A Frequency and Textual Analysis of Non-Suicidal Self-Injury in Print-Based Media: A Quantitative and Qualitative Analysis.

Erin Beettam

Department of Educational and Counselling Psychology

McGill University, Montreal

April, 2013

A thesis submitted to McGill University in partial fulfillment of the requirements of the degree of Doctorate of Philosophy in School / Applied Child Psychology

© Erin Beettam 2013
Abstract

Clinicians and researchers have reported that perceptions of non-suicidal self-injury (NSSI) have changed over time, while speculation has been generated related to the media portrayal of NSSI and the individuals who engage in this behaviour. However, no study to date has directly examined representations of NSSI in print media longitudinally. This dissertation’s objective was to investigate the depiction of NSSI within print-based media over a 20-year period (1988 to 2007) by examining articles published in popular English-speaking magazines.

The theoretical framework for the thesis draws from social cognitive theory (Bandura, 1986) originating in social psychology, and from cultivation theory originating in cultural and media studies (Gerbner & Gross, 1976a). A mixed methods study created two samples; quantitative sample of 117 articles from a keyword search of popular magazine titles and a qualitative sample of 29 articles of NSSI-themed feature articles. The quantitative analysis indicated a significant increase in the number of articles published over time, and an increase in the variety of publications mentioning NSSI. The majority of self-injuring characters depicted were females (91.36%), with male and LGBT characters under-represented. Of the self-injuring characters depicted, 26.31% were celebrities, 22.78% had a history of abuse, 21.25% reported substance abuse, 31.25% reported depression, and 25% experienced suicidal behaviours. The qualitative study showed shifts in social perceptions. A change occurred with a reduced emphasis on NSSI as part of a mental disorder, and an increased
emphasis on NSSI caused by social factors. NSSI descriptions changed from
unusual and severe to common and moderate methods. A process of normalizing
and minimizing NSSI behaviour arose and the metaphor of addiction was used to
describe NSSI. An initial trend towards writing to increase awareness about NSSI
transitioned to blaming the media for a perceived swell in NSSI rates. Articles
provided limited commentary on society’s role in NSSI behaviours. The current
study suggests articles published about NSSI have increased with time, and that
the topic of self-injury is being discussed with a broader audience. Implications of
normalization and minimization of NSSI, the addiction metaphor for NSSI, self-
identifying as a self-injurer, and social factors of NSSI are discussed.
Résumé

Les cliniciens et les chercheurs ont rapporté que la perception quant à l’automutilation non suicidaire (NSSI) a changé au fil du temps, alors qu’il y a eu de la spéculation reliée au portrait dressé par les médias à propos de la NSSI et des individus qui se livrent à ce comportement. Cependant, aucune étude à ce jour n’a directement examiné la représentation de la NSSI dans la presse écrite de manière longitudinale. L’objectif de cette thèse était d’enquêter sur la représentation de la NSSI dans la presse écrite au cours d'une période de 20 ans (1988 à 2007) en examinant les articles publiés dans des magazines populaires de langue anglaise. Le cadre théorique de la thèse s’inspire de la théorie cognitive sociale (Bandura, 1986) provenant de la psychologie sociale et de la théorie de la culture, elle-même provenant des études culturelles et des médias (Gerbner et Gross, 1976a). Une étude par méthodes mixtes a créé deux échantillons : un échantillon quantitatif de 117 articles d'une recherche par mot clé de magazines populaires et un échantillon qualitatif de 29 articles de fond ayant pour thème les NSSIs. L’analyse quantitative indique une augmentation significative du nombre d'articles publiés au fil du temps, et une augmentation de la variété des publications mentionnant la NSSI. La majorité des personnes pratiquant l’automutilation représentée étaient des femmes (91,36 %), les hommes et les LGBTs étant sous-représentés. Parmi les personnes pratiquant l’automutilation représentées, 26,31 % étaient des célébrités, 22,78 % avaient des antécédents de violence, 21,25 % ont rapporté des problèmes de toxicomanie, 31,25 % de la dépression et 25 % ont eu des comportements suicidaires. L’étude qualitative a
montré des changements dans les perceptions sociales. Un changement s’est produit avec une importance moindre de la NSSI, comme faisant partie d'un trouble mental, et une importance accrue de la NSSI causée par des facteurs sociaux. Les descriptions de la NSSI ont changé passant de méthodes inhabituelles et sévères à des méthodes communes et modérées. Un processus normalisant et minimisant les comportements de la NSSI est apparu, et la métaphore de la toxicomanie a été utilisée pour décrire la NSSI. Une première tendance vers l'écriture pour accroître la sensibilisation au sujet de la NSSI s’est transformée vers un blâme des médias pour un accroissement perçu des taux de la NSSI. Les articles ont fourni des commentaires limités sur le rôle de la société dans les comportements de la NSSI. La présente étude suggère que les articles publiés sur la NSSI ont augmenté avec le temps, et que le sujet de l'automutilation rejoint dorénavant un public plus large. Les implications de la normalisation et de la minimisation des NSSIs, la métaphore de la dépendance des NSSIs, leur auto-identification comme moyen de se blesser soi-même et les facteurs sociaux des NSSIs sont examinés.
Acknowledgements

The road from the beginning of a doctoral degree to the end is a long one fraught with challenges. Without an effective graduate supervisor, graduate students are lost. I have been incredibly fortunate to have Dr. Nancy Heath as my supervisor. Thank you for having enough faith in me and my abilities to allow me to pursue a highly unorthodox research project. You supported me by insisting I would need co-supervision in an area completely outside our work and instead of complaining about all the complications of this process, you cheered me on. It has been such a pleasure to grow as a student, and I look forward to being your colleague in the future. I hope that our conversations about understanding the emotional needs of adolescents will continue and develop as the Heath Research Team continues to make significant contributions to what clinicians and communities need to best service the needs of youth.

I would like to acknowledge my co-supervisor Dr. Alissa Sklar who continued to participate in this project even after her commitments at McGill had finished out of kindness to me and interest in the research. Your constant positive praise for the paper has helped to encourage me through many of the rough bits, when the project was still hard to conceptualize. You have been an excellent guide in learning about the critical lens of cultural media studies - a field in which I was an utter novice when I began this project. Special appreciation is also extended to the other members of my dissertation committee, Dr. Robert Bracewell, and Dr. Ingrid Sladeczek for your insightful feedback and suggestions about the project that have served to enhanced its scope.
Although I greatly appreciate my academic and clinical training I have received at McGill, it would be incomplete without the added experiences I have had in my research lab. To all my kind and generous lab members both past and present, I thank you from the bottom of my heart. Alyssa Baxter, Jamie Duggan, Amber Emery, Dr. Shareen Holly, Dr. Nancy Miodrag, Rick Noble, and Michael Sornberger; you are all unrivalled in your competence, your unique gifts, and the emotional support you have given me. You are excellent colleagues, and excellent friends. Particular thanks must be offered to my dear friends Dr. Elizabeth Roberts, and Dr. Jessica Toste for their significant contributions to this thesis as well as many hours of discussions on other subjects. I offer my gratefulness to my fellow dissertation writers; Dr. Nilmini De Silva and Dr. Mariko Morin who spent a summer writing their own dissertations in my air conditioned basement. The accountability of that time is one of the reasons this project was completed. It is important to thank my colleague and close friend Bethany Osborne at OISE for the many discussions we have had regarding media and qualitative methodologies. The extent of your help in my graduate student experience knows no bounds.

I would like to acknowledge the enrichment of the clinical training I have experienced during my studies. In particular my time at the Taylor Adolescent Program as well as my clinical supervisors: Dr. Jack DeStefano at McGill, Dr. Mary Deremer at the Montreal Children’s Hospital and Dr. Colette Boucher, psychologist Mark Liflan, and Dr. Marie-Josée Ouellet at the Douglas Mental Health Institute.
To my parents, it is difficult to know how to begin to say thank you. I think it is best to say thanks for always saying “of course” to whatever I suggested, as though I could obviously do whatever I set my mind to. Your faith in my gifts has saved me from giving up on my goals so many times, because if you two can believe it, then of course, I can do it. As well, I am grateful to my wonderful extended clan of cousins, aunts, and uncles, who had no idea what I was doing most of the time, or why I was still doing it, but continued to support me anyway, and to ask “when do you finish?”

I am also lucky to have had the support of my husband’s Australian family who have been cheerleaders for my graduate work, and know what it is like to pursue advanced education. -Thank you Bob, Susan, Claire, and Gaynor for your understanding. In particular, I wish to thank my mother-in-law for the extended trips she has taken from the other side of the world to come and care for my children, particularly when academic writing and clinical training had stretched me thin. Susan, I cannot count the hours of writing and sleep your generosity has afforded me.

And finally, to my husband Tim (aka personal editor, formatting fixer, and listening ear), it has been said that “being deeply loved by someone gives you strength, while loving someone deeply gives you courage” (Lao Tzu). I have needed both strength and courage to make it to the end of this process, and you have provided an abundance of both. Thank you, thank you, thank you. To my children Finn, and Violet, you are the best of my best, and the reason I do what I do. For me, the meaning of this work grows with you.
Table of Contents

Abstract ................................................................. iii
Résumé ................................................................. v
Acknowledgements ...................................................... vii
Table of Contents ....................................................... x
List of Tables ........................................................... xii
List of Figures .......................................................... xiii

Introduction .................................................................. 14

Chapter 1 Review of the Literature .................................. 22
  Understanding NSSI .................................................. 24
    Background .......................................................... 24
    Present research .................................................. 26
    Prevalence .......................................................... 29
  Theoretical Media Analysis Framework ......................... 36
    Media and self-injury .............................................. 44
    Suicide contagion research ..................................... 45
    Social contagion .................................................. 47
    Social influence ................................................... 49
    Self-injury depictions in media ................................ 53

Chapter 2 Mixed Method Study Design ............................... 64
  The Current State of NSSI Research ............................. 64
  Research Program Objectives .................................... 65
  The Explanatory Sequential Design ............................. 68

Chapter 3 Quantitative Analysis ....................................... 70
  Method ................................................................. 70
  Results .................................................................... 71
    Character demographics ........................................ 78
  Discussion .................................................................. 89
    Context of NSSI ................................................... 90
    Depiction of celebrities ......................................... 92
    Character demographics ....................................... 93

Chapter 4 Qualitative Analysis ........................................ 109
  Method ................................................................. 109
  Critical discourse techniques .................................... 111
  Results .................................................................... 116
    Raising awareness about NSSI ................................. 119
    Blaming the media ............................................... 124
    Reduced medicalization ....................................... 128
    Addiction metaphor ............................................. 133
List of Tables

Table 1. *Frequency and percentage of NSSI methods over time* .......................... 89

Table 2. *Feature article list with transition towards normalization* ................. 120

Table 3. *Article list of celebrities who have disclosed NSSI* ............................... 126
List of Figures

Figure 1. NSSI-related article distribution for each year of sample.................... 72

Figure 2. Article categories by time interval ................................................. 75

Figure 3. Celebrity characters and mentions of celebrity self-injurers................. 78

Figure 4. Age-in-article categories for self-injuring characters ...................... 80

Figure 5. Age-of-onset for self-injuring characters by age category............... 81

Figure 6. Character gender by time interval ................................................. 82

Figure 7. Characters reporting mental illness by disorder type ...................... 84

Figure 8. Mood disorder subtypes within character sample ......................... 85

Figure 9. Mental illness subtypes within character sample ......................... 86

Figure 10. Substance abuse subtypes within character sample ..................... 87

Figure 11. Suicidal behaviours within character sample .............................. 88
Introduction

Non-suicidal self-injury (NSSI) has increasingly gained western society’s attention in the past twenty years. Originally considered a psychiatric symptom of mental illness, it was a behaviour which would make the individual a social pariah, a behaviour that made others fearful. When Phil Donahue designated an episode of his talk show to self-injury in 1985, it was shocking; but the episode generated an onslaught of letters from individuals who self-injured to the researchers who appeared on the show. Armando Favazza and Karen Conterio (1988) were able to develop a research sample of participants from those who wrote in and produced a study about self-injurers based on that data.

NSSI has gone from a behaviour rarely spoken about, to being a cause for growing concern, particularly among adolescents, who seem more vulnerable to self-injury (Derouin & Bravender, 2004; Machoian, 2001; Walsh, 2006). It has also become part of the popular culture, associated with the social cohesion of the Goth and Emo subcultures (regardless of whether this is only a perception or reality, the general public associates self-harm behaviour with these groups; see Clench, 2008). In their longitudinal cohort study, Young, Sweeting, and West (2006) found that self-identification as “a Goth” was the strongest predictor of rates of self-harm* (53%) and attempted suicide (47%) amongst their sample of 19-year-old participants. Rates of self-harm were positively related to the degree of Goth self-identification with stronger degrees of Goth affiliation predicting higher rates of self-harm.
While some believe that what is being experienced is an “epidemic of disclosure” where it is becoming more acceptable to reveal engaging in NSSI and seeking help (e.g., Roberts-Dobie, 2004), there is also an argument to be made for an actual increase in rates of self-injury, particularly among adolescents (Hawton, Rodham, & Evans, 2006; Muehlenkamp, 2005; O’Laughlin & Sherwood, 2005). For example a comparison of NSSI rates in an earlier sample of college students (Favazza, DeRosear, & Conterio, 1989) showed a prevalence rate of 12%, whereas a similar study published in 2001 showed a rate of 35% (Gratz, 2001). Evidence from a longitudinal community sample (Muehlenkamp, Williams, Gutierrez, & Claes, 2009) of high school students measuring lifetime prevalence rates over the years of 2001 to 2006 showed significant differences between the five school years with year to year differences related to gender. This study also indicated, however, that overall rates of NSSI when taken together were relatively stable over the five year period. Hence the issue of whether or not NSSI is increasing, or whether it did increase but now is stable is a subject of debate.

Despite this question being unresolved, some clinicians have suggested that an increase in NSSI among adolescents is due partially to the presence of graphic images of self-injury within the media (which can trigger episodes of self-injury) and to increase in exposure to NSSI topics because increased coverage of the issue (Derouin & Bravender, 2004; Walsh, 2004). But few studies have thematically examined self-injury content within the media, to determine if NSSI has truly received increased coverage over time that could contribute to increased exposure (Lewis & Baker, 2011). Also, the representations of NSSI in the media
compared to the present state of knowledge regarding NSSI reported by researchers and clinicians, as well as firsthand accounts of individuals who self-injure, has not been examined at all. Parallel works have been conducted to analyze violent media content and the amount of exposure children and adolescents receive to “virtual” depictions of violence, compared to the level of violence they experience in real life (Gerbner, Gross, Morgan, & Signorielli, 1980; Gerbner, Gross, Signorielli, Morgan, & Jackson-Beeck, 1979).

Depictions of eating disorders have also been examined in the media to compare to the real experiences recorded by first-hand accounts and clinician observations, as well as the current knowledge base of research, in order to ascertain if the media depictions are biased in some way (Bishop, 2001). Methods have been devised to analyze both direct and indirect media effects.

The ubiquity of the media in daily life makes their direct effects exceedingly difficult to isolate and quantify, while indirect media studies (or critical cultural studies) allow for the evaluation of common themes that reflect social norms.

The main objective of the present research is to evaluate existing print media on the topic of NSSI in the period between 1988 and 2007, using qualitative critical cultural studies techniques to explore and evaluate the depictions of NSSI within popular magazines. This study employs the theoretical framework of social cognitive theory developed by Bandura (1986) in the discipline of social psychology, in combination with the assumptions established by cultivation theory, a framework employed by the discipline of communication
and cultural studies, developed by George Gerbner (1969, 1990). Very recently there has been research evaluating the content of self-injury material on internet message boards (Franzén & Gottzén, 2011; Whitlock, Powers, & Eckenrode, 2006), social networking sites (Lewis & Baker, 2011; Lewis & Heath, 2011; Lewis, Heath, Sornberger, & Arbuthnott, 2012; Lewis, Heath, St. Denis, & Noble, 2011), and film (Trewavas, Hasking, & McAllister, 2010; Whitlock, Purington, & Gershkovich, 2009). The majority of these studies found that coverage of NSSI in the media has generally increased. They used multiple theoretical frameworks to explain the possible process of learning to self-injure from media, including the theories of social learning, disinhibition, and script. They also offer explanations for the reinforcing role media may play in solidifying and continuing NSSI behaviour through normalization, particularly with regards to internet use via webpages, discussion forums, and video sharing websites such as YouTube (Lewis, Heath et al., 2011; Whitlock et al., 2009).

An examination of the content of these depictions tends to indicate that the increased availability of information about NSSI may provide an impetus for vulnerable individuals to engage in self-injury because of a dose-response effect (defined by Pirkis & Blood, 2001, and argued by Trewavas et al., 2010). While dose response effect has its origins in studying dangerous exposure levels for toxic materials on a population, Pirkis and Blood (2001) have applied the concept to the vulnerability of an individual to attempting suicide when exposed to greater or lesser coverage of suicides within the media. Trewavas et al. (2010) apply the concept of dose-response effect to portrayals of self-injury in film and the
potential for subsequent self-injury behaviour (another suicide-related behaviour) by viewers.

Both Bandura and Gerbner have argued that media influence popular beliefs (Bandura, 2002; Gerbner, Gross, Morgan, Signorelli, & Shanahan, 2002). They suggest that elements depicted repeatedly within the mass media are additive in their ability to distil a variety of experiences into simplified and often singular themes which are then considered normative, or even stereotypical. This distillation results in an “averaged” perception about a topic, a phenomenon that has been called the “middling trend” or “mass cultivation of beliefs (Gerbner, Gross, Morgan, & Signorielli, 1980, 1986). Cultivation theory (Gerbner, 1969, 1990) has been applied to the mass cultivation of beliefs in television viewership, showing that heavy television viewers (watching more than four hours per day) are more inclined to believe the world is how it is depicted on television, compared to the views of lighter television watchers (watching less than two hours per day) (Lewis, 1991).

Bandura’s social cognitive theory (1986) examines the greater social influence of media on individuals and societies by breaking down the psychosocial mechanisms by which we are both socialized and learn how to operate within a larger society. As a new “epidemic” of behaviour, NSSI has been introduced into popular culture and been depicted in popular television shows, films, and popular fiction within popular media as well as written about in the lyrics of mainstream music. The current research seeks to provide an historical perspective on changes in media depictions of NSSI over time, which also reflects
changes in social perceptions of self-injury. Using both social cognitive theory and cultivation analysis, it analyzes changes in the representation of NSSI over time in relation to the implied changes that have occurred in social perceptions of self-injury over the same period.

**Research program design and structure**

This dissertation was composed to meet the guidelines of the Faculty of Graduate and Postdoctoral Studies at McGill University and it includes two separate studies which together explore the historical depiction of NSSI within print media. The design of the research program is a mixed-methods approach (Cresswell & Plano Clark, 2007), whereby a preliminary quantitative study was conducted to provide a snapshot of NSSI in popular magazines by examining variables relevant to both our present knowledge about self-injury behaviour in adolescence and historical suppositions that have altered over time and continued research. This quantitative study was followed by a qualitative study examining the manner in which NSSI has been described over time, particularly with regards to the results of the initial study. The studies are presented separately with individual sample descriptions, methods, results, and discussion sections. Together these present a cohesive depiction of NSSI in the overall dataset of print media. Following the qualitative study is an integrated discussion of the combined results of both studies with implications for future research and applications.

Initially, the quantitative study examined the demographic variables found to be relevant to an understanding of NSSI, including gender, sexual orientation, age of onset of NSSI, abuse history, mental illness and diagnostic correlates,
substance abuse, suicidality, methods of NSSI, and the perception of NSSI addiction, as well as the number of articles that contained information about celebrity disclosure of self-injury. These variables were examined across four time intervals for changes in the representation of these variables over time. This study also examined the number of articles that referenced NSSI over the time period. The subsequent qualitative study was able to draw on these quantitative results, examining both the language quoted as being used by self-injuring characters, and the language chosen by the authors to discuss self-injury and to describe self-injuring characters. Using the discursive techniques of critical content analysis, narrative analysis, and metaphorical analysis, this study examined in greater detail descriptions of NSSI using a subsample of the larger database: feature articles on the topic of NSSI, which were examined for common themes and phrases. This study explored changes in the presentation of NSSI and hypothesized how this potentially mirrors a more general societal shift towards normalizing behaviour that had previously been considered deviant and taboo.

Together, these two studies provide a historical picture of the changing beliefs and attitudes regarding self-injury. This research provides a unique longitudinal perspective of NSSI, not from a researcher familiar with the behaviour but from the perspectives of journalists presenting stories for common readers, designed to draw their attention and keep it.

The dissertation begins in Chapter 1 with a thorough review of the relevant literature on NSSI including a historical review of changing perspectives on self-injury. The most current definitions are discussed as well as common
methods and prevalence differences among clinical and community samples of individuals who engage in NSSI. Issues of gender and sexual orientation are discussed in their relationship to NSSI as well as mental illness correlates, NSSI’s relationship to suicidality and questions surrounding the potentially addictive nature of self-injury. An outline of the theoretical framework is provided including an overview of social cognitive theory and cultivation theory. A review of violent media studies and suicide contagion studies are included to show empirical parallels conducted on the relationship between media and related behaviours. Chapter 2 begins with a short section about the current state of research knowledge about NSSI followed by the research objectives. The study, a mixed methods design called the explanatory-sequential type, is defined and research questions are posed for both the quantitative and qualitative studies of the program. The sample structure for both studies is also provided in Chapter 2 including how each sample was derived, criteria for the coding of variables and the reasoning behind variable selection. Chapter 3 contains the quantitative analysis of study 1, including the method, results and discussion. Chapter 4 contains the qualitative analysis of study 2, again with the method, results and discussion. Chapter 5, as a conclusion chapter, begins by summarizing and integrating the findings of both studies in a discussion of the whole research program, and continues with contributions of the research to the field of developmental and school psychology. The chapter finishes with study implications and future research directions.
CHAPTER 1

REVIEW OF THE LITERATURE

Self-injury is a behaviour that has been given increasingly more attention by the media; while at the same time some researchers have argued that adolescents are engaging in NSSI in larger numbers (Hawton et al., 2006; Muehlenkamp, 2005; O’Laughlin & Sherwood, 2005). The intent of this research program is to examine whether print-based media has covered the topic of NSSI with greater frequency over time. It also examines any changes that have occurred in print-based media depiction of NSSI over the recent, twenty-year time period. Changes in how media has portrayed NSSI over time is critical during the period of 1988 to 2007, as this was when NSSI first became mentioned in popular media.

The literature review begins with a brief summary of the present state of knowledge about NSSI, with particular reference to demographic information about self-injury. This summary includes self-injury prevalence rates, and differences in methods, gender, sexual orientation, mental illness, suicidal behaviours and perceptions of the potentially addictive properties regarding NSSI. This section is intended to provide information about self-injury relevant to what appear to be accurate or realistic conceptualizations of individuals who self-injure. This is essential for the subsequent analysis of the print-based articles in comparing whether the depictions of self-injury therein are similar to what has been reported in real life and/or empirical studies of NSSI. It also assists in evaluating whether article depictions followed a historical depiction of self-injury
(earlier empirical findings specific to mostly psychiatric in-patient samples) or a more contemporary understanding of NSSI.

Following this brief summary, the review continues with a theoretical framework for the principles of critical cultural studies analysis by laying out the assumptions of social cognitive theory (Bandura, 1986) and cultivation theory (Gerbner, 1969, 1990). It then uses the example of studies into violent media, which have a more established body of research on the potential effects of viewing violent television and film to show how social cognitive theory and cultivation theory have been previously employed, including the sub-aspects of social learning, priming effects, arousal, and desensitization. Next, the review explores some of the media studies that have been conducted on the topic of NSSI, which have raised issues of social contagion and social influence problems with depicting NSSI in the media. The media theory section concludes with an overview of existing studies that have examined the representation of NSSI in other types of media, including film and the internet, to provide a comparison of how other types of media have presented NSSI.

After providing a background on the research knowledge about NSSI, and a theoretical framework for media analysis, including parallel analyses used in assessing violent media exposure, the review develops an argument for studying media depictions of NSSI, making reference to examinations of peer contagion, media contagion, and social influence, as well as reviewing studies looking at NSSI depiction in other media forms. The literature review concludes with a list of objectives for the present research program.
Understanding NSSI

**Background.**

Self-injury was once seen as an indicator of madness, outward evidence of sinfulness or demon possession (Favazza, 1987). In this worldview, the way to health was to seek absolution and repentance. In the modern era, however, the natural worldview gave way to a scientific one where illness reflected less directly on one’s morality. Many terms have been used to identify NSSI: parasuicide, a term favoured by the medical community and suicidal behaviour researchers (Lynch, Mills, Daly, & Fitzpatrick, 2006; O’Connor, Armitage, & Gray, 2006), self-destructive behaviour, deliberate self-harm (Brittlebank et al., 1990; Pattison & Kahan, 1983), delicate self-cutting (Greenspan & Samuel, 1989; Himber, 1994; Pao, 1969; Suyemoto & Macdonald, 1995), suicidal gestures (Drew, 1999; Eaton & Reynolds, 1985), and self-mutilation (Favazza & Conterio, 1989; Pipher, 1994; Raine, 1982; Ross & McKay, 1979; Simpson & Porter, 1981; Yaryura-Tobias, Neziroglu, & Kaplan, 1995). Less frequently, more colloquial terms have been used to describe those who engage in such behaviour, such as cutters (Graff & Mallin, 1967; Pattison & Kahan, 1983; Simpson, 1980), carvers (Ross & McKay, 1979), or wrist-slashers (Graff & Mallin, 1967). These terms reflect, to some extent, the belief system of practitioners regarding the meanings, causes, and consequences of self-injury. Studies about NSSI conducted during the 1960s and 1970s proposed that what was being witnessed was a new syndrome prevalent in young women. In his description of the “syndrome of delicate self-cutting,” Pao (1969) described self-injury as a predominantly female and Caucasian behaviour.
Over time, this depiction of NSSI created the “typical” self-injurer, with further elaboration of the self-injuring stereotype being added including: coming from middle- and upper-class socio-economic households, high achievers with perfectionist traits and difficulty with intimate relationships, and exhibiting signs of either promiscuity or a fear of sex (Graff & Mallin, 1967; Grunebaum & Klerman, 1967; Offer & Barglow, 1960; Pao, 1969).

In her review of the medical discourse and how it has gendered self-injury behaviour, Brickman (2004) notes a long history of pathologizing the female body. Femininity has a long history of being equated with disease, whereas the male gender has been the default category of normative physiology (Ehrenreich & English, 1978). Brickman (2004) notes that while psychiatric studies tended to focus on causes such as maternal rejection (Graff & Mallin, 1967; Grunebaum & Klerman, 1967), castration anxiety, and confusion about sexuality (Pao, 1969) as a cause for self-injury, they failed to examine possible cultural assumptions about women that were guiding their interventions or more importantly the role society might play in causing women to self-injure. Indeed, in her historical analysis of clinical literature regarding NSSI, Shaw (2002) notes that the “addictive, interpersonal, and environmental factors are de-emphasized” when looking for causes of self-injury, and instead “the pathology is located within individual women and in their inability to resist self-destructive impulses” (p. 198). Again, instead of looking to the environment and culture that surround individuals who self-injure, the cause of the behaviour is located within the individual.
Early psychiatric studies focused exclusively on in-patient clinical samples (Grunebaum & Klerman, 1967; Offer & Barglow, 1960), and on special populations such as prisoners (Jones, 1986; Panton, 1962) and juvenile delinquents (Ross & McKay, 1979) in closed settings. While our present understanding of NSSI goes beyond these stereotypes to include much greater variety in the types of people who engage in self-injury, a number of the beliefs and attitudes these stereotypes were built on persist and continue to be interwoven into the current interpretation of NSSI, such as self-injury as sinful or sexual, a symptom of the weakness of female character, and manipulative. As well, it is certainly possible that social factors regarding our culture’s treatment and expectations of women contribute to a desire to self-injure.

In contrast to these older beliefs, our present understanding of NSSI indicates that the only thing individuals who engage in NSSI have in common may be their inability to cope with overwhelming emotions and their subsequent vulnerability to self-injury. As argued by sociologists, NSSI may be undergoing another transformation of its perception within our culture, moving “towards a social definition from a psychological form of mental illness” whereby it is beginning to be defined more as “a sociological form of deviance” rather than an illness that requires treatment (Adler & Adler, 2007, p. 539).

**Present research.**

NSSI in the general population is described by Simeon and Hollander (2001) as superficial self-injury, not involving major acts of amputation or mutilation, and unlike the self-injury seen in individuals with an intellectual delay,
it is generally impulsive, not compulsive, in nature. Simeon and Favazza (2001) define impulsive superficial self-injury as involving physical damage to the upper layers of the skin. The most common forms are cutting, scratching, burning, self-hitting, and interfering with wound healing (Gratz, 2003; Muehlenkamp, 2005; Ross & Heath, 2002). According to a study by Klonsky (2007) skin cutting is the most common method of self-injury (70-90% of individuals use this method) followed by self-hitting or banging (21-44%) and self-burning (15-35%). Studies examining gender differences in NSSI methods have found different method preferences in both clinical and community samples. In a non-clinical sample, Andover, Primack, Gibb, and Pepper (2010) found women were more likely to report cutting and scratching methods, while men were more likely to report burning. In a non-clinical, community sample of high-school students (females, \(n = 3,623\); males, \(n = 3,503\)), Sornberger, Heath, Toste, and McLouth (2012) found female adolescents reported a higher prevalence of NSSI, with a preference for cutting and scratching methods of self-injury on their arms and legs, while male adolescents indicated burning and self-hitting methods with the preferred locations of the chest, face, and genitals. In a clinical sample, Claes, Vandereycken, and Vertommen (2007) found women were more likely to use cutting, scratching, bruising, and nail-biting as a method of NSSI than men. The authors found mixed findings regarding a increased preference for burning in men.

