People Who Self-Injure
Revised Protocol, June 2004
name

Description of the Project:

a. Purpose of the Project: I am interested in learning more about the growing phenomenon of self-injury. (I have changed the term I am using from cutting to self-injury, as this has become the more common term in the field, although I am still dealing primarily with people who cut themselves.) It has become clear from the greater media coverage on this subject, that it is a burgeoning phenomenon in society. From the preliminary research I have conducted, I have pinpointed the year 1996 as a key turning point where knowledge about this practice moved from a small, underground sample of participants into the broader, national public awareness. After 1996 there have been numerous magazine articles about it, mentions and depictions of cutting in movies and television shows, documentaries and shows devoted to it on PBS and the Discovery Channel, newspaper articles on it, and it has become much more broadly known. I note a huge difference that my subjects report in how their cutting has been received prior to and after this pivotal time. Prior to 1996, when others discovered they were self-injuring they freaked out, thought they were suicidal, and attempted to commit them to mental hospitals. After that period, people, especially peers, are more likely to react by acknowledging that they are doing "the cutting thing," and simply incorporating this into their understanding of them.

I am interested in what kinds of people do this self-injury, why they do it, and how it affects them. I got interested in self-injury because it seemed like a growing number of young people who I know are doing it, and I started wondering if it was a growing phenomenon. I am more specifically interested in knowing how people get the idea of doing it, what other kinds of behaviors may correlate to it, how it is gender related, what is the experience of it, if there is a subculture that supports it, how people manage the knowledge that they self-injure, and how others react.

Since I began this research I have conducted around 30 interviews with people mostly aged 18-35 (one was under the age of 16, and I used the parental consent form and assent form for minors). Nearly all of these are former self-injurers, and all identified the prime self-injury age group and age period as high school. There is a typology of different kinds of self-injurers that I am beginning to discover. Some lesbians self-injure in same-sex rituals, religious and otherwise. Self-injury is rampant in prison, especially juvenile prison. There are "social self-injurers," members of alternative youth subcultures who are not depressed, who self-injure superficially in mixed-sex groups. And there are the "depressives," the largest group I have encountered. Ninety percent of the people I have spoken with fall into this last group, although I will eventually make a concerted effort to increase my sampling into other groups, but not yet. About one quarter of these subjects had seen therapists, although not all had discussed their self-injury behavior with their therapists. Two had been hospitalized for emotional problems, one because her parents found out about the self-injury and were afraid she was trying to commit suicide. All of these people I spoke with indicated that self-injury made them feel better and moved them away from, rather than toward, suicide. Only one person I interviewed was still self-injuring on an intermittent basis. Nearly all of the rest had desisted from self-injury on their own, without treatment. The literature on self-injury is written largely by the treatment population, who see the most severe cases. They suspect that there is a large population of untreated self-injurers out there, on which they have no data. My research consists largely of untreated former self-injurers. I believe I have a contribution to make to this literature, and I would like to continue with my research. I will shoot for 100 interviews in completing this project.

This is indeed an increasing trend, and is of interest to sociologists of deviance, gender, and the body. While there is a body of literature on this topic in psychology, particularly from among treatment professionals (see Conterio and Lader, 1998, Bodily Harm; Hyman, 1999, Women Living with Self-

Injury, and Strong, 1998, A Bright Red Scream), I am not aware of explicitly sociological studies on self-injury. I hope to add to sociological knowledge on this topic, particularly with regard to the interpersonal and subcultural dimensions affecting and growing out of this behavior.

