presented by Baldwin.

Despite a range of differing interpretations of Mead's works, scholars do agree that Mead's insights of man and society made a significant contribution to sociological theory, which Baldwin (1986) refers to as Mead's 'unifying theory for sociology'. Baldwin perceives the theory to be unifying, for it not only overcomes the soul/body and/or mind/body dualisms which had occupied Greek and then Western thought in general, and Descartes' understanding of mind/self in particular, but also bridges the structural divide between what later became known as micro and macro sociology. In contrast, Burkitt (1991) states that "...even though Mead identified language as an impersonal system and therefore as a macro structure, he did not provide an adequate theory of the formation of processes at a macro level. Nor did he develop an adequate theory of the link between such macro structures and the micro processes of everyday interaction" (Burkitt 1991 p.51). However, Baldwin (1986) depicts his argument of Mead's unifying theoretical system as shown in Figure 3.4.3.

Figure 3.4.3 Overview of Mead's Theoretical System



Source: Baldwin (1986)

Starting with the biological individual, depicted as (a) in Figure 3.4.3, Mead refers to an individual's social interaction within the micro, macro and physical environment (b, c, d). Mead (1927, cited in Baldwin 1986 p.106) argues that "...the self involves a unity of body, behaviour and environment; it is not to be conceived of as dualistic, as if mind, thought and body were entirely separate from social processes; it can come into existence only in terms of society and interaction with other selves". Lifelong interaction within one's micro, macro and physical environment (shown as e, f, g) inform the individual's behaviour (h), which in turn acts on its various environments (i, j, k). "There is a continuous, dynamic interplay between self and society in which both self and society influence and change each other (Mead 1927, cited in Baldwin 1986 p.106; Mead 1951). Like Cooley, Mead asserted repeatedly that the self is created through reciprocal social interactions.

Mead (1967 pp.99 -101 [orig.pub.1934]) describes human intelligence as the ability to delay reaction to stimuli and to consider possible future consequences of an action based on past experience. According to Mead (1967 p.100 [orig.pub.1934]), that process is "made possible by the mechanism of the central nervous system, which permits the individual's taking on the attitude of the other toward himself, and thus becoming an object to himself". It is through this reflective process, by which one becomes an object to oneself, that 'self', or self feeling, is developed; as Mead (1967 p.135 [orig.pub.1934]) argues: "it is not there at birth, but arises in the process of social experience and activity, that is, it develops in the given individual as a result of his relations to that process as a whole, and to other individuals within that process". Mead uses the terms 'Me' and 'I', where 'Me' refers to the objectified self and 'I' to the subjective self. It is essential, however, to understand that "the terms 'Me' and 'I' do not refer to subjects, but to phases of action" (Helle 2005 p.61). Mead's processual, pragmatic conceptualisation of self is akin to James's (1910 [orig.pub.1890]) differentiation between *self as known*, which he refers to as 'me', and *self as knower*, which he refers to as 'I'.

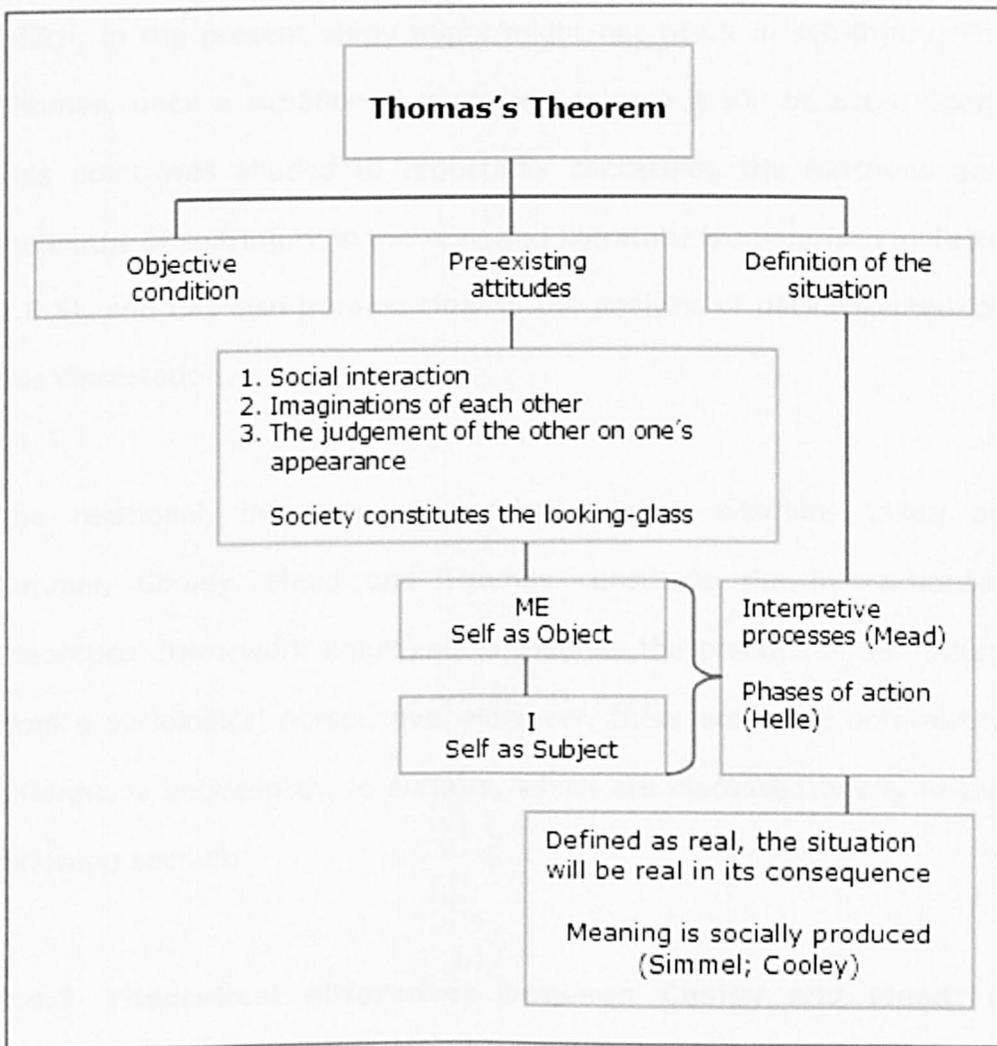
The core of Mead's thesis can be stated as follows: It is only by becoming aware of one's social self (the known self, which was developed in interaction with others via significant others in play, game and role taking, and later through generalised others in social discourse), that a child can achieve an awareness of his/her own, individual self. This is how the 'I' is created; in social interaction. As

Burkitt (1991 p.40) points out, "this is the difference between Mead's theory of the 'I', conscious of its own self-identity, and the theory of Descartes: Whereas Descartes saw the individual, conscious 'I' as a primary reality, Mead argues for the primacy of social relations and activities, which are necessary pre-conditions for the emergence of the self (the 'I')". Descartes position on the mind/body split, which posits the 'I' as an independent reality, is well-known. This important point highlights where sociological theory departs from individualistic psychology. The understanding that the self and the body are neither to be conceived of as dualistic, nor as separate from social processes, concurs with this dissertation's position of a unitary and holistic concept of selfhood. This position acknowledges that although a conceptual separation of mind and body might be necessary for analytical purposes, empirical investigations such as those into self-injury, for example, conceive of the mind/self/body as a unified entity.

Cooley's *looking-glass self*, James's *self as known*, and James's and Mead's *me* are established in symbolic interaction. Yet, as Blumer (1969a p.5) cautions, "whilst the meaning of things (and of self) is formed in the context of social interaction, and is derived from the person from that interaction, it is a mistake to think that the use of meaning by persons is but an application of the meaning so derived". This would equate an act of stimulus/response. Blumer therefore emphasises that "the use of meanings by a person in his action involves a process of interpretation, a process of self-interaction" (between the 'me' and the 'I'; between one's objectified self and one's

subjective being). This distinction is critical: it involves Thomas's definition of the situation and supports the Weberian argument that social action needs to be interpreted by the actor him/herself if it is to be interpreted meaningfully. The conceptual overview of Thomas's Theorem incorporating Simmel's, Cooley's and Mead's theoretical positions, is presented in Figure 3.4.4.

Figure 3.4.4 Thomas's Theorem with Simmel, Cooley and Mead



As indicated in Figure 3.4.4, the situation as defined is influenced by social relationships. Society acts as a looking-glass, reflecting back to

the individual the personal idea that 'the other' holds of them. Meaning is then established via the interpretive processes necessary between the self as object (Me) and the self as subject (I); Helle (2005) refers to such processes as 'phases of action'. The absence of such interpretive processes would indicate a stimulus-response mechanism. In contrast, the process of self-interaction implies choice and highlights that responses are based on interpretive processes, which in turn determine individuals' responses to complex situations which, in the present study might/might not result in self-injury. For Thomas, once a situation is perceived as true it will be acted upon. This point was alluded to repeatedly concerning the functions and meanings of self-injury in the reviewed literature (summarised in Table 2.5.1), and has also become clear in the analysis of data collected for this dissertation.

The relational, interactionist and interpretive positions taken by Simmel, Cooley, Mead and Thomas constitute the interactionist, theoretical framework employed to theorise the practice of self-injury from a sociological perspective. However, there are some noteworthy differences between these authors, which are discussed briefly in the following section.

3.4.3 Theoretical differences between Cooley and Mead: a critical analysis

Whilst Cooley, Thomas and Mead share the central tenets of interactionism, namely the shaping of the self through social

interaction, there are notable differences in their theoretical formulations. For example, Cooley (1966 [orig.pub.1918]) perceives society primarily in terms of social processes, which is why his theory has been referred to as organic theory (Timasheff 1967; Coser 1977; Rossides 1978). But Cooley's theory is not one of nature *versus* nurture; instead, he emphasises the interconnectedness of both and asserts that nature *and* nurture are inseparably linked (Cooley 1926a).

Bittner (1931 pp.6-22) contrasts Cooley's holistic theory of the self to Mead's functional theory of the self: Mead (1967 [orig.pub.1934]) asserts that animals use gestures, even vocal gestures, to make indications to each other, but assumes that animals do not make indications toward themselves, that is, that they do not objectify themselves. Humans, in contrast, use vocal gestures, or language, to indicate intentions not only to each other, but also to themselves (Mead 1967 [orig.pub.1934]). However, Mead offers no theoretical explanation regarding a gesture's development from the vocal gesture of an animal to the vocal gesture of what he refers to as a 'human animal'. One is left to assume a dual developmental process: firstly, the development from animal sound (vocal gesture) to human language and, secondly, via that very development, the change from animal to human, whose pre-existence, however, according to Mead himself (1967 p.164 [orig.pub.1934]), is necessary for the development of the human self in the first instance! As such, Mead's notion of a 'Me' having to exist prior to the 'I' is inconsistent. As Meltzer (1967 p.21) points out, "...sources of ambiguity lie in Mead's

varying uses of the concepts of attitude, gesture and symbol...and his vacillation between, on the one hand, ascribing objects and images to the infrahuman [subhuman] level of behaviour but, on the other hand, denying them to that level". As expressed by Reynolds (1993 p.56), "the underlying basis for Mead's theories regarding the genesis of self, and the role of society and mind in human behaviour, evolves out of his working within a phylogenetic framework". Phylogenesis refers to the interrelatedness between different species. As Bittner (1931 p.33) and Schubert (2006) argue, "the point of view that we must be others first, if we are to be ourselves, that is, the 'Me' must exist prior to the 'I', has not been consistently maintained throughout all his [Mead's] essays". As Schubert (2006 p.53) states, "...according to Mead, a normative theory must be founded on anthropology and ethology".

Mead's phylogenetic ontology of humanness renders his entire concept of the gestation of an objectified self questionable. The relevance of the argument to this dissertation lies in the fact that this thesis admits to the inconsistency that underlies Mead's argument from which, nonetheless, a major sociological perspective has been derived. It might be safe to assume that Mead himself was only too aware of this, which might be the reason why he refrained from proposing a unified theory. However, this is not to say that this dissertation rejects the socio-logical part of Mead's theoretical statements. On the contrary, if the notion of the 'Me' is considered only in terms of its counterpart, namely the 'I', and both are seen as heuristics used to theorise processes of self interaction, it constitutes a useful tool within

sociological theory. As such, Mead's underlying argument, namely that the self is socially created, remains valid, as long as the argument of the creation of the social self is not claimed to be based on scientific knowledge such as biological functionalism, but on social knowledge.

Cooley draws a clear distinction between scientific knowledge and social knowledge. For Cooley, scientific knowledge is developed through the investigation and measurement of material things, which produces a material or spatial knowledge of them. This is evidenced in his paper on heredity or environment (Cooley 1926a). But thoughts and mind, according to Cooley, are neither spatial nor can they be measured; as Cooley (1926b p.61) states, "the essential relations between human actors are not subject to numerical measurement". Social knowledge, in contrast, is developed "from contact with the minds of other men, through communication, which sets going a process of thought and sentiment similar to theirs and enables us to understand them by sharing their states of mind; this I call personal or social knowledge" (Cooley, 1926b, p.60). As such, Cooley's 'social self' as created through sympathetic introspection, shared thinking, and involvement in the life of community and wider society is close to the ideas proposed by Adam Smith. Social knowledge is "perhaps dramatic", since it involves "the imagination of corresponding mental processes" (Cooley 1926b, p.60). This understanding was later famously extended by Goffman via the dramaturgical strand of interactionism, which also draws from Thomas's 'definition of the situation' which, in turn, informs actors' front-stage performances. The

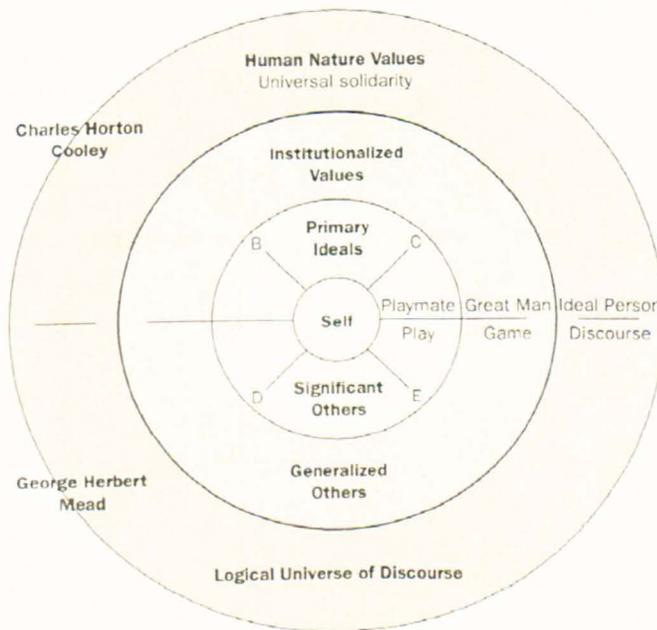
idea of performance is also recognised in the symbolic expression of identity and emotion on one's body, whether through a range of techniques of body modification or self-injury. As Shaffer (2005 p.53) explains, "Mead's formulation of the 'I' and the 'Me' is limited to self-knowledge; it does not include self-feeling; ideas about how actors come to 'feel' the self were advanced by Cooley". As the discussion on trauma, abuse and emotional neglect in Section 2.5 indicates, the notions of feeling, emotion, and mental states are critical in theorising self-injurious behaviours in relation to the formation of the self.

Somewhat surprisingly, despite Cooley's sociological explanation of the creation of the social self through social interaction, his differentiation between scientific and social knowledge, and his article (Cooley 1926a) on the integration of organism and environment (nature *and* nurture), Mead reportedly critiqued Cooley for having a concept of society which was 'mental' rather than 'scientific' (Schubert 2006 p.52). As remarked by Helle (2005 p.55), Mead appears to have overlooked Cooley's (1926a) article in which he integrated the biological organism and the environment, and appears to have failed to take cognizance of Cooley's (1926b) distinction between scientific and social knowledge. But Mead reportedly also wrote what is described as a "devastating sociological obituary" (Jacobs 2006 p.90) shortly after Cooley's death, which "assured Mead the leading position in the tradition following him". According to Jacobs (2006 p.90) it was Mead's commemorative article, combined with "Cooley's stylistic failure to conform to academic discursiveness, and Cooley's disadvantageous location outside the pale

of the University of Chicago”, which denied him the recognition he deserved.

However, despite their different ontological foci and theoretical differences concerning the social self, Cooley, Thomas and Mead all espouse the concept of the social creation of self, and thereby avoid the sociological dualism of individual/society, which separates the individual from its social context. Some of their similarities and differences are depicted by Schubert (2006) in Figure 3.4.5.

Figure 3.4.5 Similarities and differences in Cooley and Mead



Source: Schubert (2006)

Figure 3.4.5 highlights some of the salient points discussed. Particularly noticeable is Schubert’s (2006) depiction of Cooley’s emphasis on sociological and cultural developments by which ideas and values become institutionalised. In contrast, Mead portrays discourse

in a logical universe populated by generalised others based on his "meta-theoretical and formal understanding of self and society" (Reynolds & Herman-Kinney 2003 p.268). Cooley's understanding of selfhood is located in the realm of reflective thought, which is indicated by the notion of the 'ideal person', versus Mead's emphasis on discourse as established through the functional, communicative attributes of language, which facilitates self-indication. However, as expressed by Dodds et al (1997 p.484), "their attempted resolutions focus on the constitution of the personal within the social through dialogue, discourse, fusion, joint mutual activity, narrative or voice".

Despite their differences, Cooley and Mead agree that the self is socially created. Both conceptualise the self heuristically as an object and as a subject and agree that the objectification of oneself leads to the subjective understanding of oneself. The interpretive processes involved in self interaction produce meaning, which is then acted upon. Thoughts and therefore emotions, which are created in and/or result from such processes, clearly have object relevance. The object, heuristically referred to as 'Me', is a product of society, which is why interactionism is conceptually so highly appropriate to theorising the societal phenomenon of self-injury from an inter-relational, sociological perspective.

3.4.4 Varieties of interactionism

Although interactionism's central tenets have not changed since its inception, various theoretical and methodological strands have been developed. The most pronounced differences are methodological in nature and exist between the Chicago School and the Iowa School. For example, whilst the Chicago School remained within, and built on, interactionism's interpretive approach to investigating society (Blumer 1969a; Meltzer, Petras & Reynolds 1975; Reynolds, 1993), the then Kuhn-led Iowa School pursued a rather systematic approach to studying the self (Meltzer et al 1975; Katovich, Miller & Stewart 2003). Kuhn & McPartland's widely used Twenty Statement Test (TST) on self perception is "a form of self-disclosure, which produces inventories of statements about social identities, social preferences, and self-attitudes" (Katovich et al 2003 p.120). The test is cost-effective, and designed to be employed in systematic enquiries aimed at "generalising and testing empirical propositions" (Meltzer et al 1975 p.59), which is why it is argued that the Iowa School is following a positivistic and determinist approach. That charge, however, is refuted by Katovich et al (2003 p.121) as "both misleading and unfortunate". However, interactionism does use both qualitative and quantitative methodologies, depending on the focus of a study. Sandstrom, Martin & Fine (2006 pp.18-19) point out that, while the Iowa School "emphasises the understanding of the self-concept, those identified with the Chicago School and its fieldwork tradition emphasise settings and situations" as they would occur in social interaction. This

dissertation follows the tradition of the Chicago-School, and decided to collect qualitative data which captures and describes processes of interaction and social situations in which meanings are created, not only in relation to the mediation and ideation of self-injury, but also in relation to decisions to perform such acts.

Other strands of interactionism, such as Erving Goffman's dramaturgy and Harold Garfinkel's ethnomethodology, also align themselves with the tradition of the Chicago School. Goffman's dramaturgy, used to describe the interaction ritual, uses key terms such as: the act, the scene, the agent, the script, and the region, front-stage and backstage (Edgley 2003; Sandstrom et al 2006). Goffman's 'interaction ritual' clearly encompasses Thomas's concept of 'the definition of the situation'. Thus, the dramaturgical approach became the third strand of interactionism. The fourth major strand of interactionism, namely ethnomethodology, asserts that social interactions are not as ordered as is often assumed, but that individuals continually try to "make sense of everyday activities" (Reynolds 1993 p.109). Accordingly, ethnomethodology aims to "study social life *in situ* and from the standpoint of societal members themselves" (Maynard & Clayman 2003 p.173). Whilst these varieties of interactionism are conceptually similar, they differ methodologically. Nonetheless, each strand has made significant contributions to the discipline of sociology.

A number of sociological theories, such as role theory, identity theory, social network theory, exchange theory and some social movement

theories have evolved from early interactionism. In addition to substantive areas such as mind, self and society, research has been undertaken in the fields of deviance, collective behaviour, gender, and emotions (Reynolds & Herman-Kinney 2003). Recent texts have included Burkitt (1991; 2008) on the social self, Sandstrom et al (2006) and Hewitt (2007) on interactionism and social psychology, and O'Brien (2006) on the 'production of social reality'. Linked to the sociology of the body, recent works include embodied interactionism, which will be discussed in Section 3.5.

Each of these theories and substantive areas address very specific aspects of the self in social interaction. The research questions, which informed this dissertation, essentially argue for a conceptual shift from a partial analysis of self-injury to a more comprehensive understanding of its global practice. As Scheff (1990; 1997) argues, individuals are like holograms, where each part reflects the whole, and the whole is reflected in each part. A narrow theoretical approach would therefore have defeated the aim of the present study.

As expected, the theoretical perspective of interactionism attracted criticism from interactionists and non-interactionists alike.

3.4.4.1 Critique of interactionism

The two most comprehensive overviews published on criticisms voiced by interactionists and non-interactionists alike were compiled by

Meltzer et al (1975) and Reynolds (1993). In both these works, interactionists' self-critique begins with the lack of conceptual and methodological clarity in Mead's framework. Meltzer et al (1975 p.84) argues that "many of Mead's major concepts are either fuzzy or vague, or are not employed with the consistency required in scientific explanation". This charge is repeated in Reynolds (1993) with specific reference to concepts such as impulse, gesture, symbols and mind. The authors do concede, however, that Mead did not leave a coherent system or framework of his ideas, which may have contributed to the ambiguities in parts of his published works and the multiple interpretations thereof. The lack of a general theoretical statement of the concepts and ideas involved in interactionism is also pointed out by Kuhn (1965, cited in Reynolds 1993 p.131), particularly with reference to 'the self', which constitutes a core concept in interactionism.

Critique has also been voiced against interactionism's methodological inconsistencies in moving from qualitative to quantitative approaches as practised by the different schools. Interactionists themselves are critical of this practice. Yet, one could argue that both methodologies are useful, and that the flexibility of methodological choice as influenced by the research questions of any given study is an advantage. For example, due to this dissertation's assumption that self-injurious behaviour might not constitute an individual pathology as was suggested in clinical literature, the study has followed the Chicago School's processual, qualitative approach to interviewing. However,

had the research questions been different, Kuhn's Twenty Statements Test might have been usefully employed.

Finally, a rather severe critique levelled against interactionism is the fact that it does not deal with social structures (Meltzer 1975 et al; Reynolds 1993; Stryker 2002). Non-interactionists argue that this omission renders interactionism apolitical, a-historical, a-institutional, non-economical, idealistic, and ethnocentrically rooted in its American, middle class, protestant environment (Block, Smith, Petras, cited in Reynolds 1993). Stryker (2002), an interactionist himself, concurs with criticisms concerning the lack of attention given to social structure and argues that it is necessary that "a distinction be allowed between a theoretical framework (offering concepts from which theory could be developed) and theory (linking concepts of the framework into a proposed explanation of an empirical generalisation), and that the frame be amended to link social structural concepts of sociology to fundamental concepts of symbolic interactionism" (Stryker 2002 p.vii). These suggestions were subsequently applied extensively to the concept of 'social organisations and institutions' (Reynolds & Herman-Kinney 2003). An analysis of processes of interaction between individuals and such meso level institutions (family, school, media and social networks) is also critical for the present study, which aims to explore whether aetiologies of self-injurious behaviours are located within processes of interaction between individuals and their social worlds. Such interactions are analysed and interpreted in Chapter Five; findings are then discussed theoretically in Chapter Six.

The conceptual, methodological, and structural critiques refer to particular strands of interactionism, belong to particular schools of thought, and form part of the wider sociological debates on interactionist models versus structural and functionalist models of society. However, Western societies are no longer structured and stratified as rigidly as they once were. This means that selves have to be negotiated in fluid social structures which are not necessarily geographically fixed (O'Brien 2006; Sandstrom et al 2006; Charon 2007; Hewitt 2007).

Despite such changes, however, the three defining characteristics of symbolic interactionism as summarised by Meltzer et al (1975 pp.42-49), remain unchanged, namely: firstly, its conceptualisation of the 'individual-and-society relationship'; secondly, the location of the development of the self in social interaction; and thirdly, the concept of communication, be that verbal, non-verbal, or visual symbolism. These basic tenets are essential in engaging with the questions related to the meanings of self-injury in relation to the self and the body.

Synopsis

Section 3.4 has located interactionism in its historical social context, which highlighted that Simmel's units of analysis, namely processes of interaction, constitute a core element of symbolic interactionism. The core concepts of this sociological perspective have been discussed in detail, and will be explored further in the discussion of findings in

Chapter Six. This section has also offered a critical comparison of the ontological foci of the social self as espoused by Cooley and Mead, and is ended by presenting criticisms of interactionism offered by interactionists and non-interactionists alike. The subsequent Section 3.5 engages with the notions of embodiment and the body in social interaction. A heightened awareness of both is required in attempts to understand the practice of injuring the body.

3.5 The embodied self: the body in social interaction

Whereas early interactionism highlighted the formation of self through thought, contemplation and sympathetic introspection, contemporary interactionism accentuates the concept of the *embodied* self. This is congruent with the emergence of the Sociology of the Body, which theorises the body in terms of human embodiment (mind and emotion) from historical, cultural, feminist, post-modern and interactionist perspectives. Analytically, the sociology of the body engages not only with a range of theoretical approaches, but also reflects on the underlying "dichotomies of Western thought such as body/soul and nature/culture" (Turner 1991 p.18) as embedded in various epochs and cultures. Whereas debates concerning the unity and/or separation of body and soul/psyche/mind/consciousness were philosophical in nature and tended to have a metaphysical dimension, the debates on the integration of nature/culture revolved around biological/cultural persuasions. This is illustrated by the different views held by Mead and Cooley, as discussed in Sections 3.4.2 and 3.4.3, respectively.

Yet, despite the long held dualistic views concerning man, there were periods of time, for example the eras of Baroque and the Romantics, when the self and the body were clearly expressed as a unified concept. Such integration was expressed through art, which used the medium of the body to depict the physical, the tangible and the sensuous. Adorno and Horkheimer (1979:231, cited in Turner 1991 p.15) argue that "Europe has two histories: a well-known, written history, and an underground history. The latter consists in the fate of the human instincts and passions which are displaced and distorted by civilisation; [in such texts...] the relationship with the human body is maimed from the outset".

Turner (1991 p.12) refers to this as "the secret history of the body in social theory" when desire, power, and the physical were expressed rather more openly than might have been customary at the time of sociology's inception as an academic discipline. The lack of the hitherto sociological theorisation of the body constituted a recurring argument in the 1980's, when the Sociology of the Body developed into a distinct field of study. Burkitt's (1999) work charts the historical change of how society viewed the 'lived body' in the Middle Ages, to the development of the 'civilised body' and its concomitant dichotomies such as "private and public, subject and object, spiritual and material, individual and society, and self and others" (Burkitt 1999 p.56). Literature on the Sociology of the Body has since challenged such dualisms, and argues for the self and the body to be understood as a unity.

As expressed by Waskul & van der Riet (2002 p.488, cited in Waskul & Vannini 2006 p.3), "a person does not inhabit a static object body, but is subjectively embodied in a fluid, emergent and negotiated process of being. In this process, body, self and social-interaction are interrelated to such an extent that distinctions between them are not only permeable and shifting, but also actively manipulated and configured". As identified in Frank's (1991) analytical review of literature on the body, such configuration often occurs through the social dimensions of control, desire, relatedness to others, and self-relatedness. These dimensions have since been theorised in terms of the disciplined body, the mirroring body, and the communicative body. Waskul and Vannini (2006), who clearly take an interactionist perspective, use similar metaphors such as the 'reflexivity' ascribed to the 'looking-glass body', which is expressed via the 'dramaturgical body', whilst the 'phenomenological body' acts as 'a province of meaning', and the 'narrative body' tells a story. The concept of embodiment merges reflexive, dramaturgical and phenomenological selves and bodies, all of which constitute useful concepts in theorising self-injury as a social phenomenon. Recent texts on symbolic interaction, in so far as they address the Sociology of the Body, engage with an increasing array of symbols used in social interaction to lend expression to the embodied self, particularly in relation to aspects of power, domination, control and communication as highlighted in the literature on self-injury and summarised in Table 2.5.1.

3.5.1 The meaning of the symbol

Cooley (1926b p.68) states that "even our inmost thoughts and feelings take form in the symbols of gesture, voice, words and the written symbols which are preserved unchanged for ages". He also points out that "the symbol is nothing in itself, but only a convenient means of developing, imparting and recording a meaning; such meanings are a product of the mental-social complex" (Cooley 1926b p.68). Thomas's 'definition of the situation' too is located within the interaction of language, gestures and symbols. The examples Thomas (1928 p.572) uses to illustrate this include situations such as "mob action, war hysteria, the gang spirit, mafia, the quick fame and quick infamy of political personalities...we are unable to define this total situation satisfactorily, but it involves the interaction of language and gesture and gossip and print and symbols" .

Essentially, this has not changed, except for the composition of the mental-social complex of contemporary society itself, which has produced a variety of contemporary symbols. For example, studies on 'the socially constructed body' highlight that entire industries exist for the sole purpose of facilitating a culturally determined attainment of symbolic images. According to Lorber & Martin (2007 p.229), "symbols of the right stuff" no longer refer primarily to fashion, but to the active manipulation of bodies through steroids, hormones, cosmetic, reconstructive, and invasive surgery, and/or almost starving the body in order to depict a certain image which, symbolically, denotes

desirability, confidence, control, success, and therefore acceptability, in intensely competitive societies. However, as discussed in Section 2.3.5.3, the use of bodies and skin to express identity and/or status is not new. For example, in some cultures a young person's passage from childhood into adulthood might be signified with engravings on their skin, whereas slaves had to have their ears pierced with an awl to indicate their social status. One could perhaps argue that these were signs rather than symbolic expressions of identity, and therefore different to the symbolism used in today's social interaction in Western societies.

The complexity in ascertaining what does or does not constitute a symbol increases according to the complexity of any given society. As Charon (2007 p.52) concludes, symbolic meanings are "easier to understand from the standpoint of the user", because users are clear on the intent which informs their symbolic communication. Literature on self-injury suggests that the practice of cutting and/or burning skin might be a symbolic expression of a meaning which might be clear to the 'user' but not, or not yet, to society at large. Pitts (1999, discussed in Section 2.3.5.3) defines the practice of cutting and burning of skin as the expressions of a 'suffering self', as opposed to symbolism which requires technological aids. Symbolism is expressed via body implants, having one's tongue forked, and/or using extensive body tattooing and/or body-piercing to express individuality symbolically. The connection between self, body and symbolism is highlighted by Turner's (1991 pp.25-27) reference to the body as a bearer of social

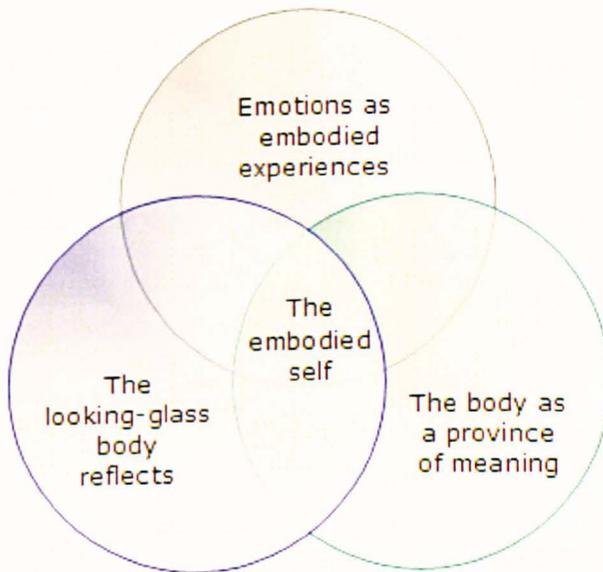
meaning (citing Douglas 1970), and as a metaphor of social relations. In Cregan's (2006 p.3) words, "embodiment is the physical and mental experience of existence". The mental experience, emotions, self and body are bounded by and expressed through the medium of skin, which is discussed in the following, and last, subsection of this chapter.

3.5.2 Mind, self and emotions: bounded by skin?

Benthien's (2002) work concentrates on the skin and its many roles, one of which is to separate 'the internal' from 'the external'. The idea of separation is to be contrasted to the notion of embodiment, which espouses the notion of unifying mind/self and body. Yet, at the same time, skin is "a reflection of the inside, a canvas of psychological, emotional or cognitive processes" (Benthien 2002 p.ix). As such, depending on the attribute ascribed to it, skin simultaneously establishes boundaries and removes boundaries. Skin has also been theorised as a 'place of encounter' in presenting the self to the world. As pointed out by Cregan (2006 p.99) "in psychology or psychiatry, bodily meaning is restricted to the experience of the individual". In contrast, the sociological view admits skin into the realm of the social and the public: skin reflects, it gives voice, it exhibits. Respondents of the present study have attested to their need to express and communicate feeling states via their bodies. The timelessness of skin as a canvas (discussed in the literature reviewed in Section 2.4.4.2) is still current. The body as encounter of social meaning, and Benthien's (2002) concept of skin as place of encounter, are not only akin to the

notion of the narrative body which tells a story, but also to Simmel's emphasis on social relationships, and the mindset and emotions created within such relationships. The embodied self, which communicates social meaning, is depicted in Figure 3.5.1.

