

College students' perceptions of self-mutilators: gender and age effects

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Honors Project Proposal

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Abstract

The current study investigates three hypotheses: Perceptions of male self-mutilators as compared to female self-mutilators in which males are perceived negatively, the self-mutilation form cutting receives the highest negative attitudes compared to either burning or tattooing/piercing (burning perceived more negatively than tattooing/piercing), and that freshman and sophomore participants perceive self-mutilators positively compared to junior and senior participants. Participants (N= 229) were asked to answer several questions pertaining to their understanding of self-mutilators. Half of the packets contained a narrative about a male self-mutilator while the other half contained a narrative about a female self-mutilator. The packets were distinguished by odd numbers for females and even numbers for males. To analyze these data independent samples *t* test were performed. None of the hypotheses was supported. Younger participants did not view self-mutilators more positively than older participants. In fact, older participants viewed self-mutilators significantly more positively than younger participants. There was no significant difference found between perceptions of male and female self-mutilators. The data showed that participants in this sample view cutting more positively than both burning and tattooing/piercing (burning was viewed more positively than tattooing/piercing). There were 27 participants who were self-proclaimed mutilators and 136 participants who know or knew a self-mutilator.

Review of Literature

Introduction

Slicing away at their problems and hoping to bleed out unwanted emotions, self-mutilators are becoming more common in our society (Whitlock, Powers, & Jane, 2006; Nock &

Prinstein, 2005; Klonsky & Olino, 2008). Though often more prevalent in adolescents and young adults (Klonsky & Olino, 2008; Hawton & Harriss, 2008b), self-mutilation is a growing epidemic that is seeping into all age groups (Hawton & Harriss, 2008b). Self-mutilation is a very complex epidemic with many different dimensions (Castille et al, 2007) and affected by socio-cultural factors (Yip, 2005). Many individuals label self-mutilators as either “goths” (Dimmock, Grieves, & Place, 2008) or trouble makers and then proceed to reject or isolate self-mutilating individuals (Yip, 2005). Other individuals believe self-mutilators are not suffering but are instead seeking attention (Kibler, 2009).

Self-Mutilation

Definition and Description

Known as the purposeful act of harming one's self, (Brain, Hanes, & Williams, 2002; Castille et al., 2007; Faust, 2005; Gratz & Chapman, 2007; Hawton & Harriss, 2008; Andover, Pepper, & Gibb, 2007) self-mutilation can range anywhere from moderate harm to severe harm. Defining self-mutilation is difficult. Since self-mutilation is multidimensional, the many aspects of self-mutilation make it hard for researchers to pinpoint the main aspects of the behavior to accurately define it. Often researchers categorize the different characteristics with their own separate definitions (Castille et al, 2007). This type of behavior is known by many different names: self-injury, self harm, parasuicide (Castille et al, 2007), self-cutting (Yip, 2005), self-destructive behaviors, deliberate self harm (Hawton & Harriss, 2008a, Hawton & Harriss, 2008b; Jackson, 2000) and nonsuicidal self-injury (Klonsky & Olino, 2008); nevertheless, they all identify the same destructive behavior. Self harm is not an attempt at suicide and is usually the exact opposite of suicide. (Faust, 2005; Andover, Pepper, & Gibb, 2007). Self-mutilators want to

live and are just trying to find ways to cope with their emotions and the world they live in (Faust, 2005; Andover, Pepper, & Gibb, 2007; Dimmock, Grieves, Place, 2008). However, that does not mean they are neither susceptible to suicidal thoughts nor immune from committing suicide whether intentional or accidental (Brain, Haines, & Williams, 2002).

As self-mutilation has many different aliases, it also has many different forms. Self-injurers can *burn* (Faust, 2005; Kibbler, 2009), pick their skin, bite hands (Symons, Sperry, Dropik, & Bodfish, 2005), hit or punch themselves with their hands or other objects, *cut* (the most common form) (Croyle & Waltz, 2007), nail bite, pierce (Faust, 2005), *tattoo or pierce* (Aizenman & Conover-Jensen, 2007), self-mutilate the genitals, and self-mutilate the mouth (Yip, 2005). Self harm can also come in forms in which the skin is not broken, including eating disorders, reckless behaviors, bone breaking, and substance abuse (Laye-Gindhu & Schonert-Reichl, 2004).