Superficial self-injury has historically been observed within clinical samples among individuals with a psychiatric diagnosis, who are incarcerated, or
who are being treated within a closed inpatient unit. It has also been linked to adolescents with severe behaviour disorders and individuals who have been victims of trauma or abuse (Farber, 2000; Hyman, 1999; Levenkron, 1998; Strong, 1998). More recently, however, it has been studied within community samples of adolescents (Giletta, Scholte, Engels, Ciairano, & Prinstein, 2012; Hankin & Abela, 2011; Izutsu et al., 2006; Nixon, Cloutier, & Jansson, 2008).

The term non-suicidal self-injury for the purpose of this study will refer exclusively to the superficial self-injury (impulsive) category of self-harm (Simeon & Hollander, 2001), and to the Self-Harm, Type I classification of suicidal behaviours nomenclature (see Silverman, Berman, Sanddol, O’Carroll, & Joiner, 2007). Consistent with this understanding of the behaviour, NSSI will be defined as:

The deliberate, self-inflicted destruction of body tissue resulting in immediate damage, without suicidal intent and for purposes not socially sanctioned. As such, this behaviour is distinguished from: suicidal behaviours involving the intent to die, drug overdoses, and other forms of self-injurious behaviours, including culturally sanctioned behaviours performed for display or aesthetic purposes; repetitive, stereotypical forms found among individuals with developmental disorders and cognitive disabilities, and severe forms (e.g., self-immolation and auto-castration) found among individuals with psychosis (ISSS, 2007).
Prevalence.

In a prevalence review of adolescent NSSI, Heath, Schaub, Holly, and Nixon (2009) identify four main research challenges to correctly estimating prevalence rates: definitional and criterion problems for what constitutes NSSI, confusion around methods of NSSI (cutting versus burning versus interfering with wound healing), defining a prevalence period (lifetime rate versus previous 12 months) and the different forms of measuring NSSI employed in studies. Similar issues have been noted by Rodham and Hawton (2009) regarding estimations of prevalence for NSSI as well as when examining methods of self-injury. Despite these challenges, they provide a review of lifetime prevalence rates of NSSI for adolescents and young adults, estimating them to fall between 13 and 23% (Jacobson & Gould, 2007) for adolescents in community-based samples, and approximately 40% for in-patient adolescent samples (Darche, 1990; Hurry, 2000). Adults within psychiatric in-patient settings show a reduced range of 4 to 20% compared to adolescent in-patients, while young adults in non-clinical settings show prevalence rates ranging between 5 and 16% (Nada-Raja, Skegg, Langley, Morrison, & Sowerby, 2004; Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003), with a recent study reporting a lifetime prevalence rate of 17% (Whitlock, Eckenrode, & Silverman, 2006), and some smaller samples indicating a wider range of 12 to 38% (Gratz, Conrad, & Roemer, 2002; Muehlenkamp & Gutierrez, 2004). Self-injury is most often initiated during early adolescence between the ages of 12 and 14 (Kumar, Pepe, & Steer, 2004; Muehlenkamp & Gutierrez, 2004; Nock & Prinstein, 2004); and individuals most frequently initiate
self-injury behaviour before the age of 24 (Favazza & Conterio, 1989; Herpetz, 1995).

In community-based samples, adult rates of NSSI are consistently low, within the range of 1 to 4% (Klonsky, Oltmanns, & Turkheimer, 2003); whereas adolescent community-referred samples of NSSI show rates of between 12 to 21% (Favazza et al., 1989; Ross & Heath, 2002; Whitlock, Eckenrode et al., 2006; Zoroglu et al., 2003). These elevated rates of self-injury for adolescents both within clinical- and community-based samples have led researchers to investigate the developmental significance of the period of adolescence and to suggest there may be a period of “critical vulnerability” to engaging in self-injury (Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007; Prinstein et al., 2010).

**Gender and sexual orientation.**

Empirical studies comparing NSSI prevalence rates between females and males have produced mixed results, with some studies indicating increased rates of NSSI among females (Laye-Gindhu & Schonert-Reichl, 2005; Muehlenkamp et al., 2009; Nixon, Cloutier, & Jansson, 2008), and others finding a non-significant difference between the genders (Fliege et al., 2006; Lloyd-Richardson et al., 2007).

In a study examining differences in how females and males engage in NSSI, Sornberger et al. (2012) note that the majority of studies indicating a female preponderance for NSSI utilize an adolescent sample, whereas studies that render similar rates for males and females often report a young-adult age category (i.e., college-age samples), which suggests a possible developmentally critical
stage for gender differences. The authors found in their sample ($N = 7,126; 3,623$ females, $3,503$ males) that $32.1\%$ of females and $16.6\%$ of males reported self-injuring at least once in their lifetime. With respect to three categories of frequency, females were significantly more likely to engage in NSSI frequently (the highest frequency category) as compared to males. It was previously noted that females tend to use cutting and scratching methods of NSSI, while males prefer methods that involve hitting (Laye-Gindhu & Schonert-Reichl, 2005). Males and females endorsed different regions of the body as well, with females injuring their arms and legs significantly more often and males significantly more likely to injure their face, chest or genitals.

The increased prevalence of NSSI among females in adolescence has been attributed to several factors. Research conducted on NSSI in clinical or in-patient settings has consistently indicated that females are more likely to engage in self-injury (e.g., Nixon, Cloutier, & Aggarwal, 2002). Since females are more likely to seek professional help regarding issues of health, including mental health (Rodham, Hawton, & Evans, 2004), this could explain part of the increased representation of females in clinical samples. Others have noted that both in clinical and community samples of adolescents, self-poisoning or drug overdoses are almost always included in the criteria of NSSI, which are forms of attempted suicide that females are more likely to engage in (Heath et al., 2009). Also, ingesting medications is a predominantly female self-harming behaviour (Briere & Gil, 1998; Rodham et al., 2004), considered suicide-related but not NSSI (Silverman et al., 2007). However, a more recent study examining peer contagion
suggests that females may also be more susceptible to influence during early adolescence and this may also account for their increased rate of self-injury (Prinstein et al., 2010).

Somewhat related to differences in gender are potential differences in sexual orientation that may make one more vulnerable to NSSI. A limited number of studies have analyzed the relationship between sexual orientation and self-injury, and it is clear that youth who are lesbian, gay, bisexual, or transgendered (LGBT) experience greater stress in general (Meyer, 2003) due to discrimination, and possible physical threats. Also, compared to heterosexual peers, LGBT youth tend to engage in more maladaptive coping strategies in general (Rosario, Scrimshaw, & Hunter, 2009). A critical feature that may contribute to engaging in NSSI may be uncertainty around sexual identity, as Whitlock, Eckenrode et al. (2006) found that only two categories regarding sexual orientation—bisexual and “uncertain”—resulted in higher rates of repeated self-injury episodes. Sornberger, Smith, Toste, and Heath (2013) found in their sample that overall, young adults who identified as lesbian, gay, bisexual, or questioning (LGBQ) reported higher rates of NSSI and higher rates of general maladaptive coping strategies. Moreover, they found that LGBQ females were significantly more likely to engage in NSSI than heterosexual females.

Mental illness.

Several correlates have been identified in clinical adolescent and adult samples regarding NSSI. For example, self-injury has been associated with eating disorders (Favaro & Santonastoso, 1998; Favazza et al., 1989; Garfinkel,
Moldofsky, & Garner, 1980). Favazza et al. found that in a sample of individuals with bulimia self-injury was prevalent in 40.5%, and in a sample of individuals with anorexia nervosa 35%. Self-injury has also been associated with personality disorders, particularly with borderline personality disorder (Grunebaum & Klerman, 1967; Kreitman, Philip, Greer, & Bagley, 1969; Pao, 1969). One study found that within such a sample 63% engaged in self-injury (Soloff, Lis, Kelly, Cornelius, & Ulrich, 1994). For those individuals with anti-social type of personality disorder, the percentage increased to 96% (Ates et al., 2011).

Dissociative disorders, depressive disorders, and post-traumatic stress disorder have also all been linked to self-injury behaviour (Coons & Milstein, 1990; Greenspan & Samuel, 1989; Pitman, 1990) respectively.

**Suicidality.**

The relationship between suicidality and NSSI is highly complex. While the definition of NSSI precludes suicidal intent, it is a suicide-related behaviour (Nock, 2011; Silverman et al., 2007) and has been shown to be a better predictor of future suicidal behaviours than prior suicide attempts (Wilkinson, Kelvin, Roberts, Dubicka, & Goodyer, 2011). Particularly in clinical samples, NSSI has been highly correlated with suicidal ideation and is predictive of the continuation of suicidal ideation (Nock, 2011). There is a key distinction separating motivation for NSSI from that of attempted suicide: NSSI is most commonly used to gain relief from overwhelming negative emotions, whereas, attempted suicide is used as a permanent end to seemingly unsolvable difficulties (Brent, 2011). They can share many correlates, including depression, suicidal ideation, and a lack of hope.
Running Head: TEXTUAL ANALYSIS OF NSSI IN PRINT MEDIA

(Wilkinson et al., 2011). A study of adolescents hospitalized in a psychiatric environment found NSSI to be a significant predictor of suicide attempts after discharge (Prinstein et al., 2008). More episodes of NSSI were associated with increased levels of suicidal ideation at baseline, but also a higher frequency of NSSI was connected to reduced remission of suicidal ideation post-discharge.

While NSSI and suicide attempts have been defined as distinct behaviours (Silverman et al., 2007), among individuals who self-injure there are risk factors that have been identified placing them at higher risk of suicide attempt: increasing length of time engaged in self-injury, increase in the number of methods of NSSI used, and decreased pain experience during self-injury (Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006). Overall, this suggests that the emotions experienced by individuals who self-injure also contribute to other suicidal behaviours, including attempted suicide.

**NSSI as addiction.**

Another common aspect reported by self-injuring individuals is the feeling of being “addicted” to NSSI. While some researchers have investigated elements of addiction though specific case studies, few have examined models which investigate empirical parallels between addiction/substance dependence and NSSI. One empirical study (Nixon et al., 2008) examined the addictive aspects of NSSI by adapting the addiction criteria of substance dependence from the DSM-IV-TR and ICD-10 for self-injury. An in-patient sample of adolescents \( N = 42 \) was given several self-report measures including seven addictive features of self-harm: 98% indicated they self-injured more often or with greater severity then
when they first began to self-harm, 95% continued to self-injure even though they believed it was bad for them, 86% found their tension returned if they stopped self-injuring, 81% found their urge to self-injure upsetting but did not stop regardless, 74% found their self-injuring created social problems with their peers, 74% found they needed to increase either the frequency or intensity of their self-injury in order to experience the same effect over time, and 64% found the behaviour time-consuming. Ninety-eight percent of participants endorsed three or more of the addictive features, and 81% endorsed five or more. The number of addictive features endorsed was found to be related to the frequency of both urges to self-injure and actual episodes of self-harm. All participants indicated they felt the urge to self-injure after a stressful event, while 79% felt an urge to self-injure on a daily basis. Findings from this study indicated that the way that self-injuring adolescents perceived their experiences with self-harm was similar to symptoms described by individuals with a substance dependence problem.

Another study examined major themes in message board postings by self-injurers (Whitlock, Powers et al., 2006). The study compiled a large number of posts ($N = 3,219$) over a two month period drawn from six message boards for individuals who self-injure, and the researchers coded 11 main themes, including addiction elements. They found that 288 posts addressed the addictive elements of self-injury (8.9% of posts). They then divided these posts into a variety of subthemes and found that in order of frequency, addiction-related postings addressed: how long an individual had refrained from cutting ($n = 120$, 41.7% of addiction category), statements about constancy of self-injury patterns or the
inability to control the urge to cut ($n = 52, 18.1\%$), postings minimizing the behaviour ($n = 28, 9.7\%$), comparing self-injury to other drugs ($n = 27, 9.3\%$), referencing having tried to stop self-injuring several times ($n = 27, 9.3\%$), having increased their pain threshold for self-injury or needing to self-injure more as harming progressed ($n = 24, 8.4\%$), and referring to relapses back into self-injury ($n = 10, 3.4\%$). This study thus measured to some extent how self-injuring individuals perceived their experience of self-injuring to be like an addiction, as well as how they chose to use the metaphor of addiction to describe to others their experience of self-injury.

A more recent publication took a different perspective to examine the potential relationship between substance addiction and self-injury. Victor, Glenn, and Klonsky (2012) were able to differentiate between the reinforcing conditions of substance addiction and self-injury by differences in craving patterns between the two behaviours. The authors found that while substance use cravings are based in both positive and negative reinforcement, NSSI was fuelled exclusively by a negative reinforcement-based behaviour cycle. Thus, despite the perceptions of individuals who engage in self-injury that their experience is like addiction, the reinforcement cycle for self-injury appears to exclusively function to reduce negative aversive emotional states such as sadness, hurt, or anger (Klonsky, 2009).

**Theoretical Media Analysis Framework**

Studying the causative effects of media on social behaviours has proven to be a significant challenge for researchers in many fields. Initial studies designed
to examine the direct effects of television on sample viewers were soon dismantled as they failed to produce any “true effect” results. Media theory now uses some basic concepts to analyze the social effects of mass media (Bryant & Zillmann, 2002; Foss, 2004; Gerbner, 1969) that are considered more “indirect.” Media theory stipulates three parts to any message: sender, communication, and receiver. Communication can be altered at any or all points in this process. More recent advances in media studies have led to the examination of each of these aspects, both solely and in combination. Due to the pervasiveness of media within society, while individual differences are studied to examine the individual’s reaction, the assumption follows that predominant messages presented in media must also be considered for their influencing effects on a whole social group.

The media’s influence can be examined from the bottom up, by looking at psychosocial mechanisms within individuals who interact with media. Social cognitive theory (SCT) (Bandura, 1986), a model from social psychology, assumes a tripartite interaction between psychosocial mechanisms within the individual, general social behaviours, and the wider social environment. This interaction offers a model for how people learn in the context of media exposure. Individuals look to information presented in the mass media as they form beliefs and attitudes about life. The mechanisms of SCT describe this process of consulting external information in media to verify personal beliefs.

Media influence may also be examined from the top down, using the process of cultivation theory (CT), a model developed in cultural and media studies (Gerbner & Gross, 1976). In CT, the meta-narrative is a product of the
larger media discourse where multiple points of view become reduced over time, as a streamlined “story” emerges with the same talking points being presented over and over. This simplified discourse becomes the predominant source of information available for the viewer/reader to use to verify their individual set of beliefs. With increasingly limited viewpoints available, the individual has a more reductive set of opinions to develop on a particular topic; the variety of viewpoints slowly disappears.

Cultivation theory is generally used to track the reductionist messages of mass media communication, while SCT examines the ways that individuals interact with and access the information and attitudes presented by the media. This study will use both theoretical frameworks to analyze the messages pertaining to adolescent NSSI.

SCT (Bandura, 1986) provides a framework for understanding the influence of mass media on individual behaviours and beliefs by studying the “psychosocial mechanisms through which symbolic communication influences human thought, affect, and action” (Bandura, 2002, p. 121, emphasis added). It assumes that individuals are proactive and engaged participants in their environment, and use their ability to symbolically represent vicarious experiences to emulate models of behaviour and causal outcomes provided by another’s behaviour or by the media.

Bandura’s model consists of three main parts, all of which interact in a bi-directional manner. Personal aspects of the individual such as their cognitions, emotions, or biology interact with both behaviour and environment to produce
learning. Because humans have the ability to be self-reflective (to reflect on their own abilities and behaviours), they use various verification methods to ensure the correctness of their thoughts. Vicarious verification is how individuals learn from another’s experience, using their cognitive ability of symbolic modelling to understand the potential results of the same action without having to “learn the hard way.” When an experience-based verification process is unavailable (i.e., directly observing another’s behaviour), an individual may turn to social verification to determine the appropriateness of their cognitions, and the self-reflective capacity of the individual may fall victim to incorrect verification methods. Engagement with media communications is part of the environmental aspect of the model, and as media may distort actual behaviours and their consequences, using media as a social verification process can result in distorted assessments of appropriate cognitions and resulting behaviours.

George Gerbner and colleagues developed the Cultural Indicators Project primarily to track rate of violence on television. Their many studies have followed television broadcasting content since 1967. Cultivation theory, as initially described by Gerbner (1969), suggests that media influence popular beliefs; and it pairs well with SCT because it examines the “recurrent, stable, and overarching patterns of… [media] content” (Gerbner et al., 2002, p. 49), which supplies the information used for social verification in SCT. There is an obvious discrepancy between the world as described on television and the “real world”; and studies using cultivation theory have shown that when viewers watch television frequently, their ability to separate fact from fiction diminishes (see also Lewis,
This is not to say that viewers are simply vessels for media messages, or that they are not participating in the process of meaning making when they are engage with media. Rather, CT “looks at the exposure to massive flows of messages over long periods of time” (Gerbner et al., 2002, p. 48). The reason that this theory is called cultivation is because it examines the interaction between viewers and messages. In this process, “neither the message nor the viewers are all-powerful…[instead,] cultivation looks at the ‘master text’ composed of the enduring, resilient, and residual core that is left over when all the particular individual and program-specific differences cancel each other out” (Gerbner et al., 2002, p. 48). Social cognitive theory has been used to examine the effects of violence on television, and the following provides a brief review of some of the mechanisms that are involved in media effects.

**Social learning theory applied to violent media.**

A review of the effects of media violence on youth provides a helpful parallel for understanding the broader theoretical mechanisms of media influence. In a review, Sparks and Sparks (2002) offered four mechanisms—social learning, priming, arousal, and desensitization—that appear to explain increased aggression due to exposure to violent media. The first mechanism of social learning has already been explained, but applied to violent media; this theory explains how a character, real or created, can provide a model of aggressive behaviour, which may then be emulated by a reader or viewer. Whether the model is imitated is often dependent on whether the model character is rewarded or punished for this behaviour. This process is said to inhibit or disinhibit whether the viewer/reader
becomes more inclined to alter their behaviour to mimic the character (Bandura, 1965). This concept could be extrapolated to apply to adolescent and adult exposure to NSSI information, whereby the individual who engages in NSSI may be depicted in such as way as to be desirable—a likable character or a celebrity—who is somehow socially rewarded for their behaviour.

The second mechanism, called “priming effects,” has been linked to aggressive behaviour resulting from violent media viewing based on pre-existing psychological states in the viewer. Violent media contains “aggressive cues” that can have a heightened effect on an individual who is more vulnerable to them due to being in a state of anger or aggravation prior to viewing. Hence, priming effects occur when both elements exist: cues within the media content and a vulnerable emotional state in the viewer (Jo & Berkowitz, 1994; Sparks & Sparks, 2002).

This mechanism has been a concern in the treatment community of NSSI for some time, and is called “triggering.” When an individual who already engages in NSSI sees graphic images or descriptions of NSSI, the desire to self-injure may be triggered (see Zahl & Hawton, 2004). We can extrapolate from this phenomenon the possibility that individuals who approach NSSI media with a pre-existing vulnerable psychological state (sadness, overwhelmed by emotion, highly stressed, or angry) and who have not engaged in NSSI before, may find the “self-injuring cue” that may influence them to try NSSI.

The third mechanism, the media theory of arousal, is also called “excitation transfer” (Zillmann, 1991) and refers to the process by which emotional states may become intensified immediately after being exposed to a
visually arousing media event that mirrors the prior emotional state (Sparks & Sparks, 2002). For example, if an individual who was feeling mildly angry then watches a film depicting aggressive and violent events, this viewing may intensify his anger without any other provocation. This is an amplification factor, whereby the signal of emotion is already there, but becomes amplified by complementary media. This could also be a factor in social contagion effects of NSSI. Similar to the triggering effect of a self-injuring cue, this theory suggests that triggering images and texts may not only encourage an individual to engage in NSSI but may also increase the intensity of the emotional experience and thus intensify the severity of the behaviour that follows shortly after viewing or reading.

The fourth mechanism, desensitization, describes the result of repeated exposure to violent media, whereby a saturation point is reached and the common initial reactions of fear or horror lessen (Sparks & Sparks, 2002). Also described as numbing, individuals who have been desensitized to violent images or texts have been shown not to react as strongly to real events that involve violence, or to be as inclined to stop aggressive behaviour in real life because they no longer view milder aggressive or violent actions as being “as bad” or “as harmful” (Drabman & Thomas, 1976). This concept is important because just as other violent media produce desensitization effects, it is possible that images and descriptions of NSSI while initially creating a jolt of horror could potentially become less shocking and even be seen as normal activity. An example of desensitization applied to self-injury is commonly found online, where many self-injuring adolescents regularly visit internet sites and message boards about NSSI
and repeatedly NSSI-related material (see the research on the content of NSSI YouTube videos conducted by Lewis, Heath et al., 2011). Becoming numbed to images of self-injury may contribute to viewing the behaviour as normal or commonplace.

The context in which violence is portrayed is also relevant to the effect that it can have on its audience. Three contextual factors have been suggested: whether violence is glamorized, whether it is sanitized, and whether it is trivialized (Smith et al., 1998). Violence can be said to be glamorized when a good character, one who is seen as a role model for the viewer, is the perpetrator, and they are not punished for the action or show remorse for their behaviour. Sanitizing violence means there is little representation of the results of violence in terms of physical harm or injury to the individual and little or no focus on the long-term effects to the victim or those related to the victim. And finally, violence is seen as being trivialized when the aggression depicted does not result in the amount of harm that it should relative to the level of force used. A similar, glamorizing relationship can be seen in self-injury behaviour if the there is a relationship between the reader and the character engaging in self-injury. That is, for example, if the character who is self-injuring is a role model for the reader and is not somehow punished or tormented by their actions. As well, if little harm comes to the self-injuring character, or if the behaviour is trivialized in terms of the resulting consequences (or lack thereof) of self-injury, this could be seen as reducing the factors that would prevent individuals from engaging in NSSI. It also
inaccurately portrays the real-life effects of NSSI, while making those who engage in self-injury appear more attractive or more worthy of emulation.

**Media and self-injury.**

NSSI has been depicted in television and film, and on the internet, causing clinicians to consider the media a factor in the growing rates of adolescent NSSI within the general population (Derouin & Bravender, 2004; Walsh, 2006). In his book Treating Self-Injury, Walsh (2006) describes four broad influences that play a role in adolescents’ decision-making process for engaging in NSSI. Based on his clinical experience, Walsh identifies: environmental influence, direct media influence, peer-group effects, and internal psychological effects. His description of direct media would include: television shows, films, the NSSI disclosures of Hollywood celebrities, NSSI on the Internet (websites and chat forums), and print coverage.

Although many have blamed the media for spreading NSSI, few studies have tracked either the rates of NSSI depiction in mass media or the effects of NSSI depiction in the media. Since Karen Conterio appeared on the Phil Donahue Show (October, 1985) to discuss NSSI, interest in this topic has grown. Following the episode’s airing, over 1,000 people contacted Conterio for help. This sample of individuals became the source of her first study, published in conjunction with Armando Favazza, examining NSSI using the Self-Harm Behaviour Survey (Favazza & Conterio, 1988). Since 1985, popular shows such as Seventh Heaven, Beverly Hills 90210, Grey’s Anatomy, Family Guy, and Degrassi have included self-injuring characters. Major world figures like Lady Diana, and Hollywood
stars like Angelina Jolie, Christina Ricci, and Johnny Depp to name only a few, have come forward to admit that they have engaged in NSSI. Also, films like Thirteen (Hardwicke & Reed, 2003), Manic (Melamed, Bacall, & Weaver, 2001) and Girl, Interrupted (Marigold, 1999), have depicted this behaviour graphically.

A 2005 empirical study of the content of NSSI online message boards found 406 sites focussing on NSSI, and one year later the number had increased to over 500 (Whitlock et al., 2009). The increase in online support websites suggests disclosure about NSSI is becoming more acceptable now than in the past, though adolescents are learning about NSSI via mass media and viewing material with potential triggering effects (Derouin & Bravender, 2004; Walsh, 2004). A limited number of studies has examined how individuals can be influenced to engage in NSSI through direct peer imitation effects (social contagion), as well as through the more general social influence of media and society.

**Suicide contagion research.**

Many studies have examined the potential link between real life aggression and violent media, and far fewer have explored the possible link between exposure to NSSI-themed media and real rates of engaging in self-injury. The models for examining effects of media on NSSI are drawn primarily from other studies of media effects like the one mentioned above on television, and those dealing with suicide. The effects of social contagion in suicides via peers and media have been examined in the past, and since NSSI is a suicide-related behaviour, approaches used to analyze suicide contagion have also been used to look at NSSI outbreaks and contagion.
The trend of copycat suicides that often follows a famous suicide has been called the “Werther” effect, after a novel (The Sorrows of Young Werther) by Goethe. Essentially, the Werther effect is a documentation of how media coverage of a suicide and particularly the suicide of famous individuals or celebrities can influence other individuals to also attempt suicide (Stack, 2003). News coverage of a suicide, with explicit detailing of the method, increases the risk of imitation (Martin, 1998); also, the paying of homage to the individual who died can be seen as positively reinforcing suicide as a solution to life’s difficulties. The individual receives positive attention for their action, which strange as it may sound could be seen as a reward. If the individual had been depressed prior to attempting a suicide, for example, the idea that they would receive admiration from their peers after their death may have a reinforcement effect. For that reason, the social verification process would probably cause other individuals to become less inhibited towards suicidal behaviour as a result of the rewarding positive reinforcement exhibited. The theory of social learning would suggest then that certain individuals would be more inclined to mimic suicidal behaviour (Bandura, 1965).

The explanatory assumptions of the Werther effect are based in social learning theory wherein it has been argued that frequent media portrayals of suicidal behaviour have also been shown to increase the risk of imitative suicide (Hawton et al., 2006; Pirkis & Blood, 2001). Similarly, depictions of drug overdoses in the media have been shown to influence the rate of overdoses (Hawton et al., 1999); and while self-poisoning is not included in the definition of
NSSI behaviour, it too is a suicide-related behaviour. Hence it is reasonable to be concerned that media coverage of NSSI that may involve celebrities disclosing self-injury habits and/or explicit descriptions of NSSI, along with the general increasing coverage of the topic where the behaviour is glorified or sensationalized, is reason for concern, because it parallels the models identified by the Werther effect as being causes of copycat behaviour.

**Social contagion.**

Social contagion studies attempt to quantify peer influence on certain behaviours. An examination of studies that have been able to track peer-to-peer contagion effects, where one adolescent learns from another to engage in NSSI, has great relevance for the study of depictions of self-injury in the media. If an adolescent can learn about self-injury directly from a peer and be influenced to try self-injury, it is logical that the same person could learn about self-injury from a “virtual” peer, one that he or she observes self-injuring or talking about self-injury on a television show or in a magazine article. A review of the evidence from social contagion studies could help an understanding of the effects that might potentially occur in virtual representations of peer disclosure. The study of social contagion effects of NSSI among adolescents has focussed primarily on the imitatational influence that can occur between individuals. NSSI contagion has been defined by Barent Walsh (2012, p. 280) in a combination of two ways: “when acts of self-injury occur in two or more persons within the same group within a 24-hour period (Walsh & Rosen, 1988), and when acts of self-injury occur within a group in statistically significant clusters or bursts (Walsh & Rosen, 1985).
Clinicians working with adolescents who engage in NSSI in in-patient settings have noted epidemics of NSSI within groups of adolescents that appear to be caused by social contagion (Ross & McKay, 1979; Walsh & Rosen, 1988).

Studies conducted with incarcerated adolescents who live within a contained social sphere have shown that several factors influence clustered outbreaks of NSSI (Osuch, Noll, & Putnam, 1999; Walsh & Rosen, 1988). Social contagion studies in clinical populations have demonstrated that the presence of a self-injuring individual can cause others to engage in the behaviour due to direct modelling effects and disinhibition (Walsh, 2006). Also, social learning appears to play a role in the social rewards that are provided to the individual who self-injures as an act of solidarity with a popular peer (Walsh & Rosen, 1988).

According to social learning theory, the individual may become disinhibited when they observe interpersonal positive reinforcement received by others who self-injure, and priming effects may also occur among peer groups. A priming effect occurs when a “self-harming cue” (such as a peer engaging in NSSI) is presented at a particularly vulnerable moment, and such a pre-existing negative emotional state can be assumed for participants in studies conducted with incarcerated adolescents. This priming effect is called ‘triggering.”