Figure 3.5.1 The Embodied Self



The embodied self depicted in Figure 3.5.1 represents a concept of self/mind and body which is unified rather than dichotomous. In reflecting and expressing the meanings of social relationships the lived body is reclaiming its public space, which it appears to have been denied in literature for some time. Such reflections, however, are not confined to socially accepted fashion-statements, but are expressed symbolically and narrated on the skin. The phenomenological body is once again turning into a bearer of social meaning. As expressed by Burkitt (1999 p.110), "it is the pattern of the relationship between self and other, and self and environment, which is the subject matter of

emotions such as love, hate, fear and anxiety". Burkitt (1999 p.113), citing Elias, states that emotions, like the mind and the self, are created in interaction, in relationship between the self and the other. Aggression, for example, created through domination, abuse, ridicule or fear, is easily expressed via the body by self-cutting and/or burning the skin. In fact, Burkitt (1999 p.114) goes so far as to say that "emotion is the action itself and is governed by the relations in which it occurs". The concept of the interrelatedness of mind, emotion, self and body underpins the theoretical discussion of emotions expressed via self-injury, and of the wound and the scar as an expression of social meaning on the skin.

Synopsis

Whilst the sociology of the body has not been pursued as the main theoretical approach to exploring the practice of self-injury, it permits the concept of embodiment to be included in interactionism's understanding of the self, and thereby promotes a unifying rather than a dichotomous theoretical understanding of self and body. An overview of the theoretical framework as discussed in Chapter Three is depicted in Figure 3.5.2, which indicates the conceptual interrelatedness of society, mind, self and body. Simmel's relational sociology, Cooley's and Mead's sociological perspective of symbolic interactionism, Thomas's definition of the situation, Waskul's embodied interactionism, and Burkitt's Sociology of the Body are part of everyday, real, social encounters.

Figure 3.5.2 Theoretical constructs depicting processes of social interaction

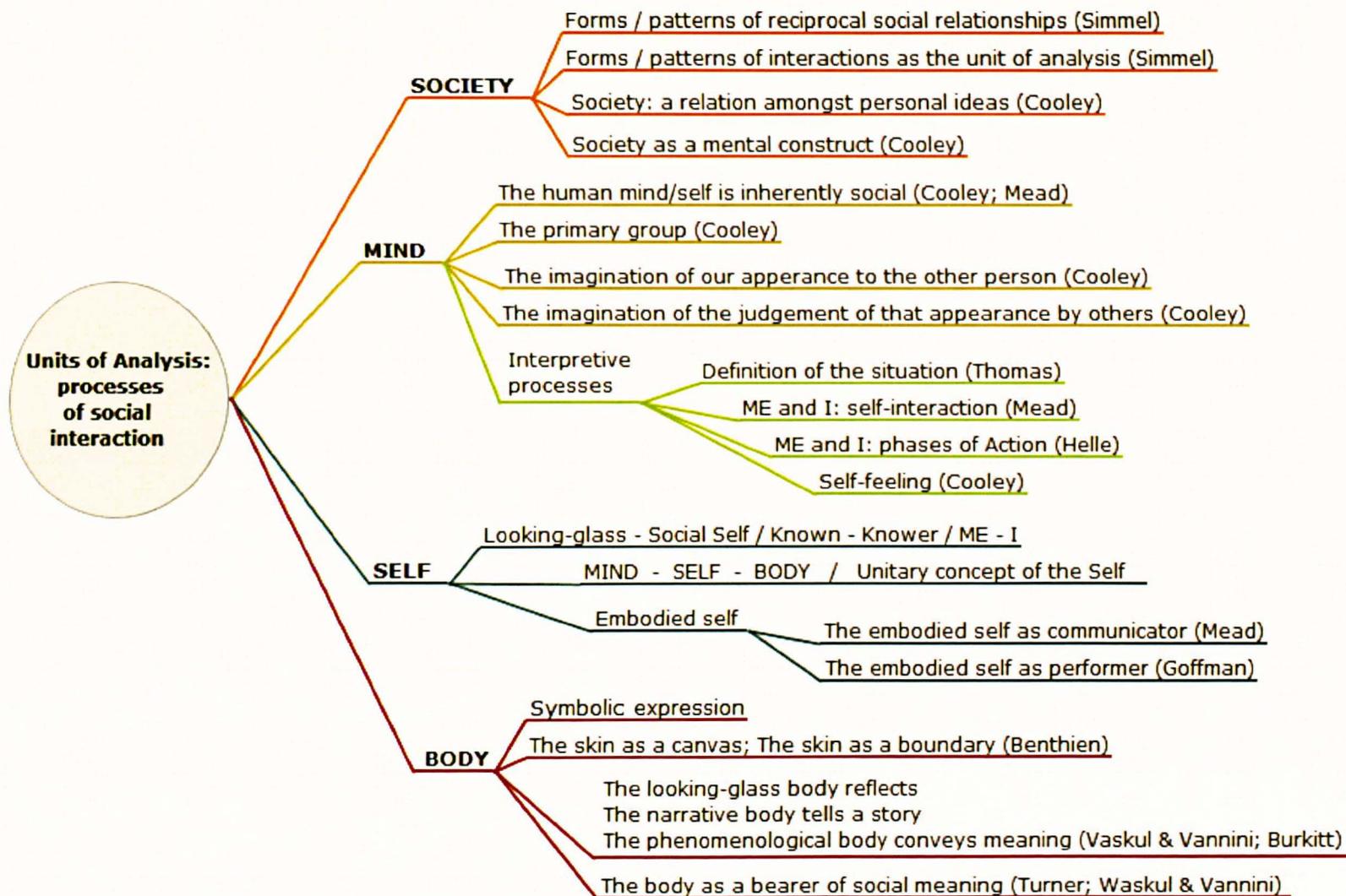


Figure 3.5.2 depicts social interaction as the theoretical and methodological unit of analysis. The diagram does not represent a definitive reconstruction of symbolic interactionism *per se*, but acts as a heuristic device to be used in the interpretation of data in Chapter Five and in the theoretical discussion of findings in Chapter Six. The sociological, interactionist approach to self/mind/body/society is expected to help explore the meanings of self-injury as expressed by respondents and, in doing so, answer questions related to the prevalence of the practice of self-injury.

As illustrated in Figure 3.5.2, the forms and patterns of Simmel's reciprocal social relationships resonate with the general propositions of the framework of symbolic interactionism, particularly with Cooley's conception of society as 'a mental construct'. Both Cooley and Mead contend that the creation of a human mind/self is inherently social, which is why this dissertation argues against a theorisation of self-injury which omits to locate the individual within the framework of social relationships. This is particularly so in view of the fact that the imaginations of one's self, and the imaginations of someone's judgement of that appearance, influence a person's self feeling, which is the core idea of Cooley's metaphorical looking-glass self. Self feeling is utilised in the definition of the situation (Thomas) via the concepts of Mead's 'Me' and 'I', which James referred to as 'Known' and 'Knower', both of which constitute processes of self-interaction (Mead), or phases of action (Helle). Once an individual has identified the situation (Thomas), the embodied self as communicator (Mead) and performer

(Goffman) expresses self feeling. The meaning derived from social interaction is expressed via the body, both through conventional interaction rituals and through the use of specific symbolism. Burkitt's sociology of the body and Waskul & Vannini's embodiment via symbolic interactionism theorise the symbolic expression of emotion. References to reflective, narrative and phenomenological bodies express meaning through the use of symbolism. These processes highlight a thoroughly embodied self as depicted in Figure 3.5.1 and will be elaborated on both in the interpretation of data in Chapter Five, and again in the theoretical discussion of findings in relation to self-injury as symbolic expression of social meanings in Chapter Six.

Socially produced meaning (Simmel; Cooley) might in turn influence or alter Simmelian forms and patterns of reciprocal social relationships, thereby creating a society comprised of a different mental construct. Such influences are also depicted in Baldwin's conceptualisation of Mead's unified theory (Figure 3.4.3). The interconnectedness of mind and self, and the understanding of self as a unitary entity as influenced by forms and patterns of reciprocal relationships, remains the central conceptual feature of interactionism, and constitutes a principal aspect of this dissertation.

3.6 Conclusion

The most essential characteristic of a sociological approach to understanding self-injury is the logical priority assigned to social

processes in the formation of mind and self. At the micro sociological level the dialectical relationship between self and society has been explored through Cooley's, Thomas's and Mead's theoretical perspective of interactionism. At the meso level, such relationships were emphasised through Simmel's concept of forms and patterns of interaction, which are to be abstracted from their contents, such as the family as a social institution, schools, and the media, for example. Such reciprocal relationships, conceptualised as sociation, are crucial in the processes of forming a perception of self, defining the situation, and formulating a response. Symbolic communication has been theorised in terms of the sociology of the body, particularly through the contemporary emphasis on the body in social interaction, which is an important aspect to be addressed when discussing self-injury.

Cooley's, Thomas's, Mead's, Simmel's, Burkitt's and Waskul & Vannini's ontological, epistemological and therefore theoretical persuasions of mind/self, body and society constitute critical theoretical and conceptual tools for investigating the aetiologies of the practice of self-injury, which this dissertation assumes might be a social rather than a purely individual phenomenon. Discussions regarding theories of knowledge acquisition, units of analysis and modes of explanation are presented in Chapter Four.

CHAPTER 4

PHILOSOPHY, METHODOLOGY AND METHODS

4.1 Introduction

The discussion of symbolic interactionism in Chapter Three established that the concepts of the self/mind/body, or the embodied self, feature prominently in processes of social interaction. In order to ascertain how social interaction is to be investigated, Chapter Four needs to clarify the methodological position which underpins this theoretical framework. The concepts of ontology, epistemology, and the acquisition of knowledge via opposing paradigms are therefore discussed in Section 4.2. This is followed by a comprehensive discussion of positivistic, interpretive and interactionist modes of explanation in Section 4.3. Arguments concerning positivism, interpretive sociology and philosophical pragmatism lead to a discussion on qualitative versus quantitative methodologies in Section 4.4, which has been dedicated to discussing the operationalisation of this study. The section includes a description of the research design, the rationale for sample selection, sample recruitment, data generation and the design of the interview schedule, as well as considerations concerning the interviewing process and the ethics involved therein. Section 4.5 provides an overview of the management processes involved in data analysis such as transcribing, organising, indexing and coding of data. A brief discussion of Computer Assisted Qualitative Data Analysis Software (CAQDAS) concludes the chapter.

4.2 Philosophical underpinning of research strategy

The ontology ascribed to a unit of analysis is one of the most fundamental components of a research study. The conceptualisation of the phenomenon under investigation influences the methodology adopted in the study. The theoretical framework, mode of explanation, and the particular methods used for data collection, analysis and interpretation, are therefore contingent upon ontology and epistemology.

Derived from the Greek word *ontos*, the term ontology pertains to the knowledge and study of a theory of being, or a theory of existence (Everitt & Fisher 1995 p.9). Being and/or existence may refer to material things, or to abstract concepts such as numbers, or mind, or self. Marshall (1998 p.465) states that "any way of understanding the world, or some part of it, must make assumptions about what kinds of things do or can exist in that domain, and what might be their conditions of existence, relations of dependency and so on; such an inventory, of kinds of being and their relations, is an ontology". Social entities that form part of one's social reality include social facts, mental entities, a set of relations or a discourse (Delanty & Strydom 2003). It is the nature ascribed to such entities, whether material, non-material or abstract, and how they are related, that determines how they can be investigated. Ontology therefore influences epistemology (Cheal 2005). Expressed differently, "epistemology implies ontology; knowledge implies being" (Giddens 1993 p.30).

Epistemology, derived from the Greek word *epistēmē* (meaning knowledge), is the theory or study of knowledge (Barnhart & Steinmetz 2003 p.337). As a branch of philosophy, epistemology “inquires into the nature and possibility of knowledge” (Mautner 1997), that is whether something can be known at all, and if so, how it can be known. This question becomes particularly interesting in attempts to measure and/or verify the existence of non-material or abstract entities, such as mind and self. The scientific paradigm used, and the theoretical framework selected for a study constitute the methodological basis of a research design.

4.2.1 The acquisition of knowledge via opposing scientific paradigms

The perpetual strands of idealism and realism, namely whether knowledge is derived from the sphere of ideas versus the sphere of objects, constitute the fundamental philosophical difference between the two scientific paradigms and, as such, determine the theoretical and methodological approaches to knowledge acquisition (Babbie 1995; Neuman 1997; Marshall 1998; Cole 2002; Delanty & Strydom 2003; Walliman 2006). Although the present study is empirical in nature, the analysis and interpretation of data have to engage with abstract concepts such as the mind, the self, and meaning, as well as with concepts relating to skin, body, signs and symbols in the world of sense and experience. In addition, as discussed in Chapter Three, the theoretical perspective of interactionism is rooted in philosophical pragmatism as a way of knowledge acquisition. Rationalism,

empiricism and philosophical pragmatism therefore need to be discussed briefly.

Rationalism is referred to as a theory of knowledge "according to which knowledge properly so called springs from the operations of the faculty of reason rather than being based on experience" (Mautner 1997 p.470). A purely rationalistic approach can build a theory that consists entirely of abstract ideas by claiming knowledge to exist *a priori*, which means that something can be known prior to experience. Beginning with a hypothesis, which might consist of abstract concepts only, a rationalist epistemology uses deductive processes to move from the general to the specific in order to test, confirm or refute a hypothesis which might be based on formal logic, syntax, and the verifiability of the meaning of propositions and statements. Inferences so deduced are usually accepted as correct.

However, critics point out that, although an argument might have logical validity based on its structure, one cannot assume that the premises or assumptions contained in hypothetical propositions, be they symbols, ideas, beliefs or any other premise or assumption, are necessarily valid. For example, according to the simple logical operator of: if p then q; p; therefore q, a contemporary argument might read: if self-injury constitutes pathology, it must be treated medically. Self-injury constitutes pathology. Self-injury must be treated medically. Although this is a valid construct of an argument known as *modus ponens* [the mode that affirms] (Phelan & Reynolds 1996) the

premises, and therefore the conclusions contained in that argument might not be correct. Ergo, the internally correct logic of the structure of the argument does not guarantee its empirical validity. Therefore, the empiricists argued, one cannot rely on pure reason, logic, ideas, and scientific rationalism as a method of knowledge acquisition based on premises or *a priori* assumptions, rational as they might appear.

Empiricism (derived from the Greek term *empeiria* [meaning experience]) is a theory of knowledge which posits that all knowledge derives from sensory experience. Empiricists therefore embrace positivism as a “philosophy of physics/science” (Marshall 1998 p.510) (which engages with the logic of phenomena, appearances, tangible entities) as opposed to a “philosophy of metaphysics” (which engages with the intangible, logic and ideas). The only true source of knowledge, empiricists argue, is based on experience and, as such, is verifiable (Abercrombie, Hill & Turner 2000). By deriving knowledge from experience, that is *a posteriori*, the processes of knowledge acquisition and theory building move inductively from the specific to the general and it is in this process that verifiability and reliability are thought to be found.

Yet, although based on experience, inductive reasoning is not without its problems either. As Bertrand Russell’s (1872-1970) story of the unfortunate chicken illustrates, “conclusions based on projections beyond what has already been observed are not guaranteed” (Phelan & Reynolds 1996 p.150). In this example, ever since the chicken had

been hatched it was fed, every day, at the same time, by the same farmer. Based on its experience, the chicken had taken variables such as food supply and regular feeding times for granted and therefore failed to consider the probability of any changes to occur. It was confronted with the error of its inductive reasoning on the day it was slaughtered. Russell's point was that generalisations regarding the explanandum can only be made on the basis of the degree of probabilities in which the observed phenomena are likely to recur. In the chicken's case such probabilities were high as, from the day it was born until the day it died, all variables remained constant. Still, this cannot be guaranteed, which is why induction has been referred to as "the weak link in empirical science" (Crotty 2003 p.32). Evidently, neither pure rationalism, nor pure empiricism are methodologically sufficient to answering the questions of knowledge acquisition regarding the study of man and society, which is why, in the nineteenth century, philosophers began to espouse philosophical pragmatism as a method of knowledge acquisition. Particularly noted in connection with interactionism are Peirce, James and Dewey.

Charles Saunders Peirce's (1839-1914) pragmatist theory of knowledge acquisition was developed at a time when rationalism, empiricism and positivism as approaches to knowledge acquisition had become significantly influenced by evolutionary theory (Mead 1936). In contrast to metaphysics, logic, and the fixed categories espoused by rationalism, and in contrast to the subjective sense experience advocated by empiricism, the new, evolutionary theory was presented

as being process-based (Mead 1936). Process-based thinking highlights the fact that knowledge in itself is processual, changeable and relative. Peirce's (1960 [orig.pub.1931]) discussions on the lessons from the history of science point out that knowledge is constructed socially, not merely hypothetically, and therefore carries meaning and value. Pragmatism's characteristics of being process-oriented, realistic, relative and socially constructed were popularised by William James about two decades later (Reynolds & Herman-Kinney 2003; Helle 2005). As stated by Stryker (2002 p.18), "there was a common conviction that while psychology as the science of man was basic to an understanding of society, psychology itself could not be comprehended without taking into account the facts of human association". Human association is one of the main elements that became foundational to early interactionist theorising (particularly in relation to the notion of 'self'), together with the processual and pragmatic method of knowledge acquisition. The third philosopher mentioned frequently in connection with symbolic interactionism is John Dewey (1859-1952). Dewey was an ardent educationalist and pursued a social-theoretical understanding of how best to equip the younger generation of Americans to adjust to their fast-changing society (Helle 2005). However, whilst Dewey "formulated the concept of habit, he was most critical of the theories of motivation which ignored the role of social interaction in human behaviour" (Meltzer et al 1975 pp.1-15). "By attacking the dualism of the stimulus-response thinking, Dewey considerably expanded the real role of both individual and social elements in explaining specifically human behaviour"

(Reynolds & Herman-Kinney 2003 p.56). Dewey's (1922) discussions of human nature, conduct, habit, mind and society rejected a purely biological concept of man, as much as he rejected the concept of a separate mind as pursued by what he called "traditional psychology" (1922 p.85). Dewey (1917) was interested in the social component in the formation of man and society and argued for a 'social psychology' which places the development of human beings within the social contexts in which they are located.

Peirce, James and Dewey emphasise that philosophical pragmatism is "a method, not a doctrine", which facilitates the study of processual, interactive associations between the individual and society (Barbalet 2004 p.337). Although philosophical pragmatism has been critiqued as being unscientific (James 1907), this approach to knowledge acquisition acknowledges the hitherto excluded individual as an active participant in such processes, an argument which is also espoused by Simmel and Weber. It is critical, however, to be sure of the unit of analysis under investigation before proceeding with any particular methodology or mode of explanation. Units of analysis and modes of explanations are therefore discussed in the following section.

4.3 Units of analysis and modes of explanation

As indicated in the review of literature, the mental health discourse frames self-harming behaviour as an individual pathology. The majority of studies discussed in Chapter Two concentrate on the

individual variously as a biological entity, a physiological organism, or as suffering from psychological/personality disorders. However, due to globally rising incidents of self-injury, self-cutting is now being conceptualised as a public health problem which, from a sociological perspective, positions the behaviour as a 'social fact' that needs to be dealt with. A study of prevalence estimates of self-injury as a social fact, in relation to other social facts, would be akin to Emile Durkheim's (1858–1917) approach of studying rates of suicide as a social fact, in relation to other social facts.

4.3.1 The positivistic mode of explanation: social facts

Durkheim's (1952 p.307) argument for theorising suicide rates as a social fact, in relation to other social facts, is that

"...the individuals making up a society change from year to year, yet the number of suicides is the same so long as the society itself does not change. The population of Paris renews itself very rapidly; yet the share of Paris in the total of French suicides remains practically the same. The causes which thus fix the contingent of voluntary deaths for a given society, or one part of it, must then be independent of individuals, since they retain the same intensity no matter what particular persons they operate on".

Therefore, Durkheim claims, "the social suicide rate can be explained only sociologically" (Durkheim 1952 p.299). This approach is in line with Durkheim's general assertion that individuals' "psychological states", as he calls them, are "a consequence of social phenomena" (Cheal 2005 p.13). For Durkheim, 'things' like strong nationalistic undercurrents, major economic changes, significant social adjustments and entrenched religious ideologies, constitute facts (Swingewood 2000). These are facts which are external to the individual and, as Durkheim insists, ought to be investigated as 'social facts', as things in their own right: "Durkheim saw people as very much socially constructed and society as preceding and forming the individual" (Farganis 2004 p.57); yet, he draws a sharp distinction between society and individual. However, proponents of alternative modes of explanation, joined by critics writing on the topic of suicide such as Douglas (1967), argue that social determinism ought not to be regarded as the primary explanation of acts of suicides or, in the present study, acts of self-injury.

Yet, whilst the aim of Durkheim's sociology was to investigate suicide scientifically, *rates* of suicide were the only measurable, and therefore so called scientific information which the positivistic method could produce. The results still had to be explained by unmeasurable, and therefore unscientific, 'social facts' such as strong/weak integration and strong/weak regulation, bearing in mind that individual causes were not admitted. The difficulty lies in the positivistic method itself, namely having to prove one fact through the evidence of another, and

neither alienation (weak integration), nor anomie (weak regulation), are verifiable facts according to the positivistic method itself. As Weber (1964) points out, the causality of natural sciences and causality of human sciences is differentiated by the fact that the chain of causality in natural phenomena does not involve meaning. The scientific method used to explain nature, it is argued, is therefore inadequate for explaining human nature/motives. Durkheim's (1980 [orig.pub.1895]) positivistic approach to the topic of suicide is critiqued on this very point, namely that once data had been collected, it needed to be interpreted in terms of human motives, such as individuals' perceptions of weak integration/regulation, in order to render statistical information socially relevant (Douglas 1967) and provide meaning for action (Frisby & Sayer 1986).

As a system that is part of a wider societal structure, the National Health Service in the UK might indeed conceive of rates / prevalence estimates of self-injury as yet another social fact to be dealt with. Yet, statistical information does not tell us anything about aetiologies, apart from discussions which frame self-injury as an individual pathology. This dissertation therefore seeks to understand the human motives, created in processes of social interaction as argued by Simmel, Cooley, Thomas and Mead, which inform such behaviours. Therefore, whilst the present study *does* embrace the notion of a collective conscience, and of social facts, it nonetheless holds that the positivistic mode of explanation used to explain such social facts can only provide part of an explanation.

Nonetheless, Durkheim's insight, namely that individuals are influenced by forces external to them, remains a recurring theme in this dissertation. As Durkheim might have done, the present study questions whether high prevalence figures of self-injury can be interpreted as purely individual pathologies. The unit of analysis therefore, for this dissertation, is not the individual; however, individuals' explanations are needed in order to gain their interpretations of social facts (the existence and influence of which is the fundamental assumption of this thesis), which motivate self-injurious behaviours. This delicate balance is debated in the following section.

4.3.2 The interpretive mode of explanation: individual actors

Due to its methodological focus on the individual actor rather than on collective entities, interpretive sociology has often been termed reductionist (Crotty 2003), and many criticisms have been levelled against Weber's *Verstehende Soziologie* [translated as interpretive sociology] for its alleged tendencies towards methodological individualism (Wanderer 2005). Many a reason for accusing Weber of methodological individualism can be traced to the terms *Erklärung* (explanation) and *verstehen* (understanding) which were central to debates concerning the methodologies of the natural sciences versus the human sciences and, as such, part of the emergence of sociology as a discipline itself (Wanderer 2005).

4.3.2.1 *Erklärung, verstehen, or methodological individualism?*

Frequent misunderstandings of Weber's usage of the term *verstehen* are no doubt due to the multiple meanings of the word in its original German context. The verb *verstehen* is ascribed a range of meanings, depending on the context in which it is used. For example, *verstehen* can mean *erfassen* (cognitive understanding); *auffassen* (to conceive of, or to assign meaning); *auslegen* (to interpret); *begreifen* (to comprehend). Due to the different ways in which the term can be interpreted, Weber uses the expression "*aktuelles Verstehen*" (observational understanding [the actual, observed meaning which can then be conveyed descriptively]) and "*erklärendes Verstehen*" (explanatory understanding [the motivation/reason for an act]) (Weber 1984 p.24 [orig.pub.1921]). The adjectives '*aktuelles*' and '*erklärendes*' are added to the verb *verstehen* in order to clarify its meaning in each case. Weber emphasises that "*...Verstehen heißt in all diesen Fällen: deutende Erfassung*" (Weber 1984 p.25 [orig.pub.1921]) (...in all these cases the meaning of the act needs to be understood [through interpretation supplied by the actor] as opposed to being described only [based on the observer's cognition/interpretation]). The multiple meanings of the word *verstehen* in its original German usage have not only presented difficulties for translators, but also fuelled many debates, as the concept of seeking an explanatory or interpretive understanding of an actor's motives lies at the heart of Weber's methodology.

Freund (1968 p.37) reminds us that "Weber's epistemological ideas must be viewed against the background of the methodological quarrel which divided German academics toward the end of the nineteenth century". According to Rossides (1978 p.356), entrenched "fixed logic and fixed morality" were challenged by profound political, economic and social changes, as well as by the influence of positivistic methodology. However, Weber rejects a purely scientific method of explaining social phenomena on the basis that both a "*causally adequate* understanding *and* [emphasis mine] a *meaningful adequate* understanding" (Timasheff 1967 p.172) are required for the study of man and society.

Yet, although Weber does not endorse positivism as the primary methodology to be applied to the study of society, he states very clearly that descriptive statistics and causal explanation as espoused by the positivists are critical to the understanding of its functioning (Weber 1984 [orig.pub.1921]); Parkin 1982). However, he also asserts that individuals' acts cannot be understood 'meaningfully' if they are merely being described, or measured, and then expressed in terms of 'rates' of suicide or self-injury, for example. Weber argues that an adequate causal interpretation cannot be achieved without understanding what motivated the action¹⁷. The English translation (Weber 1964 p.99) by Henderson & Parsons reads: "A correct causal interpretation of a concrete course of action is arrived at when the

¹⁷ As expressed in Weber's original text: „Eine richtige kausale Deutung eines konkreten Handelns bedeutet, dass der äußere Ablauf und das Motiv zutreffend und zugleich in ihrem Zusammenhang sinnhaft verständlich erkannt sind“ (Weber 1984 p.28 [orig.pub.1921]).

overt action and the motives have both been correctly apprehended and at the same time their relation has become meaningfully comprehensible". As such, "interpretation is properly a logical method whereby we may be enabled to grasp the significance of an activity or mode of behaviour" (Freund 1968 p.98). In other words, Weber's essentially historical approach to understanding man and society is interested not only in *what* is happening in a society, but also in *why* it is happening, which means that it is imperative for an interpretive methodology to be admitted.

However, it is understandable how examples used by Weber himself might have prompted accusations of reductionism. For example, when discussing economics, Weber states that although demand and supply are mostly discussed in terms of collectives, they have to be considered in terms of individuals if one aims to establish adequate cause for demand fluctuations. "Any form of functional analysis which proceeds from the whole to the parts can accomplish only a preliminary preparation for this investigation - a preparation, the utility and indispensability of which, if carried out properly, is naturally beyond question" (Weber 1964 p.107; Weber 1984 p.36 [orig. pub.1921]). Therefore, "any science may apply either the generalizing or the individualising method, depending on the needs of research. There is no reason why sociology should, as a matter of principle, ignore individual phenomena" (Freund 1968 p.90). Rossides (1978) provides much clarity in pointing out that Weber does not view the individual as a substantive unit of analysis, but rather as a

methodological unit of analysis. Parkin (1982 p.21) concurs and states that "...this suggests that *verstehen* is to be understood not as an alternative to positivism and the scientific method, as it is sometimes said to be, but as a corrective against the too mechanical application of this method". Ruben (1985 p.131) too observes that methodological individualism is "a doctrine about explanation rather than an ontological doctrine about social wholes and individual parts". As debates on methodological individualism continue, Wanderer (2005 p.50) emphasises again that "the individual might well be the agent, the methodological observational unit, but for Weber the individual is not the direct subject (matter) of the science of sociology", as it would be in psychology. This is also the view applied to the present study. Whilst information was elicited from individuals in face-to-face interviews, this dissertation does not treat the individual as its substantive unit of analysis. Instead, acts of self-injury are investigated as part of the social contexts in which they are located. Social contexts, in turn, are created by Simmelian social interactions, societal processes, and Durkheimian social-facts. Although this dissertation uses Weber's interpretive mode of explanation, it does not treat the individual actor as its substantive unit of analysis.

Synopsis

Durkheim's units of analysis are, essentially, *rates* of suicide. This statistical information, however, needs additional conceptual constructs, such as weak integration/regulation for example, to render

the information socially relevant. The concepts of alienation and anomie themselves are subsequently described as 'social facts'. Since one fact (statistics) cannot be evidenced by another fact, but only theorised by using conceptual constructs, one needs to question the adequacy of a positivistic approach to investigating social phenomena, except for the purposes of measuring and/or counting recurring phenomena. In contrast, Weber sought individual actors' explanations so that situations can be understood and interpreted meaningfully. An alternative approach to understanding society is taken by Simmel, who attempts to achieve a synthesis between social facts and the meaning ascribed to them by individual actors via the concept of sociation. Simmel's ontology of society as an abstract concept, and/or as a web of interactions and relationships, was discussed in Chapter Three. The methodological implications thereof are discussed in Section 4.3.3.

4.3.3 The interactionist mode of explanation: sociation

Simmel (1971 [orig.pub.1908]) uses the concept of 'sociation' to argue for an alternative unit of analysis. In line with the pragmatist, processual understanding of knowledge acquisition regarding man and society, Simmel considers "interaction as a level of analysis between the individual and social facts" (Cheal 2005 p.28). On the basis that "society is not a thing, but an event or a process, or rather a number of processes" (Cheal 2005 p.29) Simmel advocates the empirical study of interactions between "the individual unit and the unit of individuals" (Simmel 1955, cited in Cheal 2005 p.30). As discussed in Chapter

Three, this concurs with the standpoint of an interactionist theoretical position, in which the processes of social interaction constitute the units of analysis. As argued in Chapter Three, this approach is an alternative to Durkheim's positivistic approach to working with rates of self-injury, whilst embracing the Weberian concept of accessing individual actors' meaningful interpretation of acts of self-injury.

Simmel's ontological view of society as a web of interactions shapes his demarcation of the task of sociology, which is "to study the forms of interaction and sociation" (Frisby & Sayer 1986 p.55). In his work entitled '*Das Problem der Soziologie*' Simmel describes the task of sociology as a method¹⁸. As expressed by Frisby (2002 p.xv), "...the discipline [of sociology] is grounded not so much in terms of its subject matter but in terms of its distinctive method, which relies upon abstracting the forms of sociation for sociological investigation".

However, since it is methodologically not possible to separate forms of social interaction, such as conflict or domination, from the psychological states of individuals entirely, Simmel is critiqued for "providing a psychologistic foundation for sociology" (Frisby 2002 p.57). In Simmel's defence, Dahme (1981, cited in Frisby 2002 p.57) argues that "...whilst statistical figures, interpreted social-psychologically, bring out qualities of individuals, viewed sociologically they bring out the features of interaction". This methodological

¹⁸ The original text reads: "*Die Soziologie also, in ihrer Beziehung zu den bestehenden Wissenschaften, ist eine neue Methode, ein Hilfsmittel der Forschung, um den Erscheinungen aller jener Gebiete auf einem neuen Wege beizukommen*" (Simmel 1908 p.3).

difference is also emphasised by Charon (2007) and depicted in Figure 3.4.1, as sociological and psychological studies do assign different logical priorities to their units of analysis. Sociological enquiries cannot ignore the historical and contemporary contexts in which social interactions are embedded. As emphasised by the interactionists, the mind is social. However, as Spykman (2004 p.73 [orig.pub.1925]) points out, "the social actuality cannot be grasped in its immediate totality. It can only be made intelligible when resolved through abstractions into special fields of scientific investigation". Frisby (2002 pp.62-63) reaches the same conclusion and emphasises that the sociologist "...must abstract the forms of sociation from social reality. The object of sociology, lying in social agents of sociation, thus becomes empirically accessible". Forms of sociation, therefore, as experienced, interpreted, and lived in processes of social interaction, constitute the units of analysis of this dissertation. As was argued in Section 4.2, ontology influences epistemology.

Synopsis

Neither entirely external to the individual nor entirely intrinsic to the individual, acts of self-injury are imbued with highly individualistic meanings which, as this dissertation assumes, are derived from social interaction. The present study therefore takes the processes of social interaction, and the meanings derived from them, as its units of analysis. As stated, the ontology, epistemology and interpretive mode of explanation discussed in the current chapter complement, and are

congruent with, the theoretical framework selected in relation to self, body and social interaction. Stated differently, the philosophical, theoretical and methodological elements of this study evidence a coherent structure, based on which the design and operationalisation of the study was commenced.

4.4 Research design and operationalisation

Having established the theoretical and methodological framework in Chapters Three and Four respectively, this section discusses the methods selected for the operationalisation of this study. The ethical considerations of working with a vulnerable sample are discussed in relation to sample selection, sample recruitment, and the credibility of the data collected. In line with the conventions of qualitative research, the account of the research processes has been rendered reflexively.

4.4.1 Qualitative research methods

The qualitative approach to investigating the topic of self-injury stands in sharp contrast to the quantitative mode of enquiry used for the vast majority of studies reviewed in Chapter Two. Based on positivistic epistemologies, most of these studies are carried out in controlled environments and use quantitative methods to measure a pre-selected range of variables. In contrast, qualitative methods aim to capture the context in which social meanings are constructed (Denzin & Lincoln 2003; Holloway 1997; Lincoln & Guba 2003), and acknowledge the

multi-layered complexity of social life (Mason 2002b; Berg 2007) within which self-injury takes place. Tables 4.4.1 and 4.4.2 present an overview of the salient differences between quantitative and qualitative research paradigms:

Table 4.4.1 Quantitative versus qualitative research methods

Quantitative	Qualitative
Measure objective facts	Construct social reality
Focus on variables	Focus on interactive processes and events
Reliability is key	Authenticity is key
Value free	Values are present and explicit
Independent of context	Situationally constrained
Many cases or subjects	Few cases or subjects
Statistical analysis	Thematic analysis
Researcher is detached	Researcher is involved

Sources: Mostyn (1985 in Neuman 1997); Denzin & Lincoln (2003); Lincoln & Guba (2003); Creswell (2007)

The differences between quantitative and qualitative methodologies highlighted in Table 4.4.1 confirm the underlying ontological and epistemological positions discussed in Sections 4.2 and 4.3. The need and the requirement to render quantitative information socially and contextually meaningful support the interpretive, qualitative approach taken by the present study. Distinguishing features of quantitative versus qualitative research paradigms as discussed by Bryman (2004) are shown in Table 4.4.2.