Self-mutilation also has two different classifications (Faust, 2005). The first category is “culturally sanctioned self-mutilation” (Faust, 2005; Schoppmann, Schröck, Schnepf & Büscher, 2007). In this category, participants self-mutilate because their social group or culture approves/recommends or requires the behavior (Faust, 2005). This type of behavior can be seen in adolescent social groups where the only way to be admitted into the group is to hurt one’s self one way or another (Schoppmann, Schröck, Schnepf & Büscher, 2007). The second category is “deviant-pathological self-mutilation” (Faust, 2005; Schoppmann, Schröck, Schnepf & Büscher, 2007). This category itself can be broken down into three subgroups (Faust, 2005; Schoppmann, Schröck, Schnepf & Büscher, 2007). The first subgroup is “major self-mutilation” where the self-mutilating individual is suffering from schizophrenia (Faust, 2005; Schoppmann, Schröck, Schnepf & Büscher, 2007). The second subgroup is like its predecessor in that the mutilators are

suffering with some sort of mental impairment (Faust, 2005; Schoppmann, Schröck, Schnepf & Büscher, 2007). These mental impairments are not as serious as schizophrenia, but do include autism (Faust, 2005).

The third subgroup is not only the most common group of mutilators, but also the group that will be the focus of our discussion (Faust, 2005; Schoppmann, Schröck, Schnepf & Büscher, 2007). Stereotypic self-mutilation (also known as moderate self-mutilation) has three categories: “compulsive, episodic, and repetitive” self-mutilation (Faust, 2005). Compulsive self-mutilation is the least severe of the three categories. Compulsive self-mutilators can be seen as everyday mutilators because they usually self-mutilate with relatively common behaviors such as nail biting and hair pulling. This behavior is, however, a constant behavior in the individual’s everyday life. The second category, episodic, is a little bit more severe. However, an episodic self-mutilator only participates in self-mutilation when they experience great stress, pain, or any other situation that causes overpowering emotions (Faust, 2005; Yip, 2005; Laye-Gindhu & Schonert-Reichl, 2005; Dimmock, Grieves, & Place, 2008). These individuals do indulge in cutting, burning, and head banging forms of self-mutilation like the third and most serious category repetitive self-mutilators (Faust, 2005). Harming themselves for the same reasons as episodic self-mutilators, repetitive self-mutilators often identify themselves as mutilators (Faust, 2005). Repetitive self-mutilators can harm themselves over one hundred times (Yip, 2005) and become so habitual that they may accidentally kill themselves (Brain, Haines, & Williams, 2002). However, according to Nock and Prinstein, self-mutilating behavior is usually very impulsive, and self-mutilators usually do not plan the mutilating episode very far in advance (2005). The behavior is also known for its secretive nature (Andover, Pepper, Gibb, 2007).

Self-injury correlates most often with depression and eating disorders (Whitlock, Powers, & Eckenrode, 2006). Severe childhood abuse, whether physical, sexual, or both, is often correlated to self-injury as well (Yip, 2005). Studies conducted solely to understand why individuals self-mutilate have also found that there are many different reasons depending on the individual's circumstances at the time of the self-injury (Jeffery & Warm, 2002). Causes of self-harm can be external or internal (Yip, 2005). Nock and Prinstein (2004) found that most self-injurers mutilate to regulate their emotions. Self-mutilators may suffer from alexithymia, in which the individual has difficulties in identifying emotions and separating them from bodily sensations (Lambert & de Man, 2007). In these cases self-mutilation is an individual's only form of communication. Often these persons are responding to the trauma that is happening around them (Yip, 2005) and are often in need of a distraction or are avoiding a situation (Laye-Gindhu & Schonert-Reichl, 2004; Andover, Pepper, & Gibb, 2007). Adolescents self-mutilate in response to all the changes around them with school, friends, family, and themselves (Dimmock, Grieves, & Place, 2008). Mutilators sometimes do not have the ability to show their true emotions, and are more sensitive to stress and less sensitive to praise and reward (Dimmock, Grieves, & Place, 2008). Self-mutilators use the mutilating behavior to self-soothe when they feel that they are not getting the emotional support they need from anyone else (Castille et al, 2007; Kibler, 2009).

