Title
Internet Self-Injury Forums as Communities of Social-Cognitive Literacy Practice

Author
Brett, Jeremy

Publication Date
2010

Peer reviewed|Thesis/dissertation

Internet Self-Injury Forums as Communities of Social-Cognitive Literacy Practice

By
Jeremy Eric Brett

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Doctor of Philosophy

in

Education

in the

Graduate Division

of the

University of California, Berkeley

Committee in Charge:

Professor Jabari Mahiri, chair
Professor Frank C. Worrell
Professor John F. Kihlstrom

Fall 2010

Internet Self-Injury Forums as Communities
of Social-Cognitive Literacy Practice

Abstract

Internet Self-Injury Forums as Communities

of Social-Cognitive Literacy Practice

by

Jeremy Eric Brett

Doctor of Philosophy in Education

University of California, Berkeley

Professor Jabari Mahiri, chair

This exploratory study provides an interpretive framework and empirical evidence supporting the proposition that internet forums devoted to intentional self-injury may fruitfully be conceptualized as communities of social-cognitive literacy practice. This conceptualization may facilitate the development of theory, research, and clinical practice involving individuals for whom the practice bears psychological meaning, while also providing theoretical surplus value for research into psychology, digital media, critical pedagogy, and the study of virtual lives. I present a selection of discussion threads drawn from seven of the most visible Internet forums devoted to self-injury, providing a range of ethnographic and social-cognitive observations concerning the forms and apparent functions of these sites, as articulated by their members. The guiding theoretical framework emerges from points of instructive overlap between social-cognitive psychology and the developing field of digital media and learning. Forums appear to offer members interactive, real-time community as well as a shared, dynamic repertoire of social-cognitive constructs with which to interpret lived experiences and explore their implications for socialization and identity development. Through ethnographic observation and discourse analysis of forums and discussion threads, I reveal forum discussions to be social and cognitive ecologies in which members represent and reflect collectively on experiences, thoughts, and social categories, but in which such discussions tend to remain at a generally concrete level of cognitive operations.

Keywords: self-injury, digital media, social cognition, cognitive development, narrative psychology, discourse analysis, identity development, community building

Table of Contents

List of Figures and Tables

Internet Self-Injury Forums as Communities of Social-Cognitive Literacy Practice

Although a longstanding medical and psychological literature exists on the subject (Appendix), researchers and clinicians alike continue to report a persistent inability to achieve a satisfying conceptualization of the functions intentional, non-suicidal self-injury (SI) serves in the cognitive and social development of individuals for whom the practice bears psychological meaning (Motz, 2009; Nock, 2009b; Nock & Cha, 2009; Nock & Favazza, 2009; Tantam & Huband, 2009). My review of the clinical literature suggests that much of this sense of shortcoming amongst those who would understand the behavior results from the fact that very little data exists in the form of individuals' extended cognitions concerning what the practice means to them, why they find it rewarding, or how they imagine others to perceive it. This may be due in part to the fact that the practice, framed as a disorder, is reportedly a highly guarded and secretive act for most individuals who engage in it (Adler & Adler, 2007; Hyman, 1999; Menninger, 1935; Motz, 2009; Tantam & Huband, 2009). Likewise, framed as an *experience* (Dewey, 1958, 1998; Jay, 2005; Kolb, 1984), the practice is often perceived as mysterious and inexplicable even to those engaging in it directly (Favazza, 1987, 1996, 2009; Motz, 2009). As such, clinical data sources such as surveys and even therapy transcripts often lack depth of insight into the subjective experiences of individuals who engage in SI. What is more, such individuals may themselves lack access to a socially sanctioned and culturally relevant discourse with which to construct or communicate meaningful cognitive representations of their experiences with SI, or of the identities, roles, and relationships they associate with the practice.

I begin to address these shortcomings by presenting data gathered through ethnographic observation of Internet forums devoted to SI. Such forums have proliferated over the past decade, and membership at such forums is an increasingly common and integrated component of the practice and representation of SI in the lives of individuals for whom the practice bears psychological meaning (Adler & Adler, 2007, 2008; Whitlock, Powers, & Eckenrode, 2006; Whitlock, Purington, & Gershkovich, 2009). I identify numerous features of SI forums that theoretically make them appealing, and potentially developmentally supportive, for individuals who use them as sources of SI-related information and community. Some of these features can be traced to the technology of Internet discussion forums, and are common to numerous forms of virtual community and Internet-based social networking; others relate to the ways in which forums facilitate cognitive-developmental and social-cognitive phenomena that are common to numerous forms of interpersonal interaction; finally, a third set of considerations revolves around core dialectics of consciousness, principally those concerning cognitive representations of self and others, mind and body, and, perhaps most pertinently, experience and the representation of experience. These dialectics, viewed from the standpoint of formal (Inhelder & Piaget, 1958; Gray, 1990) and post-formal reasoning (Basseches 1983, 2005; Broughton, 1977, 1984; Commons & Richards, 2003; Powell, 1984; Richards & Commons, 1984), may be important components in processes of cognitive equilibration (Piaget, 1985) that occur as individuals process their experiences with the culturally stigmatized, body-centered practice of SI by reflecting upon them in disembodied discourse with a community of unseen, sympathetic others. The convergence of these various features appears to make Internet SI forums well adapted to meeting the developmental and social-cognitive needs of the members who comprise them, but very little insight has been provided thus far into the cognitive and interpersonal practices through which forum discourse is constructed and shared.

The discourse that develops at Internet forums devoted to SI tends to be both interactive and introspective, which lends it richness and complexity as a potential source of data for scholarly research into interpersonal cognitive phenomena. As the figures and tables will reveal, forums provide rich ecologies for ethnographic research into the subjective and interpersonal determinants of SI experiences for individuals who engage in the practice of SI, and, more importantly, who engage in the practice of representing it in narrative and discourse (Barton & Hamilton, 2005; Edwards, 1997; Edwards & Potter, 1992; Freeman, 1993; Gee, 1996; Grodin & Lindof, 1996; Kim, 2005; Kleist, 1805/1966; Kolb, 1984; Labov, 1972; Lüscher, 1995; Polkinghorne, 1988; Swann, 1983). Approached as a social-cognitive dataset, forum discourse offers researchers empirical documentation of interpersonal processes and cognitive structures through which individuals engage in the networked exploration of meanings, identities, roles, and relationships, and may offer insights into some of the less visible features of intrapersonal cognitive development attendant on perceptions, categorizations, and interpretations of the self and of human behavior. In addition to cognitive-developmental and life-history data on individuals, forums also provide archived datasets in the form of interactions in which multiple members engage in collective cognition through a common discourse, lending extended forum discussions a unique utility for investigating social-cognitive phenomena that unfold in groups, over time, and, in this case, in the absence of physical co-presence.

The disembodied nature of digitally mediated discourse raises a number of perplexing issues when one attempts to apply social-psychological knowledge to Internet-based data, as the pertinent theories have been developed almost exclusively through studies of embodied social interactions in which physical cues are suspected to be important mediators of the phenomena in question (consider the distinctly embodied nature of the classics of social psychology: Asch, 1948, 1955; Milgram, 1974; Zimbardo, 1970). On a more subtle level, the majority of studies that have investigated virtual domains as psychological ecologies (e.g. Adler & Adler, 2008; Baker & Fortune, 2008) have relied largely on interviews of users, such that the interpretive yield is based not on what is happening online, but on users' perceptions of their own online behavior. These self-perceptions, and any pertinent self-reports, are hypothetically subject to many of the same social-psychological determinants and social-cognitive biases that arise in embodied interviews (Hewson, 2007; Nisbett & Wilson, 2005; Schwartz, 1999; Smythe, Dillman, & Leah, 2007), as the experience of being asked to reflect on a behavior likely cues some set of implicit judgments that do not become salient in the act of simply performing the behavior (in this case making a posting). I provide a review of a number of pertinent social-cognitive phenomena in the conceptual overview, framing these as targeted hypotheses about forum interactions. As I elaborate in the method section, my own research is based entirely on grounded analysis of archived forum discourse, and I did not make contact with any embodied humans in the course of gathering the data presented in this report.

At the time of this writing, a discourse community is emerging amongst researchers interested in examining the unique features of digital media as contexts and tools for learning and cognitive development (Bennett, 2007; Buckingham, 2007; Everett, 2007; Jenkins et al., 2009; McPherson, 2007). As a specific area of inquiry, research into Digital Media and Learning (DMAL) draws on diverse and interdisciplinary approaches to documenting and understanding the ways in which digital media are contributing to the development of cognitive and literacy skills in individuals and in social networks (Gee, 2010; Ito et al., 2009). The theoretical foundation of DMAL is still emerging, largely because the empirical database is still sparse and distributed across numerous domains. Gee (2010) has proposed that one key step forward at this

moment is for researchers to collect and present data in the form of worked examples. In this model, data is used to inform emerging theory, generate hypotheses, and collect data in ways that foster research, without the intention of confirming specific hypotheses or answering discreet research questions *per se*. Worked examples allow researchers to develop research questions through the transparent modeling of processes for gathering and interpreting data. Although a DMAL approach to SI forum discourse is new enough to warrant the tentativity of a worked examples model, the longstanding discourse on SI in the clinical and, more recently, sociological literature provides ample basis for some traditional findings based on grounded analysis of larger samples and critical theory testing. In this spirit, the present study is something of a hybrid between a traditional research report and a worked examples presentation.

I begin with a fairly extensive Conceptual Overview, in which I raise a number of hypotheses derived from my synthesis of existing research across a number of disciplines, principally social cognition, developmental science, new literacy studies, and digital media studies. This is followed by a concise, critical review of the clinical literature on SI, with a more extensive review of that literature provided in the Appendix. I then devote the combined Method and Findings section to reporting on three stages of research: identifying and selecting forums (seven Study Forums), grounded analysis of a large selection of forum discourse (350 discussion threads), and closer discourse analysis of literacy practices in a smaller subset of that sample (21 threads). My methodological approach was descriptive, non-participatory ethnography (Hine, 2000) and grounded theory analysis (Glaser, 1992) at the second stage, and discourse analysis (Blommaert, 2005; Edwards, 1997) at the third, with specific attention at both stages to literacy practices and social-cognitive constructs, as detailed below. The worked examples component of this report constitutes a table (Table 4) of annotated transcriptions of the 21 extended discussion threads from stage three, which were randomly selected from amongst the most recent threads at the seven study forums. My intention in providing the worked examples was to provide a meaningful sample of data on which readers can base their own judgments and raise new questions for research. The absence of such data in the clinical literature strikes me as a rather insidious shortcoming of that literature, particularly given the enormous socio-political power that can be derived through non-transparent categorization of stigmatized behaviors by culturally sanctioned authorities (as the Appendix documents). Finally, in the Summary of Key Observations and Directions for Continued Research, I synthesize key observations, address complexities that arise around goodness of fit between the conceptual overview and the worked examples, identify areas for future research, and propose strategies for gathering and conceptualizing additional data for further cycles of inquiry.

Conceptual Overview

By eliciting, storing, and dynamically networking members' individual SI narratives, and by facilitating the collective interpretation of these narratives by extended member communities, Internet forums devoted to SI provide social-cognitive ecologies for the development of identity and a sense of community for individuals who reportedly often feel stigmatized in face-to-face encounters (Adler & Adler, 2008; Joinson & Paine, 2007). The forums (nearly all of which contain member profile and instant-messaging features) operate as archives of information as well as social networking sites. By providing readily accessible, shared repertoires of represented experience, archived forum threads appear to function in part as cognitive and discursive resources with which members construct appraisals of the meaning of the practice of SI in their own lives. At the same time, integrated social networking features such as member profiles

(which typically include expressive avatars and meaningful screen names) and instant messaging provide representational, expressive, and interpersonal resources that appear to meet a set of core cognitive and developmental needs, including communicating emotional and motivational states, reflecting on the meaning of lived experiences, and conceptualizing the self in reference to a socio-culturally sanctioned set of behavioral and attributional norms (Hala, 1997; Harter, 1999; Keating & Sasse, 1996; Mascolo & Margolis, 2004; Scales & Leffert, 1999). Forums hypothetically mediate these psychological processes by providing contexts for experiential learning (Dewey, 1938/1998; Kolb, 1984; Moon, 2004; Usher & Solomon, 1999) of a domain specific, social-cognitive type: Extended, interactive reflection about SI experiences supports the development of formal cognitive structures that are used to make meaning of those experiences and integrate them within a generalized sense of self (Gray, 1990; Harter, 1999; Inhelder & Piaget, 1958; Piaget, 1976, 1978; Staudinger, 2001). In some cases, these "formal" (Inhelder & Piaget, 1958; Commons & Richards, 2003), or "higher" (Vygotsky, 1930/1978) psychological processes are cast as meta-cognitive or emergent commentary to the more concrete applications of seeking support in moments of crisis or seeking mentorship and advice on techniques and tools—whether for the cessation of the practice or for its more expert cultivation (Lave & Wenger, 1991; Figure 1).

So lately ive been looking at the SI pictures on here and it makes me wonder how they do it, whats their method and what do they use… (Poster, Forum 6)

I'm scared, because i have P.E. on monday and i'm sure one of the teachers will notice. … I'm clueless about what to do. Someone help me, please? (Poster, Forum 5)

improvised a bit with the bandaging. duct tape held the skin together(ish) and put a papertowel with some ointment over the cut (Poster, Forum 7)

Swedish Bitters. My mom used these on her stretch marks, and I've used them on my own scars (Respondent, Forum 4)

Figure 1. Some varieties of apprenticeship at SI forums

Members' archived personal life-history narratives may serve, then, as exemplars for the collective construction of cognitive schemas and social categories (Carlston & Smith, 1996; Festinger, 1954; Markman & Ross, 2003; Sherman, 1996; Sherman & Klein, 1994; Taylor & Crocker, 1981; Wittenbrink, Gist, & Hilton, 1997) that are used to mediate the development of formal cognitions (Gray, 1990; Inhelder & Piaget, 1958; Piaget, 1974/1976, 1974/1978) relating to identity, roles and relationships, and community (Baldwin, 1992; Chen, 2003; Harter, 1999; Keating & Sasse, 1996; Kihlstrom & Klein, 1994; Markus, 1977; Rogers, Kuiper, & Kirker, 1977). The basic phenomenological question summarized by the deceptively simplistic formulation *what is it like to be* a self-injurer (Nagel, 1974) is in fact a placeholder for a rather complex set of cognitive functions, implicating memory, representation, categorization, and critical reflection. Thus Internet forums specific to SI may offer a potentially illuminating counterpart to existing clinical data, insofar as these sites function as cognitive ecologies in which users elaborate much more extensively on the meaning of the practice and their experiences with it than they do in face-to-face contexts (including therapy sessions; Joinson, 2007; Joinson & Paine, 2007), and in which the advice provided very frequently takes the form of other members' interpretations of the meanings or implications of *their own* SI experiences, as illustrated in narratives of analogous personal experience that have had positive outcomes (the

consolation often lies in the initial poster's synthesizing the various respondents' analogous narratives and accepting them as sufficient evidence on which to base a prediction that the Poster's own situation will resolve in an analogously positive way).

The remainder of this conceptual overview expands on the theoretical construct of *social-cognitive communities of literacy practice*, which is the interdisciplinary framework with which I have organized my selection, interpretation, and presentation of the empirical data. I then provide a brief review of the clinical literature on SI before concluding this introduction with a summary of the conceptual framework and its potential applications for the empirical study of the social-cognitive literacy practices that constitute SI forum discourse.

Networked publics as communities of practice. Research into digital media and virtual ecologies has increasingly adopted the perspective that computer-mediated communication serves an interconnected set of functions integrating information exchange and community building applications (boyd, 2007; Haythornthwaite, 2007; Ito et al., 2009; Lenhart & Madden, 2007; MacArthur Foundation, 2008; Rafaeli & McCarthy, 2007; Rice, Shepherd, Dutton, & Katz, 2007; Shayo, Olfman, Iriberry, & Igbaria, 2007; Spears, Lea, & Postmes, 2007), and design principles as well as marketing practices have been striving to integrate these functions explicitly by organizing information around social domains and increasing the interactivity of online experiences (Sheng-Wuu & Chieh-Peng, 2008; O'Reilly, 2005; Rice et al., 2007). In their recent volume documenting a wide variety of ethnographic studies of virtual life conducted over the course of an integrated, three-year project, Ito and colleagues (Ito et al., 2009) adopt the term *networked publics* (Varnelis, 2008) to emphasize the integration of social and information structures that hallmarked the majority of their research sites, which ranged from face-to-face contexts in which individuals use digital technologies (such as classrooms and living rooms), to the digitally constructed, wholly virtual worlds of online role-play games. Together, the studies collected in this volume documented a diverse array of practices that structure and mediate the ways individuals are using new technologies to meet fundamental developmental needs, especially those surrounding learning, meaning making, identity fashioning, and community building. These authors observed that new media and virtual ecologies support youth in conducting increasingly self-directed processes of learning in increasingly informal settings, and that traditional formal institutions charged with supporting the development of youth—such as schools and community service agencies—might profitably use these new technologies in an analogous fashion to learn about the developmental needs of the youth they serve, in order to inform their own development of motivating learning ecologies and relevant informational content (Duncan-Andrade & Morrell, 2008; Mahiri, 2008). This research documented a number of key features of digital media ecologies that appear to underlie their massive popularity: they demand a high degree of participation or activity by the user; they provide for constant accessibility of information and social contact; they offer structures and tools for experimentation through low-stakes, user-driven production and editing of all manner of content; and they allow for a sense of development through increasing mastery of content as well as increasing facility for its representation with available tools.

Viewed as networked publics, Internet forums, whatever their specific topic, are contexts in which the information transfer and community building features of computer-mediated communication are often equally salient and deeply intertwined. As is the case with any website dedicated to a common interest, members of Internet SI forums may use these sites as resources for seeking and providing information and advice (Whitlock, Powers, & Eckenrode, 2006), but they also use the sites to construct community and cultivate identity (Adler & Adler, 2008; cf.

boyd, 2007; boyd & Ellison, 2007; Goodnow, 1995; Grodin & Lindlof, 1996; Stommel, 2007; Tanis, 2007). Given the sensitivity, importance, and frequently perceived ineffability of SI practices in the lives of many of those who use these forums, a very important subset of the information exchanged is constructed explicitly around psycho-social and social-cognitive developmental needs, including the categorization of individual experiences and the development of cognitive models of the self, roles, and relationships. The perceived support and understanding of the virtual community potentially offers members a powerful counter-narrative to cognitions of isolation and stigma that typically surround the practice in face-to-face encounters and embodied communities like family and school, and may facilitate their own understanding and conceptualization of the practice and what it means for them and, equally importantly, for others like them. Researchers have begun to document the rapidly rising prevalence of internet SI forums and to categorize the thematic contents of typical forums (Whitlock, Powers, & Eckenrode, 2006; Whitlock, Purington, & Gershkovich, 2009), but as yet no research has been devoted to the developmental, psycho-social and social-cognitive variables that emerge at these sites and hypothetically make them attractive and rewarding to the individuals who use them.

It's not the actual injury…it's the fact that I feel I need to hurt myself, that I have it in me to hurt myself. That's the problem. I think. (Poster)	Outside of [Forum 1], I tend to think I'm the only person who SI's. It's not a conscious thing, I think. But it's surprising to hear about other people who do it too. (Respondent)
you just opened my eyes…i never even thought of it in that way… (Respondent)	It's something like that for me too. I have a conscious knowledge that there are other people around that SI, but just to find out that someone I know actually hurts or used to hurt himself/herself would be really shocking to me. (Respondent)
it makes me feel superior to other people, like I understand the world more than they ever could (Poster)	

Figure 2. Writing identity through community at Forum 1

The construct of communities of practice (Wenger, 1998) offers a potentially viable framework with which to conceptualize the psychological features and functions of Internet SI forums, as well as to organize empirical data in a meaningful way for hypothesis building and theory testing. Coined as such by Wenger (1998), the construct of communities of practice was developed as an extension of Scribner and Cole's (1981) groundbreaking work on situated cognition and cognitive practices. In that work, and in related work developed since then (e.g. Chaiklin & Lave, 1996; Lave & Wenger, 1991; Rogoff & Lave, 1984; Saxe, 1996; Wenger, 1998), cognitive structures and literacy skills are theorized, and observed, to develop in dynamic interaction within social groups. Key elements in the model are drawn from constructivist theories of cognitive development (especially Vygotsky, 1930/1978, 1934/1962; cf. Brown, 1999; Doolittle, 1997; Little, 1993; Prawat, 1996), as informed by ecological approaches to developmental science (Bronfenbrenner 1979, 2005; Goodnow, 1995; Hartup & Laursen, 1991; Keating & Sasse, 1996; Lüscher, 1995; Pizer, 1996). A recent edited volume (Barton & Tusting, 2005a) provides an overview of the construct of communities of practice as it has evolved since its initial development, and offers reviews of the construct's development in numerous domains. The volume was motivated by the editors' observation that the bulk of research that has employed the communities of practice framework has lost Scribner and Cole's (1981) original

attention to socio-linguistic practices of representation, communication, and situated cognition that, these authors argue, underlie all forms of communities of practice. Communities that engage in practices of any kind typically engage simultaneously in cognitive and linguistic representations of the practice in question, and learning through practice entails a dynamic process of experiencing the practice as well as forming cognitive and linguistic representations of the meanings the practice bears for the community at hand (Barton & Tusting, 2005b; Gee, 1996; Piaget, 1974/1976, 1974/1978). At the same time, an individual's socially constructed identity within a given group is determined in good part by that individual's facility with, and personal stance toward, the collective knowledge base, common literacy practices, and shared ideologies that define the group (Barton & Hamilton, 2005; Keating, 2005; Lüscher, 1995; Wenger, 1998). Given that my dataset is comprised exclusively of textual representations of experiences and cognitions, this emphasis on a socio-linguistic model of communities of practice was quite influential in the development of my own theoretical and interpretive framework; the chapters by Barton and Hamilton (2005), Tusting (2005), and Keating (2005) were particularly relevant given their emphases on the linguistic representation of social interactions, on inherent power structures attendant on such processes of representation, and on the elusive experience of representing seemingly idiosyncratic personal experiences in interpersonal communication, respectively.

Literacy practices. An obvious but easily overlooked feature of the material at hand is that the practice that occurs at Internet SI forums is not the practice of SI itself, but the practice of representing SI experiences in narrative and discourse. For members, the SI-specific life history narratives and collective SI discourses that constitute these sites seem to operate as literacy *resources*; for researchers, they may prove valuable as literacy *artifacts* rich with meaningful content. To address the literacy-specific features of the data, I enriched the socio-linguistic communities of practice construct with models from new literacy studies (Gee, 1991, 1996; Giroux, 1987), conceptualizing Internet SI forums as communities of literacy practice, one of whose principal functions lies in providing members with a structure and tools for the cultivation of fluency in the representation and interpretation of complicated and conflicting (inter-)personal experiences. Frequently the experience in question causes some manner of disequilibration or dissonance, which is hypothetically alleviated to some degree by the practice of representing the experience in the form of a posting, by the responses of other members to the posting, and, less visibly, by the practice of reading and assimilating other members' accounts of their own analogous experiences.

New Literacy studies offer a useful toolkit for narrative- and discourse-based approaches that seek to illuminate the ways in which individuals navigate their experiences through interaction in social groups. New Literacy studies focus on discursive practices in which individuals and communities engage, and frequently highlight the structures of power that underlie such discursive practices (Giroux, 1987; Street, 1984, 1993); analysis is typically focused on dynamic interactions between individuals and the social networks in which they operate (Gee, 1991, 1996, 2005). Such interactions are viewed as participatory transactions in which newcomers learn, through increasingly integrated participation, to engage in specific ways within specific networks (Lave & Wenger, 1991), and the networks themselves—whose number and variety are limited only by the individual's frame of experience—are conceived as discreet, yet often overlapping, semiotic domains, each of which offers and demands a unique set of discursive practices, interactions, and meanings (Gee, 2005). This framework offers targeted insights into the ways in which individuals construct and navigate their social worlds in search of

meaningful ways to represent their own lived experiences. Within the context of online social networking, numerous norms exist around the composition of postings and profiles (boyd & Ellison, 2007), and individual users logging in to a particular forum are thereby joining a discourse community in progress (boyd, 2007). Successful integration into the forum, or the achievement of a stable and functioning profile within the forum, is dependent in good part in the individual poster's mastery of the norms and conventions of that particular site, or, in other words, on the individual's development of a site-specific digital literacy. At SI forums, site-specific *digital* literacy of this sort (i.e. facility at navigating forums, cultivating a profile, and constructing representations of experiences) may be a more important socializing criterion than its counterpart in *cognitive* literacy (i.e. facility at understanding and communicating complex experiences); as such, digital literacy may offer a concrete scaffold for the development of cognitive literacy through collective processes of (dis-)equilibration that occur as multiple members contribute to the processing of individual experiences.

Social cognition. Forum postings are typically comprised of narratives about the self and lived experience; these narratives are mediated by a community of ostensibly like selves and a dynamic archive of other people's analogous life narratives; collectively, these narratives and the meta-narratives surrounding them constitute a generalized discourse about SI and its psychological and socio-cultural meanings for the individuals who constitute the forum community. With these considerations in mind, I posited that archived postings and discussion threads may operate as cognitive resources used by individual members, and by forums at large, to mediate complex judgments about human thought and behavior. Members' individual narratives and the collective forum discourse operate largely around constructs of social perception and categorization and causal and motivational attributions. As such, psychological research into social cognition provides valuable insights into the forms and functions of SI forum interactions; complementarily, archived forum discourse may offer a rich dataset for the grounded study of social-cognitive phenomena as they unfold through symbolic interaction.

***Cognitive representations of self and others*.** The most directly relevant set of findings and theories within the field of social cognition has to do with how individuals develop and use internalized mental representations of themselves, and how these representations of self relate to representations of other people within the cognitive systems underlying perception, categorization, interpretation, and causal attribution, as these systems are applied to the understanding of human thoughts and behaviors. At the broadest level, social-cognitive psychologists see the self as a knowledge structure (Kihlstrom & Klein, 1994) that serves numerous functions, such as integrating diverse experiences and providing a stable point of reference (Rogers, Kuiper, & Kirker, 1977; Swann, 1983); guiding and regulating behavior by situating the individual categorically within attendant social or cultural norms (Cooley, 1902; Festinger, 1954; Leary & Baumeister, 2000; Mead, 1925, 1934); categorizing other people's personalities, making sense of their behaviors, and inferring their motivations (Kodilja & Arcuri, 1991; Markus & Smith, 1981; Vermunt & Extra, 1993) and, most fundamentally, providing a stable and accessible, yet flexible, framework for assigning meaning and relevance to experienced and perceived events (James, 1890/1950; Markus & Kunda, 1986; Markus & Nurius, 1986; Markus & Wurf, 1987). Finally, research suggests that cognitive representations of the self and those of significant others develop in tandem and with considerable mutual influence (Andersen & Chen, 2002). The degree to which forum members perceive and categorize other members as *significant* others within their own developmental trajectories and social ecologies may play a role in mediating the cognitive-developmental rewards of forum participation, and

close analysis of forum transactions may in turn yield insights into the interpersonal processes by which significance of otherhood is established and navigated through interpersonal communication and shared processes of social categorization and judgment.

Development of self-conceptions. Developmentally oriented cognitive psychologists (Hala, 1997; Harter, 1999; Mascolo & Margolis, 2004; Montemayor & Eisen, 1977) have identified a trajectory toward increased abstraction in the development of self-conceptions over the lifespan. Younger children tend to organize their self-representations around concrete and physically observable features, such as sex/gender, hair color, or the color of the house in which they live, whereas older children and adolescents incorporate increasingly more abstract features into their self-descriptions, such as ideological commitments and membership in social groups organized around interests or hobbies. This model is consistent with the trajectory toward increasing abstraction that underlies Piaget's model of cognitive development. Furthermore, developmental scientists have expanded the framework of formal operations (Inhelder & Piaget, 1955/1958) to include a number of cognitive structures that may be quite germane to the specific cognitive ecology of SI forums, where much of the discourse has to do with representing incongruous or conflicting personal experiences and making sense of them, often by analogy with the experiences of others. Under the category *post-formal operations*, researchers have identified a number of cognitive structures that are posited to go beyond the framework established by Piaget, including dialectical (Basseches, 1983, 2005), systematic, meta-systematic, and cross-paradigmatic (Richards & Commons, 1984) forms of reasoning. In general, the degree of formality or post-formality posited in a cognitive structure has do to with the degree of hierarchical complexity it requires: concrete operations are applied to concretely observable phenomena; formal operations are directed at integrating concrete phenomena within general, abstract systems; and post-formal operations are used to integrate multiple systems of formal operations and/or establish meta-level paradigms to accommodate a diversity of such systems. Further details on these conjectural theoretical models are provided by Broughton (1984), Commons & Richards (2003), Gray (1990), and Richards & Commons (1984). For present purposes, I wish merely to raise the hypothesis that the body-centered, socially mediated narratives of experience that constitute much of SI forum discourse may fit within such a model, ranging from the integration of idiosyncratic personal experiences within formal identity constructs (in intrapersonal judgments), to the integration of various analogous experiences within formal constructs of experience and community (in collective interpersonal judgments).

The concrete metaphor developed by Favazza (1987; see Appendix) of the skin as a border between intra- and interpersonal experience, as well as between physical and psychological experience, might profitably be enriched with an equilibration model in which concrete physical operations (SI practices) are integrated into formal cognitive structures (SI narratives, discourses, and identities), and in which the process of representing personal concrete-formal negotiations (individuals' SI experiences) occurs at a post-formal level, in which the analogous concrete-formal negotiations of others (others' analogous SI experiences, as narrative and discourse) are employed as resources for collective dialectical, categorical, and paradigmatic reasoning. Hypothetically, a judgment of the sort that underlies the code cluster *Consolation by Analogy, based on Experience* requires its thinker to cognize 1) the meaning of the given personal experience within the cognitive system of the individual's own generalized experience and sense of self; 2) the meaning of the analogous experience, within the (perceived) system of the other's generalized experience and sense of self, as well as within the individual's generalized representation of the other; 3) the relationship(s) between the individual's

generalized self system, the other's generalized self system, and the individual's generalized representation of the other; and 4) some meta-level construct with which to isolate and reify productive points of similarity or instructive difference. Hypothetically, a structure of equilibration emerges from this meta-level construct and from the process by which its emergence was necessitated. This is a conjectural hypothetical model that emerged from grounded analysis, and that I test with the annotated worked examples provided below.

Cognitive biases in person perception and social judgment. Researchers have revealed the existence and prevalence of a set of social-cognitive biases that tend to influence peoples' judgments about the thoughts and behaviors of other people. Ross, Greene, and House (1977) provided experimental evidence for a *false consensus effect* (cf. Krueger & Zeiger, 1993; Wolfson, 2000) in which we tend to assume that other people generally think just like we do, and that most people would behave in a given situation in the same manner in which we ourselves would behave. False consensus, however, tends to lessen or disappear when we are first primed to categorize ourselves as unique or idiosyncratic with regard to the thoughts or behaviors in question (Gilovich, Jennings, & Jennings, 1983). This raises interesting questions as to whether entering a forum devoted to SI supports false consensus, leading members to overestimate how like them other members are, or whether explicit self-identification as generally idiosyncratic (i.e. the self-identification as a self-injurer, as viewed outside versus inside the forum context) operates as a prime to reduce such consensus; a third possibility would be that members would assume false consensus when making judgments about other forum members, but not when making judgments about non self-injurers such as family members and school staff (indeed, such figures frequently do assume antagonistic roles in forum narratives).

A more complex set of effects occurs in situations where people explicitly categorize themselves as belonging to a polarized group (e.g. liberal vs. conservative, pro-Israeli vs. pro-Arab, African-American vs. Caucasian), and then make judgments about other members of their group versus members of opposing groups. Robinson, Keltner, Ward & Ross (1995) illustrated a *perceptual divide* that occurs when members of ostensibly opposing groups construct social-cognitive representations of typical members of their group versus typical members of a posited out-group (e.g. self-identified liberals and conservatives): When confronted with ambiguous, complex, or contentious circumstances, we tend to overestimate the degree to which members of our in-group will think and behave like we do, but we also overestimate the degree to which out-group members will think and behave in the opposite way. Furthermore, when confronted with a polarizing issue, and asked to defend their stances using a given set of facts, members of opposing groups tend to interpret the same facts in diametrically opposing ways (Lord, Ross, & Lepper, 1979), using identical information to support their ostensibly incompatible stances (Hastorf & Cantril, 1954). In especially polarizing situations, we also tend to assume that neutral third parties are biased against our group in favor of the out-group (Vallone, Ross, & Lepper, 1985). We also tend to assume that, when differences arise between groups, the source of those differences lies in the categorical distinction between the groups, and as such we assume individual members of those groups are irrevocably entrenched in their views—a phenomenon Miller & Prentice (1999) termed the *cultural divide*.

These various social-cognitive biases—false consensus, perceptual and cultural divides, biased and entrenched interpretation—illustrate the basic social and psychological fact that judgments about situations emerge out of complex interactions of given stimuli with the needs of individuals and groups to make sense of such stimuli in developmentally and socially supportive ways (Fazio, Sanbonmatsu, Powell, & Kardes, 1986; McArthur & Baron, 1983; Bargh, Chaiken,

Govender, & Pratto, 1992). As such, one might predict that forum narratives in which the social category self-injurer is made salient, and in which the social category non-self-injurer is either posited or implied, would demonstrate evidence of these various biases. Such narratives would hypothetically demonstrate a propensity on the part of individual posters to assume that other forum members will endorse their own interpretations of the events they are reporting, that other forum members will agree in interpreting any out-group members involved in such narrative as antagonists, and that neutral observers would tend to agree with the antagonist at the developmental expense of the protagonist. Forum discourse as a whole might be predicted to support increased levels of entrenchment in members' cognitions of themselves as belonging to the social category self-injurer, as well as reifying the category of non self-injurer as inherently antagonistic, or as lacking in understanding or empathy when it comes to SI experiences. This study seeks to illuminate the degree to which these effects occur at SI forums through analysis of forum discussion threads, with the hope of yielding insights into the functions these forums may be serving, both in the development of members' cognitions of themselves and others and in the development of forum communities' shared cognitive repertoires for the representation of self-injury as an experience and/or as a culture.

Self-Injury in the Clinical Literature

I turn now to a brief critical review of the literature on SI as a clinical and, more recently, a socio-cultural construct. I offer the Appendix as a means of expanding coverage without sacrificing succinctness here in the primary text. To the degree that "the historian is a prophet looking back" (Schlegel, 1795/1991), a discourse genealogy of this sort provides a selection of items chosen and arranged in such a way as to model the development of a discourse over historical time and along thematic axes that appear, in the hindsight of scholarly research, to have been central and recurring in that development. Genealogical approaches to cultural and intellectual history (e.g. Nietzsche, 1887/1967; Foucault, 1961/1967, 1984) can be useful to social scientists interested in conceptualizing psychological discourses *as* discourse, and highlighting the ways in which culturally determined patterns of interpretation, formulation, and even perception (Bruner, Goodnow, & Austin, 1956; Bruner, 1957, 1990) determine individuals' experiences and interpretations of seemingly idiosyncratic lived events. The Appendix provides a condensed history of the clinical and theoretical discourse about SI from 1935 to 2009; organizing this massive literature base into a (comparatively) reader-friendly table is an explicit gesture of selection and synthesis, and it is not my goal to provide an updated or improved definition of SI as a clinical syndrome, but rather an expanded developmental, ecological, and discursive framework from and within which to develop such definitions that better account for the specific subset of relevant data that comprises SI forum discourse.

Deliberate Self Harm – 7 way to many adjectives. No shit it's deliberate! Ehem, did the SELF not clue you in?!

Self Mutilation – 10 I hate this one.

I love the term self mutilation. It's raw, it's blunt, and it paints a bloody picture in my mind

Body Modification – 10 uh, duh it's not like I WANT it to look this way! Sheesh!

Self Harm – 7, Harm is negative by definition. Harm is not what I do, I UNDO harm.

Self Harm – 0 this is how I describe it, so. It's my preferred way of referring to it.

Self Mutilation – 10 No…just…no!

Self Mutalation: 0 (I like this one because I love the word "mutalation")

Self Injury – 4 Out of everything I've heard, I hate this one the least.

Figure 3. SI terms that bother members of Forum 3 (10=the worst)

Self-injurious behavior entered Western medical and psychological discourses as a pathological condition in the first half of the 20th century (e.g. Menninger, 1935, 1938). From its inception and throughout its discursive genealogy (Appendix), researchers and clinicians alike have largely represented the condition with a specific paradigmatic profile: white, affluent, conventionally attractive young women who cut themselves nonlethally but deeply enough to draw blood and leave scars. Theorized motivations typically include getting attention from deeply resented caretakers, practicing a sort of proto- or para-suicide, or, less teleologically, punishing a body she is unable to integrate into a healthy and consonant sense of self-in-society.

Like Freud's hysterics (Bernheimer, 1985; Cixous, 1983; Kahane, 1985; Moi, 1985), these "delicate cutters" (Pao, 1969) initially appeared to be responding quite locally to the oppressive conditions endured by women in early 20th century Western bourgeois society, conditions that worsened as the proliferation of the public media facilitated the saturation of the semiotic environment with idealizing typologies of the female body and its social management (Brickman, 2004). The profile proliferated throughout the second half of the century, bleeding into the popular consciousness through the media exemplification of model cutters such as Princess Diana, Johnny Depp, and Angelina Jolie. Brickman situated her feminist critique of the discourse of delicate cutters within a broader cultural-historical context in which representations of the syndrome have consistently perpetuated patriarchal Western bourgeois conceptions of the female body and its social management in the form of a naive fetishization of pristine (unbroken) white skin. Researchers have begun to document subcultural aspects of the practice, but these are framed most commonly in a social deviance model (Adler & Adler 2007, 2008) that is likely to be too restrictive to identify and account for the full range of developmental and social-cognitive functions the practice may be serving in the lives and communities of those who engage in it.

Another salient feature of the discourse around SI has been the clinical literature's history of associating the behavior with personality disturbance and disordered working models of roles and relationships. The current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR), for example, addresses the behavioral symptoms of SI in only one place—within the diagnostic criteria for Borderline Personality Disorder, a condition whose other diagnostic criteria include unstable and intense interpersonal relationships, identity disturbance, and frantic fear of abandonment (American Psychiatric Association, 2000; some clinical researchers (e.g. Muehlencamp, 2005) have advocated the revision of the DSM to

include Self-Injurious Behavior as a separate syndrome in its own right in subsequent editions). This construction of SI as an essentially externalizing, dialogical communication of relational and identity disturbance finds its most vivid formulation in Marilee Strong's bestselling monograph: *A bright red scream: Self-mutilation and the language of pain* (Strong, 1998). I found that the narratives posted at SI forums frequently challenged this communicative component of the clinical construct by assuming a markedly reflective, self-directed, or internalizing phenomenology. More accurately, the virtual context of the Internet support forums appears to allow for a particularly rich example of the "privacy paradox" Barnes (2006) attributes to social networking sites in general: users appear to engage in more intimate practices of self-disclosure in virtual space than they do in real life (Joinson, 2007; Joinson & Paine, 2007), despite the grossly public nature of the Internet as viewed as an archive of readily and indiscriminately accessible information. While members certainly are using the forums in part to communicate their own experiences to others, they are also recruiting the experiences of others (and their own experiences, transfigured as forum postings) to make sense of themselves, for themselves. This more intrapersonal function of SI and SI narratives appears to be largely unexplored by the clinical literature, and has not been explored as yet by the emerging sociological discourse on the subject.

The 2009 volume edited by Nock (Nock, 2009a) is the most recent comprehensive edited volume devoted specifically to SI. The volume brings the clinical literature up to date, but the editor confesses in his introduction that the condition remains "one of the most concerning—and perplexing—of all human behaviors" (Nock, 2009b; p.3). Nock expresses the perplexity that continues to surround clinical and research constructs in a pithy rhetorical rephrasing of Menninger's proto-suicide theorem: "if not to die, why would people do such a thing?" (ibid.). A number of insights are presented, and chapters devoted to interpersonal models (Prinstein, Guerry, Browne, & Rancourt, 2009), biological models (Sher & Stanley, 2009), developmental pathways (Yates, 2009), and media and technological influences (Whitlock, Purington, & Gershkovich, 2009) combine to provide a much more comprehensive understanding of the condition that has previously been available. The chapter by Favazza contextualizes the practice within a broad reaching anthropological exploration of a diversity of culturally sanctioned practices of self-mutilation, many of which serve vital functions in the construction of communities and identities, and the chapter by Sher and Stanley presents evidence concerning functions SI may serve in regulating endogenous opioids and serotonin through activating the body's natural biochemical responses to injury (cf. Akil et al., 1984; Schmahl, McGlashan, & Bremner, 2002; Tiefenbacher, Novak, Lutz, & Meyer, 2005).

By selecting the practice as the basis for exploratory research, I am tacitly participating in a longstanding tendency to signify SI as a flagship or privileged phenomenon within psychological discourse. Beginning with Menninger's earliest contributions (1935, 1938), clinicians have situated SI, and often superficial skin cutting in particular, as a *syndrome provocateur* to theories of psychopathology, personality, consciousness, and cognition. The practice has a certain allegorical appeal to theoreticians failing to articulate some of the more complex problems surrounding the consciousness of mind-body and self-other dialectics as they play out in cognitive and interpersonal dissonance. Is this then Menninger 2.0? To a degree, insofar as my research motivations have to do specifically with revealing the ways in which the social-cognitive literacy practices of constructing virtual selves and participating in online communities mediate forum members' ongoing negotiations with these more elusive psychological phenomena.