Social contagion has been defined as “the rapid spread of attitudes, ideas or moods through a group or a society, as, for example, through rumour” (Reber & Reber, 2001, p. 687). Although studies in clinical settings have documented the social contagion of NSSI within peer groups, studying social contagion effects in community samples or at the societal level without the same sort of controlled
setting presents a challenge. Social influence, however, is a term which covers “all those processes through which a person, group or class influences the opinions, attitudes, behaviours and values of other persons, groups or classes (Reber & Reber, 2001, p. 689). The number of studies examining social influence and media effects on NSSI is small, but the results of these studies do indicate that within a closed community there is good evidence demonstrating NSSI contagion. Extrapolating, then, from a closed unit form of contagion, social contagion evidence can provide a basis for further inquiry into broader social influencing effects on rates of NSSI.

**Social influence.**

Whereas studies of social contagion are generally designed to track contagion of NSSI behaviour between individuals in an in-patient setting over a set period of time (usually 24 hours), social influence studies examine more general trends in NSSI within the developmental group of “adolescence” and are consistent with social cognitive theory. Studies of social influence survey self-injuring participants about how they developed knowledge of NSSI, and their exposure to media, peer, and societal influences.

Few studies have directly examined peer influence effects with a community sample of adolescents. One of these studies is Prinstein et al.’s (2010) investigation, which examined peer influence on NSSI behaviour in clinical and community samples by following the onset of NSSI in adolescence in connection with close friendships. The first community-based sample recruited children (grades 6 to 8) from a single middle school (n = 377), with 50% female
participants. Adolescents were asked at baseline and one year later to identify NSSI frequency on a 6-point scale in the previous year, to fill out a depressive symptom inventory and to identify their best friend in the school. After controlling for initial NSSI frequency and for depressive symptoms overall, two interaction effects were found with friendships and thus socialization effects. A significant relationship was found for girls between their frequency of NSSI engagement at Time 2 and their best friend’s engagement in NSSI at Time 1. This would suggest that girls are especially vulnerable to peer-influence in terms of NSSI behaviour. A significantly increased rate of self-injury was also found for grade 6 students between Time 1 and Time 2, meaning that there was a particular grade when students began to engage in NSSI. This would indicate early adolescents may have a critical period of vulnerability where they are more susceptible to being influenced, either specifically about engaging in NSSI or behaviours in general.

The second clinical sample was comprised of 140 predominantly female (72%) psychiatric in-patients between the ages of 12 and 15 years at baseline. The adolescents were asked at baseline to complete a 5-point scale of NSSI frequency in the previous year, a peer behaviour inventory indicating perceptions of friends’ depressive or self-injurious thoughts and behaviours, and a depressive symptoms inventory. They were then asked at 9 months, and 18 months post-baseline to again indicate NSSI frequency and the perception inventory of friends’ depressive or self-injurious thoughts and behaviours. Results indicated that for the girls in the sample, a significant reciprocal relationship existed between participant rates of
NSSI at baseline and their perceptions of friends’ self-injury behaviour at 9 months post-baseline, and between the participants’ perceptions of friends’ self-injury behaviour at 9 months and participants’ rate of NSSI at 18 months post-baseline. Hence, the perception of peer self-injury behaviour appeared to be related participants NSSI rates at baseline, and also appeared to influence participant levels of NSSI at 18 months post-baseline. Participants showed increased frequency of NSSI if they knew friends with NSSI behaviours and rates of NSSI at 18 months were higher if they perceived their peers to be engaging in NSSI at 9 months. This strongly indicates a socialization effect of peer influence on NSSI.

A study of social influence in the area of NSSI was attempted in a large-scale study of undergraduate students, examining social influence as a possible effect on rates of NSSI (Holly, 2007). Participants who engaged in NSSI were asked to indicate how they had first thought of the idea of self-injuring. Of the 8.2% of students in the sample ($N = 1393, n = 114$) who reported engaging in NSSI, 33.9% indicated they had first thought of NSSI because of someone they knew had self-injured. Another 17.9% indicated books or movies, followed by 10.7% hearing about it in health class, and 7.1% identified the Internet. Taken together, this indicates 70% of the participant sample endorsed a category that involved social influence, and 25% of the sample first thought of NSSI because of media (magazines, books, movies, or the Internet).

In addition, the majority of participants who self-injured indicated that an acquaintance knew about their NSSI. The majority of participants indicated they
had either told a friend about self-injuring (66.1%), romantic partner (42.9%), family member (30.4%), counsellor (28.6%), or medical professional (16.1%). In total, 80.4% of the individuals who engaged in NSSI indicated that someone in their lives knew about their self-injuring; and the most common categories were not health professionals but people within their immediate social circle. Of the 8.2% of students in the sample who admitted to engaging in NSSI, 80% also knew someone else who did as well. In fact, 29.2% admitted to knowing three to five individuals who engaged in NSSI. Importantly, of the majority of participants who indicated knowing someone else who engaged in NSSI, 26.8% indicated that they engaged in NSSI after the person they knew had done so, whereas 12.5% indicated they had self-injured prior to the friend they knew had self-injured.

Several aspects of this study are relevant to examining the effects of media on NSSI: 25% of study participants who engaged in NSSI first thought of self-injuring from a media source (magazines, books, films, or the web), and 17.9% had read about NSSI in a book or saw a film regarding NSSI.

Another study examined the prevalence rates of NSSI within a longitudinal community-based sample of adolescents, aged 14 to 21 (Nixon et al., 2008). The study included questions regarding social influence and media influence on NSSI behaviour. Among the 16.9% of youth who reported engaging in NSSI ($N = 568, n = 96$), 29% admitted to learning about NSSI from a peer, and 2.2% from a family member. In addition, 15.1% indicated they had learned about NSSI from a television show or a film, and 11.8% had read about NSSI. In addition, this study’s findings also indicated that 56% of adolescents who engaged
in NSSI had told a friend about engaging in NSSI. This high prevalence of seeking help or support from peers has been confirmed in other studies (Hawton et al., 2006), suggesting that individuals most commonly tell peers about their self-harm behaviour, and that peer disclosure is the most common way that adolescents would hear about NSSI in general.

These findings are consistent with social learning theory and social verification, as many of the studies described individuals learning about behaviour through the disclosure of a friend or through viewing an individual online engaging in NSSI. Girls were clearly influenced when it was their best friend who engaged in self-injury (Prinstein et al., 2010), potentially because they may model their behaviour on their friend and hold them in particularly high esteem if they are their “best” friend. It is telling that Holly (2007) found that 70% of the sample indicated first considering self-injury because of social influence. Since there is evidence to suggest that peer-to-peer disclosure of self-injury, while potentially a means of seeking help for the self-injurer, may be part of the process of social contagion, it is also important to examine how media, as a form of exposure to NSSI, is representing self-injury.

**Self-injury depictions in media.**

In addition to examining individual reports of learning about self-injury, researchers have examined the content of media portrayals of NSSI. Whitlock, Powers et al. (2006) developed a database to document the frequency trends of NSSI depiction within films over a period of the last 50 years. Forty-seven films were found to have scenes depicting NSSI or characters that engaged in NSSI,
and the majority of these films \( n = 45 \) have been made since 1986. Prior to 1986, the researchers were only able to find two films with any reference to NSSI; hence there has clearly been an upward trend.

Of the films identified as containing NSSI content, 56.5% were dramas, 16% horror, 11% biography, 11% action, and 5.5% romance. The majority of these films \( 72\% \) had an R rating, while 22% had a PG-13 rating. Characters who themselves engaged in NSSI within a film were coded \( (N = 36 \text{ films}, N = 43 \text{ characters}) \) for the demographic variables of gender, age, socio-economic status (SES), and ethnicity. Characters were also coded for character strength, reader empathy, any implied mental illness, whether they received formal treatment or help, and whether they had attempted or completed a suicide. Fifty-eight percent of characters were female, 79% in a higher than middle SES, and all were of Caucasian ethnicity. The majority of characters who engaged in NSSI fit into three major age groups: 20s \( (31\%) \), teens \( (29\%) \), and 30s \( (24\%) \).

Cultivation theory suggests that as a discourse develops within the wider media, the themes of the discourse become more refined and contain fewer exceptions or divergent stories. This process of the “middling trend” distils the discourse down to specific elements, which contribute to forming the societal belief or attitude regarding a particular topic. To this end, researchers noted an interesting trend in the depiction of film characters that engaged in NSSI. Of the 36 films that were coded, almost half of characters \( n = 43 \) that were shown cutting were white and female \( (47\%) \), but only two characters were in films made before 1995. Therefore it was more common for self-injurers to be characterized
as the “classic cutter” epitomized by studies published in the late 1960s (Whitlock et al., 2009). Also, the majority of characters used cutting as their method of self-injury (61.5%) and had some type of mental illness, whether implicitly or explicitly portrayed (69.3%). Importantly, in terms of character emulation by viewers, 61.5% of characters were coded as strong and also likely to “elicit empathy” from a viewer. A central film in this discussion is Girl, Interrupted, which was released in 1999 and contained the character Lisa Rowe as the “classic” type of self-injurer. This film received considerable press coverage, and Angelina Jolie also won the best supporting actress Oscar for her depiction of Lisa Rowe, which sparked her own career; later, she admitted to engaging in NSSI herself. Both the popularity of the film, as well as the publicity that ensued when Jolie described her experience of NSSI, may have increased the motivation among some adolescents to behave in a similar manner and attempt self-injury. Jolie is indeed a strong individual with many positive attributes, which would make imitating her desirable. In addition to self-injury, her “bad girl” image has included many dark habits that attract attention (e.g., wearing her husband’s blood around her neck in a vial, studying to be a mortician) that in their own strange way could potentially contribute to making self-injury seem more “cool.” This argument stems from social learning theory. As someone who has engaged in self-injury, Angelina Jolie carries many positive and wished-for attributes for an adolescent. She is beautiful, famous, rich, and powerful. She has been nominated the sexiest and most beautiful woman alive. In terms of vicarious verification,
these are several rewarding attributes that would suggest to the observer her behaviour is valuable to emulate and generates positive reinforcement.

Furthermore, in Whitlock et al. (2009), characters that engaged in NSSI were coded dichotomously for character strength (strong or weak) and targeted audience appeal (someone a viewer could identify with or not). Viewer appeal for characters that engaged in NSSI was found to be high (79.5%), and 61.5% of characters were also classified as strong. More than half were identified with a psychiatric diagnosis (overt diagnosis, 23.1%; implied mental illness, 46.2%), but 17.9% had attempted suicide and 17.9% did kill themselves over the course of the film. Overall, it was reported that the depiction of film characters who engage in NSSI has developed over time. Since 1995, the trend has been towards the “classic cutter,” characters who appeal to the viewer but play a victim with a weak disposition. Although not the majority, a portion of the characters who engage in NSSI were portrayed as having a psychiatric disorder, and there is a clearly linked assumption that NSSI is related to both suicide attempts and suicidal ideation.

At issue in the study by Whitlock and colleagues, however, is the highly subjective nature of some of their categorizations (strong versus weak characters, viewer appeal, and characters likely to elicit empathy). Since communication theory assumes a circular relationship of meaning-making between the viewer and the media, individuals respond and react to communications differently, generating their own meanings both from the material available in the communication and their own understanding of it. So while reliability between coders may indicate the common interpretation of characters behaviour, this does
not necessarily mean that other film viewers would respond the same way, nor does it mean all film viewers will see the same aspects of these categories the same way.

A second study of cinematic representations of NSSI (Trewavas, Hasking, & McAllister, 2010) examined certain characteristics of NSSI, including character demographics, aspects of problem resolution and help-seeking in the plot, and specific elements of NSSI, including behaviour, correlates, and functions. Forty-one characters (male = 24, female = 17) were analyzed. A significant gender difference was found with respect to age, with 47.1% of female characters being adolescents, compared to only 4.2% of male characters. The majority of characters were heterosexual, Caucasian young adults. A larger number of female characters were living in an urban setting. The most common method of NSSI portrayed was cutting, with male characters more likely to portray multiple self-injury methods. There were no gender differences in terms of whether the self-injury was done in private or publically, and characters generally self-injured to the extent that medical attention was needed and tended to engage in repeated self-injury. In 63.4% of incidents, the depictions were coded as sensationalistic, including unnecessarily graphic and/or theatrical elements. Chi-square analyses examined common correlates of NSSI against the variables of character age, gender, and SES.

Two issues emerge from the findings of Trewavas et al. (2010); one is how films were selected for the sample, and two is in the subjective coding of the category “sensationalistic” depiction. The initial sample of films was developed
from an IMDB database search of NSSI keywords, followed by a broader Google search of the same terms. To increase the size of the sample, the authors also discussed the study with the film industry to ensure they did not miss films that referenced NSSI. Films were excluded from the sample if the genre of the film was considered “unrealistic” (horror, science fiction, and animation) because the authors expressed concern these types of films reduce audience self-identification with characters who self-injure. It may be a false assumption that audiences do not self-identify with characters in these unrealistic film genres, but nonetheless, the researchers went on to describe returning certain films from the excluded film genres if the scene in which the self-injury occurred was considered to be “realistic in isolation” (Trewavas et al., 2010, p. 92). This is dualistic; either the film genre allows the audience to relate to a character, or it has no effect. It is subjective to eliminate a film for its genre but then include the film back into the sample due to a realistic scene. As well, although the authors used a dual coding system for 25% of the sample to calculate a sufficient inter-rater reliability level (Kappa = 0.79) across all variables, several of the study elements were poorly defined and highly subjective. The coding of whether a film was sensationalistic, for example, meant that the self-injury behaviour was depicted in “a gratuitously graphic, glorified or melodramatic manner” (Trewavas et al., 2010, p. 93). This description could be interpreted differently by different coders. It would have been valuable if the authors had provided Kappa values for individual variables separate from the overall sample in order to evaluate the reliability of the different variable constructs.
Main associations were found between NSSI and childhood maltreatment, substance abuse, and mental illness. Regarding childhood maltreatment, significantly more adolescent characters were portrayed with an abuse history than adults. Higher SES characters were more frequently associated with a mental illness than lower SES characters. The majority of characters were portrayed as engaging in NSSI for the purpose of affect regulation and self-punishment, with females more frequently associated with affect regulation. Most characters were not being treated for a mental illness when they engaged in NSSI in the film, but several characters sought support after an episode of self-injury mostly, from psychiatrists or friends and family; almost one-third of the characters did not seek help. The study authors found male characters who engaged in NSSI to commonly be Caucasian, single, heterosexual, adults with a high SES status. Female characters were represented more narrowly, using fewer methods of self-injury and associated with fewer correlates. Plot themes surrounding self-injuring female characters tended to focus on psychological distress and trauma and included the stereotypical female self-injurer.

In addition to message board studies, other researchers have begun to focus on the representation and frequency of NSSI on the internet, both in interactive formats such as chat forums, social-networking sites, general information websites, and video-sharing environments such as YouTube. For instance, a study of the frequency and nature of NSSI-themed videos on YouTube examined the 100 most-viewed that contained NSSI (50 character based, 50 non-character based) (Lewis, Heath et al., 2011). Eighty per cent of these videos were
available to a general audience, and 58% contained no warning about their potentially triggering content, despite the fact that 90% of the non-character videos contained graphic photos of self-injury, and 28% of the character videos contained self-injuring. The majority of viewer ratings were positive, with a mean rating of 4.61 out of 5 ($SD = 0.61$). The overall tone of videos was coded as factual/educational (53%) and/or melancholic (51%). Videos chosen for the study were the most popular NSSI videos on YouTube and therefore had been viewed by the largest audience. While the majority of variables in this study are clearly delineated (e.g., method of NSSI, whether the video included a trigger warning), the authors do not provide the criteria by which they identified the qualitative element of video tone (i.e., melancholic or educational).

As noted by Duggan and Whitlock (2012), an important issue surrounding NSSI content on the internet is the combination of adolescents spending the vast majority of their time on the internet (Lenhart, 2010), seeking help for difficult topics online (Gould, Munfakh, Lubell, Kleinman, & Parker, 2002; Purcell, 2010), and the fact that individuals who self-injure in particular appear to engage with others via the internet more than individuals who do not self-injure (Hawton, Haw, Houston, & Townsend, 2002). Hence, adolescents who engage in NSSI are possibly more active on the internet than their peers, more actively seeking same-interest friendships with others who engage in NSSI and creating an online community which may reinforce NSSI behaviours.

Another study of NSSI on the internet examined personal websites produced by individuals who engage in self-injury (Lewis & Baker, 2011). A
Google search produced 71 personal NSSI-themed websites drawn from the top-100 search results. Any professionally or academically based sites were eliminated from the dataset, as were any websites that were not personal in nature, such as message boards. Demographic information was gathered for each website when provided. The age of the author was indicated on 40.8% of sites ($M = 23.6$, $SD = 7.02$); a majority of authors were female (78.2%), and male authors were identified on an additional 5.6% of sites. The large majority of self-injuring websites discussed the self-cutting method of NSSI (87.32%). The study also noted when sites provided lists of self-injuring celebrities (88.73%), noted that NSSI was addictive (87.32%), authors self-identified as cutters (60.56%), identified NSSI as a coping mechanism for negative emotions (91.55%), and mentioned any kind of mental illness diagnosis (56.33%). They also noted when authors mentioned psychiatric symptoms without a diagnostic label (30.99%). Researchers noted when pre- or post-NSSI first-aid tips were provided (29.58%), and when information about how to conceal evidence of NSSI was mentioned (50.70%). Photos of injuries were present on 29.58% of the websites and links to other pages about NSSI were found on almost every website (91.55%). The data were classified into three categories for the sites’ perspectives on NSSI. The majority of websites provided both pro- and anti-NSSI messages (61.97%), for example, by providing tips on how to conceal NSSI but also discouraging others from initiating self-injury; another 32.39% indicated only anti-NSSI messages while a small percentage (5.63%) provided exclusively pro-NSSI messages. Hence, while a small percentage of websites were actively promoting NSSI, the
majority of websites were sending mixed messages, combining recovery information with potentially reinforcing self-injury material. The authors’ concluded that the mixture of anti-NSSI and pro-NSSI messages subversively reinforced NSSI more than websites that were transparently but exclusively displaying pro- or anti-NSSI messages. This conclusion is an assumption that this type of mixed message reinforces NSSI. While the study shows good evidence that NSSI websites contain mixed content regarding NSSI, the authors do not provide evidence that mixed messages have a reinforcing effect on the viewer and so the connection to NSSI reinforcement is as yet unproven.

Many researchers and clinicians have assumed the increase in media coverage on the topic may be connected to an apparent increase in NSSI (Derouin & Bravender, 2004; Walsh, 2006). Few studies, however, have specifically examined the coverage of NSSI in the media. The Cornell group of Janis Whitlock and colleagues has completed preliminary investigations of Internet message boards, films, and music, as well as longitudinal frequency studies of newspapers and other print media. While these studies are not exhaustive in any particular media genre, they have produced some of the first studies in this area. Early research findings suggest that NSSI representations in the media have changed greatly over the past 20 years, but there are currently no studies of print-based media, such as magazine publications, that examine the popular depictions of NSSI. Particularly, all previous studies have made use of frequency counts and dichotomous coding in order to evaluate large amounts of data. By contrast, only a few studies have examined media language use regarding NSSI using thick
description techniques (Denizin, 1989; Ponterotto, 2006), which go deep rather than wide in their analysis and examine phenomena within a particular context, looking specifically at the attribution of meanings and intentions. It is for this reason that a mixed-methods approach—employing both quantitative analysis techniques providing a breadth-of-knowledge about a particular topic, as well as qualitative analysis techniques which fill in the important details—is best-suited for this type of study.

As such, print-based media are an important forum to examine in order to locate trends and changes in perceptions of NSSI over time. For example, as a well-established media form, magazine publications may provide a depiction of the “middling trend” assumptions of NSSI within contemporary society (Gerbner et al., 2002). Also, information transfer studies examining how best to disseminate community health information have found that popular magazines, in particular women’s magazines, are still a widely-used source of answers to health questions (Carlsson, 2000; Tu & Hargraves, 2003). Because discussions of self-injury were non-existent outside of psychiatric circles prior to the release of Armando Favazza’s Bodies Under Siege in 1987 (and the ensuing media attention its publication garnered, such as Favazza appearing on the Donahue Show), the past 20 years were selected as the time period for the present research program. This allows the study to follow the shifts in depictions of NSSI from its initiation into the media (and thus the public sphere) in 1988, over 20 years of increasingly acculturation.
CHAPTER 2

MIXED METHOD STUDY DESIGN

The Current State of NSSI Research

Adolescent NSSI is a behaviour growing within the public consciousness, whether or not this is due to an actual increase in rates of self-injury (Derouin & Bravender, 2004; Machoian, 2001; Walsh, 2006). Some clinicians have suggested that increasing rates of NSSI may be connected to an increase in images of NSSI in the media (Derouin & Bravender, 2004; Walsh, 2004); but few studies have empirically examined the possible connection between the two. Assessing the prevalence of adolescent NSSI is difficult (Heath et al., 2009; Whitlock et al., 2009) due to logistical issues in research design. According to community-based samples of adolescent NSSI, lifetime prevalence rates range between 13 and 23% (Jacobson & Gould, 2007), but are much higher (40%) in adolescent in-patient samples (Darche, 1990; Hurry, 2000); indeed, early adolescence is the most frequent age of onset for NSSI (Hawton & Fagg, 1992). More females than males appear to engage in self-injury, specifically within adolescent samples (Laye-Gindhu & Schonert-Reichl, 2005; Muehlenkamp, Williams et al., 2009), and females generally have a preference for cutting and scratching methods of NSSI, whereas males favour burning and hitting (Laye-Gindhu & Schonert-Reichl, 2005; Sornberger et al., 2012).

In addition to other possible causes, such as cultural shifts, the wider societal acceptance of NSSI disclosure, and the reduced emotional functioning of adolescents, media effects have frequently been cited as contributing to increasing
rates of NSSI, due to increasing coverage of the topic and the increasing use of media by adolescents (Derouin & Bravender, 2004; Walsh, 2006). In order to examine the changes in how the media have covered this topic and the manner in which it has been described, a combined framework of social cognitive theory (Bandura, 1986, 2002) and cultivation theory (Gerbner, 1969; Gerbner & Gross, 1976) will be used. Print media remains a common source for information, particularly regarding issues of health, and is a more traditional form of communication, thus providing a longer and more stable timeline (20 years) of evaluation.

**Research Program Objectives**

The proposed study explores the representations of NSSI in popular print-based texts using a mixed-methods approach. Specifically, this research program uses conceptual and methodological frameworks from both the behavioural sciences, and culture and communication studies. Mixed-methods research is an emergent paradigm that seeks to integrate the information derived from both quantitative and qualitative approaches. Creswell and Plano Clark (2007) defined Mixed Methods as:

A research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data, and the mixture of qualitative and quantitative approaches in many phases in the research process. As a method, it focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of
quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone (p. 5, emphasis added).

The proposed program adopts a pragmatic approach to integrating our present understanding of adolescent NSSI within community samples (predominantly quantitative research findings) with a thorough analysis of the popular expression of adolescent NSSI in contemporary culture through magazine articles (using predominantly textual criticism and other cultural approaches). In order to examine depictions of NSSI over a twenty-year period, the quantitative study endeavours to provide a snapshot of NSSI in print-based media (popular magazine publications), while the qualitative study examines in-depth the manner in which NSSI has been described over time.

Quantitatively, information related to media effects is examined via a first set of research questions:

- Has the frequency of articles that contain terms referring to NSSI increased or decreased over time?

- Have there been changes in article context regarding NSSI, i.e., are the articles always about NSSI primarily or about other topics that discuss NSSI also. If articles are on a different topic, in what ways are NSSI discussed?

- How often are celebrities mentioned, both as the main character of an article, or in passing, as someone who engages in NSSI?

- In addition to preliminary media factors, articles are examined for several demographic variables known to be associated with NSSI based on the empirical
literature reviewed above. Therefore, the second set of objectives for Study 1 examines changes over time regarding how characters who engage in NSSI are illustrated with regards to:

Their gender.

Their sexual orientation.

When they first began to self-injure (age-of-onset).

A history of abuse.

Their present or past history of mental illness and/or substance abuse.

Their present or past history of suicidal behaviours and/or attempts.

Their present or past use of a variety of methods of self-injury or even multiple types of self-injury.

The addictive properties of NSSI.

Qualitatively, the research project examines aspects of NSSI description in depth that were either generally interesting, or related to the key findings from the quantitative study. Hence, generally, the qualitative study examines first how the characters who engaged in NSSI were described, as well as the language used for the NSSI behaviours. In addition, differences between descriptions of regular characters and celebrity characters are also examined. All of the qualitative data are examined for differences over time. As well, attention is paid to how NSSI is related to addiction, mental illness, and suicidality, as well as how the gender of characters appeared to influence language use in descriptions of characters and their engagement in NSSI.
The Explanatory Sequential Design

The present research program aims to quantify the number of articles making reference to NSSI that were published in the 20-year period between 1988 and 2007. Demographic variables relevant to the research knowledge of NSSI were recorded and analyzed to create a picture of NSSI representation over time. The Study 1 dataset was coded using categories drawn from a literary review of clinical and community samples of adolescent and adult NSSI behaviours and demographic trends. A subset of the Study 1 data was then analyzed qualitatively in Study 2, focusing exclusively on feature articles about self-injury. This second study seeks to identify common themes referencing NSSI and to explore how these themes developed over time. The second qualitative study uses the categorical analysis results from the quantitative analysis to examine general discourses found within the articles. This discourse analysis involves a critical content analysis and two approaches—narrative and metaphoric—from discourse analysis to provide detailed explanations of the Study 1 findings.

A mixed-method explanatory sequential design was implemented in a two-phase process beginning with collecting and analysing quantitative data \((N = 117)\) articles), followed by the collection and qualitative analysis of a data subset \((N = 29)\). The first phase of the process involved examining quantitatively the representation of self-injury behaviour, whereas the second phase involved looking qualitatively at the narratives of the articles to explain or expand on the quantitative findings and provide greater detail and depth to the results (Creswell & Plano Clark, 2007).
Hence, the first proposed study examines the frequency of media coverage of NSSI in print-based media over time. It provides a frequency analysis of the topic over the past 20 years, with respect to periods of relative increase in publication frequency, changes in the context of the discussion around NSSI, and the way that celebrities are discussed surrounding NSSI. Within each article overall and for each individual described as engaging in NSSI within each article, the following variables were coded according to their relevance to the topic: age of onset, gender, sexual orientation, history of abuse, mental illness diagnosis, substance abuse, suicidality, and methods of NSSI. These variables have been associated with NSSI either historically or currently in clinical and community studies. In the present study these variables are examined for the representation of NSSI in print media.

The second study uses a qualitative approach to examine the characteristics of the coverage. In combination with the results of Study 1, the qualitative analysis examines the more descriptive aspects of the representation of individuals who self-injure by expanding on the general demographic features described in Study 1. Using critical content and discourse analysis, the characteristics of the coverage examine how NSSI is symbolically modelled to the reader. Underlying the methodology of critical discourse analysis for Study 2 are the theoretical frameworks of cultivation theory and social cognitive theory, which both assume that mass media and individuals mutually affect one another, and that there are psychosocial mechanisms that function to generate these effects.
CHAPTER 3

QUANTITATIVE ANALYSIS

Method

Using the keywords “self-injury,” “self-mutilation,” “self-harm,”
“cutting,” and “self-cutting,” a search was conducted using the following online
search engines: Academic Search Complete (EBSCO), Expanded Academic
ASAP (Gale), Omnifile FT Mega (Wilson), and ProQuest Research Library. In
total, 169 articles were initially identified with these search terms. All articles
were reviewed for keyword term use and appropriateness to the definition of
NSSI. Articles using a keyword term metaphorically (such as “Bill Clinton would
have to have a penchant for self-mutilation to accept such a deal”) were
eliminated, as were articles where the term “self-harm” referred exclusively to
suicidal behaviours (e.g., overdose as self-harm), and where self-injury referred to
a socially sanctioned activity, used for display purposes (e.g., tattooing, piercing,
branding). Articles using the term “cutting” and “self” independently were also
removed due to the large number of unrelated articles for this search term (several
search results, for example, were in quilting magazines and those discussing the
tool and die industry, and thus not related to NSSI-type cutting). With the
application of these exclusion criteria, the total number of articles was reduced
from 169 to 117.

Articles retained were allocated into categories according to year of
publication and article type. Each article was categorized as a character article,
one depicting NSSI through a real or fictional character (or characters) who
engaged in self-injury, or a non-character article, discussing NSSI without reference to a self-injuring character. Characters who were celebrities were also categorized separately as celebrities. For all individual(s) described as engaging in NSSI, the following variables were coded: age of onset, gender, sexual orientation, history of abuse, mental illness diagnosis, substance abuse, suicidality, and methods of NSSI. The approximate age of each character within the article was also coded to examine time delay between when the character was actively self-injuring and when they discussed their self-injury for the purpose of the article. Celebrities who were mentioned in an article without an in-depth description were also coded in a “mention” category separate from celebrities coded as characters.

The variables were selected because they have been the focus of research regarding NSSI, either historically or currently, and have been found to be relevant to an understanding of the mechanisms of NSSI behaviour. Examining the depictions of NSSI through them can assist in measuring the accuracy of the depictions of NSSI in print media compared to research literature documenting the relationship of these variables to NSSI.