Table 4.4.2 Quantitative and qualitative research paradigms

Quantitative approaches	Qualitative approaches
Numbers	Words
Point of view of researcher	Point of view of participants
Researcher distant	Researcher close
Static	Process
Structured	Unstructured
Generalisation	Contextual understanding
Hard, reliable data	Rich, deep data
Artificial settings	Natural settings
Behaviour	Meaning

Source: Adapted from Bryman (2004)

The design of the present study followed qualitative approaches outlined in Table 4.4.2. For example, the interview schedule¹⁹ was loosely structured around five main questions. This allowed interviewees' responses to flow uninterruptedly, which in turn meant that participants embedded events within the contexts which created them. The links and connections produced by respondents, in relation to self-injury, were extremely useful in the later analysis and interpretation of data. As evidenced in Chapter Five, the data collected are rich, meaningful, and produced original findings concerning aetiologies of self-injury, as respondents spoke about their micro and meso environments which constitute the social settings of their lives. Interviews took place at the drop-in centres which respondents visited. This meant that the settings were familiar rather than artificial, and that participants' counsellors were on the premises, all of which contributed to assuring a vulnerable sample.

¹⁹ Semi-structured interview schedule: Appendix 3

Synopsis

The evident differences between qualitative and quantitative approaches arise from the underlying philosophical viewpoints which inform a study. In this dissertation, for example, the selection of qualitative research methods was determined by, and congruent with, the study's exploratory nature, its sociological theoretical framework, the ontological status of its units of analysis, and its interpretive mode of explanation as discussed in Chapters Three and Four respectively. The design of activities such as sample selection, the construction of the interview-schedule, the interview itself, and the analysis and interpretation of data are therefore congruent with the philosophical and theoretical positions taken. These methods are now discussed in detail.

4.4.2 Sample selection: rationale and criteria

Many of the studies reviewed in Chapter Two drew their samples from clinical populations on psychiatric wards. Data collected from such cohorts might be discredited as being problematic to start with. Williams (2002 p.128) uses the expression "the status of the set of evidence" to emphasise this point. Sources of evidence constitute a core element of any study, which is why a discredited or low status of evidence might have weakened the validity of the data obtained for this dissertation considerably. Since data collected in the present study are intended to be used to theorise inductively from the specific to a

wider social milieu (Williams 2002; Mason 2002b), particularly in view of the prevalence of self-injury, data need to be accorded credibility with regard to their origin.

The dissertation therefore sought a sample that did not reside in a confined environment such as psychiatric wards or prisons, had not been stigmatised, and did not carry any readily recognisable labels. This approach to sample selection meant that I did not use existing sampling frames such as patient files, case notes, attendance registers and/or similar lists, which narrowed the field from which I could recruit participants quite significantly. The best remaining approach was to source my sample via drop-in centres which were open to the general public, some of whom self-injure. Some of the technical aspects related to sampling are discussed briefly in the following section.

4.4.2.1 The criteriology of sampling

The type of sampling used for this study, that is, referrals via agency personnel to the population they work with, is known as purposive sampling, snowball sampling or chain sampling (Creswell 2007). This technique is used when the sample "spreads on the basis of original cases" (Babbie 1995 p.207), or when appropriate samples are difficult to find (Neuman 1997), which was the case in the present study. The snowballing technique therefore "is sometimes the best way to locate subjects with certain attributes or characteristics necessary in the study" (Berg 2007 p.44). The main sample characteristic sought for

this study was for participants to be drawn from the wider community or population as opposed to being drawn from pre-stigmatised settings. The terms community sample²⁰ and population sample are therefore used interchangeably throughout the remaining chapters.

Conceptually thought of in qualitative research as purposive sampling (Creswell 2007), snowball sampling belongs to the category of non-probability sampling, which means that not everyone in a particular population has the same chance of being selected (Babbie 1995; Neuman 1997). The non-probability status of the small sample used means that this study cannot claim that findings will be statistically representative of the wider general population. However, this study has no intention to make such claims. Instead of attempting to make an "empirical generalisation" based on statistical measurement, this dissertation set out to explore whether a "theoretical generalisation" (Mason 2002b p.195) could be made from my sample to the wider population of those who self-injure. As discussed throughout this dissertation, the present study assumes that aetiologies of self-injury are located in social interactions, an assumption which is based on the global prevalence of self-injury. A sociological, theoretical generalisation is critical if acts of self-injury are to be acknowledged as a wider social problem, rather than as an individual pathology or personality disorder. It is the meaning attached to such processes, rather than the measurement of them, that is of theoretical importance

²⁰ The interchangeable use of the terms community sample and/or population sample emphasises that respondents were drawn from the general public and not from a clinical population, a prison population, residential child-care settings and similar environments.

to exploring relationships between self-injurious behaviours and social interaction.

Essentially, as Mason (2002b) argues, the sampling logic needs to support the aims of the project, whether that means achieving “empirical representation of a wider universe” or “helping one to develop theoretically and empirically grounded arguments that are focussed on certain research questions, each of which says something different about the relationship of the sample to the wider universe” (Mason 2002b p.123). Expressed differently, procedures are a means to an end, but it is imperative to justify intellectually and methodologically why preference was given to any one particular method or procedure. The operationalisation of the present study also had to consider the requirements as set out by the University’s Ethical Committee.

4.4.2.2 Ethical considerations

Since the study involved a vulnerable sample, the University’s Ethics Committee stipulated that adequate support had to be provided during interviews. Interviewees had to have access to counselling throughout the interview in case they felt distressed, decided to exit prematurely, or felt the need to be debriefed after the session. The logistical implications of this requirement were profound. In order to make counselling available, the following options were considered: (a), to arrange for a counsellor to be present at each interview, but this was

outside of the financial remit of the project; (b), to arrange interviews at the University where colleagues, in their role as trained counsellors, had offered to be in attendance. However, unless respondents could be sourced locally, this was not a realistic option either, as the project would have had to reimburse interviewees' travel expenses, which also lay outside of its financial remit. The most practical option therefore was to obtain referrals through agencies and to conduct interviews at their premises.

4.4.3 Sample recruitment

The combination of factors, such as the sample characteristics sought, and having to meet the requirements of the University's Ethical Committee, influenced the logistics of sample recruitment. The recruitment process and its challenges are described in the following section.

4.4.3.1 Drop-in centres versus Internet options

A number of agencies in Scotland, England and Wales were contacted. Such organisations are frequently advertised as drop-in centres which offer advice or counselling to anyone who might 'drop-in', some of whom might engage in self-harm/self-injury. During the initial phase of establishing contact with drop-in centres I provided a research information sheet²¹ which provided some detail on the study, a copy of

²¹ Research Information Sheet: Appendix 1

the consent form²² to be signed by participants and, where requested, a copy of the semi-structured interview schedule²³. Managers and/or counsellors therefore had sufficient information on which to base their decision of whether or not to support my study. The research information sheet stated the aim and purpose of the research and could either be displayed on a notice board in the foyer/reception area or be given to interested individuals directly. Prospective interviewees could then approach either their contact person at the agency or the researcher directly to set up interviews. Participation was open to anyone above the age of 16. No other inclusion or exclusion criteria were set.

However, this approach proved to be difficult and slow for a number of reasons. Firstly, I was not known in the field and therefore did not have the benefit of referrals. Secondly, the agencies I contacted are well-known, and some of them had been involved in research activities on self-harm fairly recently and were therefore reluctant to take part in yet another study. Thirdly, the expense of frequent travel throughout the UK, coupled with the uncertainty of whether interviewees would keep their appointments, required careful consideration. For example, at one particular visit five interviews had been arranged, but only two participants had felt strong enough to be interviewed on that day. That, agency staff stated, was the nature of their business.

²² Consent form: Appendix 2

²³ Semi-structured interview schedule: Appendix 3

Given such realities I also attempted to recruit participants via the internet with a view of possibly setting up interviews at the University, if interested parties resided not too far away; as discussed, travelling costs were a consideration. Accordingly, I sought the permission and support of three different web-site moderators; the selected websites are well known self-harm sites, which host a range of different fora and prohibit 'triggering' content from being posted. Yet, only one moderator, namely SIARI (Self-injury and Related Issues) was happy to post my research invitation on their site. However, whilst perhaps surprising, this might not be unusual: as Adams, Rodham & Gavin (2005) report, of the ten web-sites contacted to recruit samples for their study, only one participated. Furthermore, although my announcement was very specific and was hosted for several months, it did not yield a single response. Reportedly, individuals who belong to on-line communities are quite happy to complete on-line questionnaires, but are reluctant to participate in face-to-face interviews. As expressed by Whitlock et al (2006 p.408), there appears to be a "greater willingness to share thoughts and feelings on-line than they would in face-to-face situations". This point is also highlighted by Zhao (2005 p.387), who studied the digital-self or, in other words, the formation of the self via "tele-copresent others". The 'presentation of self' is described as disembodied, inwardly oriented, and narrative in nature, since one needs to describe oneself to an equally disembodied audience. Emotionally traumatised individuals may find such communications less confrontational, less threatening, and therefore easier to cope with than face-to-face encounters. This point was later

confirmed by some interviewees and is discussed further in Chapter Six.

Yet, although "Internet-based data collection is now part of the mainstream canon of methodological choices" (Stewart & Williams 2005 p.395), there are technical, methodological and ethical considerations to conducting on-line research. For example, the logistics of setting up an Internet-based study include the difficulty of verifying respondents' authenticity. A researcher can never be quite certain whether sample characteristics such as age or gender are genuine. There is also the possibility of confidentiality being compromised if communication were to be intercepted, traced or read by those who 'lurk' without participating in the forum (Brownlow & O'Dell 2002). In addition, although one might have secured the co-operation of the site moderator, a researcher still has to provide a justification for entering chat rooms which are perceived as private rather than public domains (Hudson & Bruckman 2004) by those using such rooms. Finally, as regards ethical considerations, the researcher is not in a position to ascertain if or when a question might be perceived as triggering, nor is one able to ensure that debriefing or counselling services are in place. A comprehensive discussion of the advantages and disadvantages of Internet-based social science research remains outside the remit of this study. However, on the basis of wanting to collect rich data through fairly unstructured conversations, I decided against an Internet-based approach to sample recruitment and data collection, and kept contacting the gatekeepers,

namely agencies, in the hope that they would allow me access to some of their 'clients'.

4.4.3.2 Access to the elusive sample

The pilot interview was conducted in England in July 2006. The feedback received indicated that the interview questions were perceived as appropriate, and that no relevant issues/questions had been omitted. This occasion also provided an excellent opportunity for a lengthy conversation with one of the counsellors about the qualitative and sociological approach of the present study. This chat resulted in two more interviews being set up. The organisation I worked with in Scotland is headquartered in Edinburgh and runs drop-in centres throughout Scotland. The usual contact procedures were followed initially, but it was a conference on self-harm in Edinburgh which eventually presented opportunities for networking, introductions, and meeting existing but hitherto e-mail based contacts during workshops. Consequently, over the course of the following few months, I was invited to interview respondents in five different shires in Scotland. Participants were promised that pseudonyms would be used and that exact geographical locations would remain undisclosed. Data were collected between July 2006 and May 2007.

Although it took a year to gain access and to interview a sample of fifteen participants, the study achieved what it set out to do, namely to gather data from a population sample, or community sample, as

opposed to samples drawn from psychiatric wards, prisons or residential settings. The sample is described in the following section.

4.4.3.3 The sample and its characteristics

The sample size of fifteen respondents was determined by both practicality and convention. Firstly, from a practical point of view, the period of data collection was not to be extended beyond one year. Secondly, fifteen participants were deemed to constitute an adequate sample size. This is based on the notion of data saturation, which is a concept originally advocated as part of Glaser & Strauss' (1967) grounded theory approach. As expressed by Marshall (1996), data saturation "usually becomes obvious as the study progresses, as new categories, themes or explanations stop emerging". Guest, Brunce & Johnson's (2006) research points out that such saturation occurs at between 12-15 respondents in most instances. Factors which may influence saturation points are the complexity of data, the degree of homogeneity of the sample, and the number of researchers involved in the coding process (Guest et al 2006).

Except for participants having to be above 16 years of age, no inclusion and/or exclusion criteria had been set. The sample's basic biographical data such as gender, age and education are presented in Table 4.4.3.

Table 4.4.3 Sample gender, age and education

Name²⁴	Gender	Age	Education
Lucy	F	16	Highers ²⁵
Claire	F	19	College
Georgina	F	19	Schooling
Megan	F	19	College
Riley	F	19	Highers
Benjamin	M	22	Starting university
Ray	M	22	College
Ruby	F	22	University – left after two years
Samantha	F	24	University degree, postgraduate
Glen	M	25	College
Elisabeth	F	27	University degree, postgraduate
Luke	M	28	University – left after two years
Liam	M	40	Schooling
Eve	F	40	University degree
Anna	F	57	University degree

The sample of fifteen interviewees was composed of ten female and five male participants whose ages ranged from 16 to 57 years. This composition reflects the recent trend of the willingness not only of males, but also of individuals in mature age groups, to talk about self-injury. Although academic literature has not yet reported on such specific cohorts, this sample confirms recent anecdotal accounts from various agency staff that the practice of self-injury is not confined to a predominantly young and female population. The sample is therefore not to be regarded as atypical; it indicates that the practice of self-injury is spread more widely in the general population than has been acknowledged in current literature.

²⁴ Pseudonyms are used throughout the dissertation.

²⁵ Highers are exams taken in the 5th and/or 6th year of Secondary School in Scotland.

At first glance the study sample's educational profile appears to be skewed toward tertiary education, which might be interpreted as constituting an 'articulate' sample and therefore as non-representative of the wider population of those who self-injure. However, levels of education did not constitute a variable *per se* in any of the studies reviewed and, according to the data collected for the present study, were not significant in terms of self-injurious behaviour in this cohort either. Instead, younger interviewees' abilities to articulate aspects of self-injury were reportedly facilitated by a degree of emotional distance gained from self-injury as they had begun a process of working through certain situations. Most of the younger interviewees stated that even a short while ago they would have been unable to talk about their self-injury. Mature interviewees had gained that distance already, but were glad to have been offered opportunities for counselling outside of a psychiatric setting. This allowed them to speak about self-injury in what they perceived to be an unthreatening environment.

The study sample represents a cross-section of the population engaged in the practice of self-injury. However, this does not mean that the sample is representative of the general population. Such non-representation is due to the inherently non-representative nature of the sample itself. As stated in Section 4.4.2.1, the logic of non-probability snowball sampling does not seek to draw statistical inferences from a sample to the wider, general population. The same logic applies to the notion of generalisation; this dissertation does not

claim to make an empirical generalisation based on statistical measurement (Mason 2002b). Instead, it seeks to develop a 'theoretical generalisation' of the practice of self-injury, notwithstanding the unique and varied personal biographies of the individuals who contributed to the generation of the data. Aspects of self-injury such as intent, methods used to self injure, and functions of such behaviours are therefore not treated as merely descriptive data and/or classificatory variables. Instead, they have been analysed and interpreted in relation to the research questions posed: (a) Are self-injurious acts to be understood as antecedent to suicide, antithetical to suicide, or perhaps both? (b) Is the practice of self-injury due to individual pathologies? (c) Is the prevalence of the practice of self-injury socially mediated? The discussion of findings is presented in Chapter Five.

4.4.3.4 Ethics revisited

Having had to follow the stipulations set out by the University's Ethics Committee rendered the process of data collection logistically difficult. However, the slow process appears to have been necessary in order to establish relationships not only between researcher and agencies, but also between researcher and interviewees. Respondents had the opportunity to read the research information sheet which stated the purpose and aims of the study, and to discuss this with their counsellor before deciding to take part in the study. The decision was theirs, which rendered them a self selected sample. From an ethical point of

view, the needs of a vulnerable sample were met: not only did interviews take place in the familiarity of their surroundings, but participants also had access to their own counsellor. Participants also knew that they could terminate the session at any point, without having to give a reason for doing so. The thoroughly prepared interview situations were highly conducive to sharing information freely. High quality, comprehensive data were obtained.

4.4.4 Generating data

In line with the qualitative research paradigm of this study a semi-structured interview schedule²⁶ was prepared. Wilson (1996) cautions that an interview schedule needs to remain flexible in case a respondent does not answer the question asked, answers a different question instead, or gives an answer unrelated to the topic. Tightly structured questions might provide more focus, but they tend to “force respondents into predetermined categories” (Gillham 2000 p.5), which limits and excludes data that could potentially be gathered. The challenge was therefore to construct an interview schedule which provided structure, but allowed respondents to relate experiences of self-injury freely, without being constrained by questions that were focused too tightly. Given the sensitive nature of the topic of self-injury, it was particularly important to be attuned to interviewees’ emotions during the interview. The interview schedule therefore guided respondents on the core questions, but many of the follow-up prompts

²⁶ Semi-structured interview schedule: Appendix 3

did not need to be asked, as interviewees linked events to their unique situations. The flexible structure of the interview schedule yielded high quality data.

4.4.4.1 The interviewing process

During the introductory part of the interview I followed the usual interviewing conventions: I thanked participants for their interest in the study, asked why they had decided to participate, and invited them to ask any questions they might have about the project. We confirmed the aims of the research, discussed the consent form²⁷, and noted the name of the counsellor on standby on the consent form before respondents signed it. I emphasised their right to exit the interview at any time without having to provide a reason for doing so. We spoke about issues regarding confidentiality and anonymity and I reassured participants that none of the information shared would be traceable to them. Although interviews were recorded and transcribed, pseudonyms were used and geographical locations remain undisclosed. If published, direct quotations used would therefore only be recognisable by the person him/herself. The fact that these ethical issues were addressed in the preliminary part of the interview contributed to establishing a relationship of integrity and mutual respect which, in turn, facilitated openness and trust during the interviews.

²⁷ Consent Form: Appendix 2

4.4.4.2 Construction and content of the interview schedule

Some researchers begin their interviews by asking participants for biographical data. Yet, as Schnell, Hill & Esser (2005) highlight, asking a person to provide biographical detail at the outset might create the impression that classificatory information is more important than the person or the problem. Having to answer a barrage of questions about age, family constellation, social-class and the like might seem not only irrelevant, but also intrusive. Some participants might be reluctant to reveal their background, in which case asking for biographical information would not make for the best start of an interview. In agreement with Schnell *et al* (2005 p.343), I decided to capture participants' interest with questions which were "likely to be perceived as relevant and unthreatening but still pertained directly to themselves". I therefore began by asking how they defined self-harm.

This definitional question was not only unthreatening, but also linked our preliminary conversation as described in Section 4.4.4.1 to the more sensitive questions which were to follow. The focus then shifted to the wider situational context of self-injury which, almost inevitably, would include biographical detail. Having discussed processes of social interaction, the interview schedule focussed on the individual once more. The final set of questions was deliberately distanced from person and situation, in order to allow participants to regain their emotional composure, in case such a need had arisen, before exiting the interview. The sequence of questions appeared to be well balanced

and conducive to minimising response errors. Response errors can occur if interviewees are reluctant to answer a question, are confused by a question, or feel uncomfortable for any reason during the interview (Wilson 1996; Schnell *et al* 2005). Careful consideration regarding the “substance, style, scope and sequence” (Mason 2002b p.67) of my questions, such as the content of my interview schedule, combined with my relational approach to interviewing, facilitated and accommodated a loosely structured, conversational, and freely flowing generation of data.

As Rubin & Rubin (1995 p.38) point out, “knowledge in qualitative interviewing is situational and conditional”. This applied to the interview situations so much so that, due to the ease of communication, many of the sub-questions listed on the questionnaire were never asked. They had been intended as prompts or follow-up questions, but interviewees spoke very openly and, in doing so, created conceptual links that were evidently important to them, which I then followed. This is clearly shown in the transcripts. Rubin & Rubin (1995 pp.158-161) refer to this pattern of interviewing as the “river and channel model”, where data are likened to channels that merge to become the main river, thus indicating the web of events as prioritised by the interviewee. The river and channel model differs from the “tree and branch” model in which “the trunk is the core topic and the branches are the main questions” Rubin & Rubin 1995 pp.158-161). The tree and branch model depicts a hierarchical order which tends to determine the structure of conversations. In practice, the

models are not strictly separated. However, the less structured approach of the river and channel model allowed interviewees to render their accounts as conceptualised by them. As discussed in Section 4.3, it is the Weberian actor's interpretation of acts and situations that is critically important in this study. Respondents dwelled on the contexts, described the mediating elements which led to highly stressful situations, related their experiences of events, and spoke of acts of self-injury as related to the interactions described. The richness of the data collected is presented in Chapter Five.

4.4.4.3 My role as interviewer

Having spent quite some time on establishing the setting, interviewees also understood that I was not speaking to them in a role as counsellor and that I would not be giving advice (Chirban 1996; Arksey & Knight, 1999; Wengraf 2002). My role was that of a listener who was interested in finding out respondents' views on the phenomenon of self-injury in relation to wider social milieus. My declared political interest was to write about participants' perspectives of self-harm and self-injury; this cast interviewees in the role of being the experts. Whilst issues of power and/or domination were inevitably inherent in my role of interviewer, to a degree, they did not unduly interfere in the interviewing process; at least, that was my perception. Participants knew that they were the authority on their behaviours; my role of interviewer did not bestow any such authority on the situation.

The interviews lasted between 60 and 90 minutes. I then asked participants whether they would like to comment on any issue that I might not have addressed but they felt was important, and whether they thought the questions had been relevant at all. Interviewees stated that the questions had been highly relevant. None of the respondents expressed a need or desire for counselling, support, or debriefing either during or after the interview. They declared that they were pleased to have been given an opportunity to be heard, and were proud to have made a significant contribution to this study. I committed to sending a report of my findings to the drop-in centres involved.

4.5 THE ANALYSIS OF QUALITATIVE DATA

The multiple methods used in qualitative research to generate, record, analyse and interpret various sets of data do not follow a set of approved protocols (Peräkylä 2004), which is why some critics accuse the process of data analysis amounting to little more than “intuition and impression” (Dey 1995 p.78 cited in Creswell, 2007 p.150). The legitimacy of claims made on the basis of qualitative studies has been challenged due to a lack of sufficient explanations of how conclusions are reached (Morse 1994; Maxwell 2002; Lincoln & Guba 2003). The following section presents a brief overview of processes and strategies involved in preparing the data collected for this study for analysis and interpretation.

4.5.1 Transcription and reading of data

In order to avoid premature data reduction (Coffey & Atkinson 1996) the recorded interviews were transcribed verbatim, which provided a rich pool of data to work with. Although a certain familiarity with the data had been created first during the interviews and then via transcribing them, the transcripts still needed to be read numerous times in order to gain a full understanding of the various situations described.

According to Mason (2002b), text can be read either literally, interpretively or reflexively. These methods are essentially based on the basic rules of exegesis and eisegesis, which are: (a) to interpret literally, (b) to interpret according to the context in which the statement is embedded, or (c), to interpret by reading one's own thoughts into the text (eisegesis). The reflexive reading (eisegesis) of data is particularly controversial, not least due to the variety of data-collection methods employed, which are variously described as dialogues (Wilson 1996), as interactive, situational, flexible and fluid (Mason 2002a), as "sites of knowledge construction" (Mason 2002a pp.225-241) and as "an interpersonal drama with a developing plot" (Holstein & Gubrium 1997 pp.113-129).

Data collected from respondents in the present study had been rendered interpretively, that is subjectively, and situationally and contextually embedded, by respondents themselves. The 'context'

which generated the data was the interview situation, which was described in Sections 4.4.4.1 and 4.4.4.3, respectively. The task which remained was for the data to be read literally/interpretively and to be coded accordingly.

4.5.2 Coding and analysing data

The basic idea of coding is to assign labels to segments of data for later identification, classification and analysis (Richards & Morse 2007). At a basic level, coding functions are used for initial sorting and structuring information into descriptive categories. At a more advanced level, text is disaggregated during analysis and various portions of text reassembled during synthesis (Coffey & Atkinson 1996). Data may be segmented into small parts, often line by line, if following prescribed conventions, as may be the case in content analysis. Dense coding increases the number of codes, categories, and ideas associated with text. Ideas, relationships and themes established during analytical coding can be depicted in the form of matrices, tables, diagrams or models.

Mason (2002b) debates the concepts of non-cross-sectional data organisation, and cross-sectional and categorical indexing. Non-cross-sectional indexing or coding is used in case studies, where data sets are to be interpreted primarily holistically. Non-cross-sectional approaches “support an analytical logic whereby explanations are derived from analysis and comparisons of ‘wholes’, cases or contexts

such as biographies, organisational histories and so on, rather than parts, slices or themes” (Mason 2002b p.168). In contrast, cross-sectional and categorical indexing is useful in establishing the same broad categories across various cases, thereby aiding thematic analysis. This approach facilitates consistency of coding across texts and assists the researcher to maintain a disciplined overview of data whilst getting to know the data in great detail. Qualitative analysis might usefully employ both approaches at different levels of analysis.

The present study applied three different types of coding, namely descriptive, topical, and cross-sectional coding. Descriptive coding was used for variables such as age (for example, age at interview and age at first incidence of self-harm), gender, and educational levels. Topical and cross-sectional coding was then applied with a view to exploring emerging themes, and in view of answering the research questions.

Categories and sub-categories, which in NVivo7 (QSR International 2007) are referred to as nodes, were created. The list of nodes is appended²⁸. Where sections of text applied to more than one category, data were stored in more than one node or folder. For example, a reference to self-injury related to bullying would have been kept in a node labelled ‘aetiologies/experiences/social aspects’, as well as in a node labelled ‘emotions/resulting/hate-self’, and in a third node called ‘method/burning’, if burning the skin was meant to express a self that had to be marked/branded as a failure.

²⁸ List of NVivo Nodes: Appendix 4

Such cross-sectional coding and indexing was invaluable for the processes of developing and abstracting concepts and themes. Consistent topical and cross-sectional coding highlighted the connections between self-injury and particular incidents as emphasised by participants themselves, and therefore increased the credibility, trustworthiness and dependability of the entire analytical and interpretive process significantly. However, whichever analytical technique is used, it has to be congruent with the wider methodological position taken by a study (Richards 2005). The application of analytical processes as described ensured the congruence between methodology and methods, and supported the credibility of the findings.

The analytical procedures described were formerly managed manually through the use of field-notes, journals, index cards, colour-coding, various cut & paste methods and filing systems. Since then, Computer Assisted Qualitative Data Analysis Software, or CAQDAS, has become available and is briefly discussed in the following and last section of this chapter.

4.5.3 Computer Assisted Qualitative Data Analysis Software

Lewins & Silver (2005) emphasise that, while computer software is an excellent data management tool, it does not perform the coding or analysis for the researcher. Computer Assisted Qualitative Data Analysis Software, commonly referred to as CAQDAS software, has

been designed to facilitate coding, to provide various sort and retrieve functions, search facilities, cross-referencing and linking mechanisms, and to produce models, matrices and diagrams. The primary reason for deciding to use CAQDAS for this dissertation was the relative ease of data management which the software provides, particularly in view of wanting to code data at various levels.

The choice of CAQDAS software is influenced by a number of factors such as the specific tools offered by a package, the suitability of such tools to the project, its capability to interface with existing software, compatibility with various operating systems (Windows, Macintosh), compatibility with programs such as SPSS, Excel or HTML, and/or the package used by the organisation within which the project is located (Creswell 2007). CAQDAS software packages are also judged by their visual design. For example, NVivo7, which is the package used in the present study, has been designed to look exactly like Microsoft Outlook 2003, a familiarity which rendered it enormously user friendly, particularly during the initially steep learning curve of using a new software package. Whilst the essential CAQDAS functions are similar across software packages, recent differences are particularly noticeable in the area of multimedia handling (Lewins & Silver 2005). Multimedia features have become very attractive and offer audio and video capabilities to allow for a wider range of data to be analysed. NVivo Version 7 has since been superseded by NVivo Version 8.

Synopsis

Sections 4.4 and 4.5 discussed the design, operationalisation and analytical procedures used in this qualitative study. The methods employed complement each other in decisions on sampling, the generation of data, and the analysis and interpretation of such data in relation to the research questions set. The basic methodological elements of this sociological enquiry are therefore integrated appropriately and consistently, and provide a robust and coherent internal structure. Table 4.5.3 provides an overview of the research design of this study as discussed in Chapter Four.

Table 4.5.3 Methodology and methods of the dissertation

The unit(s) of analysis	Processes of interaction; forms of interaction
Methodological paradigm	Qualitative; interpretive
Methods - Sample selection - Data generation - Data analysis - Data management software	- Non-probability; purposive; snowball - In-depth face to face interviews - Literal and interpretive reading; topical and cross-sectional coding - NVivo Version7

The ontological status of the units of analysis, that is, the processes of social interaction and forms of social interaction, required an interpretive methodology, which was supported by qualitative research methods. The interpretive mode of explanation followed in this dissertation was discussed in detail in Section 4.3. Section 4.4 provided an account of the design and operationalisation of the study. Methods and decisions

relating to sample selection and data generation were appropriate for the vulnerable sample interviewed. Section 4.5 engaged with the transcription, reading, coding and analysis of data, and introduced the qualitative software used. The analysis of rich and highly sensitive data on self-injury was facilitated very ably through the data management software NVivo7. The congruence of theory, methodology and methods ensures the internal validity of this dissertation.

4.6 Conclusion

Chapter Four presented a comprehensive discussion of the philosophical underpinning of the study, its design, and its operationalisation. Empirical in orientation, this study gave careful consideration to conceptualising the prevalence and practice of self-injury in terms of the units of analysis involved. Whilst acts of self-injury might have been investigated as Durkheimian social facts, this dissertation rejected a positivistic epistemology for the acquisition of knowledge of man and society on the basis that concepts such as meaning, mind/self, perceptions and interpretations as related to self-injury do not constitute measurable entities in themselves; nor do they exist in law-like, causal relationships. Instead, the Weberian argument, namely that human social activity can only be meaningfully understood if interpreted by actors themselves on the basis of their experiences as located in social contexts, was embraced. The discussion on methodological individualism highlighted that interpretive sociology does not take the individual as its substantive unit of analysis, but that

the individual is needed to furnish explanations and/or lend meaning to the matter under investigation, that is, the unit of analysis. The units of analysis of the present study are the forms and processes of social interaction in which 'the formation of the self' is located, as was discussed in Chapter Three. As Simmel (1971 p.25 [orig. pub.1908]; 1908 pp.3-5)) argues, it is the task of sociology to investigate such relationships.

In an endeavour to understand the aetiologies of self-injury, and in attempts to glean meanings attributed to such acts by individual actors, this thesis decided to investigate such forms and processes of social interaction. Simmel's approach concurs with the philosophical pragmatism espoused by Peirce, James, Dewey and the interactionists, such as Cooley, Mead and Thomas, who argue for an acquisition of knowledge that is processual, emergent and dynamic, and therefore suitable for the study of man and society.

In accordance with the interpretive mode of explanation of this dissertation, qualitative methods were used in its operationalisation. The sample was recruited via a non-probability, purposive, snowball approach, and a semi-structured interview schedule was used for data generation in face-to-face interview settings. In order to avoid premature data reduction, interviews were transcribed verbatim and were analysed via descriptive, topical and cross-sectional coding.

The methods and analytical procedures discussed in Chapter Four are congruent with the underlying philosophy and methodology of the present study, and contributed to the coherence, robustness and therefore validity of the internal structure of this dissertation. The following Chapter Five analyses and interprets data. The theoretical discussion of findings is then presented in Chapter Six.

CHAPTER 5

INTERPRETATION OF DATA

5.1 Introduction

Chapter Five comprises the data collected, its interpretation, and the findings. Respondents' narratives are discussed interpretively throughout the chapter, which is in line with the philosophical and methodological approach outlined in Chapter Four. Sections 5.2, 5.3 and 5.4 present substantive discussions on various aspects of self-harm. Section 5.2 engages with aspects of self-injurious behaviours such as their definitions, the intent ascribed to them, and the rationale behind the choice of methods used in the practice of self-injury. The methods used are informed by the functions sought at the time, which in turn are influenced by mental/emotional states. Section 5.3 analyses the complexity of the interrelationship between methods used, functions sought, the role of the body in self-injury, and aetiologies located in social interaction. Participants' perspectives of social processes, their views on whether forms of sociation do contribute to self-cutting, and their perceptions of whether the practice of self-injury is socially mediated, are presented in Section 5.4. Respondents' experiences of, and recommendations for, service provision are discussed in Section 5.5. Section 5.6 concludes the chapter.

Due to the complexity and conceptual interrelatedness of the vast amount of data gathered, which amounted to almost 120 000 words transcribed, Chapter Five has been dedicated to the interpretation of data only. Findings are discussed in relation to the reviewed literature and in terms of the research questions posed.

The theoretical discussion of these findings, which explores the meanings of the self and the body in relation to self-injury from a sociological perspective, is presented in Chapter Six. Chapter Five is therefore essentially empirical in orientation, whereas Chapter Six uses the theoretical constructs of society, mind, self and body, which were discussed in Chapter Three, to theorise the findings.

The following section engages with the first research question, which relates to perceived links between self-harm and suicide. It presents and discusses respondents' definitions of self-harming behaviours, and engages with the question of intent and the rationale behind respondents' choice of method. The role of the body in self-injury is highlighted throughout, and findings are compared and contrasted to the body of literature reviewed in Chapter Two.

5.2 Elements and aspects of self-injurious behaviours

The first question posed at the interviews related to participants' definitions of the term 'self-harm'. This definitional question was important for two reasons; firstly, considering the ambiguity of this

term as discussed in Section 2.3, it was important to ascertain how meaningful the notions of harming versus injuring the self were to individuals who practise self-injury. This was of particular interest in view of Sutton's (2005) diagram (depicted as Figure 2.2), which distinguishes between self-poisoning, self-injury, and self-harm. Secondly, debates of whether self-injurious behaviours constitute attempts to commit suicide, or whether such behaviours are perceived to be antithetical to suicide, continue, and currently feed into policy decisions in terms of funding and service provision (Penumbra 2005; Mental Health Foundation 2006; Kinnin 2006; Griesbach 2007; Mishara 2007). It was therefore critical to obtain respondents' views on, and understanding of, various types of self-harming behaviours.