Method and Findings

All of this machinery
making modern music
can still be open hearted
—Rush (1980)

Interview- and survey-based research into digital communities raises a provocative methodological conundrum. Ample research has documented the fact that the ability to experiment with various identities is a feature attractive to many users of social networking sites (Bargh & McKenna, 2004; boyd & Heer, 2006; Chester & Bretherton, 2007; Gackenbach & von Stackelberg, 2007; Lenhart, Rainie, & Lewis, 2001), and that many users fictionalize their internet profiles to some degree, for a variety of purposes (Blinka & Smahel, 2009; boyd, 2008; Hancock, 2007; Lenhart & Madden, 2007). Nonetheless, researchers almost unanimously tend to assume that authors can be trusted as informants about their own Internet profiles, and, conversely, that Internet profiles offer reliable representations of the humans who author them. A recent study boasted a "relatively innovative" approach because the interviews were conducted via email instead of over the phone or in person (Baker & Fortune, 2008, p. 119). This is a step in the right direction, insofar as it presumably limits some of the inhibition effects that are thought to be rooted in face-to-face interaction, but equally important concerns regarding priming effects and biases in introspective and interpersonal social judgment remain unaddressed, and these concerns presumably confound any research in which individuals are asked to provide information about their online profiles and the virtual communities to which those profiles belong.

On slightly different level, the research paradigm developed by Peter and Patricia Adler (Adler & Adler, 2007, 2008), by far the most comprehensive research program into Internet SI communities, has gone beyond face-to-face and telephone interviews to include membership and active participation in SI forums. Over the course of their longstanding research program, these authors have "formed… deep and enduring relationships" with their subjects, and have routinely "rallied around them during their many crises" (2007, p. 541). Within a research ideology of active participant advocacy, this approach does bear promise in opening channels of communication between researchers and their subjects, potentially providing access to information that might otherwise be guarded—or even not yet constructed—, such as information regarding stigmatized behaviors, interpersonal dynamics, and working models of roles and relationships. Numerous shortcomings and liabilities are introduced with this kind of approach, however, and researchers (as well as their readers) must make informed decisions regarding the pros and cons of objective distance in research into communities and social dynamics, regardless of whether one is talking about embodied communities or virtual domains. Social cognition research in particular has paid critical attention to the ways in which contextual factors and interpersonal dynamics cued by research environments can influence research findings (Schwarz, 1999; Strack, Schwarz, & Wänke, 1991; Smyth, Dillman, & Leah, 2007); even at the basic level of individual judgments, cognitions about people differ from cognitions about inanimate objects for the important reason that a person is an object that also has its own agency, and, if aware it is the object of a judgment, may alter its behavior in such a way as to influence that judgment (Fiske & Taylor, 2008). The person making the judgment, too, always brings a set of implicit expectations and associations that determine any judgment that might be made (Bruner, 1957; Bruner & Tagiuri, 1954; Hastorf, Schneider, & Polefka, 1970; Zebrowitz, 1990). The Adlers' stance of advocacy may cause them to affiliate more with support-style forums than with that minority of adamantly pro-SI forums at which members don't present as

especially distressed about the practice; the stance of advocacy itself implies a judgment that the subjects are in fact suffering, and do in fact seek relief in the form of being "rallied around" by like-minded peers when they experience the "many crises" to which they are, apparently, inherently predisposed; and, to the degree that the researchers allow themselves to be touched affectively by the specific interactions they have, those interactions can be expected to gain in saliency (Chaiken & Baldwin, 1981; Ric, Leygue, & Adam, 2004) and to usurp more balanced representation of the forum at large, which presumably includes dozens to hundreds of virtual subjects with whom the researchers have had no such direct contact. In short, the enterprise strikes this researcher as a bit *too human* (Nietzsche, 1878/1996). I address these concerns further in my closing summary and recommendations below. What I can't address is whether the Adlers have any access to the most important kind of knowledge my own study sample endorses: experiential knowledge based on analogous experience (see Table 4 and observations below). I have not identified any self-disclosures of SI practices in the Adlers' research reports, although they do report that they routinely disclose their identities as activist ethnographers to the communities they join. As such, do other members of those communities deem them qualified to participate actively in SI forum discourse, or are they perceived as wannabes (Pascoe & Boero, forthcoming), and what impacts does that categorical fact have on the disclosures they elicit from other forum members? I have contacted the Adlers, and a compelling conversation has ensued—via email.

The traditional merits of objective distance, and the additional nuances of a social-cognitive framework, are complicated by a further set of considerations when research moves into virtual domains. Formulated as a theoretical hypothesis, I am asking us to consider whether, and to what degree, the available digital material (member profiles and archived discussions) might in fact be substantial enough to allow for serious ethnographic and social-cognitive research into the virtual communities and virtual lives themselves, without making reference to, or inferences about, their real-life counterparts, the embodied humans who ostensibly author them (Sundar, 2007). Of course this question begs another: of what use would such knowledge be, and to whom? These are philosophical questions whose answer remains a riddle, but a good one: The image in Magritte's (1928-1929) canonical critique of representation was *not a pipe* because you could not use it to smoke: it was *merely a representation* of a pipe (Foucault, 1973/1983; Hofstadter, 1979; Spitz, 1994). Concerning SI forums as communities, prior research has been conclusive that the overwhelming majority of individuals who engage in SI do not do so in the presence of embodied others, and do not perceive themselves as having access to any embodied community organized specifically around SI practices. As such, there is no real-life counterpart to the virtual community offered by an SI forum. Conversely, when an individual posts a narrative based on an experience of SI, that representation's real-life counterpart—the author's own body—is (presumably) very real indeed. But the physical body depicted in the SI narrative, posited as a point of mimetic reference, is available to the author alone. Other members do not have access to the empirical body depicted; their judgments about the narrative's claims about the specific represented experience are grounded in the author's representation of the experience, not in the experience itself. Meanwhile, their own bodies and experiences may serve as generalized reference points in their own processing of the experience as a mental representation (Kodilja & Arcuri, 1993; Pizer, 1996; Rogers, Kuiper, & Kirker, 1977; Taylor & Crocker, 1981). Magritte's paradox becomes a matrix of riddles, but the message is provocatively clear: The system of networked representations that constitutes an Internet SI

forum has a real agentive power that is wholly absent from any "real life" counterpart—You can use it to interact!

Social cognition research takes seriously the phenomenological reality of mental representations in the processing and organization of the judgments people make about themselves and other people (Baldwin, 1992; Carlston & Smith, 1996; Kihlstrom & Klein 1994; Kodilja & Arcuri, 1993; Markus, 1977; Montemayor & Eisen, 1977; Sherman, 1996; Sherman & Klein, 1994; Taylor & Crocker, 1981), and research into virtual lives could benefit from a similar sensitivity to the forms and functions of virtual communities *as communities*, without falling into the fallacies of naïve mimesis (Auerbach, 1953; Foucault, 1973/1983; Hofstadter, 1979; Taussig, 1993). Research that remains native (cf. Palfrey & Gasser, 2008) to virtual environments might reveal features and dynamics of virtual communities of which we are currently unaware due to conceptual limitations imposed by keeping too firm a grasp on the embodied world as our point of reference (Vermunt & Extra, 1993). The proposition that guides my own program of exploratory research is simply that virtual communities and virtual lives are lives and communities in their own right, and that the real-life individuals who create and maintain those lives are probably as unaware as we researchers are of exactly how their virtual worlds and virtual identities work, and are likely rather limited in their ability to report accurately on such issues, for all of the reasons attendant on traditional introspection, but also, potentially, for reasons specific to digital representation and emergent knowledge. One of my agendas in this research was to test this hypothesis by restricting my analysis to available, archived data and resisting the investigative impulse to *get to the source* by contacting the authors of the postings or the moderators of the sites and asking targeted questions about the behaviors of their online profiles. To drive the analogy home, you don't need to see the real pipe—or pipes, if any—on which Magritte based his painting to appreciate the painting's enormous power in the development of Western aesthetic and philosophical discourse about mimetic representation. Virtual identities and digital communities may exhibit an analogous power in shaping the development of psychological discourse about interpersonal, situated cognition—precisely by foregrounding the *prominence of representation* in the development of cognition and communication.

Finally, an adamantly descriptive ethnographic stance bore additional benefits in the process of gaining exemption from my institution's Internal Review Board, which granted exemption based on the conditions that I do not contact authors and that I limit my analysis to publicly available, archived information. This exemption allows me to reproduce forum discourse verbatim, provided I do so in a way that does not allow my reader to identify the forum from which the sample is drawn (i.e. I provide transcribed texts only, and not, for instance, screen shots of the forums' graphic interfaces, because such representations might allow my readers to recognize specific forums, which I seek to protect as sensitive communities). Given the importance of the inhibition effects and cognitive biases discussed above, exemption from securing informed consent was important for preserving the authenticity of the data and the integrity of the dynamics of the group (Ess, 2007; Eysenbach & Till, 2001; King, 1996); one forum (Forum 3) has an explicit rule prohibiting researchers from using [its] members as guinea pigs. I present my empirical data in the form of verbatim quotations, which are labeled as figures and tables throughout the text. As in the preceding quotation, all texts reproduced directly from forums are set in a sans-serif font, Gill Sans, to aid in discriminating them from the primary text and related commentary or annotations, as well as to provide a typographical gesture of rhetorical voice (Gilligan, 1982). Any quotation marks or other emphases (italics or underline)

appearing in Gill Sans are reproduced from the posting itself (i.e. they were used by the posting's author); quotation marks set in Times New Roman signify traditional quotations from the research literature, as cited. Beyond the concrete benefits of clarity and readability in the tables, the elimination of quotation marks from the data samples constitutes a subtle typographic counter-narrative to the legacy of patriarchal and misogynist discourse that constituted the early clinical literature (Brickman, 2004; Appendix), motivated in part by the unfortunate popularity of finger quotes as dismissive or ironic gestures (equivalent to scare quotes) in popular speech.

Overview of Research Process

This research was conducted in three stages, as I elaborate in the following sections. First, I conducted an initial Internet search and selected a number of forums to investigate. At this stage, I was principally concerned with limiting bias in my selection and capturing a data set that was representative of a broad population of Internet SI forums. I conducted this initial search on 15 March 2010, at 11:50-12:10 EST, and captured pdf copies of the results pages. Second, I captured a large sample of discourse from those forums (350 threads). This initial data set formed the material basis for grounded analysis and critical appraisal of existing theory and research. I conducted this stage of analysis alongside my review of the literature (Appendix), and the ethnographic and conceptual yield from this stage was instrumental in informing the Conceptual Overview. The selection of the 350 threads took place on 20 March 2010, from 14:28 to 15:50 EST. As I had with the search results, I created pdfs and printouts of the forums' home pages, and of all index pages required to capture the titles and statistics of the 50 most recently active threads (forums varied in how many results were displayed per page). I also captured screen shots of the forums' visual interfaces, as well as samples from member directories and any other sub-pages, such as index pages for members' blogs, poetry, artwork, etc. I did not capture pdfs of entire discussions at this point, but rather used the printouts of the index pages with titles and statistics to guide a seven-month period of directed lurking (21 March-16 October, 2010). Finally, for stage three, I randomly selected a smaller sample of threads from the initial pool (21 threads, three from each forum) for finer-grained discourse analysis of social-cognitive literacy practices. This selection occurred from 12 October, 2010, 21:06 EST to 13 October, 2010, 2:19 EST. I captured pdfs and printouts of the entirety of each of these 21 threads, and the hard copies formed the basis for my analysis. At this stage I was not concerned with comparative analysis between forums, but approached the 21 threads as a composite sample of SI forum discourse. These threads are presented as Table 4 and form the empirical basis of the majority of my findings and suggestions for future research. I refer to some degree to the initial pool of 350 threads throughout this report (usually to contextualize the smaller pool), but I have rooted all meaningful claims in the 21 randomly selected threads, as these are the data that are available to readers as evidence.

Given that the research occurred in stages, I have opted to organize the Method and Findings sections together, by stage. I made this decision largely for clarity of reporting, but also to provide some degree of representation of the developmental course of the research.

Stage One: Initial Search and Selection of Study Forums

The first step in this study was to identify a number of forums for investigation, from which I would proceed to select a number of individual discussion threads for detailed analysis and presentation as annotated examples. I sought to be as unbiased as possible in my selection, as opposed to seeking forums that appeared to me to be especially illustrative of the constructs and

hypotheses that emerged from the literature review. The latter approach is viable in some research contexts, and the interplay of theory and empirical data is always bidirectional, in the development of research programs as well as in the evolution of discourses about cognizable constructs. But given that a distinct socio-political backdrop of oppressive misrepresentation has emerged in the research and popular discourse about SI—and given that essentially all of the constructs surrounding the practice are contested, in the research as well as the popular discourse, down to the most basic ontological categorizations (Adler & Adler, 2007; Brickman, 2004; Muehlencamp, 2005)—I became hyper-vigilant at this stage in guarding against confirmatory zeal or the aesthetic impulse to offer striking evidence of preconceived constructs (Norman, 2004). A brief discussion of rhetorical theatricality in SI discourse can be found in the reviews of Ross & MacKay (1979) and Brickman (2004) in the Appendix.

Initial search: Method. To identify forums for investigation, I conducted Internet searches using three separate search engines (google.com, yahoo.com, and bing.com), using the identical search term "self injury forum" at each engine. Only SI forums that appeared in the first five pages of results (50 hits) at all three engines were considered for initial selection. I chose these three search engines based on popularity, as reported by the most current available Nielsen ratings (Sullivan, 2006; of 5.6 billion searches performed, 49.2% were conducted with Google, 23.8% with Yahoo, and 9.6% with MSN; aol.com and ask.com were utilized for 6.3% and 2.6% of searches, respectively, with the remaining 8.5% attributed to other, unspecified engines; cf. Singel, 2009). These ratings were obtained in July 2006; in the meantime, Microsoft has launched bing.com, and searches beginning at msn.com are redirected automatically to bing.com. The same results were found if the search began at msn.com or at bing.com. I conducted the searches in a public computer lab at my university, resetting the browser (clearing history, cache, and cookies) before each search. This arguably excessive measure was inspired by casual conversations with colleagues and peers who frequently cited popular suspicions that our computers and search engines learn our interests, and that conducting the searches on my own computer—with my own browsing history in the influential unconscious of its stored memory—might constitute a novel form of researcher bias. Without knowing who has been using the computer at the lab, I can displace such allegations at least to the indiscriminate micro-public of students majoring in education at my university. The gesture of clearing the browser provides some degree of further displacement: in spirit, the results I obtained were determined more by whatever broader public the engines are drawing from to inform their searches than by the specific data traces stored on the computer at which I was working at the time of my search. Even this is somewhat naïve, of course, as the computers in the lab are connected to a dedicated server, which also bears data traces specific to the users of that server. Comparisons of results from searches conducted from a variety of computers and networks might yield interesting findings, but was beyond the scope of the present inquiry. I created pdf copies of the first five pages of results (50 results) from each engine. Printed copies of these lists formed the basis for my selection of study forums and for the production of Table 1. I numbered each engine's results 1-50, assigning the value 1 to the highest result on the page; result number 50 was thus the 10^{th} result on the fifth page at each engine (results were organized 10 per page at all three engines).

Initial search: Results. Fourteen SI forums were cross-listed within the top 50 hits at all three engines, and these varied greatly in their respective placements across the three engines. Given researchers' claims that thousands of such forums exist (Adler & Adler, 2008; Baker & Fortune, 2008; Whitlock, Powers, & Eckenrode, 2006), this was, to me, a surprisingly small number of forums to appear cross-listed in the more visible locations at the most popular search

engines. Each engine produced at least one duplicate result on its first page of hits, and duplicates increased in frequency further down the lists at all three engines. Duplicates typically took the form of different pages within the same home site, with forum index or home pages most frequently appearing on the first page of hits. The three engines produced a number of forums in common, but there were also numerous idiosyncratic results at each engine (I coded these Novel Forums). Results began to become redundant and less relevant after the first two or three pages of hits at all three engines, and Novel Forums increased in prevalence further down the lists. Within hits 11-50, Google produced 17 Novel Forums, and Yahoo and Bing produced eight and 11 Novel Forums, respectively, for a total of 36 Novel Forums out of 150 total results, as compared with 14 cross-listed forums (five of the Novel Forums appeared within the top 10 lists, and are accordingly represented in Table 2, as Novel Forums A-E). Although it was smaller than research might predict, the initial pool of 14 cross-listed forums (those appearing somewhere in the top 50 at all three engines) was larger than I felt was manageable for detailed analysis. My next step was to establish some selection criteria with which to narrow the pool without unduly sacrificing the diversity of findings that was produced by the initial search. A few conceptual considerations arose at this point, which I address here as definitions before proceeding to discuss the remainder of this stage of research.

Defining redundancy. Redundancy here refers solely to duplicates, as defined above, namely hits that pointed to the same web page, or that pointed to different pages located at the same home site.

Defining relevance. My construct for relevance at this stage had two components: I was looking for sites that thematically dedicated specifically to SI, and that were structured as discussion forums. I determined thematic content by gleaning the titles and brief descriptions provided in the engines' hit lists; in most cases, the structure was also clear from these blurbs, but in two cases it was necessary to open the link to determine whether the site was in fact structured as a forum (one of these two was selected as Forum 4, and its somewhat anomalous structure is described below; the other was not a discussion forum). Beyond those reflected in Table 5, twenty-six results from the initial 150 were structurally non-relevant. Google produced only one such result, which was an informational site about SI that was not structured as a forum; Yahoo produced 12 informational sites and three blogs; and Bing produced nine informational sites, no blogs, one general social networking site (an individual's myspace page), and one shopping site (a page at amazon.com displaying all books shoppers have tagged with the term self-injury). In general, results became less structurally relevant further down the lists, at all three engines. The engines were more successful with thematic relevance, and the overwhelming majority of results across all three engines were thematically relevant, with few exceptions (noted below). Given the diversity of relevant findings, as well as the prevalence of (relevant) Novel Forums, considerations of relevance were less influential in narrowing down the initial pool than were considerations of a much less tangible construct: popularity, or, slightly more accurately, *visibility* at the three popular search engines.

Defining visibility. As described above, it is difficult and conceptually problematic to assign much quantitative meaning to relative hit placements, given that research has been unclear regarding how search engines select and organize their results, or how users make their choices. At the same time, the relative popularity ratings of the respective engines is also a problematic construct, as it is unclear what factors contribute to the popularity shares, and it would be hasty to assume that each captures a sample that is representative of the broader population, varying only in overall size. Amidst these limitations, arriving at some measure of relative representation

across the three popular search engines became the key factor in limiting my initial pool; establishing a working set of criteria for visibility at the popular search engines became the primary methodological challenge at this stage. Ultimately, I came to define visibility as representation (within 50 hits) at all three popular engines, combined with prominence (within the top 10) at at least one engine.

Forum selection: Method. All 14 of the initial cross-listed search results were structurally and thematically relevant, so visibility became the key factor in narrowing this pool to a manageable set. I initially calculated weighted average hit values for these forums (based on their respective hit placements (1-50) at the three engines), adjusting for engine popularity, and eliminated six outliers (hit values lying beyond two standard deviations from the calculated mean). A statistician with whom I consulted on the viability of this approach deemed it zealous and subject to critique, because there is not sufficient knowledge regarding how individuals choose results from web searches, or about the effects of relative hit placement on users' selection patterns, and the absence of such knowledge renders a statistical approach conjectural at best (G. Raskutti, personal communication, October 8, 2010). I took this advice to be sound, and simplified my selection criteria to include forums that appeared within the top 10 hits of at least one search engine and within the top 50 hits of all three. I settled on these criteria in order to account for, but not be too limited by, the reasonable assumption that many individuals often do select a hit from the first page of results, combined with the initial search finding that results became less relevant and more idiosyncratic further down the lists. I eliminated other inferences about relative hit placement (aside from assigning more relative weight to the first page of hits) and discarded conjectures about engine popularity. I required my selections to be represented at all three engines because it is not known what accounts for users' preferences for specific engines, nor what implications the relative popularity ratings have in this context. Using all three engines allowed for the possibility that individuals may indeed have preferences, and that their preferences in search engines may be associated in some indirect way with preferences for specific forums. Conjecturally, a top 10 hit at one engine represents a forum that is highly relevant to that engines' users, while its appearance somewhere in the top 50 hits of the other two engines suggests that it is not overly idiosyncratic to one engine or associated subgroup of users.

My determination to take a systematic approach (Salomon, 1991; also Richards & Commons, 1984) to constructing my research texts (Clandinin & Conelly, 2000; Riessman, 2008) was motivated not so much by statistical reasoning as by a phenomenological consideration of the process by which individual users might be likely to encounter the forums in their own initial searches for information and online community. Of course users may find specific forums in other ways, whether through recommendations from real-life or virtual friends, links from other sites, or even serendipitously, through automated suggestions offered by the drop-down address bar, as depicted in the posting reproduced below as Figure 4. In any event, the seven forums I ultimately selected for study may reasonably be inferred, based on their relatively high visibility across the three most popular US search engines, to be the most publicly accessible self-injury forums at the time at which my search was conducted.

> I didn't even know it had a name until I went on the internet one day on my big sister's computer (shes 13) and saw something about it. I think shes been to this website before because when I typed in a website that started with a [first letter of forum address] this dropped down, and I was curious so I went to it.

Figure 4. Forum 2 as Serendipitous Drop-Down

Forum selection: Results. I present the selection results in Table 1, which displays the first page of hits, or the top 10 hits, at the three engines, in addition to the locations of those hits within the top 50 hits at all three engines. The staggered shaded row headers (1-10) in the columns labeled "Hit" indicate the top 10 hit locations for each search engine. Reading across the row from any given top 10 hit provides the placement locations for that hit at the other two engines. For example, Forum 3 was hit number 1 at Google; this forum was hit number 13 at Yahoo and hit number 3 at Bing. Only the top 10 hits are indicated by the shaded row headers, so Forum 3 is not indicated in that set in the Yahoo column, as it did not appear in Yahoo's top 10. Cross-checking with the top 10 Bing hits, we find that Forum 3 is indeed registered as hit 3 there. More than one number in a given cell indicates redundancy. For example, Forum 1 was hits 3, 10 and 12 at Google. Hits 3 and 10 are indicated in the top 10 hits under Google, and further down the column, hits 3, 10, and 12 are registered in the cells that correspond with Forum 1's locations in the top 10 for Yahoo (hits 1 and 3) and Bing (hits 8, 9, and 10).

Table 1

Placements of Study Forums 1-7 Within Top Results at Three Popular Search Engines
Alongside Other Initial Results Eliminated from Study

Google		Yahoo		Bing	
Hit		Hit		Hit	
1	Forum 3	13		3	
2	Forum 7	38		2, 26	
3	Forum 1	1, 3, 17		8, 9, 10, 28	
4	Forum 2	5		5, 20	
5	Forum 5	12		16, 37	
6	Novel Forum A	0		0	
7	Novel Forum B	0		0	
8	Forum 6	2		29, 35	
9	Forum 4	11		7	
10	Forum 1	1, 3		8, 9, 10, 28	
3, 10, 12		1	Forum 1	8, 9, 10, 28	
8		2	Forum 6	29, 35	
3, 10, 12		3	Forum 1	8, 9, 10, 28	
11=A^3		4	Non-Forum A^1	33=A^4, 40=A^1, 41=A^1, 50=A^2	
4, 15		5	Forum 2	5, 20	
45		6	Novel Forum C	0	
11=A^3		7	Non-Forum A^2	33=A^4, 40=A^1, 41=A^1, 50=A^2	
0		8	Novel Forum D	38	
0		9	Non-Forum B	0	
0		10	Non-Forum C	0	
50		42		1	Forum 8 (defunct)
2		38		2	Forum 7
1		13		3	Forum 3
50		42		4	Forum 8 (defunct)
4		5		5	Forum 2
0		0		6	Novel Forum E
9		11		7	Forum 4
3, 10, 12		1, 3, 17		8	Forum 1
3, 10, 12		1, 3, 17		9	Forum 1
3, 10, 12		1, 3, 17		10	Forum 1

Novel Forums = results structured as discussion forums, but not thematically devoted to SI
Non-Forums = results not structured as discussion forums
Non-Forum A^{1-4} = Informational pages about non-SI-specific topics at the same general, encyclopedia-style site: A^1=depression, A^2=bipolar disorder, A^3=teen advice, A^4=mental health

Eight of the 14 initial cross-listed results met my narrowed selection criteria and were chosen as Study Forums. These are coded Forum 1 through Forum 8 in the table. These were SI-specific discussion forums that appeared within the first 10 results of at least one popular search engine and within the first 50 results of all three engines. The three search engines were quite inconsistent in the results they provided, and in their respective page rankings for these eight forums. A lay understanding is that search engines organize hits by popularity, as measured by the raw number of visits a given site has received. In this model, the most visited websites might be expected appear higher on the respective engines' hit lists, and, other factors being equal, different engines might reasonably be expected to produce equivalent, or at least partially overlapping, hit lists. In reality, engine programmers strive to capture *relevance*, and not raw popularity *per se*; as such, the algorithms used by search engines to identify, collect, and organize results for a given search are complex and highly guarded industry secrets (Levy, 2010; cf. Google, 2002), and inconsistencies in hit rankings across engines are in part the result of differing conceptualizations of relevance, either by programmers or by their programs, or, equally possibly, of differences in their respective users, whose search engine preferences may be indirectly related to other distinguishing features. Ultimately, the results produced by any given engine reflect the most relevant sites to which users have linked *from that engine*, and engine-specific idiosyncrasies can be expected to influence relevance ratings. If the small sample provided by my own cross-engine search is any indication, relevance rankings do not appear to generalize across search engines.

The three engines yielded three different forums for their respective number one hits. Furthermore, only two forums appeared within the top 10 hits of all three engines (Forums 1 and 2), and only one appeared within the top five hits at all three (Forum 2). If all three engines are purporting to provide the most relevant hits, how does one account for the fact that the top hit at Bing was hit number 50 at Google and hit number 42 at Yahoo? It is possible that the three engines are capturing different populations whose preferences for given forums are in some way related to their preferences for specific search engines (i.e. page rankings are in fact based on the popularity of the retrieved sites, but the measure of that popularity is limited to users of that specific engine, who demonstrate population-level differences in their browsing patterns). It is also possible that the engines themselves are biased through marketing, ideological, or other influences (for instance, Yahoo produced more informational sites than the other two engines, and Bing's 11th result was a law firm specializing in personal injury). Most likely it is some combination of both of these factors, and a good question for further research. In the specific case of Forum 8, this forum proved to be defunct, suggesting that Bing was somehow not up to date on the viability of its results. Forum 8 was eliminated from study, as it contained no archived threads and no active members. This left seven Study Forums.

In Table 1, items coded Forum 1 through Forum 7 (the seven Study Forums) represent relevant, visible hits: these were websites that were structured as forums, that were thematically devoted to SI, and that appeared in the top 10 hits of at least one search engine and in the top fifty hits of all three engines. Lower numbers indicate higher visibility (i.e. Forum 1 was the most visible across the three engines, taking all three relative placement values into account). Items coded Novel Forum represent relevant, but non-visible hits: these were websites that were structured as forums devoted to SI, but that did not meet the visibility criteria of appearing within the top fifty of all three engines; they are represented here because they did appear in the top 10 of at least one engine. There were five such results (Novel Forums A-E). Each engine produced at least one Novel Forum in its top 10 results. Entries in the table that are coded Non-Forum

(Yahoo hits 4, 7, 9, and 10) were websites that were not structured as forums, but that were devoted either to SI specifically or to SI as a symptom of broader mental health concerns. Only Yahoo produced such results within its top 10: Yahoo hits 4 and 7 were both labeled "fact sheet for parents of troubled teens," and were located within the Depression and Bi-Polar sections, respectively, of a prominent general, encyclopedia-style website; Yahoo items 9 and 10 were informational articles about SI, each using the phrase "symptoms and treatment" in the description line. These two items were located at two separate, encyclopedia-style sites devoted to health and wellness in general, each of which covered the full spectrum of known illnesses and conditions. (Notably, none of these four informational texts made any reference at all to the existence of Internet forums devoted to SI, whether as hyperlinks to actual forums or in the form of informational text describing such forums and their existence or use by individuals who practice SI.) The items coded Non-Forum A^1-A^4 were all sub-pages at the same encyclopedia-style website. All four visible Non-Forums were thematically relevant in that SI was the specific thematic topic of these sites. There were only four results in the total initial pool of 150 that were eliminated for thematic non-relevance (pointing to websites devoted to topics other than SI); all four of the thematically non-relevant results were structurally relevant, in that they were structured as discussion forums. None of these hits met visibility criteria, and as such are not registered in Table 1. In this category, Bing produced one result, a forum devoted to Borderline Personality Disorder that made no specific reference to SI. Yahoo produced three results of this kind: a forum devoted to "spinal injury" in which the subject line addressed "self-catheterisation," a forum devoted to "self therapy" for "traumatic brain injury," and a third forum that provided "do-it-yourself" first aid advice for a number of common injuries. Google did not produce any thematically non-relevant results within its first fifty hits. All engines tended to read "self injury" as a compound term, with no results relating merely to the self, and very few relating to other types of injury.

Engine specifics: Google. Forty-eight of Google's top fifty results were both structurally and thematically relevant, in that they were in fact forums devoted to SI; most were SI-specific, but some were general mental health forums with sub-domains devoted to SI. All of Google's top 10 hits were structurally and thematically relevant. Generally speaking, hits became less relevant further down the list: hits number 11, 17, 19, 20, 22, 25, 26, 27, 28, 29, 30, 43, 49 were non-SI-specific sites that contained SI forums, or references to SI, within broader topics, including depression (9), teenage life (11, 17, 43), Christian spirituality (19, 20), general health and wellness (22, 26, 27, 28, 29), college life (25), general journaling or blogging (30), and, anomalously, documentary film (49; this was a forum devoted specifically to documentary film; the Google hit pointed to a thread in which a user posted a request for suggestions for documentaries about SI for a school project).

Engine specifics: Yahoo. Of the three search engines used, only Yahoo produced results within the first 10 hits that were not in fact direct links to SI forums. Most if its "misses" were thematically but not structurally relevant, being general informational resources about SI or about other mental health concerns. On Yahoo's first page, hits number 4, 7, 9, and 10 were informational sites about SI that were not structured as forums. Throughout the top 50 hits, Yahoo produced 14 thematically relevant non-forums (12 informational sites and 2 blogs), one forum devoted to a topic other than SI (traumatic brain injury), and no results that were neither structurally nor thematically relevant.

Engine specifics: Bing. Bing produced the greatest number of duplicates. Forum 1 captured three hits on Bing's first page of results (hits 8, 9, and 10). As was most frequently the

case with duplicates, these three hits represented three different pages within Forum 1: the forum index or homepage was hit 10; hit 8 was the members section, which housed that forum's chat and blog features; and hit 9 was the creativity section, where members posted poetry and artwork, not necessarily SI-specific. Forum 8, which was quite prominent at Bing (occupying hits 1 and 4), was eliminated from the study pool because it was defunct by the time of my research: it comprised zero discussion threads, zero active members, and an archive containing only three stickies, dated from 2008. This forum was relatively low in the top 50 hits at both Google (50) and Yahoo (42), just meeting visibility criteria. All of Bing's top 10 hits were structurally and thematically relevant. Bing produced the least diversity of results, but to the extent that relative page rankings are meaningful, the most visible result at Bing (Forum 1, duplicated three times in the top 10) was indeed the most visible of the Study Forums across engines, occupying hits 3, 10 and 12 at Google and hits 1, 3, and 17 at Yahoo.

Novel Forums A-E. The items coded Novel Forum met criteria for relevance but not for visibility. These were discussion forums dedicated to SI that were represented in the top 10 of one engine but not in the top 50 of all three, as indicated in the table. Cursory investigation and brief lurking indicated that these forums were similar to the Study Forums in structure and content. Two were housed at homepages that were SI specific (Novel Forums C and D, similar to Study Forums 1, 3, 5 and 6), and three were organized as sub-pages within more general sites (Novel forums A, E (=teenage life) and B (=mental health), similar to Study Forums 2, 4, and 7). Further analysis might provide insights into associations between the specific engines and the Novel Forums they produced, but was beyond the scope of this study.

Stage Two: Grounded Analysis and Critical Theory Development (350 Threads)

My goals at Stage Two were to gain a broad sense of how Internet SI forums are structured and how they operate, as informational resources and as communities of practice; to weigh existing theory against a large sample of forum discourse and develop new theoretical insights based on critical assessment of goodness of fit; and to develop a valid interpretive apparatus in the form of a set of structural and thematic codes to be used for finer analysis at Stage Three. The findings from this stage were instrumental in informing the Conceptual Overview, and it was at this stage that the interpretive codes used in Table 4 were identified.

Method. I viewed all components of the forums and, where applicable, their home sites, including the home page, index pages, member profile pages, and any informational or creative content that was also housed at the forum or its home site. I then selected the 50 most recently active threads from each of the seven Study Forums, for a total of 350 discussion threads. Some forums included stickies or pinned threads, which were common topics that were kept in the top results spaces at all times. I describe these threads below, but I did not include them in the 350 most recent threads selected for analysis. Recency of activity was measured, by all of the Study Forums, by the date of the most recent addition to the thread, and not necessarily the date of the thread's initial creation. All of the Study Forums had index or home pages on which the threads' titles and statistics were displayed (screen name of initial poster, date of creation, date of most recent activity, screen name of most recent contributor), and all seven used the date of most recent activity as the primary, or default, organizing variable. Some of the most recently active threads were new at the time of my collection, but others had been in existence for years. I analyzed these 350 threads using a grounded-theory (Glaser, 1992) based process of examining, comparing, and coding the threads. At this stage, my attention was focused on identifying

structural features of the individual forums, common discussion themes, and rhetorical characteristics and interpersonal dynamics of the discussions that ensued within the 350 threads.

As I had with the initial search results, I created pdf copies and printouts of the index pages that contained these 350 threads. I did not save and print the entire discussions, but rather used the printed index pages to guide a phase of targeted lurking. As time passed, some of these 50 threads fell out of currency and moved down several pages in the index list, at which point I found them by using the forums' search features, using the thread's title as the search term. I began generating interpretive codes at this point, writing them onto the index printouts as I read through the threads online. If logging in was not required to search (Forums 2, 4, 5, 6, and 7) I did not log in for this stage of the research. Forums 1 and 3 required logging in to search, and during the ethnographic observation of these two forums I was logged in. This meant that, at Forum 1, I was listed under Who's online during the periods I spent conducting my research (Forum 3 did not have this feature). On one occasion I received a private message from another member, who saw [I was] online and wondered if [I] wanted to chat. I did not reply, which caused me a good deal of anxiety concerning my ethical guidelines as well as some guilt vis-à-vis the figure I constructed as my spurned interlocutor. This contact informed my practice as I moved into Stage Three, for which I printed the entirety of the discussions, as opposed to reading them online, to minimize my online presence.

Results. Beginning with the visual interfaces and basic structural features of the seven Study Forums, a number of commonalities and some idiosyncrasies emerged. As I noted above in reference to the Novel Forums, four of the Study Forums were completely SI-specific, and three of the Study Forums were hosted within forums or websites with broader general topics. In the latter category, Forum 2 was hosted at a site comprised of numerous discussion forums devoted to a range of mental health topics (over 100 forums), but also including a forum devoted specifically to the anti-psychiatry movement and related topics […] includ[ing] the opposition to forced treatment as well as the belief that Psychiatric Medication does more harm than good. This site included forums dedicated to all of the disorders commonly associated with SI, including trauma, depression, anxiety disorders, and eating disorders. The forum titles for many of the mental health disorders were identical with the DSM diagnostic labels, including a number bearing the DSM qualifier NOS (=Not Otherwise Specified). Forum 4 was hosted at a website devoted to all manner of health topics, both physical and mental, and was somewhat anomalous in its structure, warranting more detailed description below. Forum 7 was hosted at a website that featured forums as well as informational resources devoted primarily to relationship topics, but that also contained a number of forums devoted to topics fitting the categories Disorders and Diseases, Mental Health, and Body, Mind, and Spirit. The SI forum, Forum 7, was located under Body, Mind, and Spirit, alongside Beauty, Medicine, and Weight Loss (among others).

Forums 1, 3, 5, and 6 were SI-specific, in that the home page was either the SI forum itself (Forum 3), or a general site devoted to SI, of which the forum was one component, alongside informational resources or other content (Forums 1, 5, and 6). Other components included pages containing informational resources about SI recovery and/or advocacy (Forums 1, 5, and 6), pages containing poetry, creative writing or artwork (Forums 1 and 6), shopping (Forums 5 and 6), and blogs (Forum 1). The home site of Forum 6 hosted a large archive of photographs members had posted of their injuries and/or scars, and a warning page about the graphic and potentially triggering nature of the photos popped up before the archive could be accessed; only registered, logged-in members could access these photographs. The shopping opportunities at Forum 6 were limited to a Bookstore, which was organized as a page of reviews

of popular texts on SI with links to those books at Amazon.com. Forum 5 offered a number of products for sale, including a variety of bracelets. The Self Injury Awareness Bracelet is composed of all orange glass beads, and allows buyers to show their support to the cause in subtle and pretty style. The Trying to Stop bracelet is identical, with the exception that one of the beads is white, to signify hope and the commitment to recover. The Self Injury Recovery Bracelet is composed of alternating orange and white beads, with orange being the recognized color of SI awareness, and white signifying recovery and hope. The '1 Month Free' bracelet is offered free to members, as part of [Forum 5]'s ongoing commitment to those who are trying to stop, and features seven white and 23 orange beads. Also for sale were a wide variety of temporary tattoos, which the forum offers as a novel distraction method developed by members. The tattoos may be used as visual deterrents by being placed on body sites where individuals would normally self harm.

Forum 4 was something of an anomaly amongst the seven Study Forums. This forum was hosted at a general medical information site, where users could post questions to be answered by Featured Experts, mostly certified MDs. The list of Health Forums hosted at this site was staggeringly comprehensive: the side bar offered links to over 200 forums, organized under the following categories: Conditions and Diseases (84), Lifestyle (3), Womens Health (13), Mens Health (7), varieties of Cancer (13), Nutrition (15), Mental Health (including the SI forum, 15), Relationships (12), Pregnancy (21), and Parenting (10). The site as a whole characterized itself as a forum, and each sub-domain was also labeled as a forum. These forums, including the SI-specific Forum 4, leaned much more heavily in the direction of information exchange, and bore fewer traces of the community-building aspects of the rest of the Study Forums that met selection criteria. Dialogues did ensue at Forum 4, and members offered each other support, but there was no directory of member profiles, and the vast majority of members did not have avatars or other profile demographics associated with their posting identities. Registration and the creation of a screen name were required to post, and members who did not add a picture to their profile were represented by a placeholder image that closely resembled the Windows Instant Messenger icon. The initiating posters of 39 of the 50 most recent threads at Forum 4 were represented with this icon, and had no visible statistics, whereas nearly all members of all other Study Forums had avatars and at least minimal statistics, such as the date they joined, and their locations (usually cities, states, and countries, but also frequently expressive fictions such as Personal Prison, Among the ashes, or, poignantly, here). In contrast to its user-members, the Featured Experts at Forum 4 tended to have comprehensive profile pages, featuring information on their credentials, experience, and areas of expertise. All of the postings and replies concluded with the question Did you find this post useful?, with buttons for clicking either Yes or No, although results were not visible.

At Forum 6 the registration process offered the category Guest as an option, which was coupled with the screen name Anonymous. Forum 6 was the only Study Forum at which a guest profile could be created as an alternative to a member profile, and only one of the 50 most recent threads at Forum 6 contained an entry by a Guest. Forum 1 allowed members, once registered, to log in anonymously, such that they were not listed in Who's Online. Many of the forums had novel categories of membership that typically reflected either how long the individual had been a member or the number of postings the individual had made to date. These membership categories are reproduced in Table 4. All of the Study Forums except Forum 4 featured a pronounced social networking component, with member profile pages, searchable member directories, and personal messaging (PM) capabilities, and the threads at all of the forums

contain frequent offers to PM me any time. Forum 4 did offer instant messaging capabilities (indeed, one of the threads represented in Table 4 contains a direct plea for messages), but the remaining features of social networking, primarily the extended member profiles, were effectively absent from that forum.

Structural features. The structural organization of the forum itself was quite similar for all of the Study Forums, including Forum 4. The home or index page listed the most recently active threads, in order of activity with most recent at the top of the page. The screen name of the individual who had made the most recent contribution was displayed, as was the screen name of the individual who had initially started the thread; at all of the forums, these screen names were clickable, and clicking led to that individual's profile page (at Forum 4, this led in most cases to an empty template). At Forum 6, the placeholder screen name Anonymous was non-clickable when it appeared, i.e. individuals who posted as a Guest could not be reached by instant message. Other structural features that were common to all of the forums were a search bar, and registration and log in bars. The search function was limited to members at Forums 1 and 3; at Forum 3 it was visible only when one was logged in as a member, and at Forum 1 it led to a log in/registration page if clicked while one was not logged in. Forum 3 was the only forum at which the visual interface changed upon log in, which caused an additional menu to appear in the side bar. This Members Menu included a link to the user's own profile page, a link for checking private messages, and the search bar. Forums 1, 3, and 5 featured a prominently displayed Welcome message or Mission Statement on the forum index page. Forums 1, 5, and 6 displayed real-time statistics of which members are online at the given time, as well as how many individuals are viewing the site without being logged in. All of the Study Forums had banners at the top of the page stating the forum's name, and at Forums 2, 3, 6, and 7 the name of the forum was accompanied by a slogan. Some of the slogans were categorical, simply describing the topic of the forum (whether self injury or mental health), some used the term support, and one was formulated as an affirmation in the second person. Confidentiality considerations prohibit my citing the actual slogans, as these could be used to identify the specific forums. Finally, three of the forums included images in their banners, one of which was SI-specific (Forum 3), the other two decorative and without any apparent connection to the theme of SI (Forums 1 and 6). Forum 6 made signature images available for members to download and add to their profiles or to their email signatures. There were four such images available, two of which had SI-related graphics; the other two featured only text, in the form of the name of the forum and its slogan.

At Forums 1, 5, and 6, the index list featured stickies at the top of the list, with the recently active threads beginning below these. Stickies always occupied the top spaces in the list, and were devoted to conventions and rules, introductory messages from administrators and moderators, and common or open topics such as open discussion, crisis thread, and recovery thread.