Results

First, the overall sample of 117 articles was separated into four, five-year intervals over the 20-year period (Time 1: 1988 to 1992, Time 2: 1993 to 1997, Time 3: 1998 to 2002, and Time 4: 2003 to 2007). Next, the percentage of articles for each time interval was calculated (by dividing the \( n \) of each interval by the \( N \) of the overall sample) to identify the proportion of articles that fell into each
interval. A chi square comparison of the number of articles across the four time intervals indicated the increase was significant: $\chi^2 (3, N = 117) = 77.15, p < .0001$. The distribution of articles increased gradually (see Figure 1), and the percentage deviation for Time 4 was greatest in the sample, with the observed over expected frequency representing 125.64% above the expected proportion. The distribution of intervals was inversely represented, with the largest proportion of the sample (56.41%, $n = 66$) falling within Time 4, followed by Time 3 (28.2%, $n = 33$), Time 2 (12.82%, $n = 15$), and Time 1 (2.56%, $n = 3$).

![Figure 1. NSSI-related article distribution for each year of sample](image)

Articles were categorized by reading each one and summarizing the primary focus and intent. The most common article categories were Core NSSI, “mental health,” and “social commentary.” The remaining article topics included
articles about celebrities and parenting information with reference to self-injury, as well as reviews of books, films or television shows that referenced self-injury; these were combined into a “mention” category, whereby the main topic of the article was not NSSI or a strongly related topic (as in the mental health or social commentary categories).

*Core NSSI* articles were defined as those where the central topic of the article was non-suicidal self-injury. Other topics could occur in the article, but the central topic and the title of the article referred to NSSI. For example, a 2007 *Canadian Living* article entitled “Bodily harm: Understanding self-injury” was coded as Core NSSI because the central theme was NSSI.

*Mental health* articles are on topics of mental health (such as depression, or personality disorders) and included the related topic of NSSI. For example, the February 2006 issue of *Current Health* contained an article on how to listen when your friend was having a difficult time. Self-injury was mentioned as a sign that things may be too difficult for teenage friends to handle, and readers were encouraged to seek professional help for their depressed friend. Similarly, an article in *O: The Oprah Magazine* (Aug, 2005), entitled “Women on the edge: Mindwise,” was placed in the mental health category because of a core theme of borderline personality disorder, which included the co-occurrence of NSSI behaviours.

*Sociale commentary* articles discussed NSSI as part of a sociological or social issues topic. A *Macleans* article (May 22, 2006) discussing the controversy over banning a young adult novel from public school libraries included a debate
on the implications of censorship versus youth mental health issues. The novel included a main character who identified as “Goth,” and the article cited a study indicating an increase in NSSI among adolescents associated with Goth culture. Another article, entitled “Why be just one sex?” (Macleans, Sept 12, 2005), discussed transgendered individuals and mentioned NSSI because the article indicated that NSSI was a common behaviour for individuals struggling with transgendered identity. Both were assigned to the social commentary category.

*Mention* articles are those that briefly mentioned NSSI, where the reference to this keyword conformed to the working definition of self-injury developed for this study, but the mention occurred in the context of another topic. To illustrate, in *Jet Magazine* (January 9, 1995) a short news story notes an incident where a black male was falsely accused of robbery and assault. At the conclusion of the investigation, the victim revealed she had made up the attack to explain severe self-inflicted wounds to her face and stomach. Also included in the mention category were articles about celebrities that mentioned engaging in NSSI. For instance in *GQ* (March 2004) the actress Angelina Jolie is the main topic of the article “Dark Angelina,” but it includes a discussion of her engagement in NSSI. Articles discussing NSSI in the context of general parenting information were also included in this category if the central topic of the article was not NSSI (articles where the central topic discussed was NSSI, but also included tips for parents, were assigned to the Core NSSI category). In a 1997 *Family Health* article entitled “Coping with the future: Teenage girls and the modern world,” the main topic was new stressors for adolescent girls and parental tips for supporting
them. NSSI was referred to as a “disturbing trend” among teenagers. Finally, media reviews that discussed books, films or television that included NSSI content were also included in the “mention” category, such as *In My Skin*, a film reviewed in *Entertainment Weekly* (November 14, 2003), books about NSSI (like the review of *Bloodletting: A Memoir of Secrets, Self-Harm and Survival* in the Winter issue of *Horizons*, 2007), or television shows that contained a self-injuring character. A case in point was the article “Cutting class” (*Entertainment Weekly*, June 11, 2004) about an upcoming episode of *Degrassi: The Next Generation* about abortion, which referenced past controversial topics on the show such as “preteen self-mutilation.” The number of different magazine categories (core NSSI, mental health, social commentary, and mention) that contained a keyword of NSSI increased over time within the sample (see Figure 2 for a distribution across the four time intervals).

![Figure 2. Article categories by time interval.](image-url)
The articles were further separated into those that used a character, or characters, in their discussion of NSSI (51.28% of the total sample, \( n = 60 \)), and those that discussed NSSI without reference to a particular character (48.72%, \( n = 57 \)). A chi square comparison of character versus non-character representations of NSSI over the total sample showed no significant difference: \( \chi^2 (3, N = 117) = 2.65, p = .044 \). Within the character article group, 78.95% contained a description of one person who engaged in NSSI (coded as single-character articles; \( n = 45 \)), whereas the remaining 21.05% described several people who engaged in NSSI (coded as multiple-character articles; \( n = 12 \)). The result of some character articles containing descriptions of several individuals who engaged in self-injury meant that while a total of 57 articles were coded as character articles, a total of 80 characters were able to be coded for demographic variables, such as age of onset, method, gender, etc.

Celebrity representation was coded in two ways. While some characters were described as self-injuring and were also celebrities, other articles discussing the topic of NSSI mentioned famous individuals who self-injure merely as examples. For example, in the article “Dark Angelina” (\( GQ, 2004 \)), the only character in the article is Angelina Jolie. In the article, the author writes about her dark past and habits, including NSSI. Thus this article was coded as a character article, and also a celebrity character article. A \( Sassy \) (June, 1996) article about self-injury, on the other hand, discusses three main characters (who are not celebrities) as part of a discussion of NSSI. This article is therefore categorized as a character article with multiple characters. However, in the article, it also
provides a list of famous individuals who have engaged in self-injury (Princess Diana, Johnny Depp, and Roseanne Barr), but it does not discuss these individuals in depth as it does for the three main characters. So this article is coded as celebrity mention instead of a celebrity character article. Another article could also be coded as non-character and celebrity mention if it discussed NSSI factually without using any characters as examples, but included a list of celebrities who engage in NSSI. An example of this article type would be “Cutting: Understanding and overcoming self-mutilation,” (1996) from the New Statesman, a non-character article but one that mentions Princess Diana and musician Richey Edwards.

Within the sample of character articles \( n = 57 \), 26.31\% \( n = 15 \) contained a self-injuring celebrity as the central character. Of the overall sample of 117 articles (both character and non-character), 14 (11.96\%) of them made mention of a celebrity or celebrities who engage in NSSI (see Figure 3). Some celebrities had more than one article written about them self-injuring, or were mentioned most often in an article about NSSI, including Angelina Jolie, Princess Diana, and Christina Ricci.
Figure 3. Celebrity characters and mentions of celebrity self-injurers.

Character demographics.

Demographic data were coded for each character shown to engage in NSSI. Each parameter was counted within an article for each character, and percentages were calculated using the base frequency of total characters \((n = 80)\), while time interval percentages were calculated using the base frequency of the number of characters within an interval. For example, the total number of female characters in the sample was 91.36\% \((n = 74)\), based on the overall total, whereas the percentages of female characters in the time intervals (Time 1, 3.75\%; Time 2, 93.33\%; Time 3, 89.44\%; and Time 4, 92.86\%) were calculated using the number of females divided by the number of characters per interval (i.e., Time 1, 3/4; Time 2, 14/15; Time 3, 17/19, and Time 4, 39/42). In this way, the representation of a variable parameter within an interval provides both a percentage of the variability within each time period and within the overall sample.
The age of a character at the time of the article’s writing as well as their reported age at which they initiated self-injury (age-of-onset) was coded as accurately as possible. Since the character’s exact age was not always given, however, five developmental age categories were created to capture unique age groups particularly relevant to NSSI behaviours: children (under 12 years), high school-aged adolescents (13 to 17 years), college-aged adults (18 to 21 years), young adults (22 to 29 years), and late adults (30 years and older). If no age was provided in the article then the character was coded as “not indicated” for that variable.

The most common age of characters engaging in NSSI in articles was young adults (46.25%), and high school adolescents (32.5%). Late adulthood made up 17.5% of characters with no children under the age of 12 represented and only three characters providing no age category. A comparison of character age to time of article publication was conducted by dividing the sample in half, essentially collapsing the publication time intervals into two categories (Time 1: 1988-1997; Time 2: 1998-2007). Dividing the sample in half was necessary due to the low number of characters in the first two time intervals. They were combined together to allow for a comparison to be conducted. These two time intervals were then compared to the four developmental age groups (children were not included because no characters fell into this category). A chi square comparison showed a significant difference between the two time intervals: \( \chi^2 (3, N = 77) = 9.17, p = .027 \). The difference can be seen in Figure 4 with a breakdown of the percentage representation of each age group for the first half of the time period
compared to the second half of the time period.

*Figure 4.* Age-in-article categories for self-injuring characters ($N = 77$).

The age-of-onset for self-injury was coded according to the age at which characters first reported engaging in NSSI. Coding age-of-onset was the same as for age-in-article, and similarly, when no indicator was provided for when the character initiated NSSI, the character was coded as “not indicated”. The most common age-of-onset for the first incident of self-injury was high school-aged adolescents (51.25%), followed by children under 12 (18.75%). Only two characters began to self-injure as young adults (2.5%). The trend to report age-of-onset prior to adulthood in either adolescence or childhood was consistent across all time intervals, indicated by the low report rate of initiating self-injury in adulthood (the only two characters reporting adult onset were in Time 3 (1998-2002), and these two characters fell into the youngest adult category of 18-29 years of age). Unlike the current age-in-article data, only 72.5% ($n = 58$) of characters provided a description of their first injury incident as part of their
narrative. See Figure 5 below for a breakdown of the reported age-of-onset by age category within the articles.

![Bar chart showing age-of-onset for self-injuring characters by age category.](image)

**Figure 5.** Age-of-onset for self-injuring characters by age category ($N = 58$).

Overall, the gender of characters who engaged in NSSI was female (91.36%, $n = 74$), with a minority of male characters (8.64%, $n = 7$). Because some articles contained only single characters, while others used multiple characters to depict the “face” of NSSI, these two categories of articles were examined separately regarding gender. Within single character articles, female characters were the majority, representing 91.30% of the category ($n = 42$), with only four (8.69%) male single characters depicted. Within multiple-character articles, the majority still contained all female characters (75%, $n = 9$), with some articles containing a mix of female and male characters (25%, $n = 3$). No articles contained more than one male character, nor were there any multiple-character articles that were all male. As evident in Figure 6, the preponderance of female characters was consistent across all time intervals.
A lesbian, gay, bisexual, or transgendered (LGBT) sexual orientation was measured according to definitive references to the character being gay, lesbian, bisexual, or transgendered, as well as references to romantic partners of the same sex and attraction to the same sex. Because the numbers within each individual category of homosexual orientation were small, these were recorded individually and then grouped into an overall category of LGBT. Heterosexuality was defined as any mention by the character or author of a character’s attraction to the opposite sex, including being married, divorced, or partnered with a member of the opposite sex. In all other cases, the code of “not indicated” was assigned to that character. An exceptional category, titled “not categorized” was applied to two instances where indications were provided as to sexual orientation, but not in a way which would allow the researcher to categorize them. The proportion of the frequency of each variable parameter was calculated for the whole sample of characters ($n = 80$) and then for the number of characters within each time interval ($n = 4, 15, 19, and 42$, respectively).
The majority of characters in the sample gave no indication of their sexual orientation (52.5%, n = 42), but for characters where a sexual orientation was indicated (47.5%, n = 38), the most common orientation was heterosexual (71.05%, n = 27). Four characters were described with a bisexual orientation (10.53%), and all of these articles were referencing the actress Angelina Jolie as their character. Another article about Jolie gave no indication of bisexuality, and so was coded under heterosexual orientation due to its references to her ex-husbands, boyfriend and attraction to men (Esquire, 2004). Four characters were identified as lesbian (10.53%), and one character as gay (2.63%). Overall, the category of LGBT comprised nine characters (23.68%). Due to the small number of characters who indicated a sexual orientation other than heterosexual, characters were not analyzed across time intervals for this variable.

The majority of NSSI characters were not described as having a history of abuse. Only 22.78% (n = 18) of characters indicated a history of abuse, with the largest portion indicating sexual abuse (72.22%, n = 13), followed by sexual assault (33.33%, n = 6), and physical abuse (22.22%, n = 4). Because some characters reported more than one type of abuse there was overlap in the percentage representations of each abuse type in the sample, and within time intervals. However, the majority of characters who reported a history of abuse experienced one type of abuse (n = 15, 83.33%). Because only a small number of characters reported a history of abuse, it was not possible to analyze this variable across time intervals.

The mental illness(es) of characters who engaged in NSSI were
categorized into the general categories of mood disorders, eating disorders, and personality disorders because these three categories emerged in the data. For each general category of mental illness, individual diagnoses stated by characters or writers were counted (including mentions by characters of the terms “depressed”) and calculated as a percentage of mental illnesses within the total sample and for each time interval. Each category was also calculated for their proportion of mental illness represented in the sample (see Figure 7 below for a breakdown of general mental illness categories).

![Pie Chart](image)

**Figure 7.** Characters reporting mental illness by disorder type (*N* = 55).

Because several characters reported multiple mental health problems, each disorder category could be representing a character in several subgroups, and therefore the percentages overlap in the overall frequency count of mental illness.
For example, while mood disorders discussed in connection with NSSI were counted for each character, they were only counted once if a character reported both depression and bipolar disorder because these both fall into the mood disorders category. If a character, however, reported both anorexia and depression, then this would count towards an eating disorder and a mood disorder.

In the overall sample, it is noteworthy that while mood disorders made up the majority of mental illness reported (71.05%), 92.59% of these characters reported depression as at least one type of mood disorder they were suffering from. Hence, a large majority of characters who reported a mood disorder were depressed, and overall depression was reported by 65.79% of characters who reported a mental illness, and by 31.25% of all characters in the total sample (see Figure 8 for a representation of depression within mood disorders for the sample).

![Pie chart showing mood disorder subtypes](image)

**Figure 8.** Mood disorder subtypes within character sample ($N = 31$).

Mood disorders were represented consistently across all the time intervals, with other disorders varying over time. These findings should be interpreted with
caution, however, as the numbers are small, particularly in the earlier time intervals where the number of articles is small. It is notable that eating disorders are mentioned most often concurrently with self-injury in the second time interval, during the period of time when Princess Diana spoke out publically about her struggle with eating disorders and self-injury (See Figure 9 for the proportion of mental illness categories represented in each time interval of the sample).

Figure 9. Mental illness subtypes within character sample.

Another common correlate to mental illness is substance dependence or abuse; hence, when examining mental illness in combination with NSSI, the comorbidity of substance dependence was also examined. Within the overall sample of 80 characters, 21.25% \((n = 17)\) indicated a type of substance abuse or dependence. See Figure 10 for substance abuse reported by characters broken into time intervals.
It was also noted when characters described their engagement in NSSI as addictive. In the sample, 16.25% \((n = 13)\) described NSSI as addictive, but no characters in Time 1 made this statement. Forty percent of the characters in Time 2 indicated the behaviour was addictive \((n = 6)\), whereas only 5.26% in Time 3 \((n = 1)\) and 14.29% in Time 4 \((n = 6)\) found self-injury to be so.

Character mentions of suicide attempts (including overdoses), and suicidal thoughts were counted within the sample in the category of suicidal behaviours. Overall, 25% \((n = 20)\) in the sample experienced suicidal behaviours. Reporting of suicidal behaviours by characters who engaged in NSSI decreased in the last time interval. See Figure 11 for the proportion of characters with suicidal behaviours across the time intervals.
In cases where multiple methods of NSSI (e.g., cutting, burning, etc.) were used by a character, all the methods referred to were coded; however, when the method of NSSI could not be easily classified, or was uncommon, the method was coded as “other.” Within the overall sample, 60% (n = 48) specified the method (or methods) of NSSI in which they engaged. The most common form of NSSI indicated in the sample was cutting (56.25%, n = 45), followed by scratching (8.75%, n = 7), and burning (5.00%, n = 4). Less frequent were: interfering with wound healing, picking and head banging/hitting, all of which were identified by 3.70% of characters (all n = 3), as well as pinching and hair pulling (each 2.50%, n = 2). Several behaviours were listed under “other” (n = 4), including needle sticking, getting hurt deliberately in sports, burning the skin with a chemical, and one character who drew her own blood and stored it. The “other” category of NSSI methods represented 7.50% of the character sample. Cutting remained the most common method of self-injury across all the time intervals (See Table 1).
Table 1.
Frequency and percentage of NSSI methods over time (N = 80)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Cutting</td>
<td>3</td>
<td>75.00%</td>
<td>9</td>
<td>60.00%</td>
</tr>
<tr>
<td>Burning</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>13.33%</td>
</tr>
<tr>
<td>Hitting*</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>Scratching / Pinching</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>Wound healing / Picking</td>
<td>2</td>
<td>50.00%</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>Hair Pulling</td>
<td>1</td>
<td>25.00%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>100%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Not specified</td>
<td>1</td>
<td>25.00%</td>
<td>5</td>
<td>33.33%</td>
</tr>
</tbody>
</table>

* head hitting or head banging.

Discussion

As part of a mixed-methods exploration of NSSI in print-based media, this study examined multiple aspects of the characterization of individuals who engage in NSSI, as well as characterizations about the behaviour in general during a seminal period of change in perceptions of NSSI by society. Overall, the reporting frequency of NSSI and the use of the many terms for NSSI were examined in magazine articles for increases in frequency and changes in the manner in which the behaviour was depicted. Over the 20-year period, the number of articles that referred to NSSI increased significantly, with more coverage in each subsequent time interval. The increase in referencing NSSI within a broadening context of magazines may indicate how the behaviour has become more common in the vernacular of societal discussion. Cultivation theory
(Gerbner, 1969) suggests that increased frequency could mean that the presentation of self-injury is developing over time to show an increasingly homogenized presentation of the behaviour, where the same themes are repeated. The increase in article variety could also mean general knowledge about self-injury is broadening, and becoming less taboo, which could be attributed to desensitization (Drabman & Thomas, 1976). In the same way that increased exposure to virtual violent acts on television can dull reactions to real violence, seeing NSSI more often in print media may contribute to a reduction in reaction intensity to real life self-injury. As familiarity with NSSI grows, individuals who self-injure are less likely to be stigmatized or shunned, which could potentially increase the odds of someone experimenting with self-harm since there are fewer negative results being modelled in print (thus potentially increase the risk of engaging in NSSI by reducing inhibitions). The increase in referencing self-injury may also gradually alter attitudes and perceptions of NSSI to appear a more normative behaviour.

**Context of NSSI.**

As the number of articles increased over time, so did the variety of articles that mentioned NSSI. Whereas articles primarily addressed mental health issues in combination with NSSI or discussed only NSSI in the first time interval, by the second time interval (1993 to 1997), an equal number of articles fell into the mention category as were specifically about NSSI. This could indicate the terms for NSSI were becoming more common. Articles in the miscellaneous category included a variety of topics: celebrity interviews and articles, book reviews,
parenting articles, and news reports. This trend continued into the third time interval (1998 to 2002), when the “mention” category again matched the number of articles specifically on the topic of NSSI, and in the final time interval (2003 to 2007), when the number of “mention” articles surpassed articles specifically about NSSI by a small margin.

As the number of articles per time interval increased, articles which were about NSSI behaviours continued to be the most common, but the increased variability of other articles could support the hypothesis that societal awareness of NSSI behaviours increased over time and may indicate that the topic of NSSI was becoming more broadly discussed. Authors of later articles were able to reference NSSI without having to explain the behaviour as extensively within the text of their discussion. Of note is the emergence of articles discussing societal issues connected to NSSI, which began in the years 1998 to 2002 and continued on to 2007. Hence, while NSSI begins the twenty-year period being discussed either within the context of either mental health or as a novelty discussion of a rare and shocking behaviour, it has definitely transitioned over time. As the focus on NSSI shifted, a dialogue began to form addressing the societal implications of NSSI and possible social causes and motivations for self-injury. While mental health articles resurfaced in the last time interval, they were more open and introspective about social effects and critical of health management strategies for individuals who self-injure.
Depiction of celebrities.

Celebrities were not mentioned during the first time period of the sample, and represented about one-third of characters during the years 1993 to 2002 (the two middle time intervals) in the sample. Similarly, celebrities were mentioned as “famous people who do self-injury too” beginning in the second time interval, most frequent during the third time interval, and then fall off in the final interval, when there was a slight decrease in articles featuring celebrity characters.

The paucity of articles about NSSI in the first time period could be indicative of a lack of general knowledge or awareness of self-injury. During the first time interval of 1988 to 1992 few to no celebrities were disclosing their engagement in NSSI, potentially due to the taboo surrounding the behaviour. However, as the number of articles increased over time intervals 2 and 3, there appears to have been an increasing awareness and interest in writing articles about the topic of NSSI, possibly because of the increasing societal awareness and interest in the topic. During this time, some celebrities began to reveal that they had engaged in NSSI, perhaps with the purpose of de-mystifying the behaviour and increasing people’s awareness of it. By time intervals 2 and 3 it appears to have become more socially acceptable as a celebrity to speak about NSSI. The potential negative effect of celebrities disclosing NSSI, however, may be as a parallel to the Werther Effect for copycat suicide, that individuals are more likely to emulate the behaviour if the suicide is completed by someone who is famous (Stack, 2005). An individual is also more likely to imitate attempts at suicide if the famous suicide was glorified or sensationalized in some way (Martin, 1998;
Stack, 2003). In keeping with the theoretical model of social learning theory, if individuals use social verification (Bandura, 1986) to assess behaviours to engage in or not, then the knowledge that successful, attractive and powerful individuals are engaging in self-injury may influence an individual to also engage in NSSI—particularly if the presentation of that celebrity indicated any sort of positive outcome as a result of the behaviour. Hence it is possible that while celebrities would be disclosing their self-injury behaviour with the best possible motives (e.g., encouraging others to seek help), such disclosure may potentially be contributing to contagion of the behaviour.

**Character demographics.**

Across the total sample, there was an almost even split of character articles versus non-character articles. This differentiation between article types reflects two ways of talking about NSSI: embodying the activity within an example (or several examples) using characters, or discussing it using factual information and theoretical discussions. The greater number of non-character-based articles in the later time intervals reflects a true increase in this type of article rather than a decrease in the number of character articles. This may be a sign of broadening discussions about NSSI, and the types of articles containing the topic, evidenced by the greater variety of magazine categories reported in the last time interval as compared to the first.

Within the total sample, characters were most often portrayed as initiating NSSI as high school students or children, which is consistent with prevailing research that shows the most common age for initiating engaging in NSSI is
adolescence and late childhood (Kumar et al., 2004; Muehlenkamp & Gutierrez, 2004; Nock & Prinstein, 2004). When looking at the age of characters at the time an article was written, there was an inverted significant difference between the first ten years of the sample as compared to the last ten. Initially, characters were most often represented as college aged young adults (18 to 21 years olds) or late adults (age 30 or older) whereas after 1998 they were more frequently portrayed as being in high school (13 to 17 years old) or as young adults (22 to 29 years old).

When this information is combined with the age-of-onset data by time intervals, an interesting relationship emerges. Whereas character ages changed across time intervals, high school was consistently the most commonly reported age of onset for NSSI for the entire sample. A slightly lesser percentage of characters reported first engaging in NSSI in childhood, but this varied in how common it was across intervals. Considering the combined statistics of age in article, and age of onset for characters, this indicates that during the last time interval (2003 to 2007) where high school students represented almost half the characters, the majority of them also reported first engaging in NSSI during high school. This is a shift from earlier periods where the characters discussing NSSI were much older and into adulthood before they began to speak about NSSI, but they had also been engaging in the behaviour since their childhood or adolescence. The first interpretation for this phenomenon is that it is an example of the “epidemic of disclosure” (Levenkron, 1998; Roberts-Dobie, 2004). This seems a likely explanation for individuals coming forward to speak about NSSI
who have or had engaged in the behaviour for many years. But this does not
entirely explain adolescents who disclose engagement in NSSI almost in real
time. Instead, this may reflect a convergence of two processes: social contagion
and normalization. By the year 2003, the coverage of NSSI had increased
significantly, reflective of a greater familiarity with self-injury for readers in
general. Adolescents who were interviewed for articles in the last time interval
(years 2003 through 2007) seemed to be more familiar with the behaviour,
hearing about NSSI from peers or from virtual peers through media stories.
Emergent norm theory (ENT) (Turner, 1964) has been applied to internet
communications and NSSI (see Whitlock et al., 2009), but can also be applied to
print media. ENT suggests that individuals over time change their behaviours as
members of a group by adopting what are considered the group’s normal
behaviour. But as individuals bring new behaviours into a group, new members
may also alter what is considered normal. ENT can explain the phrase “the new
normal” to indicate when a dramatic shift has occurred in group attitudes or
beliefs, and also explains the normalization over time of behaviours that might
have previously been considered atypical or unhealthy; as long as the majority of
the group members engage in the behaviour, those behaviours come to be
considered normal. The adolescent characters in the latter half of the sample are
initiating engaging in NSSI (age of onset), continuing to self-injure after first
episode and then are disclosing NSSI through a print-media source almost in real
time. There is little delay, and they are not necessarily individuals who have
recovered from self-injury for a long period, if at all, when they are interviewed.
While speaking out about self-injury is probably driven by a desire to help others, as it is with celebrities who disclose, there is also the potential for this kind of disclosure to increase perceptions of self-injury as normative. The personal disclosure of self-injury in print of a same-aged peer can contribute to self-injury being perceived as normative, common, and therefore potentially unconcerning. What is also possibly being observed in later sample articles is an increasing number of adolescents engaging in self-injury (Hawton et al., 2006; Muehlenkamp, 2005; O’Laughlin & Sherwood, 2005) as the perception of NSSI shifts to being defined more as a deviant or risky behaviour, instead of a sign of a mental illness (Adler & Adler, 2007).

Male characters were rare across the sample and therefore no conclusions could be made specifically about their depiction. NSSI was represented as a predominantly female behaviour; supporting the stereotyped “persona” of the classic self-injurer (caucasian female) which has been the historical portrayal of self-injury. This pathologized/medicalized perspective has been critiqued by feminists as more a result of strict social control of the female role than a sign of illness (Brickman, 2004; Shaw, 2002). While the structure of research studies has had an impact on gender prevalence (male participants have been found to be more unwilling to participate in follow-up interview studies, causing a tendency for them to produce higher female prevalence rates; Heath, Toste, Nedecheva, & Charlebois, 2008), it is possible that part of the reason why the majority of characters featured were female is because magazine readership is often oriented towards women. It is possible that article subjects were selected in part so that
readers would identify with a self-injuring character. The most likely reason, however, that authors would seek out and select female character’s who self-injure is because historically, clinical and inpatient samples have painted the picture of the female self-injurer as the “classic” type (Graff & Mallin, 1967; Phillips & Alkan, 1961) and that when looking for a subject for a piece, the author would inevitably seek out an individual based on their own common assumptions.

The majority of characters provided no indication of sexual orientation, indicating that many authors of NSSI articles may not have considered sexual orientation a relevant factor regarding self-injury, or that in most cases an assumption of heterosexuality was assumed and therefore not mentioned. As stated regarding the over-representation of females characters in the sample, it was also not possible to discuss any relationships regarding gay male characters due to the overall paucity of male characters. Articles that did indicate a character had an LGBT orientation were usually depicted in magazines that catered to an LGBT readership, or a feminist readership that included a portion who identified as LGBT. Hence, LGBT characters may have been discussed only because they shared a similar orientation to the readership of the magazine in the same way that women may have been discussed as self-injuring because the readership of the magazine is predominantly female. However, unlike with predominantly female characters, there is no existing stereotype that individuals who have an LGBT orientation engage more frequently in NSSI behaviours, even though preliminary research suggests this may be the case (Deliberto & Nock, 2009; Skegg et al., 2003; Walls, Laser, Nickels, & Wisneski, 2010). This is particularly true for
individuals who are bisexual or questioning their orientation (Sornberger, Smith, Toste, & Heath, 2013; Whitlock, Eckenrode et al., 2006), and likely due to the increased stress of being of a minority sexual orientation (Meyer, 2003), as well as the increased emotional stress of feeling uncertain about one’s sexual orientation (Sornberger et al., 2013).

The lack of a preponderence of self-injuring characters with a minority sexual orientation, particularly of bisexual or questioning orientations, is not reflective of true prevalence rates and indicates this population of self-injurers is not being reflected in popular magazine coverage about NSSI. In contrast, female characters (who are presumed by default to be heterosexual), appear to be over-represented in the sample of characters despite the fact that there is much debate on whether they reflect the majority of self-injuring individuals outside of clinical samples (Heath et al., 2009; Rodham & Hawton, 2009) and possibly early adolescence (Prinstein et al., 2010).