Self-harm can also become repetitive after positive reinforcement, which can result when the pain they receive from mutilating is comforting. Research has found that mutilating the body can have positive psycho-physiological and psychological reinforcement (Brain, Hanes, & Williams, 2002) and psychological relief (Yip, 2005). Inflicting pain on the body releases endorphins so that the mutilator does not feel any pain, (Nock & Prinstein, 2005) putting the

individual in a “dream-like state” (Dimmock, Grieves, & Place, 2008). Dimmock, Grieves, and Place’s study reported that self-mutilators found the physical trauma easier to bear than the emotional pain (2008).

Cutting

Cutting is the most common type of self-mutilation (Andover, Pepper, & Gibb, 2007; Gollust, Eisenburg, & Golberstein, 2008; Croyle & Waltz, 2007; Faust, 2005; Gratz & Chapman, 2007; Jackson, 2000; Yip, 2005; Claes, Vanderecycken, & Vertommen, 2005) and is classified as one of the more severe forms (Klonsky & Olino, 2008). “Cutters,” as these individuals are often called, use a variety of objects ranging from needles and razor blades to their fingers to scratch or slice at the skin until bleeding occurs (Faust, 2005; Croyle & Waltz, 2007). Self-cutting teens may use easier-to-come-by items such as metal rim around pencil erasers, paper clips, or notebook wire (Kibler, 2009). Cutters slice areas of the body other than wrists because areas such as the abdomen and inner thighs are easier to hide (Croyle & Waltz, 2007). Carving is also a form of cutting in which the individual carves words or images into his or her skin (Faust, 2005; Kibler, 2009).

Burning

Burning involves individuals using items such as cigarettes, matches, or lighters to burn their skin (Faust, 2005). These individuals are sometimes called “burners” and are common in the self-mutilating world (Faust, 2005; Kibler, 2009; Andover, Pepper, & Gibb, 2007). Though cutting is usually reported as the most used form of self-mutilation, some studies such as Gratz and Chapman’s study found that burning was just as prevalent and that using a lighter or match was the most used technique of burning (2007). In the Middle East much more severe burning, or

self-immolation, is not only the main form of self-injury it is also a major form of suicide (Lari, Alaghebandan, Panjeshahin, & Joghataei, 2009; Ahmadi et al., 2008). Women are the most likely to commit this form of harm (Lari, Alaghebandan, Panjeshahin, Joghataie, 2009; Ahmadi et al., 2008) to get attention, but frequently, they are unable to maintain control of the fire (Ahmadi et al., 2008). These women, and the few men who commit self-immolation, are in their mid-twenties (Lari, Alaghebandan, Panjeshahin, & Joghataei, 2009). In this study we will be focusing on more superficial burns using cigarettes and lighters or matches.

Tattooing/Piercing

Tattooing and piercing (excluding the ear lobes) are culturally sanctioned forms of self-mutilation (Gratz & Chapman, 2007; Faust, 2005; Claes, Vandereycken, & Vertommen, 2005). Tattooing is the injection of ink under the skin that remains, creating a decorative design, and piercing is the insertion of needles and other objects into the skin (Aizenman & Conover-Jensen, 2007). Individuals who tattoo and pierce have internal and external reasons: attempting to express identity; externalizing internal feelings; establishing a sense of belonging and self-esteem; and remembering important events (Aizenman & Conover-Jensen, 2007; Claes, Vandereycken, & Vertommen, 2005; Carroll & Anderson, 2002; Stirn & Hinz, 2008). Forms of self-mutilation such as cutting and burning are associated with individuals feeling negative feelings while individuals who tattoo or pierce often are associated with feeling positive feelings (Aizenman & Jensen, 2007). After the piercing or tattooing takes place, individuals reported feelings of relief (Aisenman & Conover-Jensen, 2007). However, Carroll and Anderson found that piercing and tattooing were correlated with “trait anger” and an attempt to gain “mastery and control over the body” (2002).