5.2.1 Respondents' definitions of self-harm

Interviewees did not offer any clear distinctions between the terms self-harm and self-injury, as they did not perceive self-cutting or burning skin to be any worse than smoking, getting drunk or picking a fight. On the contrary, they argued that people who cut themselves, for example, did not tend to cause damage to anyone else, whereas acts such as smoking in company, drink-driving and drug abuse potentially did. Respondents were puzzled at the social non-acceptance of self inflicted injuries such as cutting and/or burning skin, whilst incidents of alcohol and drug abuse, they argued, clearly enjoy a degree of social acceptance.

Respondents' definitions of the term self-harm included references such as *'the intent to hurt yourself, cause pain or discomfort'* (Samantha), *'to deliberately injure your body'* (Eve), and *'to take any behaviour to the extreme where it creates damage to one's body or to one's mental health'* (Elisabeth). Claire and Lucy agreed that *'...it depends on your mental attitude why you are doing it. For example, some people go and binge drink for the pain, for the fact that they are destroying themselves, whereas other people just go out and binge drink because it's fun'*. Luke stated that *'there are also some risk-taking behaviours involved, such as stepping out in front of cars or doing things where one may escape completely unharmed, or you may become a cropper [to be involved in a potentially fatal accident]; you chance it deliberately'*. As regards overdoses, both Luke and Georgina highlighted a grey area of intent, as *'it could be a cry for help...so that they can get taken into hospital, so that people know that there is something wrong with them, and that they need some kind of help'* (Georgina).

Respondents' definitions of self-harm were not reducible to certain types of behaviours, but were influenced by motivation and intent, which in turn determined the methods used to self-harm in order to achieve a desired outcome. For example, although literature reviewed in Section 2.3.1 (Webb 2002; Gratz 2003a; Hawton, Kingsbury et al 1999) frequently used the umbrella terms DSH (deliberate self-harm) to interpret acts of overdosing and/or poisoning as suicide attempts, both Luke and Georgina described them as a cry for help rather than

as attempts to end their lives. Similarly, Samantha's intent to cause physical pain, and the mental attitudes underpinning various acts at different times (Elisabeth, Claire, Lucy), were indicative of attempts to achieve the specific outcomes stated. Methods, therefore, became a means to an end.

Aspects such as intent, methods and functions are integral to understanding self-injurious behaviours, and will be explored in turn in order to gain a thorough understanding of the interrelationship between self-harm and suicide. The following section addresses the concept of intent as understood by interviewees.

5.2.2 Links between self-injury and suicide: the question of intent

Without exception, interviewees argued that self-injurious behaviours were not comparable to suicide attempts, since they were underpinned by different motivations. Reportedly, acts of self-injury were practised as types of coping mechanisms, intended to avert suicide. Some of the comments offered by respondents express intent very clearly and are therefore quoted in full before being discussed in detail:

Anna: Self-harm is about trying to hurt yourself and trying to punish yourself for something; it may lead to suicide in some people's case, but I don't think that it is necessarily linked; self-harm is about hating yourself and about wanting to abuse yourself. Suicide is about dying. People don't necessarily want to die when they self-harm, I don't think.

Sometimes you might find both, I have done both, I have self-harmed and I have taken an overdose as well but, in my opinion, one does not necessarily lead to the other.

Luke: I think my own motivation when I self-harmed and self injured...I did make suicide attempts as well. I tried to hang myself a couple of times and came quite close to succeeding, but the motivation at those points of suicide was very different from the motivation for self-harm. Sometimes the self-harm was motivated in that kind of way of controlling the release of some of the feelings in a way that would mean that I wouldn't have to then carry out a suicide...that I could keep on going, so it was very much a coping mechanism...so there were very different motivations between suicide and self-harm.

Liam: Self-harm is something I discovered when I was suicidal and slashed my wrists and I discovered that, after I had first done it, everything was better. The problems had gone, the head was clear, I could think...ehm...about different emotions through ...from the various stages...it basically started off as despair...and it then got to the end stage of just...a calm...I could think...and things became clearer.

Benjamin: No, I don't think that they are related. I think a lot of people that self-harm do so to stop themselves from killing themselves, because self-harm is a survival mechanism, so it's not really linked to suicide in that way.

Benjamin had a history of self-harming prior to taking an overdose with the expressed purpose of ending his life, and continued to self-injure, without suicidal intent, thereafter. Anna too had been self-

injuring for many years before attempting to end her life, and continued to self-injure after her suicide attempt. However, respondents stated very clearly that periodic attempts to end life had differed in intent to prior, and/or subsequent, acts of self-injury. The motivation at each point was either to end life, or to maintain life. Decisions, and therefore acts, were, at each point, determined by intent. Intent, therefore, appears to be the core concept that distinguishes self-harming behaviours from suicide attempts. As Georgina explained:

I see it as suicide prevention, because if...like...I feel that sometimes...like...if I didn't self-harm, that my emotions would get so built up that it would eventually lead to attempted suicide. So self-harming releases stuff that needs to be released and then it doesn't build up as much and doesn't lead up to that; so I don't think people are self-harming to try and commit suicide, I think they are actually trying to find a way of coping, so it doesn't get to that point.

As interviewees pointed out, self-harming behaviours constitute a coping mechanism in as far as they regulate intensely negative emotional states. This concurs with much of the literature reviewed in Chapter Two. For example, Favazza (1996 p.222) suggests that, "at the deepest, irreducible level, self-mutilative behaviour is prophylactic and salubrious for groups and individuals threatened by death, disorganisation, disease and discomfort". Similarly, Menninger (1935 p.466) argues that, although self-mutilation is "a form of attenuated suicide....it is actually a compromise to avert total annihilation". Gratz

(2003a) and Hodgson (2004) too conceptualise self-injury as antithetical to suicide. Megan's statement supports this theory:

I am doing this because it helps me. I am helping myself. It's like if you are so stressed out then what would you do if you were so stressed out? Some people have a drink of alcohol, some people go and have a cigarette, some people go and have chocolate, or if they wanted to relax they go and have a bath...that doesn't work for me. I needed to find something else that works then and there, like straight away, otherwise I don't know what I'd be capable of within myself. And I don't want to take it any further to commit suicide or nothing...but I wouldn't say that it was connected as such, but my self-harm keeps me in the security of that, because if I self-harm it helps me because I start to relax and calm down and think rationally again. So, but I wouldn't say that my self-harm is connected to my suicide as such, but there is a connection in that it keeps me safe from suicide.

The practice of self-injury as a coping mechanism has been reported in literature published since the 1990's as discussed in Section 2.3.1, and by individuals who have firsthand experience of self-injury (Pembroke 1994; Harrison 1995; Spandler 1996). Accounts of therapists and counsellors, who work with individuals who self-injure, corroborated such claims. Yet, as discussed in Section 2.3.1, a parallel literature on suicide continued to link what was referred to as DSH (deliberate self-harm) and suicide, and largely disregarded intent. Recent literature however, notably Penumbra 2005; Mental Health Foundation 2006; Kinnin 2006 and Mishara 2007, re-emphasised that "young people who

self-harm see self-harm and attempted suicide as two completely different things” (Griesbach 2007 p.53). Although self-harm may, in some cases, result in death, “motivation and intent are entirely different” (Griesbach 2007 p.53). As discussed in Section 2.3.1, literature published since 2007 has therefore begun to use the term non-suicidal self-injury (NSSI). Findings from the present study confirm that intent is the definitive element that distinguishes self-injury from attempted suicide.

However, respondents’ definitions of self-harm and/or self-injury referred not only to intent, but also to different methods used to self-injure. Methods in turn were chosen for the various functions and benefits they provide. Rationales behind the choice of method are discussed in the following section.

5.2.3 What is the rationale behind the choice of method?

The range of specific methods used by respondents to injure and/or harm their bodies included hitting, bruising, burning, cutting, scratching, wound picking, hair pulling (trichotillomania), binge drinking and purposeful neglect of their body such as sleep deprivation. Respondents threw themselves down the stairs, played excessive sport, whacked their arms against walls, punched walls, or used a blunt instrument to hit themselves with. They also pressed hot metal against their skin, used cigarettes to burn their skin, poured boiling water over their skin, and used a variety of items to break open

and/or scratch their skin, for example bottle tops, plastic teacup stirrers, twigs, sticks and tightly rolled paper. Cutting implements used ranged from sharp stones, broken glass and broken plates to razors, scissors and an assortment of knives. As Lucy stated,

...ehm, it just depends what the situation is and what's available to me and, well, and I don't...like...if I'm going out, then obviously I don't want to be cutting into skin so I might choose to bruise myself instead.

Anna too considered her choice of method carefully since, as a result of years of cutting, she had become anaemic and needed regular blood transfusions. Anna therefore reverted to not eating as a way of harming herself,

...because this is not out of my system yet; because I want to desperately cut my arm again.

Ray too weighed up various options:

I didn't want to touch drugs, it's an expensive business and it's also a deadly business. Drinking – I was too young to drink; smoking – I just never liked the taste of it; but I can take self-harm, or self-cutting, and that was just my way of getting my emotions out.

These examples indicate that respondents' decisions, as to which methods to use at different points in time, were clearly rational and pragmatic. But the choice of method also alluded to certain physical

functions produced by specific methods. As Eve remarked, she attained more physical satisfaction from pulling out her hair, a condition known as trichotillomania, than she did from self-cutting:

I didn't even realise how much [hair] I was pulling out. It was strand by strand, just one hair at a time, not groups of hair, I wasn't ripping my hair out in handfuls, I was doing it strand by strand by strand, and it felt great. In fact, if anything, it was a better release I got than from cutting.

However, the choice of method was not only influenced by rational and pragmatic decisions, but also by deep uncertainty, ambiguity and mental states at the time. For example, at times when Luke's desire to live was in conflict with his desire to die, he would engage in risk-taking behaviours. In Luke's words:

I did a wee bit of risk-taking behaviours but that was a kind of separate thing...that was more where I couldn't decide whether I wanted to live or die...I wanted to die but I wanted it to not be something that could be directly linked back to having been a suicide...so I would wander along in the dark on a rural road and thought ok, I close my eyes and walk down in the middle of the road and if something hits me then no-one would know that I had my eyes closed, it would just be an accident. But I didn't do that very often, and that was a kind of wanting it to end but not wanting it to be me causing pain to my mum, I wanted to sort of abdicate that responsibility, but equally recognising that that wasn't really doing so, so I didn't do that much; most of the time it was more the cutting and burning.

Similarly, where Georgina in an earlier quote stated that the function of overdosing had been to indicate that she needed help, she now described how different emotions influenced her choice of method.

There is certain stuff I do for certain emotions; like when I am really angry I end up punching stuff; eh...when I cut I am usually crying before that; and eh...the burning one, that was anger as well; so it's like...it seems to be certain emotions cause certain different ways of self-harm.

Respondents' choice of method was clearly influenced by circumstance, practicality, and the type of emotion felt at the time; certain methods were therefore used in order to achieve certain functions. The underlying functions described by the study sample concur with those described in the reviewed literature, namely the regulation of intensely negative emotions. A summary of the range of functions discussed in previous studies was presented in Table 2.5.1. The significant role played by the body in expressing mental and emotional states becomes increasingly evident.

5 2.4 The role of the body in relation to functions of self-injury

When asked why one would choose self-harm and/or self-injury to regulate negative emotional states, respondents repeatedly linked emotional states to physical states. The sequence of events described most frequently was one of experiencing negative emotions, injuring the body, and then feeling better. For example, as Ray explained,

It [self-cutting] doesn't just make me feel better, it heightens all my senses...and in the end it just gives me a release mechanism for my emotional balance.

Benjamin: If you are experiencing a lot of anger and frustration, and you don't know what to do with it, it [self-injury] can release something of that.

Samantha: I would not have been able to release that which has been inside of me, what I felt, by doing anything else.

Liam: A couple of hours...a couple of days afterwards...your head is clear, you can think again.

Elisabeth: It's a release of pent up emotions, it can be punishing – inflicting a wound on yourself; feeling pain gives you satisfaction; getting emotional feelings out...getting the dirt out, the anger. If I felt really rubbish, I would go and bash the hell out of my arms, and then I could carry on. And this was something I needed to do because I felt literally that I would explode.

Anna: Whatever tensions and anxieties I had, just dissipated.

Emotion regulation via physiological processes was emphasised consistently. Some respondents were aware of the relationship between self-injury and the body's endorphin production, but even participants who were unaware of endorphin's opiate-like properties reported a sense of physical and emotional well-being as a result of injuring their bodies. Both the analgesic and the addictive hypotheses were discussed in Section 2.4.2 on neurochemistry. Continued

stimulation aimed at producing endorphins appears to become addictive (Barrera et al 1994; Alderman 1997; White and Schultz 2000). Several respondents acknowledged their dependencies:

- *Claire: 'It's like a drug – I depend on it'.*
- *Anna: 'In latter years it became a habit'.*
- *Benjamin: 'I was worried about how compulsive it was becoming and I didn't like that fact that I am controlled by it. Now...I make a decision, I weigh up the pros and cons and then decide'.*

A related and frequently reported function of self-injury is to end feelings of dissociation (Benjamin, Luke, Georgina), which can be 'very scary', particularly during periods of depression. Experiencing 'a rush' that 'brings one back into reality' and makes one 'feel real again' enables one to 'regain a sense of control'. Reportedly, these functions of self-injury are desperately sought when one's sense of reality needs to be re-established and/or confirmed. As shown in Table 2.5.1, feelings of dissociation and/or depersonalisation are reported in most studies that investigate self-injury from a neurochemical and/or physiological perspective. Dissociation during episodes of intensely stressful situations is frequently mentioned by therapists and counsellors who work with individuals who self injure.

A somewhat different, but critical function of self-injury is that of 'making pain visible'. Samantha, for example, used the word 'sign', which indicates that there is an element of communication, a visual representation of distress, both to oneself and/or to others:

...it is making visible what is intangible, and you are making visible what no one can see; if it had a shape and colour it would be a black, sort of ugly mass really, that I could somehow help get out from inside.

Anna simply stated that

...the wound is a sign that shows that you are at odds with the world.

The degree to which such signs (wounds and scars) are kept secret often depends on the stage in one's journey. For example, most interviewees went through lengthy periods of not injuring themselves and stated that they had only been able to share aspects of self-injury since they had gained some emotional distance and cognitive understanding of the physical and emotional aspects involved in acts of self-injury. But visibility does appear to have additional value for respondents, in that once something has become visible it can be dealt with, and dealing with it has a therapeutic value. Benjamin for example stated that

...if you are in a lot of psychological pain, you can't really see it, it's not tangible, you can't really make it better, whereas self-harming, or if you cut yourself, you can see what the problem is and you can make it better, and I think that's got some therapeutic value.

For Luke it was the process in itself that was very therapeutic:

...you make everything sterile [Luke referred to sterilizing the cutting implements], there is this nice sight of glinty things and they are nicely ordered; and then the cutting, and letting it bleed, and then cleaning it up and then sort of steri-stripping it together. And so it felt like a very clear-cut, nice, ordered, regimented process and it felt kind of cleansing in a way as well.

The process of sterilizing the instruments as described goes far beyond wound care in terms of avoiding infections. It is deliberate, planned, organised, conveys a feeling of cleansing, caring and soothing, and is therefore therapeutic. In this case, the function of self-injury inheres in both process and outcome.

Some respondents perceived their skin as a border, or a boundary, between 'the inner and the outer'. In Georgina's words:

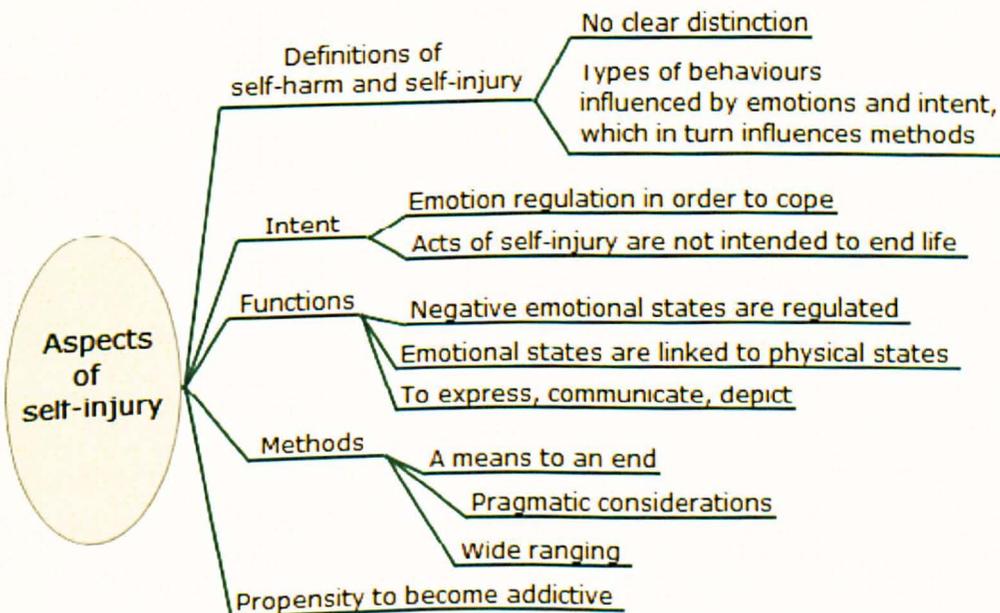
...it's like making a window to the outside to refer to the window on the inside...kind of'. It all needed to be made visible, so that it could be dealt with.

Evidently, the roles played by the body are physiological as much as psychological/emotional. As such, the body is not only used as an instrument to regulate emotions, but also as an instrument to express emotions. The many functions of self-injury emphasise the prominence of the role of the body in the practice of self-injury. In a way the body acts as a substitute: the physical wound reflects the emotional pain. However, despite injuring their bodies, two of the interviewees referred to the concept of the sanctity of the body: Samantha stated that '...I

was not doing anything that was risking my life...all I was risking was the sanctity of my skin', whilst Benjamin felt that there was 'a lack of respect for one's body'.

The variety of functions described in the literature and summarised in Table 2.5.1 are depicted as models in Table 2.5.2. Suyemoto (1998) describes the 'drive model', which is essentially anti-suicide as individuals strive to cope with intensely negative emotions, but are not feeling suicidal. The 'affect regulation model' emphasises emotional regulation via physiological mechanisms; the 'dissociation model' refers to people who self-cut to regain a sense of reality; the 'interpersonal/boundaries model' either establishes or removes boundaries via the expression of emotion on skin. Interviewees described elements of all of these models, and thereby confirm previous studies. Figure 5.2.1 presents a synoptic overview of the various elements and aspects of self-injury discussed so far.

Figure 5.2.1 Elements and aspects of self-injury



As indicated in Figure 5.2.1, no particular distinctions were made between the terms self-harm and self-injury. The intent of engaging in self-injurious behaviours was clearly to regulate intensely negative emotions. Various functions were described in detail together with the methods of how to achieve them. Although the body's physiological role in producing a sense of well-being was indirectly acknowledged by all interviewees, only some participants were able to articulate certain aspects of that interrelationship. For others, *'it just worked'*. The findings will be theorised in Chapter Six.

However, in view of the propensity of self-injurious behaviours to become addictive, and in view of globally increasing prevalence estimates, a sociological perspective has to address the aetiologies that give rise to such reportedly intensely disturbing mental, and therefore emotional, states. The next step in analysing data therefore was to investigate the events and/or social situations to which respondents had linked the feeling states which led to their first incident of self-injury.

5.3 Individual aetiologies: rooted in social interaction?

In attempts to understand the situational aspects involved in motivating self-injury as a coping mechanism, particularly self-cutting, I asked participants what the occasion was when they first injured themselves. Their initial responses expressed the emotions involved at the time, such as being angry, upset, wanting to get hurt, having

suicidal feelings, being depressed, feeling under a lot of pressure and that 'something had to give'. Only when I asked why they had felt this way did the associated situational contexts become apparent. And therein lies the strength of the interpretive mode of explanation: it allows one to analyse detail without losing sight of the whole, and, as such, connects the person and their situation.

Respondents' narratives regarding aetiologies as described can be broadly grouped into three areas, that is, (i) lack of affection, emotional neglect, and/or invalidation, (ii) child sexual abuse (CSA), and (iii) bullying and/or gang related violence. These three areas are analysed and interpreted in the following section. A detailed theoretical discussion of findings will then be presented in Chapter Six.

5.3.1 Lack of support, lack of affection, emotional neglect

Georgina was a young carer who had to look after her mother and a brother who suffered from epileptic fits. The father had left the family, *'...so I never really had time to think about my own problems and that, so I just used to push them away.'* Although Georgina belonged to a young carers group from the age of eight, she then began to dissociate when emotional pressures became too great for her to handle; she described dissociation as feeling separated from reality and as unaware of what is happening at such moments; Georgina could not recall exactly what happened the first time she cut herself.

A lot of the time when I do self-harm I don't know about it until the next morning, because I disassociate at the time, so I don't feel anything or that, but after it, I feel better; it's really strange.

As discussed in Section 2.5.2, the reviewed literature describes self-injury as a mechanism that may be prompted by the need to re-connect with reality. As Benjamin explained,

...you feel sort of out of it, which can be quite scary; self-harming can sometimes bring you back to kind of reality in which to carry on with life.

Benjamin described both his parents as highly educated professionals but, in his words, *'they had no idea of how to parent a child'*. Reportedly, their own childhoods had been incredibly difficult; they both had had alcoholic fathers and *'had not been parented adequately themselves'*. Since then, the family have been through much counselling; however, at the age of ten, Benjamin whacked his arms against a wall and broke his wrists so that he could go to hospital to be looked after. With hindsight, he explained that

I wanted attention; I wanted my mom's attention.

Elisabeth grew up in a home where hardly any attention was accorded to either her or her brother. Family life involved a number of moves, a divorce, and a brother who turned to alcohol, the consequences of which added further strain to the familial situation. Elisabeth recalled

playing with a stone and starting to scratch the skin on her arm “*really hard*”, because the only time Elisabeth and her sibling did get attention as children was when they had hurt themselves. By the time Elisabeth was 16 years old, the scratching had turned into cutting.

Similarly, Claire explained that

...my mom has always favoured my younger sisters over me, and they always got the kisses and cuddles and stuff.

Claire’s father died when she was six years old; after that, her relationship with her mother reportedly worsened, progressively so after her mother entered a lesbian relationship later on. One day, after an argument, Claire went to the kitchen, broke a plate, picked up a piece and cut herself. She had lashed out at herself and, as discussed in the previous section, the physiological reaction experienced made her feel better; cutting then became her way of regulating negative emotions. Megan, Anna and Lucy too grew up in families which had severely dysfunctional elements.

Synopsis

Respondents expressed a sense of feeling unsupported, neglected, unloved and ignored. Where such situations were prolonged they have reportedly led to psychic crises and sometimes manifested in dissociation. As discussed in Sections 2.5.2 and 5.2.3, the phenomenon of dissociation is well documented. Young people, whose

skills to regulate intensely negative emotions were still undeveloped, hurt themselves in order to alert someone to their distress; alternatively, they directed their anger and frustration toward themselves. Such responses and/or behaviours were not only mentioned in connection with intense distress and/or disorientation caused by a perceived lack of affection and/or emotional neglect, but also in cases of child sexual abuse.

5.3.2 Child sexual abuse

Literature presented in Section 2.5.1 discusses a number of studies which reported strong associations between self-injury and child sexual abuse (CSA). Although authors emphasise that there are no direct cause/effect relationships between CSA and self-injury, and that not everyone who suffers abuse will self-injure, statistically significant associations continue being reported across international studies (Rodriguez-Srednicki 2001; Ystgaard et al 2004; Zoroglu et al 2003; Matsumoto et al 2004; Sinclair & Green 2005; Simpson 2006). Sexual abuse was also reported by five respondents in the present study. For example, Megan stated that:

I had suffered a lot of abuse and that was from the age of four...somebody tried to rape me, and then as an eight year old I was abused again sexually...and then when I was 14 I was sexually abused again with a family member, and it wasn't till after I opened up about the family member and the rest of what I had been through, that I actually self-harmed.

When Megan eventually told someone about her experience, she was not believed.

My Gran, she didn't believe me about what my uncle had done to me, and then she was calling me weak and everything and I was a liar...and then...I don't know...like...I went into a trance and I went into the kitchen and I brought into the living room a huge kitchen knife and then I held my arm out in front of me and I just said 'I'll show you then'.

The subconscious use of the body in self-injury, in terms of 'making pain visible' and in showing 'the wound as a sign' as discussed previously, is evident in this spontaneous incident as well. Anna's first time of cutting too was prompted by a need to communicate intense distress.

I was seeing a psychiatrist for depression, and I could not communicate how depressed I really felt...I wanted her to see how much I was hurting.

Anna had been sexually abused by her grandfather from the age of ten.

I have always known it was wrong...it stopped when I was about 12.

Anna was anorexic by the time she was 17. Although Anna did not associate child sexual abuse directly with either anorexia nervosa or self-cutting, she did describe her need to punish herself; after all, 'she had always known that it was wrong'.

Liam was sodomised.

When I was 15, I got raped, and I suppressed everything through drink...I couldn't get it out of my head.

Years later, Liam attempted suicide by cutting his wrists. He survived, but remembered the sense of release experienced at that point of cutting. Self-cutting became Liam's method of '*getting it out of my head*' and to '*clear my head*'. Elisabeth too was '*taken advantage of*' as a child, by a family friend, and so was Samantha. Samantha grew up in a loving home, but when speaking of cutting herself, Samantha remarked that

...it was a way of me punishing myself really, feeling that I was really bad...I needed to somehow demonstrate that to myself not to anyone else, and to...because I deserved it I felt.

Respondents described these incidents as having left them with a sense of confusion, of feeling worthless, angry, helpless, hating themselves, and feeling the need to punish themselves. However, no claims of direct cause/effect relationships between sexual abuse and self-injury were made. Yet, although there is no cause/effect relationship in the scientific sense of law-like regularity, the profound psychological damage reported by sexually abused children is well documented in literature on child sexual abuse (CSA) as discussed in Section 2.5. Chapter Six will discuss these findings from a theoretical

perspective. Intensely negative emotional states were also evoked as a result of children having been bullied.

5.3.3 Bullies and teenage gangs

Bullying was mentioned frequently. For example, Eve stated that,

...I have been bullied a lot and I was under a lot of pressure and tried telling and it hadn't worked. I couldn't tell my parents and it was continuing, so I needed something...and there was a knife in the draw so I took the knife out, went into the bedroom, and...I think it was like a half-hearted suicide attempt probably.

Ruby recalled that,

...because I was bullied quite badly throughout primary school, a lot of times when I was at home I would try to throw myself down the stairs, try and hurt my leg and doing stuff to me so that I would be ill enough or hurt enough that I wouldn't need to go to school the next day...most of the time I didn't do anything really bad, but the thoughts were starting...what can I do to really hurt myself.

Claire, Riley, Glen and Elisabeth too were severely bullied at their primary and secondary schools. Forms of bullying included being picked on for not wearing the right clothes or trainers, name calling, and an occasional push and shove (Claire and Riley). Glen stated that

'they took my dinner money off me and my lunch and stuff...they start to push you about, and then they start punching and kicking you'.

Elisabeth was bullied for speaking with an English accent in a Scottish primary school. Respondents' reported a sense of constant invalidation, fear, powerlessness and anger. Eve also pointed to the new element of cyber-bullying, text-bullying and abusive e-mails, which are silent, unobservable by anyone else, and very effective in creating fear. Children who were bullied often did not even say anything to either their parents or their teachers, fearful of being treated even worse as a result. As Riley put it:

If it gets back that it was me that's said anything, if I meet them outside school, I'll get my head to play with basically.

The topic of group membership was also addressed by Georgina:

...there is a lot more bullying in schools, and...it's like... I mean, labelling is part of it because people say if you are "this", then you can't hang out with "us" and stuff like that, and it's like everybody needs to be put into a separate group [cliques, gangs], and then people can become secluded and stuff for other people and violence starts in that..

Glen's observations were that,

...especially in [name of small town], there is lots of little groups hanging about and they have fights and everything...I suppose in a way it's getting more and more silly...people are

just bullying other people...if you are not part of a crowd, you are basically a loner...so you are out...and if you are out-with, they'll come and get you sort of thing. There are little teenager gangs...and they get out at night at three in the morning, and they are only 15 or 16, and after a couple of films on the telly, you get all these little kids copying. There are also more carrying knives when they are out.

As stated by Georgina:

The world's more violent; when you are self-harming, you are being violent to yourself...so it does need some kind of angle or...violent behaviour kind of thing for it to start.

The emerging theme is one of violence, intimidation, and fear; in relationships between adults and children, between children, and between adolescents. Table 5.3.1 shows the very young age at which some participants began to hurt themselves.

Table 5.3.1 Age at first incidence of self-injury

	Age at first incidence of self-harm	Age at first incidence of self-cutting	Age at interview
Benjamin	<10	12	22
Elisabeth	<10	16	27
Ruby	<10	19	22
Lucy	10	14	16
Glen	11	16	25
Ray	12	12	22
Riley	12	12	19
Eve	13	13	40
Georgina	13	13	19
Megan	14	14	19
Samantha	15	15	24
Luke	16	16	28
Claire	16	16	19
Anna	17	32	57
Liam	25	25	40

Table 5.3.1 also indicates the relatively long periods that some participants coped with severely adverse circumstances in their childhood before turning to self-injury. For example, whereas Benjamin, Elisabeth and Ruby harmed themselves in some way before the age of ten, Riley, Georgina, Megan, Claire and Anna began self-harming later, although their aetiologies were also located in early childhood. Table 5.3.1 also depicts some participants' progression from various other forms of self-harm to self-cutting. The emotional states expressed via self-injury are discussed in the following section.

5.3.4 Emotional states: the self in self-injury

Emotional states experienced in relation to self-harming behaviours were described as intense anger and helplessness caused by the inability to change a situation, as a sense of worthlessness, as hatred toward the self for being either worthless or a failure, and self-injury as self-punishment because of it all. For example, Samantha stated that self-injury was to

...break the skin to make myself even less perfect in a way really...sort of...create damage, and also, it was that I felt I was damaged anyway so there was sort of no point in not doing it if you know what I mean. By causing this damage to myself...this was validating how I felt, like I was kind of worthless, and not good. Of course it [self-harming] was not really about the pain, it was...just...it was a way of me punishing myself really, feeling that I was really bad...I

needed to somehow demonstrate that to myself not to anyone else...because I deserved it.

Samantha's perception of herself was that she was '*damaged anyway*', and '*worthless*', and '*feeling that she was really bad*', and thought she needed to '*punish*' herself because she '*deserved it*'.

In Elisabeth's case,

...it [self-cutting] was...just knowing that I had received the punishment that I knew that I deserved. That was what it was. That's how extreme the self-hatred was. I just wanted to see my own mess. I was not bothered about how deep the cuts were, or how much blood I lost. I just wanted to see how big a mess I was. That's what I wanted.

The visibility of seeing and confirming '*the mess I was*' relates to the previous statements of the body being used to communicate, not only to others but also to oneself, how one felt. The self-punishment was meted out for being unworthy, which was Elisabeth's childlike interpretation of having been ignored at home, bullied at school, and '*taken advantage of*' by a family friend. Similarly, Riley remarked that she was

...just really hating myself, because I just feel as though people don't accept me so you turn it into yourself and you think what's wrong with me, why do all those people treat me like that, it must be something to do with me...and I was angry because I couldn't...I didn't know how to fix what was

going on, and sadness at the fact that I couldn't do anything to make anything better, and I couldn't do anything to stop the bullying.

Eve also felt that she had to punish herself:

Frustration, rage...and to a degree it was probably self-punishment... [for getting bullied]. I'd obviously done something wrong, so I had to punish myself as well.

...and so did Luke:

The cutting felt like it released lots of stuff, and the burning felt much more like punished, and branded and marked out as failure.

Further invalidation took place in non-reactive situations. For example, Anna did not tell anyone about her grandfather's sexual abuse for a very long time. But years later,

I told my mother...and she said, oh, if I had known that, I would have had him out (my grandparents lived with us for a while). And that was it. That was the sum reaction. There was never another word spoken about it. She didn't want to ask me anything else, nothing, I just felt so let down. She said nothing more, like how could I have missed that or how could I have helped, or anything.

Respondents consistently linked the emotion of hating the self, for being invalidated, unloved, a failure, bullied and sexually abused, to having to punish themselves for it. They have also been consistent in stating that they thought they deserved such punishment.

Conceptually, a self which is worthless is hated; a self without value can be abused; and a self which is a failure needs to be punished. Punishment is then demonstrated via self-injury. This cycle is depicted in Figure 5.3.1.

Figure 5.3.1 Aetiologies located in social interaction

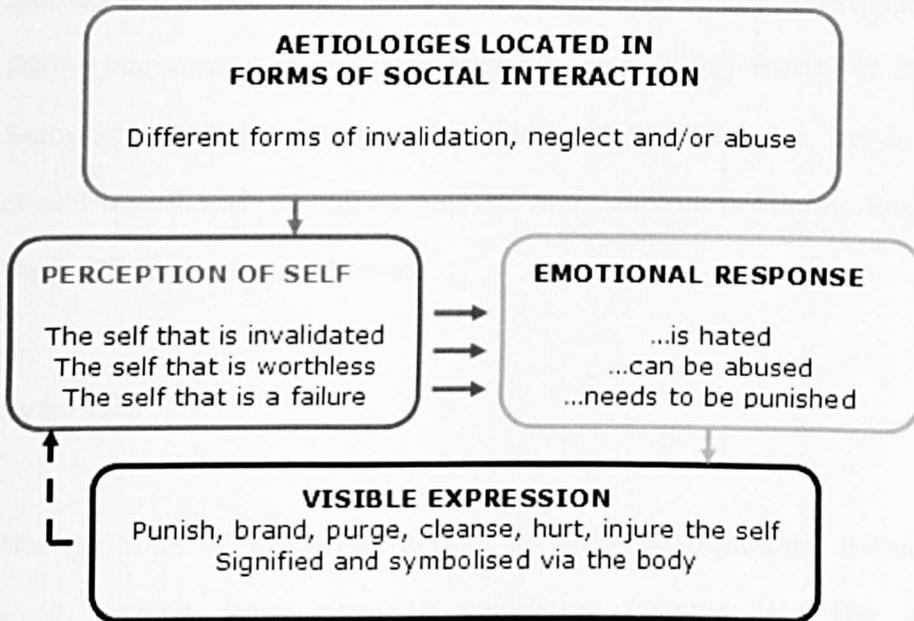


Figure 5.3.1 indicates the indirect relationships between aetiologies and self-injury. Respondents' experiences, located in various forms of social interaction, constituted the aetiologies that gave rise to particular perceptions of the self. Self-perceptions in turn gave rise to particular emotional states, which were then expressed via punishing, branding, and generally injuring the embodied self. The dashed line indicates that the practice of self-injury does not adjust perceptions of the self constructively; instead, it tends to reinforce negative self-perceptions. However, one needs to remember that respondents'

aetiologies for their negative emotional states were located in their childhood, prior to having had a chance of developing a healthy sense of self and identity, and prior to having learned how to deal with negative emotions constructively.