Features unique to specific forums included a live help feature at Forum 5, which connected members to a moderator or administrator via chat, and a panic button at Forum 5, which was a graphic of a button that was always in frame (i.e. it moved when one scrolled, to remain in the same place on the screen). During the registration process, members may assign a benign website to the button (or accept google.com as the default); when the button is clicked, the forum redirects to that website and the browsing history is cleared. Forum 2 was unique in featuring advertisements in the side bar (during the period of my data collection, the main, large ad space was devoted to rotating advertisements for two medications produced by the same pharmaceutical company, one anti-depressant and one sleep aid), as well as an opportunity to

donate money to the forum. Forum 5 featured sponsor as one of its membership categories, but I could discern no link for donations similar to the one at Forum 2, and I remain uncertain whether the category of Sponsor at Forum 5 in fact indicates financial support. Table 2 provides an overview of some of the common structural features of the seven Study Forums.

Table 2

Structural Features of Study Forums 1-7

Features	Study Forums						
	1	2	3	4	5	6	7
Forum at SI-Specific Homepage	✓		✓		✓	✓	
Banner with SI-Specific Image			✓		✓		
Welcome Message or Mission Statement	✓		✓		✓		
Register / Login Required to Browse	✓						✓
Register / Login Required to Post	✓	✓	✓	✓	✓	✓	✓
Register / Login Required to Search	✓		✓				
Register as Guest						✓	
Log in Anonymously	✓					✓	
Browse / Search Member Database	**L**	**L**	**L**		**L**	✓	**L**
View Individual Member Profiles	**L**	**L**	**L**		**L**	✓	**L**
Who's Online	✓	✓	**L**			✓	✓
Personal Message Capabilities	**L**	**L**	**L**		**L**	**L**	
Chat	**L**				**L**	✓	
Live Help				✓	✓		
Recent Updates / Latest Activity	✓		✓		✓		✓
Stickies, Pinned, Flagged Threads	✓	✓	✓		✓	✓	
Threads Searchable	**L**	✓	**L**	✓	✓	✓	✓
Polls	✓		✓		✓	**L**	
Blogs, Journals, Poetry, Art	✓		✓		✓	✓	
Photographs of Members' SI						✓	
Rules / Conventions Explicitly Stated	✓	✓	✓	✓	✓		✓
Moderators Maintain Visible Presence		✓		✓	✓		
Links to Resources Outside Forum		✓		✓		✓	✓
Sponsors / Advertisements		✓		✓		✓	

✓*= Feature present and publicly accessible / L = Feature present, but requires login to access*

Rules and conventions. As depicted in Table 3, all forums except Forum 6 had explicitly stated rules and conventions for participation. At Forums 1, 5, and 7 the rules were accessed through a prominently displayed link at the top of the forum index page; at Forum 2 they were located as the top sticky in the index list; at Forum 3 they were located in the Main Menu on the side bar; at Forum 4 the rules were labeled Community Guidelines, and were located in a menu entitled Join In at the bottom of the page, which menu also contained a link for the sign up process and a search bar. Just over half of the forums (4) had explicit rules prohibiting suicide talk, and just under half (3) had a rule prohibiting pro-SI talk, or glamorization or encouragement of SI practices; Forums 1 and 5 had both of these rules, Forums 2 and 3 had the former but not the latter, and Forum 4 had the latter but not the former. Three forums had rules prohibiting

discussion of techniques or methods for practicing SI, including descriptions of episodes. Forum 2 requested that members flag their own potentially triggering posts, whereas these flags were added by administrators or moderators at Forums 3, 5, and 6; Forums 1, 4 and 7 did not feature trigger warnings in any thread titles. As noted above, Forum 6 featured an archive of photos of members' injuries and/or scars; Forums 3 and 4 had explicit rules prohibiting members from posting such images, and Forum 3 had an additional rule prohibiting members from posting images in which their identities were recognizable (i.e. face pictures). Speaking further to some of the issues around identity and community addressed in the conceptual overview, Forums 1 and 7 had rules prohibiting members from creating more than one profile, and Forum 5 had a rule prohibiting members from fictionalizing their forum identities; Forums 2 and 3 had rules prohibiting the use of real names or other personal identifiers. Three forums had rules enforcing online decorum, phrased at all three as respect for others (Forums 1, 2, and 7), and as an additional, explicit rule against flaming at Forums 1 and 7 and against abus[ing] others at Forum 2. Forum 7 prohibited the use of profanity or explicit sexual language, and Forums 5 and 7 expressly prohibited discussion of religion and politics. As noted above, Forum 3 had a rule preventing researchers from contacting members for interviews or other research purposes. Finally, forum 5 had a novel system for enforcing the rules, in which members accrued demerit points for inappropriate behaviors.

Table 3

Study Forum Rules

Rules	Study Forums						
	1	2	3	4	5	6*	7
No suicide talk	✓	✓	✓		✓		
No pro-SI talk, glamorization, encouragement	✓			✓	✓		
No tips on techniques or details about methods	✓			✓	✓		
Members flag potentially triggering postings		✓					
No photos of SI practices, wounds or scars			✓	✓			
No photos of self			✓				
Only one identity/profile allowed	✓						✓
No falsifying identity					✓		
No real [last] names or personal identifiers		✓	✓				
Be respectful to other members / no flaming	✓	✓					✓
No obscenity							✓
No advertisements for products, services							✓
No religion or politics					✓		✓
Do not contact members for research purposes			✓				
Rules enforced by infraction / demerit system					✓		
** No explicitly stated rules page*							

Discussion themes. Concerning themes that were being discussed in the 350 recent threads, probably the most noteworthy finding was that it wasn't all SI talk—forum members used the forum as a context for discussing many topics. Of course the majority of threads did have some iteration of the forum topic as their theme, as would be expected at any forum devoted to a specific topic. It is important to document, however, that SI experiences were

sometimes springboards into larger discussion topics (often about relationships and self-appraisals), and sometimes threads were created as spaces for small talk, or explicitly to seek social or emotional contact (see Table 4, Forum 2, Thread 34). Open topics such as Just Talking, confessional pleas such as Feeling Sad, and rants about relationships or everyday troubles (Just a bunch of bull****) were common non SI-specific themes, and threads on these topics featured the same patterns of response and social dynamics as SI-specific threads.

Amongst SI-related themes, postings in which an individual reports an urge or an episode were the most common at all of the forums (e.g. Feeling triggered, or Not really triggered, but still want to cut, or just cut for the first time), and replies to such posts typically either offered advice on how to prevent an episode or affirmed the value of the forum, and the practice of posting, as therapeutic (statements to this effect are represented by the code Posting Helps$_{PH}$, which came to represent a key finding, as addressed in the summary). Replies of this sort often contained invitations for direct contact and extended dialogue in the form of private messaging (PM me if you wanna talk). If the initial posting reported an actual episode, replies often took the form of contextualizing the episode as a slip within a broader framework of recovery, and this pattern was one of the contexts in which I observed evidence of formal operations in action, but I did not find forum members engaging in post-formal reasoning by thinking critically about the categories used in these formal operations (e.g. addiction and recovery, conflicting motivational systems) or the relationships between these categories (e.g. how do the category structures *addict* and *recreational SIer* influence judgments about the episode and about the identity of the person experiencing it?). Other common SI-specific themes included direct pleas for advice on covering or healing scars (Table 4, Forum 2, Thread 28), negotiating public spaces (Table 4, Forum 5, Thread 7), or, less tangibly but quite frequently, simply making sense of SI experiences (e.g. I Don't Know Whats Going On, or hmm.I wonder why?; also Table 4, Forum 7, Thread 18). Also not uncommon were threads in which the initial poster confesses they don't know why they are posting (Table 4, Forum 1 Thread 12). Given that equilibration was one of my specific interests, the code ($_{DK}$) emerged to indicate instances in which a poster or respondent made any claim of cognitive uncertainty, as elaborated in the description of codes below.

The importance of analogy as a rhetorical and cognitive structure in forum discourse cannot be overstated, and cannot be articulated here in a way that begins to do it justice. The code for it (^{An}) proliferates in Table 4. I elaborate on the construct in the following list of codes, as well as in Summary of Observations. In short, analogy was omnipresent, in a variety of forms, but most commonly in threads in which individuals sought stories from other members who have had experiences similar to a target experience, or in replies that offered such stories unsolicited, often as the basis for claims that the respondent either knows how the poster feels, or that the respondent can relate to the poster based on this similar experience. One index of the apparent attractiveness of analogous experiences to forum members is that a thread with the title Is this the same for anyone else? Received 111 views within a month of its inception, despite the fact that the title provides no hint regarding the target experience in question; the more action-oriented title has anyone ever done this? captured 523 views in three months; finally, the thread at Forum 4 that had received the most views and replies by of the time of my study makes a direct plea for analogous identity categorizations: Are You a Cutter If So Post Me!!!!!! This thread had received 74 public replies and over 10,000 views over the course of four years. There is no available evidence as to how many private messages may have been sent in addition to the 74 public replies.

Forms of participation. The majority of forum discourse represented in my initial pool of 350 threads was constituted largely by seeking and offering advice, and by sharing and collective interpretation of stories of experience. Given the predominance of advice, I was struck by a near total absence of critique of the advice that was offered. Likewise, when stories of experience featured antagonists, I found that the great majority of replies offer superficial consolation by colluding with the poster, but only very rarely encouraged the poster to think more critically about the story or its players, and respondents themselves rarely offered dialectical interpretations (one exception reproduced in Table 4 is Respondent 2 in Forum 1, Thread 16). The samples presented in Table 4 are representative of the total pool in containing numerous instances of palliative reasoning, but very few examples of complex or abstract critical thought. Although the structure was adamantly collective, group cognition (comprised of sequences of numerous replies), rarely appeared to develop in complexity. Contributions were typically para-cognitive (e.g. offering more examples of the same kind of advice, or adding their own analogous experience to the pool), as opposed to meta-cognitive (e.g. evaluating or inviting the poster to evaluate systems of interaction or interpretation that are superordinate to the target experience).

Interpretive codes. I conclude this section with a description of the codes that emerged at this stage and that constituted my interpretive apparatus for Stage Three. Codes that appear here and in Table 4 designate commonly appearing rhetorical structures and commonly recurring discussion themes. Table 4 is offered as a series of worked examples in which readers might well discern structures and themes that I have either not noticed or not represented, and the structures and themes that became salient to me in my process of theory-based grounded analysis can be expected to reflect my interests in literacy practices and social-cognitive constructs. In the table, codes are used in numerous and sometimes ambiguous senses, and in some cases they invite the addition of prepositions to create extended labels. For instance, (((HUGS)))^{Ct} is an actual contact, whereas Someone help?please?^{Pl,Ct,Ad} is a plea for contact (^{Pl,Ct}), as well as a plea for advice (^{Pl,Ad}). Meanwhile, cutting does not help$^{Ju,In,Cs,Ad}{}_{T/M}$ (in response to a poster who has described SI as an effective stress management technique), is a judgment (^{Ju}) of the poster's ascription of therapeutic value to SI, and this judgment is based in the respondent's interpretation (^{In}) of the benefits and functions of SI; it constitutes implicit advice (^{Ad}) that the poster find another method of stress management; it earned the code consolation (^{Cs}) dialectically, insofar as argues directly against the consolation the poster has just reported having derived from the episode; finally, this phrase speaks of techniques and methods ($_{T/M}$) for stress reduction (from which category it summarily bans SI), whereas with a razor I stole from work$^{Cf,Pl,Cl}{}_{T/M}$ speaks to techniques and methods used to practice SI. Somewhat more tentatively, this latter phrase might be interpreted as a confession, if nobody at work knows of the theft, and as a plea for collusion, if the poster presumes that readers won't tell the people at work. In short, the codes are often applied flexibly and dynamically, and it is hoped that, as interpretive resources, they evoke complex interpretations of the discourse reproduced in the table. The order in which the codes appear in specific examples will vary, and in many cases I have ordered them syntactically to indicate connections of the sort just described.

Structural codes. The structural codes are set in superscript, and are listed in the header in Table 4. These codes categorize statements in terms of the rhetorical functions they appear to serve, or the type of utterance they appear to embody.

Rant^{Ra}. A poster (P) or respondent (R) complains about a situation. Members are typically more restrictive in their usage of this term than I am in my application of the code. I

identify all occurrences of complaint as rants, regardless of their degree of emotionality and excessive verbiage (the two variables by which members typically identify rants, usually their own).

Plea^{Pl}. A request, whether for information, advice, or community. These occur as direct requests to other forum members (Someone help?please?), as well as indirect requests phrased as exclamations of helplessness (don't know how to cope). Again, my identification of this category is broad. Readers are invited to consider, for instance, the degree to which the statement I don't know why I'm posting this constitutes an indirect plea for replies; I code it as such because grounded analysis revealed that replies to statements of this sort quite often did contain statements to the effect that other members care (categorized as Contacts^{Ct} about Relationships$_{Re}$) and that posting is worthwhile and therapeutic (Posting Helps$_{PH}$).

Dialogue^{Di}. This code refers to situations in which members explicitly address each other directly, as opposed to postings that are formulated as general or impersonal responses to the topic. These may be direct replies to questions posed, phrased in the second person, or, in some cases, more extended 1:1 conversations across multiple postings or even across multiple threads. See Forum 2, Thread 2 for an example of a thread that develops dialogically between only two members. In a more abstract sense, I also identify all situations where one member quotes another with this code, to signal dialogical reasoning. In these instances, the quotation serves as a dialogical expansion of the frame of reference or discursive repertoire of the person using it, by recruiting the quoted member to speak with or on behalf of the member making the quotation.

Contact^{Ct}. Any statement that contains an element of social or emotional contact, whether in the form of offering emotional support (I could hug you for hours and hours) or as an affirmation of availability (we are here) or of an individual's value to the group (you are welcome here).

StorySt. Any narrative account of an experience. The vast majority of the stories I encountered in the initial pool of 350 threads referred to lived experiences in embodied contexts. Although I found many instances in which a member referred to other postings they have made (e.g. Forum 5, Thread 34), or to their posting histories in general, I found very few occurrences of stories that were specifically about extended interactions within virtual domains. One noteworthy example occurs in Forum 7, Thread 15, where a member describes an online romance that has come to an end. Throughout this report I use the term antagonist to refer to figures other than the author who play any role in a story, whether or not the author depicts these figures as antagonistic.

Update^{Up}. A continuation of a previously told story, or additional information to clarify or expand the content of a previous statement. Updates may occur as subsequent postings within the same thread, or may occur within the same posting; in a few cases members will refer to contributions they have made to other threads, citing those threads as background to the current posting (see Forum 5, Thread 34 for examples).

Confession^{Cf}. A member discloses something to the forum that other people reportedly or presumably don't know, or relates an experience or thought that may be considered either private or potentially contentious. Again, these may or may not be explicitly categorized as confessions or secrets by the person making them. In some cases, members will make confessions to the forum about confessions they have made offline: then she made me promise to stop and I don't think I freaking can! (In this example, the poster has told a story about confessing SI practices to an offline friend, who has demanded that P promise to discontinue the practice; here, P confesses

to the forum that the offline promise may have been unrealistic; in a subsequent update, P confesses to have broken the promise.)

Analogy^{An}. A statement of similarity, whether between lived experiences or ideas, or between ways of interpreting experiences. This category is one of the most frequent, and in my observation is a fundamental trope of forum discourse, which is replete with statements to the effect that I know EXACTLY how you feel; that a similar thing happened to me, so I can relate; or that a solution that worked for one member will work for others (hope this idea helps you as much as it has helped me!). Analogies are vivid examples of social-cognitive reasoning, in that stories of analogous experience appear to function as exemplars that support the collective development of interpretations and predicted outcomes.

Advice^{Ad}. Any offer of or plea for advice, whether for techniques, methods, coping strategies, or ways of interpreting situations. I also code statements in which members refer to advice given by others, or where they reflect on the viability of such advice. This is a very frequently occurring code, and the exchange of advice appears to be a fundamental component of forum discourse, as previous studies have documented.

Interpretation^{In}. An explication of the meaning of a situation or of a statement. This may be direct, in the form of one member telling another member what something means, or it may be a statement in which a member ascribes an interpretation to a component in a posting secondarily. In Forum 4, Thread 4, for example, P is seeking advice on covering scars (the presumption being that P intends to continue the practice). As such, R3's observation that cutting does not help constitutes an interpretation of P's motivations for cutting, as well as an interpretation of those motivations as misguided, which is in turn based on an interpretation of the practice as either helpful or harmful. This statement also contains a judgment.

Judgment^{Ju}. An interpretation that expresses or implies an evaluative component, an opinion, an endorsement, or a critique, such as No-one will believe that she was in an accident, or I know it sounds selfish. Judgments are usually also coded (^{In}), but interpretations don't always contain the evaluative features that define judgments.

Attribution^{At}. An interpretation or judgment specifically about causal factors or motivations for behaviors, or in short why people do things (I just need to feel the pain sometimes) or why they think in certain ways (some bosses are jerks). Forum discourse is replete with attributions about members' thoughts and behaviors, and about the thoughts and behaviors of story protagonists and other forum members. Often attributions about posters' own motivations are derived in analogy to the stated motivations of respondents.

Validation^{Va}. A judgment of agreement or support, usually directed at an interpretation (your probably right) or a described course of action (you were right to stay home). As with many of the codes, I applied this one broadly and in some cases dialectically. For instance, None of these helped me is a counter-validation, and as such it earned the code (^{Va}) dialectically.

Consolation^{Cs}. A statement to the effect that a given situation will get better, or an expression of hope that it will; dialectically, a statement to the effect that it will not. Consolations are frequently analogous (e.g. a member offers a story about their own recovery, and interprets the developmental course of that story as equally available to others, who may in turn recover in the same way). Transfigurative consolations are also frequent (a better situation will develop specifically from the negative situation at hand, such as finding a better job *as a result* of getting fired from a bad one).

Equilibration^{Eq}. The basic process underlying Piaget's model of cognitive development. In that model, new cognitive structures are hypothesized to develop at junctures in which

existing cognitive structures are insufficient to solve a problem at hand (Piaget, 1977/1985). The state or condition of being unable to solve a problem with existing structures is termed disequilibration. At these junctures, individuals engage in cognitive practices that tax their existing structures, which promotes equilibration or the emergence of new cognitive structures adapted to the target problem, now solvable. I apply the code to all statements that relate to either equilibration or disequilibration, including those in which a member describes being in a state of disequilibration (don't know what to do); statements that seek to promote equilibration (try to see it from their side too); and statements that provoke disequilibration by complicating equilibration (is there more to the story?). Hypothetically, a statement where a member claims to be posting for no reason, but expresses wanting to feel better (e.g. Forum 1, Thread 12) is a case of a social-cognitive literacy practice of equilibration. The poster does not know why posing helps, but engages in the practice of posting nonetheless. In a Piagetian framework, if P commences to reflect critically on the practice of posting, P may well develop a cognitive structure that explains, for P, why P is posting in this instance, and more formally, why or how posting helps in general. Post-formal operations might, then, be directed at critical comparisons of how posting helps in the context of the forum, as compared to how some other solution does or doesn't work in some other context; or at the context in which posting helped R, with critical attention focused on features of that context that resembled the context of P's specific problem, and on similarities or contrasts between the systems of problems-in-context within which posting has reportedly helped R and P. As I note in the summary, forum discourse tends to remain at a relatively concrete level, and post-formal thought about systems of experience or systems of meaning were quite rare. Whether mental and virtual representations of embodied experiences should be considered formal *ipso facto* is a provocative question that seems to hinge on frame of reference: In relationship to embodied experiences, mental and virtual representations do appear to operate as formal counterparts; within the system of virtual representations, these formal representations tend to operate concretely, as in the case of stories of analogous experience, which are invariably accepted without critical thought about their viability across different systems of experience and meaning.

Collusion^{Cl}. Any statement in which any kind of faction is established, or a side is taken, whether between members and protagonists, amongst members, or between different ways of perceiving or interpreting things. These often appear in the form you were right, when used in reference to conflicts between a member and a story protagonist. R8 from Forum 3, Thread 35 offers a rather paradoxical example: can't say that I know how you feel, no one can cause your feelings are your own. Unlike many of the Rs in that thread, who offer support and claim to understand how P feels, R8 is colluding with P's belief that nobody can help, by agreeing with that belief. This could quickly become tautological, but to some degree R8 is claiming to know how it feels to feel like no one can know how you feel, which is a feeling on which R8 and P can relate.

Thematic codes. The thematic codes refer to topics of discussion. As most of these are relatively self-explanatory, I provide more condensed explanations of these than I provided for the structural codes. Thematic codes are set in subscript and listed in the table footer.

Don't Know$_{DK}$ signals any statement to the effect that an individual is at a loss for a course of action, for an interpretation, or even for a categorical attribution concerning why they are making the posting (as P in Forum 1, Thread 12). *Ambivalence*$_{Am}$ refers to situations in which more than one interpretation is embraced as possible, or where a member expresses seemingly incongruous feelings. Statements that are coded as *Experience*$_{Ex}$ are either reports about or

commentaries on lived experience, whereas statements coded *Thought*$_{Th}$ are either reports or commentaries about ideas or thought processes, or are statements in which the author makes references to the ideas or thought processes of other people. Statements referring to guarded or sensitive personal experiences are coded as relating to *Privacy*$_{Pr}$, as are any statements referring explicitly to secrets or to incidences of perceived violation.

Urges$_{Ur}$ refers to statements in which an individual reports a desire to self injure, whether they depict this desire as problematic or not, as well as statements in which individuals make reference to or reflect upon the experience of having such urges. Statements coded *Physical Response*$_{PR}$ may refer to actual physical responses occurring as a result of SI episodes (e.g. bleeding), or may refer more generally to any experience in which the body is centralized; likewise, statements coded *Emotional Response*$_{ER}$ may refer to emotional responses to situations, as well as to emotions as a general topic of discussion. *Relapse*$_{Rl}$ is used to code statements in which an individual reports an SI episode, or statements about SI practices or experiences that are couched in terms of failed recovery. Meanwhile, *Recovery*$_{Rc}$ signals statements that refer in any capacity to the process or experience of extinguishing SI practices. The cluster $^{Ad}_{T/M,Rc}$ is somewhat frequent, signaling instances where an individual offers (or reflects upon) advice in the form of specific strategies for the cessation of SI or for the development of alternative coping strategies.

Relationships$_{Re}$ refers to any statement about relationships, as well as any statement that establishes or makes a gesture of relationship, such as PM me any time. *Posting Helps*$_{PH}$. Refers to situations in which a P or R makes a comment that posting has been, is, or will be helpful, whether for gathering information, making interpretations or decisions, or experiencing contact and community; I also code statements that reference or imply the function or value of posting, such as I'm here, okay?, which is a statement of relationship that invites its addressee to make use of the therapeutic value of posting. *Numbness/Dissociation*$_{N/D}$ is used to code statements to the effect that the individual either can't or doesn't feel emotion, or that the individual experiences a dissociative state during SI episodes. Occasionally individuals describe feeling out of synch with their bodies in a less clinical sense, and I code statements of this sort ($_{N/D}$) as well. *Suicidality*$_{Su}$ is applied to any statement of a wish to die, any story about an attempt, or any statement from others to the effect that an individual's suicide would be a loss to the forum or to other people. I employ the code *Self-Deprecation*$_{SD}$ more broadly than the term is typically used, to code any statement of self-criticism or lamentation about behaviors or personality attributes, however intense or benign.

Any statement in which mental constructs are described in generally visual terms is coded *Mental Imagery*$_{MI}$; examples include visualizing or mentally simulating SI practices, mentally simulating courses of action that weren't taken, or simply describing an object of imagination. *Techniques/Methods*$_{T/M}$ refers to statements or discussions about techniques and methods for SI practices, as well as techniques and methods for recovery or alternative coping strategies. Finally, *Canonical vs. Experiential Knowledge*$_{Kn}$ refers to statements in which an individual reflects upon or makes a judgment about the source of a given bit of knowledge, specifically statements that assign value either to authority or to experience as the source of such knowledge, or statements about conflicts between such sources. A common tension ensues when a P seeks interpretations from Rs about information they have received from authoritative or official sources, such as their therapists or books they have read. The cluster ($_{Kn,Ex}$) signals statements about knowledge derived from experience. Knowledge based on experience is vastly

more frequently represented than canonical knowledge in forum discourse, and appears to have more currency amongst forum members.

Stage Three: Discourse Analysis of Social-Cognitive Literacy Practices

My initial grounded analysis of the 50 most recent threads at the seven study forums (Stage Two) yielded a considerable diversity of structural and thematic observations, and I found myself reeling for a useful criterion by which to select a smaller number of threads for more detailed analysis. I was intuitively drawn to threads that appeared to me to address issues that arose through the grounded analysis and literature review, and I found myself gravitating toward threads that confirmed my hypotheses or modeled exceptionally well the themes and issues of most interest to me. Self-criticism regarding my own, self-imposed restrictions concerning interpretive biases quickly made me discontent to select threads in this fashion. I opted instead to capture a random sample of discourse and test the interpretive apparatus of the codes on that unbiased selection.

Thread selection: Method. To select threads for this stage of research, I used a true random number generator (http://www.random.org) to select three threads from each forum's initial pool of 50. I set the parameters to the numbers 1-50 (based on the threads' relative placements on their respective forums' index pages at the time I gathered the data, with 1 being the top item in the index), and ran seven sets of three random selections. My observations throughout the remainder of this report are grounded in these 21 randomly selected threads. I created pdfs and printouts of the 21 complete threads, and subjected these threads to a fine-grained and comprehensive linguistic and social-cognitive analysis, employing the structural and thematic codes that emerged in Stage Two.

Thread selection: Results. In this paragraph I address the theme or content of the initial posting made to the thread by the individual who created it; observations concerning responses are addressed in the following sections. Some of the initiating posts had multiple themes, and in some cases new themes were added to the thread in subsequent postings; here I address only the primary theme, or thesis statement, of the initiating post. Three of the threads contained thesis statements by the initiating poster that he or she is posting for no reason; one of these takes the form of a reflective blog (Forum 1, Thread 12), one proceeds to depict the poster as experiencing urges to SI (Forum 1, Thread 13), and one continues to relate suicide urges (Forum 3, Thread 35). Each of these postings received at least one reply asserting that posting is helpful and that the poster did the right thing by posting. Six of the 21 randomly selected threads contained thesis statements that explicitly solicited advice: Three sought advice on stopping SI (Forum 4, Thread 3; Forum 4, Thread 27; Forum 7, Thread 15); two sought advice for covering scars (Forum 2, Thread 28; Forum 4, Thread 4); one sought advice for treating an SI-induced wound (Forum 7, Thread 44); and one sought advice for negotiating public offline spaces (Forum 5, Thread 7). Again, all of these postings received a variety of replies offering a variety of advice. Four of the threads began with thesis statements that the initiating poster was experiencing urges to SI (Forum 1, Thread 16; Forum 2, Thread 34; Forum 3, Thread 22, and Forum 6, Thread 26), and one initiating poster related having suicide urges (Forum 5, Thread 37). Replies to these postings offered advice for curbing cravings, as well as statements of the poster's value to the community. Two of the threads were started by posters explicitly to elicit stories of analogous experience (Forum 6, Thread 33; Forum 7, Thread 18), and these were amply forthcoming in respondent's replies. One thread begins with a poster relating a story of a relapse (Forum 3, Thread 40), one seeks validation that a course of behavior was appropriate (Forum 6, Thread 5), one relates an

interpersonal conflict stemming from disclosure of SI practices to a friend (Forum 2, Thread 2), and one thread assumes the form of a blog in which the poster relates offline experiences with therapy (Forum 5, Thread 34).

The randomly selected threads varied considerably in their basic statistics: some had been in circulation for many months at the time of my collection, and some were only a few days old. Likewise, the total number of replies, and the total number of participants, also varied greatly. These data are documented in Table 4, which also reproduces the categories of membership used by the different forums. In general the smaller random sample was representative of the total pool in containing examples of many of the common structural and thematic codes I had found in the total pool, and none of the randomly selected threads was particularly idiosyncratic in any discernable way.

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

Table 4

Randomly Selected Threads from Study Forums
With Statistics and Interpretive Codes

Forum	Thread	Title Poster (P) Status P Membership to Date P Posts to Date	Replies / Views Lifecourse Structure Participants	Excerpts with Structural[St] and Thematic$_{Th}$ Codes
1	12	Just Because. Member 4 Years, 2 months 797 Posts	3 / 75 4 Days P-R1-R2-P 3 Members	**P** [in stanzas]: I'm posting this for no reason$_{DK}$. / I'm not sure I even expect a reply[Pl,Ct,Eq]. / I want to feel better than now, if / that's possible[Eq]$_{DK,PH,ER}$. What's on my mind[Up]$_{Th}$ [bulleted list]: feeling numb upon recent sexual encounter[St,Cf]$_{Ex,Re,N/D}$; Facebook privacy violation[Ra]$_{Pr,Rel,Ex}$: this girl I know$_{Re}$, posted on facebook about my rape$_{Ex}$. Which I think is a personal thing[Ju]$_{Pr,Ex}$. It's MY rape. It happened to me, not you[An]$_{Kn}$, back off[Pl]; hates new job, mostly because of boss, co-workers[Ra]$_{Re}$, severe back injury causing constant pain[Ra]$_{Ex,PR}$; relates recent incident of overdose, blacking out, hospitalization, pondering possible death[St]$_{Ex,N/D,Su}$ [end list]. So I cut for the first time since I was in the hospital[St,Up]$_{RL}$. Just a small one[Ju], in a hidden place$_{Pr,}$, with a razor I stole from work$_{T/M}$ […] I don't know why I felt such a compulsion to grab the razor when I saw it[Eq]$_{Ur,Ex,Th,DK}$. Interprets DK through St about hospitalization: And it's funny, really. I don't think I've ever felt better than when I was in the hospital[Eq]. I met some amazing people … who understood[In,Cs,An]$_{Th,Ex,Re}$; met a couple other girls in there who were Borderline[St,An]$_{Ex,Re}$ reports trouble and distress with eating and sleeping [when I do eat, I binge. Then I feel terrible because I can't purge (back pain). I can't sleep][Ra]$_{Ex,PR}$; enjoys SI secret: it makes me feel superior to other people, like I know something they don't know, like I understand the world more than they ever could][Cf]$_{Th,Pr,Re,Kn}$; apology for ranting[Ra]. **R1**: I don't know what to tell you to help you[Ad,Di]$_{DK,SD}$. But I love you, and would miss you if you were gone[Ct]$_{Re,Su}$. PM me sometime if you want to talk[Ct]$_{Re}$. **R2**: Wow you are certainly going through a lot right now[Af]. firstly i think it was out of order the girl posting on facebook about your rape[Ju,Va,Cl], its an incredibly personal thing and you have a right to feel upset about that[In,Ju,Va]$_{ER}$. sorry to hear about job. your death would be a loss to other people[Ct]$_{Su,Re}$. I know what you mean by

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

				what you said about the hospital i get the same benefits from being [in the hospital] and i also find it hard when you get out to cope and continue feeling ok[An,Va]$_{Ex,Rc}$. […] I know what its like to have such conflicting emotions[Am,An] […] but you can get through feeling so bad[Cs]$_{Er}$ […] I used to feel this way too, but gradually I learned how to be happy, its scary at first but you will get there[An,Cs]$_{Ex,PR}$. keep talking$_{PH}$. **P:** thanks for replies; interprets rant topics retrospectively, summarizing in a coda I'm just having trouble not being so emotional, grounding this in P's general personality tendency to interpret things in extremes[Eq,At,In].
1	16	I Got Fired… Member 1 Month, 10 days 16 Posts	8 / 164 1 Month P-R1-R2-P-R3-R4-P-R5-P 6 Members	**P:** Angry/disappointed at self for losing new job[St,Ra,At]$_{SD,ER}$; I'm having urges to cut again[Cf]$_{Ur}$; mental simulations of b*tching everyone out and then going to killmyself[St]$_{Th,MI,Re,Su}$. **R1:** I really don't think they should have fired you for being sick[Ju,At,Va] and not coming in, but IMO its their loss not yours[Ju,Va,Cl]; it'll be okay[Cs]; please don't kill yourself[Pl]$_{Su}$; you'll find a better alternative[Cs]-beating heart emoticon; ((hugs))[Ct]..be safe![Pl]. **R2:** you have to see how it looked to the people that run [the workplace][In,At,Cl], is there more to the story?[Eq]; You were right to stay home[Va,Ju]. Don't feel like you made the wrong choice[Eq] because you didn't[Ju,Va]. Please stay safe[Pl]-beating heart emoticon. **P:** expands story to confirm own correct behavior[Up,Va,Eq], in response to R2[Di,St,At]: I did call. I got sick while I was at work on Sunday and left early, and called off on Monday[Up]. I just feel like going into recluse mode for a couple days and blocking out the entire world[Pl]$_{Pr,Re}$. **R3**: I completely understand what you are going through[An,Va]; it'll be okay[Cs]; don't seclude yourself[Pl,Ad]$_{Re}$-beating heart emoticon; you'll find a better alternative as a result[Cs]-sad/worried emoticon. PM me if you need anything[Ct]$_{Re}$. **R4**: shares analogous personal narrative with similar plot and unfair outcome[St,An]$_{Ex}$; categorizes antagonists [some bosses are jerks][In,At,Cl,Eq]; a better alternative will result[Cs]-beating heart emoticon; if you need to vent, talk or even just sit online with someone without saying a word, I'm here[Ct]$_{Re}$-sad/worried emoticon. **P:** updates story [26 days since initial posting and all previous replies]: I still don't have another job [Up,St,Pl,Ct]. **R5:** I hope things sort themselves out soon[Ct,Cs]. **P:** Yeah, me too.[Di] I haven't told anyone[Cf,Cl]$_{Pr}$, but I broke down and cut for the first time in three years[Cf]$_{RL}$. I haven't since then, so I guess it could be worse[Up,Ju]. It's been about 2-3 weeks now?[Pl,Di]$_{Kn}$ [presumably means since initial post]

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

1	13	Very Miserable Member 2 Years, 3 months 890 Posts	4 / 74 5 Days P-R1-P-R2-R3 4 Members	**P:** Seems like all I do is complain, annoy, or irritate people[Ra Re,SD]; losing control, slipped up, urges increasing, imagining SI with increasing intensity; I just want to do it more, maybe deeper I don't know [Ur,MI]; don't know how to cope[Pl,Ad DK]; hearing voices, weight issues; don't know why posting[Ra,Pl,Eq DK]. **R1:** you should be posting[Va], your reaching out for support[In,At PH], here if you want to talk[Ct Re], you can get through this[Va Cs]. **P:** replies to R1: I feel like I can't [get through it] though[Di,Va ER], It's effecting my sleep[Ra PR], and a lot of things…I don't know what to do[Pl,Eq DK]; I'm scared[ER]-sad/worried emoticon. **R2:** two-emoticon cheek-hug-sorry to hear you are going through this; sorry you slipped[RL]; I go through the same thing sometimes, as soon as I slipped I want to do it over and over again[An,St RL,Ur]. mostly because Im so afraid and ashamed that I failed again[In,At ER]; but then I try to think of it not as a failure but as a step in recovery[In T/M]; you can get through this[Cs]-heart emoticon; and keep on talking here and reach out for support and help[Ad,Pl PH], its an important step to get better[In,At Rc]; take care-beating heart emoticon. **R3:** u know you can talk to me any time u want to[Ct,Di Re]-heart emoticon, two-emoticon cheek-hug.
2	34	I want help, I want to feel loved Consumer 6 1 Year 4 Months 621 Posts	9 / 123 12 Days P-R1-P-R2-R3-R1-P-R1-R4-R1 One Consumer 1, Three Consumers 6, One Consumer 2 = 5 Participants	**P:** Last night I was searching the entire house for a razor blade[St Ex,T/M]; I was soo freeking messed up[Eq,Cf] I just had the urge to do it[Ur]; discloses suicidality, depression, inability to talk with people[Ra ER,Su,Re]; should be on meds[Ju], no access, no confidence to represent need: they will laugh and say i'm normal & I will cave in denial nodding my head[Ju Kn,SD]. Personally I don't think any one using this website want's to read another one of my sob stories[Ju SD], if you read this one though please be kind to me[Pl] i'm having very hard time personally feeling any love from any one[Cf,Cl ER]. This whole website evan here I feel alone[Pl Re,ER] […] some one will give me advice or a solution then people will look and say oh well that kid has a solution now soo I won't waste any more time trying to help him he's obviously stupid or he's fakeing his problems[Ju,At SD] […] I go on the yahoo messenger searching for chat room's for good people to talk with[Ct Re] & find some sometimes[Cl Re] but evan they get tired of me[SD], if i dident have the internet i might kill my self..[Su] it's the only place I can talk to people without haveing to be verbal & not be soo alone[In,Ju,At Re]. I'm desprit please if you have any thing to say I woud soo appriciate any thing you can say[Pl,Ct,Ad], thank you.-sad/worried emoticon. **R1**: I never reply to your posts because I don't think I have anything great to say[Ct,Di.At DK], but I do read them[Va]. I like having you around here[Ct,Va], and I actually noticed that you haven't been posting much[Ct],

Don't Know[DK] Ambivalence[Am] Experience[Ex] Thought[Th] Privacy[Pr] Urges[Ur] Physical Response[PR] Emotional Response[ER] Relapse[Rl] Recovery[Rc]
Relationships[Re] Posting Helps[PH] Numbness/Dissociation[N/D] Suicidality[Su] Self-Deprecation[SD] Mental Imagery[MI] Techniques/Methods[T/M] Knowledge[Kn]

and hoped you were okay[Cs]. Please don't feel like people don't want you around[Pl,Cs,Ju] -sad/worried emoticon; If you try to get help, and they tell you nothing is wrong, you need to find another therapist[Ad,Ju]$_{Kn}$. You shouldn't have to feel this bad[Ju]$_{ER}$, and the fact that you do is enough indication that you need help[In,Va]. Don't listen to anyone who tries to minimize yor feelings [Ad,Cl]$_{Ex,Kn}$. **P:** [quotes first paragraph of R1's reply] Hi [R1 screen name][Di], you do have great words to say friend[Ct]$_{Re}$. What you said touches me in a way to were I am all most speachless with gratitude that is how great[Ct]$_{PH,ER}$; expresses concern for potentially having worried R1, affirms R1's practice of reading without replying, confesses same: I read all of you say as well[An,Ct], it is hard some times to know what to say in return[Eq,Cf]$_{DK}$ soo we both can relate in this situation[Di,An,Cl]; hope that helps a bit friend[Cs]$_{Re}$. **R2**:I can relate to what you mean about feeling as though people will get sick of you complaining/venting on here[An,Va,Cl,Ra]$_{Re,PH}$. I feel the same way. I know I am still very new to these boards, however I don't think that eliminates me from having my posts responded to[Ra]$_{Kn}$. Maybe more people would respond to my posts if I responded to theirs[An,At,Ct]$_{Re}$, but usually has little advice to offer, worries about being attacked for saying wrong thing[At]$_{SD,ER}$; I am sorry to heart that you were feeling so down last night that you felt you needed to cut yourself[Cs]. I too, can relate with that[An,]. I really do agree that you should be on some sort of medication[Cl]$_{Kn}$, and if your doctor/physician is unwilling to listen to you, I would suggest finding another that you feel more comfortable with[Ad,Cl]$_{Kn}$. I get how hard it is to open up[Va,Cl]$_{Pr}$.. I am much the same type of personality as you[Ju,Cl]$_{Kn}$. Has been on medication for five months[Cf], is still struggling to see any type of change$_{Rc,Ex}$. Keep in mind, though, everyone is different, and maybe you will respond well[Cs,An] […] recommends therapy, this has helped[Ad,Cs,Ju,An]$_{Re,T/M}$. R2 self-chastizes for rambling$_{SD}$; probably wasn't useful advice[Ad]$_{SD}$; affirms that there are people here who care[Ct]$_{Re,PH}$-smiley; I'm just another name on the internet, but I am here[Ct]$_{SD,Re,Kn}$. **R3**: I read your posts[Ct]. I always have[St,Di], and just because someone hasn't answered doesn't always mean they think you're a broken record, etc[At,Ju]. Sometimes when I read things I'm on my blackberry & I'm not able to write there & then & my only PC at the moment is at work[At]; can relate to how bad it feels when people minimize your problems[Cs,An]; apologizes for relating situation to self: What I mean is (*excuse me for relating this to me, but I didn't know how else to explain what I meant*[Eq]$_{Kn}$) I once had a friend […] tells personal anecdote of calling on friend in time of need[St,An]: so

				after a really bad [SI] episode, I was in ER & I text saying "I'm in hospital" I just wanted a friend to talk to. She replied… hope you're better soon. I realized then[Eq] that she wasn't even worth the effort or the cost of that text […] [St,Ju]$_{Ex,Re}$; recommends therapy, writing, drawing[Ad]$_{T/M}$. **R1**: quotes first two sentences of P's reply to R1's initial reply[Ct,Di] I'm glad it made you feel a little better-smiling emoticon; affirms it is hard not really knowing what to say…I wish I was better at that[Cf,Cl]. I'm sorry you felt ignored-frowning emoticon, but reiterates that R1 will continue reading P's posts, even if I don't know how to reply[Cl,]$_{DK}$. **P**: I appriciate you all takeing the time & effort to give me some input on what you each personaly think of my situation[Ct]$_{PH}$ […] you each have shared personal accounts & experiences to better help the best you can[Ju,At] for me to understand certain things[Eq] […] I read each one of your well said replys & have some things to think about now[Up,Eq] […] I think if I can finaly manage to get on medication & finaly start seeing a therapist again I will get out of this self-distrutive cycle[Ju]$_{Re}$, thank you all I love you each one$_{Re,ER}$ you are all great people individualy[Ju,Ct]. **R1**: Im sorry I couldn't reply earlier. Quotes a section of P's most recent update in which P confesses often lying to friends to the effect that he is not doing as poorly as he in fact is: You shouldn't do that[Ad]-frowning emoticon It makes them feel better, but then where does that leave you?[Eq] […] How are you today? No fake-happy answers, [first name, deduced from P's screen name], I want a real answer[Ct]$_{ER}$-smiling emoticon. **R4**: quotes P's initial post relating the SI anecdote, recommends karate or kickboxing as alternative aggression release and discipline practice[Ad]$_{PR,T/M}$: start kicking someone else's a*s instead of your own[At,Ad]$_{PR}$; recommends healthy diet and vitamin supplement, recommends exercise[Ad]$_{T/M}$; asks P's age, recommends P get a job for self-efficacy and socialization; Well this is just my take on dealing with mental and physical problems. Of course, I don't claim to be 100% problem-free; in fact, quite the opposite! I'm a wreck![Cs,An]-winking emoticon; buying new clothes helps too[Ad]$_{T/M}$. **R1:** quotes another section of P's initial posting, relating negative feelings; sorry you feel that way-crying emoticon; recommends therapy, and don't kill yourself[Ad]$_{Su}$-sad/worried emoticon; I'm here, okay?[Ct]$_{Re,PH}$
2	2	Telling somebody,*maybe trigger*	5 / 61 4 Days	**P:** I just told my best friend about my self harm, and I really wish I didn't […] she felt bad for making me tell her my secret […] then she made me promise to stop and I don't think I freaking can![St,Cf,Cl]$_{Re,Pr,SD}$ I just need to feel the pain sometimes[Cf,At]$_{Ex,PR}$; Ugh! I wish I could make her forget it…now she will be