Prevalence

Though often thought of as “the next teen disorder” (Whitlock, Powers, & Jane, 2006), self-mutilation is a growing epidemic in all age groups. Approximately 4% of the general adult public and 21% of the clinical adult public partake in self-mutilation on a regular basis (Nock & Prinstein, 2005). In the younger population, 14% of teens self-mutilate while 17% of young adults self-mutilate (Klonsky & Olino, 2008). Between the ages of 16 and 24, self-mutilation peaks (Hawton & Harriss, 2008b). Beginning at age 30, there is a decrease in self-mutilating; however, in the mid to late 60s there is a slight increase (Hawton & Harriss, 2008b).

Gender

Definition and Description

Sex, in reference to male or female, is the description of one’s genetics, reproductive system, and internal and external features (Paul, Tuerk, & Kryger, 2008). Gender refers to one’s sexual identity in context with and shaped by society (Paul, Tuerk, & Kryger, 2008; Knudson-Martin & Laughlin, 2005). Gender is a mix between “biological, psychosocial, and cultural influences” (Paul, Tuerk, & Kryger, 2008). Women in today’s culture are encouraged to express their emotions while men are not (Musambira, Hastings, & Hoover, 2006; Knudson-Martin & Laughlin, 2005; Gratz & Chapman, 2007; Lukács & Túry, 2008). This hiding of emotions can cause men to only be able to express anger, causing self-destructive behaviors and/or a gender role stress (Gratz & Chapman, 2007; Lukács & Túry, 2008; Knudson-Martin & Laughlin, 2005). Emotional dysregulation or the “inhibition of emotional expression” is one of the main causes of self-mutilation in males (Gratz & Chapman, 2007). While women are expected to be relational,

men are expected to exert their autonomy (Musambira, Hastings, & Hoover, 2006; Knudson-Martin & Laughlin, 2005).

Adolescent girls are often more likely than adolescent boys to be distinguished as self-mutilators (Hawton & Harriss, 2008a; Schoppmann, Schröck, Schnepf & Büscher, 2007; Hawton & Harriss, 2008b; Laye-Gindhu & Schonert-Reichl, 2005; Senior, 1988; Matsumoto et al., 2008; Dimmock, Grieves, & Place, 2008; Jarvis, Ferrence, Johnson, & Whitehead, 1976). Most of the studies conducted on self-mutilation have female only or a majority of female participants (Schoppmann, Schröck, Schnepf & Büscher, 2007). In Laye-Gindhu & Schonert-Reichl's study, seventy-five percent of the self-mutilating participants were girls (2004). This bias towards girls may be the cause of a higher documented prevalence in girls (Croyle & Waltz, 2007). This bias was noted in the study by Croyle & Waltz (2007) on their own study. The authors concluded that their results may "reflect an actual lack of gender difference in rates across types of self-harm" (Croyle & Waltz, 2007). The authors also noted that while female self-mutilators may be more common in clinical populations, male self-mutilators are equally as common in nonclinical populations (Croyle & Waltz, 2007). Another cause for a higher prevalence of women self-mutilators is that men are less likely to express their emotions because of the male stereotype: fear of rejection or being called "gay" (Gratz & Chapman, 2007; Lukács & Túry, 2008). This shame causes an emotional dysregulation higher than in most females, and the higher the emotional dysregulation the more frequent self-mutilation is in males (Gratz & Chapman, 2007). Only a few studies have shown no significant difference between the amount of male or female self-mutilators (Croyle & Waltz, 2007; Gratz & Chapman, 2007; Gollust, Eisenberg, & Golberstein, 2008).