Overall the proportion of characters with a history of abuse was less than a quarter of characters, with approximately forty percent of characters reporting abuse in the first three time intervals and then a considerable drop in abuse history reporting in the last time interval. Recent findings are mixed about abuse history, with some suggesting physical abuse has the closest ties to engaging in NSSI (Muehlenkamp, Kerr, Bradley, & Larsen, 2010; Wachter, Murphy, Kennerley, & Wachter, 2009; Yates, Carlson, & Egeland, 2008), while others point to sexual abuse or sexual assault as being the most common precursor to NSSI (Favaro et al., 2008; Peebles, Wilson, & Lock, 2011). Some studies find both to be correlated
with NSSI, but with neither more prevalent (Brown, Russell, Thornton, & Dunn, 1999). Multiple forms of abuse are suggested to have worse outcomes for several pathological effects including NSSI, and multiple forms of abuse appear to particularly effect the severity of NSSI (Brown et al., 1999). Historically, sexual abuse and NSSI have been most commonly linked, but this may be due to the relationship between sexual abuse and NSSI being more significant in clinical samples than in community samples (Klonsky & Moyer, 2008). The study sample reflects more an understanding of sexual abuse histories being most common for characters who engaged in NSSI and hence may reflect a mindset more geared to clinically severe self-injuring individuals for choice of character depiction.

Over time there was a reduction in self-injuring characters who reported an abuse history, and who reported more severe manifestations of NSSI (fewer candidates for clinical psychiatric treatment settings). Instead, characters in the latter portion of the sample tended to be a more functional group of NSSI individuals, reflecting a more community-based sample who can continue to function within their regular life setting. Empirical studies have found a relatively weak relationship overall between abuse and self-injury (see Klonsky & Moyer, 2008 for a meta-analysis of studies) indicating that abuse and self-injury are not linked to each other so much as they share common experiences which make an individual vulnerable to abuse, and also more likely to use NSSI as a coping tool (Muehlenkamp, Claes, Smits, Peat, & Vandereycken, 2011). A shift occurred in how self-injuring characters were represented, with fewer reporting a history of abuse, and fewer descriptions of the expected correlations of abuse such as
individuals engaging in severe methods of NSSI and requiring long-term psychiatric treatment (Muehlenkamp et al., 2011). Instead, characters increasingly engaged in less severe forms of NSSI and were more functional in their day-to-day lives in the latter period of the sample and thus probably were not part of the smaller group of individuals who would have a history of severe abuse.

A mental illness was indicated by approximately one-third of characters, and mood disorders were most frequently discussed in combination with NSSI (two-thirds of characters), with depression representing the majority of these cases, followed by anxiety, bipolar disorder, and obsessive compulsive representing only a few cases. The majority of characters who reported a mental illness indicated difficulties specifically with depression, followed by eating disorders. The link between depression and NSSI is well documented within the literature (Asgeirsdottir, Sigfusdottir, Gudjonsson, & Sigurdsson, 2011; Hoff & Muehlenkamp, 2009; Klonsky & Moyer, 2008; Muehlenkamp & Gutierrez, 2007; Ross & Heath, 2003) and is suggested to be a linking mediator between NSSI and suicidality. Mood disorders aside from depression were less frequent within the sample, which is interesting considering recent findings of the prevalence of NSSI within bipolar disorder (Esposito-Smythers et al., 2010).

Relatedly, another diagnosis mentioned less than expected was borderline personality disorder (BPD), which has been historically linked to NSSI, partially because NSSI is part of the diagnostic criteria for BPD in the DSM-IV. NSSI has been associated with the category of personality disorders, with BPD highly correlated with self-injury (Muehlenkamp, Engels et al., 2009; Zanarini,
Frankenburg, Ridolfi, & Jager-Hyman, 2006). Similarly, studies of individuals who engage in NSSI have found they exhibit more BPD-like symptoms than those in control groups (Andover et al., 2005; Klonsky et al., 2003). Also, BPD traits combined with NSSI differentiate patients with bulimia nervosa as being more severe than bulimia nervosa patients who do not engage in NSSI (Muehlenkamp, Engels et al., 2009), which could suggest that BPD behaviours combined with NSSI indicates increased severity of psychopathology in general. Yet a recent analysis of traits of suicidality and NSSI within a clinical sample indicates that it is more indicative of the depressive aspects of bipolar disorder than BPD, and possibly more common (Joyce, Light, Rowe, Cloninger, & Kennedy, 2010).

Different from expectations, only five characters in the sample were described as suffering from BPD, and all but one were discussed in the last time interval. One would expect that over time, a broader understanding of NSSI would mean the loosening of its association with personality diagnoses over time, and this appears to be the case in the sample despite the greatest number of characters with BPD falling into the last time interval. Additionally, an analysis of the articles in the last time interval indicates that four of the articles were about raising awareness about treatment and support for individuals with BPD. The fifth article describes an individual incorrectly diagnosed with several psychiatric illnesses, including BPD, and is eventually treated for Lyme disease. The treatment of BPD and discussions of recovery have a distinctly different tone than this article from 1997, which describes the mostly negative features of the disorder without much about treatment or recovery support (see Saturday Evening Post article entitled “Coping
Eating disorders as well have been shown to be correlated with NSSI (Favaro, Ferrara, & Santonastoso, 2007), particularly bulimia or eating disorders with related purging behaviour. Research suggests that eating disorders of these subtypes share an emotion regulation function with NSSI (Muehlenkamp, Engels et al., 2009) and proposed models have been offered similar etiologies for purge-type eating disorders and self-injury (Muehlenkamp et al., 2011; Svirko & Hawton, 2007). Several studies have indicated a differentiated increase in the comorbidity of bulimia and purging with NSSI as compared to other types of eating disorders (Favazza et al., 1989; Muehlenkamp, Engels et al., 2009; Peebles et al., 2011; Ruuska, Kaltiala-Heino, Rantanen, & Koivisto, 2005; Stein, Lilenfeld, Wildman, & Marcus, 2004). Others have found few differences between individuals with a binge-purge eating cycle and those with restrictive eating cycles other than increased multiple methods of NSSI, which indicates increased self-injury severity (Muehlenkamp et al., 2011).

It would be predictable, then, that within the sample there would be a number of characters reporting both engaging in NSSI and suffering from an eating disorder, with the majority of eating disorders being bulimia, or a mixed subtype. It is interesting, therefore, that of the almost 25% of characters within the sample who indicated they suffered from an eating disorder, bulimia was identified by only a small percentage, with more suffering from anorexia or using the term “eating disorder” without specificity. It is possible that “anorexia” may have been used as a blanket term to refer to an eating disorder, or individuals may
have been suffering from a mixed type of anorexia with purging. As well, some characters only reported an eating disorder without reference to type, so it is possible that this sampling of characters is somewhat reflective of the current understanding of the correlation between NSSI and eating disorders, but the terminology was unclear or under-specific.

Another interpretation, however, could be that attitude associations with bulimia are much less flattering than those of anorexia, and referencing only an “eating disorder” leaves the suggestion of bulimia as ambiguous. While anorexia has been associated with positive attributes such as self-control, achievement, perfectionism, and being specially set apart from others, bulimia has associations with negative attribution such as shame, excessive indulgence, and self-disgust (Burns, 2004; McCarthy & Thompson, 1996). Whereas anorexia is seen as an extreme extension of the desire to be slim enforced by normative standards of femininity (Levitt, 1997; Polivy & Herman, 1987), binging and purging behaviour has been deemed strange and unfeminine (Huon, Brown, & Morris, 1988). Whereas bulimia can be the object of jokes, anorexia has become a somewhat glamourized endeavour made appealing by media depictions of the slim ideal (Gordon, 2000). In a discourse analysis of the themes depicted by health professionals, popular media, and individuals struggling with eating disorders, Burns (2004) found that bulimia was consistently associated with a lack of control, a sense of failure, and greediness, whereas anorexia was associated with an admirable sense of control, success, abstinence, and the ability to transcend. So while magazine article makes it seem as though the majority of self-injuring
individuals suffer from anorexia, or potentially anorexia in the case of the general term “eating disorder,” empirical research indicates it is more likely for an individual who self-injures to suffer from the bulimia subtype of eating disorder. It is possible that individuals interviewed for an NSSI article would be less likely to disclose bulimia due to the negative beliefs and attitudes that exist surrounding binging and purging and would prefer to either frame their eating disorder as anorexia or an undetermined type. This may have repercussions with regards to the potential inaccuracy with how NSSI is therefore being portrayed in the sample.

The co-use of substances with NSSI was reported by under a quarter of the characters in the overall sample, but with some variability between time intervals. Alcohol dependence has been identified as one of the risk factors for NSSI (Maloney, Degenhardt, Darke, & Nelson, 2010), and both behaviours share problems with emotion regulation (Evren & Evren, 2005; Gratz & Tull, 2009). One study of substance-dependent individuals found that those who also engaged in NSSI reported an earlier age of first using a substance, as well as a younger age of regular substance use as compared to non-self-injuring substance-dependents (Evren & Evren, 2005). It is difficult to interpret what relationship is being portrayed between substances and NSSI in the sample at the level of quantitative analysis. The case by case accounts can be examined further during qualitative analysis to ascertain if there are connections being made between self-injury severity and substance use in the representation of suicidality.

The majority of characters within the sample were female, and so in
examining the methods of NSSI reported it would be expected that gender
differences found between methods of self-injury would be reflected by the
characters in the sample. Studies have consistently found that women prefer
cutting and scratching methods of self-injury, whereas men more frequently report
burning and, to slightly lesser extent, self-hitting methods (Andover et al., 2010;
Claes et al., 2007; Sornberger et al., 2012). Self-cutting was the most common
method of NSSI used by characters in the sample, with variation in the use of
other methods across the time intervals. Historically, studies of NSSI have
focussed on all-female samples, partially because they have focussed on methods
of NSSI that are more commonly used by women (i.e., cutting).

Characters in the articles appear to reflect a narrow (female) understanding
of self-injury, with cutting being the most common form of self-injury, followed
by scratching. The vast majority of articles discussed the self-cutting behaviour of
characters. Despite the majority of characters endorsing only one method of NSSI,
characters who endorsed two or more methods frequently included self-cutting as
one of their methods in combination with other types. Hence, the characters in the
sample identified the most common reported methods of self-injury among
females. It is possible that the perception of NSSI equated with cutting means that
authors will automatically look for female characters to interview for an article.
Since women prefer cutting, this might also contribute to the lack of men within
the sample.

Only sixteen percent of characters specifically used the term “addictive” to
describe engaging in self-injury but several characters used language that
referenced the seven addictive features of self-harm as described by Nixon et al. (2008). The difficulty lies in comparing characters who spontaneously volunteered the perception that NSSI was addictive with the criteria set by studies where participants were asked to endorse items provided to them which indicated addiction to NSSI. While individuals frequently profess their relationship with NSSI as addictive (Nixon et al., 2002; Nixon et al., 2008; Whitlock, Powers et al., 2006), a study of NSSI behaviour conforming to an addiction model produced negative results (Victor et al., 2012).

Viewing NSSI as an addiction may have an effect on an individual’s core belief that they can stop self-injuring. Alternative treatment programs such as Rational Recovery have been critical about twelve-step programs such as Alcoholics Anonymous specifically because of its base premise that once an alcoholic, always an alcoholic, and that the only hope for someone with an addiction is abstinence, not full or permanent recovery (Trimpey, 1996). Accepting oneself as an alcoholic is a key component of Alcoholics Anonymous (Galanter & Kaskutas, 2008; Granfield & Cloud, 1996; Laudet, 2003), but by identifying the substance user with their substance, some have criticized twelve-step groups for inadvertently reinforcing the “addict identity,” which reduces long term recovery rates because the individual never feels they have permanently put their addiction behind them (Peele & Brodsky, 1991). Using the language of addiction to describe self-injury may perpetuate this myth and potentially ingrain the narrative of self-injurer as an addict in the minds of readers (Lewis, Rodham, Gavin, & St. Denis, 2011). As well, self-injurers (many of whom are women) may
feel emphatically powerless when viewing their self-injury through the lens of addiction. Within a qualitative analysis of the characters’ narratives, however, it is possible to examine whether their experiences of NSSI conformed to several of the features described as being addictive properties of NSSI. These perceptions will thus be further examined in the qualitative portion of the research program.

In the total sample, a quarter of the characters indicated a suicide attempt or suicidal ideation, or both, with the frequency of suicidal attempts mentioned decreasing over time. The discussion of suicidal thoughts did not decrease specifically across time intervals but instead varied from period to period. But in general, it does appear that suicide attempts were discussed at least as often as suicidal thoughts during the first two time intervals, while the last two intervals showed characters reporting more suicidal thoughts, but far fewer attempts.

It could be interpreted that the representation of suicidal ideation and attempts in the sample is reflective of two shifts. The first is a reduction in the perception that NSSI is synonymous with suicide, which corresponds to empirical discussions defining the distinction between NSSI and suicide attempts (Silverman et al., 2007). In the first two time periods, suicide attempts were as commonly mentioned along with NSSI as suicidal thoughts. But in the later two time periods, suicide attempts were less common, though suicidal thoughts were most frequent overall in the third time interval and much less in the fourth. The second shift was a movement away from depicting severe self-injury characters to depicting less severe and more community-based groups of self-injurers over time. The majority of self-injuring characters in the latter portion of the sample
were more functional self-injurers who were not in long-term in-patient treatment programs. This could explain the drop in descriptions of suicidal ideation and attempts in the last time interval because suicidality and NSSI tend to be most closely linked in clinical groups (Nock, 2011). It is also possible that efforts to differentiate between NSSI and suicide has been so effective that the general understanding now is that NSSI does not indicate a risk for suicide because the behaviours have different motivations (Brent, 2011). This could be cause for concern if this is the general belief being supplied by the media and adopted by readers. While NSSI and suicide are different behaviours, NSSI is a better predictor of future suicidal thoughts and actions than even a history of suicide attempts (Wilkinson et al., 2011), and would appear to be a particularly salient predictor of suicide attempts for adolescents after they leave treatment (Prinstein et al., 2008).
CHAPTER 4
QUALITATIVE ANALYSIS

Method

Study 2 of the dissertation is a qualitative examination of how NSSI and those who engage in it are represented in a selected sample of the print-based materials from Study 1. The analysis of the articles was undertaken within the paradigm of critical discourse analysis, an overall term that included critical content, narrative, and metaphoric analysis. Critical discourse analysis techniques were used to understand the social impact of written or spoken language by examining the relationships between the text and other elements of society (i.e., politics, media, or education). Critical analysis assumes that all aspects of language are embedded in social interaction, and thus are related to the social context in which these interactions occur (Gee, 2005).

Discourse analysis is different from audience reception analysis (Gerbner et al., 1986; Morely, 1980) in that it does not directly assess a given audience’s understanding of popular cultural texts, which audience analysis does through surveys, focus groups, and interviews with a sample audience. Whereas reception analysis attempts to quantify the meaning derived by an audience from what they view, read, or hear, critical discourse analysis is focussed on the text, not solely on its reception. Discourse analysis offers possibilities for how texts may be understood, without presuming how an individual viewer may interpret their messages. It evaluates what and how information or themes are presented in order to assess what is available to the viewer to enable their understanding.
Using the purposefully sampled subset of the Study 1 data, the critical discourse analysis approaches of content, narrative, and metaphoric analysis were used to examine the results of the quantitative frequency analysis. The framework for this multi-level analysis is adapted from the critical analysis method developed by Fairclough (1993), and explained by Titscher, Meyer, Wodak, and Vetter (2000); it is similar as well to the method laid out by Foss (2004), who refers to it as “rhetorical criticism.” Fairclough asserts that language serves multiple functions by being concurrently made up of “(i) social identity, (ii) social relations, and (iii) systems of knowledge and beliefs” (Titscher et al., 2000, p. 149). Beginning at the word and phrase level, such an analysis produces a rich description of the text and its relationships to the process of production and the interpretation of emerging themes. These themes are then examined in their relationship to socio-cultural practices with the use of narrative and metaphorical analyses. Because the written text provides the inter-communicative state between producer and receiver of the communication, content analysis allows for the examination of repetitive words and phrases, whereas narrative and metaphor analyses provide a more abstract look at the social explanations connecting the text to beliefs and attitudes.

Social cognitive theory describes the psychosocial mechanisms that allow us access to “symbolic communication”; while critical discourse analysis allows us to pull apart such symbolic content in order to examine the messages being received by the reader. Symbolic communications that recur, as in cultivation theory, are the dominant ideas of the discourse, which come to shape the “master
text” that is available to the reader for understanding a phenomenon such as NSSI. This approach will assist in understanding the information available to the reader for the process of social learning.

**Critical discourse techniques.**

The process of discourse analysis is not only multi-layered but involves different forms of analysis interacting with one another, so it is not possible to do in a step-by-step fashion. Some forms of analysis, such as critical content analysis, are ideal for drawing relationships between text description and interpretation, while narrative analysis assists in depicting the wider meta-story told by a group of articles, allowing for a comprehension of the “bigger picture” of the discourse. It is also helpful for taking the interpretation of the text and relating it to greater socio-cultural behaviours that surround the discourse. Meaning derived from specific forms of language (such as metaphor and rhetoric) can illuminate inferences made between actions in the text and their function at a wider, cultural level. Metaphoric analysis, while subsumed within the narrative perspective, is its own technique, which, in combination with narrative approaches, allows for a social analysis of the text and an interpretation of broader socio-cultural meanings. These techniques provide shape to the top-down understanding of cultivation theory, and the resulting patterns within the text.

**Critical content analysis.**

One of the greatest challenges in studying the effects of media is how to capture the “content” of a text. Unlike its predecessors in the realm of linguistics (discourse and content analysis), critical discourse and content analysis not only
quantify words and phrases but also attempt to interpret both their implicit and explicit readings. Critical discourses “offer interpretations of the meanings of texts rather than just quantifying textual features,” attempting to “argue that textual meaning is constructed through an interaction between producer, text and consumer” (Richardson, 2007, p. 15). This interplay among the three aspects of communication occurs in a bi-directional and circular fashion, which essentially generates a discursive feedback loop. While an individual may perform the role of “producer” for one particular communication (or “meme,” a unit of cultural meaning), they also play the role of “consumer” for this meme and related ones, and are influenced through the very process of participating in the discourse.

Another crucial difference in a critical reading of the text is the assumption of a political discourse. As suggested in cultivation theory, critical analysis seeks a social-political understanding of the nature of communication (Gerbner, 1958). It assumes a power dynamic between the author, the reader, and the active characters within the narrative. The power dynamic can take many forms, exposing naturally occurring phenomenon which can be critiqued using an alternative, and questioning perspective (e.g., feminist, racial, queer theory). The goal of critical content analysis is to provide an “expression of social relationships and institutional dynamics as formulative of social patterns” (Gerbner, 1958, p.88), hence exposing these power differentials that frequently occur contextually and unchallenged within texts. This type of analysis assumes the creator of a text (authorship/publisher) is part of the same social milieu as the reader, and is a participant in the same process of creating discourse. The writer may purposefully
choose the meanings generated within a text, but others will also emerge as part of “consequential meaning”—additional relationships created without intention as a result of underlying social attitudes.

**Narrative analysis.**

In addition to analysing the critical content of print-media texts, a narrative approach is also used to examine the meta-narratives provided by the text. In this method, the focus is on how a group of stories (such as in this case, a sample of magazine articles) that tell a story about a particular topic (such as the experience of self-injury) generate a coherent “meta-narrative.” The meta-narrative embodies the “universal,” societal beliefs about a certain concept; and the purpose of this analysis is to provide a better understanding of the culture that would generate a certain meta-narrative. The narrative paradigm is based on five general axioms: that people are storytellers; that people make decisions based on good reasons (not arguments); that good reasons for making decisions are based on our history, our biographies, our cultures, and our own characters; that how well we make decisions in a narrative paradigm is determined by the consistency and dependability of our stories; and that we constantly recreate meaning in our lives based on the sets of stories we choose and select to make up what we come to view as “ourselves” (Fisher, 1987).

But how can narrative matter within non-fiction texts? The concept of a narrative as opposed to a non-narrative text is that narratives are “stories that take place in time” (Berger, 1997, p. 6). Whether fiction or non-fiction, the narrative elements of a text provide characters, a plot, and rising action within an
overarching storyline. Whether based in reality or not, stories teach us things, provide insight into the lives of others, and allow us to vicariously experience the lived adventures of “another,” through the role of the character. And stories that linger within a culture tend towards universality and play a significant role in the makeup of a society. For example, in his analysis of traditional fairy tales, Bettelheim (1976) asserts the messages proscribed in these stories influence the “conscious, preconscious, and unconscious mind” (Berger, 1997, p.9) and thus affect both emotional and moral child development.

When investigating a text from a narrative perspective within a media context, the structure of analysis may have five central areas: the text, the creator of the text, the media type (medium), the society (linked to text, audience, and creator), and the audience. The discourse between each linked relationship is bidirectional. Berger (1997) also lists several techniques relevant to the examination of non-fiction media texts: descriptions of characters and settings, characterization, confessions (as a form of information providing), and stereotypes.

Metaphoric analysis.

The theory of metaphoric criticism is based in an essential conceptual framework about how we understand the world. Rather than describe our comprehension of everyday events in a scientific-logical cognitive frame, Lakoff and Johnson (1980) consider “our ordinary conceptual system [the way that we know and understand things as being...] fundamentally metaphorical in nature” (p. 3). A metaphor is defined as “understanding and experiencing one kind of thing in
terms of another” (Lakoff & Johnson, 1980, p. 5). They contest that “metaphor is not just a matter of language [...] on the contrary, human [thought processes] are largely metaphorical”. As such performing an analysis of the dominant metaphors that exist in the language of a cultural group can provide a window into the worldview of that culture. There is a tendency towards systematicity in the linking of metaphorical concepts. Our metaphorical conceptual system (thinking) is connected to the metaphorical expressions we use in our language (communicating) in a manner that is systematic by nature. These types of metaphors come in some basic forms: structured, orientational, and ontological. A structural metaphor is where “one concept is metaphorically structured in terms of another” (Lakoff & Johnson, 1980, p. 14). For example, the metaphor “IDEAS are OBJECTS” comes across in phrases such as “It’s hard to get that idea across to him” or “It’s difficult to put my ideas into words” (Lakoff & Johnson, 1980, p. 10-11), where the conceptual idea is made into something concrete that could be physically manipulated or exchanged. An orientational metaphor is one that “organizes a whole system of concepts with respect to one another” (p. 14). Orientational metaphors are rooted in our human physical existence; because our bodies move within space they describe spatial relationships. An example is a grouping of metaphors regarding UP versus DOWN. If we group expressions that use UP versus DOWN terms, we can see that different “opposite pairings” are aligned within the orientational metaphor. So for example, we tend to naturally associate the emotional state of “happy” as being upwardly oriented in space while we associate the state of “sad” with a downward orientation. This is
evidenced by phrases like “I’m feeling up” or “That boosted my spirits,” versus “I’m feeling down” or “My spirits sank.” Orientational metaphors illuminate the spatial duality we associate with particular opposing relationships that we understand innately through our physical selves through constructing spatial relationships.

As with narrative analysis, it is difficult to provide a comprehensive list of procedures for performing a metaphoric analysis; however, a simplified explanation can supply a general shape to the process. Foss (1995) describes four steps for conducting a metaphoric analysis of the text. The analyst begins by reading the entire text while taking note of the perspective of the work. She then creates a list of metaphors found in the text and sorts them according to patterns of use or meaning. Finally, the metaphors and groups of metaphors are analyzed for how their structural properties may affect the readership of the text by discussing the functions of the metaphors and their systematic use within the text, as well as the overall group of texts.

Results

A purposeful sampling strategy was employed to select a subset of the data collected in Study 1. Because the purpose of selecting articles for Study 2 was to examine in greater depth the findings of Study 1 (for this is the purpose of the explanatory mixed methods design), articles were selected that provide the greatest amount of information about NSSI and that represent an even distribution across the 20-year period. Hence the sample was narrowed to feature articles with the main topic of NSSI, so that they would provide dense and fertile material.
Over time, the percentage of feature NSSI articles to articles in the overall sample was checked for an even distribution, and was found to stay within a range of 21 to 33 percent for each time interval. In total, 29 articles were selected for the qualitative analysis, with one article falling within Time interval 1, four articles in Time 2, ten articles in Time 3, and fourteen articles in Time 4.

After the article selection, a photocopy or print of the text of each article was created and ordered chronologically by publication date. Each article was then imported into NVivo 9.0, a software program for qualitative analysis involving rich-text-based information and providing multi-layered detailed descriptions for large volumes of material. It provides the structure for many of the manual tasks involved in qualitative data analysis, such as sorting and categorizing materials.

Along with the text of each article, any available visual images with a accompanying descriptive text, as well as the text of headers and sub headers (highlighted text often used to grab the interest of the reader), were also coded. Any photographs or graphics printed in connection to articles were scanned as a PDF file and linked to the article from which they originated. Several initial readings of the articles were performed to develop a sense of the material and content. These initial readings involved highlighting and noting common words, phrases, metaphors, and characterizations with a thematic coding system developed within the framework of NVivo. Because working with qualitative materials is often a lengthy circular process of returning to the material to clarify patterns that emerge, analysis alternated between collecting additional materials
from the text and analysing the content, drawing on other elements within articles, as well as complimentary articles from the original dataset to elucidate trends and clarify themes.

The sample articles displayed a gradual transition in their depiction of NSSI over time. Most generally, the earlier articles (prior to 1999) focussed on mental illness and severe abuse as the primary causes of NSSI, and used psychiatric and medical language to talk about self-injury. The voice of experts prevailed, and descriptions of self-injury and self-injurers used judgemental and moralistic language, often sensationalizing the behaviour. Before 1999, articles also emphasized raising awareness about the issue of self-injury and seeking help. One article that contained examples of each of these aspects in its presentation of NSSI is “Dissecting the Causes of Self-Mutilation” (Insight on the News, 1990), for the author chose self-injuring characters who engaged in more severe self-injury methods and consulted with psychiatrists to explain the behaviour. The author focussed on diagnostic, psychiatric categories for NSSI (listing co-morbidities), included extreme visual images of self-injury and a long section at the end of the article regarding counter-cultural types of body modification as part of its analysis. Later articles (particularly 2005 to 2007) tended to focus less on mental illness and attributed self-injury behaviour more to the wider issues of stress and coping with difficulties. These articles also focussed more on adolescent self-injury, with tips on how to spot self-injury and how to find help. As awareness of self-injury appears to have developed to a point where the term is widely known, the emphasis moved to concerns surrounding social contagion and
the media as causes for the increase in self-injury rates among adolescents. Articles also focussed more on the stories of self-injurers, with many articles written in the first person voice of the self-injurer. Fewer experts were consulted, but when cited, they tended to be psychologists, therapists, and community-health providers who work with self-injuring clientele. Language regarding self-injury also became less graphic and sensationalistic. Throughout the sample, several characters described the addictive nature of their relationship to self-injury.

With the shift towards language that normalizes and minimizes self-injury, the language of addiction became ever more common as medicalised terms reduced. See Table 2 for the list of articles in the dataset, with articles displaying a majority of initial attitudes and beliefs regarding self-injury prior to 1999, and articles showing mostly post-shift attitudes and beliefs increasing after 1999. Articles published in teen magazines did not adhere to the shift towards less sensational language, but the dramatic language in teen magazines is a result of the format and may also be accounted for by the interests of the specific audience demographic rather than sensational attitudes about NSSI.

**Raising awareness about NSSI.**

Initially, many articles emphasized the importance of raising awareness about NSSI through the media, and through celebrity disclosure of self-injury, suggesting that this would reduce the stigma of the behaviour and encourage individuals to seek help. Princess Diana was the most frequently cited individual to speak publically about self-harm (Sassy, 1996; New York Times Magazine,
Table 2.