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

				bothered by this too, and nothing will be the same![Ju] Nooooo![ER]; laments loss of friend as venting person, she'll be too busy making sure I don't hurt myself[Cl Re] (I do the hot metal burn thing…)[T/M]; never should have told; Someone help?please?[Pl,Ct]. **R1:** sorry this happened; something similar happened to me many years ago, and therefore I can relate[St,An,At,Di]; recommends P try to repair the friendship, but ocnjectures regretfully, the friendship might never be the same way as it was[Ad Re]. **P:** maybe…i always thought telling somebody would help[Eq Th] but life sucks like that[Ju]. Ahh! I know were both acting like we usually do[Re] but its bothering her…I can tell[Ju Ex]-sad/worried emoticon; already broke promise to stop SI[Up,Cf RL,Ex]; Stupid parents…ugh i can't light another match[Up] cuz they would probably smell it[Pr]. I miss the fire [Ur]!-perplexed emoticon[Eq]. **R1:** replies to P's reply[Di]: have to be careful whom you tell[Ad,Cl Re]; most people don't understand[Ju,Cl Kn]. **P:** replies to R1's reply to P's reply: Ugh, You got that right[Di,Ju,Va]; people can accept bullies whotake their pain out on others, but not the people who decide against this and take this out on theirselves[An,Cl,In,Eq]. People in my school who DRESS differently are outcasts and freaks[Ju,At]; trying not to burn anymore[Cf Rc], taking it out by venting here[PH], and writing[T/M]; BTW, I might not be back for a while…am grounded.[Up,At Ex]. **R1:** In school, everyone is trying to find their niche, and doing so involves putting up whatever barriers they can[Ju,At,Va], i'm happy to say that I never attached myself to one niche. Anyway, you're 'grounded'?[Di,Pl,Up] – I will be away for a while too[An], but I am sure that we will meet again in the future here[An,Cl Re,PH].
		Consumer 0 3 Days 8 Posts	P-R1-P-R1-P-R1 One Consumer, One Site Admin = 2 Participants	
2	28	Covering up Scars Consumer 2 1 Day 15 Posts	32 / 518 6 Weeks P-R1-P-R2-R1-R3-R4-P-R5-R3-P-P-R3_R3-P-R3-P-R6-R3-P-R7-R8-R9-P-P-R9-P-R8-R8-R10-R11-R8	**P:** I'm new to these boards[Cf], so I hope that the answer to my question isn't buried in some other post, or been asked too often[Kn]; introduces name, age, state, country; in therapy, has recognized SI is a problem[Up,Cf,Ju]; Explicit request for advice, tips for cosmetic products to cover scars[Ad T/M]. **R1:** compliments P's pretty name[Ct], provides info on two medical procedures, as well as tattooing[Ad T/M]. **P:** replies to R1 thanks for the compliment-smiley[Di,Ct]; I think I would still prefer for the time being to do something non-medical[Ad]. […] I'm still not really sure what to do[Pl,Ad,Eq DK]… **R2:** looking for same products, will try searching again[An,Cl,Di]; edited later with link to youtube video demonstrating a cosmetic product[Up,Ad]. **R1**: replies to R2 that girl [in video] looks familiar[Di Kn]; saw a thread on this topic at this forum before, but can't find now; I don't think it would be too 'wrong' of you to take a visit to your local doctor for professional advice[Ju,Ad Kn]…or even go to a beautician?[Ad]. **R3:** doubts anything

Don't Know[DK] Ambivalence[Am] Experience[Ex] Thought[Th] Privacy[Pr] Urges[Ur] Physical Response[PR] Emotional Response[ER] Relapse[Rl] Recovery[Rc]
Relationships[Re] Posting Helps[PH] Numbness/Dissociation[N/D] Suicidality[Su] Self-Deprecation[SD] Mental Imagery[MI] Techniques/Methods[T/M] Knowledge[Kn]

Five Consumers 0 One Consumer 1 One Consumer 2 One Consumer 4 Two Consumers 5 One Consumer 6 One Site Admin =12 Participants	works; lists shortcomings of common remedies; states daughter is a prolific self-harmer[Cf]… so I know[An,In]$_{Ex,Kn}$; the answer is to just live with it. Live with the stares and nudging.....and perhaps learn from it [Ad,Eq,Cs]; good luck to P and R2. **R4** offers suggestion for a product[Ad]; **P:** thanks for all the replies; knows will have to learn to live with it, but not comfortable enough yet not to hide it[Eq]$_{Ex}$. **R5:** recommends wristband[Ad]. **R3:** [quotes R5][Di] my daughter would need about 20 sweat bands on each arm and 40 on each leg!![Di,Ad]$_{Kn,Ex}$ **P:** Hi [R5 screen name][Di], thanks for your suggestion of the sweatband-smiling emoticon. I suppose for some people it would work great, but for me unfortunately, I too would need like 10 of them all the way up my arm for it to work[An,Ad,Di]$_{T/M}$; relates failures with two products recently tried$_{Kn,Ex}$. **P:** [new posting 2 weeks after previous][Ud]; anecdote of discovery by father[St]$_{Re}$, who saw scars when P's sweater sleeve pulled up$_{Ex,PR,Pr}$; So of course he freaks out right away and is like what did you do to your arm? I nearly passed out right there. […] So I said I scratched it. And hes like how... told him it was from playing with the dog, which obviously isn't true. He asked me a couple times why I would do that[At], and I couldn't even answer him$_{DK}$. Then pretended he never even saw them and changed the subject[Eq]$_{Kn}$. Reiterates direct plea for advice[Pl,Ad] I am sure I am not the only person in this position[An,Pl,Cl]. **R3:** sorry you are going through this; I don't have any advice[Ad]$_{SD}$. **R3:** asks P for help understanding own daughter: daughter shows scars off, opposite of P, what does P make of this?[An,Pl,At]; daughter's scars REALLY BAD[Ju]-sad/worried emoticon; why would she want to do this?[Pl,At] **P:** replies to R3[Di]: doesn't know daughter's situation$_{Ex,DK}$; maybe she is more self-confident than P[An,At]; I am not self-confident[Ju]. **R3:** replies to P[Di], daughter is not self-confident, and finds scars ugly; I think she likes the attention[At] **P:** [new posting one week later] Relates a relapse[St]$_{RL}$; long SI narrative[St]$_{Ex}$; I really cant explain why I felt the urge to SI$_{Ur,DK}$, but it was all I could think about$_{Th}$. I was at work when I did it[St]. […] I am disappointed in myself, however I almost somewhat feel a relief$_{Am}$. I had been holding out for what seems like an eternity […] P saw a therapist, therapist asked if P SIs, P admitted, embarrassed[St]$_{Ex}$. I feel like an outcast even here[Cf]$_{SD,Re}$, much of what I read here are all things I can relate to[An], I just don't feel like I have a right to post a reply$_{Kn}$. I don't know..I need sleep$_{PR}$..need to get my mind on other things$_{Th}$.. **R3:** (((hugs)))[Ct]; wish I could talk to your mother, and she can help you get the help you so desperately need[Pl,Ju]. If you can't, it is imperative that you talk HONESTLY to a professional![Ad,]$_{Kn}$**P:** replies to R3[Di], discloses family

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

				tensions; doesn't want to stress parents by telling them about problems[Up]$_{Re}$. **R6:** I have now learned not to be embarrassed about my scars, they come from a time in my life when I was very sad[ER] and out of control[In,At]. I know I did them but it is not my fault[Ju], so I am not as quick to hide them anymore.[An]$_{Ex,Pr}$ […] I must admit that if people ask how I got them I do lie[Cf,Cl]$_{Am}$. **R3:** recommended to daughter that she lie about scars[Up], but her scars SCREAM of self-harm[Ju]. No-one will believe that she was in an accident[Ju,St]$_{Ex}$. **P:** thanks R6 for encouragement, hopes will some day have same courage[An,Cs]. **R7:** recommends a product that had been criticized by R3 above[Ad]. **R8:** Hi P. Introduces name and age; long narrative about own scars fading over years[St,An,Cs]$_{Ex,PR}$; now has practice of telling people "I was in an accident". If they ask for details I say it's too traumatic to talk about and they leave it at that[Ad,An]$_{T/M,Ex}$. **R9:** psych recommended$_{Kn}$ a Red Cross product/procedure[Ad]$_{T/M}$, will keep P informed[Di]. **P:** thanks R9[Di]. **R9:** provides details[Up]. **R10:** has re-burned scars, to simulate accidental injury[Ad,Eq]$_{Ex,T/M,PR}$. **R11:** Compliments P's name[Ct]; states age and SI history [have been cutting for a while now] can relate to importance of keeping secret from parents[An]$_{Pr}$; wears a glove that covers wrist[Ad]$_{T/M}$; hope this idea helps you as much as it has helped me![Cs,An]$_{Ex}$. **R8:** a glove won't work for P's severity[Ad,Ju,Di,Cl]; **R8:** to R11[Di]: you are too young, stop now if you can[Ju,Ad,Ct].
3	35	the end of the line? Veteran 6 Months 219 Posts	21 / 276 11 Days P-R1-R2-R3-P-R4-R5-P-R6-R5-R7-P-P-R8-P-P-R9-R10-P-R9-P-R11	**P:** I am finally at the end of my rope(i hope)[Cf,Pl,Ct]$_{Su,ER}$. I haven't felt a single pang of happiness in over two years[St]$_{Ex,ER}$. Hospitalization three times[St], parents waste money on therapy that doesnt do shit[Ra,Ju]$_{Ex,Kn}$. parents totally ignorant about P's suicidality its like [they] have totally forgotten that i am suicidal[Ra,In]$_{Re}$. It hasn't gotten one iota better just like i told them[Ju,Ra]$_{Ex,Kn,Re}$; relates suicide urges, statement of means [today when i was cleaning my rifle][St,Cf]$_{Ur,Su}$; I literally have ZERO friends[Ra]$_{SD,Re}$. So I dont even know why i am posting this[Pl,Eq,Ct]$_{DK}$. its a waste of energy[Ra,Ju]$_{PH}$. [screen name]. **R1:** Everyone here is your friend[Di,Ct]$_{Re}$; I have suicidal urges every so often, a big one last night, actually[An,St]$_{Ex}$. And porting here isn't a waste of energy[Ju], you can post all you want[Va]. It's a great way to relieve stress and pressure[Ju,In]$_{PH,T/M}$. If you ever need to talk, you can message me[Ct]$_{Re}$. Recommends P try to explain feelings to parents[Ad]$_{Re,ER}$, if that doesn't work, you always have here[Ad,Cl]$_{PH}$. *lots of hugs*[Ct]$_{Re}$. **R2:** Put the rifle away, get a new therapist, keeping posting, and stay strong[Ad,Di]$_{T/M,Re}$; recalls own darkest days, which have gotten better over time, I hope you can get to where I'm at and better still[St,An,Cs]$_{Ex}$. **R3:** 2 years is a long time to not feel any

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

1 Newbie 1 Regular 1 Member (M) 1 Silver M 1 Gold M 2 Platinum Ms 1 Emerald 4 Veterans = 12 Participants	happiness[Ju,Va]$_{ER}$; it is definitely an achievement that P is still here[In,Va]$_{Su}$; glad you posted, we're listening[Ct]$_{Re,PH}$. Seeing a therapist who doesn't help is, as you've said[Di,Cl], a waste of money[Va]. And a waste of your time[Di]. Is there someone else you could see instead?[Ad,Eq]$_{Kn}$. **P:** [Next morning] Quotes R3's reply, P has told my parents this. They just say "too bad"$_{Kn}$ and if i dont go they will throw me out of the house$_{Re}$. same thing with my meds, states brand, I will never recommend it to ANYONE[Ad,Cl]$_{Kn,Ex,Rc}$. Ill be on later maybe, you can as always pm me[Ct]. **R4:** You are a very strong person[Ju] for having dealt with sadness[In,Cl] (understatement?[Eq]) for two years. We here are all your friends[Ct]$_{Re}$. If your therapist is not the help you need, let us be[Ad,Cl,Cs]$_{PH,Kn}$. We are a family and are here to help each other through times like this[Re,In,At]$_{PH}$. There is no feeling you should keep to yourself[Ju]$_{Re,Pr,PH}$, we are here and listening[Ct,Cl]$_{Re,PH}$. HUGS HUGS HUGS[Ct]$_{Re}$. **R5:** posting not a waste[Ju,Va]$_{PH}$; I take hope that am getting better[An,Cs]$_{Rc}$. **P:** Quotes R5, discredits R5's An,Cs[Di]: Well you have suicidal days. I am suicidal every second of every day[An,In,Eq]$_{Ex,Su}$. **R6:** im feeling exactly how you are feeling right now, so you aint alone[An,Ct,Cs,Cl]$_{ER,Ex}$. put the gun down and go for a run to relieve some pressure, it helps[Ad]$_{T/M}$. **R5:** :(I'm sorry to hear that :([Di] All I can say is to not give up hope. I used suicidal every second of every day[Di,An,Va]$_{ER,Ex,Kn}$. […] I have been to the hospital at least 30 times[An,Va]$_{Kn,Ex}$, but it eventually helped[Cs,An]$_{Ex,Kn}$. **R7:** hug03.[Ct] **P:** [perhaps replying to R5] On meds, these don't help[Up,Cs]$_{Ex}$; only interest is shooting[Up]; spends all money on weapons and ammo; new law prohibits mail order, It's like even the government doesn't want me to have fun[In,Cl]. **P:** [next day]: yep still no better[Up,Cs]$_{Rc}$; didn't go shooting, too depressed[St,At]$_{Ex,ER}$; hasn't showered in days, family doesn't notice or care[Up]$_{PR,Re}$. **R8:** hi, I can't say that I know how you feel, no one can cause your feelings are your own[An,Va,Cl]$_{Kn}$, but I can tell you that I know what its like to feel invisable[An,Va]$_{Ex,Kn,N/D}$. R8's mother died recently, was R8's best friend and the only one who understood me.[Cl,Eq]$_{Re}$. But since I have been coming on here, it has gotten a little easier$_{PH}$; my mom is here with all of you[Eq]$_{Th}$ and I hope you can hang in there so I can get to know you too[An,Cs]$_{Re}$. I know it sounds selfish[Ju], but its how I get done what I need to these days[At]. Please stay around lots of people care about you[Ct,Pl]$_{Re}$. **P:** today I layed … staring at the ceiling[St]$_{Ex,N/D}$; blade is dull$_{T/M}$, otherwise would have blood pouring down my leg$_{MI,Rl,PR}$. **P:** [next day] reports SI episode[St,Up]$_{Rl}$, first time in four months; And it didn't feel good$_{Ex,PR}$. it didn't relieve anything like it used to[Ju,Va,Eq]. So no I realy have nothing to live for[In,Cs]$_{Su}$. **R9:**

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

				recommends a job involving guns, recommends new therapist[Ad]; refers to material from prev. thread [would your parents really kick you out?][Di,In,Eq]. **R10:** hope you're feeling better soon. **P:** answers R9's questions, relates a previous occasion of being hospitalized by parents[Di,St,Cl]. **R9:** Remembers P's post in another thread about hospitalization, but reiterates importance of doing what is best for self[Va]$_{Kn}$; If people don't listen, then it gets hard to reason with them. sometimes it helps to talk to different people[Ad,Cl]$_{Kn}$. **R9:** recommends seeking new therapist[Ad]. **P:** maybe. **R11:** you're lucky, we can't buy guns in my country[Ju,An]; I could hug you for hours and hours if I were there[Ct]$_{,Re}$.
3	22	*TW* I really want to Newbie 3 hours 21 Posts	7 / 100 8 Days P-R1-P-R2-R3-R4-R5-R6 1 Newbie 1 Member (M) 1 Regular 1 Platinum M 1 Emerald 1 Veteran 1 Site Moderator = 7 Participants	**P:** Cut. So bad. It's all I can think about all day and night[Cf]$_{Ur,Th,Ex}$. I can even like 'imagine cut'. I can just feel it. I can see it$_{MI,PR}$. I can make it all go away[Cs]. If only I had the blades[Pl]$_{T/M}$. Where though so no one can see$_{Pr}$. I'm trying so hard not to[Cf]$_{Ex}$. I just don't know how much longer I can[Pl,Cs]$_{DK}$. I don't want this 'recovery' not now[Cf]$_{Am,Rc}$. Maybe in a few when life is a bit easier. When the girls are in school. Two toddlers who are only 15 month apart is hard[Ju,At]. It's stressful. I have no friends in this state to hang with and to forget the stress$_{Re}$. So why not cut?[Pl,In,At] **R1:** because you'd be letting yourself down more than anyone..[Ju,At]. I know life is hard at times[Va,Cl]$_{Ex,Kn}$, and is sometimes unbearable[In], but falling back into horrible habits will never solve anything..[Ju]$_{Rl}$ If you do cut, and feel that you must to survive[In], we will not judge you[Cl,Ju]$_{Rl}$. You will judge self harshly enough.. **P:** really torn[Eq]$_{Am}$ about motivations not to SI; everyone I would disappoint is 'normal'[Ju] … they don't understand; they never actually hear[In,Cl]$_{Re}$. I feel like I'm dying either way[In]$_{Th}$. It's just a matter of which way is slower and which way is faster. I don't want to die[Eq]$_{Rc}$. I want to watch my beautiful children grow up[Cs,At]$_{Ex}$. **R2:** animated text hugs[Ct]; wish I had some great advise[Ad]. **R3:** be strong for children[Ad,Cs]; hope writing helps$_{PH}$. **R4:** sending you calming thoughts, hun[Ct,Cs]$_{Th}$. **R5:** R1 is right[Cl,Va,In], you are hardest on yourself, that's whom you'd be disappointing[In,Eq]; sending hugs[Ct]. **R6:** take care of yourself-animated text hugs[Ct].
3	40	I'm back… *may be triggering*	6 / 96 6 Days	**P:** Hi everyone[Pl,Ct]$_{Re}$, I haven't been on here in a while and most of my posts go dead due to anxiety[Up,At]$_{ER}$ [tends to delete postings due to anxiety about getting replies] so don't be surprised if this post is dead in a few days[At]; not getting needed support[In,Ju,At], having urges[Cf]$_{Ex,Ur}$, family knows history, scars currently

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

		Newbie 4 Months 16 Posts	P-R1-R2-R3-R4-R5-R6 1 Newbie 1 Regulars 1 Gold M 2 Platinum Ms 1 Site Moderator = 7 Participants	uncovered, thus family will notice new wounds or sudden covering$_{Pr}$; anxiety due to new job in food service, threw up twice in anticipation of interview$_{PR}$, SI may threaten job security$_{Pr}$; tried to call friend and talk through urges$^{St}_{Re}$, this failed; depicts SI episode, detailing phenomenological experience$^{St}_{Ex,T/M}$: So many things went through my mind as I was holding the blade$_{Th}$, I almost wasn't able to do it after thinking of these things [stream of consciousness on numerous issues that were racing through mind, including specifics of food handling at job] the moment the blade touched my skin I could almost feel the release of all the emotions$_{PR,ER}$, once I did it…I did it again and then I got upset at myself because I knew instantly that everyone would know if they saw the scars$^{In,Ju}_{PR,Pr}$ (not even the wounds). […] the release I feel now compared to years ago…is much more intense, much more releaving, that's the scary joy$^{Up,Eq}_{PR}$. contemplating checking self in to hospital, but afraid of meds, which have exacerbated P's suicidality in past$_{Rc,Su,Kn}$. Thanks in advance for replies$_{PH,Re}$; sorry for details if triggering; sorry in advance if I'm not able to reply because of my own reasons^{At}. **R1:** I know EXACTLY how you feel, going through same thing$^{Cs,An}_{Ex,Kn}$; sometimes SI is only ting that helps^{Cl,In,Va}; hopefully it helps you to know we are not alone in our struggles$^{Cl,Va}_{Re}$; hope you feel better-smiley. **R2:** hope you feel better soon. **R3:** welcome back$^{Ct}_{Re}$; well done for getting through the interview^{Ct,Va} [reported in P's initial posting]; take care of yourself hun-two 2-emoticon cheek-hugs. **R4:** great job on the interview^{Ct,Va}; don't worry about unloading on us^{Cs}…we're here to listen$_{PH,Re}$; PM if you want to talk$^{Ct}_{Re}$. **R5:** I'm also struggling with trying not to relapse$^{An}_{Ur,Ex}$; lots of recent stress^{Up,At}; has scars, but pale skinned so hard to notice$^{An}_{PR}$; take it one day at a time^{Ad}. **R6:** Although I am not familiar with your previous posts^{Cl}, I can safely say that I enjoy your willingness to pour your emotions out to us^{Ct,ER}, even though you have great anxiety to do so, I think it's rather brave of you^{Ju}, and you should be proud of yourself^{In}; validates struggle, as cutting feels like a part of us^{In,Va,Cl}; we are here for you$^{Ct}_{Re,PH}$; go to hospital, or explore non-medical interventions^{Ad}; suggests support group [look on the internet about self injury support groups]$^{Ad}_{T/M}$; we understand if you don't post$^{In,Cl,Va}_{PH}$; PM any time$^{Ct}_{Re}$.
4	4	covering scars. [No stats] [Face Photo]	8 / 460 2 Months, 25 days	**P:** Just started cutting, seeking advice on how to cover scars$^{Ad}_{T/M}$ so that no one notices just yet$_{Pr}$; i'm waiting for the right moment to tell my friends$_{Re}$; i don't want to tell my parents because knowing them they will probably put me on suicide watch even tho i've never thought about suicide$^{In,At}_{Re,su}$; wants to wear

	P-R1-R2-R3-R4-R5-R3-R6-R7 6 No Status 1 Supporter 1 Experienced User = 8 Participants	tank top, but scars on forearms$_{PR}$. **R1:** Recommends vitamin E or maderma$^{Ad}{}_{T/M}$; I have a problem cutting myself too^{Cf,An}; If you need to talk reply to my post.$^{Ct}{}_{Re}$. **R2:** Can't hide the scars^{Ad}; I am a former cutter$^{Cf,An}{}_{Ex}$; urges never cease$^{Cs}{}_{Ur,Kn,Ex}$. Has scars on forearms that I CAN'T hide$_{PR,Pr}$; people tend to interpret as suicide attempts^{At}, which isn't true^{In}; They just don't understand^{Ju}; advises P not to start SI^{Ad}; scars NEVER go away […] it just reminds me of how I've hurt myself$^{Cs}{}_{Ex,Th}$. **R3:** Talk to parents or a therapist$^{Ad}{}_{Re}$, talking helps, as does staying busy$^{Ad}{}_{T/M}$; recommends exercise, physical activity$^{Ad}{}_{T/M,PR}$; Believe me$_{Kn,Ex}$-cutting does not help^{Cs,In}. If you want to talk I'm here$^{Ct}{}_{Re}$. **R4:** Recommends Swedish Bitters. My mom used these on her stretch marks, and I've used them on my own scars$^{Ad,Va}{}_{T/M,Ex}$; describes application and effects: helps scars heal and takes the purple/red out$_{PR,Ex}$; dates a man who used to SI, who is becoming teacher, covering scars with tattoos$_{T/M}$, describes his wounds/scars: some were really, really deep, they're about 1/8-1/4 inch wide; good that you are not suicidal$^{Cs,Ju}{}_{Su}$, but think of future consequences$_{Th}$. **R5:** Also started cutting recently$^{An,Cf}{}_{Ex}$, stopped cutting forearm as I felt people were going to start noticing$^{At}{}_{Pr}$, so now cuts ankle or thigh instead$_{T/M}$; easier to hide, and seem to heal faster there too$^{Ad}{}_{PR,Ex,Kn}$; covering with makeup helps with forearm scars$^{Ad}{}_{T/M,Ex,Kn}$; if people ask, I just tell them I fell asleep with jewelry on and that I'm a restless sleeper$^{In,At}{}_{T/M}$. No one that i'm aware of knows I cut myself^{Cl}, my parents$_{Re}$ would probably take me out of school and put me in rehab$^{In}{}_{Re}$ […] and my friends would probably freak out and think it's all for attention$^{In}{}_{Re}$, clearly it isn't^{In,At}. **R3:** Honey^{Ct} no matter where you cut it will scar and sooner or later someone will notice^{Di}. Reiterates advice from previous post, exercise and physical activity$^{Ad,}{}_{T/M,PR}$; this kind of pain you can push through and work past it; it does work^{Cs,Va}. **R6:** Knowing that scars will be permanent can be preventative$^{Cs,In}{}_{Th,Rc}$. Has scars all over body, some for as long as five years, they are as bright as ever$^{An}{}_{Ex,PR}$. i stare at them every day, wondering why i had to do that to myself$^{Eq}{}_{Ex,Th,DK}$; lists own strategies for quitting: drawing red lines on my wrists to make it seem like they were bleeding, and snapping a rubber band on my wrist to feel the pain$^{Ad,An,Eq}{}_{Ex,PR}$. **R7:** If you happen to be prone to (accidental) injuries$^{In}{}_{PR}$, try wearing a wrist support bandage$^{Ad}{}_{T/M}$; works for R7^{An} because I have extremely weak wrists that I've sprained multiple times^{Ju,At}; a friend used to use those arm band glove things (you know the ones)$^{Ad}{}_{T/M,Re}$, this also worked well^{Ju,Va}; try not to do this^{Ad}; you are loved$^{Ct}{}_{Re}$, and eventually you'll be wondering why the hell you did it in the first place!$^{At,An}{}_{DK}$.

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

4	3	Addicted to cutting forearm at 13 [No stats] [No Avatar]	21 / 1463 1 Year, 4 months P-R1-P-R2-R3-R4-R5-P-R5-R6-R7-R8-R9-R10-R10-R11-R10-R11-R10-R11-R12-R11-R13 10 No Status 1 Supporter 2 Moderators = 13 Participants	**P:** It only started a few days ago, but I'm already addicted[St,Cf,In,At]. Describes practice: cuts arms, not wrists, after school[St Ex,T/M]. Describes sterilizing scissors and SI site[Ex,T/M], although I know that doesn't prevent infections[In Th,PR,Kn]. Is there any way to stop without telling my parents [Pl,Ad Pr,Kn,Re]? I just know they would be so disappointed[Ju Th,Re]. Discloses history of depression and of being dismissed by adults when P asks for help with depression[St Ex,Kn,Re] (they just think it's hormones[In,Ju Th,Ex,Kn]). […] I need help and I need it quick[Pl,Cs], in a few months will have to wear T-shirt for gym[Ex,PR], I don't want the whole school to see my problem[Cf,Cl Pr]. How do I stop?[Pl,Ad DK]. **R1:** …makes me sad to read about people harming themselves[ER]. Began SI when I was your age[St,Cf,Cl,An]. I still don't know where i even got the idea to do this, but oddley enough, it seemed to make me feel better[Eq DK]. Advises P to talk to parents or a close friend[Ad Re]. Since you just started doing this you can stop quick[Ju Rc]. Advises P to become aware of triggers and avoid these[Ad], and to find alternatives to cutting, like locking yourself in your room and listening to music. Or going for a walk![Ad T/M,Rc]. Scars will be forever[Cs PR,Ex,Kn], think of 5 years from now when you are trying to get a job[Ad T/M,MI]. you wont want your children to see the scars and wonder about them..[Re]. **P:** Had promised self would not cut, but relapsed[Cf,Up,St Rc,RL]. Thanks for your help, but those alternatives didn't work for me[Ad,An,Va]. **R2:** I too used to cut myself, along with many of my close friends[An Ex,Re]. If it makes you feel better it is a common thing for teenagers to do[In,Va Th]. Warns P that it can go out of control very quickly[Kn,Ex]. Recommends snapping wrist with rubber band[Ad T/M]. I have found that it helps[An,Va Kn,Ex]. If you need anyone to talk to about problems don't hesitate[Di Re]. I'm here[Ct]. [first name]. **R3:** Thanks P[Di] for posting your desire to stop cutting[In], you are not alone[Ct Re]. By taking the time to sterilize the tool you use mean you don't want to die[In,At]. Will you take [R2 screen name]…aka [R2 signature name] up on his offer to help you[Ad,Ct]? Recounts P's novice status and R2's experience[In Ex,Kn], perhaps both of you together can solve this[Eq,Di Kn]. Please send him a privat message and let him help[Ad T/M]. Thank you [R2 signature name][Di]. Please keep us posted, others can benefit from our experience[In,Cs Kn,Ex]. **R4:** I know how you feel[An Kn,Ex]. Describes own scars and method[Ex,T/M]. Endorses R2's rubber band technique[Ad], or one thing that helps me is digging my nails into my arm[Ad,An T/M]. Recommends cocoa butter to help scars heal[Ad T/M,PR]. Recommends telling parents[Ad Re], but I don't know them or how they will react, so only you can make that decision[Ju,Cl Kn]. **R5:** I am a cutter and I am only 13[Cf,An]. I find cutting

Don't Know[DK] Ambivalence[Am] Experience[Ex] Thought[Th] Privacy[Pr] Urges[Ur] Physical Response[PR] Emotional Response[ER] Relapse[Rl] Recovery[Rc]
Relationships[Re] Posting Helps[PH] Numbness/Dissociation[N/D] Suicidality[Su] Self-Deprecation[SD] Mental Imagery[MI] Techniques/Methods[T/M] Knowledge[Kn]

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

				mself helps me with a lot of things$^{In,Va,At}_{Ex,Kn}$. Has been cutting for years now$^{St}_{Ex}$. Promises self will stop, never can$_{Rc,Ex,Rl}$. I love the feeling that the blade makes as it digs into my wrist$_{PR,Ex}$. I dream of my death all the time$_{MI,Su}$. Knows needs help, wants to stop, but feels can't stop or get help^{Eq,Cs}. I cant talk to anybody about this or how I feel$^{Pl,Ct,Cl}_{Re,ER}$. […] I feel there is no one out there to help me$^{Pl,Ct,Cl}_{Re}$. I look at my scars and just smile$_{Am,PR}$. […] Is there any way i can stop?$^{Pl,Ad}_{Rc}$ **P:** [15 days after initial post] Actually, now I'm cured$^{Up}_{Rc}$. The way to stop is actually very easy$^{Ju}_{Kn}$. Tell your parents, and their reaction will be enough to make you stop$^{Ad,An}_{Re,Rc}$. It made me stop!$^{Va,At}_{Rc,Ex}$. **R5:** [14 days later] talk to other people even other cutters like myself$^{Ad}_{PH}$ Im 13^{An} and if you want to talk you know were to find me^{Ct} **R6:** Discloses name, relates SI history and method, SI site$^{Cf,St}_{Ex}$. It gives me alot of happiness when i cut^{Eq}. i enjoy it a lot as it is my life and i go by the way i want^{In,At,Eq}. today after some time i feel like i shoukd not have doen that$^{Cf}_{Th,Ex}$. but next day i again start it$^{St}_{Ex,Rl}$. what to do?$^{Ad,Pl}_{DK}$. **R7:** i am also a cutter since i was I I… i am now 13^{An,St}…has taken up writing as alternative / coping strategy$_{T/M}$. Writes about what upsets me and then burn[s] the papers$_{T/M}$. it helps me feel better$_{ER,Ex}$… you might want to try it$^{Ad,An}_{Ex,Kn}$. **R8:** Hi [R2 screen name]^{Di} I am a writer too^{An}. I mean, not really, but I love to write^{In}. Endorses writing (to either R8 or P, unclear): write, honey^{Ad,Di}, who knows, we may read about your work years from now^{Va}. **R9:** Introduces self, relates SI history$^{St,Cf}_{Ex}$, offers availability if others want to talk$^{Ct}_{Re}$. [**R10** introduces self (2 postings); **R11** welcomes R10 to forum, asks about R10's experience; **R10** updates, including narratives of loss and abuse; **R11** discloses analogous life history of physical abuse, describes how hard it has been; **R10** agrees it has been hard, is looking toward bright side, has found god; **R11** celebrates R10's spirituality, discloses importance of god in own life and recovery; **R12** discloses SI history, has also found god, in recovery, has urges but is married and doesn't want him to think I'm crazy^{In}; **R11** welcomes R12, comments on specifics of R12's SI history, offers to talk any time; **R13** introduces self, relates SI history].
4	27	I cut myself all the time and can't stop [No Stats] [No Avatar]	8 / 2875 1 Year, 9 months	**P:** Discloses depression, history of scratching intentionally to leave red marks$^{St,Cf}_{T/M,PR}$. I didn't see this as self harm so I ignored the fact that I was always doing it^{Eq,In}. After about a month I suddenly upgraded to cutting instead. It gave me a buzz and relief from all the stress and depression$^{Cf,At}_{PR}$. It was almost a release. I don't do them very deep but it is still cutting^{In,Ju,Va} and they

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

P-R1-R2-R3-R4-R5-R6-R7-R8 8 No Status 1 Supporter = 9 Participants	are deep enough to scar$_{PR}$. Can't stop, has tried$^{St}{}_{Ex,Rc,RL,Ur}$. I even got a self help guide to stop and tried everything in it$_{Kn}$ but I always go back to cutting$_{Rc,Rl,Ex}$. I am not looking for attention but I wanted to get this off my chest$^{At}{}_{PH}$. Has upcoming appointment with a therapist$^{St,Up}{}_{Rc}$, afraid therapist will not believe me when I say I can't stop$^{Ju,In,Cl}{}_{Kn}$. Descibes SI as almost like an addiction; states frequency and method [I cut myself everyday about 6 times daily$^{Up}{}_{T/M}$]; My dad thinks I am suicidal^{Ju,At} but this is not true^{In,Ju}. Only being with friends keeps P from cutting$^{Cf,Cl}{}_{T/M,Rc,Re}$, but I can't be with them all the time^{Cs}. […] Can you suggest anything to help me stop please$^{Pl,Ad}{}_{T/M}$. […] My mum says I should get help and I really need help$_{Kn}$. Thank you-sad/worried emoticon. **R1:** at the rate you say it is, there really isn't anything anyone can say to you to make you stop$^{In}{}_{Rc}$. P must find internal motivation^{Ju,Ad}. i used to do it and the main things that made me stop was realizing how useless it was and how bad it looked$^{An}{}_{Rc,Th,T/M}$. I didn't do out of depression or for attention^{At} […] i just did it because i could and because i was used to it^{At,Eq}. Recommends getting a job, hobby, or other distraction, and finding some outlet for your stress besides cutting$^{Ad,At}{}_{T/M}$. Recommends therapy. I'm not saying you're crazy$^{In,At}{}_{Kn}$ […] you need to find out what makes you do this and maybe then you can figure out how to stop it$^{Ad,At,Cs}{}_{T/M}$. **R2:** i cant tell you how to stop or anything^{Ju,Cs}. if i knew we would both be better off$^{An,Eq,Cs}{}_{Th}$. i just wanted to let you know you are not alone$^{Ct}{}_{Re}$. Discloses own SI history^{St,An}. Has reduced frequency but still cant stop completely$^{St}{}_{Rc}$. so your not alone$^{Ct,Va}{}_{Re}$. that should make you feel a little better^{Ju,Cs}. **R3:** Found two strategies on other web sites$_{Kn}$: u can draw lines on the area u want to cut or put a elastic band on ur wrist and ping it wen u want to cut.. None of these helped me so hopefully they will for u.$^{Ad,Va,An,Cs}{}_{Rc,Ur}$. **R4:** [formulated as short, unpunctuated phrases, like stanzas of a poem] elastic bands don't help$^{Ad}{}_{T/M}$ / not for me anyway^{An} iam 26 and / apparently iam late for a cutter$^{In}{}_{Kn}$ Discloses history of alcohol abuse$^{St}{}_{Ex}$, discloses desire to die$^{Cf}{}_{Su}$; iam so lost / so unbelievably lost$_{Ex}$ / i wanna die$_{Su}$ / but iam scared its gonna hurt$_{PR}$ **R5:** ive just started cutting$^{Cf,St}{}_{Ex}$ […] I do it when someone's upset me$_{Re,ER}$ and I cant find any other way to release the stress and pain^{In,At}. Ive found myself doing it a lot […] since found out my boyfriend has been flirting and chatting to other women on msn like my ex did$^{St,At}{}_{Re}$ I cant deal with the pain^{Cf}. […] cutting is the only way to take away the pain^{Ju,At}. **R6:** some of you really aren't helping^{Ju,Ra}. You're just trying to relate^{In}. All you're doing is providing more ideas and talking about yourselves^{Ra}. [P's screen name]^{Di}: throw

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

				away all of your razors or other products you use to cut, for items that can't be disposed of (e.g. scissors needed for other uses), leave with someone$_{Re}$ who will monitor use$^{Ad}_{T/M}$. Since you've mentioned your father knows$_{Re}$, leave them with him. This may be a way for your mind to be "embarrassed" and to condition it to want to stay away from the "embarrassing situation"$^{Ad,In}_{Th,T/M,Re}$. Remainder of reply in poetic form, akin to R4^{Di}. Your will power on the hand, / is a hard thing to tame$^{In}_{Th,Ex}$. / you need to try your hardest to just walkaway^{Ad}. […] Recommends finding people to be around when urges strike$^{Ad}_{Ur,T/M,Re}$. Keep us updated$^{Ct}_{Re,PH}$-smiling emoticon. **R7:** Endorses R6's advice to be around people$^{Ad,Va}_{T/M,Re}$; recommends seeing a doctor, and making pledges or contracts with friends not to SI$^{Ad}_{Re}$; recommends talking to boyfriend about online flirting$^{Ad}_{Re}$. I'm sure someone else will come along and give different advice$_{SD}$ but I am looking at this because of the cutting. […] Look at your arms, stomach where-ever you are cutting$_{PR}$ and realize you are giving this man too much power over you^{In,At}. **R8:** omg!! i am doing the same thing you said u started off with…i scratch myself just to see it get red…$^{An,St}_{T/M,Ex,PR}$ i don't have enough guts to use a blade$^{Cf}_{SD.T/M}$ but its starting to become a good idea$_{Th}$. am i turning into a cutter$^{Pl,In}_{Kn}$??? i cant stop…because i feel like all my problems are draining out of me when it turns red$_{MI,PR}$. Someone^{Pl,Ct}??
5	37	Triggering (Suicide) - Not sure what to call this Member 2 Years, 11 months 28 Posts	4 / 86 1 Month P-R1-R2-R3-R4 5 Members	**P:** I'm not sure$_{DK}$ how to explain this^{Eq} as I'm not great with words$_{SD}$ as some of you may know$^{Ct}_{Re}$, but here goes: Discloses increasing suicidality and resignation$^{St}_{Ex,Su}$ I know I have an amazing group of friends$_{Re}$ and at the moment they are they only people keeping me going^{In}. [but] I still feel that things would be easier for everyone if I just wasn't here anymore^{Pl,Ct}. I feel that cutting myself just isn't giving me that same feeling anymore$^{Eq}_{Ex}$, it just seems like its not enough anymore^{Cs}, hence why I think I should just disappear$^{At}_{Th}$. […] I know this has come out a bit jumbled and muddled$_{SD}$, but this is just how my head is^{Eq} […] thank you for anyone who reads this^{Pl,Ct} x **R1:** [P screen name]^{Di}, you know how I think$^{Ct}_{Th,Re}$.. you're not alone$^{Ct}_{Re}$. Recommends going back to doctor^{Ad}, you seemed better before the doc stopped the meds^{Ct,Up}. You where I am, if u need me, day or night, just let me know$^{Ct}_{Re}$. Love and hugs xoxoxo^{Ct} **R2:** the world would not be better with out you$^{In,Ct,Va}_{Su,Re}$. I know if I lost any of my friends, close or not I'd be hurt and have a heck of a time getting over it$^{In}_{Re,Su,Th,Ex}$. **R3:** Sorry you're going through this. Recommends calling a helpline^{Ad}. We're all here for you$^{Ct}_{Re,PH}$. **R4:** please dont give up, your worth so

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

				much to me[In,At] and [first name]. You have helped me so much last year[An,Cs] […] if it was not for you i probably would have died atleast once[Ju,Cs]$_{Re,Su}$. i know you feel you cant do this […] but i know you cant [sic] no matter how much you say you cant[Ju,Cs]. […] the fact that your still here shows a lot of strength[In,Cs]! I love you so much hunn[Ct]$_{Re}$. Please don't give up[Pl] [first name, not divulged in P's posting]. pm me whenever[Ct]$_{Re}$.
5	7	My school had a talk on self harm from our Head of Year… ***Triggering (SI) *** Member 8 Months 190 Posts	28 / 668 28 Days P-R1-R2-P-P-R3-R4-R5-R6-R7-R8-R9-R10-P-R11-R12-R13-R14-R15-P-R16-R17-P-R18-R5-R16-P-P-P 18 Members 1 Sponsor =19 Participants	**P:** Head school administrator took a few students out to talk about [SI] then came back in and told us that if any of us self harmed, he'd tell our parents and all our teachers[St]$_{Ex,Kn,Re}$. If students known to engage in SI are absent, he'd contact the police as he'd 'assume' we were in [emergency room] for SI[In,At]. P knows a few of those students pulled aside, is worried about discovery or about friends telling on P[An]$_{Pr,Re}$; I'm scared, because i have P.E. on monday and i'm sure one of the teachers will notice. Not ready to discontinue SI, i can't force myself if my heart's not in it, so i'm stuck[Eq]$_{Th,Rc}$. I'm clueless about what to do[Eq]. Someone help me, please?[Pl,Ct] **R1**: I really don't know what to tell you[Eq,Ad]$_{DK}$, but that seems like a really hard and scary situation to be in[In,Va]. *hugs*[Ct] **R2:** Administrator is going about this all the wrong way[In] and really wont help though it sounds like he wants to[Ju,At]. Relates analogous personal story featuring a school administrator to whom R2 disclosed SI[St,An,Cf], thinking she would keep it too herself$_{Pr}$ […] she told my parents and the teachers were told i was in counselling, which is the law[At]$_{Kn}$ […] well i think it is[In] i think she thought i was a danger to myself[At,In]. I know it is a really hard place to be[An,Cs]. hugs[Ct] You dont have to stop s[elf]h[arm]-ing[Cs,Cl]$_{Rc}$ as i never did when people found out[An,Cl,Cf]. Recommends finding other hobbies and distracting self[Ad]$_{T/M}$. Sorry this is not great advice[Ad]$_{SD}$ hun[Ct] feel free to pm me whenever[Ct]$_{Re}$. **P:** [quotes R2's entire reply][Di] where i live the teachers think that they have control over everything you do[In,At]$_{Pr,Re,Kn}$, in or out of school. xx **P:** [quotes R1's entire reply] It is[Di,Va], I'm petrified of going to school on Monday[Cf,Up]$_{ER,Ex}$ *hugs back*[Ct] Thank you, there are times like these when i really do just need a hug[Cs,Ct,At]$_{ER}$. xx **R3:** Recommends wearing long sleeve T-shirt to gym class[Ad]$_{T/M}$ I did that back in high school[An,Cf] […] I frequently wore shorts and long sleeve shirts, so people just figured it was my style[At]$_{PR}$. Recommends cosmetic cover-up[Ad], doesn't work as well if you're sweating[Ju]$_{Ex,PR}$, but […] it could work temporarily[Cs]. […] That's a totally bad move on your administrator's part though[Ju,Cl]. Clearly he doesn't know much about SI[Ju]$_{Kn}$… **R4:** hey, sometimes i think honesty is the best