Social Influence

Definition and Description

Society has a great impact on every individual, especially adolescents. At a young age children learn that what they do, say, and think should be approved by society (Dykas, Ziv & Cassidy, 2008). A person is mainly influenced by his or her family and peers (Dykas, Ziv & Cassidy, 2008). Both families and peers need to be supportive of individuals who self-mutilate. Human beings crave meaningful relationships, to be accepted by their society, and to find intimacy in interpersonal relationships (Whitlock, Powers & Eckenrode, 2006; Dykas, Ziv & Cassidy, 2008).

Families are one of the most influential aspects of one's life. Self-mutilators often come from families that are enmeshed (families with poor boundaries and that do not allow "members to make alliances outside the family") (Senior, 1988). These families do not react supportively when they find out that one of the family members is mutilating him or her self. They often respond with anger, causing the self-mutilator to want to continue the behavior to punish him- or herself and family (Senior, 1988). Other families respond with frustration, labeling their child as a cutter, and withdrawing the emotional support from the child (Yip, 2005). Self-mutilators describe their parents as cold and distant (Castille et al, 2007). All these reactions cause the individual to have a heightened sense of frustration, emptiness, and anger, and to become a repetitive self-mutilator (Yip, 2005). Children and adolescents need stable homes and when they are forced to face mature issues such as divorce, child abuse, and family conflicts, they may retreat to self-mutilation (Yip, 2005). Self-mutilators often feel that they are neglected and forgotten by their families. These individuals feel disconnected from the world and harm themselves so they can remind themselves that they are a part of this world (Yip, 2005). This sense of un-connectedness comes from feeling left out of their families (Senior, 1988).

Socio-cultural factors affect all aspects of self-mutilation (Yip, 2005). Education, job opportunities, and the culture's interpretation of beauty (Yip, 2005) can cause individuals to feel stress, causing self-mutilation. However, the behavior is not even accepted by self-mutilators (Brain, Haines & Williams, 2002). Self-mutilators hide their behaviors from society so they will not be rejected or labeled as trouble makers (Yip, 2005). Self-mutilators feel socially isolated and rejected causing them to increase their mutilation in response to their negative emotions (Castille et al, 2007). Individuals who partake in this behavior are often mistrustful, forcing a cycle of mutual withdrawal on the part of the mutilator and society. When taken to emergency departments, many self-mutilators receive negative feedback from the nurses in charge of their care because of their lack of training in caring for self-mutilators (McAllister Creedy, Moyle & Farrugis, 2002).

Peers

As much as families influence the individual, peers have more of an effect (Dykas, Ziv & Cassidy, 2008). Self-mutilators have a strong desire to "fit in with their peers" (Dimmock, Grieves, & Place, 2008). Persons may mutilate due to being bullied or teased, not accepted into a social group, or the inability to be popular (Faust, 2005). Many individuals who cannot find acceptance or have problems with friends (Dimmock, Grieves, & Place, 2008) and turn to self-mutilation as their means of coping (Andover, Pepper, Gibb, 2007) also turn to the internet for support (Whitlock, Powers & Eckenrode, 2006; Heath, Ross, Toste, Charlebois, & Nedicheva, 2009). There has been an increased number of websites geared towards self-mutilators in the past decade (Whitlock, Powers, & Eckenrode, 2006). Individuals are able to have honest, open relationships with other bloggers because the chats are completely anonymous (Whitlock, Powers & Eckenrode, 2006). These connections are foreign to the individual mutilator. Virtual

connections can help individuals who feel awkward, shamed, or isolated when around peers in the “real” world create meaningful and lasting connections; they can then develop the self-confidence to quit mutilating and develop relationships outside of the internet (Whitlock, Powers & Eckenrode, 2006). However, virtual relationships can sometimes hinder the self-mutilating individual. Other bloggers can sometimes encourage the behavior. Also with an “at your finger tips” access for relationships, self-mutilators may not want to try to make any connections outside of the virtual world (Whitlock, Powers, & Eckenrode, 2006).