b. Methodology of the Project: I plan to continue recruiting subjects in a variety of ways. When I speak in public (radio, print media, public lectures) I will mention this project and ask people who would like to be interviewed to contact me. I will give out my email address and ask people who would like to be interviewed by me to contact me. I will not interview students who are currently in my class or personal associates. I will use the previously approved assent form for minors and the consent form for their parents. In addition, I am asking the committee for permission to expand my recruitment of subjects in one minor way. Over the last 2 years there have sprung up websites where people who self-injure can go to chat with each other and to post their testimonials for others to read. These are public access websites that anyone can go to without needing special membership or registration, although some people are free to register. I would like to post requests on this website asking if people might be interested in participating in my research project. I will give them my website address with the consent forms, the paper outlines/interview schedules, and my photo and CV. I will ask them to follow the same protocol as all others: to send me an email if they are interested in being interviewed by me. If so, I will ask for information to verify their age, so that I can determine whether they can give the informed consent or whether this has to come from a parent (with their assent). I will then try to schedule a telephone interview at a mutually convenient time. I will pay for all long distance charges associated with conducting these interviews. The purpose of adding this additional source of subjects is twofold: first, I am interested in talking to people who have cyber-contact with other self-injurers, as nearly all of the people I have interviewed in person are loners who shun contact with other self-injurers, to see what kinds of effects on deviance this deviant cyber-subculture has; and second, to locate a pool of more active self-injurers, as mine have nearly all desisted. Preliminary reading of the postings people have made to some of these sites indicates that participants are very helpful and supportive of each other, and often give out their email addresses to each other, inviting them to contact them directly for conversation and advice. Yet all of these postings, emails, and sites use pseudonyms. There is no way that I could possibly know the real names of these people until they FAX or mail their signed consent forms to my private FAX machine at home.

I will write to people letting them know the kinds of things I am interested in learning about, and send them a copy of the consent form for them to examine carefully in advance. I have also posted copies of my consent and assent forms along with my interview interests on my website, where people can readily find them. Once people agree to an interview, I will meet with them in my office to do the interview or will conduct it over the phone. I will offer them the option of my recording the data either by hand note taking or by tape recording.

In my interviews, I begin by asking people about the time when they either first heard about people self-injury themselves or first began doing it. I then ask about how they select the locations of their self-injury and the means used to commit the cuts. I am interested in know about the existential experience associated with the act: why they do it, how it feels to them, what they focus on at the moment it occurs, what are the results of the cut. Then I am interested in how this practice affects their sense of self: does it affect their identity or remain separated from their core sense of self. Finally, I am interested in the techniques people employ for concealing this behavior and what happens when they reveal it to others or others discover it.

c. Risks and Benefits: Risks to subjects include their feeling uncomfortable discussing such a highly private, personal, and sensitive behavior. They may worry that I will judge them or inadvertently reveal their behavior. I have no requirement to report this, as this practice is deviant but not illegal, and all of my subjects will be above the age of majority. Some people may appreciate the opportunity to just talk to

someone about the topic, but there is no guarantee that talking with me will prove beneficial. At the end of my interviews I have begun to ask people why they came forward to do the interview with me. Nearly all have said something to the effect that they wanted me to learn about their behavior and publish findings from my research so that others could know that they're not alone and that they're not strange or sick. I then usually turn off the tape recorder and ask them if they have any questions to ask me about the kinds of general findings I have accumulated and how it may relate to their experiences. People seem to find this part of the interview enormously rewarding, although I am not claim this as a therapeutic benefit. If they ask for help or appear distressed, I will make every attempt possible to refer them to a counselor in their area. I will routinely have a set of referrals in my office where I do the interviews, and offer them to subjects. I can also search out referrals on a national basis should someone at a remote location indicate that he or she would like help. Some of the people I know who cut themselves are already in therapy, so this may be the case with others. I use the treatment centers noted in the back of the books that I have and the referral lists given to me by Dr. Vic Ryan to help refer them to professional assistance. Mostly I listen to their stories and give sympathy. If I get into more active self-injury populations with greater treatment experiences, I hope to broaden my list of treatment providers.

d. Privacy: Although I cannot offer my face-to-face subjects anonymity (I will know who I am interviewing), I do offer them confidentiality (I will not reveal who they are or anything identifiable about them). I will have a greater measure of anonymity with my telephone subjects. I will not seek out secondary subject research, and if people feel that it sheds necessary light on their own self-injury to talk about others, I will ask that they do so anonymously. My research will not be limited to this geographic area, but will follow me on my travels around the country, and I expect to find a range of people from different areas. This will aid in their unrecognizablity. In writing about this phenomenon, I will not mention any identifying characteristics of my subjects. The tapes and notes I take will be locked away in a file cabinet in my office during the duration of the research. After I transcribe the taped interviews I will erase the tapes with a demagnetizer. I will not use people's real names in the transcriptions, and will not keep their names anywhere once the tapes are cleared. I will use pseudonyms in my writing.