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

policy[In,Ad]; Recommends talking with administrator to try to educate him[Ad]$_{Kn}$, he will probably still tell your parents[In]. but seriously. from my experience it is good for parents to know, if they understand they will help[Ju,At]$_{Ex,Kn}$. **R5:** Poor advice[Ju] […] Obviously if he finds out, then there's trouble[In], so although honesty is the best policy on most occasions, this isn't one of them[Ju]. Therefore try your best at hiding your arms[Ad]$_{Pr,PR}$. Recommends sweatshirt, make-up[Ad], keep your hands in your lap or close to your body[Ad]$_{PR}$. Stay out of the way. Don't draw attention to yourself[Ad]$_{T/M}$. Keep a mental list of excuses$_{Th,Mi}$. Sorry if this isn't the best advice[Ad]$_{SD}$. Good luck. **R6:** Administrator is wrong[Ju,Cl], obviously doesn't understand SI[At]$_{Kn}$. Policy of calling police if known SIers are absent is completely bonkers[Ju,Cl]$_{Kn}$. **R7:** Agrees with others that administrator and school policy are out of order[Ju,Cl]. Is there anyone at school you could complain to about this[Ad,Pl]? **R8:** No advice[Ad], here if you wanna talk[Ct]. **R9:** Policy of calling police likely to be interpreted by police as waste of time[Ju,In]. **R10:** Recommends finding official channel to complain about administrator[Ad]$_{Kn}$. Recommends covering scars and claiming P has a rash[Ad]$_{T/M,PR}$. Inquires about school's truancy policy; at R10's school parents must call in when student is absent, which would prevent administrator from making judgments about reasons for absence[An]. **P:** Thanks for all of your great advice[Ad], it's made me feel a lot better[Cs] about going to school on Monday$_{Ex}$. I will definitely use some of the ideas that you've told me, thanks for everything. [R11, R12, R13, R14 endorse previous advice, validate previous judgments about school and administrator]. **R15:** are you at a private school? At least here[An] only a private school could actually [get away] with threats like that[Ju]. Endorses seeking a channel to complain about administrator's behavior[Va,Ad]$_{Kn}$. **P:** At a public school[Di] that is connected to quite a lot of different companies, whether sponsering or not[Up,At]. […] I believe [admin's behavior at assembly] was an act of stupidity[Ju] as anyone who has read up on this subject would [know] how to deal with such students[Ju,At]$_{Kn}$. R16, R17 reiterate previous judgments about administrator and school policy being unjust and ignorant **P:** [quotes R16's entire reply[Di], which included recommendation of a support bandage[Ad]$_{T/M}$ to cover forearm, as if you've sprained your wrist, as well as an elaboration of school policies regarding student confidentiality] classmates would ask too many questions or just stare[Ad,Ju]$_{Ex}$; school USED to go by the rules of Duty of Care (keeping things to themselves to a certain extent)$_{Pr}$ but they go by something called 'Locus Parentus' or something$_{Cl}$, which means they have to inform a

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

				nurse of <u>whatever</u> a child informs them of[Up,In]$_{Pr,Kn}$. **R18:** deems situation seriously rediculas![Ju,Cl] Recommends seeking some organization that you could make a complaint to[Ad]$_{Kn}$. Recommends a prominent mental health information / advocacy group as best bet[Ju,Ad]. **R5:** I think school should be a place students should be able to go if they want help[In,Ju]. But of somebody doesn't want help, then the school shouldn't force them to "come clean"[Ju]$_{Pr}$. I understand when somebody self injures on campus, or gets high on campus[In,An]. But I don't understand why the school should make a fus about somebody's personal life away from school[Cl]$_{Pr}$. **R16:** Hey, How was PE today?[Ct,Up]$_{Ex}$. **P:** haven't had it today [explains confusing 2 week timetable][Di,Up]$_{Ex}$ But after that assembly [reported in initial post], I had a P.E. lesson which I was scared of. That went fine[Ju], I just made sure I didn't act out of ordinary and *attempted* to hide my wrists[St,Up]$_{Ex,Pr}$; if I insist it was my dog, they can't say much really$_{T/M,Pr}$. Thanks for asking, sweetie[Ct]$_{Re,PH}$. xxx **P:** [quotes R18's entire reply][Di] I'd rather not make a complaint[Ad], the school would somehow find out it was me and put me in detention for the rest of the year, probably[Ju] :| When I get the courage to speak out I'll definitely make sure [administrator] knows it's not right to speak to SI-ers like this$_{Kn}$. xxx **P:** [quotes R5's entire reply] Agreed. In cases of discovered child abuse, it is right for school to inform authorities, because that isn't up to the child whether it happens or not[An,Ju]. I know to a certain extent my self injury can happen when I'm feeling mad or sad or crazy, but I also know it can with my consent[Ju]$_{Ex}$ […] people who aren't ready to stop, really ARENT ready to stop$_{Ex}$, and no amount of force or any type of words can make them stop in an instant[Ju]$_{T/M,Rc,Kn}$. I feel as though it is a kind of discrimination, as children in other situations would be treated tenderly[An,Cs]$_{Th}$.
5	34	So, I'm getting therapy… ***Triggering (SI)*** Member 9 Months, 6 days 181 Posts	37 / 502 16 Days P-R1-R2-R3-R4-P-R5-R6-P-R6-P-R5-P-R5-R6-P-P-R7-P-R7-P-R7-P-R5-P-R5-P-P-R5-R8-P-R8-P-R5-P-R8-P	**P:** Updates on my condition/therapy will be posted on this thread as replies. Refers to my other thread[Di,Up], which is getting quite long[Ju]. Cites that thread as resource if anyone would like background information on me, as I'll only be posting updates about my therapy here. So, my therapist's name is [name] and she seems very nice[Ct]$_{Re}$. She gave me this worksheet to complete at home today[St] and I'm going to make another thread out of it here is the link [provides link to thread at same forum]. So far, 5 days without harming[St]$_{Ex,Rc}$ **R1:** 5 days is pretty good[Ju], well done[Va]. **R2:** Well done, lasting 5 days[Va] :) **R3:** Very well done[Va]. **R4:** Awhh well done, sweetie[Ct]. Good luck with therapy(: xo **P:** [+15 hours]: Ok, I actually got some frickin' sleep last night![Up]$_{PR}$ OMG! I haven't slept

8 Members 1 Sponsor = 9 Participants	like that in years! Well my therapist wants me to take Trazodone 50mg for my insomnia, but when I looked up the medicine to find out more about it, not only are the side effects horrible[Ju PR] but IT'S FOR DEPRESSION AND NOT INSOMNIA![Eq Kn] I feel betrayed[Cl], did she lie to me?[Pl,In Re,Kn] **R5:** If it's helping you sleep, isn't that a good thing?[In,Ju,Va PR,Ex] I don't think your therapist lied to you[Ju,Cl], maybe the medication can be used to treat many things[In Kn]. Elaborates on multiple uses, overlapping symptoms. I do understand[Cs] the worry about being put on medication or having labels or feeling like you have to be on medication all the time to be normal. Maybe have a word with her and […] ask her why she put you on them[Ad,At] **R6:** I would believe your therapist is just trying to do what's best for you[At,Ad,Cl]. She is a qualified personnell[Kn], and most likely she's dealt with similar cases earlier[In,An]. BUT. There is nothing wrong with asking questions[Ju,Va]. […] Congratulations on seeing someone, btw. That's a large step to take[Va,Ju]. :) **P:** [+1 day, 12 hrs] Thank you all for answering and reassuring me[Ct]. Has looked up medication, and saw that it's used to treat insomnia[Va,Eq Kn], however I still think now isn't a good time to get on any medicines[Ju]…phobia of meds[At ER] **R6:** [quotes P's reply] Recommends discussing phobia of medication with therapist[Ad Kn]. If she is going to help you, she needs to know your world[Ju,In Re,Kn]. And, I don't know if this is the right thing to say here, but I'll say it anyway…Even though she GIVES you medications, you don't need to take 'em[Cl,Ad Kn]… ;) (with that being said, I also enforce trusting professionals[Ad Kn]). **P:** [+ 4 days, 4 hours] I'm relapsing again[Up Ex,Rl], I don't want to stop, I'm not ready yet I need this[Ju], I'm selfish and stupid and hate myself for needing this[Cf,Ju Rl,SD,Am] […] I CAN'T TAKE ANYMORE![Pl] That's it…I had to[Cf Ex]. I should have listened to [therapist's name][Kn] <therapist> she told me not to try cold turkey…. Why didn't I listen? I'm so scared I'll need this forever… **R5:** Hey, Don't give up now[Ct], you are doing really well[Va]. You don't have to give up cold turkey if you are not ready for it[Va Rc], but it doesn't mean you aren't doing well if you have slip ups[In,Eq,Cs Th,Ex,Rc]. You will still be doing well as long as you are working on replac[ing] the behavior and gradually giv[ing] it up[In,Cs Rc]. And don't feel bad for going against what your therapist said[Cl,Ju Kn] […] Talk to her and explain what you have been trying to do and im sure she will support you and give you some advise[Ad Re,Kn]. You wont always be feeling like this, it doesn't have to be forever[Cs,In]. Take care x **P** [+5 mins]**:** I have to start again[Up,In Ex], but I feel better now that I've harmed[PR,Ex,Rl]. I harm to punish myself[At] so if I don't I feel really

bad[In,Eq]… Also worried because husband has lost job I don't know if I can work right now, I'm so worried. How will we survive?[Pl,Cs,Ad] **R5:** Sorry that you harmed :(but at least it released some of the stress[Cs] and you can continue again. Recommends keeping hope, things will get better. Discloses analogous financial stress but things usually seem to be ok and will get better[An,Cs]. **R6:** I may not ever meet you[Ct], but believe me when I say I am proud of you for getting help[Va]. Offers consolation for relapse. Consider it a goal[In]; you got 5 last time, now go for 7. Baby steps is the key. I know what it is to feel as you do[An]$_{Kn}$. **P**[+11 hrs]**:** Thank you [R6 screen name]![Ct] Very encouraging![Va]$_{PH}$ I'm fighting it now as well[Cf,Up]. It just won't stop[Ra]$_{Ex}$, I lied to my friend and told her I quit[Cf]$_{Re}$…why'd I lie to her[Pl,Eq], I love her and she's all I have left. – there dumb*ss that's why you lied[At]$_{SD}$. she's all you have left for friends. snuggles husband close…trying to sleep but damned clown won't leave my dreams$_{MI,Th,Ex}$:(**P**[+23 hrs]**:** My in laws just took a shot at me for not having a job[St]$_{Ex,Re}$…my friend's here and it's his 21st birthday and I feel like slicing my leg to pieces[St,Cf]$_{Re,Ex,Ur}$ >< **R7:** [P screen name]![Ct,Di] Forget the inlaws[Ad]$_{Th}$. They aren't worth it[Ju]. […] It'll be okay [P screen name]. I still read your original thread every once in a while[Ct]$_{PH}$ and remember how amazing you are[Va]. **P**[+ 1 day, 6 hrs]**:** I hate it here *GRAPHIC* [as title] *GRAPHIC* [as header] I hate it here, I hate living, I hate having to put on a fake smile everyday of my life, I hate that he raped me and I am afraid of men, I hate not having a job[Ra]$_{Ex}$ […] Ok, now that I've ranted, here's what set me off[At,Up]: applied for a loan to buy motorcycle, was denied; chastises self for getting hopes up; not good enough, can't even punish self enough or do enough damage[Ra]$_{SD,Ex}$. **R7:** Encourages P to try another lending company to get loan[Ad] […] You're life isn't pathetic[In,Va] […] You'll have your victory and it will be all the sweeter for the difficulty[Cs]. **P**[+ 6 hours]**:** Approved for loan to buy new motorcycle[Up]. Husband is being mean to me over it[Ju]$_{Ex,Re}$. It's not fair…we CAN afford this[Ju,Pl]. **R7:** You deserve a victory[Ct,Va]. **P**[+14 hrs]**:** Well, [R7 screen name], I agree in the fact that I deserve a victory but I just suffered a defeat [can't afford motorcycle loan payments on current budget]. Just another example of my sh!tty luck in life…I hate it here! [R5, P[+ 2 hours], R5, P back and forth about how P deserves motorcycle and husband should encourage her to sign loan papers]. **P**[+2 days]**:** I want to text her[Di,Ct]$_{Re}$, but I know she hates me..help me[Pl,Ct,Ad] **R5:** Don't text if it will cause you pain[Ad]. Is there anyone else you can try to contact??$_{Re}$ **R8:** I agree with [R5 screen name] if she causes you pain, don't[Ad]$_{Re}$. Talk to us

				instead$^{Ct}_{PH}$. I have read your other post and this post^{Ct,Di} so I know what its been like for you "send massive cuddles"^{Ct}. Feel free to PM me anytime you feel like talking or venting$^{Ct}_{Re}$ **P**[+3 days, 12 hours]**:** Thank you [R8 screen name]^{Di}. […] does God hate me?^{Pl} **R8:** No, God does NOT hate you^{Ju}. Before you say anything, I know^{Di}, it feels like he has abandoned us (im christian also)$^{An}_{Kn}$ but he hasn't. **P**[+3 hours]**:** This is for all the people who've hurt me over the years..to each and every one of you!^{Di} [Two paragraphs, each addressed to specific addressees (Dear Mj and Dear Mom), listing injustices these figures have committed$^{Ra}_{Ex,Re}$; signs each paragraph with a first name (not previously discosed). […]
6	26	Liken self injury to…	15 / 282	**P:** I find it very interesting how we use out own bodies to get high even for a few moments$^{In}_{Th,Ex,PR}$. Likens SI to any drug, reflects on power of certain items, smells, feelings can trigger you back into that self harming mode again$_{PR,Ur}$; relates narrative of having had cravings all day while at work$^{St}_{Ex,Ur}$: I work in the kitchen and normally objects don't affect me all that much. But today when I was handling knives all i could think about was going in the bathroom and going at it$^{St}_{Ex,Ur}$. Didn't act on urges, has had many months of therapy and d[ialectical] b[ehavior] t[herapy] to allow myself to be able to deal with thoughts and urges in a healthy way$^{At}_{Ex,Th,Ur,Rc}$. Mind you the therapy was forced on me after I got out of the hospital$^{St}_{Ex,Rc,Kn}$ but I found it very helpful^{Va}. **R1:** I understand what you are saying… but disagree a bit^{Va,Eq}. I have had drug issues and i have si issues$_{Ex,Kn}$… never once did i consider slitting someones throat to be able to si$^{An,In,Ju}_{Th}$. Or have a need to self mutilate so bad i had nightmares, vomiting, & cold sweats$^{An}_{PR}$. Don't get me wrong. There's an addiction to SI but not the same as drug addiction. *edited by [moderator] for graphic-ness. [R1 screen name] watch your posts!* **R2:** Discriminates between physical and mental addiction$^{Ju}_{PR,Th}$ […] Drug addiction can change your body chemistry. SI can't$^{An}_{PR}$. And I personally feel that it's very generous to call self-harm an addiction an the first place^{Ju,In}. […] surely it's a compulsion, if anything^{Ju}… **R3:** I'm not sure it would be called an addiction per se^{Va,Ju,In}. I have never had an addiction to drugs^{An}, but what [R1 screen name] has said seems true to me^{Cl}. **R4:** I used to call it an addiction, now that I'm older and not trying to justify it$^{At}_{Ex,Kn}$ I can say it's not an addiction^{Ju,Eq}. I always SI'd to relieve stress, and/or to punish myself for doing things^{St,At}. Whereas I smoke cigarettes when I'm stressed, after I eat, while I'm driving..etc.$^{An}_{Ex,Kn}$. **R1:** [reply deleted] *edited by
		Member 4 Years, 8 months 830 Posts	12 Days P-R1-R2-R3-R4-R1-R5-R6-R7-R5-R2-R7-R8-R9-R5 10 Members	

				[moderator] for graphic-ness. [R1 screen name] watch your posts!* **R5:** Characterizes SI as habit, not addiction[Ju,In]. Although some of the characteristics of an urge may seem like those of a drug withdrawal[An] they're happening for mental and physical different reasons if that makes sense?[Eq]$_{PR,Kn}$. **R6:** Disagrees with previous replies[An,Cl,In]. I believe it is an addiction, mental and physical. Cutting changes brain chemistry by releasing endorphins[Eq]$_{PR,Kn}$. […] Moreover, I have just recently relapsed[St]$_{Ex}$ and I can tell you that thoughts of SI never truly left me$_{Th}$. **R7:** IDK if SI is an addiction or not[Ju,In]$_{DK}$. Relates anecdote of recent relapse[St]$_{RL,Ex}$: my whole body was shaking$_{PR,Ex}$ […] have any of you experienced anything like this?[Pl,An]$_{Ex}$ […] I don't think it is just a mental thing[Ju] b/c nothing like this had ever happened before I started to cut[Eq]. Therefore, if a true addiction is defined as a physical one$_{PR,Kn}$, then, I would conclude that SI is a true addiction[Ju]$_{Ex}$. On the flip side[Eq] […] I have only ever become shakey when I was triggered by some sort of inward pain. Therefore, if true addictions are really longed for no matter what is going on in your life, then I would say that SI is not an addiction[Ju,In]. I have yet to make up my mind on the subject[Eq]$_{DK}$. Reiterates query whether others have experienced shaking[Pl,]$_{St,Ex}$. **R5:** Has experienced shaking as well as other physical symptoms during urges[Cf]$_{Ur,PR}$. Even with all of this though I still have difficulty calling it a true addiction[In]$_{Ex,Kn}$… **R2:** Cites chronic anxiety as a case where mental problems cause clearly physical symptoms; if you have a physical reaction to your urges, I don't think it's necessarily because something in your body chemistry has changed[In,Ju]$_{PR}$. It's still all mental, just manifesting itself in physical ways[In]$_{PR}$. **R7:** Thanks-smiling emoticon Its nice to know what I was experiencing wasn't abnormal[Cs,An]$_{Th,Ex,Kn}$. Also, [R2 screen name], relating the physical symptoms to that of other anxiety disorders really helped me understand a bit better[Eq,In]$_{Th}$-smiling emoticon
6	33	has anyone ever done this? Member 5 Months, 6 days 246 Posts	22 / 525 7 weeks P-R1-R2-R3-P-R2-R4-P-R5-R6-R7-R8-R3-P-R1-P-R9-R10-R3-R11-R12-R12-R2	**P:** Has anyone ever SI'd for no reason before such as because you were bored, wanted to see blood, testing methods.. etc.[Pl,St,At]$_{PR,Ex,T/M}$ And is it normal to sometimes hesitate before Sling?[Pl,In,Ju]$_{Ex}$ **R1:** [site admin]: Yes and yes[Cf,Va]. Has been SI free for some years[Cf,St]$_{Rc}$, but still has urges to cut just because I miss the feeling of it[Cf,At]$_{Ex,PR,Ur}$. […] When I was Sling daily I would often do it for no real reason[St,At]. Hesitation before SI is a very normal thing[In,Ju]$_{PR,Kn}$. […] SI goes against what most people would think is "normal" survival and self-preservation[In,Va] so I imagine there is a part of your mind which doesn't actually want to SI. **R2:** Oh yes, absolutely[Va]. More often than not(especially in the last

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

11 Members 1 Site Admin = 12 Participants	two years that I was actively SI'ing), I seemed to SI more out of pure boredom than actually *needing * it in the typical way[St,At,Cf], does that make sense?[Eq] When I was actively SI'ing, I hardly ever hesitated […] when R2 was trying to stop doing it[Rc] I was hesitating all the time trying to talk myself out of doing it[Va]$_{Ex}$. **R3:** [quotes P's entire post][Di] sure, i've done it all[Va,Cf] **P:** Another question:why are there more females than males here?[Pl,In] [asks how long a salt/ice burn take[s] to heal, and what scar will be like][Pl,Ad]$_{PR,Kn,Ex}$ and final question. Why do i only feel better when i cut in certain places like feet, hands, and arms because that really annoys me since their the most noticeable places[Pl,In,Eq]$_{PR,Pr,Ex,Kn}$ if i was to SI on my stomach or thigh for example it wouldent do anything and ide feel the same[An,Eq]$_{Ex,PR}$, has anyone else experienced this?[Pl,An,Cs]$_{Ex}$ **R2:** [quotes P's first question][Di] Statistically speaking$_{Kn}$, more females than males SI. [quotes second question] Doesn't know… sorry I can't be of more help as far as that goes[Ad]$_{DK,SD}$. If it starts looking infected or something though please see a doctor[Ad]$_{PR}$. [quotes third question][Di] I've experienced this[Cs,An]$_{Ex}$. I only feel "satisfied" when I SI in certain spots[Cf]$_{PR}$, and like you[An] those spots generally are the places that are harder to hide$_{Pr}$. I don't know exactly why it works out this way$_{DK}$, but I think that a lot of people who SI can relate to what you're saying[Ju,An]$_{Ex,Kn}$. x **R4:** Depicts SI as a "habit"[In], a really bad one, but still […] When you're addicted to it enough, I guess people do it even without really a good reason[At]. And I think it's normal to hesitate[Va], just like [R1 screen name] said[Va]. It's normal to be afraid[Va] and try to avoid the whole thing from happening. **P:** I have another question. Has been looking at picture archive at Forum 6 and it makes me wonder how they do it[Pl]$_{T/M,MI}$ […] it makes me wanna test SI methods[Cf] (ime not going to tho). References a specific tool depicted in a photo [a double-sided blade], and i really wanna know where they got it from[Pl,Ad]. Has anyone else ever felt like this or done method testing?[Pl,St,An]$_{Ex,Kn}$ I forgot what else I was gonna type so ill just update this later[Eq]. **R5:** Speculates that tool P referenced can't just be bought in your average gas station, hobby, or hardware store[In,Ad]$_{T/M}$. As for method testing, I've tested methods of my own creation, but I haven't really tried other methods[Cf,An]$_{Ex}$. **R6:** I doubt anyone is going to tell you where to buy stuff to harm yourself more[Ju]$_{T/M}$. But yes, i have wanted to try out other peoples methods[Va,Cf], but i wouldn't recommend it[Ad]. **R7:** Estimates healing time and likelihood of scarring of ice burn reported in P's second posting$_{Ex,Kn}$. **R8:** I have felt everything you have when you SI[An,Cs] hun[Ct] i used to get big satisfaction

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

	from Sling on my wrists[St,Cf]$_{T/M}$ i don't really know why[At]$_{DK}$ i think it was just because i had more feeling there then anywhere else my body grew sensitive to where i was inflicting the pain[In]$_{Ex,PR}$, the salt and ice as others have said vary from times, it also depends on whether ur a fast healer im a slow healer and my scars arnt too severe i don't scar really easily[An]. I was with someone who used to SI[St] and although he would never tell me his techniques$_{Pr,T/M,Kn}$ he used to do it in front of me when he was drunk and i tried to copy them[An]. i regretted it soon after[Cf,Eq] […] i didn't realize that he was more accustomed to what he was doing[An]. […] don't try anyones techniques cos you can take it too far really easily[Ad,An]. [Used to own a double-edged razor, but i won't say where i purchased it because i wouldn't like anyone to get a one they can be dangerous[Ju] […] pm me if you need to talk[Ct]. **R3:** [quotes P's statement about wanting to know where to get tool] there's some strict rules on [Forum 6] when it comes to the tips & tricks department. you get the mod[erator]s after you if you ask for methods (except coping tips). it takes some time to understand how this works[Cs]-smiling emoticon **P:** why do more females than males SI?[Pl]$_{Kn}$ **R1** [site admin]**:** why do *you* think there are more female SI'ers than males?[Di,Pl,In]$_{Kn}$ **P:** 1. Most people on here are female 2. most of the SI pictures on here are of females[At]$_{Kn}$ i forgot what to write for number 3 but you get the idea. It just seems like most SIers are female$_{Th}$. **R9:** Has read the opposite, because men are less likely to talk about problems or see a therapist[At]$_{Kn}$. Which could also explain the lack of males on this forum[Eq,At]. **R10:** This is just my knowledge, I'm not expert or a psychologist (yet!)$_{SD,Kn}$. Self harm rates are higher in females$_{Kn}$. Acts of physical violence are higher in males. So, females are more likely to internalize, males are more likely to eternalize. I was reading a study the other day about emotional well-being$_{Kn}$ […] Lists various psychological findings about gender variance in well-being, gender biases in reporting, and gender variance in propensity to seek help. I can't think of anything else at the moment. **R3** [the only declared male in the discussion; this is indicated in avatar, nowhere thematized in thread]: according to most studies female dominate by 70 to 30% and studies on internet communities gives a result that female are more active$_{Kn}$. (i can give some examples if u like) **R11:** Adds to speculations / research findings about internalizing vs. externalizing and about males tending not to talk about problems or seek help$_{Kn}$. **R12:** yes…I've cut sometimes just to see how deep i can cut[An]. I'm really proud of the bloody scars i get[Cf,At]$_{Ex,PR}$ […] sighhh so messed up[Ju]$_{SD}$ **R12:** wow i just realized what i

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

				posted earlier had NOTHING to do with what other people were talking about because i didn't read… sorry![Kn]-blushing emoticon **R2:** [quotes R12's entire reply][Di]**:** Another thing, this thread is quite old[Ju]$_{Kn}$. Please check the dates on these posts before responding. Bringing up old threads tends to annoy other members[Ju]$_{Kn}$.
6	5	Students and Eraser Burns Member 5 Years, 4 months 1750 Posts	19 / 307 25 Days P-R1-R2-R3-R4-R5-P-R1-R6-R7-P-R8-P-R9-R8-R8-R10-R5-P-R8 10 Members 1 Moderator = 11 Participants	**P:** So it has become a fad at my elementary school for kids to give themselves eraser burns[St]$_{T/M}$. A fifth grade boy today had them all over his arms, and two of my little third graders had them on their fingers. Reports having talked to class, told them I knew it was a thing$_{Kn}$ but it made me really sad$_{Er}$, and I knew it would make their parents sad[Ju] if they knew they were doing something that would hurt themselves on purpose, and that if I saw anyone doing it I would take away all their erasers for the rest of the year. I don't know$_{DK}$, I don't know if I overreacted[Pl,In]$_{DK}$, but it just upsets me so much$_{ER}$. I can't believe that eight-year-olds are doing this for fun[Eq]-sad/worried emoticon. **R1:** my lil sis was in a similar situation with salt/ice burns when she was younger[St,An]… **R2:** It is sad that kids are doing it[Ju,Cl]-sad/worried emoticon But i think every school/year has a way of doing stuff like that to seem "cool"[Eq,In], in most cases it just dies down[Cs], and the kids forget about it. And i think you did all you can do by speaking to them about it[Va]. **R3:** I work a lot in schools[An]$_{Ex}$ and there are fads like this all the time[Ju,Cs,Eq]$_{Kn}$. You reacted in a completely acceptable manner[Ju,Va]. It likely will die down soon enough$_{Kn,Ex}$. **R4:** When I was in school it was the cool thing to do[An]$_{Kn,Ex}$, that and snorting kool aid/sugar combo$_{T/M}$…don't ask why, I'm not even sure why..lol[St,An]$_{DK}$ As long as you're within school rules/policies then you're fine[Va]$_{Kn}$. Recommends talking to mentor teacher[Ad]$_{Kn}$. Relates anecdote of teaching 5th grade, having a student who would use a rubber band on his wrist, everyone thought I was over reacting[Eq] when I sent him to guidance, but I explained to the guidance counselor that I knew about self injury$_{Kn,Ex}$, and that I felt that the child was going down the wrong road. Relates solution that worked for everyone of giving student a stress ball to squeeze instead[St,An,Cs]$_{T/M}$. **R5:** Would also be upset[An]$_{ER}$. If it becomes more of a problem (wide spread), perhaps a letter should be sent out to parents to warn them of such issues[Ad]$_{Kn}$. **P** [+24 hours]**:** Okay. I'm glad you all don't think I overreacted[Eq,Va]. Mentor was out that day[Di,Up], I guess I should probably talk to her about it[Ju,Ad]. I think they got the point because I said if I ever saw anyone doing it I would probably cry$_{ER}$, and they could tell I was serious[Ju] and all

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

				looked a little scared$_{ER}$, lol. I know it will probably die out soon[Eq,In], and I've settled down a little bit but it is really upsetting$_{ER}$. **R1:** u never know$_{DK}$ if it is the start of a problem$_{Kn}$ but hopefully it doesn't stick. **R6:** Did my first eraser burn on my hand in 6th grade[St,An]$_{Ex,Kn}$. Still faintly there[Cs]$_{PR}$. =/ **R7:** students at my school do eraser burns$_{Ex,Kn}$ […] its horrible if elementary kids are doing it[Ju,Va]. its different than a highschooler erasing their skin[Ju,An,In]. i will admit i did one on my leg but that wasn't for some game it was for self-injury[Cf,At,Ju]$_{Ex}$. which was this last year in 10th grade. **P:** Most of them probably don't mean anything by it$_{DK}$, but that's why I felt that it was important to make it clear that it is serious and I won't accept it[At]. **R8:** IDK$_{DK}$. we read in the perspective of SI, as we know it[Eq,Ju]$_{Ex,Kn}$. But is this really the same[Eq,An,Ju,Va]$_{Th,Kn}$ (maybe that's not what you mean). This is more like exploring bodies and doing cool things[In,Eq]. I'm not saying you did wrong[Va] just that if you're giving it to much attention it might develop to a protest or something[In] you do to be opposite to grown ups[Cl]. **P:** I know it's certainly not the same intention[Di,In,Ju]$_{Th,Kn}$, but I do think it's important that kids know it's not okay. I don't think that kids doing it defiantly will be a problem in my classroom[Di,At,Cs], but even it is, or in other situations, I still think they need to know the behavior is always destructive even if the intention is not[In,Ju]$_{Kn}$. **R9:** [quotes last sentence of P's reply] This. **R8:** [quotes P's entire reply] your probably right[Va,Ju,Di] […] [R8 hijacks thread to ask similar question[An]: R8 discloses identity as lecturer at teacher training program[St], occasionally student teachers mention having noticed signs of SI on students[Cf], what do people recommend he tell them[Pl,Ad]; **R10:** be open and approachable, but non-confrontational[Ad]; R5 speculates would have shut teacher out during own school years[St,An,Cf]$_{Ex,Kn}$, but also I kind of wanted people to notice[In]$_{Ex,Kn}$, speculates there is a right balance of approachability without coercing students to disclose[In,Ju]; **P:** relates local laws requiring teachers to report suspected self injury$_{Pr,Kn}$; R8 relates own policy with my son, of making it clear that it is known, and that he can talk to R8 about it if desired, or R8 will support in finding help$_{Kn}$].
7	18	For the joy of it? Member 8 Months, 10 days 65 Posts	6 / 271 20 Days	**P:** Has anyone here cut just because you like the sensation, the pain, the blood, etc[Pl,Cf,St]$_{PR,Ex}$? Lists own previous motivations for SI, including management of stress and release of emotions[St,At]$_{Ex}$, but lately I just want to cut for the sensation it brings[Cf]$_{PR}$. Is that a bad thing[Pl,Ju,Cs,Eq]$_{DK,TH}$? […] I've asked a friend$_{Re}$ and [friend] said, though [friend] did not like to know I was physically hurting

Don't Know$_{DK}$ Ambivalence$_{Am}$ Experience$_{Ex}$ Thought$_{Th}$ Privacy$_{Pr}$ Urges$_{Ur}$ Physical Response$_{PR}$ Emotional Response$_{ER}$ Relapse$_{Rl}$ Recovery$_{Rc}$
Relationships$_{Re}$ Posting Helps$_{PH}$ Numbness/Dissociation$_{N/D}$ Suicidality$_{Su}$ Self-Deprecation$_{SD}$ Mental Imagery$_{MI}$ Techniques/Methods$_{T/M}$ Knowledge$_{Kn}$

Rant[Ra] Plea[Pl] Dialogue[Di] Contact[Ct] Story[St] Update[Up] Confession[Cf] Analogy[An] Advice[Ad]
Interpretation[In] Judgment[Ju] Attribution[At] Validation[Va] Consolation[Cs] Equilibration[Eq] Collusion[Cl]

			P-R1-R2-R3-R4-R5-R6 3 Members 3 Silver Members 1 Platinum Member = 7 Participants	myself, as long as I wasn't doing it for the "stereotypical emo" reasons that it wasn't a thing to see as bad[St,In,Ju,At Ex,Th]. What do you guys think[Pl,Eq DK]? **R1:** No I would never cause pain to myself[An Ex]. It doesn't relieve anything I'm depressed over[Ju Ex]. **R2:** personally i cut in the hope that one day ill go too far, make a mistake and fade away[At,An Su]. **R3:** I do, I suppose… The high is bliss, for me[An,Cf,At PR]. **R4:** no pleasure or bliss, for me; just a sense of release and satisfaction- for me.[An,At,cf PR,Kn,Ex]. **R5:** Would you say it is more a addiction than a coping skill at this point?[In] Long paragraph defining endorphins, long paragraph explicating etymology of endorphin, long paragraph defining endorphin rush upon injury, Immediately after injury, endorphins allow animals to feel a sense of power and control over themselves and allows them to persist with activity for an extended time[An,Ju,At Kn]. [end reply]. **R6:** I used to use it as an emotional release[Cf,At ER], but I have done it just because it feels good[Cf,At PR].
7	15	i just cut up on my legs. Member 2 Years, 1 Month 14 Posts	14 / 713 20 Days P-R1-R2-R3-P-R3-R2-P-P-R4-R5-R3-R5-R6-R7 1 No Status 1 Member 1 Bronze M 2 Platinum Ms 2 Silver Ms 1 Super Moderator = 8 Participants	**P:** can someone please say something that will help get knife away from me?[Pl,Ct] I'm trying on my own but it's so tempting to do more right now[Ur]. **R1:** try to thing about how do dont need to do this to yourself youre a wonderful person[Ad,Va Th]! Why are you wanting to do this to yourself your so much better then this and you know it[Ct,Ju,Va].-smiling emoticon. **R2**: I'm sorry you're feeling upset. Please put the knife down[Ct]. I hear you that it feels good, but it's […] not solving anything[Eq,Ju]. Would you like to talk to us on here[Ct Re,PH]? I may have to go soon, but there will be lots of people on and willing to lend an ear[Cs,Ct Re,PH]. **R3:** Do you have any duct tape? Go get the duct tape, and wrap the knife up in it[Ad T/M]. **P** [+ 50 mins]**:** okay guys, i'm too tired/distracted to address anything right now[At PR]. i just wanted to let you know i have put the knife away[Up]. time/comments helped[Cs]. i'll be back to talk it out more later. **R3:** Recommends going for a walk[Ad]. **R2:** Very glad to hear that. Please come back later[Ct PH]. **P** [quotes R1's entire reply][Di]**:** But see, that's the thing; most of the time, I DON'T believe I'm better than that[Ju,Va]. […] Even right now, calmed as I am[Up PR], about the thing I can say positively about me is that I have a developed sense of altruism, and that I'm punctually correct[Kn]. .. See? I have to consider being a grammar Nazi a virtue to have something to be content over[SD]-sad/worried emoticon. [quotes R2's entire reply][Di] Hm, it's not something I haven't not talked about before, so I guess I may as well[Eq Ex]. I have Aspergers syndrome, along with social anxiety, clinical depression, and a hint of bi-polar

Don't Know[DK] Ambivalence[Am] Experience[Ex] Thought[Th] Privacy[Pr] Urges[Ur] Physical Response[PR] Emotional Response[ER] Relapse[Rl] Recovery[Rc]
Relationships[Re] Posting Helps[PH] Numbness/Dissociation[N/D] Suicidality[Su] Self-Deprecation[SD] Mental Imagery[MI] Techniques/Methods[T/M] Knowledge[Kn]

				disorder[Cf]. Now that out of school, I have no friends that I can just call and go hang out with. So given all that, it's not a stretch to believe that though I'm 20 years old, I only had my first relationship last year[St]$_{Re}$, non physical and internet based though it was$_{Ex,Re,PR}$. Now, some people might not be able to fall in love with somebody without meeting them in person[Ju], but I'm the opposite of that[An] […] she broke up with me because her feelings for me had failed and died[At]. So, fast forward to now[St,Up]. […] the reason I was so upset last night was because I went to this forum where we used to hang out, and I saw her.. 'doing stuff' (I've mentioned this before on another thread)[St,Up,At] Knew this would be upsetting$_{Kn,Ex}$, but I also have to fight my way through my defeatism and pessimism, which isn't easy given how long they've been my thought patterns$_{Kn}$. Heck, they're not my patterns anymore; they're my default views and beliefs[Ju]$_{Th}$. P [+ 2 days] Ah-ha. Even on a forum dedicated to listening to emotionally struggling and conflicted people, I'm viewed as the metaphorical leper[In]$_{SD,ER}$. **R4** [+90 mins] speculates reason for no replies: it's very late at night[At]. I feel emotional from reading your posts but I don't quite know what to say[Ct]$_{DK}$. Sorry I wish I could help-sad/worried emoticon. [R5, R3, R5, R6 recommend therapy and medical help for SI as well as larger issues]. **R7:** [quotes P's last reply][Di] No! Your not darling[Ct,Va]. It is good to sometimes just put your thoughts on paper[Ad]! Why not start a journal, I find it helps[Ad,Cs,An]$_{Ex,T/M}$.
7	44	do i need stitches? Member 1 Month, 25 days 36 Posts	7 / 336 P-R1-R2-R3-R4-R5-P-R5 3 Members 1 Silver Member 2 Platinum Members = 6 Participants	**P:** so i cut myself. relapse[St,Cf]$_{Ex,RL,T/M}$. Describes SI site [on my back], extent of wound [about 3 inches long]$_{PR}$. I stopped the bleeding allright what i'm concerned about[Pl] is how its going to heal[Pl]$_{Th,Ex,Kn}$. its deep enough so the skin is pretty split$_{PR}$ i'd see it having trouble sealing on its own especially with all the movement going on with my back[In]$_{Rc,PR}$. should i get stitches and risk being put back in rehab or just kinda tough it out?[Pl,Ad]$_{Kn}$ **R1:** Please go and check it out[Ad], just to make sure that everything is ok. As for rehab, it's not a bad idea to consider it again[Ad]. **R2:** Recommends P get it checked out. […] you don't want there to be any problems with it healing or getting an infection! The back is a tricky place$_{Kn}$…especially (as you said)[Di] because you move around a lot.[Ju]$_{Ex}$ You also might want to consider rehab (again) as a good option[Ad,Ju]$_{Kn}$ […] if you've been a self-injurer before and you've relapsed you will almost definitely do it again[Ju,At]$_{Kn}$. It's like a cocaine addict being off it for a year or so and decide to "relive old memories"…they will almost always end up getting addicted

again[An,Ju,At]$_{Kn}$. It's always harder the second time around[Ju]$_{Ex}$. **R3:** Recommends getting wound looked at. Even if you don't need stitches, you want it treated so you don't get an infection[Ad]$_{PR}$. If you don't want to go back to rehab, is there another way you can get the emotional support for the issues which caused you to cut in the first place?[Ju,At,Pl,Ad] Don't try to 'tough it out'[Ad]. (((HUGS))) **R4:** Recommends butterfly closures[Ad], which work rather well for the tough and wide cuts and areas with lots of movement[Di]$_{Kn,Ex}$. please be safe[Pl,Ct]. **R5:** Yes!![Ju] (No one can really properly close a wound on their back, anyway[Ju,Di]$_{Kn}$.) **P:** Wound is pulling itself together and its healing[Up]$_{PR}$. kind of improvised a bit with the bandaging. duct tape held the skin together(ish) and put a papertowel with some ointment over the cut[St]$_{Ex,T/M}$. Glad the edges of the cut weren't jagged[Up]$_{PR,Ex}$. **R5:** If it gets infected (red, sore, hot, aches, etc.), then, you'd better have it seen ASAP, cause an infection there could go anywhere![Ad,Ju]$_{Kn}$

Social-cognitive literacy practices. Close analysis of the discourse occurring in the randomly selected threads revealed that the structure of most of the discussions was ideal for supporting equilibration processes and the development of formal and post-formal reasoning about human thoughts and behaviors. Considerable back-and-forth occurred, with posters replying to their respondents, and respondents adapting subsequent responses to these replies. Forum threads were full of statements about human thoughts and behaviors, and exemplars of experience proliferated in the form of analogies—almost every thread contains at least one statement to the effect that one member can understand or relate to the experiences of another by virtue of having had a similar experience. However, at the level of content, the discussions tended to remain at a generally superficial or concrete level. The predominance of analogous stories is evidence that forum members are indeed engaging in social-cognitive reasoning by using exemplars and paradigms constructed collectively by the community to make judgments about experiences and interpretations, but the analogies almost unanimously operate in parallel, and meta-level analysis was rather infrequent in the randomly selected threads. Members appear content to accept hyperbolic consolatory statements such as I know exactly how you feel with very little, if any, critical assessment of goodness of fit, much less dialectical or systematic reasoning about the systems of experience from which the analogies are derived. One *bona fide* equilibration moment I discern in the random sample is R2's suggestion in Forum 1, Thread 16, that the poster should try to see how [the situation] looked to the antagonist of P's story. P replies, however, in a manner that does not add any complexity to the interpretation, simply confirming with more detail the assertion from the initial posting that P had done no wrong. Similarly, only two occasions of critique occur in the randomly selected threads: R5's observation in Forum 5, Thread 7, that R4 has offered poor advice, and R6's observation in Forum 4, Thread 27 that some of [the others] aren't helping. Neither of these observations elicited any resistance or conflict from other members, or made any developmental impact in the course of the discussion, and none of the respondents presumably included in the critique defends their stance against the critique.