Respondents' accounts confirmed aetiologies reported in previous studies (Rodriguez-Srednicki 2001; Zoroglu et al 2003; Ystgaard et al 2004; Matsumoto et al 2004; Breitenbecher 2006; Murthi et al 2006; Selby et al 2008) as discussed in Section 2.5.1. Likewise, the functions of self-injury such as coping, control and validation (Adams, Rodham & Gavin 2005), were confirmed.

Synopsis

The contexts of social interaction, in which respondents' experiences were located, have provided significant insights into the indirect relationships between aetiologies, self-perception, emotional response and self-injury. Self-injurious behaviours were used in attempts to regulate mental/emotional states which arose as a result of abuse, neglect, and invalidation. Findings therefore suggest that self-injury is not a purely individual pathology, as argued by DSM IV and ICD 10 classifications, but is linked to perceptions of the self created in social interaction as described by respondents. This social knowledge gained concurs with the body of literature on neglect and abuse discussed in Section 2.5, which describes childhood trauma, sexual abuse and emotional neglect.

The aetiologies described were located in social interactions located at the micro level. Rising prevalence estimates of self-injury in the last two decades pose the question of whether such micro level occurrences are increasing, or whether there are any particular social factors or processes, Durkheimian social facts perhaps, which might be associated with the practice of self-injury in some way. Interviewees' perceptions of social processes, or specific socialising processes, are discussed in the following, and penultimate, section of this chapter.

5.4 Do processes of sociation contribute to the prevalence of self-injury?

As discussed in the review of literature, there have always been individuals who mutilated, injured or harmed their bodies for a variety of reasons. However, there appear to be no historical accounts of the practice of self-injury having reached global prevalence levels as high as they are in contemporary societies. This raised the question of whether self-injury is perhaps socially mediated. Section 5.4.1 begins by discussing respondents' comments concerning specific socialising agents who might be integral to the spread of self-injurious behaviours. Section 5.4.2 then presents interviewees' perceptions of their wider social environments.

5.4.1 Is the practice of self-injury socially mediated?

Some respondents stated that they had been self-cutting for quite some time before they ever heard about anyone else engaging in such

behaviours. Others, however, were introduced to self-harming and/or self-cutting through social mediation and ideation. Benjamin, for example, learned self-harming behaviours from his mother, who

...used to slap herself and pull her hair and stuff when she was really upset, so I think I saw that and thought well, that's what you do when you are sad, a bit. And I think it started there, after seeing my mom and stuff, it was just a kind of natural...when I was a child and I just got so angry or upset that I couldn't cope than I just hit myself; it made me feel better; and then it just progressed from there, when you realise that you do something once and if it has the desired effect, then naturally you want to do it again.

Glen was a teenager when he was taught by someone in hospital 'how to do it [self-cut] properly', whilst Ray recalled that he got this idea from a friend:

...my best friend is a self-harmer, in fact, that's the first time the idea ever came to me; ...she had this ability to control herself and had this power over it; I guess part of me wanted that...that power. You could tell when she had cut, because she would be basically high when she came back to us and spoke to us...so I adopted that idea.

Ray was only 12 years old at the time. Learning through direct social interaction however is not the only socially mediated form of learning. For example, Samantha recalled that

...I first became aware of the whole thing actually from a book, Elisabeth Wurzel's 'Prozac Nation'. In this book she cuts herself, and I think it did never even occur to me before. I would not say that that sort of triggered me in any way, but it made me think about it.

The idea of self-injury, particularly self-cutting, is also mediated through the music industry. Some interviewees mentioned listening to bands whose lyrics openly talk about self-cutting. Yet, although respondents recognise that ideation is taking place, they asserted that books, music and lyrics did not trigger self-harm. As such, no direct cause/effect relationships were attributed to such music such as EMO (emotional) and/or the particularly violent strand of hip-hop metal music, both of which link emotions and self-cutting. However, Eve recognised that

...there is the ones [young teens] who seem to think that they can do it because it's being part of a set, or being in with the in-crowd so to speak, for example the Goth culture and the EMO culture (adherents of which listen to a genre of music which popularises self-cutting).

As Lucy remarked:

...quite a lot of teens...like...compare scars and stuff? And I think that is just about attention. I know a couple of pupils at school who self-harm and they are just like 'oh, I self-harmed last night and cut my wrist... and stuff...

Luke referred to this as *'an element of scratching that is now growing as a sub-culture'*. As Claire saw it,

...young people always look for a way out and they always want to get better, they always want to feel better, so if they think that 'this self-harm' might work, then they'll try it, and then it's just a circle and it just carries on.

There appears to be a progression of how the idea of self-injury was popularised. Riley, Anna, Georgina and Elisabeth discovered this coping mechanism on their own. Others learned from those they were exposed to in closed environments such as hospital wards, or perhaps from a friend or a member of the family, as was the case with Ray, Glen and Benjamin respectively.

However, it appears that, more recently, young people learned about self-injury through the media, which might help explain the steep increase in prevalence estimates. Wurzel's widely read book called *The Prozac Nation* describes self-cutting in detail. As Samantha stated, although the text did not *trigger* self-cutting, ideation most certainly had occurred. Once popularised, self-cutting appears to have been taken up by youth cultures, through which the awareness of self-injury spread rapidly. This pattern concurs with Adler & Adler's (2007 p.552) observations in the USA, whereby people not only learned about self-injury, but also "how to perceive and interpret its effects", and how to "form identities and social groups around it". This suggests that the role of the media, as a socialising agent, does play a significant role in

the ideation of self-cutting. The ideation of self-injury via TV, the celebrity culture, the film industry, and some genres of popular music, was also reported in studies presented in Section 2.4.4.5 (Favazza & Conterio 1988; Armstrong 2001; Strong 2000; Hewitt 1997; Hodgson 2004). Literature also debated the ideation of self-injury in relation to extreme forms of body-modification (Hewitt 1997; Klesse 1999; Pitts 1999; Jeffreys 2000; Strong 2000), which are increasingly popularised through computer mediated communication (CMC), photographs of extreme self-cutting and body-modification placed on-line, videos uploaded on the internet, and social networking sites (Adler & Adler 2008). Internet sites dedicated to self-injury have become enormously popular. As Lucy stated,

...people there know what it's like...you can sit and cry on their shoulder...so it's much better being able to talk to people who know what you are going through.

Some web-sites have clearly developed into on-line support systems where people share their problems, know that they are understood, and make each other laugh (Eve). However, whilst some of the better known websites have strict rules of engagement, such as not to describe acts of self-cutting for example, other sites allow photographs to be posted, complete with graphic and detailed descriptions of how patterns were cut into the skin. Such sites are referred to as pro-SI (self-injury) sites, which exist alongside pro-Ana (anorexia) and pro-Mia (bulimia) sites.

Still, the question of the ideation of self-injury, even on regulated sites, remains. Respondents argued that, in their views, such sites did not promote self-harming behaviours, but merely acknowledged and accepted them as being symptomatic of underlying problems. Media induced ideation will be theorised in Chapter Six, Section 6.4.2.

5.4.2 Respondents' perceptions of wider social processes

Interviewees were asked whether they thought that processes of socialisation and/or any specific changes in social life might help to explain the rise in self-injurious behaviours. Although some younger respondents might not have been aware of social changes as much as older participants might have been, they were well placed to offer insights into the teen-generation engaged in self-cutting. Overall, the sample composition was sufficiently diverse both in terms of age, gender, and levels of education to yield a cross-section of views on social processes, socialisation and/or social changes. As shown in Table 4.4.3, ages ranged from 16 years to 57 years, one third of the sample was male, and four interviewees held university degrees.

Respondents mentioned aspects of the wider social environment such as the family, prolonged education/adolescence, the labour market, and aspects of globalisation, each of which will be reported on in turn. As regards the family, Anna remarked that,

...maybe it is that society is different, you don't have such stable family backgrounds any more, there is so much divorce and separation and unstable families because people are not married...maybe life is more difficult, more complicated...

Changes in the social structure were also identified by Luke, who stated that

...I don't think that there is the same social structure.... adolescence is different from 50 years ago, and there is this kind of longer period of time where it's quite vague how you fit in...and whether going to university is actually going to mean that you are going to get a job or not. The rules are vague and the future is less clear...

Uncertainties regarding future prospects appear to have intensified pressures of having to do well at school. As Liam noted,

...their [kids'] first pressure is that they have to do well at school; if they don't do well at school, they are not going to go to get a good job; they are not going to go to college or university, so they feel that they are letting their parents down and that then gives them added worries...

Luke further observed that,

...because there is more communication and media you have more options, but you have more confusion as well as to what options to take. And so you have to kind of find your individual identity at a time when there are lots of different

pressures and different ways and so I think it's much easier to get yourself into kind of anxiety and depression if you are a teenager. I think that a kind of depression among young people is increasing.

The prolonged state of adolescence, without earning an income, having to remain living at home, and not knowing whether there would even be a job at the end of it, created considerable frustrations. In addition, throughout their long years of adolescence young people are exposed to constant streams of media images they think they need to live up to. As Luke suggested, this creates tensions which make it rather difficult for young people to develop an identity that is rooted and grounded in a non-virtual reality. This combination of factors tends to add pressure to a naturally sensitive and formative phase of teenage years, particularly in the absence of reliable reference points, such as a stable family life.

The media's influence on teenagers' construction of identity was also highlighted by Riley:

Society these days has a massive impact, because there is all these pressures, like to be normal you have got to look a certain way, you have got to dress a certain way, you have to be a certain way, which means that people who want to be themselves, they get judged, get picked on, get treated unfairly really, because they are being them.

They are being a leader and not a follower, which basically in today's society isn't what the majority of people would call

normal, because they are trying to be like everybody else...the majority of young people are part of the followers group. Anywhere you look they are wearing brand names, they just all look the same as if they have come off a factory line, not one of them looks individual.

Riley's comments are similar to Luke's in terms of the media pressures young people experience regarding identity formation. Teenagers are reportedly expected, by their peers, to follow the dictates of the media; those who refuse to adhere to them are excluded from the group on the basis of non-conformity. However, despite such pressures to conform, Riley also felt that

...society has just become so uncaring, if you know what I mean, they don't care what happens to other people, they don't care about anything really apart from how they are perceived by others, and what more or less gives them thrill or enjoyment....

Yet, it appears that such narcissistic self-importance cannot feed on itself only; as Riley recognised, it does need support through group behaviour, as in 'everybody is doing it' [following the dictates of the media]; one either fits in or risks exclusion from the group for not adhering to set norms. Fashion, however, was not the only norm addressed. Riley, Eve, Glen, Benjamin and Luke referred to a lack of discipline and therefore respect which appears to have become a norm. As Riley stated,

...in my opinion, the bullying aspect is not as easy to deal with nowadays, because youngsters are a lot more mouthier and a lot more aggressive, which I think some people might find intimidating and are scared to deal with, because you are not 100% sure what that child could be capable of, coz it could be capable of anything, it's just...it's weird.

Uncertainties as to the levels of aggression and violence some teens might be capable of, even in response to hardly any provocation, were linked to a lack of discipline both at home and at school. As Eve remarked,

...when I was a kid and you did something wrong, you got a smack. Now, if a parent threatens to smack a child, that child will report them to the police. You know, the discipline element is being eroded...you are in a catch 22, and the kids know it.

Glen too observed that

...the majority of the parents cannot handle their own kids...they just lack the discipline. There is also no discipline at school anymore...after they took away the belt and everything, ehm...and police around here are definitely soft...it's silly...really, really silly”.

Glen's comment on the police refers to his earlier statement of youth gangs who carry knives when they 'hang out' at night. Also relating to the police, in connection with severe bullying and assault, Riley remarked:

I did report it (the bullying) to the police, and because I knew the people who had done it I gave the police their names, but because there was no CCTV footage, and they all denied doing it, there was nothing they (the police) could do (despite Riley's visible bruising). So it just got left. That's why I feel that society is just spiralling out of control really.

A number of respondents perceived parents, teachers and the police as powerless figures in the enforcement of discipline. Reportedly, neither boundaries nor consequences exist in relation to violent bullying. Participants therefore drew a positive relationship between a lack of respect and discipline, and high levels of aggression and violence. The erosion of parents', teachers' and, to a degree, the police's authority to enforce discipline might explain the reported apprehension and reluctance of adults 'to get involved'.

The study of media violence as portrayed through music, film, and video games has evolved into its own area of research. Yet, relationships between violence portrayed in the media and teenage violence reported cannot be measured. Whilst causal relationships cannot be established scientifically, social knowledge does attest to such associations: Glen's account of teenage gangs, which copy and imitate violence watched on the television, is but one example.

The influence of media on public perceptions of what ought to be the norm was also mentioned by Benjamin:

Why do we get brought up expecting so much? I think that's maybe part of it as well, we are brought up as children to expect so much of the world, like there is so much potential, and I just think that's a recipe for disaster...coz you are going to get let down...and I think perhaps in previous generations you weren't actually brought up to expect that much...I think that's definitely a factor.

Locating events in a global context, Luke reflected that:

External stressors are not clear cut, for example, although we have conflicts going on in the world, they are quite hard to pin down if you are in the UK; you feel kind of powerless about it, you feel you can't make a difference, but it's all going to hell anyway, so it's like...global warming will kill us, or terrorists will, or...it seems like...what can I do? It seems too huge and global and far away, whereas before, it would be stuff that was more localised and young people at the time could go and do this, or make a difference that way.

The compounded effect of a number of structural changes in society was clearly perceived as stressful.

Synopsis

Socially mediated ideation of self-injury has reportedly occurred through members of the family, friends, books, music, youth cultures, websites and social networking sites. In addition, respondents thought that factors such as the instability of family units, a prolonged state of adolescence, a more competitive education system, and diminishing

job securities create considerable anxieties. Respondents of all ages thought that parents, teachers and the police lack the powers to enforce discipline, which has led to increased levels of teenage violence. This in turn exacerbates the insecurities of victims of violence and abuse, as traditional authority figures can no longer be relied on. The following, and final, section of this chapter discusses respondents' experiences of agency support.

5.5 Interaction with agencies: the viewpoint of participants

Agencies contacted by interviewees included A & E units, GP surgeries, and drop-in centres. This section presents an overview of respondents' encounters with staff at such facilities, and interviewees' suggestions of how such services could be adjusted to increase the effectiveness of their outreach. Respondents' messages to teenagers, families, schools and the media bring Chapter Five to a close.

5.5.1 Respondents' experiences of medical care

All the interviewees had spent time in A & E units, GP surgeries and various drop-in centres. In view of current debates on service provision for individuals who self-injure, respondents were asked what they thought about the assistance they had received from such agencies.

Benjamin stated that

It would be good if you were able to go to any of those places to get support...my GP is really great.

Benjamin's GP was aware of the family's history and therefore in a position to relate to Benjamin in a meaningful way. But not all respondents were in such a privileged position. As Samantha reported, her GP's reaction was quite condemnatory when he saw her scars.

...he wanted to feel my stomach, and he saw the scars, and basically just went...oh...what's that, what are you doing ...you are crazy...sort of...you are not normal if you are doing that...and sort of tried to get me to take anti-depressants and I said you don't even know if I am depressed...he was really horrible...I changed surgeries; I couldn't cope with that, it was not very constructive at all. I think doctors often don't have a clue.

Riley had a similar experience. She recalled that,

I just went to find out what was going on because I had a wee bit of a funny stomach, and I had to lift up my top obviously, and I have scars there, and it's not that she [the GP] did it discretely, but she lifted up my top, looked at them and flung my top back down, which I was extremely disgusted by...you think that being a GP, a family GP, they would be a little bit more clued up and they wouldn't be so cold and so aggressive.

Respondents felt that GPs had responded in a judgemental manner, although self-cutting had not even been the reason for the consultation. Samantha was rather perturbed not only by her GPs lack

of awareness of self-cutting, but also by his immediate reaction of wanting to prescribe anti-depressants. Interviewees' experiences concerning staff at A & E units were not dissimilar. As Ray remarked,

...when I was stitched up, someone said that 'that's [self-cutting] is an insult to us', which I felt horrible about...

Anna recalled, that

...I used to go frequently to the hospital to get my arms stitched, and they were not nice at all, in fact one doctor said to me 'you would know what it is like to be depressed if you came from my country, and he came from (name of developing country), and I had no right to be depressed he said, and I was there needing probably about six stitches in my arm, but he put 28 stitches in my arm without an anaesthetic at all. I was sick, and if I had been more mentally together I would have complained about that man, but I didn't, obviously.

Samantha too reported that

...with hospital staff there is a lot of condemnation and a kind of 'you are wasting my time because you did it yourself' attitude, and that's really upsetting...people on the ward who had an overdose or tried to commit suicide...you just feel that there was less sympathy for them. They [staff] were not mean, necessarily, I never saw outright meanness, but it was just... there was less care and attention given, but you'd think that at that time there should actually be a little bit more...

Luke provided some interesting insights:

...usually, when someone arrives at an A & E unit, the crisis is over; all one wants to do is to be stitched up and go home. People tend to be more kind of sullen, quiet and unresponsive and that may add to the confusion of the nurses, they then go...well, what's the problem, why has the person cut; they [the cutters] don't even seem that distressed, so it must be manipulative; assessment checks are sometimes carried out primarily for the express purpose of seeing whether they have to assign you a bed.

The reported lack of understanding might be due to medical personnel not having been trained how to respond to cases of self-injury. This in turn might indicate that the rapid rise of self-cutting is a fairly recent phenomenon. However, as Eve pointed out, in some areas, attitudes appear to be changing. Eve reported that

Dundee has a couple of dedicated self-harm nurses, which is great; not enough though, if you think of the whole of Tayside which includes Perth and Angus. It is funding, money and staff, which is what services need.

Changes in awareness and training, particularly as set out by the Royal College of Psychiatrists (2006), were discussed in Section 2.7. The concept of harm minimisation has also led to pilot projects where clean razors are handed to patients on psychiatric wards so that they can cut themselves. Eve reported that allowing self-cutting, coupled with appropriate wound care, in a safe and controlled environment

...appears to reduce the frequency and severity of self-harm; as long as they [the patients] are taking part in therapies;

this is a huge step forward, because when I was hospitalised, I wasn't allowed to self-harm at all. Louise Pembroke, who is a big speaker on self-harm...she self-harmed to survive; she has backed the harm-minimisation plan. It's all about taking ownership: you cut, you look after your injury yourself. If it's deep enough they provide appropriate medical attention, but it's always done in line with a therapist.

However, such approaches do not appear to have been mainstreamed as yet. The need for training in how to respond to self-injury became also evident in some organisations outside of the medical establishment. As Luke suggested,

Panic-stricken remarks such as "oh – what should we do with you" do not inspire confidence in a person who seeks help in an acute crisis.

I then asked how interviewees thought agencies ought to respond.

5.5.2 Treating the symptom instead of the problem

Respondents repeatedly emphasised that self-injury was not the core problem, but the symptom of an underlying aetiology. This view was shared by staff at drop-in centres who facilitated access to the interviews, as well as by a number of websites such as *Recover Your Life* (RYL) and *Self-Injury and Related Issues* (SIARI). As Lucy pointed out, drop-in-centres

...do not demand of a person that they stop self-harming; however, they do support you if you decide to stop; this approach ought to be adopted more widely.

Samantha acknowledged that

...talking about self-cutting is a work in progress. I think I saw the counsellor here for about six months and that was the first time I have ever really managed to talk about it...and it's not telling me not to...telling me what I should and shouldn't be doing, it's just allowing you a chance to talk about it and to be open about it and a safe place to be with these issues, and I think that's really important.

The issue of not being judged was extremely important to interviewees. They felt that being judged for a symptom, without attempting to address the underlying aetiology, was missing the point. As discussed in Section 5.3, individual aetiologies are highly sensitive and, as pointed out by Samantha, it often takes months of counselling and building of trust before any such issues can be shared. A less judgemental, but more practical approach was also advocated by Luke.

In terms of what I'd want from an organisation is a kind of person centred, holistic approach where there is an acknowledgement that the person self-harms, and a desire to assist with reducing the risk of this going wrong and them cutting worse than they planned to...for example, to ask them 'do you know how to judge when you need to get medical attention...?' I think it is really important to get people involved with agencies they feel like they do trust because the cycle of in-and-out of spending a night in the

Royal Infirmary – it doesn't change anything, and one very quickly becomes seen as a repeat offender.

Luke added that practical outcomes could be achieved through inter-agency relationships. For example,

...in terms of minimising the expense to the NHS and the stress to the young person concerned, it would be good if the GP could get a relationship that is such that a person could come in and get quickly patched up by the nurse if necessary and it's kind of reasonably smooth and they can be in and out in ten minutes if it's just a minor injury.

The importance of facilitation and inter-agency referrals was also pointed out by Eve:

I think it's a case of letting the kids know that there are services available for them, providing them with information as to how to access these services. That's the same with adults as well. Adult self-harm is on the increase as well. That's not so well known.

A very recently published report on adult self-harm in Scotland (Outside the Box Development Support 2008) concurred with respondents' statements regarding service provision. The sample of the on-line study described in that report spanned the ages from 25 to 60 years and above: despite the age-range, the suggestions for service provision were similar. The action points raised concurred with those presented by the respondents in the present study, namely to

accept that self-injury is a symptom of an underlying problem, and to offer a non-judgemental, person-centred approach. In practical terms, this would include the facilitation of inter agency awareness, and referrals to discuss risk reduction strategies, which might include the participation of members of the family. Bodies such as the National Institute for Clinical Health and Excellence (NICE 2004), the Mental Health Foundation (2006), and the Suicide Information Research and Evidence Network (SIREN 2008) host guidelines and training manuals in their resource databases. As awareness of issues surrounding self-injury is being raised, attitudes are beginning to change. Lastly, respondents had some concluding thoughts about teenagers, schools and the media.

5.5.3 Messages to teenagers, families, schools and the media

Given the fact that self-injury constitutes such an effective coping mechanism, coupled with the emergence of a culture of scratching among pre-teens and very young teens, I asked participants what advice they would give to a younger person who considered self-cutting. Respondents' stated advice to teenagers would have been to find another coping mechanism, because self-cutting provided merely immediate and short term relief, but did not solve problems: on the contrary, self-cutting became addictive and kept producing scars. This appeared to have been of particular concern to younger participants. As Claire emphasised,

... because people want to go out and wear shorts and wear T-shirts and whatever...and there is a lot of other ways to deal with stress and...just, ehm, you know, if you had told me that I'd end up with my arms completely scarred...definitely if I knew then what I know now I would have found something else.

Yet, respondents stated that they would never just say 'no'; this would make them feel like hypocrites. But, they emphasised that it was critical to ask *why* someone considered cutting, as problem identification was imperative if a resolution was to be reached. Finding help through appropriate agencies and drop-in centres was highly recommended because of the supportive attitudes extended. As Anna advised,

...just tell them [the teenagers who ask] to go and talk to people.

Similarly, Lucy would emphasise that

...there are people out there that you can get hold of, and urge them [the teenagers who ask] to tell someone they trust, and I'd tell them that they can get through it and that however bad things may seem they will get through it.

The message to family members would be to ask their children why they self-harmed, and to offer support rather than to demand the cessation of the behaviour. Study participants had nothing but the highest praise for the approach taken by their case workers in the drop-in centres they visited. Respondents also appreciated that their

case workers addressed risk management, such as seeking medical treatment when, inadvertently, someone had cut too deeply or needed wounds to be cleansed appropriately. This links in with the interdisciplinary approach recommended by Luke and Eve.

The second message which respondents wanted to be understood related, once again, to bullying. As Riley stated:

Unless you see what's really going on – through a child's eyes – you'll never know. And telling doesn't work.

Eve, Riley and Liam agreed that the unspoken playground code of 'do not grass' will not be broken for fear of even worse consequences. Peer counsellors were suggested as playing a potentially useful role, but only as long as they were not co-opted by the gang. Liam summed up his experiences, and the logic behind the ineffectiveness of anti-bullying policies, as follows:

Anti-bullying policies in schools don't work! Schools have to meet government performance targets...they are supposed to show that there is no bullying in their school...so they deal with it themselves; but they don't; they don't stop nothing...it still carries on. If they get the police involved, they get bad reports; if they get bad reports, the headmaster's job is on the line. So, what incentive is there for him to do something about it that will stop it? None!

Eight of the fifteen respondents had reported their being bullied either to parents, to school authorities and/or to the police. Not one of them reported a satisfactory outcome.

Lastly, interviewees' perceptions of the media were that '*only a few handled it really well*' (Lucy), whereas most media reporting was perceived as attention grabbing and biased. Eve's message to the media was

...not to glamorise self-injury by using opening lines such as 'the knife slipped into the flesh', and to use less graphic photographs of scars and cutting implements.

Instead, respondents suggested that magazines and newspapers should publish numbers of help-lines, drop-in centres and similar agencies, talk about harm minimisation, and offer to write about alternative coping mechanisms. Megan suggested that more people across various age groups should be interviewed on Radio and TV so that their views could be heard, whilst Benjamin advocated that

...emotional intelligence, awareness [of self-injury], and respect for one another and their bodies, should be encouraged, together with more dialogue, more discourse about mental health and more ways of coping.

When asked whether a more public discourse would not be perceived as endorsing self-injury, interviewees thought that publicity of self-injury carried a high profile already: it merely depended on how that discourse was being framed. As Liam added:

More should be shown about what it does to people, what state people are in emotionally to even think about committing self-harm, because a lot of it now is to do with the fact that kids nowadays are out of control [reference to bullying], and unless something is done to rein them in, it's just going to get worse. The media should show these people the consequences of their actions; the public needs to take note.

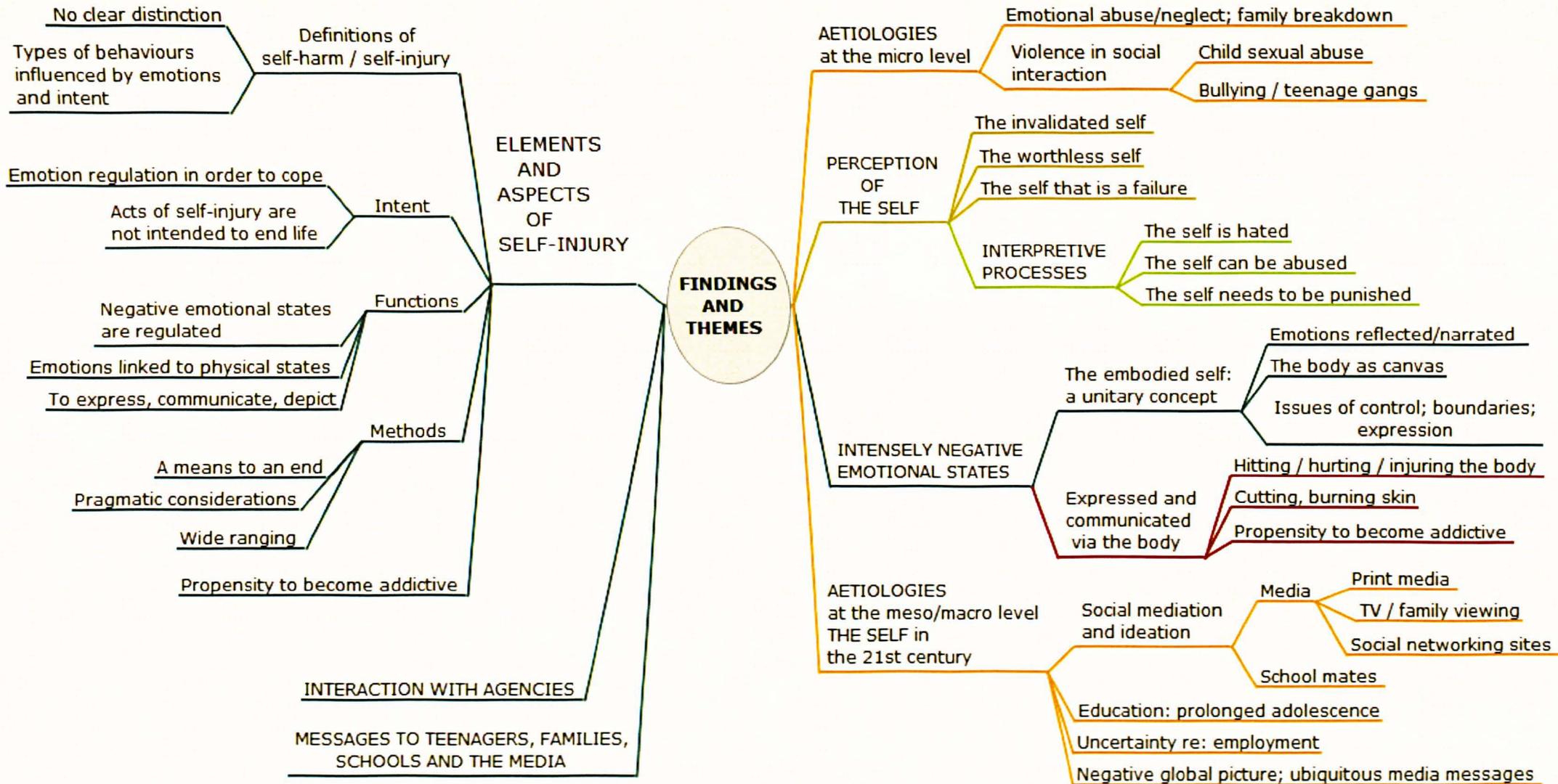
As awareness of self-injury is being raised, respondents suggested that new approaches to the treatment of self-injury be advocated, piloted, and eventually written into guidelines for media, schools and medical personnel.

5.6 Conclusion

Chapter Five has analysed and interpreted data provided by a community sample of fifteen interviewees from England and Scotland. Despite the heterogeneous composition of the sample in terms of age and gender, the data were remarkably consistent. Figure 5.6.1 presents an overview of the findings and themes discussed.

As depicted, in Figure 5.6.1, the elements and aspects of self-injury discussed included the meanings that respondents ascribed to self-harm/injury, and views related to intent, functions and methods. Findings indicated that, whilst interviewees made no conceptual distinction between the terms self-harm and self-injury as such, the methods described to injure the body were designed to provoke a

Figure 5.6.1 Map of findings and themes based on the analysis and interpretation of data



strong and immediate physiological reaction. The explicit function of self-injury was to regain an emotional balance in order cope with adverse situations. However, some respondents did report suicide attempts, but emphasised that the intent at such points had genuinely been to end life. The motivation therefore was clearly different to acts of self-injury, which were meant to regulate negative mental and emotional states. These findings will be theorised in Chapter Six in relation to the first research question, namely whether self-injurious behaviours ought to be understood as attempted suicides, as antithetical to suicide, or both.

Figure 5.6.1 also shows aetiologies of self-injury as located in social interaction. Respondents' experiences of emotional neglect, child sexual abuse (CSA) and bullying had a profound impact on their perceptions of selfhood. Interpretive processes and expressions of such intensely negative perceptions highlighted the dual role of the body in self-injury, namely its psycho-somatic physiological mechanisms, and its instrumental role in expressing aspects of self-injury symbolically. The complexity of interrelationships between aetiologies, society, mind and body are theorised in Chapter Six within the sociological framework of symbolic interactionism. This will test the assumption of this thesis in relation to the second research question, as to whether the practice of self-injury is attributable to individual pathologies as suggested by descriptive diagnoses of personality disorders, or whether aetiologies of self-injury are located in social interaction.

Social relationships discussed by respondents in relation to self-injury were not confined to interactions at the micro level, but included elements at the meso/macro level such as the mediation, ideation and imitation of self-injury via family, peers and various forms of media. Chapter Six theorises these findings in relation to the third research question of whether social mediation contributes to the prevalence and practice of self-injury.

CHAPTER 6

THEORETICAL DISCUSSION OF THE FINDINGS

6.1 Introduction

The main task of Chapter Six is to re-engage with the research questions posed. In doing so, the findings presented in Chapter Five are interpreted theoretically, set into the wider body of current literature reviewed in Chapter Two, and discussed in terms of their significance and contribution to the field of study. The chapter draws together the various aspects and meanings of self-injurious behaviours which, as indicated in Chapter Five, are inextricably intertwined and highly complex.

The first research question of whether self-injurious behaviours are to be understood as antecedent to suicide, antithetical to suicide, or perhaps both, is integral and fundamental to debates on self-injury. This section therefore begins with a brief overview of how respondents conceptualised various forms of self-harm/injury, and which meanings they ascribed to such behaviours. The pragmatism involved in deciding which methods of self-harm/injury to engage in is illustrated by Goffman's sociological theory of the presentation of self in everyday life. The main discussion on intent, namely respondents' paradoxical choice to self-injure in order to avert complete self-destruction, is underpinned by Menninger's essentially interactional theory of self-mutilation/self-destruction. The section ends with a discussion of self-

injury's addictive propensities and the implications of this for those who begin to self-injure.

The second research question of whether self-injurious behaviours constitute individual pathologies, or whether the practice of self-injury is indicative of wider social phenomena, is debated within the theoretical framework of symbolic interactionism. Scheff's theoretical construct of the social emotion of shame, located within interactionism, is used to theorise findings related to the objectification of the self. The construct of the damaged social bond is then applied to maladaptive emotion regulation as practiced by the looking-glass self. A discussion of the symbolic expression of the embodied self highlights the interrelationship between Cooley's mental-social complex and Burkitt's theoretical understanding of the unity of mind/self/emotion/body – the embodied self in flesh and blood.