*Feature article list with transition towards normalization*

<table>
<thead>
<tr>
<th>Magazine</th>
<th>Year</th>
<th>Month</th>
<th>Article Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insight on the News</td>
<td>1990</td>
<td>May, 28</td>
<td>Dissecting the causes of self-mutilation</td>
</tr>
<tr>
<td>Time</td>
<td>1994</td>
<td>Jul/Aug</td>
<td>Curing the cutters</td>
</tr>
<tr>
<td>Sassy</td>
<td>1996</td>
<td>Jun</td>
<td>Girls who hurt (themselves)</td>
</tr>
<tr>
<td>Seventeen</td>
<td>1996</td>
<td>Jun</td>
<td>Razor’s edge</td>
</tr>
<tr>
<td>New York Times</td>
<td>1997</td>
<td>Jul, 27</td>
<td>The thin red line</td>
</tr>
<tr>
<td>Newsweek</td>
<td>1998</td>
<td>Nov, 9</td>
<td>An armful of agony</td>
</tr>
<tr>
<td>Teen</td>
<td>1998</td>
<td>Mar</td>
<td>Making the cut</td>
</tr>
<tr>
<td>The Village Voice</td>
<td>1998</td>
<td>Oct, 20</td>
<td>The scar report: Self-mutilation cuts to the point</td>
</tr>
<tr>
<td>Time</td>
<td>1998</td>
<td>Nov, 9</td>
<td>What the cutters feel</td>
</tr>
<tr>
<td>Good Housekeeping</td>
<td>1999</td>
<td>Sep</td>
<td>‘I couldn’t stop hurting myself.’</td>
</tr>
<tr>
<td>The Advocate</td>
<td>2000</td>
<td>May, 23</td>
<td>The cutting edge</td>
</tr>
<tr>
<td>Chatelaine</td>
<td>2000</td>
<td>Oct</td>
<td>Aching for affection</td>
</tr>
<tr>
<td>US Weekly</td>
<td>2000</td>
<td>Jun, 5</td>
<td>Rocker Shirley Manson’s bout with self-mutilation</td>
</tr>
<tr>
<td>Teen</td>
<td>2001</td>
<td>Jan</td>
<td>Skin deep: A story of secret cutting</td>
</tr>
<tr>
<td>What</td>
<td>2002</td>
<td>Sep</td>
<td>Bodily harm: Healing the wounds of self-injury</td>
</tr>
<tr>
<td>Teen People</td>
<td>2004</td>
<td>Feb, 1</td>
<td>Cutting clubs: What’s the latest and most shocking new “friendship ritual”?</td>
</tr>
<tr>
<td>Current Health 2</td>
<td>2004</td>
<td>Dec</td>
<td>Hurts so bad: Why are troubled teens taking their inner pain out on themselves?</td>
</tr>
<tr>
<td>Seventeen</td>
<td>2005</td>
<td>Mar</td>
<td>“I used to cut myself”</td>
</tr>
<tr>
<td>Time</td>
<td>2005</td>
<td>May, 16</td>
<td>The cruelest cut</td>
</tr>
<tr>
<td>Girl’s Life</td>
<td>2005</td>
<td>Aug/Sep</td>
<td>The silent scream</td>
</tr>
<tr>
<td>Reader’s Digest</td>
<td>2006</td>
<td>Feb</td>
<td>Thrills that kill: Kids are taking risks in dangerous new ways</td>
</tr>
<tr>
<td>Women’s Health Weekly</td>
<td>2006</td>
<td>Sep, 14</td>
<td>Pediatrics: One in ten teenage girls have self-harmed, study shows</td>
</tr>
<tr>
<td>The Economist</td>
<td>2006</td>
<td>Oct, 28</td>
<td>Silent scourge: Self-harming. (Why more and more teenagers are hurting themselves).</td>
</tr>
<tr>
<td>Listen</td>
<td>2006</td>
<td>Nov</td>
<td>Cutting edge</td>
</tr>
<tr>
<td>Today’s Parent</td>
<td>2006</td>
<td>Nov</td>
<td>Conversations with cutters</td>
</tr>
<tr>
<td>Daughters</td>
<td>2006</td>
<td>Nov/Dec</td>
<td>Self-injury: Why I cut myself / If your daughter injures herself: A mom’s view</td>
</tr>
<tr>
<td>Indian Life</td>
<td>2007</td>
<td>Feb</td>
<td>Self-harm: Can someone please help?</td>
</tr>
<tr>
<td>Canadian Living</td>
<td>2007</td>
<td>Sep</td>
<td>Bodily harm: Understanding self-injury</td>
</tr>
<tr>
<td>Current Health 1</td>
<td>2007</td>
<td>Oct</td>
<td>Hurting to feel better: Cutting isn’t cool. Here’s why.</td>
</tr>
</tbody>
</table>
1997; Village Voice, 1998; Time, 1998; Newsweek, 1998; Current Health 2, 2006). Celebrity disclosure was said to be producing “an epidemic of disclosure,” as described in the 1998 Newsweek article: “The disorder made its first major public appearance three years ago, when Princess Diana confessed that the strain of her marriage had caused her to throw herself down the staircase and cut herself with razors, pen knives and lemon slicers…. It feels like an epidemic, but it’s an epidemic of disclosure. And I credit Diana with that” (emphasis added).

Authors frequently provided a list of self-injuring celebrities in their articles. Shortly after Angelina Jolie won an Oscar for best supporting actress for her role as a self-injurer in the film Girl, Interrupted (1998), she disclosed that she had engaged in self-injury during adolescence. An article about Shirley Manson, lead singer of the band Garbage, quotes her explaining why she disclosed her history of self-injury: “I’ve seen kids with cigarette burns on their arms or big gashes on their legs [at gigs]…. It kills me, and hopefully my coming forward can help in some slight way” (Us Weekly, 2000).

In several articles, adolescents noted that hearing about other people self-injuring or seeing it portrayed on television helped them to feel less “crazy.” A self-injuring adolescent in Today’s Parent (2006) responded to the question, “Why do you think people cut?” with this answer: “When I see [cutting] on TV shows and soap operas, it makes me feel better in a way, like it’s more real—not acceptable or anything, just not quite so abnormal. I mean, if it’s being written into TV scripts, it gives cutting a sort of validity and you know you aren’t the only one” (emphasis added). Articles noted that often when the media covered a story
Running Head: TEXTUAL ANALYSIS OF NSSI IN PRINT MEDIA

involving self-injury that it caused a cascade of people “coming out” and disclosing their self-injury. A Time article (1998) quotes S.A.F.E. (Self-Abuse Finally Ends) founder Dr. Wendy Lader: “We used to be able to check the calls on our hotline number once a week. Now a staff member has to do it every day... We’re getting 700 calls a month.” Another article noted an Ann Landers column addressing NSSI initiated over fifteen thousand response letters from people who self-injured (Time, 1994).

Raising awareness about self-injury also meant addressing inadequate medical responses to self-injury and poor treatment management strategies. For example, Time (1994) reports the poor treatment self-injurers have received by ER medical staff who don’t like to deal with self-injury, while Good Housekeeping (1999) reports ineffective treatment strategies being used in hospitals such as removing self-injuring tools and ignoring the topic of self-harm in therapy to avoid giving it too much attention. Several articles spoke about the only in-patient program dedicated to treating self-injury, S.A.F.E., and the more effective and innovative treatment methods they were using. Only one article spoke negatively of this program, in that overall the article suggested there was no helpful treatment to enable people to stop self-injuring (Insight on the News, 1990).

Thus earlier articles tended to 1) promote the message that self-injury is more prevalent than supposed, 2) feature celebrities disclosing their self-injury and encouraging others to seek help, and 3) dispel some of the myths about NSSI that encouraged poor treatment techniques and a lack of understanding by the
medical community. Articles also emphasized that individuals who self-injure were not necessarily crazy by providing logical stories with reasons for self-injuring, including how it was helpful. Articles encouraged seeking help for self-injury behaviour and for individuals who self-injured to talk about their problem instead of maintaining their secrecy. For example, the self-injuring character in a 1996 Seventeen article was quoted as saying, “I know I irritate people because I talk about my feelings a lot…[b]ut talking is how I stop cutting.”

Characters in articles who sought therapy were quoted as being relieved to discover they weren’t the only one who self-injured. For example, when the character “Carrie” learned that other girls in her therapy group self-injured she says: “I had no idea other people did this…I felt so awful for the girl and what she was going through, but I felt so good myself. I felt less like a freak” (Seventeen, 1996). And other characters emphasized that they needed to speak out in the media to encourage others to seek help: “I don’t care if people did think I’m insane…They can judge me. I want to help other girls who are doing this. I want to tell them: You have to get help” (Seventeen, 1996). One article included an interview with a self-injurer that quoted her as saying this about media exposure of NSSI: “Hopefully, this kind of exposure will open people’s eyes, and maybe they’ll start to understand us instead of just judging us” (Today’s Parent, 2006).

Authors emphasized that self-injurers often feel isolated and alone, and many articles provided resources for seeking help. Articles also often featured ways that characters led relatively normal lives by describing self-injurers as regular people. This emphasis on how “regular people” and people who self-
injure have more that unites than divides them could generate more sympathy and understanding from readers. As time went on, however, the movement to raise awareness about self-injury through increasing media exposure began to shift towards normalizing and minimizing the issue of NSSI.

**Blaming the media.**

Encouraging the discussion about self-injury was tempered over time by concerns of social and media contagion. Beginning in the late 1990s, authors started raising concerns that disseminating information about NSSI was not strictly beneficial and blamed the media, particularly the internet, for social contagion and glamorizing the behaviour. For example, in Time (2005), one author noted that “Celebrities including Angelina Jolie and Fiona Apple have confessed to past self-mutilation. Though it’s true that such public disclosures encourage ordinary kids to come forward, it’s also true that when glamorous people suffer from something, a bit of the glitter rubs off on the condition.”

Several articles made note of celebrities who had disclosed self-injury (see Table 3 below for “celebrity list” articles). While the character in Today’s Parent (2006) suggested that seeing self-injury on television gave cutting “a sort of validity” but that it didn’t mean it was “acceptable or anything,” other articles go a step further, suggesting that celebrity disclosure actually does position self-injury as a normal behaviour. A character called “Caitlin” had this to say about how knowing celebrities self-injured affected her: “When Caitlin clicked on cutting websites, she found short bios of famous self-injurers, including Princess Diana, and singer
Fiona Apple, which, she says, ‘made it seem cool and okay’” (Reader’s Digest, 2006).

A number of the characters discussed either exposure to media or peer interactions as influencing their engagement in NSSI. Only two characters listed learning about self-injury from one type of media—television (Current Health 1, 2007; Seventeen, 2005)—and all others admitted learning from peers and/or family members. Other articles noted films and television shows that depicted self-injury (Current Health 1, 2007) and the lure of Internet chat forums (Reader’s Digest, 2006).

The internet seemed to bridge the divide between peer contagion and media contagion in that so much of the material on the Internet is interactive and may occur in real time. So both the existence of material on the web and interactive forums such as chat rooms and membership-based sites are mentioned in the sample as influential both in determining whether individuals will engage in self-injury and in normalizing the behaviour. Reader’s Digest (2006) quotes a youth culture commentator as having this to say about the Internet: “Kids become addicted to these sites, and suddenly behaviours that used to be considered taboo are no longer hidden, which makes them seem more acceptable—even cool.” When the self-injuring character Caitlin finds cutting websites, she finds tips on how to hide her behaviour and do it “properly,” but the authors also note that she finds emotional support and acceptance in online forums, which she needed to reduce her isolation and develop connections with people.
Table 3.

*Article list of celebrities who have disclosed NSSI*

<table>
<thead>
<tr>
<th>Publication</th>
<th>Month</th>
<th>Year</th>
<th>Celebrity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sassy</td>
<td>Jun</td>
<td>1996</td>
<td>Princess Diana, Johnny Depp, Roseanne Barr</td>
</tr>
<tr>
<td>The Village Voice</td>
<td>Oct</td>
<td>1998</td>
<td>Princess Diana</td>
</tr>
<tr>
<td>Newsweek</td>
<td>Nov</td>
<td>1998</td>
<td>Princess Diana</td>
</tr>
<tr>
<td>Time</td>
<td>Nov</td>
<td>1998</td>
<td>Princess Diana</td>
</tr>
<tr>
<td>Us Weekly</td>
<td>Jun</td>
<td>2000</td>
<td>Fiona Apple, Angelina Jolie, Christina Ricci, Shirley Manson</td>
</tr>
<tr>
<td>Teen</td>
<td>Jan</td>
<td>2001</td>
<td>Fiona Apple, Johnny Depp, Angelina Jolie, Christina Ricci, Shirley Manson</td>
</tr>
<tr>
<td>Current Health 2</td>
<td>Dec</td>
<td>2004</td>
<td>Princess Diana, Christina Ricci</td>
</tr>
<tr>
<td>Time</td>
<td>May</td>
<td>2005</td>
<td>Fiona Apple, Angelina Jolie</td>
</tr>
<tr>
<td>Reader’s Digest</td>
<td>Feb</td>
<td>2006</td>
<td>Princess Diana, Fiona Apple</td>
</tr>
</tbody>
</table>

Internet revelation seems to be a double-edged sword, which allows for support and decreases isolation, but can also normalize the behaviour, reduce inhibitions to self-harming, and inform others of something they may not have otherwise
discovered. Indeed, one self-injurer who accesses self-injury chat rooms calls the sites “comforting” and “reassuring” (Teen People, 2004).

A number of self-injuring characters indicated learning about self-injury from others, including relatives (Current Health 2, 2004), friends (Daughters, 2006) school peers (Teen People, 2004), and even a babysitter (Canadian Living, 2007). Another article cited research finding that adolescents are more likely to self-injure if their friends do. The author notes that self-injury may be “paradoxically alluring” for vulnerable teens (Economist, 2006). A number of articles quoted experts attributing self-injury rates to peer-contagion, as in Current Health 2 (2004): “The increased media attention has prompted more teens to seek help but also may have led to more experimentation. Levander [a clinician] says that the Healing House has had a tenfold increase in inquiries from self-injurers over just the past year. He believes more kids are picking up the behavior from others.” This sentiment is echoed in the Economist (2006): “The practice has been growing fast, according to Chris Holley, a nurse at St George’s Hospital in Stafford and a specialist in self-harming. ‘When I was young,’ she says, ‘I hadn’t even heard of it; now all teenagers know all about it.’” As well, some articles quote self-injuring teens themselves, who note that self-injury has been increasing, as in Time (2005): “‘Cutting grew into a huge fad at school,’ says Michelle, 13, …‘In seventh grade it seemed every single girl had tried it—except the really smart ones.’” Similarly, this theme comes up in Listen (2006): “[S]he mentally tallied the number of eighth-grade classmates in her central Pennsylvania town she knew had started cutting in the past year. Ten out of 85
girls. Or, wait, 12. She lost track.” Articles also made the connection between peer and media contagion and raised concerns about the paradox of the Internet as an anonymous support network of fellow self-injurers: “Then there is the Internet, where cutting chat rooms are just a keystroke away. Many offer support for kids who want to stop, but just as many wink at the problem and even subtly encourage it” (Time, 2005).

While initially articles addressing self-injury tended to emphasize the benefits of people talking about NSSI and being less secretive, over time authors began to write about the role of media exposure in spreading NSSI behaviour. Instead of crediting celebrities for coming forward to potentially raising awareness about self-injury, celebrity disclosure was blamed for increasing rates of NSSI. In particular, the internet was most often cited as a primary way for individuals to be exposed to self-injury and faulted with playing a role in contagion. Whereas personal narratives about self-injury generally spoke about peer contagion as a source of learning about NSSI, experts and others involved with treatment were somewhat more inclined to mention media contagion influences. When discussing the interactive genre of the internet, however, it is considerably difficult to differentiate media and peer contagion, since they can be one and the same in this case.

**Reduced medicalization.**

Another main theme was a reduction in the connections made between mental illness and NSSI. Articles prior to 1999 consulted more experts, mainly psychiatrists or medical doctors, and placed emphasis on co-morbid psychiatric
disorders. Earlier articles often blamed a traumatic event, generally sexual abuse or assault, for engaging in NSSI. By contrast, articles written after 1999 tended to consult fewer experts, and those consulted were generally psychologists, psychotherapists, or individuals representing organizations that help individuals who engage in self-injury. These articles used more of the first person voice and quoted the “experiences” of self-injurers directly instead of consulting experts about a “disease.”

Comparing a series articles published prior to 1999 to those published after will clarify this difference. The first comparison of articles is one between “Dissecting the causes of self-mutilation,” an article published in 1990 in the news magazine Insight on the News, and “Silent scourge: Self-harming,” published in The Economist in 2006. The earlier article cites five experts, four of whom are psychiatrists; whereas later one cites a research psychologist and a nurse who works with self-injurers. The 1990 article discusses co-morbid psychiatric diagnoses, including BPD, sexual masochism, anorexia, bulimia, and post-traumatic stress disorder in connection with NSSI; whereas the 2006 article only briefly mentions that the recovered self-injurer “tackled his depression with counselling and medication,” and goes on to describe a charity he has started to help others who engage in self-injury. The Economist article does mention medical intervention, but it is a description of the inadequate types of interventions hospitals often offer to self-injurers, such as removing tools or using restraints.
A second article comparison is “The thin red line,” published in 1997 in the New York Times Magazine, and “Bodily harm: Understanding self-injury,” published in 2007 in Canadian Living. The Times article cites the greatest number of experts for a single article in the sample: fourteen, including five psychiatrists, seven psychologists or therapists, and two authors of books about self-injury. The Canadian Living article cites a professor of psychology and the director of prevention at the Centre for Addictions and Mental Health in Toronto. The former was a long feature article that followed one self-injuring adolescent through her treatment; while seeking a cause for self-injury, the author mentions that two S.A.F.E. patients have a psychiatric diagnosis, one with bipolar disorder, and the other with an eating disorder. It also focuses on individuals who have suffered sexual abuse as the cause of their NSSI and cites that 65% of self-injurers have experienced sexual abuse. Because the main character has no clear illness or event which would cause her self-injury, the article delves into the family history to find causes, claiming that the adolescent “Jill” has a younger brother who had serious kidney problems during their childhood, and that her mother’s family has a history of alcoholism, which led to the mother developing OCD. The article finally determines that Jill’s childhood ill prepared her for the internal emotional disruptions and resulting anxiety of adolescence, which she coped with by engaging in self-injury. In the later article, instead of an emphasis on diagnostic terminology, it discusses stressors, anxiety (but not “anxiety disorder”), and coping mechanisms gone awry. The pressure placed on adolescents to achieve, particularly academically, is faulted as generating tremendous stress that can
sometimes lead to NSSI. While one of the characters in the article does experience abuse, the article notes that people may engage in self-injury for any number of reasons. The author quotes a psychologist, who states: “A whole bunch of these kids have very involved, caring parents, and there isn’t that childhood abuse-trauma piece at all. There’s something else at work.”

A comparison of teen magazines indicates a increasingly reduced emphasis on experts. The article “Girls who hurt” from Sassy (1996) cites three experts: two psychiatrists and a director of an in-patient treatment facility; whereas “The silent scream,” published in Girl’s Life (2005), was written in the first person by a self-injuring adolescent girl; it mentions a psychologist who treats the girl, but the psychologist is not consulted as an expert. The 1996 article lists co-morbid psychiatric diagnoses including: eating disorders and depression. One of the psychiatrists indicates adolescents who self-injure need on average “two years of treatment; usually sessions held once or twice a week with a psychiatrist trained in adolescent risk behaviour. For those who, for some reason, don’t respond to private therapy, [the psychiatrist] suggests an intensive inpatient program for self-mutilators.” This is an intensive treatment regime. The author of the Girl’s Life article mentions a diagnosis of ADHD and taking anti-depressant medication but never links mental illness to her self-injury. Self-injuring characters in the earlier article include one character with no clear “cause” for her self-injuring behaviour, but two others with what are described as “serious mental problems,” where one experienced sexual abuse in childhood and the other suffers from a co-morbid eating disorder. In contrast, the later article’s character cites
several life stressors she believes drove her to engage in NSSI: her parent’s divorce, bullying, loss of romantic relationships, and academic performance pressure, but she does not make reference to a specific traumatic event or cause for her self-injury. When she enters into treatment for her self-injuring, her mother declares she needs to “go to rehab,” not treatment.

The reduced emphasis on a traumatic event triggering self-injury was evident over the time period. Several early articles included the description of a traumatic event: Barbara, who was beaten by her father and sexually abused by a brother when she was a teenager (Insight on the News, 1990); Deborah, a teen who was molested by her stepfather and not believed when she told her mother (Sassy, 1996); Carrie, a teen who was raped by her best friend’s brother (Seventeen, 1996); Christine who had been sexually abused by a family member (Good Housekeeping, 1999); and Cherise, who was raped by her best friend’s uncle (Teen, 2001). Since abuse can be a risk factor for engaging in self-injury, it is not surprising for authors to choose some self-injuring characters who have an abuse history. Like BPD, while it is common for individuals who have suffered a trauma or abuse to engage in self-injury, the reverse is not true.

The majority of people who self-injure have not been abused or experienced a trauma. So, while later articles did include self-injuring characters with a history of abuse, they also included other examples as well. Later articles more frequently discussed other types of stressors that can also contribute to self-injury, such as parental divorce (Chatelaine, 2000), unstable or uncommunicative families (Chatelaine, 2000), bullying (Canadian Living, 2007), changing schools
(Girl’s Life, 2005; Reader’s Digest, 2006), academic performance pressure (Girl’s Life, 2005; Canadian Living, 2007), low self-esteem (Reader’s Digest, 2006), and being adopted (Time, 1998). Articles also emphasized that there may be no clear “causative factors” for self-injury; instead, it can be an accumulation of external factors combined with a lack of internal coping abilities. For example, while the Canadian Living (2007) article includes a self-injuring character with a history of sexual abuse, the author notes: “Research shows that people who self-injure come from all walks of life and are triggered into the behaviour for a variety of reasons—some are dealing with a dysfunctional family life, while others are coping with feelings of low self-esteem.”

Articles shifted from emphasizing the voice of experts to consulting more often with the first person accounts of individuals who self-injure, as well as therapists, community workers, and researchers. There was a reduction in medical terminology and in the mention of co-morbid psychiatric diagnoses. There was also less emphasis on a singular traumatic events being the cause of engaging in self-injury, replaced by discussions around a variety of experiences and personality features that may contribute to NSSI. Articles began to emphasise the possibility that self-injury can happen to anyone, and therefore, that self-injurers were potentially just like the readership of the magazine in which the article on self-injury was published.

**Addiction metaphor.**

Respondents frequently used an addiction metaphor to describe their attachment to self-injury and article authors chose addiction terms to describe
self-injury and its treatment. As articles began to use less medicalized language, the addiction metaphor became more prolific for explaining NSSI. Phrases like “drug of choice,” or that someone “relapsed” and needed to go to “rehab” for their self-injury problem were used. Two characters described being “hooked” after their first self-injuring experience (Sassy, 1996; Teen, 1998). Another character explained: “We’re not into this…We’re not proud of it. We just can’t stop” (Seventeen, 1996). Characters used terms normally used for substance abuse, like lapsed, in recovery, in rehab, and staying “clean,” in regards to self-harm (Teen, 1998; Advocate, 2000; Girl’s Life, 2005). Some examples from the sample show the benefits of using a common language when talking about self-injury. In Sassy (1996), the author indicated that self-injury behaviour “mirrors” alcoholism, quoting therapist Karen Conterio who compares NSSI to addiction: “Although it’s not an addiction that you become physically hooked on, you cut yourself once and feel better, so you do it again. Soon you’re doing it more often, even to cope with smaller things…[just like] when a person starts drinking, they may not need much to get tipsy, but as their problem grows, they become desensitized, so they unconsciously drink bigger quantities to get the same effect.” Here, the therapist is not indicating that self-injury is physically addictive, but that comparisons can be made with a phenomenon that individuals who don’t self-injure will understand. Conterio likens self-injury to alcoholism in that one can build up a tolerance to a certain severity of self-injury and require more, providing a common language for non-self-injurers to understand why some engage in self-injury.
Characters also expressed the loss of control and powerlessness that can result from framing NSSI as an addiction problem. This character explains her experience of craving self-injury like a drug:

"It becomes so much a part of your life, you find it’s all you think about from the moment you wake up until you go to bed at night. Once you find that it works for you, it becomes your drug of choice. It's easy to justify because you aren’t hurting anyone but yourself. It’s not illegal like pot and other drugs, so you tell yourself it’s OK…We know it is wrong; we just can’t stop doing it because it’s become an addiction. You can’t make a drug addict stop taking drugs just by telling them to” (Today’s Parent, 2006).

Another article that described self-injury as analogous to addiction put it this way: “Still, she can’t say that she would never cut herself again. ‘I think of myself as someone in recovery,’ she says. ‘There’s always the possibility that I could. For me, trying to stop is more like someone who is dealing with alcoholism,’ she says. ‘It feels like an addiction. I'm not totally over it yet, but I’m trying’” (The Advocate, 2000). These suggest that some characters who spoke about the addictive aspects of self-injury were fearful that their addiction was not beatable, or that recovery might not be permanent.

**Reduced sensational language.**

Descriptions of self-injuring were generally more graphic prior to 1999 compared to later in the timeline, although first person accounts of self-injury continued to contain descriptions of self-injury which could potentially be
triggering. A passage relating a self-injury incident in the *New York Times Magazine* (1997), for example, states: “Her mother appeared at her house unexpectedly and found her in the bathroom, *drenched in blood.*” *Time* (1998) expanded unnecessarily on Princess Diana’s self-injury disclosure, stating: “The disorder made its first major public appearance three years ago, when [she] confessed that the strain of her marriage had caused her to throw herself down the staircase and *cut herself with razors, pen knives and lemon slicers.*” Compare these passages to one from *Current Health* 1 (2007): “When she was 10, Liz started scratching her arms until they bled. She also pulled her hair and picked at scabs whenever she became upset”. Of course, variations in the level of dramatic language are also dependent on the magazine’s writing style and target audience. *Listen* magazine (2006) is aimed at an adolescent readership, and includes the following as a description of self-injuring; “She couldn't help remembering the sharp edge of her pocketknife as she slid it deeper into her forearm, blood spilling onto the blade and across her skin.” This passage seems more graphic compared to the other examples. Overall, however, even this passage is brief compared to the earlier passages. In general, later articles tend to describe self-injury episodes using less dramatic elements than in earlier descriptions.

One article in particular, from *Insight on the News* (1990), describes extreme forms of self-injury, including facial gouging to the extent that the character had undergone plastic surgery five times in an attempt to reduce scarring, the draining of blood which was kept in a jar “like a security blanket,” interfering with wound healing by rubbing excrement on surgical wounds, and
chemically burning her genitals using drain and oven cleaner. While other, more common methods were mentioned (cutting and scratching), the photographs chosen for the article included a photo of a person’s forearms with scars from the wrist to the elbows, an eyeball with cut lines across it, and two x-rays showing sewing needles embedded under the skin. In addition to these more severe and uncommon methods of self-harm, the article also mentioned eye enucleation and self-amputations of individuals suffering from psychosis, as well as compulsive self-injury seen in individuals with developmental disabilities—without clearly differentiating these behaviours from NSSI. Other articles included somewhat graphic photographs and images: The New York Times Magazine article (1997) included photographs of a person’s forearms, calf, and exposed upper arm all with injuries and scarring, and the splash page of Teen magazine article (1998) showed a pile of textbooks with an X-acto knife protruding from one and razor blades scattered next to them.

In contrast to this wide variety of extreme self-injury provided in the early articles, the majority of articles in the latter part of the sample describe only most common methods (cutting, burning, and scratching) of self-injury, and many articles only reference characters who cut themselves in their articles (Current Health 2, 2004; Seventeen, 2005; Time, 2005; Girl’s Life, 2005; Listen, 2006; Daughters, 2006; Today’s Parent, 2006; Canadian Living, 2007; Indian Life, 2007).
Articles prior to 1999 (with the exception of teen publications) also tended to use more sensationalistic language. For example, the first article in the sample opened with the following lead paragraph:

Given the fact that Phil Donahue has cross-dressed on national television, it would seem safe to assume that the closet of human behaviour has been pretty much emptied of taboos. Incest, euthanasia, Satanism, child pornography, spouse swapping, drug addiction, sadomasochism: they all have been dragged into the bright light of public debate. However, self-mutilation, the gruesome practice of intentionally cutting, burning or otherwise physically abusing one’s body, is just emerging from the shadows, still as unnerving as a knife blade in a dark alley. (Insight on the News, 1990)

Not only does the author tie self-injury to a long list of behaviours that have negative moral implications, but he also describes the behaviour as “gruesome” and “unnerving.” Indeed, the sensationalistic language used seems to be one of judgement and moralizing. It is not just that the behaviour is “sick,” but that it makes the individual engaging in it bad or sinful. Take another example: “Stacy is a church-going mid-westerner, a 25-year-old secretary who wears cardigan sweaters and wire rimmed glasses. She’s the blond, blue-eyed girl next door—seemingly about as wholesome as they come. But for more than 10 years, Stacy secretly indulged in a passion fit for B-grade horror movies: she scratched at her skin, burned it with hot knives and sliced it repeatedly with razor blades and shards of glass” (Newsweek, 1998). The author has employed some strongly
juxtaposed terms. She describes “Stacy” with terms that indicate a positive and mild manner: church-going, midwestern, blond, blue-eyed, the girl next door. Then, she describes her “secretly indulging” in self-injury, employing the language of morality with a word that describes an indulgence, a word that means gratifying or yielding to a whim. Also, the description of self-injury as a passion fit for B-grade horror movies brings to mind something both garish and absurd. Another article ties self-injury to youth culture activities such as piercing and tattooing, attributing to all these activities decreased self-esteem. The article header reads: “Cutting herself with a knife hurt. It also made Jill McArdle feel better. In an age of tattoos and nose rings, self-mutilation is the latest expression of adolescent self-loathing” (New York Times Magazine, 1997).

Earlier articles tended to use more descriptive language and a judgemental or moralizing tone to describe individuals who self-injure. While the level of dramatic language appeared to reduce over time, magazines with an adolescent readership seemed to buck this trend, continuing to use more dramatic language to describe individuals’ experiences with self-injuring. While the language retained a dramatic flair, however, it was not particularly judgemental or moralistic.

Judging motivations.

Several articles indicated that individuals might self-injure to gain attention or manipulate other people. Later articles stressed the need to “debunk” this myth, and instead emphasized that individuals engage in self-injury in order to be heard or to communicate their need for help. What is confusing, however, is that self-injuring as a form of communication can be seen as the same as engaging
in self-injury to gain attention. When someone sends up a flare after an accident or waves their arms at a search-and-rescue operation, they are both trying to gain someone’s attention and communicate that they need help. Perhaps because the term “attention seeking” has been linked with the manipulation of others, this term was downplayed in later articles by self-injuring characters and instead more emphasis was placed on self-injury as a “cry for help.”