Numerous statements occurred in which members referred to SI-related identity constructs, but I did not find Self-Injurer operating as an explicit social category in many threads, and the contrasting hypothesized category Non Self-Injurer was also not represented explicitly in forum discourse (a provocative exception is the school administrator who functions as the central antagonist in Forum 5, Thread 37: This exemplary representative of canonical knowledge has threatened the student body that if students who are known to engage in SI are ever absent from school, he will assume they are at the hospital for SI, and will notify parents and police accordingly). However, the palliative and non-critical nature of the advice given, the noncritical application of analogous experiences, and the predominance of validations and consolations in the discourse at large suggest that the forums, as communities of practice, do engage in some degree of categorization, in the minimal sense that members seem to perceive each other as more similar to each other, and thus more able to understand each other, than antagonists from stories of lived experience, even when those antagonists are categorized as friends (e.g. Forum 2 Thread 2; Forum 2, Thread 34). Members do profess to benefit from posting, and simply posting stories about personal experiences and seeing those experiences affirmed by the experiences of others appears to be attractive and rewarding to forum members. Also, the occurrence of threads where urges are initially reported, and the poster subsequently updates that they have subsided without incident, thanks to the respondents' replies, should be taken as evidence that the social contact members perceive in replies is effective in curbing urges to self-injure. This is especially evident

in threads where interpersonal conflicts are depicted as the triggering events. This would be consistent with the clinical literature's enduring association of SI practices with experiences of interpersonal conflict, and would suggest that virtual interactions occurring online can be effective mediators of emotional responses to offline interpersonal conflicts.

Analogies. As I noted earlier, analogies appeared very frequently in the random sample, as they had in the initial pool. Beyond the many simple assertions that one member knows exactly what another is going through, numerous more complex examples of analogical reasoning appeared. For example, in Forum 1, Thread 12, P recruits the other Borderline patients in the hospital as exemplars of offline antagonists who can understand P in a way that forum members might not be able to; the categorization may also serve to define a subset of forum members with more privileged access to P's experience. In Forum 2, Thread 34, R2 uses analogical reasoning in two ways, first to establish a relationship of common understanding with P (I can relate to what you mean about feeling as though people will get sick of you complaining/venting on here. I feel the same way), and then as a means of achieving equilibrium around R2 and P's shared experience of feeling rejected by the lack of replies to their posts (Maybe more people would respond to my posts if I responded to theirs). In Forum 2, Thread 2, P draws a consolatory analogy between SI and bullying, with the distinction lying in whether the violence is directed at self or others: people can accept bullies whotake their pain out on others, but not the people who decide against this and take this out on theirselves. In this example, the analogy appears to draw on the cultural acceptance of bullying and violence directed at others (which P interprets compassionately as a means of emotion regulation) as a digressive means of diminishing the stigma of SI: if others at P's school could accept this analogy, P might feel less like an outcast and freak. A similar case is P's argument in Forum 5, Thread 7, that school officials should report suspected child abuse, but not SI, since in the former case it isn't up to the child whether it happens or not, whereas individuals (like P) who engage in SI do so intentionally and with their own consent. In forum 2, Thread 28, R3, the mother of a teenager who engages in SI, recruits P to help R3 understand R3's child's behavior. Unlike P, though, R3's child demonstrates no desire to conceal scars. R3 solicits P's help in making sense of this behavior, which is precisely the opposite of the behavior about which P initiated the thread, namely to solicit advice for concealing scars. The query pins P into an interpretation that is based on P's own experience, and P's reply fits the mold of the analogy: if R3's child's behavior is the opposite of P's, then the motivation must also be opposite: I don't know your [child's] full situation, but I can assume that [child] must be comfortable with [self], and doesn't care about the opinions of others… if [child] is confident and strong enough to walk around and show the world who [child] really is, i applaud that. Myself on the other hand.. I am not comfortable with who I am. R3's query may have provided a disequilibration moment for P, whose reply required P to reflect on P's lack of self-confidence as a fundamental component in P's own experience of SI. Forum 6, Thread 26 is an extended collective exploration of whether SI is analogous to drug addiction, with members divided on the subject, and some of them basing their comparisons on direct experience of both.

Attributions. A targeted search for the code (^{At}) throughout the sample yielded a massive pool of statements in which forum members made interpretations or judgments about the motivations for other people's thoughts and behaviors, including cognitive behaviors (why people think the way they do, or why someone might see something in a certain way) and forum posting behaviors (why P is posting, why others don't reply, etc.). Forum members are clearly engaging in social-cognitive literacy practices at SI forums, in the specific sense of making and

sharing attributions about their own thoughts and behaviors as well as those of other members and offline antagonists. Whether or not they are taking advantage of the structure's potential for the collective development of more complex attributions is another question, and on the whole many of the attributions appearing in the sample are relatively surface level, and, as we saw in the case of advice and analogous experiences, the attributions made are generally not subjected to extended interpersonal development over the course of discussions. An exception is Forum 2, Thread 34, in which R1 helps P to understand the lack of replies P's posts receive in terms other than P's reductive attribution that it is because P has an unattractive personality; the two commence to construct a rather intimate dialogue that hinges on being able to relate on the experience of not posting due to fear that others won't reply. I conclude this section with a selection of annotated attributions.

I cut myself everyday about 6 times daily$^{Up}{}_{T/M}$*. My dad thinks I am suicidal*^{Ju,At} *but this is not true*^{In,Ju} *(P, Forum 4, Thread 27).* This P is making a judgment about another person's attribution about P's SI behavior. The father interprets the behavior as a suicidal gesture, which P argues is a misattribution. P does not expand on P's own attribution, stated earlier in the post: It gave me a buzz and relief from all the stress and depression$^{Cf,At}{}_{PR}$.

as soon as I slipped I want to do it over and over again. mostly because Im so afraid and ashamed that I failed again$^{An,St,In,At}{}_{ER}$ *(P, Forum 1, Thread 13)*. This poster has made a confession of a relapse that contained two incidents in sequence (i.e. P cut self twice). This statement is offered as an attribution addressing the second cut, which was motivated, in P's judgment, by feelings of self-punishment for the first incident.

Has anyone ever SI'd for no reason before such as because you were bored, wanted to see blood, testing methods.. etc.$^{Pl,St,At}{}_{PR,Ex,T/M}$ *(P, Forum 6, Thread 33)*. This P is in a state of disequilibration concerning P's own motivations for engaging in SI practices. P offers a series of attributions, which P has apparently not categorized as actual motivations (they are dismissed preemptively by the prior qualifier for no reason). P is soliciting stories of analogous experience in the form of other members' attributions for their own SI practices. These are provided by a number of respondents. As of the time of my data collection, P has not resolved the thread with any statement to the effect that P has established a satisfying personal attribution as a result of the replies received.

some bosses are jerks (R4, Forum 1, Thread 16). This R offers an attribution concerning why P was fired. In the initiating post, P has expressed self-deprecation and feelings of self-blame for the incident, implying that P's own attribution is self-directed. (Relating the story of this experience was Ps initial motivation for posting, and the abstract of the story is the thread's title.) R4 has shared an analogous experience, and offers this attribution as a formal structure to integrate the two experiences, presumably to enhance the analogy's consolatory function. This attribution assumes the form of a classic analogy: R4's former boss *is to* R4 *as* P's former boss *is to* P; by extended analogy, P is to R4 as the former bosses *are to* each other, insofar as P's situation *is to* the frame of reference in which some bosses fire people because those bosses are jerks, *as* R4's situation *was to* that frame of reference; consolation lies in the logical conclusion that neither situation *is to* the implied attribution that people get fired for being sick and/or irresponsible, as P's initial implied attribution *was to* that frame of reference.

he'd contact the police as he'd 'assume' we were in [emergency room] for SI^{In,At} *(P, Forum 5, Thread 37)*. The agent in this sentence is an administrator at P's school. This antagonist has called a school assembly to announce a crackdown against SI, reportedly in response to an outbreak of SI behaviors amongst students. P is relating a reductive misattribution made by the

administrator, who offers this threat to the assembled student body as a proclamation of a new policy: this will be his response if any student he has categorized as a self-injurer happens to turn up absent on a given day.

I never reply to your posts because I don't think I have anything great to say$^{Ct,Di.At}_{DK}$ *(R1, Forum 2,Thread 34)*. This respondent is offering consolatory attribution to P, who has lamented that people don't reply to P's posts. P has interpreted this in terms of P's personality, and R1 is offering another interpretation. This yields an intersubjective equilibration, in that P accepts R1's attribution, and the two commence to relate on the experience of not posting due to fear that others won't reply. This thread develops as a dialogue between these two members, with no other participants.

you should be posting^{Va}*, your reaching out for support*$^{In,At}_{PH}$ *(R1, Forum 1, Thread 13)*. Variations on this attribution are very common in forum discourse, particularly in response to statements to the effect that a poster is posting for no reason. Validating attributions of this sort appear to be an important component in supporting the community-building and group-therapeutic dynamics of SI forum discourse.

I'm just having trouble not being so emotional$^{At}_{ER}$ *(P, Forum 1, Thread 12)*. This self-attribution of P's motivations for ranting earlier in the thread occurs as a coda, after numerous consolatory replies have been received. Indeed, the sentence in which it occurs begins thanks for the replies, and includes a good deal of retrospective interpretation of the topics about which P had ranted. In this sense, this is a statement of equilibration that appears to have been influenced by the process of the thread's development.

Numerous such examples could be provided, and are coded throughout Table 4. In sum, attributions do appear to be fundamental components of forum discourse, and they serve a number of functions, whether by helping individuals make sense of experiences, helping them interpret the thoughts and behaviors of other people, or, perhaps most importantly in the present context, as a means of sustaining the collective cognitive/literacy practice of cultivating forum discourse and a shared ideology about its value. Attributions employed by members were coupled with analogous experiences as key evidence that SI forums are indeed operating as communities of social-cognitive literacy practice.

Summary of Key Observations and Directions for Continued Research

I live off you, and you live off me
And the whole world lives off of everybody
—X-Ray Spex (1978)

As an open and exploratory investigation, this study covered a lot of ground, and my intention throughout has been more to articulate and model a conceptual and methodological framework than to produce discreet findings in any specific area. The general framework of social-cognitive literacy practices, however, can indeed be summarized along a manageable number of key themes to which the threads I captured at both stages of my investigation have important empirical contributions to make. I conclude this report with a summary of those key themes and their implications for continued research.

Community Building and Information Exchange

In the conceptual overview I addressed the increasing perception in research on virtual life that virtual ecologies, especially but not limited to social networking domains, are attractive to users in part because they establish a motivating and rewarding blend of social and learning functions. Internet SI forums are contexts in which the community building and information exchange functions appear to be especially intertwined, and analysis of forum discourse reveals one reason why. The preponderance of stories of analogous experience as sources of information, combined with the privileged status of knowledge by experience, appears to establish an interpersonal, social-cognitive situation in which the information exchanged is rooted in personal experiences that make a perceived need for support especially salient. The personal experiences in question, being culturally stigmatized and highly private, appear to create an enhanced sense of similarity and mutual compassion, as well as an enhanced degree of collusion, amongst forum members; this in turn lends the practice of exchanging or constructing information at SI forums a distinct community orientation, and forums themselves are in many ways best characterized as supportive subcultures (Adler & Adler 2007). Closer comparisons of various types of online community and the dynamics of community and information that prevail in different types of virtual ecologies would be instructive here.

Categories of Participation

Forum discourse always begins with one member making a posting, presumably (but not always explicitly) in the anticipation that others will reply. In a number of the threads in my sample, roles become interchangeable throughout the development of the thread, with posters frequently offering advice to their respondents. A striking example is P's reply to Rs 1-3 in Forum 3, Thread 35. This thread began as a statement of suicidal urges and hopelessness, including a statement that posting is a waste of energy. The next morning P makes an offer of contact to the respondents, some of whom have disclosed feelings similar to those P expressed in the initial posting: Ill be on later maybe, you can as always pm me[Ct]. The qualifier as always stands in disequilibrating contrast to P's initial statement that posting doesn't help by affirming the unlimited availability of forum support.

It also appears that providing advice or help is as important a motivator for forum participation as is seeking it. This would be consistent with Sheng-Wuu and Chieh-Peng's (2008) characterization of online community citizenship behaviors as highly motivated by the desire to be beneficial to others. In the context of SI forums, members appear motivated and rewarded by the opportunity provided by forum interactions for them to be experts on the privileged variety of

knowledge exchanged at these sites, namely knowledge derived from experience. The ostensibly highly personal nature of the experiences through which the knowledge is acquired appears to enhance members' ascriptions of their expert status, in radical contrast to their and the literature's reports that this is the selfsame knowledge base they feel constrained to conceal in their embodied interactions in non-virtual contexts. Hierarchies of membership status at many of the Study Forums enhanced the sense of expert status, typically measured by the members' accumulated contributions to the forum discourse. Educators seeking to create learning structures that motivate students to seek expert status in domains of interest could benefit from close analysis of the structures and dynamics underlying this feature of forum discourse. Educators drawing on game theory (Gee, 2003; Salen et al., 2010) and critical pedagogy (Duncan-Andrade & Morrell, 2008; Mahiri, 2008) have contributed important knowledge that would be informative in the continued development of such research.

Canonical vs. Experiential Knowledge

My approach throughout this research has had an advocacy component, as well as a participatory action component, and my straw-dogging of the program of Adler and Adler above was not intended to discredit their work as much as to establish an important conceptual dialectic around the construct of participatory knowledge. My methodological gestures of reproducing forum discourse verbatim and developing my observations and interpretations in dialogue with the actual threads constitutes a participatory framework in which the goal is to allow research subjects to articulate their own voices through research channels, or in other words to establish structures for them to participate in the generation of canonical knowledge. It has been a primary goal of mine to allow forum members to represent themselves, as the literature review revealed that the absence of such articulations in the clinical discourse has had considerable socio-political implications. In short, I found I did not need to participate actively in their discourse community in order to empower them to participate in mine.

Forum discourse confirmed that members put a high premium on knowledge by experience, and they tend to be somewhat dismissive of canonical knowledge as such. This was one of many areas in which the discourse in my sample tended not to reach very sophisticated levels of complexity, but the structure of the discourse itself, and the basic topics being discussed, do very much lend themselves to critical considerations, by forum members, concerning the viability of canonical knowledge in their own lives and concerning the tensions that emerge between authority and experience in their perceptions and judgments of thoughts and behaviors. The discourse that emerges in Forum 5, Thread 7 offers a vivid construction of this tension, as members weigh in on the policy shift at P's school regarding health-related behaviors. P's culminating clarification of the situation elicited a coding scheme that highlights P's perceptions of trust and care versus violation when it comes to interacting with school officials or, for that matter, simply presenting P's physical body in the educational spaces of the brick-and-mortar school: [P's school] USED to go by the rules of Duty of Care (keeping things to themselves to a certain extent)$_{Pr}$ but they go by something called 'Locus Parentus' or something$_{Cl}$, which means they have to inform a nurse of <u>whatever</u> a child informs them of$^{In,At}{}_{Pr,Kn}$. Research in this area would be beneficial in further illuminating structures and dynamics of online information exchange (the preceding example, for instance, is one of the relatively few instances in the sample where the collective discourse begins to assume some degree of formal-operational, critical analysis, of such policies as well as of school administrators' interpretations of them), but could also be of benefit to educators and others who

seek to make real-life or embodied contexts such as schools more motivating and rewarding for their users. Targeted study of reflective, disembodied discourse may yield insights into social structures and interpersonal dynamics that are less salient in embodied domains—or that are inhibited in such contexts due to perceptions (and official proclamations) of violation and mistrust.

Flame Resistance

SI forums—being social groups that are constituted by members who perceive themselves as vulnerable and as especially mutually supportive, and where analogous experience has such important social and developmental implications—appear to be especially preventative of criticism or interpersonal attack of the variety that proliferates in some other online social networking contexts. It would appear the social-cognitive categorizations that are super-ordinate to other considerations offset some of the disinhibition effects that are thought to underlie flaming as a phenomenon within virtual interactions (Joinson, 2007): Rather than dismissing each other as non-vulnerable strangers, SI forum members appear to perceive each other as more intimately responsible for each other's emotions, and for the quality of their shared forum experiences, than do less categorized populations in less specifically defined online ecologies. As noted above, the few instances of criticism that occurred in my sample were phrased quite gently, and evoked no defensive response from other members. There was no instance of anything approximating outright flaming in the initial pool of 350 threads. Again, research into this area would help develop the canonical knowledge base about the social dynamics of virtual life, as well as being potentially informative to designers of real-world contexts who seek to make those contexts motivating and rewarding ecologies in which individuals participate actively and openly. Comparative research directed specifically at the inter-personal dynamics of diverse online interactions may yield important insights into inhibition and disinhibition effects as pervasive, but malleable, social-psychological phenomena.

Social-Cognitive Divides

As noted above and throughout this report, the apparent flame resistance of SI forums appears to be tied to social-cognitive heuristics addressed in the conceptual overview. Although explicit categorizations were few (the best example of categorizing self injurers as such was performed by a story antagonist, the school administrator in Forum 5, Thread 37, and members discern great injustice in that figure's reductive categorization), the general structures and dynamics observed in the sample, including the tendency to assume that analogous experiences are valid sources of consolation and insight, are implicit evidence that social-cognitive heuristics such as perceptual and cultural divides are components in forum discourse. It is unclear how conscious members are of these heuristics. Longitudinal analysis of individual members' developmental trajectories over long periods of forum participation may shed some light in this area. I have begun such a study concurrently with this one, and preliminary findings indicate some evidence of growth in complexity of representation, with a palpable plateau at the formal-operational level; I have not found many exemplars of personal narrative or collective discourse centered around critical analysis of social categories and their application across systems of experience and interpretation, including the highly salient but rarely explicit category self-injurer.

Consolation by Analogy

As I have frequently emphasized, consolation by analogy played an enormous role in structuring forum interactions and in organizing members' interpretations and judgments about situations, thoughts, and behaviors. This finding speaks to cognitive structures and mental operations that appear to be fundamental in virtual representations of lived experience. The transfigurative phenomenology of articulating experience in narrative and discourse (Kim, 2005; Kleist 1805/1966; Labov, 1972) appears to be an important component in forum members' cognitions about lived experience, identity, and community. Ultimately, the expert knowledge members exhibit very often is displayed in a demonstrated ability to transform lived experiences into analogies to be used by other members as interpretive and therapeutic resources. Although forum members tended not to be very critical in their application and acceptance of analogies of experience, the frequency of such analogies throughout the sample is an important finding that warrants further analysis. I am currently compiling a comprehensive typology of the diverse forms of analogy found in the initial pool; this typology will provide the empirical basis for an extended analysis of analogies as conversational and interpretive tools in forum discourse.

***Posting* Helps**

The transfigurative nature of forum participation is emphasized by the frequency of claims throughout the sample that posting helps. My observations support the hypothesis that, in the perceptions of members at least, the therapeutic benefit of posting lies as much in the act of writing as in the actual contacts received. This view is endorsed explicitly by R3 in Forum 3, Thread 22, and by R7 and R8 in Forum 4, Thread 3. It might also be that forums provide contexts in which a receptive audience is so saliently available that writing acquires enhanced therapeutic value as a result of the fact that the contact of a reply is effectively presupposed. Recall P's ambivalent negotiation of this dynamic in Forum 3, Thread 35. When in the position of a poster in crisis, P proclaims that posting is a waste of energy (yet appears to benefit from that proclamation); the next morning, assuming the role of respondent to others, P offers unlimited availability (you can as always pm me).

This is Not a Person

Finally, the intersubjective process of social-cognitive development that occurs at SI forums appears to benefit from the disembodiment of the virtual ecology, and a high social and cognitive premium is placed, not on bodies and their experiences, but on representations of bodies and representations of experiences. The ability and propensity to form mental operations of other people appears to be a central component of forum discourse. The threads in my sample confirmed that social-cognitive processes are taking place at SI forums, and that these processes are mediated primarily by mental and digital representations. Research such as I have modeled in this study, in which attention is focused specifically on the representations themselves, appears promising as a route toward greater understanding of the importance of mental representations in human cognition and experience and of the ways in which virtual representations function as dynamic mediators of social and cognitive processes.

References

Adler, P. A., & Adler, P. (2007). The demedicalization of self-injury: from psychopathology to social deviance. *Journal of Contemporary Ethnography, 36*(5), 537-50.

Adler, P. A., & Adler, P. (2008). The cyber worlds of self-injurers: Deviant communities, relationships, and selves. *Symbolic Interaction, 31*(1), 33-56.

Akil, H., Watson, S. J., Young, E., Lewis, M. E., Khachaturian, H., & Walker, J. M. (1984). Endogenous opioids: Biology and function. *Annual Review of Neuroscience, 7*, 223-255.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

Andersen, S. M., & Chen, S. (2002). The relational self: An interpersonal social-cognitive theory. Psychological Review, 109, 619-645.

Asch, S. E. (1948). The doctrine of suggestion, prestige, and imitation in social psychology. *Psychological Review, 55*(5), 250-276.

Asch, S. E. (1955). Opinions and social pressure. *Scientific American*, 193, 31-35.

Auerbach, E. (1953). *Mimesis: The representation of reality in Western literature*. Princeton: Princeton University Press.

Baker, D., & Fortune, S. (2008). Understanding self-harm and suicide websites: A qualitative interview study of young adult website users. *Crisis, 29*(3), 118-122.

Baldwin, M. W. (1992). Relational schemas and the processing of information. *Psychological Bulletin, 112*, 461-484.

Bargh, J. A., Chaiken, S., Govender, R., & Pratto, F. (1992). The generality of the automatic attitude activation effect. *Journal of Personality and Social Psychology, 62*, 893-912.

Bargh, J. A., & McKenna, K. Y. A. (2004). The Internet and social life. *Annual Review of Psychology, 5*, 573-590.

Barnes, S. B. (2006). A privacy paradox: Social networking in the United States. *First Monday, 11*(9). Retrieved 1/15/2009 from http://firstmonday.org/htbin/cgiwrap/bin/ojs/index.php/fm/issue/view/203

Barton, D., & Hamilton, M. (2005). Literacy, reification, and the dynamics of social interaction. In Barton, D., & Tusting, K. (Eds.) (2005a). *Beyond communities of practice: Language, power, and social context* (pp. 14-35). Cambridge: Cambridge University Press.

Barton, D., & Tusting, K. (Eds.) (2005a). *Beyond communities of practice: Language, power, and social context*. Cambridge: Cambridge University Press.

Barton, D., & Tusting, K. (Eds.) (2005b). Introduction. In D. Barton & K. Tusting (Eds.) (2005a), *Beyond communities of practice: Language, power, and social context* (pp. 1-13). Cambridge: Cambridge University Press.

Basseches, M. A. (1983). Dialectical thinking as a metasystematic form of cognitive organization. In M. L. Commons, F. A. Richards, & C. Armon (Eds.), *Beyond formal operations: Late adolescent and adult cognitive development* (pp. 216-238). New York: Praeger.

Basseches, M. A. (2005). The development of dialectical thinking as an approach to integration. *Integral Review, 1*, 47-63.

Bennett, W. L. (Ed.). (2007). *Civic life online: Learning how digital media can engage youth* (John D. and Catherine T. MacArthur Foundation Series on Digital Media and Learning). Cambridge, MA: MIT Press.

Bernheimer, C. (1985). Introduction. In C. Bernheimer and C. Kahane (Eds.), *In Dora's case: Freud—Hysteria—Feminism* (pp. 1-18). New York: Columbia University Press.
Blinka, L., & Smahel, D. (2009). Fourteen is fourteen and a girl is a girl: Validating the identity of adolescent bloggers. *CyberPsychology & Behavior, 12*(6), 735-739.
Blommaert, J. (2005). *Discourse: A critical introduction*. Cambridge: Cambridge University Press.
Bodenhausen, G. V., Macrae, C. N., & Hugenberg, K. (2003). Activating and inhibiting social identities. In G. V. Bodenhausen & A. J. Lambert (Eds.), *Foundations of social cognition: A festschrift in honor of Robert S. Wyer, Jr*. (pp. 131-154). Mahwah, NJ: Lawrence Erlbaum.
boyd, d. (2007). Why youth (heart) social network sites: The role of networked publics in teenage social life. In D. Buckingham (Ed.), *MacArthur Foundation Series on Digital Learning - Youth, Identity, and Digital Media Volume* (pp. 119-142). Cambridge, MA: MIT Press.
boyd, d. (2008). None of this is real. In J. Karaganis, (Ed.), *Structures of Participation in Digital Culture* (pp. 132-157). New York: Social Science Research Council.
boyd, d., & Ellison, N. B. (2007). Social network sites: Definition, history, and scholarship. *Journal of Computer Mediated Communication, 13*(1). Retrieved 1/15/2009 from http://jcmc.indiana.edu/vol13/issue1/boyd.ellison.html.
boyd, d., & Heer, J. (2006). Profiles as conversation: Networked identity performance on Friendster. *Proceedings of the Hawai'I International Conference on System Sciences (HICSS-39)*. Kauai, HI: IEEE Computer Society. January 4-7, 2006.
Brickman, B. J. (2004). 'Delicate' cutters: Gendered self-mutilation and attractive flesh in medical discourse. *Body & Society, 10*, p. 87-111.
Briehl, W., & Kulka, E. W. (1935). Lactation in a virgin. *Psychoanalytic Quarterly, 4*, 484-512.
Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard Univeristy Press.
Bronfenbrenner, U. (2005). Ecological systems theory. In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development* (pp. 106-173). Thousand Oaks, CA: Sage Publications.
Broughton, J. M. (1977). "Beyond formal operations": Theoretical thought in adolescence. *Teachers College Record, 79*, 87-97.
Broughton, J. M. (1984). Not beyond formal operations but beyond Piaget. In M. L. Commons, F. A. Richards, and C. Amon (Eds.), *Beyond formal operations: Late adolescent and adult cognitive development* (pp. 395-412). New York: Praeger.
Brown, T. (1999). Why Vygotsky? The role of social interaction in constructing knowledge. In P. Llyod & C. Fernyhough (Eds.), *Lev Vygotsky: Critical assessments: The zone of proximal development (*Vol. III, pp. 57-66). Florence, KY, US: Taylor & Frances/Routledge.
Bruner, J. S. (1957). On perceptual readiness. *Psychological Review, 64*, 123-152.
Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harveard University Press.
Bruner, J. S., Goodnow, J. G., & Austin G. A. (1956). *A study of thinking*. New York: Wiley.
Bruner, J. S., & Tagiuri, R. (1954). The perception of people. In: G. Lindzey (Ed.), *Handbook of social psychology* (Vol. 2, pp. 634-654). Cambridge: Addison-Wesley.
Buckingham, D. (Ed.). (2007). *Youth, identity and digital media* (John D. and Catherine T. MacArthur Foundation Series on Digital Media and Learning). Cambridge, MA:

MIT Press.
Burnham, J. C. (1983). *Jelliffe: American psychoanalyst and physician*. Chicago: University of Chicago Press.
Carr, E. G. (1977). The functions of self-injurious behavior: A review of some hypotheses. *Psychological Bulletin, 84*(4), 800-816.
Carlston, D. E., & Smith, E. R. (1996). Principles of mental representation. In E. T. Higgins & A. W. Kruglanski (Eds.), *Social psychology: Handbook of basic principles* (pp. 184-210). New York: Guilford Press.
Chaiken, S., & Baldwin, M. W. (1981). Affective-cognitive consistency and the effect of salient behavioral information on the self-perception of attitudes. *Journal of Personality and Social Psychology, 41*(1), 1-12.
Chaiklin, S., & Lave, J. (1996) (Eds.). *Understanding practice: Perspectives on activity and context*. Cambridge: Cambridge University Press.
Chamberlain, L. (2000). *The secret artist: A close reading of Sigmund Freud*. New York: Seven Stories Press.
Chen, S. (2003). Psychological-state theories about significant others: Implications for the content and structure of significant-other representations. *Personality and Social Psychology Bulletin, 29*(10), 1285-1302.
Chester, A., & Bretherton, D. (2007). Impression mangement and identity online. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 223-236). Oxford: Oxford University Press.
Cixous, H. (1983). *Portrait of Dora* (S. Burd, Trans.). *Diacritics, 13*(1), 2-32. (Original work published 1976)
Clandinin, D. J., & Conelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Josey-Bass.
Commons, M. L., & Richards, F. A. (2003) Four postformal stages. In J. Demick & C. Andreoletti (Eds.), *Handbook of adult development* (pp. 199-219). New York: Kluwer Academic / Plenum.
Cooley, C. H. (1902). *Human nature and the social order*. New York: Charles Scribner's Sons.
Crossley, M. L. (2000). *Introducing narrative psychology: Self, trauma and the construction of meaning*. Philadelphia, PA: Open University Press.
Dewey, J. (1998). *Experience and education*. Indianapolis, IN: Kappa Delta Pi. (Original work published 1938)
Doolittle, P. E. (1997). Vygotsky's zone of proximal development as a theoretical foundation for cooperative learning. *Journal on Excellence in College Teaching, 8*, 83-103.
Duncan-Andrade, J. M., & Morrell, E. (2008). *The art of critical pedagogy: Possibilities for Moving from theory to practice in urban schools*. New York: Peter Lang.
Edwards, D. (1997). *Discourse and cognition*. London: Sage.
Edwards, D., & Potter, J. (1992). *Discursive psychology*. London: Sage.
Ess, C. (2007). Internet research ethics. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 487-502). Oxford: Oxford University Press.
Everett, A. (Ed.). (2007). *Learning race and identity: Youth and digital media* (John D. and Catherine T. MacArthur Foundation Series on Digital Media and Learning). Cambridge, MA: MIT Press.
Eysenbach, G., & Till, J. E. (2001). Ethical issues in qualitative research on Internet

communities. *British Medical Journal, 323*, 1103-1105.
Favazza, A. R. (1987). *Bodies under siege: Self-mutilation and body modification in culture and psychiatry*. Baltimore: The Johns Hopkins University Press.
Favazza, A. R. (1996). *Bodies under siege: Self-mutilation and body modification in culture and psychiatry (second ed.)*. Baltimore: The Johns Hopkins University Press.
Favazza, A. R. (2009). A cultural understanding of nonsuicidal self-injury. In Nock (Ed.), *Understanding nonsuicidal self-injury* (pp. 19-36). Washington, DC: American Psychological Association.
Favazza, A. R., & Rosenthal, R. J. (1990). Varieties of pathological self-mutilation. *Behavioural Neurology, 3*, 77-85.
Favazza, A. R., & Rosenthal, R. J. (1993). Diagnostic issues in self-mutilation. *Hospital and Community Psychiatry, 44*, 134-140.
Fazio, R. H., Sanbonmatsu, D. M., Powell, M. C., & Kardes, F. R. (1986). On the automatic activation of attitudes. *Journal of Personality and Social Psychology, 50*, 229-238.
Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7*, 117-140.
Fiske, S. T., & Taylor, S. E. (2008). *Social cognition: From brains to culture*. Boston: McGraw-Hill.
Foucault, M. (1967). *Madness and civilization: A history of insanity in the age of reason* (R. Howard, Trans.). New York: Random House. (Original work published 1961)
Foucault, M. (1983). *This is not a pipe* [Ceci n'est pas une pipe] (J. Harkness, Trans.). Berkeley, CA: University of CA Press. (Original work published 1973)
Foucault, M. (1984). Nietzsche, genealogy, history. In P. Rabinow (Ed.), *The Foucault reader: An introduction to Foucault's thought* (pp. 76-100). New York: Random House.
Freeman, M. (1993). *Rewriting the self: History, memory, narrative*. New York: Routledge.
Freeman, M. (2007). Autobiographical understanding and narrative inquiry. In D. J. Clandinin (Ed.). *Handbook of narrative inquiry: Mapping a methodology*. Thousand Oaks, CA: Sage Publishing.
Freud, S. (1935). Inhibitions, symptoms, and anxiety. *Psychoanalytic Quarterly, 4*, 616-625.
Freud, S. (1957). Mourning and melancholia (J. Strachey, Trans.). In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 237-258). New York: Norton.
Freud, S. (1989). *Civilization and its discontents* (J. Strachey, Tr.). New York: Norton. (Original work published 1930)
Freud, S. (1990). *Beyond the pleasure principle* (J. Strachey, Tr.). New York: Norton. (Original work published 1920)
Gackenbach, J., & von Stackelberg, H. (2007). Self online: Personality and demographic implications. In J. Gackenbach (Ed.), *Psychology and the Internet: Intrapersonal, interpersonal, and transpersonal implications* (pp. 55-73). Amsterdam: Elsevier.
Gee, J. P. (1991). What is literacy? In C. Mitchell and K. Weiler (Eds.), *Rewriting literacy: Culture and the discourse of the other* (pp. 3-11). New York: Bergin & Garvey.
Gee, J. P. (1996). *Social linguistics and literacies: Ideology in discourses*. Bristol, PA: Taylor & Francis.
Gee, J. P. (2003). *What video games have to teach us about learning and literacy*. New York: Palgrave MacMillan.
Gee, J. P. (2005). Semiotic social spaces and affinity spaces. From *The Age of Mythology* to today's schools. In Barton, D., & Tusting, K. (Eds.) (2005a), *Beyond communities of*

practice: Language, power, and social context (pp. 214-232). Cambridge: Cambridge University Press.

Gee, J. P. (2010). *New digital media and learning as an emerging area and "worked examples" as one way forward*. Cambridge, MA: The MIT Press.

Gergen, K. J. (1991). *The saturated self*. New York: Basic Books.

Gergen, K. J. (1996). Technology and the self: From the essential to the sublime. In D. Grodin and T. R. Lindlof (Eds.), *Constructing the self in a mediated world* (pp. 127-140). Thousand Oaks, CA: Sage.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.

Gilovich, T., Jennings, D. L., & Jennings, S. (1983). Causal focus and estimates of consensus: An examination of the false consensus effect. *Journal of Personality and Social Psychology, 45*, 550-559.

Giroux, H. A. (1987). Introduction: Literacy and the pedagogy of political empowerment. In P. Freire and D. Macedo (Eds.), *Literacy: Reading the word & the world* (pp. 1-27). Westport, CT: Bergin & Garvey.

Glaser, B. (1992). *Basics of grounded theory analysis*. Mill Valley, CA: Sociology Press.

Goodnow, J. (1995). Differentiating among social contexts: By spatial features, forms of participation, and social contracts. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 269-302). Washington, D. C.: American Psychological Association.

Google (2002). The technology behind Google's great results. Retrieved 28 April 2010 from http://www.google.com/technology/pigeonrank.html.

Gray, W. M. (1990). Formal operational thought. In W. F. Overton (Ed.), *Reasoning, necessity, and logic: Developmental perspectives* (pp. 227-253). Hillsdale, NJ: Lawrence Erlbaum.

Grodin, D., & Lindlof, T. R. (1996). The self and mediated communication. In D. Grodin and T. R. Lindlof (Eds.), *Constructing the self in a mediated world* (pp. 3-12). Thousand Oaks, CA: Sage.

Grunebaum, H. U., & Klerman, G. L. (1967). Wrist-slashing. *American Journal of Psychiatry, 124*, 527-534.

Hala, S. (Ed.). (1997). *The development of social cognition*. East Sussex: Psychology Press.

Hamilton, D. L. (2005). *Social cognition: Key readings*. New York: Psychology Press.

Hancock, J. T. (2007). Digital deception: Why, when, and how people lie online. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 289-301). Oxford: Oxford University Press.

Harter, S. (1999). *The construction of the self: A developmental perspective*. New York: Guilford.

Hartup W. W., & Laursen, B. (1991) Relationships as developmental contexts. In R. Cohen & A. W. Siegel (Eds.), *Context and development* (pp. 253-279). Hillsdale, NJ: Earlbaum.

Hastorf, A. H. & Cantril, H. (1954). They saw a game: A case study. *Journal of Abnormal and Social Psychology, 49*, 129-134.

Hastorf, A. H., Schneider, D., Polefka, J. (1970). *Person perception*. Reading, MA: Addison-Wesley.

Haythornwaite, C. (2007). Social networks and online community. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 121-136). Oxford: Oxford University Press.

Hewson, C. (2007). Gathering data on the Internet: Qualitative approaches and possibilities for mixed methods and research. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 405-428). Oxford: Oxford University Press.

Hine, C. (2000). *Virtual ethnography*. Thousand Oaks, CA: Sage.

Hofstadter, D. (1979). *Gödel, Escher, Bach. An Eternal Golden Braid*. New York: Basic Books.

Hyman, J. W. (1999). *Women living with self-injury*. Philadelphia: Temple University Press.

Inhelder, B., & Piaget, J. (1958*). The growth of logical thinking from childhood to adolescence*: *An essay on the construction of formal operational structures.* London: Routledge & Kegan Paul. (Original work published 1955)

Ito, M., et al. (2009). *Hanging out, messing around, and geeking out: Kids living and learning with new media*. Cambridge, MA: The MIT Press.

James, W. (1950). *The principles of psychology*. New York: Dover. (Original work published 1890)

Jay, M. (2005). *Songs of experience: Modern American and European variations on a universal theme*. Berkeley: University of California Press.

Jenkins, H., Purushotma, M., Weigel, K., Clinton, K., & Robison, A. J. (2009). *Confronting the challenges of participatory culture: Media education for the 21st century* (John D. and Catherine T. MacArthur Foundation Reports on Digital Media and Learning). Cambridge, MA: MIT Press.

Joinson, A. N. (2007). Disinhibition and the Internet. In J. Gackenbach (Ed.), *Psychology and the Internet: Intrapersonal, interpersonal, and transpersonal implications* (pp. 76-92).

Joinson, A. N., McKenna, K. Y. A., Postmes, T., & Reips, U.-D. (2007). *The Oxford handbook of Internet psychology*. Oxford: Oxford University Press.

Joinson, A. N., & Paine, C. B. (2007). Self-disclosure, privacy, and the Internet. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 237-252). Oxford: Oxford University Press.

Kafka, J. S. (1969). The body as transitional object: A psychoanalytic study of a self-mutilating patient. *British Journal of Medical Psychology, 42*(3), pp. 207-212.

Kahane, C. (1985). Introduction. In C. Bernheimer and C. Kahane (Eds.), *In Dora's case: Freud—Hysteria—Feminism* (pp. 19-32). New York: Columbia University Press.

Keating, D. P., & Sasse, D. K. (1996). Cognitive socialization in adolescence: Critical period for a critical habit of mind. In G. R. Adams, R. Montemayor, & T. P. Gullotta (Eds.), *Psychosocial development during adolescence* (pp. 232-258). Thousand Oaks, CA: Sage.

Keating, M. C. (2005). The person in the doing: Negotiating the experience of self. In D. Barton & K. Tusting (Eds.) (2005a), *Beyond communities of practice: Language, power, and social context* (pp. 105-138). Cambridge: Cambridge University Press.

Kihlstrom, J. F., & Klein, S. B. (1994). The self as a knowledge structure. In R. S. Wyer & T. K. Srull (Eds.), *Handbook of social cognition* (second ed., Vol. 1, pp. 153-208). Hillsdale, NJ: Erlbaum.

Kim, H. S. (2005). We talk, therefore we think? A cultural analysis of the effect of talking on thinking. In Hamilton, D. L. (Ed.), *Social cognition: Key readings* (pp. 63-81). New York: Psychology Press.

King, S. A. (1996). Researching Internet communities: Proposed ethical guidelines for the reporting of results. *The Information Society, 12*, 119-127.

Kleist, H. (1966). On the gradual completion of thoughts whilst speaking [Über die allmähliche

Verfertigung der Gedanken beim Reiden]. In H. Sembdner (Ed.), *Sämtliche Werke und Briefen* (pp. 319-323). Munich: Deutscher Taschenbuch Verlag. (Original work published 1805)

Kodilja, R., & Arcuri, L. (1993). The role of self-schemata in the description of others. In M. F. Pichevin, M. C. Hurtig, & M. Piolat (Eds.), *Studies on the self and social cognition* (pp. 32-43). London: World Scientific Publishing.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. New Jersey: Prentice Hall.

Kreitman, N. (Ed.). (1977). *Parasuicide*. London: John Wiley & Sons.

Krueger, J., & Zeiger, J. S. (1993). Social categorization and the truly false consensus effect. *Journal of Personality and Social Psychology, 65*(4), 670-680.

Labov, W. (1972). The transformation of experience in narrative syntax. In *Language in the inner city: Studies in the black English vernacular* (pp. 354-396). Philadelphia: University of Pennsylvania Press.

Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. New York: Cambridge University Press.

Leary M. R., & Baumeister, R. F. (2000). The nature and function of self-esteem: Sociometer theory. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 32, pp. 1-62). San Diego, CA: Academic Press.

Lenhart, A., & Madden, M. (2007). Teens, privacy, and online social networks: How teens manage their online identities and personal information in the age of MySpace (Pew Internet & American Life Project, April 18, 2007). Retrieved May 1, 2007, from http:// www.pewinternet.org/PPF/r/211/report_display.asp.

Lenhart, A., Rainie, L., & Lewis, O. (2001). Teenage life online: The rise of the instant-messaging generation and the Internet's impact on friendships and family relationships (Pew Internet & American Life Project, June 20, 2001). Retrieved May 1, 2007, from http://www.pewinternet.org/Reports/2001/Teenage-Life-Online.aspx

Levy, S. (2010). How google's algorithm rules the web. *Wired* (March 2010). Retrieved 03/24/10 from http://wired.com/magazine/2010/02/ff_google_algorithm/.