The third research question relates to the prevalence of self-injury and is argued in terms of the concepts of social mediation, ideation and imitation. Social institutions such as the media, education and the family are discussed with reference to Simmel's notion of sociation, and allude to the structural strand of interactionism. In doing so, the chapter addresses Stryker's (2002) critique of interactionism's problem when dealing with social structures. The chapter concludes with a discussion of what a thoroughly sociological understanding of the practice and prevalence of self-injury adds to our knowledge of this widespread phenomenon.

6.2 Are self-injurious behaviours to be understood as antecedent to suicide, antithetical to suicide, or both?

Aspects of self-injury which emerged repeatedly throughout Chapter Five include respondents' conceptualisation of self-harm/self-injury, the functions of such behaviours, and their intent. The following discussion of terminology used, both by respondents and academics in relation to self-injurious behaviours, clarifies conceptual distinctions ahead of debates on methods, functions and intent in relation to the first research question. Linked to this discussion are the physiological functions and inherently addictive propensities of self-injury, an increased understanding of which is significant for therapy and practice in the field of mental health.

6.2.1 Conceptual distinctions: the use of terminology

The steadily growing body of terms used to describe self-harming/self-injurious behaviours necessitates that an exposition of characteristics ascribed to such terms is presented prior to any discussion of intent. This is important for three reasons; firstly, to establish exactly which self-harming/self-injurious behaviours are addressed; secondly, to establish which characteristics they have been ascribed in terms of intent; and thirdly, based on such information, to consider possible prevention and intervention strategies. This is critical, because conceptualisations, of what such behaviours mean, keep shifting. As discussed in Section 2.3, McAllister (2003) highlighted that the change of naming of the phenomenon of self-harm/injury has been continuous

for the last 60 years. Therefore, the question of whether differentiations in terminology related to self-harm and self-injury are purely academic, or whether the various terms express different features and/or characteristics of such behaviours, needs to be pursued both in relation to analytical distinctions, and in relation to the intent ascribed to them by respondents.

Multi-disciplinary studies reviewed in Section 2.3 included the following terms: self-harm, deliberate self-harm (DSH), self-wounding (SW), self-inflicted violence (SIV), self-injurious behaviour (SIB), self-destructive behaviour (SDB), self-mutilation (SM) and self-injury (SI). Recent literature includes terms such as direct self-injury (DSI), non-direct self-harm (NDSH) and, since 2007, non-suicidal self-injury (NSSI). Yet, the community sample interviewed for this dissertation made no distinctions regarding terminology whatsoever, but drew conceptual differentiations in relation to the social acceptance or non-acceptance of specific behaviours instead. For example, respondents pointed out that behaviours such as smoking and drinking were socially acceptable, whereas acts of self-cutting were not. Respondents also argued that passive smoking and acts of drunkenness impacted negatively on other members of society, whereas self-injury, mostly self-cutting, did not endanger, or inflict pain on, anyone else in the general population. The notion that self-injury might have a negative emotional impact on 'significant others' was not something interviewees reflected on in the interviews. After all, as discussed in Chapter Five, it was precisely in response to the

abuse received at the hand of 'significant others' that individuals engaged in self-injury. As regards the general population, therefore, the sample interviewed for the present study were intrigued with the social non-acceptance of self-cutting when compared to the potential harm caused by other behaviours. Respondents' views concur with those reflected in Internet chat-rooms hosted by sites that are dedicated to self-injury.

Indirectly, however, respondents did confirm the underlying and differentiating characteristics of the terms as described in Sutton's (2007) diagram (shown in Chapter 2, Figure 2.2), namely: when the intent is clear, in so far as 'functions are provoked and harm is immediate', behaviours are referred to as self-injury, because an injury is inflicted with an express purpose in mind. The purpose is to inflict physical harm severe enough for the body to release chemical compounds known as endorphins (discussed in Section 2.4.2), which produce a sense of well-being. None of the respondents attempted to explain how this physiological mechanism functioned; they just knew that 'it worked'. In contrast, when referring to 'self-harm' such as substance misuse, interviewees stated that people either wish to have a 'good' time, or they wish to get drunk in order 'to forget'. Yet, it could be argued that the underlying common denominator of self-injury and self-harm is the same, namely to alter mental/emotional states via physiological means, irrespective of the precise mechanism at work, that is, whether via inebriation, various drugs, or endorphin

release in reaction to bodily injury. Different means/methods, however, have different side effects. This is shown in Table 6.2.1.

Table 6.2.1 Side effects: substance misuse versus self-injury

Substance misuse	Self-injury
➤ Socially accepted / tolerated	➤ Not socially accepted
➤ Expensive	➤ Costs little
➤ Takes time to become inebriated	➤ Instant fix/ immediate gratification
➤ Can cause hangover, vomiting, frequent minor illnesses	➤ Produces 'bearable' injury; scars
➤ Removes self control; risk-taking behaviours increased	➤ Re-establishes self control
➤ Lethargic/apathetic/impaired judgement	➤ Capable of functioning at 'normal' levels
➤ Not easily hidden from others	➤ Easy to hide from others
➤ Need to have substance on hand	➤ Portable; can be done with anything and anywhere

Source: Sutton (2005 p.188)

As highlighted in Table 6.2.1, pragmatism plays a significant role in choosing a method aimed at the rapid alteration of mental/emotional states. The advantages of self-injury over substance misuse are clear. As Ray, one of the respondents, remarked, using drugs is expensive and deadly. He was too young to drink, and he didn't like the taste of smoking cigarettes; but he had no problem with self-cutting.

From a social interactionist point of view, the avoidance of side effects through self-injury facilitates impression management; it safeguards

the Goffmanian *presentation of self in everyday life*. Self-injury produces enhanced mental states rapidly and re-establishes emotional control very quickly, which allows individuals to function at 'normal' levels; by 'passing as normal', the stigma associated with the visible side-effects of substance abuse is avoided. Self-injury therefore allows individuals to successfully manage their front-stage performances, which is a considerable social gain in addition to the advantage of creating a mental/emotional equilibrium fairly instantly.

Whilst the differentiation of terms in itself was not important to respondents, the essential characteristic of self-injury, namely to regulate emotions in order to maintain life rather than to end life, was emphasised consistently. It appears that concise terminology is therefore largely of academic interest for analytical purposes in attempts to differentiate and describe various behaviours in efforts to ascertain and explain their intended purpose. Studies published by Muhlenkamp, Swanson & Brausch (2005), Yip (2005; 2006) and Rao (2006) have begun to employ the term 'self-cutting' to specify the exact type of self-injury under investigation. This leaves no doubt as to which harmful or injurious behaviours are referred to. As mentioned in Section 2.3, the most recent and current term employed in literature is 'non-suicidal self-injury' (NSSI) (Glassman, Weierich, Hooley, Deliberto & Nock, 2007; Jacobson & Gould, 2007; Muehlenkamp & Guterrez 2007; Selby, Anestis & Joiner 2008; Whitlock, Lader & Conterio, 2007; Prinstein, 2008). In contrast, decisions related to alcohol /drug abuse, and to eating disorders such as anorexia nervosa and bulimia, are still

referred to as self-harm, in so far as they present long-term, as opposed to immediate, risks of harming the body (Simpson 2006; Straker 2006; Whitlock, Powers & Eckenrode 2006; Klonsky 2007b). The precise use of terminology will increase the accuracy of estimated figures on self-injury such as the cutting/burning of skin, or trichotillomania for example, as opposed to other forms of bodily self-harm such as anorexia nervosa and/or bulimia, or attempts to achieve temporary oblivion or alteration of consciousness through drug abuse and binge drinking.

Whilst a range of behaviours are harmful and injurious to the body, it is the zero financial cost, the absence of visible, negative side effects, the portability/accessibility of self-injury, and the immediacy of physiological reactions prompted by self inflicted bodily pain/injury, which render self-injury attractive as a method through which to achieve an immediate sense of mental/emotional well-being. A better understanding of individuals' choices from pragmatic, biological and social points of view is likely to influence policy decisions regarding appropriate support measures and therapeutic interventions.

However, such debates need to reflect more than the method of self-harm/injury involved. As pointed out in Section 5.2.1, respondents emphasised that acts of self-harm and/or self-injury were not reducible to certain types of methods used to harm or injure the body, as methods were not only informed by pragmatism but primarily by intent and motivation.

6.2.2 A question of intent? The paradox of self-injury

One of the most frequently discussed aspects of self-injury is the question of intent. The recently employed term non-suicidal self-injury (NSSI) indicates that self-injury, particularly self-cutting, is no longer equated with suicide attempts quite as strongly as it used to be. This understanding is primarily informed by individuals' repeated assertions that such behaviours constitute a mechanism to cope with intensely negative emotions, whereas previous literature generated in the field of psychiatry interpreted acts of self-cutting as suicidal in intent. As discussed in Section 2.3.1, the two sets of literature have been running in parallel since the early 1990s. The key component to understanding such contrasting claims is the intent ascribed to a range of self-harming and/or injurious behaviours by those who self-injure, as opposed to intent ascribed by medical professionals.

Respondents' narratives discussed in Section 5.2.2 indicate that they all viewed the practice of self-injury as antithetical to suicide. This does not mean, however, that interviewees had never contemplated suicide, but it does mean that, at the point of self-injury, the express intent is to cope with a very difficult situation; at that point, the intent is not to end life. Respondents were very clear on their differentiation between wanting to end life and attempting to cope with life; that is, to avert suicide.

Menninger (1935; 1938) and Favazza (1996), whose works engage with the existential self, suicide and self-mutilation via psychoanalysis and cultural-anthropology/psychiatry respectively, suggest that self-mutilation/self-injury is a form of protecting the self from complete annihilation, that is, from suicide. Menninger (1938) describes the act of suicide as having three elements, which are: a person's wish to kill (extreme form of aggression), the wish to be killed (extreme form of submission), and the wish to die. Either extreme may be averted through self-injury. Suyemoto (1998) refers to self-mutilation as 'suicide replacement' where, by hurting and punishing the self, the self is purged sufficiently enough to no longer require its complete extinction. This is an act of substitution. Self-injury as a form of ritual or symbolic purification, sacrifice, appeasement and healing was addressed by numerous authors in Section 2.4.4 (Bellah 1973; Smith 1973; Calof 1995b; Babiker & Arnold 1997; Hewitt 1997; Glucklich 2001; Turner 2002; Tsai 2002). The contradiction of injuring the self whilst wishing to preserve the self was also described in previous accounts of those who self-harmed (Pembroke 1994, 2007), but this aspect does not appear to have been followed up in the clinical literature.

The concept of protecting the self from complete annihilation was addressed repeatedly by respondents in the present study. Georgina, for example, stated that, *"...if I didn't self-harm, my emotions would get so built up that it would eventually lead to attempted suicide"*. Similarly, as expressed by Megan: *"...I wouldn't say that my self-harm*

is connected to my suicide as such, but there is a connection in that it keeps me safe from suicide". Luke too, referred to an emotional release so that "...I wouldn't have to carry out a suicide...that I could keep on going".

Clear distinctions between self-injury as a coping mechanism in order to prolong life, versus states of mind of wishing to end life, were drawn by all respondents. For them, self-injury as an extreme and maladaptive form of emotion regulation is inherently antithetical to suicide in intent. Yates (2004) refers to acts of self-injury such as cutting, burning and scalding skin as 'an alteration of body tissues that occurs in the absence of conscious suicidal intent', while Adler & Adler (2007; 2008) and Klonsky (2007b) specifically refer to the 'non-suicidal destruction of one's own body tissue'. Recent literature therefore uses the precise term 'non-suicidal self-injury' (NSSI) in order to highlight motivation and intent.

As pointed out by some respondents, vacillations of emotions do occur, and there had been occasions when some interviewees had contemplated or even attempted to end life. However, the motivation on such occasions was markedly different in that it was characterised by hopelessness and a wish to escape from the depths of depression and despondency for good. A mind that seeks oblivion is not motivated to actively cope with negative emotional states which are perceived to be overwhelming. In contrast, interviewees' intensely stressful situations are actively managed by attaining immediate, albeit

temporary, relief via injuring the body. As expressed by Walsh (2005 p.7, cited in Jacobson & Gould 2007 p.130), "the intent is not to *terminate* consciousness, but to *modify* it".

As discussed in Section 2.3.1, literature published in non-clinical settings has carried this message consistently for more than a decade, and participants in the present study confirmed it. This dissertation therefore understands that acts of self-injury are essentially antithetical to suicide, not antecedent to suicide. This finding is particularly significant in view of the composition of the community sample, which spanned the ages from 16 to 57 years, with a third of the sample being male. Although this was not a homogenous cohort by any means, data *regarding intent* were consistent. This finding is therefore significant for the types of therapeutic interventions offered to those who use self-injury as a coping mechanism.

Synopsis

Whilst this dissertation is sociological in orientation, psychoanalytical theory on self-destruction cannot be ignored in discussions of intent ascribed to self-injury. Menninger (1937 p.103) refers to psychoanalysis as "the scientific study of interpersonal relationships". The essentially interactionist character of this theoretical view is illustrated by the social emotions inherent in contemplations of suicide and self-injury. Discussions of Cooley's, Mead's and Scheff's theoretical perspectives of the objectification of self in Section 6.3 emphasise this

point. First though, the following sub-section discusses the addictive propensities of repeated self-injury.

6.2.3 The addictive propensities of the practice of self-injury

The fact that self-injury is practiced as a form of emotion regulation has also been theorised in terms of the psycho-somatic aspect of self-injury (Haines et al 1995; Favazza et al 1989; Alderman 1997; Levenkron 1998; Strong 2000; White et al 2000; Yates 2004). The addiction hypothesis or endogenous opioid hypothesis (Yates 2004) discussed in Section 2.4.2 states that the body releases endorphins in reaction to physical injury. Endorphins act as analgesics and, due to their opiate-like composition, induce a sense of well-being. Eve, for example, stated that pulling out her hair, a condition known as trichotillomania, *"...strand by strand, provides a better release than cutting"*. However, one needs to hurt the body increasingly severely, or cut increasingly deeper, in order to induce similar euphoric states (Austin & Kortum 2004; Yates 2004). Unnaturally provoked endorphin release in reaction to increasingly more severe bodily injury over a prolonged period of time therefore tends to lead to addiction. Some respondents admitted that the practice of self-injury had become addictive. As Claire stated *"...it's like a drug - I depend on it"*; Benjamin was concerned *"...about how compulsive it was becoming and I didn't like that fact that I am controlled by it"*. Sutton (2007 p.85) reported that in one study "84% of Internet respondents considered self-injury addictive". This has significant implications for

therapy and treatment, which will have to address the fact that individuals might present with physical withdrawal symptoms when they attempt to cease injuring their bodies as a form of emotion regulation. Nonetheless, self-injury appears to have become an accepted means to an end, namely to induce a sense of emotional well-being. In other words, the *practice* of self-injury had commenced. To which degree such practice is a consequence of addiction is not yet clear.

The body is not only implicated in terms of the psycho-somatic, and eventually addictive, properties of self-injury. Respondents also stated that self-injury made pain visible, referred to the wound as a sign, and explained that the skin acted as a boundary between the inner and the outer self. The communicative and symbolic use of the body in self-injury is discussed in Sections 6.3.2.3 and 6.4.1.

Synopsis

The discussion on the use of terminology highlighted that respondents did not differentiate between various terms, but according to the characteristics that were ascribed to certain self-harming and self-injurious behaviours. Nonetheless, the use of precise terminology in academia facilitates not only statistical accuracy, but also a better understanding of the different characteristics ascribed to the range of self-harming/injuring behaviours in comparison to suicide.

The question of whether self-injurious behaviours are to be understood as antecedent to suicide, antithetical to suicide, or both, has produced a clear statement of intent, namely to alter mental/emotional states which, paradoxically, averts complete self-destruction in critical situations. As such, self-injury is a protective mechanism and can be seen as antithetical to suicide. The various methods employed in NSSI are partially informed by the financial and social pragmatism involved in choosing self-injury over, for instance, substance misuse. Comparatively speaking, direct bodily injuries such as the cutting or burning of skin, or trichotillomania for example, are very pragmatic options. The fact that self-injury 'works' in the short-term, but becomes addictive in the long term, constitutes valuable information for health professionals.

Although an enhanced understanding of various aspects involved in self-injury is significant for future intervention strategies, the reasons which lead to such intensely negative mental and emotional states in millions of people around the world has not yet been addressed. So far, the practice of self-injury has tended to be labelled as an individual pathology. The second research question aimed to engage with this view critically.

6.3 Is the practice of self-injury due to individual pathologies?

According to the mental health discourse, decisions to engage in self-injury arise from individual pathologies, or personality disorders, as

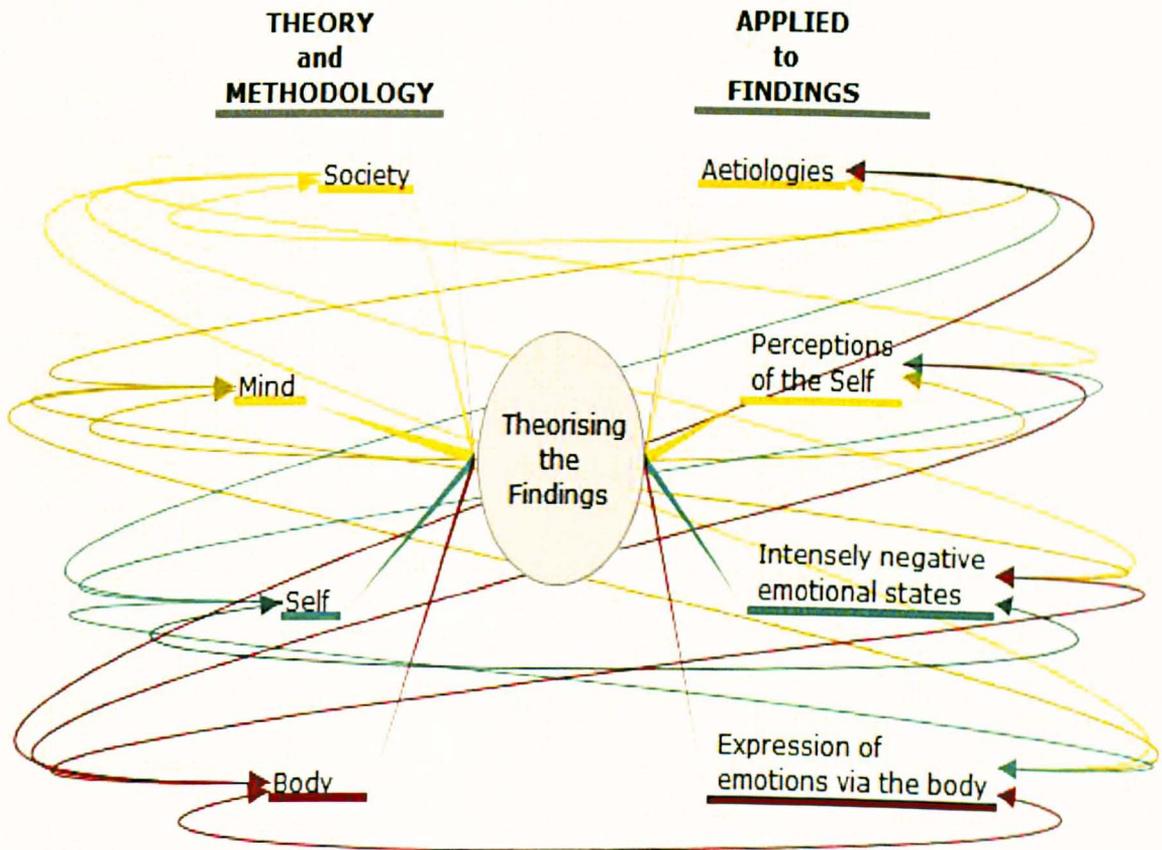
listed in the Diagnostic Statistical Manual of Mental Disorders (DSM-IV) and its British equivalent, the International Classification of Diseases (ICD 10). If one were to follow this line of argument, one would need to concede that, according to recent statistical information, the estimated 1 in 15 young people, aged 11-25, in the UK who have self-harmed (Mental Health Foundation 2006) suffer from such personality disorders. The same argument applies to the 12%-21% of adolescents in the US who reportedly practice non-suicidal self-injury (NSSI) (Glassman et al 2007 p. 2483). At an average of 17 % of the adolescent and young adult population of approximately 60 million, aged between 10-24 years (US Census Bureau 2008), this translates into an estimated 10.2 million young people. However, as discussed in Section 2.4.3, diagnostic labels of 'pathologies', or personality disorders, based on the DSM-IV and the ICD 10, are merely descriptive. Whilst there is no doubt that a variety of mental/emotional disorders, so labelled, do exist, the question of why millions of young people should have developed such pathologies remains central to this thesis. Therefore, in line with the sociological perspective that individuals' minds/selves are formed by the society they live in, the present study began with the assumption that the aetiologies which give rise to individuals' intensely stressful psychological states are located within the wider social realm. This dissertation's ontological focus of who/what constitutes the unit of analysis therefore shifted from 'individual actors' to 'social interactions'. This shift needed to be accommodated by the theoretical and methodological design of this study as discussed in Chapters Three and Four respectively.

6.3.1 Simmel's units of analysis: forms of social interaction

Simmel perceived society as "a labyrinth or web of interactions and relationships" (Simmel 1971 [orig.pub.1908]). The task of sociology therefore, Simmel argued, was to investigate such relationships and interactions, as they constitute the ties which connect "the individual unit and the unit of individuals" (Simmel 1955, cited in Cheal 2005 p.30). Simmel argued that the essential task of sociology was to investigate social relationships as 'forms' of relations within a society. Such forms are processual and dynamic, which is why Simmel's methodology of investigating sociation embraced philosophical pragmatism as a form of knowledge acquisition (discussed in Section 4.3.3). The methodological design of this dissertation was also informed by Weber's argument that, if social action is to be understood meaningfully, a study of society cannot ignore actors' interpretations of social actions.

Figure 6.3.1 presents a broad overview of how the philosophy of the research design is applied to findings. The theoretical constructs, which were discussed in Chapter Three and outlined in Figure 3.5.2, are depicted in the left column. The main aspects of the findings, which were discussed in Chapter Five and mapped in Figure 5.6.1, are shown in the right column. The theoretical interpretation of findings is indicated via the connectors between the columns.

Figure 6.3.1 Mapping findings, theory and methodology



For example, the connector between 'society' in the left column and 'aetiologies' in the right column depicts Simmel's (1908) concept of 'forms of relationships' as units of analysis. Aetiologies of self-injury reported in Chapter Five, that is, abuse, neglect, invalidation and violence, were clearly located in such forms of social interaction. The connectors from 'society' to 'perceptions of the self' and to 'intensely negative emotional states' indicate that individuals began to think about themselves accordingly. For example, children who had been sexually abused perceived themselves to be worthless. Consequent self-punishment was expressed via the body, hence the connector between 'society' and 'the embodied self'. As shown in Figure 6.3.1,

the theoretical construct of 'society' is connected to all the aspects shown in the right column; society is implicated in self-injury as shown via the processes outlined. It is a fallacy, therefore, to frame self-injurious behaviours as individual pathologies. Detailed theoretical arguments are presented in the following sections. Similarly, Cooley's (1983 [orig. pub.1902]) theoretical position that the mind is social, is shown via the connectors between 'mind' and 'aetiologies', between 'mind' and 'perceptions of the self', 'intensely negative emotions', and their 'expression via the body'. As depicted, the theoretical constructs of symbolic interactionism constitute the conceptual tools used to investigate Simmel's (1971 [orig.pub.1908]) units of analysis, that is, processes of sociation, in cases of abuse and bullying at the micro/meso level, and in relation to the ideation and imitation of self-injury at the macro level (discussed in Section 6.4).

As the interactionist position highlights, society, mind and self are inextricably interlinked. The theoretical perspective of symbolic interactionism and its concept of the self as a social creation are used in the remainder of Chapter Six to discuss various forms of interrelationships, and the mental and emotional states they produce, in relation to self-injury.

6.3.2 The mind/self created in social interaction

One of the fundamental principles of interactionism discussed by Peirce, James, Dewey, Cooley, Mead and Thomas was that the human

mind/self is a social creation. Mead (1936 p.74) stated that "the self does not exist except in relation to something else", as an individual's initially social, and consequently emotional, relationships are formed in interaction with others. At the micro level, such interaction takes place, initially, within Cooley's 'primary groups' such as families, neighbourhoods and crèches, which are populated by Mead's 'significant others', such as parents, siblings, play-mates and/or other caregivers. These settings constitute the social and emotional environments in which children learn to see themselves as others see them. Scientists like Popper & Eccles (1983) refer to this process as psycho-physical interactionism. Interactionists, as do psychoanalysts, refer to such processes as the objectification of self.

6.3.2.1 The objectification of self

The objectification of self (Mead 1967 [orig.pub.1934]; 1951) constitutes a process whereby a child begins to perceive of her/himself as a separate entity or object as which he/she exists and is known to others. A child who is loved and affirmed will come to perceive of him/herself as an object of affection. In due course, this sense of the self as a separate entity is incorporated into a child's conscious and subjective experience but, until then, "the self is treated as though it were an external object" (Menninger 1938 p.29). These intra-psychic processes, of the self as an object and the self as a subject, are now well-known. Their significance for this thesis, however, lies in the interactionists' understanding that the self as a subject is derived from

a person's evaluation of the self as an object, namely the object which has been socially created in primary groups during interaction with significant others. This sequence is central to the research question of whether self-injurious behaviours constitute individual pathologies, as claimed by the mental health discourse, or whether aetiologies of self-injury, as reported, are located in social interaction. Interactive processes, which are fundamental to any relationship between man and society, are depicted in Figure 6.3.2.

Figure 6.3.2 Social creation of self

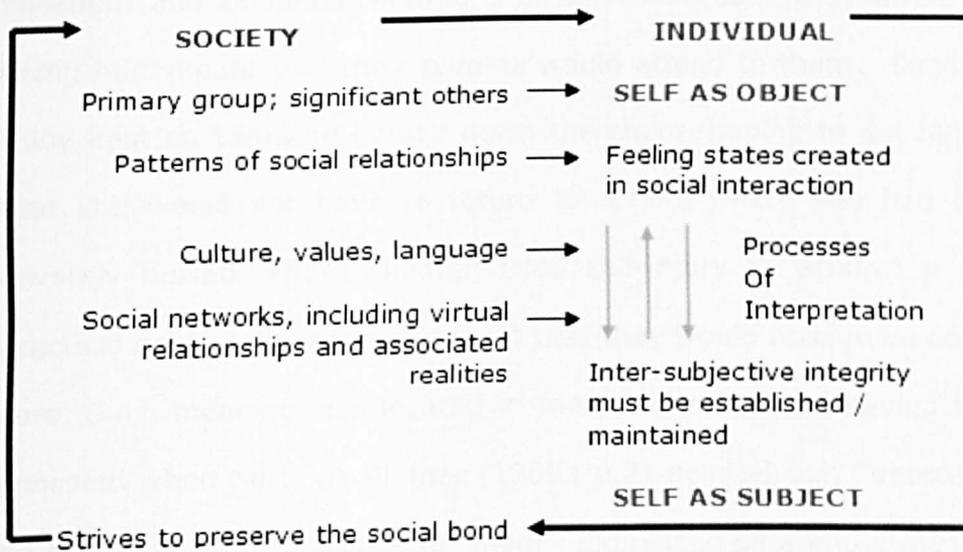


Figure 6.3.2 represents the social creation of the self, where an individual first becomes aware of him/herself as an object, (Mead's 'Me'), prior to developing a sense of 'I' via processes of interpretation. As depicted, such interpretation involves the imagination of our appearance to the other person, and the imagination of the judgement of that appearance by others (Cooley 1983 [orig.pub.1902]). The

following section applies this theoretical understanding to the findings discussed in Chapter Five.

6.3.2.2 The social self acquired: interpretive processes

As reported in Section 5.3, respondents' initial remarks concerning either the ideation or the act of self-injury were stated in terms of emotions such as being upset, angry or depressed. However, the contexts within which these emotions, or as Cooley might say 'feeling states', were created, were clearly relational. For example, both Elisabeth and Benjamin injured themselves because they knew that being hurt meant that their parents would attend to them. Similarly, Ruby kept on throwing herself down the stairs, hoping to get hurt so that she would not have to return to school where she had been severely bullied. These children used self-injury to achieve a very practical goal, as 'being hurt' meant that they would receive emotional care. Such meaning was located in their experiences of having been consoled when hurt; as Blumer (1969a p.2) pointed out, "people act on the meaning things have for them". Expressed differently, meaning is produced socially, which is the essence of the interactionist position (Cooley 1983 [orig. pub.1902]); Thomas 1928; Mead 1967 [orig.pub.1934]; Goffman 1990). Previous literature on deliberate self-harm (DSH) portrayed such behaviours as manipulative and attention seeking, but failed to acknowledge that small children do not have a great many means at their disposal to communicate emotional distress. They simply draw on the limited experience available to them,

which is entirely understandable. However, as discussed in Section 2.5.1, the danger is that individuals who do not learn how to express their emotions via alternative means "might continue to process intense emotional states with the development capacities of young children" (van der Kolk 1996 p.318). This was also pointed out by Conterio, Lader & Kingson-Bloom (1998 pp.210-214), whose therapeutic approach to self-injury rejects imitations of self-cutting, such as using a red pen to draw on the skin for example, as such imitations are clearly regressive in their emphasis that "strong emotion must be responded to through physical action". The fact that "childhood experiences can undermine young people's ability to self-soothe during periods of stress" (Gallop 2002; Spandler & Warner 2007 p. xviii) has been acknowledged by agencies working with young people who self-harm.

But children's physical expression of emotional distress in the form of self-harm was not the only result of neglect and/or abuse. Besides using self-injury to alert someone to their emotional distress, Elisabeth, Benjamin and Ruby had learned to perceive themselves as unlovable and unworthy, as this was their only childlike explanation of why they were being ignored or abused in the first place. Their sense of selfhood developed via the processes described in Cooley's notion of the self-idea. The principal elements of the conception of the self-idea are: (a) the imagination of our appearance to the other person [in the case of some respondents, emotional neglect]; (b) the imagination of his/her judgement of that appearance [being unworthy of attention;

unlovable]; and (c) some sort of self-feeling, such as pride or mortification [feeling mortified for being rejected/unworthy]. This constituted some interviewees' social reality. In later years they continued to injure themselves as a punishment for being so unlovable. Other respondents punished themselves because they felt guilty for having been sexually abused as a child. "*...I have always known it was wrong*", reported Anna, as if it had been her fault. Samantha too, mentioned self-punishment for having been 'taken advantage of' as a child, thinking that "*...I was really bad...I deserved it, I felt*". Liam remarked that he could not stop thinking about having been sodomised and eventually attempted suicide. The thought of 'being bad', if not dealt with constructively, turns into self-hatred, which in the case of respondents was expressed as self-aggression in the form of self-harm and self-injury. As Menninger (1938 p.204) stated, "*...destruction is the fruit of hate, not of love*".

Attempts to purge and cleanse one's self of the shame, rage, and anger of child sexual abuse (CSA) via some form of purging, abusing, harming or injuring the self are well documented in the reviewed literature (Menninger 1938; Conterio, Lader & Kingson-Bloom 1998; Ystgaard et al 2004; Matsumoto et al 2004; Yip 2005). Such behavioural patterns have been consistently reported in two sets of literature, namely in relation to eating disorders and in relation to self-injury. Yet, Sutton (2007 p.56) discussed "self-injury as a response to child abuse" as a myth. However, it is a myth only in as far as such associations do not exist as law-like cause/effect relationships. As

stated previously, not everyone who has been abused, sexually or otherwise, will inflict injury upon their body; likewise, not everyone who self-injures has been abused. However, indirect associations between neglect, abuse, self-hatred, self-punishment and self-injury do exist. Favazza (1996) acknowledged self-cutting as an act of purging, which allows one, at a deeper level, to feel clean and pure; in other words, to feel worthy again. Cooley called such knowledge 'social knowledge', rather than scientific knowledge, as it is created by, and based on, human interaction, which is far too complex to be counted, measured and expressed in the statistical format applied in the natural sciences.

Further to emotional neglect and CSA the third contextual setting which emerged in relation to the onset of ideation and acts of self-injurious behaviours was that of being bullied. This constitutes a new finding, as there appear to be no studies which specifically associate bullying and self-injury. However, there is a large body of literature on bullying in relation to emotional literacy and to peer-support systems at both primary and secondary schools. Elisabeth, Ruby, Glen, Eve, Claire and Riley reported having been bullied severely in their respective schools. They were mocked for speaking in a different accent, for not wearing the latest brand of trainers, had their lunches taken away, were excluded in the playground, were kicked, and threatened with more violence in case they told anyone. As Riley expressed it, "*you just don't grass*". The denial of the avenue of talking about such abuse adds to the sense of rejection and intensifies

feelings of invalidation. Bullying has been linked to the recent prevalence of self-injurious behaviours and is discussed more fully in Section 6.4.2.2.

The significance of these findings lies in the fact that respondents have traced their sense of self, and their subsequent ideation and acts of self-injury, to the social relationships and situations which created them. The interactionist perspective as understood by Cooley (1983 [orig.pub.1902]; 1966 [orig.pub.1918]), Thomas (1928), Mead (1967 [orig.pub.1934]) and Charon (2007) continually emphasised that social processes are logically prior to the self experiences of individuals. In Cooley's words, "there is no sense of 'I', as in pride or shame, without its correlative sense of 'you', 'he', or 'they' " (Cooley 1983 p.182-184 [orig. pub.1902]).