Articles described self-injury as an attention-seeking behaviour in many ways. For example, *Insight on the News* (1990) described the medical care received after self-injuring as attention that “may ease a gnawing sense of isolation,” while *Time* (1994) came right out and stated, “For some people, the behaviour might be a manipulative way of getting attention.” In *What Magazine* (2002), the self-injuring character indicated that when she was in treatment for cutting, she was told that her self-injury was a phase she would grow out of, and that she behaved this way because she “was just calling out for attention.” At the same time, however, articles noted that the act of engaging in self-injury can sometimes be a non-verbal cry for help (*Sassy*, 1996; *The Village Voice*, 1998; *Today’s Parent*, 2006) where individuals self-injure because they hope someone will notice they are in pain and help them. This mixture of motivations can make interpreting self-injury difficult. For example, in *Chatelaine* (2000), the character is described as both seeking attention and communicating her needs when she starved and injured herself to gain her mother’s attention, and later her husband’s:

At 12, Kirsten began what was to become a 20-year struggle with anorexia nervosa, starving to punish herself for what she perceived as her inability
to resolve both her mother’s and her own problems, and as a bid for attention and care. “I'd virtually stop eating, sometimes for eight days at a stretch, to get everyone’s attention. I think that was where the idea to self-harm really came from. As an adult, at times when starving myself wasn’t enough, I’d punch and scratch.”…When the couple did spend time together, Kirsten struggled with feelings of being misunderstood and unheard—much the way she felt with her mother. She resorted to self-harm as a means of expressing her frustration and pain.

This quotation shows the range of understanding that can be expressed around striving for attention. While the passage identifies that Kirsten self-injures and engages in other forms of self-destructive behaviour as a way to gain attention, it is not described negatively, but as a way for her get the care she needs. And further on in the passage, she is described as “resorting” to self-injury as a way of communicating. Hence, although attention-seeking has been negatively associated with manipulation, characters were not dichotomously described as either “only seeking attention” by self-injuring or self-injuring as “a cry for help”; however, earlier articles do tend to describe self-injury functioning more as an attention-getting tool, while later articles place more emphasis on self-injury as a cry for help or as a form of communication.

The Village Voice (1998) noted the stigmatizing effect that self-injury can have because “Usually cutting is understood as an attention-getting stunt that backfires by distancing people.” This idea that self-injurers are “just” looking for attention may have emerged from the synonymy that used to exist between self-
injury and BPD. The data plays this out when, for example, Dr. Amando Favazza states in *Insight on the News* (1990) that therapists have difficulty carrying more than one self-injuring client, because “They call you at home. The emergency rooms always are calling you. The families are always calling you. You take a vacation, when you come back they greet you with scars all over themselves.”

What is being described, however, is the challenge that therapists face in treating individuals with personality disorder sequelae, rather than the behaviour of “anyone” who engages in self-injury. Several articles published after 1999 emphasized that self-injury is not done to gain attention (*Current Health* 2, 2004; *Girl’s Life*, 2005; *Today’s Parent*, 2006; *Canadian Living*, 2007; *Indian Life*, 2007), possibly to counteract the myth that self-injury is exclusively a tool of manipulation.

Articles also might promote either the idea of self-injury as an attention-seeking behavior or cry for help—or both—while also trying to refute myths of manipulation. *Today’s Parent* (2006), for example, emphasized the idea that self-injury is *not a way to get attention*: “Instead of trying to understand why we’re hurting ourselves, people accuse us of being attention seekers and drama queens. The worst thing a parent can say to a cutter is that she’s doing it for attention. That just makes you feel like they don’t care about you even more.” *Girl’s Life* (2005) quotes a self-injuring character trying to communicate through her self-injury: “I was so angry and frustrated that I thought, ‘If I use this to cut myself, I’ll feel better—and they’ll understand how depressed I am.’” Again the challenge is that this sort desire to communicate and gain help may also be interpreted as a
teenager desiring to manipulate her parents into responding to her depression. The spin on the behaviour may thus be interpreted either way.

Articles defined characters as attention-seeking with their self-injury, and possibly also trying to manipulate others, more often in articles prior to 1999. The earlier article’s assumptions around manipulation may have been based on an assumption that self-injuring individuals all exhibit personality disordered behaviour, since self-harm behaviour is part of the definition of the disorder. Indeed, several articles contained multiple messages around the meaning or purpose of NSSI, including both attention-seeking messages and self-injury as communication, as well as making note of the stigma that surrounds earlier assumptions of NSSI as “just” an attention getting tool. Later articles often emphasized that NSSI is not for getting attention, but is a cry for help to communicate need.

**Interior versus exterior life.**

Authors frequently used adjectives and metaphors to create strongly contrasting images of the self-injuring individual. Several articles provided a description of a person with two faces, where their appearance did not fit the apparent reality of their engagement with self-injury. The quote from *Newsweek* (1998) is a good example, with the character of Stacy having a “wholesome” appearance but also with a “passion” for self-injury fit for “B-grade movies.” The article on Jill McArdle in *New York Times Magazine* (1997) describes numerous dichotomies. Jill is a popular, attractive blond cheerleader from a Catholic school with a father who’s a police officer and lives in a tight-knit community of Irish
descent. After describing at length Jill’s struggles with self-injury and her emotional instability and fragility, the author quotes her cheering coach: “She was just so cute and energetic…She wasn’t fake. She was just out there and she said, ‘This is me!’” Another article describes the reaction of a parent to discovering her daughter engaged in self-injury: “It came as a complete shock. Janet couldn’t accept that her daughter, a model child who always appeared confident and in control and excelled in school, was secretly using razor blades to make cuts on her shoulders” (Canadian Living, 2007). Similarly, the opening description in another article about NSSI begins: “Meet Kirsten—a lawyer who graduated at the top of her class—and a woman who fights emotional demons by hurting herself” (Chatelaine, 2000).

In addition to psychological dichotomies depicted by observers, articles written by individuals who had engaged in self-injury also describe holding together a secret interior life much different from their outward appearance. In Girl’s Life (2005), the character states: “Growing up, I'm sure I seemed like any normal kid. In fact, I probably tried harder to fit in because I was an only child. But on the inside, I always felt like I was totally different—and not as worthy—than everyone else.” In Good Housekeeping (1999), the character describes: “From the outside, I seemed like a normal girl—happy and well-adjusted, outgoing and pretty. But on the inside, I was angry, guilty, and sad.” Something distinct about self-injurers describing the dichotomy of their outward appearances is how they focus on the emotional experience of their interior life as opposed to the outward presentation. By contrast, early examples such as the Newsweek
(1998) article used extreme descriptions of outward emotional states and sensational descriptions of self-injury more for shock value than to elicit understanding from the reader.

The voices of self-injuring characters provided descriptions of an inner life full of turmoil, while the exterior displayed something more normal and conformist. Article authors sometimes provided a similar picture, but also spoke in a more sensationalistic tone that contrasted a conformist exterior life with a deviant inner life, occasionally tinged with moralism. For example, depictions of deviance in a character’s internal life were described in contrast to ideal external female behaviours, as in the case of Jill McArdle, a chaste blond cheerleader.

**True/false self-injurers.**

Within the discourse, self-injuring characters at times evaluated the authenticity of another’s right to engage in self-injury. As has been identified in other subcultures such as body art (Riley & Cahill, 2005), as well as on pro-anorexia websites (Giles, 2006), membership in a subculture requires “valuing” individuals who are members, and creating restrictions that devalue those outside the membership circle. Franzén and Gottzén (2011), for example, found that members of an online message forum for self-injurers were only accepted by their online community as “authentic” self-injurers by proving their problems were significant enough to “warrant” turning to self-injury to cope, while at the same time expressing themselves authentically in such a way as to prove their self-injuring was evidence of true emotions, not drama or false, attention-getting behaviour. They describe the members of the website working to strike a balance
in how they express themselves between presenting a normalizing and a pathological discourse. Hence, self-injurers avoid being seen as self-injuring “only for attention” by exposing their real and significant problems because only real problems make it acceptable for them to turn to self-injury to cope (normalizing); they also avoid being seen as merely posing as a self-injurer by providing real emotional responses to back up any pictures of injuries they post to ensure they are not seen as melodramatic.

An example from the sample of how self-injuring characters debated cutting authenticity can be seen in *Listen* (2006):

Sarah focused now on Britt, listening to her talk about boys and depression. But she wondered why Britt was showing other people her cuts. Sarah had always hidden hers… Most people who self-injure do so in secret. But not Sarah’s friends. Some of her classmates claim to cut when they really don’t. She says others “fake cut” as a way to get attention, marking their arms and legs with surface-level cuts…Some of Sarah’s friends, she says, cut for attention and some want relief…But when people show their scars, it’s like they want people to know how bad they feel.

There is a lot in this passage to pull apart. Does this indicate that someone who is looking for attention is not seeking relief? Or individuals who don’t hide their behaviour aren’t real self-injurers? Is it more honourable to be a “real” self-injurer? The dichotomy that appears to emerge is that true self-injurers hide their self-injury and are therefore unable to gain the help they need, but fake self-injurers display their injuries, but also may receive assistance to get better. How
then does someone communicate a “cry for help” if showing injuries generate the label of “fake” self-injurer?

Another passage, from Today’s Parent (2006), quotes a self-injuring adolescent balking at the suggestion that self-injury is trendy: “Cutting is not a fad. There are some who use it for attention or to try to fit in, but true cutters aren’t like that” (emphasis added). There is an equilibrium that must be struck in the argument being portrayed here: to be entitled to self-injury one must be suffering from real problems, not following a cool lifestyle choice where being secretive about self-injury is part of being authentic (Franzén & Gottzén, 2011).

Also, there is a question of degree and authenticity. The character in Listen (2006), for example, suggests that self-injuring using mild cuts also proves a lack of authenticity. Does one have to harm themselves severely to show serious intent? This is what appears to be happening in a Teen People (2004) article called “Cutting Clubs,” which describes teenagers cutting together in social groups. The author describes how the dynamic changes considerably when teens cut together: “As Kaila and Lisa continued to cut together, their sessions got more intense and competitive. ‘It was almost as if we were competing to see who could cut the most or whose cut was the deepest,’ says Kaila. And that’s a common development, experts say. ‘Cutting together can turn into one-upmanship,’ says Lauder. ‘It becomes ‘I’ve got more pain than you do! I’m tougher than you!’”

Unspoken rules appear to regulate the cohesion of self-injury sub-communities. With increasing exposure to and knowledge of NSSI in the public sphere, self-injurers are expressing the need to differentiate true self-injurers from
those who do not have the “proper” motivation, either because they are engaging in self-injury to gain attention or because they only self-injure because it is trendy and not because legitimately serious problems warrant NSSI. As part of evaluating the perceived increase in rates of self-injury within the population, self-injuring characters are essentially debating within the texts questions around authenticity, regarding who is allowed to self-injure; the requirements appear to be authentic suffering and an appropriate desire to keep NSSI a secret.

First incident descriptions.

The “first incident” of self-injury is often particularly well remembered by an individuals and in therapy clients are discouraged from waxing poetic about the details of such incidents—especially in group therapy settings, where this information can be triggering (Lewis & Baker, 2011). Knowing this, the amount of detail provided in earlier articles is concerning from a social contagion perspective. Consider this passage from the New York Times Magazine (1997): “First I used a knife—I was in the bathroom doing it and then I told my mom because I was scared…She took the knife away. So then I took a candle holder and went outside and cracked it against the ground and took a piece of glass and started cutting myself with that, and then I took fingernail clippers and was trying to dig at my skin and like pull it off.” Also noted in the sample articles was the more sensational language used in magazines geared towards adolescent audiences. For example, in this excerpt from an as-told-by article from Teen (1998), the author explains how her self-injuring behaviour escalated:

I made a ritual out of taking the sewing needle and pricking my arm a few
times. After about two months, I needed to do more to tranquilize myself. I tried dragging the needle across my skin to make a cut. It didn’t work very well, so I went to my dad’s desk to get an X-Acto knife. Back in the bathroom, I made a small incision in my arm. At first I didn’t think I went deep enough, but a second later my bright red blood came out. Once I saw it I felt calmer than ever; it was like all my frustrations seeped out of me with the blood.

Detailed accounts of characters self-injuring were usually reports of their “first experience” with self-injury. In the previous quote, the character, Cherise, talked about increasing stress at school from culture shock, bullying, and sexual harassment. While under this emotional pressure, she discovered self-injury, which escalated from self-picking behaviour she had been engaging in. Suffering from depression and an eating disorder and having been sexually abused as a child, a character from Good Housekeeping (1999) named Christine explains how she tried self-injury after noticing a girl in her class had scars on her hand from self-injury. She states: “I was afraid to use anything sharp, so I scratched one of my arms really hard with my fingernails and it started to bleed a little bit. I watched the blood run, then grabbed some tissue and cleaned up my arm.”

Similarly, the opening paragraph of an article from Advocate (2000) begins by describing the main character’s first experience with self-injury:

Aimee Elizabeth Bell clearly recalls the first time she began to cut into her skin. It was a hot July night in her small Michigan town. She was in her bedroom, listening to Tori Amos, and the knife that she used to trim the wicks on her
candles suddenly caught her eye. Soon eight thin dotted trails of bright red blood ran along her left forearm, from the crook of her elbow to the heel of her hand. Only when she saw the blood, Aimee Elizabeth says, did she realize what she had done.

Descriptions of characters’ first incidents with NSSI were frequently reported as part of self-injury narratives recounted both in first- and third-person perspectives. Stories from the sample of first incidences generally provide a great amount of detail about the action of self-injuring, including tools, settings, and personal reactions to the act. Seeing blood featured commonly in most first-incident descriptions, as well as states of calm, relaxation, and a return to reality from feelings of dissociation.

**Adolescent voice.**

Although articles written for teenage audiences did not use the same judgemental and sensational language used by authors of early sample articles, it would appear that first-person narrative articles written for teens did use more dramatic language in their narratives of self-injury than in other publications. Hence, even in the latter period of the sample, adolescents chose dramatic language and strongly emotional descriptions of their experiences with NSSI. For example, an article published in *Girl’s Life* (2005) includes this dramatic content:

I ran to the bathroom, locked the door and picked frantically at my skin. Then, I noticed a hair clip on the counter. I was so angry and frustrated that I thought, “If I use this to cut myself, I’ll feel better—and they’ll understand how depressed I am.” So I used the clip to cut myself on my
arms, and blood poured out. As odd as it sounds, I suddenly felt completely calm. My mom finally broke into the bathroom with a screwdriver and, when she saw that I was bleeding, she held me and cried. Later articles published in general-audience magazines tended only to list the method of self-injury, or gave a brief description of the first incident with much less attention to describing the experience. Possibly because many of the teen magazine articles were written in the first person, they provide detail of the incident from the perspective of the inner emotional experience of the self-injurer, and therefore contain more dramatic narratives. Thus the overall decline over time in the sensationalistic or dramatic descriptions of self-injury and self-injuring characters did not appear to occur in teen magazine publications.

**First-person narratives.**

While teen magazine articles tended to provide more dramatic and emotional narratives about the experience of self-injury, they also produced the most first-person voice articles in the sample. Out of the 29 articles, six articles were written in the first-person, with another two articles in the “interview with a self-injurer” format. The earliest ones were “Making the Cut,” published in Teen (1998), and “I Couldn’t Stop Hurting Myself” from Good Housekeeping (1999). The rest of the first-person articles were published in the 2000s in magazines geared to female youth: Teen, 2001; Girl’s Life, 2005; Daughters, 2006; and Indian Life, 2007 (young warriors section). Articles set up as interviews included “Conversation with Cutters” (Today’s Parent, 2006) and “Bodily Harm: Healing the Wounds of Self-injury” (What, 2002), where self-injurers answered questions
about their experiences. The desire to be heard and to be unashamed about self-injury seems to be a part of writing in the first person, as well, perhaps, as being an agent of change by inspiring others to speak out. In 1996, Seventeen published an article called “Razor’s Edge” with a large photograph of one of its self-injuring characters. The author indicates that “Ella was adamant that Seventeen use her real name and take her picture for this story” and then quotes Ella herself: “I don’t care if people think I’m insane. They can judge me. I don’t care. I want to help other girls who are doing this. I want to tell them: You have to get help.” The following year, the New York Times Magazine (1997) produced a long feature article called “The Thin Red Line,” which featured Jill McArdle (her real name), a high school student who self-injures. The first page of the article is a large colour photo of Jill standing in the field in front of her high school, wearing her cheerleading uniform, staring directly at the camera. An article in the Advocate (2000) has a large photograph at the end of their article of Aimee Elizabeth Bell, an 18-year-old high-school student who self-injures, looking defiantly at the camera, as does one from Girl’s Life (2005), which features a full splash page at the opening of the article of Sari Grossman, 16 years old, sitting cross-legged on her bed. She has dark eye makeup on, a lip ring and wears a ripped black concert shirt, fishnet leggings and doc marten boots. Behind her are several punk and ska band posters and her own paintings/graffiti on the walls.

As articles began to turn the narrative over to self-injuring characters to tell about the experience in the first person, they often emphasized providing a face and a voice others who self-injure, and requested that their identities be given
as part of the article. To some extent this could be seen to parallel celebrity
disclosure, where celebrities speak out about their own self-injury so others would
seek help. Some characters indicated they were speaking publically about self-
injury and using their real names so that others would lose their fear about
speaking out. For some who had been victims of assault, it may have also been a
way for them to let go of the shame they experienced, and which possibly
contributed to their engaging in self-injury.

**Self-injury as identity.**

In some instances characters referred to themselves as “cutters,” but more
often non-self-injuring authors chose to use the term “cutters” only to refer to the
general group of people who self-injured. Some articles use the term “cutter” as
an insider term, as in, from one cutter to another. For example, one character in
Teen (1998) was giving positive advice to others when she says, “I also have a
message to any cutters out there: It’s so im-
portant to take that first step and ask for
help. If I hadn’t made that call to my mother, I don’t know if I would be here
today. The cutting was a sign of how I felt about myself—I thought I was useless
and hopeless. Cutters should know that they don’t need self-injury to cope with
their feelings.” Articles also used the term, however, in a way that might create
distance between the reader and the self-injuring individual. Such an intro-
duction was used in Sassy (1996): “‘Cutters,’ as they’re called by mental health experts,
slice themselves using knives, razors, pins, scissors, broken glass or anything else
with a sharp edge.” Other articles used the term in combination with unusual
metaphoric language, as in the Time article (1994), where the author used the
phrase “the ranks of cutters and slashers, as they are sometimes called,” implying some kind of organized group with the use of the military term “ranks,” while the word “slashers” brings to mind a horror movie. A decade later, again in Time (2005), an article begins with the phrase “nobody knows how many cutters are at large,” suggesting escaped convicts or criminals wanted by the law. Both of these metaphors bring to mind ideas of criminality or anti-social behaviours, potentially linking them to self-injury. Again, the idea of cultural deviance is promoted by these images, as well as a perception that self-injury is a behaviour performed by prisoners, or soldiers who only obey orders. In same way that the self-injuring character from Teen speaks out to her “like-minded” audience by referring to them as “any cutters out there,” the authors of the Time articles group all individuals who engage in self-injury into one image when they refer to “cutters and slashers” or “cutters are at large.”

Social commentary.

A notable divergence from other feature articles in the sample was “Self-mutilation cuts to the point: The scar report” in The Village Voice (1998). The author makes numerous ties between self-injury and society, the lives of girls and women within society, and the social meaning of NSSI. The article is partially a critique of A bright red scream: Self-mutilation and the language of pain, by Marilee Strong. As the author notes in her opening paragraph, the “needle girls” in asylums in the 1870s were likely self-mutilating as a sign of revolt against the Victorian morality of the time, as well as the tightly bound corsets that served as a
concrete metaphor for the social constraints surrounding them. She suggests that self-injury tells us something similar about ourselves and our society.

She is highly critical of the use of terms such as “epidemic,” a term used frequently within the sample to talk about NSSI, in the same way that eating disorders were referred to as an epidemic in the early 1990s. The article also treads delicately around the sensationalistic aspects of NSSI by avoiding easy opportunities for drawing readers in by using graphic depictions of self-injury and criticizing writers who emphasize abuse histories and gory details of self-injury. She also notes the danger of linking NSSI with types of voluntary deviance (aka culturally sanctioned behaviours) such as tattooing and piercing. As she argues: “Like Favazza and others, she [Strong] connects the apparent (but undocumented) rise in self-injury to the current mania for tattoos and piercing. Does that mean everyone with a nose ring has an abuse past? What are we then, a society of molesters and molested?”

The Village Voice is the only writer to link self-injury behaviour to a culture of sexual harassment and female objectification. The author argues focusing on abuse histories means that Marilee Strong misses the chance to examine the “more nuanced strains of abuse” in our culture, within a general ambience “of sexual harassment.” She explains:

In the same way needle girls were a Victorian phenomenon, cutters are reacting to what’s been called today’s neo-Victorianism, wherein bodies are presented as corseted items that give their owners no pleasure. Self-injurers express the confusion of an era that clings to Puritan values while slobbering over
breast implants, that tells women to be sexy then calls them sluts, that loves
Madonna and hates Madonna. Women start injuring themselves at 14 because
that’s the age they become sex objects; cutting is a way of punishing the flesh and
regaining control of it. As Favazza predicted, cutters tell us what’s wrong with
society at large—that we hate our bodies.

Here the author makes a point of identifying an external reason why the
beginning of adolescence might be the most common time to begin engaging in
self-injury. Instead of identifying the cause of NSSI within the individual, she
locates it in the environment which surrounds an adolescent female that would
influence them to engage in self-harm.

Whereas many other articles discuss therapeutic treatment options in
conjunction with medications such as SSRIs, the author notes that using
medication to anesthetize the mental pain will merely silence the cry of distress
that NSSI signifies. She argues from a feminist perspective that silencing the way
women express distress does not solve the problem; it merely makes others more
comfortable by minimizing such fearful behaviour. Instead, she proposes that
NSSI rates are more of a litmus test of what is wrong with how women are able to
live their lives in our present society. Other articles do offer hypotheses on why
more women than men self-injure, such as women tend to turn anger inwards
because they have fewer socially acceptable outlets for it, but they do not go as far
as this author by suggesting that contemporary self-injury indicates something is
utterly wrong with the roles women are forced to play in society, stuck between a
rock and a hard place in terms of their sexuality.
An interesting comparison to the Village Voice analysis is the article about Jill McArdle, (*New York Times Magazine*, 1997), which follows her through the process of seeking treatment for self-injury. Early in the article, the author describes several situations that drove Jill to self-injure, all situations that involved clear sexual harassment by her male peers (being left alone as the only girl at a party and having her bottom grabbed, and staying at a friend’s brother’s house who suggested she could stay if she agreed to strip for him and his roommates), coupled with a constant fear of being labelled easy or a slut at her high school. Yet despite the article providing much detail about her “conflicting roles” about her identity (Irish Catholic girl, cheerleader, developing woman in adolescence, daughter of a police officer father), the author chooses to offer this quote from a S.A.F.E. psychologist: “Self-injury is a kind of violence. So how is it that violence has entered their life in some way previously?” and then goes on to seek answers to this question in Jill’s family dynamic. One can extrapolate from her writing, that the author of the Village Voice article would offer this answer to the question of where violence has entered Jill McArdle’s life. The confusion for this adolescent girl is that she is expected to play all the female roles of attraction and perfection, but she receives no pleasure—only judgement—for complying with these roles. If violence has entered her life, perhaps it is more on a societal scale than an individual trauma from her past. She is to be a sex object and a puritanical chaste teenage girl at the same time—an impossible role to fill. The author of the *New York Times Magazine* article appears to miss the point of how Jill lives in a permanent peer-driven environment of sexual harassment. Notably,
this same article uses the term “hysterical” twice. Hysteria, according to the online etymology dictionary, comes from the Latin *hystericus*, meaning “of the womb,” and from the Greek *hysterikos* “suffering in the womb.” It was originally thought of as a neurotic condition that only developed in women because it was caused by a malfunctioning, or wandering, uterus. The article describes the overwhelming emotions individuals use self-injury to relieve are akin to a feeling of “hysteria,” and then later quotes a self-injurer saying “when my head’s spinning, when I’m near *hysteria*, [self-injury is] like a slap in the face.”

Specifically, the choice of such a politically charged term is interesting, as it can only really refer to female behaviour.

Others have written about the medicalization of the female body as a form of social control which “confine[s], define[s], and manage[s] women’s bodies” (Brickman, 2004) whereby ideas of illness and how we conceptualize sick behaviour is partially socially constructed (Kleinman, 1988). Historically, research regarding self-injury has tended to pull back from examining in depth the experiences of individuals who self-injure and instead have labelled the behaviour as deviant (Adler & Adler, 2007) and pathological (Brickman, 2004). These terms are applied to an individual perceived to be self-destructive or out of control; two common interpretations of the meaning of self-injury. These terms are similar to the use of the word “hysteric,” whereby a person is both “out of control,” “crazy,” and most importantly, “unpredictable.” Shaw (2002) argues that the response of mental health professionals, and by extension culture at large, to self-injury has much more to do with the power implications of women injuring their own
bodies, instead of being a constant victim of others’ attacks:

   Self-injury is women’s self-inflicted objectification and destruction of their bodies in the service of reducing symptoms of psychological distress. It is this which is not culturally sanctioned. What is remarkable is that it is culturally tolerable for women’s bodies to be objectified and destroyed if it is inflicted by others, and when it is in the service of western beauty ideals and men’s sexual gratification. What is not culturally tolerable is for women to objectify and destroy their own bodies in ways that do not serve western aesthetics. (p. 206)

Similarly, the author of the Village Voice article suggests that a social trigger exists for women to begin to engage in self-injury, or at the very least, that women live in a culture that perpetuates the self-destructive and punitive environment that allows NSSI to be a sensible and effective outlet.

Shaw and Proctor (2005) have indicated that using the term hysteria is a way to “position ‘difficult’ or ‘deviant’ behaviour as symptomatic of a disturbed personality, dismiss these behaviours as individual pathology and obscure the social context of gendered power relations which give rise to these behaviours” (p. 485). Using such terminology, even by women themselves, appears to be a way to position this behaviour as unreasonable, deviant and inappropriate expressions of an individual’s illness, thus shifting the focus away from social, cultural and environmental factors which may be “making” someone sick. That the author of the New York Times Magazine (1997) article saw fit to mention several instances where Jill, the self-injuring character, was placed into a role
conflict based on her gender but did not see these elements of harassment as contributing to her self-injuring shows how difficult it can be to see past simple power relations that define deviance, illness, and pathological actions.

**Summary.**

A critical analysis of the data found that there was a reduction in the presentation of self-injury as correlated with mental illness or caused by severe abuse or assault. NSSI was also less often linked to unrelated behaviours such as culturally sanctioned actions of body modification and more severe or compulsive self-injurious behaviour associated with major psychiatric disorders or developmental delay. Experts were consulted less and the first person voice of the self-injurer was more frequently represented in the narrative, with self-injuring characters finding a sense of agency over their experiences. As part of that voice, several characters appeared to self-identify as “cutters,” using the term to generate a sense of group identity or cohesion; on the other hand, authors who used the term occasionally combined it with evocative metaphors that suggested individuals belonged to a deviant or criminal subculture. The use of the term cutter often also extended to individuals using the language to describe their relationship to self-injury. In effect, self-injuring characters often identified themselves as “cutters” in a similar manner to someone identifying themselves as an “alcoholic” because they cannot stop their behaviours. Indeed, certain characters identified themselves as “cutters” even if they had stopped engaging in the behaviour, as a permanent identity marker.

Authors sometimes represented individuals in a negative light because
they were seen as engaging in self-injury as a way to seek attention and manipulate others. However, several articles also commented on this misconception and specifically stated that self-injury is not performed in order to get attention. Other articles portrayed characters as motivated to self-injure as a form of communicating needs and as a cry for help, where this description was either positive or neutral in nature. Authors often described self-injuring characters’ inner versus outer life, emphasizing the dichotomy between a self-injurer’s normal external appearance and their inner turmoil. Self-injuring characters themselves also expressed such a difference between their outer appearance and internal mindset. Similarly, some self-injuring characters made statements about true and fake self-injury, perhaps as a subtle form of membership regulation for the self-injury subculture. Specifically, they indicated that authentic reasons for self-injury (e.g., legitimately severe emotional problems) and the manner in which they may self-injure (mostly in private or in secret) may be a way to balance “not being manipulative” with trying to communicate when words fail, without misrepresenting “being a self-injurer” to the larger community.

Articles used less judgemental, moralizing, and sensational language over time, and demonstrated a reduction in graphic or gory details of self-injuring. Early first incidence descriptions of self-injury contained the most detail, as well as the greatest potential for triggering behaviours in readers. The exception to this are the articles published in magazines targeted to adolescent readers, where a strong, dramatic voice was consistent across the sample. These types of articles may have been written in such a way because they contained the greatest number
of articles in the first-person voice in the sample. Whereas early on in the sample, articles emphasized raising awareness about the issue and often paired this message with celebrities who had disclosed their own NSSI behaviour, as time went on, articles also began to express concern for potential NSSI contagion because of increasing media coverage. Despite this concern, most self-injurers quoted in the articles named peers as the most common source from which they learned about self-injury.