Little, P. R. (1993). Personal projects and the distributed self: Aspects of a conative psychology. In J. M. Suls (Ed.), *The self in social perspective. Psychological perspectives on the self* (Vol. 4, pp. 157-185). Hillsdale, NJ: Erlbaum.

Lord, C. G., Ross, L., & Lepper, M. R. (1979). Biased assimilation and attitude polarization: The effects of prior theories on subsequently considered evidence. *Journal of Personality and Social Psychology, 37*, 2098-2109.

Luiselli, J. K. (2009). Nonsuicidal self-injury among people with developmental disabilities. In M. K. Nock, (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 157-179). Washington, DC: American Psychological Association.

Lüscher, K. (1995). Homo interpretans: On the relevance of perspectives, knowledge and beliefs in the ecology of human development. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 563-597). Washington, D. C.: American Psychological Association.

McArthur, L. Z., & Baron, R. (1983). Toward an ecological theory of social perception. *Psychological Review, 90*, 215-238.

MacArthur Foundation (2008). *Living and learning with new media: Summary of findings from*

the Digital Youth Project. Retrieved from http://www.macfound.org/atf/cf/%7BB0386CE3- 8B29-4162-8098-E466FB856794%7D/DML_ETHNOG_WHITEPAPER.PDF.

Magritte, R. (1928-1929). La trahison des images (Ceci n'est pas une pipe) [The treachery of images (This is not a pipe)]. Permanent collection, Los Angeles County Museum of Art. Los Angeles, CA. Viewable online at http://collectionsonline.lacma.org/mwebcgi/mweb.exe?request=record;id=34438;type=101

Mahiri, J. (Ed.) (2008). *What they don't learn in school: Literacy in the lives of urban youth*. New York: Peter Lang.

Mahony, P. J. (1989). *On defining Freud's discourse*. New Haven, CT: Yale University Press.

Markman, A. B., & Ross, B. H. (2003). Category use and category learning. *Psychological Bulletin, 129*, 592-613.

Markus, H. R. (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology, 35*, 63-78.

Markus, H. R., & Kunda, Z. (1986). Stability and malleability of the self concept. *Journal of Personality and Social Psychology, 51*, 858-866.

Markus, H. R., & Nurius, P. (1986). Possible selves. *American Psychologist, 41*, 954-969.

Markus, H. R., & Smith, J. (1981). The influence of self-schemas on the perception of others. In N. Cantor & J. F. Kihlstrom (Eds.), *Personality, cognition, and social interaction* (pp. 233-262). Hillsdale, NJ: Erlbaum.

Markus, H. R., & Wurf, E. (1987). The dynamic self-concept. A social psychological perspective. *Annual Review of Psychology, 38*, 299-337.

Mascolo, M. F., & Margolis, D. (2004). Social cognition as a mediator of adolescent development: A coactive systems approach. *European Journal of Developmental Psychology, 1*(4), 289-302.

McPherson, T. (Ed.). (2007). *Digital youth, innovation, and the unexpected* (John D. and Catherine T. MacArthur Foundation Series on Digital Media and Learning). Cambridge, MA: MIT Press.

Mead, G. H. (1925). The genesis of the self and social control. *International Journal of Ethics, 35*, 251-273.

Mead, G. H. (1934). *Mind, self, and society*. Chicago: University of Chicago Press.

Menninger, K. A. (1935). A psychoanalytic study of the significance of self-mutilations. *The Psychoanalytic Quarterly, 4*, pp. 408-466.

Menninger, K. A. (1938). *Man against himself*. Oxford: Harcourt Brace.

Menninger, K. A. (1939). Somatic correlations with the unconscious repudiation of femininity in women. *Journal of Nervous and Mental Disease, 89*(4), pp. 405-408.

Milgram, S. (1974). *Obedience to authority: An experimental view*. New York: Harper & Row.

Miller, D. T., & Prentice, D. A. (1999). Some consequences of a belief in group essence: The category divide hypothesis. In D. A. Prentice & D. T. Miller (Eds.), *Cultural divides: Understanding and overcoming group conflict* (pp. 213-238). New York: Russell Sage Foundation.

Moi, T. (1985). Representation of patriarchy: Sexuality and epistemology in Freud's Dora. In C. Bernheimer & C. Kahane (Eds.), *In Dora's case: Freud—Hysteria—Feminism* (pp.181-199). New York: Columbia University Press.

Montemayor, R., & Eisen, M. (1977). The development of selfconceptions from childhood to adolescence. *Developmental Psychology, 13*, 314-319.

Moon, J. A. (2004). *A handbook of reflective and experiential learning*. New York: RoutledgeFalmer.
Moore, G. (2002). *Nietzsche, biology, and metaphor*. Cambridge: University of Cambridge Press.
Motz, A. (Ed.). (2009). *Managing self-harm: Psychological perspectives*. New York: Routledge.
Muehlencamp, J. J. (2005). Self-injurious behavior as a separate clinical syndrome. *American Journal of Orthopsychiatry, 75*(2), 324-333.
Nagel, T. (1974). What is it like to be a bat? *Philosophical Review, 83*, 435-50.
Nietzsche, F. (1967). On the genealogy of morals (W. Kaufmann, Trans.). New York: Random House (Original work published 1887)
Nietzsche, F. (1996). Human, all too human: A book for free spirits (Tr. R. J. Hollingdale). Cambridge: Cambridge University Press. (Original work published 1878)
Nisbett, R. E., & Wilson, T. D. (2005). Telling more than we can know: Verbal reports on mental processes. In D. L. Hamilton (Ed.). *Social cognition: Key readings* (pp. 210-227). New York: Psychology Press.
Nock, M. K. (2009a) (Ed.). *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 3-6). Washington, DC: American Psychological Association.
Nock, M. K. (2009b). Introduction. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 3-6). Washington, DC: American Psychological Association.
Nock, M. K., & Cha, C. B. (2009). Psychological models of nonsuicidal self-injury. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 65-78). Washington, DC: American Psychological Association.
Nock, M. K., & Favazza, A. R. (2009). Nonsuicidal self-injury: Definition and classification. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 9-18). Washington, DC: American Psychological Association.
Norman, G. (2004). Editorial: Theory-testing research versus theory-based research. *Advances in health sciences education, 9*(3), 175-178.
Offer, D., & Barglow, P. (1960). Adolescent and young adult self-mutilation incidents in a general psychiatric hospital. *Archives of General Psychiatry, 3*, 194-204.
O'Reilly, T. (2005). What is Web 2.0? Design patterns and business models for the next generation of software. Retrieved December 17, 2007 from http://www.oreillynet.com/pub/a/oreilly/tim/news/2005/09/30/what-is-web-20.html.
Palfrey, J., & Gasser, U. (2008). *Born digital: Understanding the first generation of digital natives*. New York: Basic Books.
Pao, P. N. (1969). The syndrome of delicate self-cutting. *British Journal of Medical Psychology, 42*(3), 195-206.
Pascoe, C. J., & Boero, N. (forthcoming). *No wannarexics allowed: The creation of online eating disorder communities*. Preliminary findings reported in M. Ito et al. (Eds., 2010), *Hanging out, messing around, and geeking out: : Kids living and learning with new media* (p. 369). Cambridge, MA: The MIT Press.
Piaget, J. (1976). *The grasp of consciousness. Action and concept in the young child*. Cambridge, MA: Harvard University Press. (Original work published 1974)
Piaget, J. (1978). *Success and understanding*. Cambridge, MA: Harvard University Press. (Original work published 1974)
Piaget, J. (1985). *The equilibration of cognitive structures: The central problem of intellectual*

development. Chicago: University of Chicago Press. (Original work published 1977).
Pizer, S. A. (1996). The distributed self: Introduction to Symposium on The Multiplicity of Self and Analytic Technique. *Contemporary Psychoanalysis 32*(4), 499-507.
Podvoll, E. M. (1969). Self-mutilation within a hospital setting: A study of identity and social compliance. *British Journal of Medical Psychology, 42*(3), pp. 213-222.
Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. Albany, NY: State University of New York Press.
Powell, P. M. (1984). Stage 4A: Category operations and interactive empathy. In M. L. Commons, F. A. Richards, and C. Amon (Eds.), *Beyond formal operations: Late adolescent and adult cognitive development* (pp. 326-339). New York: Praeger.
Prawat, R. S. (1996). Constructivisms, modern and postmodern. *Educational Psychologist, 31*, 215-225.
Prinstein, M. J., Guerry, J. D., Browne, C. B., & Rancourt, D. (2009). Interpersonal models of nonsuicidal self-injury. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 79-98). Washington, DC: American Psychological Association.
Rafaeli, S., & McCarthy, Y. A. (2007). Assessing interactivity in CMC research. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 71-88). Oxford: Oxford University Press.
Ric, F., Leygue, C., & Adam, C. (2004). Activation of affective information and stereotyping: Does the salience of affective information matter? *Cahiers de Psychologie Cognitive / Current Psychology of Cognition, 22*(4-5), 497-517.
Rice, R. E., Shepherd, A., Dutton, W. H., & Katz, J. E. (2007). Social interaction and the Internet: A comparative analysis of surveys in the US and Britain. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 7-30). Oxford: Oxford University Press.
Richards, F. A., & Commons, M. L. (1984). Systematic, metasystematic, and cross-paradigmatic reasoning. A case for stages of reasoning beyond formal operations. In M. L. Commons, F. A. Richards, & C. Armon (Eds.), *Beyond formal operations: Late adolescent and adult cognitive development* (Vol. 1, pp. 92-119). New York: Praeger.
Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
Robinson, R. J., Keltner, D., Ward, A., & Ross, L. (1995). Actual versus assumed differences in construal: "Naive realism" in intergroup perception and conflict. *Journal of Personality and Social Psychology, 68*, 404-417.
Rogers, T. P., Kuiper, N. A., & Kirker, W. S. (1977). Self-reference and the encoding of personal information. *Journal of Personality and Social Psychology, 35*, 677-688.
Rogoff, B., & Lave, J. (1984). *Everyday cognition: Its development in social context*. Cambridge, MA: Harvard University Press.
Rolph, W. H. (2010). Biologische probleme. Zugleich als Versuch einer rationellen Ethik. [Biological problems. Also an attempt at a rational ethics.] Whitefish, MT: Kessinger Publishing. (Original work published 1882)
Ross, L., Greene, D., & House, P. (1977). The false consensus effect: An egocentric bias in social perception and attribution processes. *Journal of Experimental Social Psychology, 13*(3), 279-301.
Ross, R. R., & MacKay, H. B. (1979). *Self-mutilation*. Lexington, MA: Lexington Books.
Roux, W. (1881). *Der Kampf der Teile im Organismus [The war of parts within the organism]*.

Leipzig: W. Engelmann.
Rush (1980). The spirit of radio. *Permanent Waves* (track 1). Toronto: Anthem Entertainment.
Salen, K., Torres, R., Wolozin, L., Rufo-Tepper, R., and Shapiro, A. (2010). *Quest to Learn: Developing the school for digital kids*. Cambridge, MA: The MIT Press.
Salomon, G. (1991). Transcending the qualitative-quantitative debate: The analytic and systemic approaches to educational research. *Educational Researcher, 20*(10), 10-18.
Saul, L. J. (1935). A note on the psychogenesis of organic symptoms. *Psychoanalytic Quarterly, 4*, 476-483.
Saxe, G. B. (1996). Studying cognitive development in sociocultural context: The development of a practice-based approach. *Mind, Culture, and Activity, 1*(3), 135-157.
Scales, P. C., & Leffert, N. (1999). *Developmental assets: A synthesis of the scientific research on adolescent development*. Minneapolis, MN: Search Institute.
Schlegel, F. (1991). *Athenäum* fragment 80. In P. Firchow (Ed., Trans.), *Philosophical fragments* (p. 27). Mineapolis, MN: University of Minnesota Press. (Original work published 1795)
Schmahl, C. G., McGlashan, T. H., & Bremner, J. D. (2002). Neurobiological correlates of borderline personality disorder. *Psychopharmacology Bulletin, 36*, 69-87.
Schwarz, N. (1999). Self-reports: How the questions shape the answers. *American Psychologist, 54*(2), 93-105.
Scribner, S., & Cole, M. (1981). *The psychology of literacy*. Cambridge, MA: Harvard University Press.
Shayo, C., Olfman, L., Iriberri, A., & Igbaria, M. (2007). The virtual society: Its driving forces, arrangements, practices, and implications. In J. Gackenbach (Ed.), *Psychology and the Internet: Intrapersonal, interpersonal, and transpersonal implications* (pp. 167-185). Amsterdam: Elsevier.
Sheng-Wuu Joe, & Chieh-Peng Lin, C.-P. (2008). Learning online community citizenship behavior: A socio-cognitive model. *CyberPsychology & Behavior, 11*(3), 367-369.
Sher, L., & Stanley, B. (2009). Biological models of nonsuicidal self-injury. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 99-116). Washington, DC: American Psychological Association.
Sherman, J. W. (1996). Development and mental representation of stereotypes. *Journal of Personality and Social Psychology, 70*, 1126-1141.
Sherman, J. W., & Klein, S. B. (1994). Development and representation of personality impressions. *Journal of Personality and Social Psychology, 67, 972-983.*
Singel, R. (2009). Bing snags small gain from google. Wired Epicenter (July 2009). Retrieved 03/23/2010 from http://www.wired.com/epicenter/2009/07/bing-snags-small-gain-from-google/.
Smyth, J. D., Dillman, D. A., & Leah, L. M. (2007). Context effects in Internet surveys. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 430-445). Oxford: Oxford University Press.
Spears, R., Lea, M., & Postmes, T. (2007). CMC and social identity. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of internet psychology* (pp. 253-269). Oxford: Oxford University Press.
Spitz, E. H. (1994). The (e)vocation of absence. In E. H. Spitz, *Museums of the mind: Magritte's labyrinth and other essays in the arts* (pp. 44-5). New Haven, CT: Yale University Press.

Staudinger, U. M. (2001). Life reflection: A social-cognitive analysis of life review. *Review of General Psychology, 5*(2), 148-160.
Stommel, W. (2007). *Mein nick bin ich!* [My nickname is who I am!] Nicknames in a German forum on eating disorders. *Journal of Computer-Mediated Communication, 13*, 1. Retrieved December 17, 2007, from http://jcmc.indiana.edu/vol13/issue1/stommel.html.
Strack, F., Schwarz, N., & Wänke M. (1991). Semantic and pragmatic aspects of context effects in social and psychological research. *Social Cognition, 9*(1), 111-125.
Street, B. (1984). *Literacy in theory and practice*. Cambridge: Cambridge University Press.
Street, B. (Ed.). (1993). *Cross-cultural approaches to literacy*. Cambridge: Cambridge University Press.
Strong, M. (1998). *A bright red scream: Self-mutilation and the language of pain*. New York: Viking Penguin.
Sullivan, D. (2006). Nielsen NetRatings: Search engine ratings. *Search Engine Watch* (Aug 22, 2006). Retrieved 03/23/2010 from http://searchenginewatch.com/2156451/.
Sundar, S. S. (2007). Social psychology of interactivity in human-website interaction. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 89-102). Oxford: Oxford University Press.
Swann, W. B., Jr. (1983). Self-verification: Bringing social reality into harmony with the self. In J. M. Suls & A. G. Greenwald (Eds.), *Social psychology perspectives* (Vol. 2, pp. 33-66). Hillsdale, NJ: Lawrence Erlbaum.
Tanis, M. (2007). Online social support groups. In A. N. Joinson, K. Y. A. McKenna, T. Postmes, & U. Reips (Eds.), *The Oxford handbook of Internet psychology* (pp. 139-153). Oxford: Oxford University Press.
Tantam, D., & Huband, N. (2009). *Understanding repeated self-injury: A multidisciplinary approach*. New York: Palgrave Macmillan.
Taussig, M. (1993). *Mimesis and alterity: A particular history of the senses*. New York: Routledge.
Taylor, S. E., & Crocker, J. (1981). Schematic bases of social information processing. In E. T. Higgins, P. Herman, & M. Zanna (Eds.), *Social cognition: The Ontario Symposium* (Vol. 1, pp. 89-134). Hillsdale, NJ: Erlbaum.
Tiefenbacher, S., Novak, M. A., Lutz, C. K., & Meyer, J. S. (2005). The physiology and neurochemistry of self-injurious behavior: A nonhuman primate model. *Frontiers in Bioscience, 10*, 1-11.
Tusting, K. (2005). Language and power in communities of practice. In D. Barton & K. Tusting (Eds.) (2005a), *Beyond communities of practice: Language, power, and social context* (pp. 36-54). Cambridge: Cambridge University Press.
Usher, R., & Solomon, N. (1999). Experiential learning and the shaping of subjectivity in the work-place. *Studies in the Education of Adults, 31*(2), 155-163.
Vallone, R. P., Ross, L., & Lepper, M. R. (1985). The hostile media phenomenon: Biased perception and perceptions of media bias in coverage of the Beirut massacre. *Journal of Personality and Social Psychology, 49*, 577-585.
Varnelis, K. (Ed.). (2008). *Networked publics*. Cambridge, MA: MIT Press.
Vermunt, R., & Extra, J. (1993). Point of reference, prototypicality, and categorization. In M. F. Pichevin, M. C. Hurtig, & M. Piolat (Eds.), *Studies on the self and social cognition* (pp. 106-114). London: World Scientific Publishing.
Vygotsky, L. S. (1962). *Thought and language*. Cambridge, MA: MIT Press. (Original work

published 1934)
Vygotsky, L. S. (1978). *Mind in Society: The development of higher psychological processes* (M. Cole, V. John-Steiner, S. Scribner, & E. Souberman, Eds.). Cambridge, MA: Harvard University Press. (Original work published 1930)
Walsh, B. W., & Rosen, P. M. (1988). *Self-mutilation: Theory, research, and treatment*. New York: The Guilford Press.
Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge, MA: Harvard University Press.
Whitlock, J. L., Powers, J. L., & Eckenrode, J. (2006). The virtual cutting edge: The Internet and adolescent self-injury. *Developmental Psychology, 42*, 407-417.
Whitlock, J., Purington, A., & Gershkovich, M. (2009). Media, the Internet, and nonsuicidal self-injury. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 139-155). Washington, DC: American Psychological Association.
Wittenbrink, B., Gist, P. L., & Hilton, J. L. (1997). Structural properties of stereotypic knowledge and their influences on the construal of social situations. *Journal of Personality and Social Psychology, 72*(3), 526-543.
Wolfson, S. (2000). Students' estimates of the prevalence of drug use: Evidence for a false consensus effect. *Psychology of Addictive Behaviors, 14*(3), 295-298.
X-Ray Spex (1978). I live off you. *Germ Free Adolescents* (side B, track 2). London: Essex Studios.
Yates, T. M. (2009). Developmental pathways from child maltreatment to nonsuicidal self-injury. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 117-137). Washington, DC: American Psychological Association.
Zebrowitz, L. A. (1990). *Social perception*. Pacific Grove, CA: Brooks/Cole Publishing.
Zimbardo, P. G. (1970). The human choice: Individualtion, reason, and order versus deindividualtion, impulse, and chaos. In W. J. Arnold & D. Levine (Eds.), *Nebraska Symposium on Motivation, 1969* (Vol. 17, pp. 237-307). Lincoln: University of Nebraska Press.

Appendix: Self-Injury in the Clinical Discourse

1935 Menninger, K. A. A psychoanalytic study of the significance of self-mutilations

Psychoanalytic Quarterly, 4
Title footnoted: "Read in abstract before the American Psychiatric Association in New York, May, 1934" (p. 408).

Volume includes articles on psychophysiology (Briehl & Kulka, 1935; Saul, 1935) and inhibition (Freud, 1935)

Categorized acts and practices of self-mutilation as physiological manifestations of deeper psychological drives, principally the classical Freudian erotic and death drives. In this model, self-mutilation may be a symbolic surrender of general vitality through the metonymic debilitation of isolated body parts or tissues; a means of satisfying aggressive and erotic cravings; and/or a means of exploring general, psycho-phenomenological polarities of activity and passivity. These latter terms are widespread throughout this and others of Menninger's texts, and are nowhere explicitly defined. Synonyms such as "virility and power" (e.g. as enacted in barbershop rituals, p. 462) also proliferate. The polarity is generally employed in a manner reminiscent of late 19th-century Western European biological discourse (Moore, 2002; cf. Roux 1881; Rolph, 1882) and modeled on tropes of heterosexual genital intercourse. In Menninger's model, an implicit element of self-punishment is always present in self-mutilative acts and practices, as is a more general universal/biological drive toward entropy, which in humans aspires toward "total annihilation" (p. 466) of self and species.

Menninger outlined six general categories of self-mutilation, organized by the personality type of the person performing the behavior and/or the socio-cultural ecology sustaining it. The categories are presented under the article's inner section headers, which I reproduce here verbatim and in order. *Neurotic self-mutilations* comprise behaviors seen in generally normally-functioning individuals who, under certain social or interpersonal circumstances, injure themselves intentionally, although usually without conscious attendance to the action's psychological motivations. Examples are drawn from Menningers's own clinical practice and from the practices of his colleagues, and include patients who bite their nails, sometimes to the point that they have "gnawed off every vestige of nail from every finger" (pp. 413-414); "more vigorous attacks upon the body… in which the individual seems impelled to pick or dig at his skin… frequently for no reason the patient can explain" (p. 417), one case of a man who, "whenever [he] got a knife in [his] hand… always cut [himself]" (p. 419), and two cases, one male and one female, who compulsively pulled out their own hair to the point of baldness. Menninger then turns to a discussion of *Religious self-mutilation,* a category of human experience that "has been practiced as a form of religious observance since the earliest times (p. 422). The overwhelming majority of examples in this category, drawn from various cultures and historical epochs, involve ritualistic self-castration. The universality of such rites across cultures and epochs is presented as evidence of a generalized tendency toward species-wide self-destruction, manifested here in the renunciation of the ability to procreate. *Puberty rites* offer secular equivalents of religious rites, serving essentially the same purposes. Puberty rites are, however, distinct from self-mutilation proper, as these are practices in which, rather than injuring one's self, the individual willingly submits to injury at the hands of an outside agent, who has been empowered by the community to inflict the injury. Menninger's examples of this category are drawn exclusively from anthropological reports of "savage" (p. 439) tribes that practice circumcision at adolescence.

Menninger then returns to clinical manifestations with a discussion of *Self-mutilation in psychotic patients*. These cases differ from neurotic cases largely in the magnitude of the injury and in the lack of discrimination exercised in inflicting it. Menninger notes that self-mutilation "occurs in most of the major psychoses—paresis, mania, melancholia, schizophrenia, epileptic psychosis, delerium," and interprets this fact as evidence that it is not a discreet symptom of any specific condition: "Apparently, therefore, it bears no fixed relation to the clinical form of illness but is an expression of some more general tendencies" (p. 439). Menninger's primary example of a psychotic case is a war veteran who, on returning home, found himself abandoned by his fiancé. The man developed an "acute schizophrenic illness with delusions, hallucinations, queer posturing, etc.," and became "an exceedingly difficult patient in the hospital because of his persistent efforts to injure himself" (p. 439). A catalog of indiscriminate adventures follows in which the man ties string around his appendages "with the evident purpose of producing gangrene," jabs pins into his eyes,

pinches off chunks of his earlobes, and dives head first from his bed to the floor (p. 440). Psychotic self-mutilators attack themselves with constant vigor and without the specific localization with which neurotics tend to organize their behavior. Menninger returns to the symbolic themes of the sections on religious and puberty rites, and proposes that all body parts, when isolated for mutilation, become representatives of the genitals. All forms of self-injury, regardless of form or degree, are symbolic acts of self-castration achieved through the substitution of a specific body part, or, in the case of the indiscriminate psychotic, the entire body as a disorganized whole.

Menninger follows the section on psychotic manifestations with a discussion of *Self-mutilations in organic diseases*, which is followed by a final section on *Self-mutilation in normal people: Customary and conventional forms*. The section on organic diseases purports to treat cases where self-mutilation is a secondary symptom of a broader, ostensibly unrelated, medical condition, "occurring in physically ill people who… show no (other) indication of mental disease" (p. 452, parenthesis in original). The central case presented in this section is that of a girl with encephalitis who tore out her eyes. Better examples are provided by Carr (1977), Walsh and Rosen (1988), and Luiselli (2009). The section on customary and conventional forms situates culturally sanctioned practices such as nail-clipping and hair-cutting within the broad spectrum of self-mutilative behaviors through which individuals manage conflicts between their erotic and death drives. Menninger interprets these more benign forms in particular along the lines of Freud's (1920/1990, 1930/1989) dystopic model of civilization: "the custom of nail trimming has unconscious determinants related to… the unconscious dominant law of claw and fang [and] to the restraints on these tendencies demanded by civilization" (Menninger, p. 458). In a similar vein, Menninger segues from puberty rites to psychotic manifestations with a cliché familiar to fans of 19th and early 20th century psychological discourse: "The savages and the psychotic have this in common, that they act without deference to the demands of a civilization which often modifies primitive tendencies almost beyond recognition" (p. 439).

The order of the sections appears to follow a synthesis of clinical and rhetorical logic designed to aid the reader in processing the more complicated forms by analogy with those easier to understand. Neurotic manifestations offer a "convenient" place to begin the discussion, because "the behavior of neurotics is always much more closely akin to that of so-called normal people [comparison population unspecified, presumably psychotics] and therefore more easily understandable by them." This lends psychoanalytic treatment of such individuals a broader lens into the "motives and the methods," because the clinician can trust "the subject's intelligence" [presumably in a way that is foreclosed with psychotic patients] (p. 411). Menninger closes the section on neurotics with a paragraph citing Freud's "celebrated Wolf-Man case" (p. 422). Menninger does not explicitly discuss a connection between neurotic manifestations and religious and cultural rites, beyond suggesting that the rites provide historical evidence of the universality of self-mutilative drives. Menninger's conceptual and rhetorical motive with the sections on rituals and rites appears to be to normalize neurotic and psychotic acts by providing them a very broad conceptual and anthropological context, and also to establish anecdotally the analytic hypothesis that all forms of self-mutilation represent metonymies of self-castration. He closes the puberty section with a discourse on circumcision as a culturally sanctioned manner in which entire societies can gratify the universal drive toward self-castration (itself a gratifying metonymy of actual suicide or total cultural collapse). The section on organic diseases serves as a non-agentive bridge to the section on normal people. In both sections, self-mutilation is contextualized as a biological drive that manifests in a wide variety of forms. The section on organic diseases, as will be the case in Menninger (1938), is devoid of any good examples of what he seems to have in mind (the types of conditions discussed, e.g., by Carr (1977), Walsh and Rosen (1988), and Luiselli (2009), in which neurological abnormalities cause tick-like symptoms such as head banging or lip-biting). The section on normal people is populated with practices of benign self-mutilation in which individuals engage to meet societal demands, principally nail-clipping and hair-cutting. Individuals performing these behaviors tend to perform them without conscious attention to the complex interplay of instinctual drives and societal demands that underlie them, but at their root they represent another

metonymy of castration. In the case of nail-clipping, we sacrifice our more instinctual, aggressive tendencies (represented by the claws we would grow without the intervention) to preserve the social order: "One might say that the civilized practice of trimming the nails may represent not only a gesture of repudiation of those primitive tendencies which demand their use, but also a self-protective device against yielding to the temptation of indulging these tendencies" (p. 458).

As noted above, Menninger differentiated psychotic from neurotic cases in terms of the severity of the injury and the degree of discrimination exercised in inflicting it. Neurotics tend to inflict controlled, localized wounds on favored body parts, whereas psychotic mutilators tend to lash out indiscriminately at their entire bodies. Menninger presents another key difference that is of greater theoretical and clinical import, and that is the theory-based hypothesis that all acts and practices of self-mutilation combine self-punishment with an important element of self-healing. Self-mutilation is self-protective in the sense that it provides "a form of partial suicide to avert total suicide" (p. 450), releasing or diffusing tension or conflict that might otherwise escalate to the point of suicide. From here, Menninger draws the categorical distinction between neurotic and psychotic acts in the balance of self-destructive versus self-protective tendencies they display in practicing their self-mutilative acts: in psychotic manifestations, "the attempt at self-healing is a very weak one" (p. 450). In religious and societal rites, the self-preservation tendency is directed at the social order at large, and is very strong. In neurotics, especially those for whom the practice is more ritualized or more discriminately focused on non-lethal acts, the self-preservation drive outweighs the drive for self-destruction, and in fact provides it a degree of periodic relief. Recent neuro-biological research updates this hypothesis with emerging evidence that SI may in fact operate as a regulator of neural chemistry and nervous system response (Sher & Stanley, 2009).

1938

NY: Harcourt, Brace & Co.
No further editions; copyright renewed 1966

Menninger, K. A. *Man against himself*

Expands on the broader context of suicide and general self-destruction introduced in the 1935 article. SI as currently defined (e.g. Nock, 2009) is the specific subject of only one of the book's twenty chapters, treated under the heading "Self-mutilations." The chapter covers the same categories as had the 1935 article (as occurring in neurotic and psychotic patients, in organic diseases, in everyday civilized life, and in religious or cultural rites). In this work, Menninger conceptualizes self-mutilation as a "compromise formation to avert total annihilation, that is to say, suicide" (p. 250). Four of the six main parts of the book employ the word "suicide" in their titles. The outer parts, operating as an introduction and conclusion, are entitled "Destruction" and "Reconstruction." This work inaugurates what will become an enduring tendency to associate SI with suicide, and/or to categorize SI as some manner of proxy for suicide. The author situates individual acts within individuals' personal death drives, but also situates a broad spectrum of acts and practices within a universal, biological trajectory toward destruction and entropy, as evident in such phenomena as "floods… droughts… sickness and accident, beasts and bacteria… toxins… cancer… bombs [and] weapons" (pp. 3-4).

The book's most enduring conceptual contribution is the association of self-mutilation with suicide, but the sexualized/erotic construction of the 1935 article is retained and remains influential in much subsequent literature. As in the 1935 article, self-mutilation is situated as a pivotal conceptual fulcrum between the erotic drive and the death instinct. Succinctly, "the prototype of all self-mutilation is self-castration," which represents the surrender or repudiation of the "active "masculine" role" (p. 248, quotation marks in original). The socio-cultural availability or desirability of such sacrifice is rooted in the "innate bisexuality of everyone and the unconscious envy on the part of men of the female role" (p. 249). At the same time, a secondary erotic gain is achieved in the innate tendency of the erotic instinct to translate all acts of aggression into expressions of erotic vitality. The individual practicing a self-mutilative act, then, partakes in both poles (active/masculine and passive/feminine) of the spectrum constructed between the two core psychoanalytic drives, and is enabled thereby to experience an ambivalent sense of self, as aggressor and victim, penetrator and penetrated.

The book covers a broad spectrum of practices, including but by no means limited to the

medical or psychological syndrome typically categorized as SI in the current literature. A number of common social conventions are also presented (e.g. nail biting and hair-cutting), as are various practices engaged in by diverse religious communities and integrated into sanctioned rites of passage in numerous cultures (cf. Favazza, 1987). Whereas much of the subsequent literature limits the definition of SI to intentional acts such as skin cutting, the author includes organic disease in his definition, contending that all forms of illness are manifestations of the "total personality" (p. 312). Menninger in fact treats organic disease in two forms. On the one hand are medical conditions of which self-mutilative behaviors are an accompanying symptom. Of these, Menninger offers only one example, and it is the same poor one as in the 1935 article (the girl who tore out her eyes as a result of encephalitis). Much more generally, Menninger's theory of self-destruction includes all medical illnesses and organic diseases: these are processes by which the body destroys itself without the mediating agency of consciousness and in service to the organism's inherent trajectory toward decomposition.

Menninger's breadth of coverage raises some interesting questions that remain largely unexplored by authors of more tempered theoretical persuasions. Key among these are categorical questions into the nature and role of conscious agency in acts and practices of SI. Menninger situates hysterical illnesses at the crux of this exploration, arguing that such phenomena "destroy the comfortable illusion of the separation of mind from matter which prevails in popular and medical thinking" (p. 312). The absence of conscious agency or intentionality in organic manifestations does not rule out the possibility that they contain functional, meaningful, and/or communicative elements (cf. Carr, 1977, below) akin to those more easily perceived in intentional and agentive acts.

1939

Menninger, K. A. Somatic correlations with the unconscious repudiation of femininity in women

Bulletin of the Menninger Clinic

Journal of Nervous and Mental Disease, 89

Lecture delivered at a conference at the Menninger clinic (Topeka, KS), reprinted first as a clinic bulletin, and subsequently as a journal article. The conference was convened in celebration of the career of Dr. Smith Ely Jelliffe, a major contributor to the then emerging field of psychophysiology. Jelliffe's own work, beginning around 1920, sought to document the relationships between of "emotional factors" (Menninger, p. 514) and a wide range of physical conditions, many of which are indeed still considered to be stress-responsive, including dermatosis, asthma, hypertension, and arthritis. Jelliffe became a prominent American psychoanalyst, and maintained correspondence with both Freud and Jung (collected in Burnham, 1983). Jung in particular was staunchly critical of Jelliffe's tendency to root his observations in the "organic" component of the "psychophysiological connexux," as opposed to Jung's own practice of beginning from the standpoint of the "psychic" component, or "the soul" (Jung as reprinted in Burnham, 1983, p. 239). Freud functions throughout the correspondence as a sounding board for Jelliffe's own tentative, albeit grounded, speculations. Upon explicating one extended interpretation, he begins a new paragraph by asking simply "is this crazy?" (Jelliffe as reprinted in Burnham, 1983, p. 220). Menninger, proceeding in the Jungian tradition, is far less tentative in his interpretations.

The lecture does not address SI specifically, but rather the broad topic of "psychosomatic relationships" (p. 514). The lecture begins with the technical / methodological observation that research into such relationships may proceed in one of two directions, either approaching psychological phenomena through the study of presumably associated physical complaints (Jelliffe's method), or by approaching physical symptoms through the studied application of psychological theory. In Menninger's view, the latter approach (Jung's method) has been "less fruitful" but remains "logically justified" (p. 515). He proposes to contribute to this approach by elucidating a general psychological phenomenon, namely the "well known and widely prevalent phenomenon… which in essence consists in… the wish of the little girl to be a boy and to some extent the contrary," and, from there, to speculate on manners in which this general psychological phenomenon "might be expected to appear in bodily function and structure" (p. 527). By "function and structure" Menninger is not referring to conscious, deliberate acts or practices, but rather to courses of biological development that are presumed

to have been determined by unconscious psychological factors.

Menninger's earlier contributions (1935, 1938) had been theoretically unisex, in part due to their broad, universalizing scope. This text contributes a distinctly gendered strain, despite the subtle nod he gives to "the contrary" impulse that exists "to some extent" in boys (perhaps a subtle injoke (cf. Chamberlain, 2000; Mahony, 1989), predicated on the centrality and androcentrism of castration anxiety within analytic theory, de facto centered on the male organ). As with his other texts represented here, Menninger employs traditional psychoanalytic theory with a nonchalance that suggests he takes for granted that his reader understands and subscribes to the theory, making his text somewhat hermetic and unpalatable to modern readers. In any event, "for present purposes let us confine ourselves to the problem as it occurs in women" (p. 516). In sum, little girls in developed Western cultures grow jealous of the power that fathers and little boys have, and grow resentful of the passivity with which mothers and they respond to this power. The basic wish simply to "have the [same] advantages" as the males in the household, in some cases, manifests as aggression toward males, a poignant example being the "ambitious … American woman, who attains her greatest satisfaction in attempting to destroy the masculinity of men by mastering, controlling, defeating, rivaling, or merely depreciating and annoying men." This is apparently the less pathological, or at least the more common, manifestation, as Menninger deems such women to be "too familiar not only to physicians, but to every observing person" (p. 517). Some women become lesbians (p. 517-518); in other, "more normal" cases, (p. 518), the jealousy evoked by social oppression manifests as spinsterhood, to which Menninger attributes a certain "thin, flat-chested, narrow-hipped neurotic[ism]" (p. 518) that appears to be a biological, life-course manifestation of the "deep unconscious repudiation" of culturally sanctioned models of femininity expressed through physiological processes (p. 519). Menninger proceeds to catalogue a number of unconscious physiological developments that may be attributed to the wish to repudiate femininity, including patients with muscular legs who also happen to have had athletic brothers (p. 519), flat-chested women whose brothers had made fun of their pubescent "bumps" (p. 519), women whose faces have become "prettier" (p. 520) as a result of psychotherapy, chronic sufferers of "frigidity and vaginismus" (p. 521), and neonatal mothers demonstrating complications in pregnancy and labor (p. 522).

My decision to include this text despite the fact that it doesn't address SI specifically was motivated by a desire to provide a provocative example of the theoretical and socio-political context of early analytic discourse. However, in this I am admittedly perpetuating a reductive popular tendency to overgeneralize in critiquing and dismissing that discourse—the two above texts, in which Menninger treats SI specifically, provide gender-neutral coverage of a much broader range of phenomena than does this text. Brickman's (2004) important socio-cultural critique (from which my own review of the literature proceeds) commits this error of overgeneralizing the inarguable, but also selective, phalocentricsm and misogyny of the analytic literature, and in doing so we may both be missing some valuable other residuals of that discourse.

1960 Offer, D., & Barglow, P. Adolescent and young adult self-mutilation incidents in a general psychiatric hospital

Archives of General Psychiatry, 3

Documented a nine-month outbreak of social contagion involving clusters of SI (90 incidents in total) occurring in twelve female patients in a psychiatric ward (ages 14-22), diagnosed with schizophrenic (n=4), character (n=5), or borderline personality (n=3) disorders. Clinical interviews revealed most patients expressed getting attention as a motive, but many also stressed feeling empowered by being able to tolerate the pain, or feeling relieved by the flow of blood in periods of stress and tension. Discriminates "suicidal gestures" from "suicide attempts" (p. 109), emphasizing that a conscious wish to die is rarely expressed as a motivation, and actual death only rarely an outcome, in cases such as those studied. Noted social-contagious features of the condition in this inpatient setting, with some older patients attributing degrees of status to respective degrees of severity or frequency of SI behaviors. The overwhelming majority of acts/practices discussed are cutting, although the authors do

not explicitly thematize this symbolically or in relation to other forms of SI observed in their sample.

Despite their distinction of gestures from attempts, the authors retained a generally non-critical conceptual association of SI with suicide. However, they also offered important observations and insights into social and ecological factors, as well as motivations and functions other than suicide. Attention-getting and stress-management theories remain central throughout the history of the discourse, and appear to remain viable per contemporary research.

A noteworthy feature of this work is that the published report offers paraphrases and transcriptions of interview material (interviews were conducted with patients as well as with their clinicians), providing transparency and material evidence for critical evaluation of interpretations and conclusions. The authors' interpretations strike this critical reader as somewhat limited. One patient transcript, in which attention seeking is admittedly the primary, stated, conscious motivation, concludes with the statement "This is the only way I can get some kicks. Or I can drink cokes and eat popcorn" (p. 196). This poignant expression of developmental malaise is left untouched by the authors, as are a number of other similar statements (e.g. another patient's claim that "there should be more things to do around here" (p. 197)). This article models well the value of worked examples for development of theory: the presentation of empirical data in the form of verbatim interview transcripts allows for subsequent conceptual development that might not have been possible at the time of publication, due to the early developmental stage of prevailing theory at that time.

1967

American Journal of Psychiatry, 124(4)

Grunebaum, H. U., & and Klerman, G. L. Wrist slashing

Isolates wrist slashing as a specific subtype of SI, as observed in female inpatients in a psychiatric ward. Presents typical demographic as "young, attractive, intelligent, even talented" (p. 113), although also typically "beat" or "bohemian" in appearance, tending to dress in "boyish garb such as blue jeans or slacks" (528). Patients invariably experienced unstable family relationships, and "in many cases the father [had] been seductive and unable to set limits" (p. 528). Exposure to aggression and sexuality in the home was frequent, as was early sexual experience, "often incestuous" (p. 528). Patients were typically depressed, but also more anxious or agitated than is common in ordinary depression, and were prone to aggressive outbursts.

Episodes tended to occur when patients were at an "impasse in interpersonal relations, such as occurs in periods of tension in psychotherapy" (p. 529), and patients developed "co-conspiratorial dyads" (p. 114-115) with selected staff members, whom they entrusted to keep the secret of their less public episodes. In both of these respects, the article addresses personality and social management functions that remain central in much of the subsequent literature. Along similar but more general lines, Pao (1967) and Muehlenkamp (2005) both take up the categorical question of whether superficial, moderate, repetitive self-injury should be interpreted as a clinical syndrome in its own right, as opposed to the widespread tendency to view it as a symptom of other clinical conditions (especially personality disorders).

1969

British Journal of Medical Psychology, 42(3)

Volume includes additional articles on self-mutilation by Kafka (1969) and Podvoll (1969)

Pao, P. E. The syndrome of delicate self-cutting

Investigated cutting at various degrees of severity amongst female inpatients in a psychiatric ward. Created categorical distinction between "delicate" cutting and "course" cutting, neither of which typically constituted genuine suicide attempts. Delicate cutting was typically superficial to moderate in severity, tended to occur repetitively or periodically, and was identified by patients primarily as a tension-reducing practice that typically included a ruminative or meditative component. Course episodes occurred less frequently or periodically, were more impulsive in nature, and were considerably more medically severe, than delicate episodes. The author's elaboration of the categorical, phenomenological distinction between delicate and course presentations provides an early explicit acknowledgement of the *practice* element of (delicate) SI, as opposed to what might be considered the more symptom- or syndrome-centered approach of (course) SI as treated in many earlier works. This phenomenological distinction plays a role in much of the

subsequent discourse and in the development of conceptualizations that address motivations and functions relating to personal, social, and biological management.

Brickman's (2004) feminist, socio-political critique of the discourse (see below) uses this report as its springboard, hinging on a constructed ambiguity around the construct of delicateness in Western conceptualizations of gender roles (e.g. the delicate sex) and female beauty (e.g. her delicate cheeks). The descriptor *delicate* as employed by Pao does not ultimately gain much currency in the subsequent discourse, although the category of behaviors he addresses remains the primary category most commonly represented. Little attention has been paid to the meditative, reflective, or dissociative phenomenology described by Pao's sample (an exception is Favazza, 1987).