Surprisingly, the notion of shame, which was addressed from an interactionist perspective not only by Cooley, but also by Goffman in his work on stigma/the management of self, and explored further by Scheff (1990; 1997), is entirely absent from psychiatric literature on self-injury. Considered as "a primary social emotion" (Scheff 1990 p.15), shame is evoked in response to negative appraisal such as rejection, neglect and abuse as reported by respondents. In contrast, children who are affirmed develop an integrated sense of self via emotionally secure social bonding as individuals. They experience themselves as 'objects of affection' (Me) and therefore subjectively as being valued too (I). Conversely, children who are ridiculed, neglected

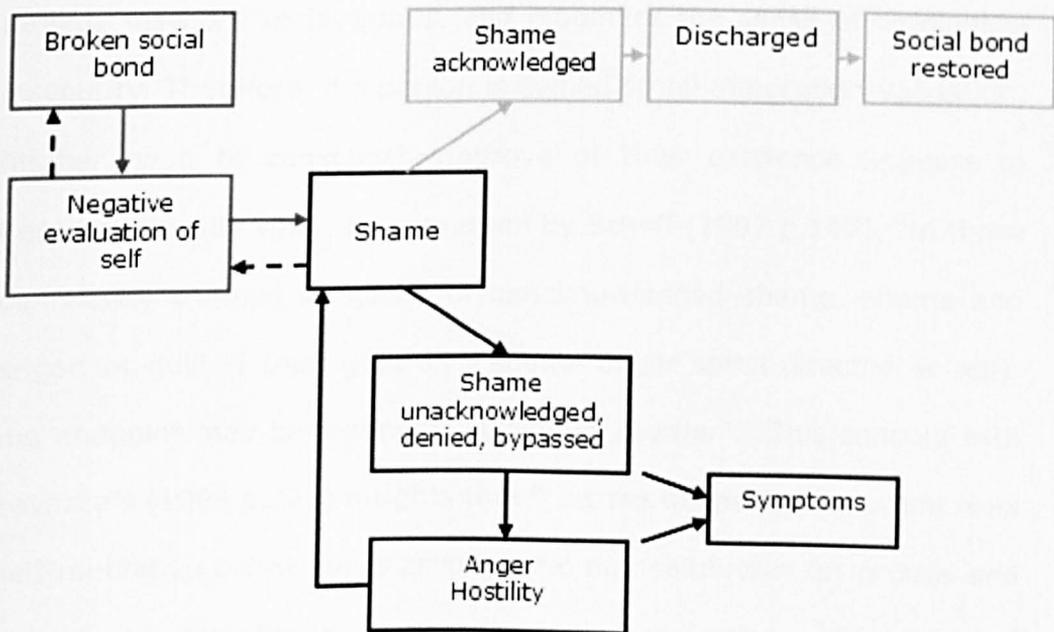
and/or abused are not emotionally integrated. The sense of shame, of being unloved and therefore unworthy weakens self-integration and threatens subsequent social-integration. A variety of aggressive behaviours such as anger and/or hostility are displayed, including self-injury as a form of self punishment, particularly when shame remains unacknowledged (Scheff 1997).

The primary social emotions of pride and shame constitute fundamental elements in Cooley's theory of the looking-glass self. Mental states and feeling states, which are social in origin, play a significant role in the creation of the social-self via processes of interpretation as depicted in Figures 3.4.2, 3.4.4 and 6.3.2, and therefore in the definition of the situation, which, once defined as real, is real in its consequence. These processes were clearly illustrated by respondents' statements such as: *I was abused* [the self as the object] – *therefore I must be bad* [the self as the subject] – *I define that as real* [in the absence of a wider experience of life] – *and consequently act on it* [punish the self]. As Menninger (1938) stated, a strong sense of mortification, and the wish to be killed, is expressed in mutilating or injuring the self; though paradoxically, in doing so, a complete annihilation of the self is averted. This is exactly what the sample interviewed for this study described, namely the need to reduce their emotional tension/aggression/shame in order to avert suicide attempts at times when psycho-social (feeling states) and concurrent psychosomatic (physiological) processes influence each other. The attribute which renders the social emotion of shame so powerful is its ability to

threaten social bonds and therefore, at a deeper level, the existential self.

Scheff (1990 p.4) regarded the maintenance of such bonds as “the human motive”. This notion was also addressed in Goffman’s work on embarrassment, where face-work is used to ensure social integration/re-integration. As Cooley (1983 p.121 [orig.pub.1902]) remarked: “...the imaginations which people have of one another are the *solid facts* of society, and that to observe and interpret these must be a chief aim of sociology”. Shame, therefore, as a social emotion, must be acknowledged and dealt with (by the individual and by society) in order to facilitate an individual’s social re-integration. This point is addressed fully in Section 6.4.2.2. Scheff’s (1990) construct of shame is depicted in Figure 6.3.3.

Figure 6.3.3 Scheff’s construct of shame



Source: Adapted from Scheff (1990 p.88)

As shown in Figure 6.3.3, unacknowledged shame tends to be caught in a cycle of anger and hostility, either against others or against the self. The dashed lines indicate that unacknowledged shame leads to a further negative evaluation of the self and, because the broken social bond is not restored, tends to increase intra-personal, interpersonal, and social conflict.

In the present study, some respondents indicated that their sense of self was further invalidated because their experience of acts perpetrated against them was not acknowledged. Reportedly, Anna's mother barely reacted when Anna told her that she had been sexually abused as a child by her grandfather; similarly, Megan's grandmother did not believe that Megan had been abused by a member of the family. In cases of bullying, attempts to tell parents were sometimes unsuccessful (Eve), and/or teachers remained uninvolved (Eve, Riley, Glen, Liam). Such invalidation tends to further weaken, if not sever, already insecure social bonds, and magnifies the sense of ontological insecurity. Therefore, if a person is denied social integration/validation, his/her need to consolidate/approve of their existence appears to become critically vital. As expressed by Scheff (1997 p.147), "to those completely trapped in spirals of unacknowledged shame, shame and anger, or guilt (I treat guilt as a shame-anger spiral directed at self), the endpoint may be madness, suicide or murder". This concurs with Favazza's (1996 p.222) insights that "...at the deepest, irreducible level self-mutilative behaviour is prophylactic and salubrious for groups and individuals threatened by death, disorganisation, disease and

discomfort". The wish to survive and reintegrate (intra-psychically and by extension socially) rather than to end life, is evidenced in the function of self-injury as 'coping mechanism', as discussed in Section 6.2.2 on the question of intent.

The completely unacknowledged existence of shame, despite its power to threaten already compromised social bonds and therefore social integration/reintegration, constitutes a significant finding in research on self-injurious behaviours. The ubiquitously used term 'self-esteem' in much of the literature restricts itself to referring to the self as an *individual* object, and thereby negates, or leaves unacknowledged, the fact that the emotion of shame, which initiates consequent feelings of unworthiness, is social in origin. To reiterate Cooley's point, there is no feeling of shame or pride in the absence of the 'I', 'You' and 'They'.

However, one does need to emphasise Thomas's Theorem once again, namely that "the *same* [italics mine] objective situation does not lead to identical behaviour" (Stryker 2002 p.31]); in other words, negative self-objectification does not causally lead to self-injury, *per se*. This dissertation does not seek to claim such cause/effect relationships. It does, however, point out the deeply human mechanisms at work in social interaction. One also needs to consider that the objectification of self is related to age and experience. A child who has been affirmed and is aware of his/her intrinsic worth and value as a human being might withstand later shocks in life, such as bullying for example, with much greater resilience. It is therefore critical that a person's definition

of the situation is acknowledged in therapeutic interventions which, essentially, are confronted with self-injury as a symptom, a symbol, an expression of socially created meanings.

6.3.2.3 The social self expressed: embodied identities

Cregan (2006 p.3) describes embodiment as "the physical and mental experience of existence". This explanation denotes a unified state of being, akin to Burkitt's *Bodies of Thought*, in which material and symbolic dimensions merge. In describing thought as an "embodied, social activity", Burkitt (1999 p.7) follows the interactionist position, albeit implicitly. In contrast, Waskul & Vannini's work (2006) draws explicitly from symbolic interactionism, which presents mind, self, emotion, and body as a unified entity, firmly located in society and therefore framed by social/cultural relationships. Waskul & Vannini (2006) use the metaphor of the body as a 'province of meaning' through which emotions are expressed symbolically. For example, Elisabeth's messy bleeding wound was symbolic of herself being an 'emotional mess'. That which was "...on the inside", the inexpressible and intangible, was externalised and expressed and, in the process, became tangible: it became something that could be understood and dealt with. Samantha too stated that "...it is making visible what is intangible, and you are making visible what no one can see; if it had a shape and colour it would be a black, sort of ugly mass really, that I could somehow help get out from inside". A similar point was made by Georgina, who expressed cutting through skin as "...making a window

to the outside...it all needed to be made visible, so that it could be dealt with". Anna referred to the wound as 'a sign', stating that "...it's not tangible, you can't really make it better, whereas...if you cut yourself, you can see what the problem is and you can make it better, and I think that's got some therapeutic value". Luke, who treats his wounds with great care, was also symbolically tending to himself in the process of cleansing, dressing, and caring for the wound; for Luke, these deliberate, well-planned and meticulously performed procedures were deeply therapeutic. Clearly, respondents used their body to symbolically express emotions, Cooley's feeling/thinking states, and Burkitt's embodied experiences. As Burkitt (1999 p.128) argues,

"...emotion is to do with flesh and blood bodies and selves, actively bound in power relations and interdependencies, whose embodied expressions and feelings are primarily the outcome of those relations. This is the matrix in which emotions appear and can properly be understood".

Literature on self-injury (summarised in Table 2.5.1) is littered with references to 'having to regain control', to 're-enacting trauma', and 'needing to end dissociation' in situations when stress levels peak. However, although literature reports on 'the need to communicate emotional distress', it does not report on the social genesis of such emotional distress. The present study, however, asked sociologically oriented questions which, open-ended in design, enabled respondents to locate the aetiologies of self-injury in the social situations and power

relations which gave rise to them. This is why both the unit of analysis and the interpretive method of explanation selected for this dissertation are so significant in terms of the findings they produced.

Discussions of bodily symbolism are often located in anthropological literature, which discusses embodiment in terms of cultural ritual. Self-injury, however, is not a socially accepted form of symbolism; yet, respondents' aetiologies of self-injury have their genesis in social relations. Such tensions are difficult to reconcile in the current social climate of Western civilisation. Western society may be witnessing yet another historical shift of a subjective use of body-language and symbolism, but might not recognise what exactly is being reflected just yet²⁹.

These tensions mirror questions regarding the ontology and the epistemology of the self in terms of what exactly there is to be known and how it can be known. The body is not an independent thing in itself, nor does it constitute the entirety of the self. For example, in terms of the propensity of self-injury to become addictive, the body is an object which functions according to the natural physiological laws it is designed to follow; in terms of the function of self-injury as an act of averting suicide, the body is the object but equally the subject, namely 'the self' which was punished and purged; in terms of the symbolism of

²⁹ The violence and destructiveness inherent in the symbolism used expresses the violence, abuse and neglect experienced as reported in Chapter Five. Societies may not yet have begun to conceive of self-cutting as a symbolic expression of such experiences. Sociological studies of self-injury are only just beginning to emerge, since the prevalent practice of self-injury can no longer be ascribed to an implied, and therefore equally prevalent, epidemic of individual pathologies or personality disorders.

self-injury, the body is 'the outer part' of the self. As pointed out by Benthien (2002) and Rao (2006), skin simultaneously establishes boundaries and removes boundaries between the inner self and the outer self. By cutting/opening her skin, for example, Georgina 'opened a window' for others to see what was inside. The inseparable unity and oneness of self/mind/emotion/body is bounded by the skin, which acts as a canvas, a place of encounter and a province of meaning. The symbolic expression of this social-self/mind/emotion/body illustrates the fallacy of conceptually reducing acts of self-injury to individual pathologies.

Synopsis

Section 6.3 has engaged with the question of whether self-injury is an individual pathology as is claimed by models which investigate man as a biological and/or individualistic unit. Findings were discussed within the theoretical framework of symbolic interactionism, which locates the formation of the self/mind/emotions in social interaction. The theoretical discussion of findings indicated that respondents' objectification of self, which plays a critical role in the formation of a person's attitude toward him/herself, was frequently compromised through emotional neglect, child sexual abuse, and/or severe bullying. Interviewees described their consequent sense of selfhood in terms of worthlessness, self-hatred, guilt, and therefore as deserving of punishment, all of which was expressed in acts of self-injury. Cooley's concept, that a person's imagination of the judgement of his/her

appearance by others constitutes his/her social reality was applied to, and consistently validated by, these findings. However, the discussion did emphasise that Thomas's Theorem of the definition of a situation is premised on interpretation commensurate with experience of life and age.

The fact that unacknowledged shame, as a primary social emotion, plays a central role in self-injury constitutes a new and significant finding. As a social emotion, unacknowledged shame carries considerable potency to threaten social bonds and to jeopardise social integration/reintegration. In recognition of the subtleties of human interaction, arguments that aetiologies of self-injury are solely due to individual pathologies can no longer be sustained. Essentially, such 'pathologies' are merely descriptive in nature; natural cause/effect relationships between pathologies so labelled and self-injury cannot be proven clinically/scientifically. The difficulties thereof have been described in Section 2.4.1 on self-injury as a functional (nervous) versus organic (neurological) disorder. In contrast, this thesis does not attempt to reduce the complexity of human social interaction to unifactorial functional/biological cause/effect relationships. It has, however, located and theorised the aetiologies of self-injury, as reported by respondents, in social interaction, which in turn affect relationships between mind, self, emotion, and body.

The symbolic expression of 'embodied emotion' was depicted on respondents' bodies. Bodies became metaphorical provinces of

meaning, on which deep seated feelings of shame, guilt, worthlessness and hostility toward self were expressed. Symbolically expressed as a wound, embodied emotions became tangible and could be 'looked at' and engaged with. These findings are significant for therapy and will make a valuable contribution to current literature on this subject. However, there is one more aspect to self-injurious behaviours which has not yet been discussed, namely the widespread practice of self-injury.

6.4 Prevalence: a consequence of socially mediated meanings?

So far, the theoretical perspective of symbolic interactionism has been applied to social interaction at the micro level. In contrast, the present section addresses findings which link aspects of self-injury to social institutions which are located at the macro/meso level, such as the media, education and family. In Simmel's terminology, such institutions constitute the content from which the forms of interaction are derived; conversely, interactions at the micro/meso/macro level inform their content. Such content includes the Durkheimian collective conscience; a society's moral order, perhaps, which Frisby & Sayer (1986 p.43) refer to as 'supra-individual', yet which inevitably affects individuals. Expressing a similar thought, Scheff (1990 p.9) uses the analogy of a hologram to depict cultural interactions between the individual and society: in an open system "...each stands for the whole, just as the whole is made up by the parts and their interrelationship". This understanding is essential to interactionism, which is why this

perspective is well suited to theorising whether social mediation, which is at the interface of individual and society, plays a role in the prevalence of self-injury.

6.4.1 Self-injury: social contagion, ideation or imitation?

Although isolated incidents of self-injury have existed throughout recorded history, the literature reviewed in Chapter Two indicates that such behaviours have spread widely in the Western World. Self-injury is now considered a public health issue in both the UK and the US (Glassman et al 2007; Sutton 2007). A number of authors have suggested that this is due to contagion (Ross & McKay 1979; Walsh & Rosen 1988), media-contagion (Marsden 2000), social-contagion (Adler & Adler 2007; 2008) and peer-contagion or the peer-contagion effect (Heilbron & Prinstein 2008). The usage of the essentially biological term 'contagion' in a social context is linguistically problematic, as it casts processes of social interaction and social institutions as vectors of infectious influences and, by implication, members of society as helpless, passive receptors. Yet, studies discussed in Section 2.4.4.5 do show that self-injury has been socially learned in settings such as prisons, psychiatric wards, residential childcare, secondary schools and even primary schools. In addition, social mediation takes place via the media, ranging from celebrities' public statements of their self-cutting to televised family-viewing and sitcoms, its glorification on stage, in songs, in print, via dedicated websites and on-line social networking sites (Favazza & Conterio

1988; Hewitt 1997; Hawke 2000; Derouin & Bravender 2004; Hodgson 2004; Muhlenkamp et al, 2005; Whitlock et al 2006; 2007; Sutton 2005; 2007; Adler & Adler 2008).

Debates concerning mediation, whether directly via others or indirectly via the media, are problematic, as social mediation and self-injury do not exist in a cause/effect relationship. Mediation does, however, cause ideation, in the sense that ideas are planted in one's mind. Whether such ideation is then entertained and/or acted upon is a question for each individual. However, a number of respondents in the present study reported socially mediated ideation via direct social interaction and via media. Ray for example wanted to emulate his friend's 'control' over her emotions as *"...you could tell when she had cut, because she would be basically high when she came back to us and spoke to us....so I adopted the idea"*. Samantha experienced a differently, but nonetheless socially mediated form of ideation of self-injury by reading Elisabeth Wurzel's book 'Prozac Nation'; *"...in this book she cuts herself, and I think it did never even occur to me before. I would not say that that sort of triggered me in any way, but it made me think about it"*. Concerning ideation in relation to suicide, Marsden (2000) described media contagion as *"...denoting a putative influence of exposure to symbolic representation of an act or a state such that eliciting a similar act or state becomes more likely"*. Marsden (2000) cites the well-known account of Goethe's (1774) work *The Sorrows of Young Werther*, which was seen as inducing imitation suicides not only across Europe but also in Asia, to illustrate this phenomenon. Symbolic

imitation was evident in terms of the population involved (forlorn young lovers) and in terms of the form of *self-murder* [literal translation], namely shooting. The sale of *The Sorrows of Young Werther* was consequently prohibited throughout Germany, Austria and Denmark. Imitative suicides, reported after deaths of celebrities, are now discussed in terms of the 'Werther Effect', that is, "media-induced imitative suicide" (Marsden 2000 p.28). Adler & Adler (2007; 2008), who discuss symbolic imitation in relation to self-injury, use the term 'social contagion' both because self-injurious behaviours are imitated in terms of the method used (predominantly self-cutting), and because young people learn through social mediation how to interpret such behaviours. Terms such as media-contagion, social-contagion, and Werther Effect express the same concept, namely a process of ideation, identification with its meaning, followed by imitation. This process is illustrated in Thomas's Theorem (1928 p.572) "...if men define situations as real [identify with the meaning], they are real in their consequences". Thomas's 'situation as defined' (discussed in Section 3.4.2.2) consists of the objective condition, pre-existing attitudes, and the definition of the situation. Applied to imitative self-injury, socially mediated ideation constitutes the objective condition, pre-existing attitudes are informed by the sense of self created in social interaction (a sense of worthlessness, guilt, need for punishment) and, once a situation has been defined as true (namely that a negative state of mind/emotion can be eased by self-injury), it will be true in its consequence (which induces the decision to self-injure). Such interpretive processes between Mead's Me/I, or between

the objectified/subjective self, are ongoing 'phases of action' (Helle 2005), and meanings are constantly reinterpreted in the light of new information, mediated via a host of media channels and/or friends.

Arguments of whether regular media-channels frame, popularise, glamorise and/or sensationalise information on self-injury, or whether they merely reflect what is happening in society, are circular. They may also become increasingly irrelevant in view of the host of dedicated websites established globally by people who self-injure and by a range of agencies alike. Self-injury is interpreted by those who practise it, by those who advocate it (pro-SI sites), and by groups who host information sites. In the (virtual) company of like-minded people individuals identify with the mental/emotional states of others and develop a sense of belonging, which in turn creates ideation by association. As Lucy stated, "*...people there know what it's like...you can sit and cry on their shoulder*" (without ever having met them). This includes children and teenagers who access such sites out of curiosity, even if they have not self-injured yet. In a virtual world, where strangers relate to each other on the basis of shared interests, imitation by association occurs very easily, despite the fact that such intimate sharing can be terminated at the click of a button. Behaviours are accepted, endorsed, and normalised purely on the basis of presently shared meaning. Both Lucy and Claire grew up in the so called 'e-generation'. However, the concept of imitation by association was also highlighted by other respondents, albeit for different reasons. Eve, for example, referred to the very young and rapidly expanding

teen population who have begun to imitate self-injurious behaviours; *"...they seem to think they can do it [self injure] because it's being part of a set, or being in with the in-crowd so to speak"*. Similarly, Lucy stated that *"...quite a lot of teens compare scars and stuff"*, and Luke mentioned that there is *"...an element of scratching that is now growing as a sub-culture"*. As Claire argued, *"...young people always look for a way out and they always want to get better, they always want to feel better, so if they think that 'this self-harm' might work, then they'll try it, and then it's just a circle and it just carries on"*.

Such statements highlight that there is a marked difference between the aetiologies of self-injurious behaviours being located in social interaction at the micro level, as discussed in Sections 6.3.2.2/6.3.2.3, and the uptake of self-injury based on the mediation/ideation via popular media. These findings concur with Adler & Adler's (2007) observation, namely that those who began self-injury in the second half of the 1990s were very likely to have heard about it via the Internet, whereas the 'non e-generation' discovered such behaviours on their own.

There is a growing problem of copycat behaviours as individuals are socialised into distinct subcultures of how to think about coping with emotions. Perhaps some teens are swayed by the power of the symbol, that is, a dramatic expression of dramatic adolescent emotion, akin to the Werther Effect. However, as Mitchell & Ybarra (2007 p.395) argue, *"...it cannot be determined whether noted on-line behaviours*

are the cause, effect, or simple correlate of self-harm behaviour". Scientifically speaking there is no cause/effect relationship. Social mediation does, however, cause ideation, and it is the ideation upon which individuals choose to either act, or not to act. As long as people are in full possession of their faculties, which allows a decision making process according to their values, will and conscience, this choice remains. This locates the argument within the realm of individual choice, which is perhaps why the mental health discourse refers to individual pathologies. However, interactionist theory maintains that such phenomena are not located within individual actors alone, but are informed by cultural and social changes which shape the social self.

The very fact that so many teens identify with the mediated meanings of self-injury (Adler & Adler 2007; 2008) and imitate self-cutting, is indicative of a wider mental-social complex referred to by Cooley and discussed throughout Section 6.3. In accordance with the pragmatist, processual approach discussed in Section 4.2.1, the following section theorises respondents' perceptions of the fabric of their social *milieux*, which renders the minds of millions of young people so receptive to the ideation and consequent imitation of self-destructive practices. As Mills (2000 p.3 [orig.pub.1959]) argues, "...neither the life of an individual nor the history of a society can be understood without understanding both".

6.4.2 Social institutions: media, schools and family

In addressing the question of the prevalence of self-injury, respondents were asked for their views on elements of society which might explain the social phenomenon of the increasing incidents of self-cutting. Once again, no direct links between social events and self-injury were mentioned, but aspects of the media, school and family were perceived to have indirect, yet profound, effects on the mindset and emotional well-being of children and adolescents.

6.4.2.1 Aspects of media reporting: unintended consequences?

A number of respondents addressed the media's general role in forming public opinion. Benjamin and Luke for example referred to the relentless reporting of external stressors such as terrorism, economic recession, insecure employment prospects, wars, violence and climate change, and the negative effects this had on their perception of their future. As Luke stated,

...you feel kind of powerless about it, you feel you can't make a difference, but it's all going to hell anyway, so it's like...global warming will kill us, or terrorists will, or...it seems like...what can I do?

These concerns might be best theorised through other sociological work such as Beck's risk society, for example. Beck (1992; 1999) uses the concept of risk perception, and addresses the sociological question

of democratising the manufacture of risks³⁰ via ethical and/or ecological approaches, political means, and/or social movements. However, as Luke stated,

It seems too huge and global and far away, whereas before, it would be stuff that was more localised and young people at the time could go and do this, or make a difference that way.

At a deeper level, risk perception highlights existential questions, which Giddens (1991) conceptualises as ontological insecurity³¹. The concept is used to describe a self that is no longer anchored in local, traditional, stable relationships and social institutions, but is displaced through virtual, distant and continually changing modes of interaction and socialisation. Giddens' (1991) reflexive self attempts to adjust, adapt, and continually construct and reconstruct the narrative of its identity. The reflexive self tends to become fragmented, and therefore ontologically insecure, in the process. Giddens (1991) acknowledges that the media's role in generating perceptions, meanings and identities is considerable, not only at the global but also at the individual level, where topics relate to every conceivable aspect of 'the self' and identity, whether concerning the body, the psyche,

³⁰ Beck's (1992; 1999) work addresses a range of manufactured risks such as environmental risks (nuclear waste), bio-technological risks (GM foods; the human genome project), and financial risks through loss of privacy (identity footprints), for example.

³¹ Giddens' (1991) work on 'modernity and self-identity' uses the concept of 'ontological insecurity' to describe not only the existential *angst* created in risk societies as described by Beck (1992; 1999), but also the loss of a solid sense of self-identity. The concepts of ontological insecurity and social alienation were also discussed by Favazza (1996), Hewitt (1997) and Klesse (1999).

relationships, or finance. Individuals in turn re-appropriate such messages, act on them, and continue the cycle of interaction between agency and structure.

Riley, who was bullied severely over a long period of time, provided a good example of popular media as a cultural intermediary whose 'meaning making' induces interpretive practices:

...to be normal you have got to look a certain way, you have got to dress a certain way, you have to be a certain way, which means that people who want to be themselves, they get judged, get picked on, get treated unfairly really, because they are being them... ...anywhere you look they are wearing brand names, they just all look the same as if they have come off a factory line, not one of them looks individual.

The interesting point about such phenomena is that individuals display group/gang behaviour *par excellence* in order to satisfy their need to belong, to be accepted, affirmed and validated. The objectification of self (discussed in Sections 6.3.2.1/6.3.2.2) is at a critical stage during adolescence, evidently so much so that teens ensure group inclusion even at the cruellest expense of 'the other'. Whilst they ganged up on Riley, their own social bonds were confirmed; however temporarily this might have turned out to be, as such allegiances tend to change frequently.

In relation to mediated violence, a recent House of Commons' (2008 p.3) report expressed concern about the 'dark side of the Internet', where "hardcore pornography and videos of fights, bullying or alleged rape can be found, as can websites promoting extreme diets, self-harm and even suicide". As Waldman's (2008) cynical blog reads "...if I ever feel the need for a bit of urban violence, I know I can always head off to YouTube to watch some gangs showing off their guns...; or maybe catch an instructional video on how to win a street knife attack; or watch a nasty teenager knocking a little boy off his bike". One respondent spoke about 'kids-gangs hanging out' in the early hours of the morning, "...after a couple of films on the telly...you get all these little kids copying". Whether mediated through TV, violent video-games, YouTube, social networking sites or hard-core metal music (Armstrong 2001), teens are exposed to images, messages and behaviours which, once ideated, are easily imitated.

It is beyond the scope of this dissertation to present a theoretical discussion of the production and mediated consumption of various sections of the media. However, Simmel's concept of investigating reciprocal relationships between society and the social institutions it creates, such as the media, has since been applied to media studies via three distinct theoretical strands, namely: (a) the production of consumption, which is essentially Marxist in orientation; (b) the production of culture, which addresses the context in and through which values and meanings are produced and symbolised; and (c) the culture of consumption, which emphasises the media as 'cultural

intermediary' (Brown 2008). Symbolic and structural interactions of youth media (Brown 2008) are measurable in terms of their financial impact on various industries, such as the film, print, music, fashion, and advertising industry, for example. The social impact of symbolic mediation, however, might only be measurable indirectly when a range of imitated behaviours manifest as social facts and public health issues, such as the *Werther Effect*, and self-injury, for example.

Synopsis

The principles of ideation, mediation, interpretation, and imitation are integral to interactionist theory, and have been illustrated via a number of different examples in relation to the media and its, occasionally perhaps unintended, consequences. These principles are also linked to the social emotion of shame, the need to be socially integrated, and the mental/emotional states of mortification if one is ridiculed, excluded and bullied just because one does not fit into the mould cast by the media as highlighted in Riley's example. The insights offered by respondents are theoretically significant for this dissertation as they illustrate how socially mediated meanings are reflected symbolically in the actions of individuals, be that imitative self-injury or various forms of violence. This also illustrates the usefulness of Simmel's approach to investigating the forms of relationships within a society and its institutions.

As indicated, some aspects related to teenage anxieties might best be theorised and understood through Beck's (1992; 1999) work on the risk-society, Giddens' (1991) concept of ontological insecurity, and through media theories (Brown 2008). Levels of teenage anxiety are reportedly intensified by a sense of powerlessness, meaninglessness and hopelessness. Such mental and emotional states might, indirectly, contribute to the prevalence of self-injury.

The following subsection reports briefly on respondents' observations of policies within educational institutions, which appear to give rise to considerable trauma caused by bullying. However, this section does not discuss schools as places of socialisation *per se*; processes of socialisation are only discussed in terms of their relevance to aetiologies of self-injury as described by respondents.

6.4.2.2 Education: rights-based policy or restorative justice?

As reported in Section 5.3.3, a number of respondents located the aetiology of their self-injury in situations of bullying in educational settings. For example, Riley had reported one particularly severe incident of bullying to the police who could not charge anyone due to the lack of CCTV footage. This was despite the fact that Riley bore the evidence of the physical assault and had provided the names of those involved. Ruby, Eve, Claire, Glen and Elisabeth also reported that authorities at their respective schools did not, or could not, do anything about bullies' abuse of power either. Respondents at all

stages of life, student and parent alike, felt that such power had, inadvertently, been conferred to children and teenagers via policies which emphasise 'the rights' of the child, but lack the counterbalance of 'the responsibility' of the child. As discussed in Section 5.4.2, respondents' consensus was that such policies have effectively eroded teachers' and parents' authority to enforce discipline; as Eve added, "...and the kids know it". The effects of this on children who are the victims of bullying are devastating.

Although literature on non-suicidal self-injury (NSSI) has reported on various forms of mental, physical and sexual abuse, bullying has not yet received any specific mention. However, there exists a large body of research on bullying and emotional well-being, which acknowledges the effects of bullying on adolescent mental health and its consequent wider impact on public health (Gansle 2005; Kim, Koh & Leventhal 2005; Morrison 2005). Such literature also discusses a variety of interventions targeted at curbing abusive behaviours at schools. The success of such interventions is reportedly variable and often short-term (Hahn, Fuqua-Whitley, Wethington, Lowy, Crosby, Fullilove, Johnson, Liberman, Moscicki, Price, Snyder, Tuma, Cory, Stone, Mukhopadhaya, Chattgopadhyay & Dahlberg 2007), as cognitive behaviour training (for the bullies) and assertiveness training (for the victims), both of which are based on behavioural models, omit to address the deeper issues involved in the abuse of power, such as responsibility, accountability, respect and integrity. These core aspects of reconciliation have been incorporated into a theory of restorative

justice (Braithwaite, Ahmed, Morrison & Reinhart 2001), which teaches children that, although their action might be deplorable, they remain valuable as human beings. In other words, instead of labelling the entire person as a 'bad little boy/girl', by conceptually "separating the behaviour from the person" (Morrison 2005 p.107) a child is encouraged to engage with the consequences of his/her actions more objectively, which is less threatening to the self. As Braithwaite, Ahmed, Morrison & Reinhart (2001 p.1) point out, restorative practices "focus on maintaining and strengthening the social bonds to prevent children, either bullies or victims, from feeling isolated or rejected". The concept of the social bond is core to the theory of social interaction in general, and to Scheff's (1990; 1997) theory of unacknowledged shame (discussed in Section 6.3.2.2) in particular. Both Cooley and Scheff maintained that, whilst pride builds the social bond, shame at best threatens and at worst destroys it. Although literature on restorative practice does not refer to interactionist theory explicitly, the body of work emphasises that "school bullying reflects wider social processes of domination as a form of influence" (Morrison 2001 p.4), which is exactly what Simmel argued. As respondents in the present study reported, such processes of dominance as forms of social interaction are not controlled by school authorities which, given the existence of anti-bullying policies, is paradoxical. In the words of study-participants: "...telling didn't work" (Eve), "telling doesn't work" (Riley), "anti-bullying policies in schools don't work" (Liam).

Morrison (2001 p.4) states that "the practice of restorative justice does not value dominance, but offers mutual respect and human dignity while holding individuals accountable". This is exactly the point made by respondents in the present study, namely that bullies are no longer held accountable, as the disciplinary structures required to do so have been eroded. If not held to account, an opportunity to restore the damage created is missed; consequently, bullies are unable to discharge their own unacknowledged shame, which then continues to feed the shame-anger spiral (Scheff 1997; Braithwaite et al 2001; Morrison 2001). Victims in turn will be held in bondage by shame that has remained unacknowledged by adults, school authorities, the police and perhaps even peers, which then intensifies the sense of rejection, ridicule and worthlessness experienced at the hands of abusers. Clearly, the use of restorative justice offers a framework of mediation between social institutions and the individual, and facilitates the creation of a different mindset regarding social norms of behaviour, which in turn affects a child's/teenager's objectification of self. Chapter Seven offers recommendations based on restorative practices on the basis of their positive evaluation in some schools in Scotland.

Interactionists' claims in general, and Cooley's insights in particular, namely that the self is socially constructed, that shame and pride are social emotions, and that social integration and re-integration are critical to a person's sense of well-being, have been evidenced once again. The discussion of bullying, in relation to self-injury, has also highlighted the utility of 'the structural strand of interactionism', which

investigates social institutions at the meso level. Simmel's understanding of the task of sociology, namely to investigate social interrelationships as a unit of analysis, in this case dominance and conflict, was applied by Morrison (2005), although the paper did not refer to this methodological approach specifically.

The following brief and final sub-section theorises respondents' narratives pertaining to the family as a social institution.

6.4.2.3 The family as a social institution

Respondents' aetiologies of self-injury, which were located within the family, have been discussed already. The current section presents interviewees' thoughts on the family as a social institution at the meso level of society in relation to its changing composition and the effects thereof on individuals. Anna, for example, addressed the effects of frequent reconfigurations of family units:

I worry about one of my grandchildren, because my oldest son and his partner, they moved in together and what have you, and she had a son of her own, and then they had Lynn who is now two and a half, and they fall out and they make up, and they fall out and they make up and he moved out for a while... And that child, she doesn't know where she is going. She was coming to gran and granddad when he had her, or she was going to stay with mommy and she would come to see daddy for the afternoon, or she was staying with gran and granddad because mommy and daddy were both working, and I think that has to have an effect on her. She

doesn't know where she is going to be staying next, and it seems to me that there is so much of this nowadays.... with people not getting married and just living together and then they have so many children with somebody else...

Unstable intra-familial bonding might be felt more keenly if family units are not socially embedded in the geographical community of which they are part. As reported by respondents, the media have stepped in to fill that void; traditional community-based socialisation has largely been replaced by technologically mediated socialisation, as virtual family life is portrayed on TV screens and virtual friendships are formed on social networking sites. As reported in Chapter Five, Luke reflected that

...because there is more communication and media you have more options, but you have more confusion as well as to what options to take. And so you have to kind of find your individual identity at a time when there are lots of different pressures and different ways and so I think it's much easier to get yourself into kind of anxiety and depression if you are a teenager. I think that a kind of depression among young people is increasing.