Instead of looking at NSSI primarily from the perspective of mental illness or abuse, later articles noted stress and coping problems as the primary causes of self-injury; there was some emphasis on social factors, but most of the issues pertaining to NSSI were still centred on the individual. A variety of factors were suggested, from family discord to general academic stress, along with the possibility that even a small number of stressors could cause some susceptible individuals to engage in NSSI. With the exception of one article from The Village Voice, no articles addressed the larger social issues that may have influenced the increased rates of NSSI, or provided a feminist critique of the pathologizing of self-injury behaviour.

**Discussion**

This qualitative study examined the representation of a selected sample of feature articles about NSSI over a twenty-year period. Using critical discourse analysis, which assumes that all language is embedded within a larger social context, it identified major themes that emerged from the texts and attempted to make connections between them and larger social and political elements in the

Normalization is a sociological term for a social process whereby ideas, concepts, or behaviours become accepted as normal or at least as a “new normal” in society where previously they were not accepted or considered atypical or deviant in some way. Normalization describes the process of new ideas, concepts, or behaviours being adopted into the paradigmatic framework of a society (read Western society) and absorbed into the group-think of that society such that, for the most part, the idea is so accepted as to no longer be analyzed or questioned.

Script theory (Abelson, 1976) has been cited by Lewis and Baker (2011), as well as Whitlock et al. (2009), as having particular relevance to portrayals of NSSI. People create scripts that make sense with the environment around them, and use them to inform decisions they make in new environments. In a similar way to how vicarious verification works in social learning theory (Bandura, 1986), a script can also be adopted from observations made from a vicarious learning experience, from the narrative of another individual. It has been noted that reading the self-injury narratives of another person can increase an individual’s connection within their personal scripts about NSSI and therefore be triggering (Lewis & Baker, 2011).

The idea that people learn by adopting elements of other people’s scripts may help in understanding the normalization process of cultivation theory (Gerbner et al., 1980; Gerbner & Gross, 1976), in that it is possible that the repetition of common themes within print narratives regarding first incidences of
self-injury, especially details of physical injury and emotional reactions, could have triggering (Zahl & Hawton, 2004) or disinhibiting effects (Bandura, 1965; Freedman, 1982) for individuals who are particularly vulnerable. It has been noted that the risk of adopting self-injury behaviour after exposure to a compelling self-injury narrative is particularly high if the reader feels they have a lot in common with the self-injuring character, if the self-injurer is admirable or is presented as likeable, or if NSSI is presented as highly effective for solving emotional distress (Whitlock et al., 2009). A reduced emphasis on mental illness in the sample, as well as pathological or deviance narratives, with respect to self-injury was simultaneously combined with descriptions of self-injurers that were increasingly similar to their readership. For example, depending on the magazine, mothers, teenagers, and generally well-functioning individuals were presented as characters in the sample. In addition, the presentation of celebrities as successful and admirable despite having engaged in self-injury can be seen as having a glamorizing effect on readers’ impressions of self-injury, in the same way that violence can be glamorized and therefore made more desirable to audiences (Smith et al., 1998). As characters were described as being just like anyone else, aside from using self-injury to mediate overwhelming emotions, and as the context for self-injury was broadened to encompass anyone, the likelihood that this behaviour was seen as common and normative probably increased. Although articles always emphasized that NSSI is a bad thing and that no one should begin self-injuring, narratives that described self-injuring episodes that ended with a
sense of calm, relief, or relaxation in the individual, inadvertently present self-injury as an effective tool that generated results.

Whitlock et al. (2009) addressed the process of normalization by discussing emergent norm theory (Turner, 1964), which can be used to understand how self-injury behaviour has become more normative over time through increased familiarity. Emergent norm theory is the concept that individuals will, whether they are aware of it or not, tend to align their own behaviour with that of a social group they are a member of; in other words, they will conform to group norms of behaviour. This could be a possible, partial explanation for the “snowball” effect described by self-injuring adolescents when they noted that self-injury behaviour had seemed to be uncommon initially, then found that more and more of their peers were adopting the behaviour. With increased exposure to self-injury, individuals may unconsciously alter their behaviour to conform to something that is being presented as highly prevalent and almost ubiquitous.

Whitlock also notes that the process described by emergent norm theory is particularly salient for adolescents and young adults, who in turn are the most common individuals engaging in self-injury behaviour. With the addition of the Werther effect (Martin, 1998; Stack, 2003)—that individuals are more likely to emulate behaviours performed by celebrities or famous figures—there is also the increased likelihood that an individual may emulate their group’s behaviour.

The process of normalization can lead to greater acceptance and support for individuals on the fringe. In this way, the “awareness-raising campaign” of earlier articles attempted to debunk myths about self-injury generated by the
medical model of NSSI. It would appear that the campaign to increase public awareness of NSSI was successful. And those perceptions have shifted from NSSI as a crazy, extreme, and unusual behaviour to something that considered more-or-less common, performed for various reasons and by a variety of people to cope with difficult emotions.

The campaign to raise awareness mirrors the movement in the early 1990s regarding the “epidemic” of eating disorders. When eating disorders emerged into social awareness, first there was a wave of news stories and feature articles about the “problem,” including consultations with experts and lists of celebrity disclosures. Prevention programs were developed to raise awareness and reduce the risks of developing such disorders. But as has been documented, these programs generally increased rates of eating disorders in women who attended prevention courses, as compared to control groups (see Mann et al., 1997). It soon became clear that while raising awareness about the issue of eating disorders was helpful in reducing the stigma surrounding it and changing social perceptions, it also contributed to increasing rates of eating disorders among program participants. As described in Bishop’s analysis (2001), in the same way as was observed in the sample, articles about eating disorders moved from raising awareness and providing detailed personal accounts (which can be triggers individuals already with an eating disorder) to blaming the media for spreading information and increasing prevalence rates. A similar process appears to have occurred with self-injury. Early articles attempted to raise awareness about self-injury and included personal stories with potentially triggering detailed accounts
of self-injury. Like BPD, while it is common for individuals who have suffered a trauma or abuse to engage in self-injury, the reverse is not true: the majority of people who self-injure have not been abused or experienced a trauma. Later articles shifted their emphasis to warnings about media contagion, along with milder stories about self-injury.

As NSSI was seen less as an “illness,” or at least correlated with mental illness, it was framed more and more as a habit or addiction instead. The addiction metaphor can be helpful in that it provides a common language between self-injurers and non-self-injurers. And whereas illnesses cannot generally be prevented, a habit is breakable, but requires willpower and determination to overcome; thus, perceiving NSSI as an addiction may generate a sense of agency in the sufferer, a belief they can seek help, go into rehab, and through hard work recover from their addiction. Unfortunately, the opposite may also be true. A study of NSSI e-message boards suggests that calling self-injury an addiction can be a “mechanism of reinforcement” for self-harm, making the self-injurer feel powerless to resist NSSI and that their behaviour is uncontrollable (St. Denis, Lewis, Rodham, & Gavin, 2012). If a self-injurer perceives self-injury as akin to addiction, they may feel the need to engage in some self-injury to avoid a sense of withdrawal, and other misperceptions that go beyond the scope of the metaphor between self-injury and substance dependence. For example, they may see their self-injury as inevitable, something they cannot prevent, and therefore be less likely to seek help or believe treatment will be effective. Also, being in recovery but always seeing yourself as a “recovered self-injurer” leaves the door open to
return to the behaviour, or to “fall off the wagon” to borrow another addiction euphemism.

The emphasis on being a self-injury “addict” also means approaching treatment similar to other types of addiction programs. The most popular model is the 12-step program such as Alcoholics Anonymous, for example, which always starts its meetings with individuals introducing themselves and stating “and I’m an alcoholic,” followed by the period of time they have been sober. The model assumes that an individual continues to be an alcoholic and associates their identity with being an alcoholic—regardless of how long they have abstained from drinking. Similarly, individuals who regard NSSI as an addiction may also always see themselves as a self-injurer, no matter how long they have abstained from the behaviour. This is also notable in the data where individuals refer to themselves as “cutters” regardless of whether they are in recovery or not; they still identify themselves with this marker. Studies of internet message boards have also shown that individuals see themselves as “a self-injurer” even if they have been recovered for a long time, and those who post on them will often indicate how long they have abstained from self-injuring when in recovery (Rodham, Gavin, & Miles, 2007; Whitlock, Powers et al., 2006). In an episode of the popular teen show “Degrassi,” a recovered self-injurer character essentially states that regardless of whether she ever self-injures again, she will always be a self-injurer, it will always be part of who she is. While this is part of the “acceptance” process in the twelve-step model of addiction, it can be a cause for concern for self-injurers who are always one cut/injury away from returning to their behaviour.
Having self-injury be part of how they identify themselves makes quitting much more difficult and also provides an attractive group cohesion that could make leaving a community of supportive and concerned fellow self-injurers unappealing.

The use of the internet to anonymously reach out and connect with others who self-injure is a similar double-edged sword for self-injurers. Some articles expressed concern with online information and communities that provide tips about self-injury and how to mask the evidence of injuries. However, individuals who self-harm tend to be more isolated and secretive about self-harm, so the internet affords a level of support and resources otherwise unavailable to them. Several characters expressed the immense relief they experienced by knowing they were not alone as self-injurers and that knowing about others who self-injured reduced their sense of isolation.

Social media in general is a place where adolescents share a lot of information about their personal lives; therefore, it stands to reason it may be a place where teens are more open about their self-injury. The critiques raised by articles regarding social and media contagion probably have merit considering the way self-injury is being modelled by presentations in popular media. That reflections of some self-injuring characters, such as those who indicated that seeing self-injury represented on television or confessed to by celebrities, partially validated their experience, normalized the behaviour, and potentially even increased its appeal is worrying. Also, knowing that adolescents speak most often to same-aged peers about self-injury when seeking comfort and support, and
given knowledge of a peer self-injuring is a risk factor for engaging in NSSI (Hawton, Rodham, Evans, & Weatherall, 2002), suggests that some articles, particularly those written in the first person voice by a same-aged peer, may encourage the idea to engage in self-injury—despite the direct message of the article being “don’t do this, don’t start this behaviour, and seek help.” Reader feeling an affinity with a character in the article could also contribute to lowering their inhibitions towards engaging in NSSI.

The transition of representations of NSSI over time indicates a definite shift in public knowledge and opinions of the behaviour, with a normalizing trend in evidence. The replacement of detailed explanations of self-injury and shocking and sensational language for brief explanations, the assumption of a basic knowledge of the topic by the author, and calm, more matter-of-fact language indicates that society in general is familiar with the topic NSSI. While self-injury is presented as a concern, it is no longer a surprising behaviour and is framed more as a coping mechanism for everyday stressors for the average teenager. This in fact holds the risk of minimizing the dangers of self-injury. While many of the statements in the articles were correct that individuals who self-injure are not necessarily victims of abuse or trauma, or suffering from a mental disorder, the potential suicide risk does increase when an individual engages in NSSI, despite the fact these two behaviours are distinct (Favazza & Conterio, 1998; Nock et al., 2006).

Another potential drawback of moving away from a medicalized or psychiatric model of discussing NSSI is that the behaviour could be framed
almost completely from a lifestyle perspective, as a valid coping mechanism and choice, which could threaten to reduce concern and intervention for adolescents at risk. The articles within the time frame of the sample, however, did not shift as far across the spectrum to a lifestyle perspective but more to the middle, emphasizing a psychological/therapeutic intervention perspective when addressing non-suicidal self-injury.

To simply blame the media for increasing rates self-injury, however, is a simplified diagnosis of what makes the behaviour attractive in our society. As Bishop (2001) concludes, in a society where thinness is highly prized, while media depictions of attractive celebrities disclosing an eating disorder can be faulted, they are in fact part of a much larger machine driven by social ideals, attitudes, and expectations—particularly with regards to the pressures placed on women. The article in the Village Voice (1998) was the only one that addressed this idea in the context of self-injury. As Victor et al. (2012) noted in their study of the addiction model of self-injury, engaging in self-harm is driven exclusively by negative reinforcement, the avoidance of negative emotional states such as shame, self-hatred, and self-directed anger. As the Village Voice article noted, the social reinforcement of oppositional roles for women, particularly regarding sexuality and attractiveness, can only breed emotions of shame and self-hatred. So while trauma and abuse may amplify the negative experiences of women, they cannot exclusively generate that experience.

The Village Voice article is the only one to link NSSI to challenging and shifting roles of women within our culture. The author, McDonnell, connects the
self-destructive behaviour of self-injury with a culture that legitimizes sexual
harassment and female objectification (making comparisons to idea of living in a
rape culture; see Donat & D'Emilio, 1992, for a historical review of the origins of
rape culture). McDonnell’s feminist critique of the use of medication to dampen
or reduce the emotional reactivity of individuals who are engaging in self-injury is
notable. This is certainly a push back against a medicalized model of treating self-
injury but it is also insightful. If self-injury is way to communicate distress,
reducing the distress biochemically does not get to the root of the problem and
instead silences the way that self-injurers are crying for help.

Recent expressions of judgement about what constitutes real self-injury
and attention-seeking self-injury are also a source of concern. Essentially, the role
of the authentic or fake self-injurer is divided by the manner in which the injurer
expresses her emotions and distress. Being blatant in how one expresses emotions
“breaks the code” of hiding pain and driving it inwards, towards the body. It
defies the feminine roles of meekness, and quietly, beautifully, suffering in
silence. It is perhaps this element that strangely makes the tormented female so
attractive and alluring. To openly ask for assistance, even in an activity that is a
passive call for help, supposedly defies the “essential” purpose of self-injury and
also breaks with the role of silent sufferer who cannot, or will not, express their
more volatile emotions openly—to the detriment of their health.
CHAPTER 5

CONCLUSION

Integrated Discussion

Researchers and clinicians have noted that coverage of the topic of NSSI in the media has increased. Over the twenty-year period under investigation above, articles using a self-injury keyword increased significantly in print media. Social learning theory (Bandura, 1986) posits that individuals will learn about appropriate and effective behaviour by watching the results of the actions of others. Particularly when individuals are in a state of “affective distress” (Whitlock et al., 2009, p. 150), they will use the process of vicarious verification more readily, and try a technique they have seen others use effectively. Several factors have been suggested to have an effect on reducing inhibitions against engaging in behaviours that are not socially sanctioned, and which were clearly present in the sample, including the presentation of desirable celebrities engaging in NSSI, and self-injuring characters who had a strong positive association with readers either because they were likeable, or because they had a lot in common with the audience. Also, articles containing narratives with detailed descriptions of self-injury, particularly those infused with emotional content, not only act as possible triggers for readers susceptible to self-injury, but can also contribute to disinhibition (Freedman, 1982), where the reader is virtually “witnessing” another person perform the act of self-injury—this may increase the likelihood that the reader will also engage in self-injury.
The language of addiction was prevalent throughout the sample and was the most frequently drawn comparison to the experience of NSSI. Using this type of terminology is seen as an effective tool for describing the experience of being a self-injurer to someone who does not experience the urge to self-injure by providing a common language for the reader to relate to (St. Denis et al., 2012). It is possible, however, that using such metaphors to talk about self-injury can also contribute to a disinhibition effect, whereby a convincing argument for the effectiveness of self-injury is presented because the reader sees that it supposedly works as well as a drug to alleviate emotional distress (Whitlock et al., 2009).

Cultivation theory (Gerbner, 1969, 1990) describes the process by which beliefs and attitudes develop in the interaction between the narrow and simplified depictions of self-injury within the text and the readers who participate as consumers of information. Self-injurers were presented almost exclusively as female and heterosexual despite authors sometimes noting (most often later in the sample) that the ratio of male to female self-injurers may be equal. Characters were also presented almost exclusively as heterosexual, or at least no mention was made of self-injury prevalence among the LGBT community, other than in publications geared to an LGBT readership; and this despite research suggesting adolescents who experience uncertainty with regards to their sexual orientation are at a higher risk of engaging in NSSI (Skegg et al., 2003; Sornberger et al., 2013). The conclusive silence regarding the vulnerability of LGBT youth to NSSI is reflective of a more general heteronormativity that occurs in mainstream media, and particularly in popular magazines. Hence, despite empirical evidence of
NSSI prevalence in both genders, among LGBT youth, and multicultural communities, the narratives chosen to depict NSSI were predominantly heterosexual, white, female characters. This is consistent with the hegemonic, heteronormative selection bias seen more broadly in the types of articles and topics chosen for popular magazine publications.

Mood disorders (mainly depression) and eating disorders (mainly anorexia) were commonly described in combination with self-injury, but diagnostic discussions of self-injury as a mental illness were less frequent as time went on, replaced with the metaphor of self-injury as an addiction. The age of onset when individuals most commonly begin to engage in self-injury was accurately portrayed, with increasingly younger self-injurers coming forward and being represented in magazine articles. Changes were evident over the course of the sample regarding perspectives on the medicalization, pathologization, and descriptions of NSSI that framed it as a deviant behaviour. There were reduced connections between self-injury and mental illness, abuse, and suicide that were observed over time. NSSI behaviour was frequently linked to the metaphor of addiction, and social and media contagion were more frequently written about as a concern in connection with self-injury. Characters were better able to represent themselves and tell their own stories as articles were increasingly written in the first-person voice, even though such personal stories of self-injury have the disadvantage of containing more triggering material for readers. While dramatic language continued over the course of the study, language containing a moralistic tone or describing characters in a framework of deviance was less frequently
employed. While articles were almost unanimous in their portrayal of self-injuring characters as female, very little commentary was provided about the sources of specifically female self-injury. Other than a few articles that suggested women tend to turn anger inward, only one seemed to suggest that the causes of self-injury may be rooted at a cultural level in expected roles and behaviours for women. It is possible that there is no benefit or motivation for the producers of the popular, mainstream publications that made up the sample to critique of the broader structure of western society.

**Contribution to the Research**

These studies depict with a wide brush the ways NSSI has been described in popular print media over a period of time when self-injury went from an obscure problem generally only spoken about in psychiatric literature to a common talk-show topic. While research continues to move forward to develop an ever more precise picture of self-injury behaviour in all its aspects, knowledge of NSSI for the layperson/non-academic will not come from reading journal articles. Instead, the average person seeks out information in the mass media available to them on television and the internet, in newspapers and popular magazines. As Kondora (1998) has noted, most laypeople obtain health information not from reading clinical studies but from mass media, and popular publications specifically. Following the development of NSSI depictions in magazine articles provides a window onto how thinking has changed about self-injury and what general information is available about the behaviour. The above research paints attitudes in flux, which have undergone a significant shift.
(potentially several) since the topic arrived on the media scene with the talk show episode of Donahue (1985) and the subsequent publication of the study by Favazza and Conterio (1988). At the same time it also shows that stereotypes of the typical self-injurer continue to be promulgated, which do not reflect the diversity of populations engaging in self-injury.

Implications of the Studies

A few recent publications have examined Internet support forums for NSSI (Rodham et al., 2007; Whitlock et al., 2009; Whitlock, Powers, et al., 2006), music lyrics that contain references to NSSI (Whitlock et al., 2009), and films with characters that engage in NSSI (Trewavas et al., 2010; Whitlock et al., 2009), but an exhaustive analysis of any particular media form has yet to be accomplished. This study provided a comprehensive 20-year analysis of print-based magazine publications probing the topic of NSSI, capturing the changes in public perceptions of the behaviour over time. As such, it is the first comprehensive analysis of NSSI representation, in print-based media, beginning at a point in time when NSSI entered popular consciousness.

The study has made a significant contribution to our understanding of past and present perceptions of NSSI, as well as the underlying messages about the behaviour within such publications. Magazines are an old media form, but they can be in circulation for a long period of time since they are not only read by subscribers and occasional purchasers, but then by individuals in waiting rooms, libraries, and any other place where they are available for perusal. Articles are often quoted or reproduced on websites, where they become searchable for years
to come—both in and out of context. Print-based popular media provide a window into societal assumptions about the nature of the behaviour, and also contain implicit directions for how individuals who engage in NSSI are to behave, and how family and friends should react. These societal assumptions are also present within the communities in which adolescents who engage in NSSI live: at school, home, and with peers. It is important to first identify themes and messages being provided by print-based media in order to understand how social learning (priming effects, arousal, desensitization) might function regarding NSSI. Identifying predominant discourses through the lens of cultivation theory indicates the main attitudes and beliefs being presented through the media as acceptable societal views. Being able to define these views assists clinicians, researchers, and educators to understand the relationship between social influence and public disclosure within a broadly distributed medium like popular magazines.

This study examined the interactions among multiple aspects of adolescent NSSI, such as the quality of parent information and adolescent exposure to NSSI behaviours, social beliefs about related issues of mental illness, and adolescent social subcultures. Within the clinical context of school and community interventions for assisting adolescents who are engaging in NSSI, it is important to analyze the narratives adolescents are provided in magazines as the exemplars of their own experience, and assess the veracity and accuracy of these discourses through a comparison with other research. As expected, many different depictions of individuals who engage in NSSI can be found across the spectrum of
magazines, and not all of them are for the purpose of health education and wellness promotion. Educators who work with adolescents, adults, or parents need to discern narratives that may help from those which unknowingly encourage NSSI behaviours.

**Future Research Directions**

An increase in the frequency of the topic of self-injury in the media has implications with regards to how much increased exposure readers are having to detailed depictions of NSSI, as well as potential triggering effects, changing perceptions of self-injury, the potential for virtual peer influence and peer-to-peer contagion, and the availability of resources for individuals seeking information. An examination of other forms of media (in particular internet forums designed to support self-injurers, discussion boards, blogs, etc) would be essential to create a more comprehensive picture of how self-injury is being represented across all media, as well as examining the responses of audiences to depictions of NSSI. These internet forums offer an unmonitored environment for discussions of NSSI. While popular web based forums are unedited and often unregulated with regard to potential triggering and social contagion effects; they also provide more opportunity for a multiplicity of voices, and perspectives on NSSI, presented at a grassroots level. With respect to the potential for representations of NSSI to instigate others’ behaviour, studies examining the complexity of the triggering effect and how it functions will be necessary as self-injury continues to increasingly be represented in the media. Also, future research should focus on considering the broader context of sexual pressure, bullying, unsafe school
environments for LGBT youth, exposure to exploitative media, gender confusion and discrimination, and objectification that appear to be possible contributors to self-injury. Research on these effects, as well as prevention, would potentially go a long way to reducing the precursor emotional states that appear to increase one’s likelihood of experimenting with NSSI behaviour. Treatment techniques that focus on the whole experience of an individual’s identity, sense of self and personal agency would appear to hold the most promise for effective intervention, considering that first-person narratives place particular emphasis in recovery narratives on developing a sense of agency and reducing feelings of shame and isolation.
Bibliography


Orthopsychiatry, 68, 609-620.


O'Connor, R. C., Armitage, C. J., & Gray, L. (2006). The role of clinical and


Purcell, K. (2010). The state of online video (PEW Internet and American Life Project) [online report]. Retrieved from


Psychiatry, 43, 80-87.


mutilation and suicidal behavior in borderline personality disorder.


St. Denis, J. M., Lewis, S. P., Rodham, K., & Gavin, J. (June, 2012). *The first cut may not be the deepest: Descriptions of NSSI as an addiction*. Poster session presented at the 7th annual meeting of the International Society for the Study of Self-injury (ISSS), Chapel Hill, NC.


Wachter, T., Murphy, S., Kennerley, H., & Wachter, S. (2009). A preliminary study examining relationships between childhood maltreatment,


& D. Zillmann (Eds.), *Responding to the screen: Reception and reaction processes* (pp. 103-133). Hillsdale, NJ: Lawrence Erlbaum Associates.

Appendix
## Sample of NSSI feature articles for qualitative analysis

<table>
<thead>
<tr>
<th>Magazine Title</th>
<th>Year</th>
<th>Month</th>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insight on the News</td>
<td>1990</td>
<td>May, 28</td>
<td>Tom Dunkel</td>
<td>Dissecting the causes of self-mutilation</td>
</tr>
<tr>
<td>Time</td>
<td>1994</td>
<td>Jul/Aug</td>
<td>Anne Japenga</td>
<td>Curing the cutters</td>
</tr>
<tr>
<td>Sassy</td>
<td>1996</td>
<td>Jun</td>
<td>Stephanie Pedersen</td>
<td>Girls who hurt (themselves)</td>
</tr>
<tr>
<td>Seventeen</td>
<td>1996</td>
<td>Jun</td>
<td>Andrea Todd</td>
<td>Razor’s edge</td>
</tr>
<tr>
<td>New York Times</td>
<td>1997</td>
<td>Jul, 27</td>
<td>Jennifer Egan</td>
<td>The thin red line</td>
</tr>
<tr>
<td>Newsweek</td>
<td>1998</td>
<td>Nov, 9</td>
<td>Claudia Kalb</td>
<td>An armful of agony</td>
</tr>
<tr>
<td>Teen</td>
<td>1998</td>
<td>Mar</td>
<td>Stephanie Pedersen</td>
<td>Making the cut</td>
</tr>
<tr>
<td>The Village Voice</td>
<td>1998</td>
<td>Oct, 20</td>
<td>Evelyn McDonnell</td>
<td>The scar report: Self-mutilation cuts to the point</td>
</tr>
<tr>
<td>Time</td>
<td>1998</td>
<td>Nov, 9</td>
<td>Tamala M. Edwards</td>
<td>What the cutters feel</td>
</tr>
<tr>
<td>Good Housekeeping</td>
<td>1999</td>
<td>Sep</td>
<td>Christine Roberts</td>
<td>‘I couldn’t stop hurting myself.’ (self-inflicted harm).</td>
</tr>
<tr>
<td>The Advocate</td>
<td>2000</td>
<td>May, 23</td>
<td>Sue Rochman</td>
<td>The cutting edge</td>
</tr>
<tr>
<td>Chatelaine</td>
<td>2000</td>
<td>Oct</td>
<td>Liza Finlay</td>
<td>Aching for affection</td>
</tr>
<tr>
<td>US Weekly</td>
<td>2000</td>
<td>Jun, 5</td>
<td>Carrie Bell</td>
<td>Rocker Shirley Manson’s bout with self-mutilation</td>
</tr>
<tr>
<td>Teen</td>
<td>2001</td>
<td>Jan</td>
<td>Doria Biddle</td>
<td>Skin deep: A story of secret cutting</td>
</tr>
<tr>
<td>What</td>
<td>2002</td>
<td>Sep</td>
<td>No author</td>
<td>Bodily harm: Healing the wounds of self-injury</td>
</tr>
<tr>
<td>Teen People</td>
<td>2004</td>
<td>Feb, 1</td>
<td>Stephanie Booth</td>
<td>Cutting clubs: What’s the latest and most shocking new “friendship ritual”?</td>
</tr>
<tr>
<td>Current Health 2</td>
<td>2004</td>
<td>Dec</td>
<td>Julie Mehta</td>
<td>Hurts so bad: Why are troubled teens taking their inner pain out on themselves?</td>
</tr>
<tr>
<td>Seventeen</td>
<td>2005</td>
<td>Mar</td>
<td>Leah Paulos</td>
<td>“I used to cut myself”</td>
</tr>
<tr>
<td>Time</td>
<td>2005</td>
<td>May, 16</td>
<td>Jeffrey Kluger</td>
<td>The cruelest cut</td>
</tr>
<tr>
<td>Girl’s Life</td>
<td>2005</td>
<td>Aug/Sep</td>
<td>Sandy Fertman Ryan</td>
<td>The silent scream</td>
</tr>
<tr>
<td>Reader’s Digest</td>
<td>2006</td>
<td>Feb</td>
<td>Mary A. Fischer</td>
<td>Thrills that kill: Kids are taking risks in dangerous new ways</td>
</tr>
<tr>
<td>Women’s Health Weekly</td>
<td>2006</td>
<td>Sep, 14</td>
<td>No author</td>
<td>Pediatrics: One in ten teenage girls have self-harmed, study shows</td>
</tr>
<tr>
<td>The Economist</td>
<td>2006</td>
<td>Oct, 28</td>
<td>No author</td>
<td>Silent scourge: Self-harming. (Why more and more teenagers are hurting themselves).</td>
</tr>
<tr>
<td>Publication</td>
<td>Date</td>
<td>Issue</td>
<td>Author(s)</td>
<td>Title</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------</td>
<td>--------</td>
<td>----------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Listen</td>
<td>2006</td>
<td>Nov</td>
<td>Amy Carr</td>
<td>Cutting edge</td>
</tr>
<tr>
<td>Today’s Parent</td>
<td>2006</td>
<td>Nov</td>
<td>Wendy Brown</td>
<td>Conversations with cutters</td>
</tr>
<tr>
<td>Daughters</td>
<td>2006</td>
<td>Nov/Dec</td>
<td>Jean / Amy Lynch</td>
<td>Self-injury: Why I cut myself / If your daughter injures herself: A mom’s view</td>
</tr>
<tr>
<td>Indian Life</td>
<td>2007</td>
<td>Feb</td>
<td>Katie S.</td>
<td>Self-harm: Can someone please help?</td>
</tr>
<tr>
<td>Canadian Living</td>
<td>2007</td>
<td>Sep</td>
<td>Pippa Wysong</td>
<td>Bodily harm: Understanding self-injury</td>
</tr>
<tr>
<td>Current Health 1</td>
<td>2007</td>
<td>Oct</td>
<td>Kathiann M. Kowalski</td>
<td>Hurting to feel better: Cutting isn’t cool. Here’s why.</td>
</tr>
</tbody>
</table>