Noted common developmental themes in the life histories of patients studied, including a lack of maternal handling during infancy and family constellations in which the mother was the central authority figure and the father played a peripheral role. The authors also noted a prevalence of other symptoms in their sample, including "eating problems (bulimia and anorexia), mild swings of depression and elation, brief moments of lapse of consciousness (petit mal-like), absconding from the hospital, promiscuity, suicidal ruminations, swallowing sharp objects or intoxicants…" (p. 196). The lapse of consciousness gains increasing endorsement in later SI discourse, with dissociation becoming a centralized feature of phenomenological accounts; Strong (1998) will employ a trauma framework to interpret SI practices as psychobiological regulators of dissociation, grounding, and symbolic reenactment for individuals who have experienced childhood abuse.

The published report offered an important early description of the phenomenology of the experience of SI for individuals who engage in it. The prototypical cutting experience, as synthesized from patients' reports, was presented as follows:

> For reasons not known to the patient, she felt very tense; following a period of tenseness she decided to be by herself; while alone, the tension mounted; then, all of a sudden, she discovered that she had already cut herself.
>
> During the period of tenseness she was conscious of her wish to cut herself and often struggled with herself over cutting or not cutting… Yet, at the brief moment when cutting was executed, she was unaware of the act of cutting and of the sensation of pain. […] It should be noted that, although the cutter was, for that brief moment of cutting, unaware of her own act… she seemed able to exercise sufficient caution in delimiting the extent and the depth of the wound, as well as in the choice of the site of the wound. (p. 197-198)

The patients' struggle with the decision over whether or not to engage in cutting is itself interpreted as an "obsessive device" used to distract attention from the interpersonal conflict that initially triggered the tension underlying the urge to cut (p. 198). In this regard, Pao contributed to the phenomenology of cutting a more complex cognitive dimension than it had enjoyed in earlier works.

1977

London, NY, Sydney, Toronto: John Wiley & Sons

Kreitman, N. et al. *Parasuicide*

Monograph collecting a series of studies based on cases of intentional self-poisoning, all treated at an emergency medical center with a specialized wing for poison treatment. In the majority of cases, the actual wish to die was not a central motivator, and actual death was only very rarely a result of episodes. The authors proposed the construct of parasuicide to disambiguate non-fatal, non-suicidal acts of SI from actual suicides or suicide attempts. The authors define parasuicide as "a non-fatal act in which an individual deliberately causes self-injury or ingests a substance in excess of any prescribed or generally recognized therapeutic dosage" (p. 3). The inauspicious decision to disambiguate SI from suicide by using a word whose root is suicide is further complicated by the many varied usages of the Latin prefix in medical and other discourses. The prefix para- may be literalized as beside or to the side of (e.g. parathyroid), beyond (paranormal), subsidiary to (paralegal), secondary or accessory to (parahormone), functionally disordered (paramnesia) or like or resembling (paratyphoid). The authors leave ambiguous exactly what relationship parasuicide has to suicide, other than to assert that it is not a direct causal relationship. In the authors' definition and usage,

parasuicide is explicitly neither a practice that accompanies actual suicide, nor a failed or functionally disordered suicide attempt.

The most noteworthy feature of this work for the development of SI discourse is the fact that the researchers employed an ecological perspective that situated episodes of parasuicide within a wide range of cultural and socio-environmental factors. Also, the practice is evaluated from an interpersonal or communicative framework that expands the construct beyond the often arcanely symbolic model of the psychoanalytic discourse. Ecological considerations revealed a "subcultural" aspect to the practice (p. 63), and the communication element lends this subcultural aspect a prototypical version of some of the feminist and socio-political observations offered by Hyman (1999) and Brickman (2004). Notably, the patients in this study are not the privileged and bored middle class girls featured in Offer & Barglow (1960), Grunebaum & Klerman (1967), or, for that matter, Brickman (2004). Instead, parasuicide rates in the populations these authors studied were significantly correlated with poverty, unemployment, and previous criminal records. Also noteworthy is the data that 53% of men and 50% of women studied either had or were given diagnoses of personality disorders. The comorbidity of SI with personality disorders, especially borderline personality disorder, is observed consistently in the literature, and is maintained by the current edition of the *Diagnostic and statistical manual of mental disorders* (American Psychological Association, 2000).

Considerations of exactly which acts and practices to include within discussions of SI, and of how to organize such acts typologically, loom throughout the literature. The majority of cases explored in my own research involve cutting or burning of the skin, and presentations tend to be more repetitive in nature than the more episodic cases of poisoning studied by Kreitman and colleagues. It is possible that the communicative/interpersonal features observed in hospital-treated episodes of self-poisoning (cry for help, communication of hopelessness) do not generalize to practices of repetitive cutting that do not require hospitalization, and which may be experienced as private or intrapersonal experiences as opposed to symbolic or performative communications with others. The examination of ecological-contextual factors, such as Kreitman and colleagues modeled, is an essential component in addressing these broader systemic questions.

1977

Carr, E. G. The motivation of self-injurious behavior: A review of some hypotheses

Psychological Bulletin, 84

Reviewed prior literature from the perspective of functional behavior analysis, reframing motivational considerations in more concrete, measurable terms than had been typical of previous research. Carr identified five sets of hypotheses that had emerged in previous literature: positive social reinforcement, negative social reinforcement, sensory stimulation, the "organic" hypothesis, and the collected set of psychodynamic hypotheses (in which motivations are summarized as testing "body reality" and "ego boundaries" (p. 810-811). The psychodynamic set is critiqued for the lack of operationalizable constructs within that research base. The review broadens the research base to include animal studies as well as forms of SI occurring in developmentally disabled humans, including face-slapping and head-banging observed in children identified as autistic. The three operationalizable hypotheses (negative and positive social reinforcement and sensory stimulation) are presented as applicable to all non-organic varieties of SI occurring in all varieties of humans. The authors' extended presentation of social reinforcement models offers a concrete complement to the generally abstract and theory-based mental-representation models of the psychoanalytic literature. The various hypotheses are not presented as competing, but as a fuzzy set that collectively covers the wide variety of manifestations of SI, and the associated motivations may operate in various combinations in different individuals or contexts.

In the positive reinforcement hypothesis, SI is a behavior employed to gain rewards from the social environment, such as attention from caregivers. Experiences of receiving such rewards upon performance of the behavior reinforce the continued performance of the behavior. The social environment plays a role in providing the rewards and thus supporting the behavior's continuation. In the negative reinforcement hypothesis, performance of the

behavior serves to eliminate negative stimuli in the social environment. Studies were reviewed that found incidences of face-slapping in autistic individuals to increase in highly stimulating environments, often leading caretakers to remove the individual from the environment contingent on the SI behavior, thus reinforcing the behavior as a method of eliminating the negative stimulus. In these cases, the behavior offered the positive reward of caretakers' attention as well as the negative reward of eliminating the aversive condition by changing the child's location to a less stimulating environment.

The self-stimulation hypothesis and the organic hypothesis both address forms and functions of SI that appear more closely tied to physiological or biological processes than interpersonal dynamics or cognitive practices. The self-stimulation hypothesis addresses mostly anecdotal data derived from orphans reared in highly impoverished conditions. The author reviews a series of studies in which caretakers in such environments noted increased incidences of head-banging and face-slapping amongst infants when no sensory stimulation was available, and decreases in such behaviors when toys or other tactile stimuli were provided. Experimental data pertinent to the self-stimulation hypothesis is drawn from animal studies. Primates raised in social isolation have been shown to develop increased levels of stereotypic behaviors, including self-injurious behaviors. The organic hypothesis addresses a category that Menninger (1935, 1938) had addressed much less auspiciously with the case of eye removal in connection with encephalitis. Carr reviewed literature on two rare conditions (Lesch-Nyhan syndrome and Cornelia de Lange syndrome) in which self-injury appears to be very common, and for which some research appears to support the hypothesis that specific chemical and physiological abnormalities are linked directly to the SI behaviors. Given that other psychological determinants are equally relevant to these populations, research has not been conclusive in identifying purely physiological or chemical causes of SI, however the higher incidence rates in these populations, and the homogeneity of presentations across cases, provide some support for the organic hypothesis. A more general approach to the organic hypothesis is offered by Sher and Stanley (2009), who reviewed emerging neuro-biological research into the effects of SI practices on levels of endogenous opioids and serotonin, as well on hypothalamic-pituitary-adrenal stress responses.

1979

Lexington, MA and Toronto: Lexington Books

Ross, R. R., & MacKay, H. B. *Self-mutilation*

Documented cases of self-mutilation amongst adolescent females at a reform school for delinquent girls in Canada at which the authors operated as scientist-clinicians in the development and delivery of a comprehensive research and treatment program over the course of several years. The students, aged twelve to seventeen, had all demonstrated extensive prior histories of criminal and delinquent behavior. The school is described as a "final measure" after legal and less restrictive psychological interventions have proven ineffective "to cope with these girls," the girls themselves rendered "the failures of the juvenile justice system" (p. 1). The authors report feeling "horrified" when they arrived to begin research and service provision, noting both an "omnipresent tension" in the atmosphere (steel-barred cells, solitary confinement, enforced silence at mealtimes, organized marching) and a preponderance of "ugly cuts and scars on [the] legs… hands… and arms" of "almost every girl" (p.2).

SI achieved epidemic proportions at this institution, and other researchers have stressed that this fact lends the study sample a degree of hyperbole that prohibits generalizabiliy to other populations in other contexts (Walsh & Rosen, 1988). For example, the authors describe the regular occurrence of rituals organized around group cutting and standardized initiation rites for newly admitted girls, and the authors make note repeatedly throughout their text of the creativity with which the girls would persist in chronically mutilating themselves, often in aggressive rages that stand in some contrast to the more reflective, private acts described by much of the literature.

I provide two indexes of a rhetorical style the authors employ throughout, which might best be labeled exhibitionist. First, the report proliferates with statements to the effect that "the variety of forms of self-mutilation is almost endless, limited only by the imagination of the mutilator" (p. 7), and the presentation of exemplary cases is typically accompanied with

explicit reflections on the imagination and creativity of the students in executing their acts. The authors compiled a catalog of the various forms of self-mutilation that had been chronicled in the literature prior to their research, which marked an important and novel contribution to the literature; likewise, they offered an extensive table organizing roughly three decades of research by the type of injury, the population studied, the setting of research, and the rates of incidence documented. On the other hand, their prose, especially in the chapter on forms, assumes the voice of old-world circus men, a cabinet of curiosities:

> virtually every part of the body has been subjected to self-cutting… the characteristic ability of the mutilator to withstand what would be excruciating pain for most individuals… a startling array of objects have been inserted under the skin by self-mutilators… self-burners often have a considerable flair for the dramatic, as when they turn themselves into a ball of fire… the hackles of the nutritionist would likely be raised by the diet of some self-mutilators, [who] have managed to swallow an incredible array of objects which most of us would prefer to associate with locations far removed from our stomachs… a grim yet inventive instance of self-inflicted frostbite… (pp. 26-40).

The various forms of self-mutilation presented in the chapter are organized under the following headings: "cutting, biting, abrading, severing, inserting, burning, ingesting or inhaling, hitting [and banging], and constricting [of blood flow or oxygen]" (pp. 26-39), and the chapter concludes with the methodological observation that "it has not been our intention to be exhaustive… Rather, our goal has been to help our reader view the carving behavior of our adolescent girls within a broader perspective" (p. 40).

A second, much more provocative, example of the seemingly exhibitionist rhetoric of the text is that the authors employ the verb "carving" throughout their text to refer to cases of skin cutting, although they use the more conventional "cutting" as their category term. The authors report choosing the term because it was the term the students employed to describe their own behavior. In his light, some of the authors' apparent theatricality may be re-signified as a socio-linguistic attempt to reach satisfying representation of behaviors that have perennially been described as difficult to comprehend by non-initiates. Over the course of several years of embedded clinical research, the authors slowly came to ground their theory and intervention increasingly in the specific ecology of the school, ultimately developing an intervention in which "we gradually allowed the girls to explain their behavior to us… we stopped playing expert and allowed ourselves to become students." Success began to occur only when the intervention had been re-signified as "*their program*" (p. 5; italics in original). The author's use of local language provides a metonymy of the broader process by which they came upon their most effective intervention, which centered on allowing the girls to "co-opt" (p. 131) the treatment program. A peer support program was implemented and girls were trained in functional behavior manipulation, which they applied to each other as well as the staff, shaping interpersonal behaviors across the institution and across its power hierarchies. Individual incidence rates decreased and the public culture of cutting lost its ostensible appeal as a reaction to institutional oppression. The results suggested that much of the power cutting had in the lives of individual students was rooted in social and interpersonal forces having to do primarily with the stark powerlessness with which the students perceived themselves within the institution's hyperbolic practice of oppressive order and social restraint.

The text, despite (our perhaps specifically due to) its flair for the dramatic, offers an important analogue to the heightened potentiality for representation that I hypothesize to lie in internet support forums, which are generally created, populated, and moderated by the populations they serve, with little direct influence from institutional forces or oppressive discourses. Whitlock (2006) and Adler and Adler (2007, 2008) begin to document the ways in which internet communities have allowed their members to "co opt" SI and to "rob [stigmatized behaviors] of [their] institutional value" (Ross & MacKaye, p. 133). More generally, the entries by Favazza (1987), Brickman (2004), and Adler and Adler (2007, 2008) document a shift in contemporary popular and sociological (if not yet in clinical) discourses, in which SI is increasingly signified as a form of social deviance, or as a morbid form of identity development and community building, as opposed to a medical condition or a clinical syndrome per se.

1987 Favazza, A. R. Bodies under siege: Self-mutilation and body modification in culture and psychiatry

Baltimore, MD: The Johns Hopkins University Press. Second, expanded edition 1996

Marks a more extensive and nuanced return to Menninger's (1935, 1938) broad, cultural level of analysis, discussing a variety of forms of self-mutilation that are integrated components of normal Western society (piercing, tattoos) as well as forms observed in religious and cultural rites across a variety of cultures. The author, a leading contributor to the field of cultural psychology, states a dual commitment to treating patients and to developing cultural understandings, and contends that the "individual human body mirrors the collective social body" (p. xiii) in a manner reminiscent of Menninger's (1938) socio-biological considerations. Favazza emphasized in a new way the important constructs of culturally sanctioned deviant behaviors and powerful subcultures. The author used self-mutilation as his central construct, limiting his discussion to behaviors that entail the "deliberate destruction or alteration of one's body tissue" (p. xviii-xix). He then distinguished "culturally sanctioned" self-mutilation (e.g. ear piercing) from "deviant" self-mutilation, categorizing the latter is a "product of mental disorder and anguish" (p. xix). Throughout his career, Favazza has developed the concrete metaphor of the skin as a border between the self and others, as well as a border between inner and outer experience. Intentional modification of this border is posited to be a practice by which individuals manipulate embodied experiences with others, in addition to exploring their own sense of control over such experiences, their private psychological relationship with their own bodies, and their perceptions of the perceptions others form of their bodies and their behaviors in social interactions. Practices of concealment and selective revelation also contribute to this sense of control, and serve to generalize it beyond the temporal limitations of the mutilative act itself.

The author was a major contributor to the development of a classification system that has become widely accepted within the clinical community (Favazza & Rosenthal 1990, 1993). In this model, self-mutilative behaviors are organized into three observable types: Major, Stereotypic, and Superficial/moderate. *Major self-mutilation* comprises extreme acts such as self-castration and amputation of other whole body parts. *Stereotypic self-mutilation* refers to tick-like, repetitive behaviors associated with developmental disabilities and medical disorders. Cutting, burning, and related varieties of self-mutilation fall within the category *superficial/moderate self-mutilation*, which is further subdivided into three classes: compulsive, episodic, and repetitive. *Compulsive* behaviors include ritualistic elements and occur many times daily. *Episodic* self-mutilators use the behavior to regulate stress or conflict, manipulate others, or regain a sense of control, but tend not to ruminate about the behavior or associate a specific identity with it. *Repetitive* self-mutilation is similar to the episodic class, but repetitive self-mutilators become highly preoccupied with the behavior, adopt an identity relating to the behavior (self-identified "cutter" or "burner"), and may describe the behavior as an addiction. These individuals often describe the behavior as an autonomous process which must run its course once triggered.

The second edition (1996) includes important contributions on the biological correlates of SI, especially serotonin response, as well as an epilogue written by a figure prominent in contemporary SI subculture, Fakir Musafar. The author's discussion of Musafar's practices and of his position within popular subculture, together with the epilogue written by Musafar, contributes an early example of exemplarity in public discourse about SI: Musafar is positioned as a living exemplar overagainst which theory and public discourse is developed and measured, similarly to the positioning of celerity self-injurers in later 20th century discourse chronicled by Brickman (2004).

1988 Walsh, B. W., & Rosen, P. M. *Self-mutilation: Theory, research, and treatment*

NY, London: The Guilford Press

Extended discussions of treatment modalities and therapeutic outcomes are conspicuously absent from the majority of the previous texts—Ross and MacKay (1979) and Favazza (1987) are the noteworthy exceptions, although Favazza's (1987) brief chapter reviewing the literature on treatment offers only very sparse conclusions regarding outcomes or best practices. In contrast, Walsh and Rosen devote two-thirds of their text to reviewing treatment

literature across therapeutic modalities. Cognitive-behavioral, psychoanalytic, family, and group treatments have all shown moderate success in reducing or eliminating SI behaviors. However, the authors contend that self-mutilation is invariably "one aspect of a broader psychological problem," a discreet symptom that "can often be reduced or eliminated through treatment," but only if treatment addresses the individual's broader psychopathology. The authors do not elaborate on the specific forms of broader psychopathology they presume to underlie SI symptoms, noting simply that "typically we are dealing with a personality disorder or psychosis" (p. 155).

Other contributions include a foray into developmental trajectories associated with self-mutilation, with adolescence positioned as the developmental stage in which self-mutilation is most common and during which it appears to bear the most personal and socio-cultural meaning. Body consciousness and associated distress arising in puberty is related to self-mutilation as well as other forms of psychopathology, including eating disorders and generalized identity distress. The text also contains chapters on social contagion, the prevalence of self-mutilation in individuals demonstrating personality disorders, and the ongoing categorical question as to what relationship, if any, SI behaviors bear to suicide and suicidality. Concerning the latter question, the authors review a broad literature base and conclude that SI behaviors are best categorized as a "distinct class" (p. 39) from suicidal behaviors. A long chapter delineates numerous important definitional distinctions: Suicide is an escape from unendurable distress, whereas SI is a means of coping with intermittent, but manageable, distress; suicide is perceived by the agent performing it as a permanent solution, whereas self-injury tends to be perceived as a form of temporary relief; suicide entails full cessation of consciousness, whereas SI provides an experience of altered consciousness; suicide typically entails a rescue fantasy or cry for help, whereas SI is, for many, an autonomous form of self-care that contains an explicit element of rejecting help from others.

Finally, the authors critiqued a variety of shortcomings in earlier studies. Most importantly, ecological and epidemiological studies using large samples have routinely found that studies conducted in inpatient settings (e.g. Offer & Barglow, 1960; Grunebaum & Klerman, 1967; Ross & MacKay, 1979) have been misleading regarding the disproportionate representation of SI in females as well as in adolescents. In the general population, self-mutilation is prevalent in both sexes and across the life course, although it does most frequently begin during adolescence.

1998

New York: Viking Penguin

Strong, M. *A bright red scream: Self-mutilation and the language of pain*

Written by a journalist, this work was the first on the subject written for a popular audience, and has enjoyed considerable popular success. Explicitly journalistic in style and agenda, the text provides more, and richer, life-history data about its informants and their experiences than any prior work. Interview excerpts are contextualized with extended narratives about the informants' SI-specific life-history narratives, which are almost invariably intertwined with narratives of childhood abuse and persistent interpersonal conflict.

An introduction by Armando R. Favazza provides a gesture of legitimation that parallels Favazza's own incorporation of the epilogue by Fakir Musafar in the second edition of *Bodies under siege* (Favazza,1996). Strong credits Favazza as having "done more than any other person to develop self-injury as a legitimate and fascinating area for multidisciplinary research" (p. vii). Favazza's introduction begins with an anecdote relating a ritual performed by Islamic mystics in which healers cut open their own scalps and the sick drink the blood for curative effect, and Strong retains a stress-management or coping-strategy hypothesis throughout the text, which situates self-injury as a morbid albeit effective means of gaining temporary, periodic relief from stress and cognitive dissonance caused by enduring problems that the self-injurer perceives as permanent or unchangeable. Strong interprets estimated comorbidity rates of "50 to 60" percent (p. xiv) as evidence of an "extremely high correlation" with prior sexual and/or physical abuse (p. xviii), a point on which Favazza cautions readers in his introduction. It is possible that artifacts of Strong's research method (interviews of self-referred volunteers) and her dedicated interest in such correlations when they do occur, caused over-representation of such histories in her sample and her text. Childhood sexual abuse may also be an issue of grave enough severity that thresholds for

judgments of significance are lowered. A full chapter is devoted to tracing a developmental trajectory from early childhood trauma to SI in adolescence. A parapraxis in the opening sentence of that chapter belies the author's strong association: "There are many roots to cutting, but the single, [sic] most common causal factor is childhood sexual abuse" (p. 64). The author means "single most common," i.e. among the many, this one is singularly the most common. Sticklers will note that the comma after single implies that sexual abuse is both the only causal factor and the most common.

The book provides copious material in the form of quotations from interviews, and these are typically rather well-written and reflective, with specific commentaries throughout relating to how the individual perceives the behavior and how they perceive others to perceive it. The author's narrative is interwoven with informants' narratives in a manner that suggests a relatively strongly guided interview protocol.

A chapter entitled "The secret language of pain: The psychology of cutting" explicates the symbolic-communication hypothesis encapsulated in the book's title. In this model, SI behaviors provide nonverbal symbolic expression of trauma or suffering that cannot be expressed in words, and that is often rooted specifically to troubled experience of the body. The act of self-injuring, which many individuals describe as trance-like or dissociative, or, conversely, as grounding or providing relief from dissociation, is a reflective practice used in lieu of verbalization in the individual's own cognition of troubling experiences, while also providing a "secret code" (p. 36) amongst self-injurers, who typically conceal their scars, but may choose to reveal them strategically to communicate with others for a variety of purposes.

The use of an informant's own words for the title, along with the copious representation of authentic informant narratives, reflects an ideological stance similar to that of Walsh and Rosen (1988), which contends that, in order to be of help to these individuals, researchers and clinicians must learn to understand SI experiences through the perspectives of those individuals who experience them. Hyman (1999) provides another extended contribution to this understanding, and I seek in my own research to illustrate ways in which forum discourse provides an avenue for gathering data that is less influenced by the interviewer's own perspective or guiding questions. Mining forum discourse may constitute a form of interview in which the questions remain implicit to the writer and the reader, and invisible to the informant.

1999

Philadelphia: Temple University Press

Hyman, J. W. *Women living with self-injury*

In two important ways, this text constitutes an analogue precursor to the forum discourse investigated in my own study: first, the text provides copious life history data in the form of interview transcripts, which often constitute extended SI-specific life history narratives. Previously, and still much more commonly, researchers have tended to provide readers with paraphrases or condensed case examples, which are typically offered for purposes of confirming theories, predictions, or correlations, and do not purport to provide anthropological or archival documentation of subjects' lived experiences.

Another manner in which this text resembles forum discourse is that it assumes a stance of advocacy and support for SI as a lifestyle or a (sub)culture, whilst also constructing individuals who practice SI as a cohesive community. The author constructs this community as integrated through common experience, despite the isolation typically experienced by self-injurers within other social contexts (the author discusses family and the workplace as examples of such contexts, where the absence of common experience is equated with an absence of understanding, yielding cognitions and feelings of isolation and stigma).

The research was based on interviews with female informants (n=20) aged twenty-five to fifty-one, living in the northeast or the West coast of the United States. Interview data were supplemented with discourse drawn selectively from scientific and popular publications written by women who do or have practiced self-injury, and who "are now advocates for other women who self injure" (p. 2). Many of the interviews were conducted by telephone, although the author does not identify or hypothesize any notable interpersonal or social-cognitive differences between the electronically mediated, disembodied narratives of telephone interviews and those collected in face-to-face interactions. The author states more than once that many women expressed surprise in the degree of self-disclosure with which

they provided their SI-specific life history narratives and responded to her interview prompts, articulating this observation in notably experiential terms: "Talking openly about the subject was an *experience* some had *never had* except with their therapists or, perhaps, with other women who self-injure. Some were visibly moved… In the middle of one interview, one women said: 'I can't believe I'm telling you these things'" (p. 2; quotation in original, italics mine).

Copious life-history material is provided, documenting the subjective experiences of women who practice SI and the meanings they ascribe to the behavior. In very abstract terms, the avowedly gynocentric stance perpetuates a tendency to associate the behavior with the uniquely gendered experiences of women living in Western cultures, a shortcoming manifested in previous works as phallocentric misogyny. The perpetuation of a gynocentric bias in this specific work is tempered by its author's feminist stance (she identifies herself as "an independent researcher… specializing in women's health" (p. 2)); a politics or psycho-social practice of identification through common experience (whether it be as self-injurer or as woman; the author offers no self-disclosure regarding the former) appears to be an important structural and/or functional component of internet forum discourse, as documented throughout the data gathered for the present study. An extended philosophical discourse on the formal construct of identification through gendered perception and cognition is beyond the scope of this genealogy, but the nonchalance with which the phenomenon transforms within SI discourse (from misogyny to gynocentrism) is provocative food for historical and social-cognitive thought.

2004

Brickman, B. J. 'Delicate' cutters: Gendered self-mutilation and attractive flesh in medical discourse

Body & Society, 10(4)

A critical feminist review of the tenacious persistence in the American popular consciousness of the prototypical cutter profile that had been established by medical and clinical discourses of the 1960s and 1970s—the affluent, attractive teenage girl. Citing a new proliferation of this profile in news and popular media throughout the 1990s (including highly publicized celebrity cases such as Princess Diana), Brickman argues that the profile continues to serve "mechanisms of social control, surveillance, and medicalization that attempt to construct, redefine, and manage [womens'] bodies" (p. 89). Brickman describes an enduring and entrenched patriarchal agenda in which representations of women's bodies, and women's experiences of their bodies, are manipulated by medical discourses to enforce structures of power and oppression that dominate in society at large. Most suggestively, Brickman observes that the period in which the "delicate cutter" profile emerged and was solidified in medical discourses in the US was precisely that decade in which the civil rights movement was threatening traditional gender roles to an historically unprecedented degree. In Brickman's analysis, the skin-as-border metaphor was operationalized as a socio-political performative, as more and more women began slashing at their skin as though to lash out at the oppressive experience of being embodied in female form; at the same time, the constant refrain of neglectful mothering in the analytic literature allowed male clinicians to lay the blame for the behavior on that generation of women who were competing in the workforce as opposed to staying at home to care for their children. The analytic propensity to signify the behavior as primitive or associate it with the behavior of savages (e.g. Menninger, 1935, 1938), combined with the tenacious myth of its overrepresentation in females, further codified the typology of the privileged girl for whom puberty, and assimilation into adult civilized society, is experienced as an hysterical catastrophe.

Brickman organizes her interpretive shift, from hysterical pathology to political resistance, around largely social-cognitive constructs. Most pertinently, by consistently constructing and perpetuating the image of the typical cutter's body as attractive and fair, Brickman argues, the medical discourse unwittingly signified the behavior as an assault, by women, on the idealized typologies of Western female beauty that were beginning to saturate the popular media at the time. The popular media, for their part, were proliferating rapidly as a source of influence in people's lives and in their cognitions of self and others, while also becoming more integrated in both the private and the public spaces of American life (one might also

note the trajectory toward increasing interactivity and user-friendliness documented in studies of digital media). Brickman draws a parallel with feminist discourse on eating disorders, in which those syndromes are signified as a socio-political performative, "a kind of 'hunger strike' wherein the female… protests with her body the culture that would have her control and stifle her appetite" (p. 103, single quotation marks in original). In a similar vein, Brickman signifies female self-injurers as insurgents practicing a form of embodied attack against an idealized typology of "frailty, daintiness, and fragility" (p. 97)—in short, delicateness—that has dominated the Western collective consciousness from the earliest documented records through to the present day. Brickman frames her analysis largely communicative terms, emphasizing not the private act as much as its public gesture; presumably much of the gesture's power would be found in those rare moments when the individual actually allows her wounds or scars to be seen in society—a revelation often constrained to the emergency room.

Considering the prior publication of texts such as Hyman (1999), Walsh & Rosen (1988), and Favazza (1987), amongst others, it is evident that Brickman's review represents a targeted selection of the total discourse, and that this selection serves a number of rhetorical and socio-political purposes. And indeed, the author states these purposes in the opening paragraph, which position her selective review as a reflection of a corresponding bias in the popular media: "…despite warnings from recent researchers… that cutting 'is *not* simply a problem of suburban teenage girls,' that picture of the typical 'cutter' appears again and again in popular articles and fiction" (p. 87; quotation from Strong, 1998 in original; italics Brickman's). In this sense, Brickman's text goes beyond critique of biases in the medical discourse to a commentary on broader socio-cultural practices in which the popular culture selectively uptakes the medical literature to perpetuate heuristics and social categories for popular digestion. Brickman's subject is ultimately the social-cognitive tenacity of the delicate cutter paradigm despite copious scientific research that either disavows that paradigm or supplements it with a variety of other presentations, whether in socio-economic profiles, across genders, or across the life-course (e.g. Kreitman, 1977; Walsh & Rosen, 1988). As such, Brickman's socio-political interpretation raises provocative questions regarding the cognitive-developmental and social-cognitive correlates of the ostensibly communicative gesture of SI. Might the internalization of the typology, the embodied practice of inflicting injury on its embodied representative, and subsequent reflection on the process, constitute a form of cognitive-developmental practice organized around disequilibration of constructs and representations of mind and body, self and others?

2005

American Journal of Orthopsychiatry, 75

Muehlencamp, J. J. Self-injurious behavior as a separate clinical syndrome

Comments on the conceptually dissatisfying categorization of SI behaviors in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), and argues for revision of future editions to include self-injurious behavior (SIB) as a syndrome in its own right. Currently, SI behaviors are addressed only as associated symptoms in other conditions, most prominently Borderline Personality Disorder.

The most basic argument Muehlencamp presents in favor of creating an autonomous diagnostic entity for Self Injurious Behavior (SIB) is the fact that the behavior is widespread, and that there is "strong agreement within the literature regarding [its] characteristic and phenomenological features," (p. 324), including "a prominent symptom pattern and a relatively clear presentation of biological and associated features" (p. 327); this observation applies only to moderate/ superficial SI, although the author is not explicit on this point. Muehlencamp devotes a large section of her text to disambiguating SIB from suicidal behaviors, noting that the enduring propensity to associate the two has been implicitly accepted as one reason not to create a separate SIB syndrome; the existence of a separate classificatory entity might reduce clinicians' and researchers' propensities to interpret SIB as a form of suicidal behavior. A related argument concerning diagnosis and classification is that "individuals who self-injure [but] who do not appear to have any other Axis I or Axis II disorders do not fit easily into current diagnostic categories" (p. 330). As a final argument in favor of creating the diagnostic entity, Muehlencamp suggests that its existence would

facilitate research by offering researchers and clinicians a clearer definition of the problem to be studied. This final argument evoked in this critical reader strong associations with the top-down methodology of the founding fathers of psychoanalysis. Likewise, the argument that there is *nowhere else to put* these behaviors in the absence of other diagnoses is problematic insofar as it ignores the implications of the important first step in DSM diagnosis, which is to determine whether the behavior causes distress for the individual or disturbance in the individual's daily functioning. Individuals for whom SI does not cause distress or disturbance, and who do not demonstrate evidence of other disorders, would presumably be exempted *de facto* from DSM diagnosis. The more sociologically-oriented entries in this genealogy (Adler & Adler, 2007, 2008; Brickman, 2004; Favazza, 1987; Hyman, 1999), and the morbid coping mechanism hypothesis more generally, would presumably argue against the creation of a pathology specific to the behavior itself.

2006

Whitlock J. L, Powers, J. L., & Eckenrode, J. The virtual cutting edge: The internet and adolescent self-injury

Developmental Psychology, 42(3)

Reported on two observational studies of SI-specific online message boards. The first study examined the prevalence of such boards and documented some of their structural features, including membership numbers; how long the board had existed by the time of the study; the degree of control moderators exercised in monitoring or censoring postings; demographics about the members and their posting histories; themes most commonly discussed; and the most common topics with which the study boards were cross-listed, by means of hyperlinks to other topic-specific message boards. The second study focused on the posting behaviors of 60 individual members, whom the authors selected from boards examined in the first study. Participants for Study 2 were selected based on self-reported age (between 13-22) and a posting history of more than fifty postings. Researchers examined members' historical usage patterns over the six-month period leading up to the time of the study, recording frequency of postings in six thematic categories loosely based on Study 1 findings. The authors do not describe specifically how they arrived at the categories for Study 2, but do note explicitly that only postings relating to these categories were examined: "posts were not coded when they did not contain content relevant to the study objectives" (p. 413). Spearman correlations were calculated between seventeen measures selected to represent the six broad categories.

Study 1 revealed the existence of 406 message boars devoted to SI as of the time of the study (2005). Of those, 140 provided information on when the board was first established, providing some indication of growth in the prevalence of such boards over time. The longest-standing board had been established in 1998, and was apparently the only board in existence at that time. Seven additional sites were established the following year, and then from 2000 to 2005, at least 20 new sites were established every year, and this number was hypothesized to be growing at the time of the study. Many of the boards were cross-listed with message boards devoted to other topics, including a host of issues associated with SI in the literature. Most common cross-listings were depression (32% of sites), eating disorders (17%), and dissociative identity disorders (10%). Membership demographics were revealed, including members' mean ages, which ranged by board from 14 to 20, with 31% of all members across all sites being 15 or 16. Virtually all of the members had avatars, or images associated with their profiles, and 10 to 30% of members kept online blogs, not necessarily SI-specific. Common topics of discussion were revealed through grounded analysis of message board content, revealing eleven broad areas of discussion. The most common themes, expressed in terms of the percentage of postings in which the theme was addressed, were Informal provision of support to others (28%) and discussions of Motivation and triggers (19.5%). Other themes included Concealment issues (9.1%), Addiction elements (8.9%), Formal help seeking (7.1%), Requesting or sharing techniques (6.2%), Associations with other mental health concerns (4.7%), and References to popular culture (4.2%). Two themes of interest in my own study were also identified, the social-cognitive themes of Interpretation of others' perceptions (2.6%) and Perceptions of self (2.1%).

The dataset for Study 2 included 3,000 individual postings (50 postings each for 60 individual members). Numbers of posting per individual ranged from 60 to several hundred,

with a minimum of 50 required for selection. Content analysis for this study was conducted using binary coding on six broad themes, which were extrapolated from findings in Study 1. These themes were Techniques (requesting or sharing), Attitudes toward formal treatment, Seeking or providing informal support, Disclosure to others (e.g. family/friends), Other mental health issues, and Self-concept. No discussion is offered on how these specific topics were identified as most relevant, beyond the researchers' targeted interests, guided loosely by Study 1 findings. Spearman correlations revealed that many of the "positive" (p. 413) topics were significantly intercorrelated, as were a few of the "negative" topics. For instance, Offering informal support was significantly correlated with Disclosure to others, a positive Attitude toward formal treatment, and Seeking advice on cessation. Conversely, Sharing techniques was significantly correlated with a negative stance toward Disclosure to others. However, a negative stance toward Disclosure to others was also significantly correlated with a positive Self-concept and with Seeking informal support on cessation.

Overall, this research is perhaps more valuable for its conceptualization of forums as ecologies for research than for its specific methodology or discreet findings. From the standpoint of worked examples, the report models an approach to internet-based data that can be expanded and developed by future research. Grounded content analysis bears much potential in this context, but may be much more informative with less top-down constraint. Although these researchers described their approach as "observational" (p. 407), their content analysis proceeded in a confirmatory manner, targeting thematic categories that were deduced from the clinical literature, and as such they likely reproduced many of the conceptual and categorical shortcomings identified in earlier reviews; this becomes especially evident in the categories used for Study 2, which were only loosely related to those identified through grounded analysis in Study 1. Another limitation was imposed on the researchers by their institution's Human Subjects Review Board, which stipulated that only paraphrases of content be reproduced, limiting the degree to which readers can evaluate the goodness of fit of the researchers' interpretations, and severely limiting the usefulness of the dataset as reproduced in the report. These researchers were not required to gain consent from either the message board's moderators or from the individual members, due to the fact that they did not name the message boards, did not reproduce members' real or screen names, and reproduced only paraphrases of board material in their report. My own institution's review board has granted exemption, provided I do not name sites or members' screen names.

2007

Adler, P. A., & Adler, P. The demedicalization of self-injury: From psychopathology to sociological deviance

Journal of Contemporary Ethnography, 36(5)

Provides qualitative ethnographic observations on the increased prevalence of SI across demographic categories and its widening acceptance of American popular culture. The authors conducted eighty in-depth interviews, and examined copious material drawn from internet forums of which they became members, self-identifying as participant observers actively conducting research. Informed consent was secured from interviewees and from all individuals the researchers contacted via email or through forum messages.

The data, collected over several years, dispelled a number of myths that have traditionally haunted the clinical and popular discourse, including the demographic stereotype of the wealthy, teenage girl. The study population contained individuals of all ages, and many members of disadvantaged populations (poor urban youth, and youth in foster care), as well as a strong representation of members of youth subcultures in which SI behaviors are integrated components of self-fashioning practices (e.g. punk and goth). Their sample contained a higher number of females than males (65 to 15), but gender-related findings were more nuanced than has traditionally been the case, one notable finding being that romantic traumas were more often cited by males than females as motivators for SI episodes. Nearly all participants were Caucasian. Noting that "most self-injurers never seek the help of medical professionals" (p. 538), the authors revealed a population of self-injurers for whom the practice is non-stigmatized or even embraced, in their own lives and in their judgments of others. Their study population contained many individuals who had been chronic self-injurers for over a decade, and many who expressed that they have no plans to discontinue the

behavior.

Many clinical theorists, notably Favazza, argue that SI is a variety of impulse disorder, but many participants in this study described their own practices as intentional or planned: they weighed pros and cons prior to engaging in SI, deferred episodes contingent on satisfying other goals, or had specific times set aside in the day or week that were devoted to SI practices. A group of older participants, who had begun to self-injure before the proliferation of the internet (and of the popular media's fascination with SI) reported discovering SI serendipitously, either by accident or simply by experimenting, without necessarily knowing the behavior had a name or that there were others for whom it was meaningful. Younger participants much more frequently reported learning about SI from other sources (the internet, popular media, or friends) before trying it themselves. As with other stigmatized behaviors that have traditionally not been represented in public discourse (e.g. eating disorders), it appears the continually growing prevalence of SI and its widening acceptance in American society at large have been mediated to some degree by the internet's provision of readily available information as well as de-stigmatized representations in user-generated discourse.

The authors raise important and interesting considerations regarding ethics in internet-based research. As noted above, they took an active participant-observer stance: "rather than remaining strictly detached from our subjects, we became involved in their lives, helping them and giving voice to their experiences and beliefs, which is considered by some postmodern ethnographers as a form of advocacy" (p. 542). This psychologically-oriented reader is troubled by the nonchalance with which these authors "give voice" to the experiences of their subjects. Theoretically, the forum itself allows individuals to give their own voice to their experiences; I discern no added value in active participation of the sort these authors conducted, other than the power it affords the researcher to shape a compelling research narrative by eliciting talking points on preconceived topics.

2008 — Adler, P., & Adler, P. The cyber-worlds of self-injurers: Deviant communities, relationships, and selves

Symbolic Interaction, 31(1)

Reported further on the data presented in Adler & Adler (2007), with emphases on the community- and relationship-building elements of SI forums. There are numerous forums to choose from, and most interviewees described searching actively until finding the community that best matched their specific interests and needs. Some individuals joined more than one forum, and a few individuals reported joining multiple forums in order to explore different identities in different communities. A noteworthy sub-group was comprised of males who constructed female profiles in order to fit into a group they perceived to be solely female. Forums varied considerably in the degree to which they emphasized recovery, affirmed neutrality, or endorsed a positive attitude toward SI; a few took an explicitly pro-SI stance in which members openly shared techniques and posted photographs of their injuries.

Participants reported feeling a sense of community with the forums that was not contingent on whether they were actively self-injuring at the time, and also reported that they could be absent from the forum for long periods of time, yet find immediate acceptance upon return, providing a generalized sense of acceptance and support. Participants were divided on whether they felt the sense of identity and community they formed online was transferable to real-world contexts: some described the forums as spaces where they practiced cognitions and relational skills that did indeed yield improvements in their functioning offline, whereas others reported perceiving the virtual community as a sequestered space that could not be replicated offline.

2009 — Nock, M. K. (Ed.). Understanding nonsuicidal self-injury. Origins, assessment, and treatment

Washington, DC: American Psychological Association

A comprehensive volume that brings research up to date in a variety of enduring areas (e.g. definition and etiology) and expands the traditional discourse by including biological and pharmacological models, ecological and developmental considerations, and reviews of efficacy data for a variety of treatment methods. The first paragraph of the editor's introduction constitutes a litany of rhetorical questions deployed to hammer home its opening

thesis that SI remains “perplexing” and “puzzling” (p. 3) despite decades of research.

The volume contains three main sections, addressing definitions (Part I), motivations and functions (Part II), and assessment and treatment (Part III). The classificatory scheme developed by Favazza and colleagues is retained throughout, as is a generally broad cultural perspective in which SI behaviors vary greatly in their moral implications across individuals and communities. Data on incidence rates and demographics are brought up to date but remain inconclusive. Chapters in Part II address a wide range of motivations and functions, including traditional psychological models (e.g. functional behavioral and interpersonal-relational models) as well as developmental approaches (focusing primarily on pathways from childhood abuse) and contemporary neuro-biological findings on the possible effects of SI in regulating levels of endogenous opioids and serotonin, as well as the hypothalamic-pituitary-adrenal stress system.