As Cooley might have expressed it, the family may no longer be the nursery of primary socialisation. Instead, young people's formation of the social self and construction of identity tends to be complicated, and reportedly confused, by vast amounts of information, which may be conflicting and difficult to assemble in the absence of solid, tangible social bonds that young people can rely on for explanation, advice or emotional support. In the case of most respondents, staff at the drop-

in centres and agencies they visited have stepped into that breach, and have become the extended family, friend, neighbour, counsellor, and voice at the other end of the phone: a community of support for the troubled 21st century social self. Giddens' (1991) reflexive, fragmented and ontologically insecure self constitutes a useful concept to theorising the troubled 21st century self, communities of support, social bonding, processes of sociation, and the family as a social institution at the meso level.

Synopsis

Section 6.4 set out to theorise findings in relation to processes of sociation at the meso/macro level, based on respondents' narratives regarding the mediation, ideation, symbolic identification with, and imitation of, self-injurious behaviours. Examples included direct social learning through friends, as well as mediated ideation through books and imitation by association via social networking sites. Media induced-copycat behaviours such as skin-scratching, if not skin-cutting, appear to have developed into a sub-culture amongst teens and even pre-teens at primary schools.

The school and the family, in their roles as social institutions, were discussed only briefly in this section, as familial and peer relationships at the micro level, such as various forms of abuse, had been discussed previously. Respondents expressed a sense of frustration concerning the imbalanced policy dictates of the 'rights' of the child, as school

authorities and the police were perceived to be prohibited from intervening constructively, via enforcing discipline, to curb the abuse of power by teenage bullies. Finally, respondents felt that the family, as a social institution, no longer tends to provide Cooley's nursery in which individuals can form secure emotional attachments. Instead, societies witness the effects of children being socialised via the media, and self-injurious behaviours were no exception.

The third research question of whether the widespread practice of self-injury is linked to socially mediated meanings was answered by participants in the affirmative on two counts: firstly, media-induced ideation, mediation and imitation since the mid 1990s, and secondly, young teens' mental and emotional readiness to accept such ideation. The answer to the deeper question of why individuals exhibit such receptiveness to the ideation of self-injury is located in reportedly high levels of teenage anxiety and frustration. Respondents attributed such mental/emotional states to the wider social environment in general, and to social institutions such as the media, school/education and family in particular. Media induced despondency was not only mentioned in terms of the relentless reporting of negative global events; much more serious is the pervasiveness of the indirect critique of personhood, as the vast majority of mediated messages suggest that, whoever a young person might be, they are not good enough unless they look, dress, and behave in a particular fashion. Ubiquitous messages of lack, as opposed to messages of affirmation and ability, appear to have become part of the collective teen conscience: the

integrity of mind, body and personhood is challenged persistently and relentlessly, which is particularly challenging if intra-familial bonding is not secure.

Interactionist theory has shown consistently that the processes of socialisation within a reference group at the micro level (Cooley) and therefore sociation at the meso/macro level (Simmel) have an impact on the formation of the social self. Cooley's theory of the looking-glass self, which shows that society influences the minds of individuals, and that individuals reflect such mediated images back at society, is still current.

6.5 Conclusion

Chapter Six set out to debate the three main questions posed by this dissertation: (a) whether the practice of self-injury is to be understood as antecedent or antithetical to suicide, or perhaps as both; (b) whether self-injury constitutes an individual pathology; and (c) whether the widespread practice of self-injury is socially mediated.

Findings indicated that terminology applied to self-injurious behaviours is less important to individuals who practice such behaviours than it is to academic debate. In academic debate, the term *injury* conveys a sense of immediacy, whereas the term *harm* is linked to long term, insidious effects. The significance of an increasingly common usage of terminology, such as NSSI for example, is that statistical analyses of

the range self-harming/injurious behaviours will become more exact and therefore reflect more accurately that self-injurious behaviours are, essentially, antithetical to suicide.

Different methods of self-harm and self-injury were also discussed in terms of their side-effects. Some of the physical, financial and social considerations associated with substance misuse were contrasted to methods of self-injury, which highlighted the pragmatism involved in choosing self-injurious behaviours as a method of emotion regulation. Such pragmatism is also understandable from a sociological perspective, as it allows individuals to manage impressions and front-stage performances, and therefore social bonds, in the absence of visible side-effects. This finding contributes to researchers' understanding of the motivations that inform various types of self-injurious behaviours.

The question of intent was debated in detail. Findings showed that acts of self-injury represent the elements of killing (aggression against others and self) and being killed (extreme form of submission, for which self punishment is a substitute) as indicated by Menninger (1938). The self was punished for being unlovable, for being a failure, and for having no value. Having punished and purged the self meant that the need for complete annihilation no longer existed. Paradoxically, self-injury helps to prevent suicide. Literature published since the late 1980s and the testimony of respondents in the present study confirmed that self-injury is a coping mechanism, maladaptive

as it might be. Acts of self-injury did not represent the third element associated with suicide, which is the wish to die. Although emotional vacillations do occur, respondents emphasised that, at the point of inflicting self-injury, the motivation is to remain alive. Respondents' assertions, namely that acts of self-injury are not antecedent to suicide but antithetical to suicide, confirm previous findings. This is significant in terms of the types of interventions offered in mental health care.

Self-injury as a form of emotion regulation also needs to be understood from a psycho-somatic perspective. Endorphins are opiate-like chemical compounds which have analgesic properties. Once released in reaction to bodily injury they induce states of well-being. Frequent self-injury over a prolonged period of time tends to become addictive. As with all addictions, the quantity, frequency and severity of stimulation needed to attain the same effect must be increased. This was reported in literature and confirmed by respondents in the present study. This finding is significant in relation to treatment methods when individuals wish to discontinue self-injury as a method of emotion regulation.

The complexity involved in attempts to avert complete self-destruction, theorised via psychoanalytical and psycho-somatic approaches, highlights and emphasises the intricate interrelationships between mind/self/emotion/body. The evidence presented by respondents in the present study concurs with the non-medical strand of literature on self-injury. Based on these findings this dissertation concludes that

self-injury, at its deepest level, is antithetical to suicide. These findings are critical for the funding of services related to self-injury. The practice of working with people who self-injure is a separate field of study, and academically perhaps best addressed in relation to counselling, social work and/or nursing; it has therefore not been a focus of the present study.

The second research question investigated whether self-injury was an individual pathology as suggested by descriptive diagnoses of personality disorders. Respondents' narratives showed that their aetiologies of self-injury were located in social interaction. Treated as an object of little worth, through emotional neglect and various forms of abuse, respondents began to perceive themselves subjectively as unlovable and worthless. Neglected children injured themselves because they knew that 'being hurt' meant that someone would come and 'make them feel better'. Abused children, who had learned to see themselves as worthless objects, injured themselves as punishment for being so unlovable and worthless. Theoretically framed by the perspective of interactionism, discussions pointed out repeatedly that Thomas's interpretation and definition of the situation is related to a person's experience of life. Scheff's theoretical construct of the social emotion of shame was applied to respondents' narratives in discussions relating to the threat of the social bond being severed, which threatens not only social relationships but also the ontological self. Some individuals who experienced dissociation during extremely stressful times, like Georgina, therefore self-cut to confirm their

existence in flesh and blood. Such findings are highly significant, as they herald a paradigm-shift of how self-injurious behaviours are perceived, not only by mental health professionals, but also in society.

Concepts such as the social emotion of shame, the broken social bond, and the threat to the existential self have emerged only because respondents had the opportunity to share the narratives of their experiences in semi-structured conversation; closed questions would have prevented such detail and intricacy from even being mentioned. The qualitative, interpretive mode of explanation was complemented by the sociological perspective of symbolic interactionism, which also provided the theoretical framework in which to locate the discussion of embodied identities. The symbolic expression of emotion on skin was important for two reasons; firstly, the tangible representation of mental/emotional states facilitated a more 'real' engagement with it; secondly, the communicative attribute of symbolism involving blood, and the wound, portrayed a deeper problem. Respondents have evidenced that Cooley's mental/social complex and Burkitt's emotional self of flesh and blood are inextricably intertwined. The theoretical exposition of the findings indicates that self-injury ought not to be framed as an individual pathology, as if individuals' mental/emotional states were created in isolation or apart from social interaction. On the contrary, self-injury needs to be conceptualised as a social phenomenon, the aetiologies of which are deeply embedded in social interaction. Respondents' narratives and aetiologies of self-injury have highlighted the validity of the sociological argument of the logical

priority of 'the social'. These findings will make a valuable and significant contribution to existing literature on self-injury.

The third research question of whether the prevalence of self-injury is linked to social mediation was debated within the framework of the structural strand of interactionism. The discussion of social mediation, ideation and imitation showed that direct cause/effect relationships between social mediation and acts of self-injury do not exist, as socially constructed meanings are not reducible to uni-factorial cause/effect mechanisms. Nonetheless, the *indirect* effects of the social mediation and ideation of self-injury have been illustrated both in literature and by respondents. Interviewees highlighted the social construction of meaning which is evident in the 'sub-culture of skin-scratching' at primary and secondary schools where teens compare scars resulting from skin-scratching/cutting. These findings concur with recent literature on self-injury that children and teenagers not only learn that such behaviours exist, but also how to interpret them, via the Internet. The findings are significant in that they provide part of an explanation for the marked rise of prevalence figures of self-injury since the mid 1990s.

Simmel's interactionist mode of explanation, namely the investigation of the forms of interaction which influence sociation, produced a number of findings. Firstly, respondents linked considerable levels of teenage anxiety and despondency to the media's pervasive reach into all spheres of life, from global issues to personal identity. Constant

messages of gloom, lack, and indirect critique of selfhood reportedly have an affect on the mental/emotional states of young people who have yet to form their identities as young adults. Secondly, as regards the institution of school/education, respondents felt that imbalanced, rights-based policies have eroded parents', teachers' and the police's authority to enforce discipline, which has devastating consequences for the victims of bullying. Although literature in other fields has discussed the effects of bullying on mental health and public health, bullying has not yet been specifically linked to self-injury. The finding is significant though; if presented in terms of not only human cost but also financial cost to the public health sector, it might inform a change of policy in time to come. Thirdly, although the family as a social institution was not discussed in any detail, some respondents referred to frequent re-configurations of the family unit. The void created by familial and social alienation is filled with ubiquitous media messages, which were perceived as confusing due to the density and volume of often conflicting information. The mediation, ideation and, as reported, the imitation of self-injurious behaviours is but one example. Findings obtained by applying Simmel's method of investigating sociation therefore suggest that the steep rise in the prevalence of self-cutting since the mid 1990s is not only socially mediated, but that such mediation encounters a vast audience whose mind/emotion/self is placed to entertain ideation and, evidently, engage in imitation. A raised awareness of media-induced ideation of self-injury might lead to educational campaigns which emphasise the addictive propensities of

self-injury so that teens can make better informed choices about such behaviours.

As the theoretical discussion of findings has indicated, the centrality of the mental-social complex in Cooley's theory remains not only valid, but has also illuminated the interface of individual and society, the investigation of which, according to Simmel, is the task of sociology. Although self-injury might be considered as a public health issue and therefore could be investigated as a 'social fact', the design of this study was guided by Weber's insight that social action needs to be understood interpretively if such action is to be rendered socially meaningful. The theoretical framework, methodological design, and coherent internal structure of this dissertation have produced significant findings via a theoretical generalisation of the practice of self-injury.

Chapter Seven presents concluding comments pertaining to the entire dissertation and discusses the limitations of this thesis as well as its contribution to knowledge. It also makes some tentative recommendations, and offers directions for future research on self-injury.

CHAPTER 7

CONCLUDING COMMENTS AND RECOMMENDATIONS

7.1 Introduction

This final chapter draws together the various strands of the thesis, acknowledges the limitations of the study, and highlights the sociological significance of the knowledge gained in relation to the research questions. The sociological yield of the study leads to some tentative recommendations for policy and practice in relation to self-injurious behaviours. Directions for future research on self-injury conclude this chapter.

7.2 Synopsis of the chapters

The review of the literature undertaken for this dissertation indicated that self-injurious behaviours had been studied predominantly within the fields of psychiatry and psychology. The bio-medical model linked self-injury to suicidal behaviours, but the intent which underlies most reported acts of self-injury remained disputed. The bio-medical model also associated self-injurious behaviours with a host of personality disorders. However, such associations tacitly imply that, globally, personality disorders have risen as fast as, and/or in proportion to, incidents of self-injury. The question of intent, the notion of individual pathology, and the widespread practice of self-injury therefore constituted the foci of this dissertation.

Based on the assumption that the aetiologies of self-injury were located at the interface between the individual and society, the present study theorised data via the sociological perspective of interactionism. This theoretical framework offered the conceptual tools necessary to engage with self, mind, body and meaning, which are core elements and concepts of self-injury. Interactionism complemented the methodological design of this study, which took processes of social interaction as its unit of analysis, employed qualitative methods, and used an interpretive mode of explanation. However, although the design of this study benefited from a cohesive and robust internal structure, some limitations need to be recorded.

7.3 Limitations of the study

As discussed in Section 4.4.2, sample cohorts who reside in confined settings, such as psychiatric wards, prisons, and/or residential child-care, might be regarded as problematic to start with and might therefore lack credibility as a data source. In order to ensure the credibility of the data collected, the present study sought a community sample. Fifteen participants might be regarded as a small sample, and a small sample size might present a limitation in terms of the generalisation of findings. However, this dissertation took on board Mason's (2002b) understanding that, instead of attempting to claim an 'empirical generalisation via statistical measurement', which is essentially undergirded by a quantitative philosophy and methodology, a study can usefully employ a 'theoretical generalisation'. A theoretical

generalisation is achieved via evidencing “cross-contextual generalities” (Mason 2002b p.39), which are generally referred to as the themes which become apparent in the analysis of qualitative data. This highlights the importance of analytical transparency in qualitative studies as discussed in Section 4.5.

The topical and cross-sectional analysis applied in this dissertation showed that, without exception, participants’ aetiologies of self-injury were located in patterns of social interaction. Despite the heterogeneity of the sample composition in terms of gender balance, age, and educational differences (discussed in Section 5.2) the themes emerging from the data collected were remarkably invariable, uniform, and consistent. Findings can therefore be ‘generalised theoretically’ to the wider population of individuals who self-injure not only on the basis of the heterogeneous sample used, but also on the basis of analytical rigor and transparency.

Moreover, although the size of the sample may have been small, the data collected were of high quality, as interviewees’ narratives located the aetiologies of self-injury in the situations which had given rise to them. The validity of the data was preserved by transcribing interviews verbatim, which avoided the premature reduction of data. Full transcripts, once imported into NVivo7, facilitated the analytical processes of topical and cross-sectional coding.

The combination of the quality of the data collected, the analytical procedures applied, and the consistency of the themes, notwithstanding the heterogeneity of the sample, compensated for the small sample size³².

7.4 The sociological significance of the knowledge gained

The sociological significance of the knowledge gained of self-injury relates to various aspects of the three research questions posed.

In relation to the first research question, findings have shown that although individuals who self-injure might periodically contemplate to end their lives, acts of self-injury are essentially antithetical to suicide. This finding is significant in that it validates self-injurers' repeated assertions to that effect, and confirms the anecdotal evidence from professionals who work with people who self-injure, from a social-scientific point of view.

Of great sociological interest is also the degree of pragmatism involved in using self-injury generally, and self-cutting in particular, as a method of emotion regulation. As discussed, the psycho-physiological mechanisms involved in self-injury allowed individuals to manage their emotions, and therefore their front-stage performances, effectively. By

³² The copycat behaviours mentioned by the sample did not apply to the interviewees themselves, but to the young teen population who appear to be influenced by a mediated interpretation of emotion regulation via skin-scratching/skin-cutting. They constitute a different group altogether, and need to be investigated as such.

avoiding stigma, and the shame of stigma, individuals protected their social bonds.

The symbolism reflected in self-injury carries socio-anthropological significance as the body is used as a canvas on which to express the meanings of aetiologies of self-injury. The sociologically most significant finding, however, in relation to non-suicidal self-injury, is that the 'wound as a sign' reflects societies' shameful acts of abuse, neglect, invalidation of 'the other', and interpersonal violence. The idea of "each to each a looking-glass reflects the other that doth pass" (Cooley 1983 p.184 [orig. pub.1902]) depicts the interchange between individual and society. 'The wound as a sign' also confirms the sociological understanding of the embodied self, that is, the unity of mind/self/body.

Individuals have described their attempts to cleanse the self, to purge the self, and to make it whole. To frame self-injury exclusively in medical terms, as an '*individual* pathology' in people with 'personality disorders', is inappropriate and misleading when considering the social dimensions in which reported aetiologies reside. The connection of activities and the meaning of actions reported by respondents have provided significant sociological insights in relation to the second research question posed.

Finally, the role of the media as a social institution and a cultural intermediary is not to be underestimated in relation to the practice of

self-injury amongst young teens. The widespread interpretation of non-suicidal self-injury as an acceptable means of emotion regulation indicates the enormous influence of social networking sites in terms of the mediation, ideation and imitation of self-injury. The cultural reproduction of such messages is evident in the reported sub-culture of skin-scratching and skin-cutting. In addition, ubiquitous messages of critique of personhood, messages of violence, and reports of global uncertainty spread by various media channels produce fear, reportedly heighten levels of anxiety, and increase ontological insecurity in contemporary societies. A sociological understanding of the mediated environments, which young teens are exposed to in media-saturated societies, has helped to partially answer the third research question concerning the prevalence and practice of self-injury. The sociological yield derived from the present study confirms the core argument of the entire thesis, which was that if the practice of self-injury is to be understood more fully, logical priority needs to be given to 'the social' at various levels.

7.4.1 The significance of the knowledge gained for sociology itself

Theoretical constructs such as the objectification of the self, the social emotion of shame, and the symbolic expression of emotion via the body are derived from the theoretical framework of interactionism, which offered the conceptual tools necessary for exploring processes of social interaction in which aetiologies of non-suicidal self-injury were located. However, as critiqued in Section 3.4.4.1, symbolic

interactionism is somewhat less suited to theorising meso/macro social structures and their influence on the social self. Aetiologies influenced by structures such as the media, education, and the family as a social institution (discussed in Section 6.4) are therefore better explored via theories that engage with contemporary societal structures and phenomena, such as the work of Giddens (1991) and Beck (1992; 1999), for example. Their work theorises the social self specifically in relation to global societal processes, which are increasingly fluid, flexible, fast changing, and therefore demand a considerable cognitive and emotional adjustment from the reflexive self. As Simmel argues, the task of sociology is to treat such processes of sociation as units of analysis in their own right. In relation to the object relevance of the social self, the theories employed to capture the dialectical relationship between global phenomena and the socially created, reflexive, fragmented and ontologically insecure self need to be re-conceptualised constantly. To this end, media theories might constitute a useful tool for discussing the Werther Effect in contemporary societies.

However, this dissertation had a tightly focused remit, namely to investigate the phenomenon of the global practice of non-suicidal self-injury first and foremost from the hitherto neglected perspectives of the self and the body. This was a critical step in highlighting that individualistic theories are inadequate when investigating aetiologies of non-suicidal self-injury. The use of the framework of symbolic interactionism located the phenomenon of NSSI firmly in the discipline

of sociology. Yet, this dissertation constitutes only a preparatory work, which hopefully provides an impetus for further studies with a specific sociological remit and theoretical focus. Recommendations for further studies are presented in Section 7.6. But first, the following brief section discusses the relevance of knowledge gains for policy and *practice*.

7.5 The relevance of knowledge gains for policy and practice

An enhanced understanding of the psycho-somatic aspects of self-injury is not only important in terms of the pragmatism that underpins such behaviours, but also in relation to the addictive propensities of self-injury. As discussed in Section 6.2.3, interviewees attested to the fact that self-cutting had become addictive. This constitutes important information for professionals and might influence their expectations regarding the cessation of such behaviours and therefore decisions regarding therapeutic interventions. However, as discussed in Section 2.7, there is a difference between helping people to reclaim their personhood, and treating them as addicts (Conterio & Lader 1998).

In order to address the symbolic expression of mental/emotional pain, trauma, and the 'mess' inside, agencies and drop-in centres might consider offering art therapy, particularly if individuals are not yet ready to articulate their emotions. Alexithymia, as discussed in Sections 2.3.1.2 and 2.5.2, is not an uncommon condition associated with mental/emotional trauma. Once individuals are ready to address

some of the aetiologies of self-injury, art therapy might progress to types of counselling which focus on talking and listening. As emphasised by respondents in the present study and by the professionals who facilitated access to them, the importance of such sessions ought not to be underestimated. This is an important point to be kept in mind when considering the funding of programmes. As long as people self-injure they are still attempting to cope with their emotions. Timely intervention, which supports individuals in their recovery process, may constitute prevention.

A further and relevant knowledge gain for policy and practice is the finding that anti-bullying policies were perceived to be ineffective. This problem was also discussed in the disciplines of education and criminology, both of which advocated an approach of 'restorative justice' instead (Braithwaite 1989; Morrison 2005). The Scottish Government funded a number of pilot projects which implemented the 'restorative approach' in 2004. Evaluations indicated that, for restorative justice to work, its ethos needs to be applied throughout the school/child-care setting (Kane, Lloyd, Mc Cluskey, Riddell, Stead & Weedon 2007). Restorative justice therefore "is not an innovation as such, but a framework for practice" (Kane et al 2007 p.99). Evaluations indicated that this firm but fair approach has led to a reduction both in 'constraints' being issued and in police callouts at schools and residential child care settings. Such findings are significant and, if applied in society, may help to reduce the excruciating effects of bullying as reported in this dissertation. Hopkins (2004, cited in

Willmott 2007 p.4) outlined four key questions which are central to restorative practice:

- *What happened?*
- *Who has been affected and how?*
- *How can we involve everyone who has been affected in finding a way to put right the harm caused?*
- *What have we all learned so as to make different choices next time?*

Restorative practice certainly offers an alternative to anti-bullying policies which, as reported by a number of respondents, appear to be entirely ineffective. Moreover, the framework of restorative practice is complementary to the concept of the whole-school-approach, also known as the 'ecological concept of school', and the peer-listening approach, both of which are addressed in Love et al (forthcoming) as part of the wider *Choose Life* initiative.

Finally, the aetiologies as described by the sample interviewed for this study differ significantly from the motivations that underpin copycat behaviours exhibited by young teens³³. Prevention and intervention mechanisms therefore need to differ accordingly. Prevention programmes might include the raising of awareness in schools. As discussed in Section 5.2, respondents recommended that teenagers should be informed about the long-term effects of self-injury such as permanent scarring, its propensity to become addictive and, most importantly, that self-injury does not change the underlying problem.

³³ This is not to say that *all* young teens who self-injure do so in a copycat manner. Some youngsters might be as troubled as the respondents interviewed for this study.

As discussed, mediation and ideation are associated with the interpretation of meaning, particularly for young audiences.

7.6 Recommendations for further study in sociology

The sociological approach adopted by this thesis, which was to investigate Simmelian forms of sociation both at the micro level and at the meso/macro level, could be adopted in further studies of non-suicidal self-injury. For example, the Sociology of Emotions could explore self-injury in relation to bullying and peer/gang/group-related behaviours. Media Sociology could investigate the reported trend of copycat self-injury in the young teen population in terms of mediation and ideation, particularly in relation to social networking sites. Non-suicidal self-injury might also be studied in the field of the Sociology of the Family, whilst the Sociology of the Body could address the symbolic expression of thought and emotion through flesh and blood in greater detail than was possible in the present study. Theoretical perspectives might include power-relations, sociation, and the changing use of the body in public life. Specific elements of self-injury relating to mind/body/self could also be explored under the umbrella of the Sociology of Health, be that public health or mental health. Lastly, the topic of non-suicidal self-injury could be addressed from a social work perspective in relation to policy and practice.

Studies of self-injury from a sociological point of view will facilitate a paradigm shift of how self-injurious behaviours are perceived by the

medical establishment, policy makers and the general public alike. This dissertation makes a small contribution towards such a body of knowledge.

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APPENDIX 1: Research Information Sheet

If you would like more information, please contact either:

Your contact person at the agency

OR:

The researcher directly:

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Young people who self-harm:

A research study

Would you like to participate in a research project?

WHAT is the project about?

Some young people say that injuring themselves is a way of coping with difficult emotions.

Some say it has become a habit.

This research focuses on young people who cut or used to cut themselves.

WHY is the study carried out?

This study aims to answer questions such as:

“Why do young people injure themselves by cutting their bodies?”

A better understanding of this might lead to more appropriate support being offered.

Your views, experiences and suggestions are very important.

WHEN and WHERE?

Interviews will take place between June 2006 and May 2007.

The interview would be conducted at the drop-in centre / agency you visit.



CONFIDENTIALITY

The information gathered will be treated confidentially and used only for the purposes of the research. Neither participants nor their families will be identified by name in any reports or publications arising from this study.

APPENDIX 2: Consent Form



CONSENT FORM

TO PARTICIPATE IN A RESEARCH STUDY

You have been invited to take part in a study entitled:

The practice of self-cutting: A sociological enquiry

Why is the study being carried out?

As indicated on the attached invitation, this study is about people who injure their bodies through self-cutting. The research seeks to better understand the practice of self-cutting. A better understanding of this practice might lead to a more sensitive response to those who self-cut and appropriate support being offered when required.

Giving informed consent: What does that mean?

Giving informed consent means that participants fully understand the aim and purpose of the research study and, on that basis, agrees to participate in an interview.

The study is being conducted as part of a PhD research project and needs to follow the strict ethical guidelines of The Robert Gordon University, Aberdeen. This means that research participants sign a consent form prior to the interview, that the conversation is recorded, and that the interviewees have access to a counsellor after the interview in case they would like de-briefing.

As a participant you need to understand the following:

- Participation is entirely voluntary and you can withdraw at any time without giving a reason for doing so
- It is anticipated that this interview will take approximately one hour, at a maximum 1½ hours
- It is important that you feel safe during and after the interview. As per stipulation by the University's Ethics Board, I have arranged that you have access to a counsellor for de-briefing after the interview should you feel the need to speak to someone
- Participation in the study may not necessarily benefit you directly but could be of benefit to others in a similar position

Confidentiality and anonymity:

Confidentiality is ensured. No names, places or any other detail that could identify a participant would ever be disclosed in any publication resulting from this study. Data will be transcribed by the principal investigator (i.e. myself). Identifiers used will not be traceable to the person interviewed.

Having read the attached Research Invitation Sheet, and this Consent Form, **I agree to take part** in the study and **give my consent for the information I provide to be used for the purposes of the study.**

Name:

.....

Signature:

.....

Date:

.....

Support and counselling:

.....

Signature of researcher:

.....

Date:

.....

Location:

.....

Project code number:

.....

Contact details of principal investigator:

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APPENDIX 3: Semi-structured Interview Schedule

Interview schedule

The practice of self-cutting: A sociological enquiry

1 Definitions

- 1a) How would you define self harm?
- 1b) Are there more or less acceptable / popular methods of self-harm?
- 1c) Which methods have you used / do you use?

2 Why do young people choose self-cutting as a method of coping?

What is the meaning of self-cutting for you?

- 2a) How did you learn about self-cutting as a technique/method?
- 2b) How old were you when you first heard about it?
- 2c) When did you first injure yourself in this way?
- 2d) What was the occasion? [situational context]
- 2e) Is this behaviour now habitual / how often do you self-cut? (routine)?
- 2f) Why do you use this particular method? (symbolism, ritual or practicality)

3 To which extent does socialisation contribute to the prevalence of self-cutting?

What is happening in wider society?

Social context / family / media / particularly the internet –

How integral are socialising agents, i.e. peers, media, to “meaning making”?

- 3a) What do you think is happening in wider society: Do you think self-cutting is increasing or is it just a case of hearing more about it?
- 3b) Do some of your friends also engage in self-cutting?
- 3c) Does anyone in your family?

- 3c i) Do they (friends/family) know that you do (if not, ask 'what do you think they'd say if they knew?') If applicable ask: 'Do you think you'd ever tell them that you do'?
- 3c ii) While we are on the subject of your family, may I get a sense of the composition of your family, i.e. brothers/sisters/parents/step-parents
- 3c iii) Would you say that the reasons for your self-harm lie within your family? [family relationships]
- 3c iv) If yes, would you like to talk about it? (You don't have to).
- 3d) Most young people who self-harm chat about it on the internet. What do you mostly chat about on sites that are dedicated to self-harming?
Images induce behaviour. How does this influence you?
- 3e) Would you say you belong to a particular youth culture? i.e. could one say that these internet 'communities' live in a culture of their own?
- 3f) Do you think the media (popular music) and/or particular youth cultures contribute to the prevalence of self-cutting?
- 3g) Why do you think that, in recent years, *others* / young people in other countries all over the world have begun to cut into their skin / their bodies? What do you think this is linked to / influenced by / caused by / a response to?

4 How does this type of self-injury influence young people's concept of their *self* /their sense of personhood, of who they are?

Personal reflections of "how self-injurious behaviour influences the way to see yourself" e.g. it might give you a sense of being in control, a sense of empowerment, induce self-loathing, or satisfy an addiction

- 4a) What are (usually) the emotions leading up to the cut? [reason] – feel powerless do regulate this emotion in any other way?
- 4b) Do you feel you have a choice at that point?
- 4c) How does it make you feel when you cut into your skin? [function]
- 4d) Do your emotions change when you see/feel blood? [emotion] i.e. what is the significance of seeing blood?
- 4e) How do you feel afterwards? [retrospective]
- 4f) Do you self-cut entirely for your own benefit or are you trying to communicate something to others? If yes, what?

- 4g) If communicating emotion: Do you think there are other ways in which you could communicate that emotion in advance of cutting / have you *tried* other ways?
- 4h) Has your view of yourself changed in any way since you started self-cutting? [feel more empowered, in control, feel bad.....]
- 4i) How does the practice of self-injury affect you as a person?
- 4j) Have you ever, or at times, contemplated what it would be like if you did not self-cut? Would you like to be able 'not to' cut? Would you like to be able to cope differently?
- 4k) Do you feel you have a choice in the matter?
- 4l) What would you say to teenagers who consider cutting?

5 Briefly reflect on the role of agencies and the media

- 5a) From your perspective, do you think that dedicated internet websites are a good idea?
Probe re: endorsing behaviour, offering a supportive environment...
- 5b) From your perspective, what would you say about the role the media should play in terms of reporting on the issue of self-harm in general, and on self-cutting in particular? What do you think their message should be?
- 5c) Do you think self-harm is an issue for primary/secondary schools?
- 5d) Which type of approach to you think would work best to help those who cut? (counselling, group work, medication, prevention / treatment, harm minimisation, resolution (abstinence))
- 5e) How useful do you think some of the approaches taken by agencies are?
- 5f) If you were looking for advice / information about self-cutting, who would you speak to? Why do you think they would be appropriate? (doctors, teachers, parents, others who self-cut)
- 5g) Similarly, who do you think *would* be the most inappropriate people to ask for advice and why?

This, [name], concludes the formal interview.

How are you feeling now?

Is there anything that I have not addressed that you would like to talk about?

Would you like to see a counsellor?

APPENDIX 4: NVivo Nodes created in the process of data-analysis

Tree Nodes

Name	Sources	References
01 Definitions	16	21
Links to suicide_yes_no	10	18
02 Methods used	2	2
Are some methods more acceptable than others	7	7
Binge drinking	1	1
Bruise _Smash arms into walls	5	6
Burning	3	4
Cutting	14	19
Eating disorders	5	9
Excessive sport	1	1
Overdose and or suicide attempt	5	8
Scratch _ break open skin	3	3
Throwing oneself down the stairs	1	1
Trichotillomania	1	3
03 How did you learn about SI_hear about this method	6	6
04 WHY 1st time and thereafter	12	22
Description of act of SI	4	4
How do you feel afterwards	3	3
05 Aetiologies	0	0
01Experiences_Social aspects	0	0
Bullying	7	15
Evil in the world	1	1
Family	5	16
Media	1	1
Sexual abuse	5	10
Stress and pressures	1	1
Sub-cultures	3	5
Transgender issues	1	2
Young carer	1	1
02Family constellations_not covered in Attributes	11	25
03Emotions_resulting	0	0
Anger and frustration	9	10
Blame myself when things go wrong _	2	2
Branded _ marked as a failure	2	2
Confirms unworthiness to ones self	4	4
Depression	1	3
Dissociation	2	2
Feeling bad	1	1
Hate self	3	4
Lack of validation	3	4
Loneliness	1	1
Looking for meaning	1	1

Tree Nodes

Name		Sources	References
Make yourself even less perfect	1		1
Needing attention _ Lack of affection	3		6
Punish self	7		12
Self perception	3		5
Suicidal feelings	5		6
Voices in my head	1		1
06 Functions		0	0
Blood	6		6
Body	8		13
Calmness_Endorphin release	4		5
Dependency	2		2
Escape	1		1
Get the dirt out and the anger	1		1
Habitual_just looking for release	4		7
Making pain visible	7		10
Something has to give_exploding_Clears the head	3		4
To end dissociation	1		2
07 Considerations around stopping		9	23
Alternative coping mechanisms	1		3
Choice	12		16
Driving to escape	1		1
Other	1		1
08 Wider Society_What do you think is going on		14	44
Internet	10		19
Message for families	2		2
Music	6		9
School response to bullying	5		10
Schools_young cutters	12		17
Social contagion	7		17
09 Agencies		0	0
Response experienced	0		0
A&E	5		7
Drop in centre_experienced	8		13
GP	5		6
Other response experienced	0		0
42nd Street	2		3
Psychiatry	0		0
Response suggested	0		0
A&E	1		1
Drop in centre_suggested	4		7
GP	1		1
Other response suggested	3		4

Tree Nodes

Name	Sources	References
 Psychiatry	1	1
 What counsellors tell them	1	1
 Cause_symptom	6	6
 Causes _ Internal or external to you	4	4
 Changing policies re SH	2	2
 Communicative aspects	2	3
 Could SI possibly have been avoided	1	1
 Dignostic Labels and Medication	4	5
 Education and aspirations	4	5
 Inability to express emotions	1	1
 Increased public awareness	1	1
 Other peoples reactions	1	3
 Relevance of questions	1	1
 Risk taking behaviours	1	1
 Tattoo	2	2
 What would you say to teenagers	13	17
 What would you say to the media	10	14
 Why CUT	5	10