Peers may also cause self-mutilators to hide their behavior because they are afraid of being rejected, teased, labeled, or losing friends who do not want to be associated with a self-mutilator (Yip, 2005). Self-mutilators who never bring their behavior to the light are at the risk of never receiving treatment and dying from accidental or intentional suicide. Peers can also encourage the self-mutilator to continue the behavior (Nock & Prinstein, 2005; Kibler, 2009). Getting unintentional attention from peers is often a “secondary gain” for self-mutilators (Kibler, 2009). Many self-mutilators have self-mutilating friends (Heath, Ross, Toste, Charlebois, Nedecheva, & 2009). Self-mutilators observe their friends’ self-mutilative behaviors and the effects it has for them and can become convinced that mutilation is a perfect way to handle problems (Nock & Prinstein, 2005). For the purpose of this study, we will be focusing on the effects peers have on self-mutilators.

Proposed Study

Participants

The current study will use participants from East Texas Baptist University. The participants will be students in Behavioral Sciences courses. The participating classes will range from freshman to senior level courses. For this study, ideally 100 participants will be surveyed with at least 25 freshmen, 25 sophomores, 25 juniors, and 25 seniors participating.

Measures

The self-harm questionnaire

All participants will fill out a questionnaire with general true and false statements about self-harm (Jeffery & Warm, 2002). The questionnaire will contain twenty questions, ten of which will be true statements about self-mutilation (e.g. "Self-harm provides distraction from thinking") and ten false statements (e.g. "Self-harm is a 'woman's problem'"). Each participant will mark responses for each statement on a five-point Likert scale (one, indicating strong disagreement, through five, indicating strong agreement). When a participant agrees with a true statement and/or disagrees with a false statement, the participant is showing a more positive perception in their ability to accurately rate statements about self-mutilators. The reliability of the measure was 0.75 with the Cronbach's alpha coefficient and 0.84 with the split-half reliability test. The questionnaire will measure perceptions of self-mutilation across age and sex of the participants.

The Emotional Response Rating Scale

Mackay & Barrowclough demonstrated that Weiner's helping behavior model is generalizable to a variety of any "helping situations" in their study on emergency staff's perceptions of self-mutilators (2005). Half of the participants will be given the following vignette:

Jack is a sophomore student at East Texas Baptist University. He has recently suffered the loss of his dad and has been fighting with grief for the last few months. He is a good friend of yours though since the death of his dad you have not spent much time with him. He isn't close to his roommates and spends a lot of time in his room alone. One day you go by his dorm room to see how he is doing. While talking to him his sleeve falls down his arm and you see several large gashes on his forearm. When you confront him about the scars he quickly covers his arm and changes the subject. (Alternate form: change "several large gashes" to "several burn marks.")

The other half of the participants will receive the following vignette:

Jill is a sophomore student at East Texas Baptist University. She has recently suffered the loss of her dad and has been fighting with grief for the last few months. She is a good friend of yours though since the death of her dad you have not spent much time with her. She isn't close to her roommates and spends a lot of time in her room alone. One day you go by her dorm room to see how she is doing. While talking to her, her sleeve falls down her arm and you see several large gashes on her forearm. When you confront her about the scars she quickly covers her arm and changes the subject. (Alternate form: change "several large gashes" to several burn marks.")

Participants will rate each scenario (before continuing to the next) on a seven-point bipolar scale on whether they perceive the scenario as “personally controllable,” (one being under personal control through seven being not under personal control) feelings of pity, sympathy, disgust, and distaste (one being a great deal through seven being none), and the probability of them helping the individual described in each scenario (Weiner, 1980). All participants will then read the next following vignette and rate their impressions on the seven-point bipolar scale:

Jack is a sophomore at East Texas Baptist University and a good friend of yours. When he lost his dad last year he got a tattoo in remembrance of him. However, recently he has been getting more and more tattoos and now piercings all over his body ranging from the bridge of his nostril to his sternum. When you ask him why he has all the tattoos and piercings he says “Just because I want them” and then quickly changes the subject.

(Alternate form: Change Jack to Jill.)

Adjectives Survey

Participants will be given Viss and Burn’s survey which was originally used to study perceptions of lesbians by heterosexuals and lesbians (2001). For the current study the survey has kept the original adjectives but will ask the participants to rate each adjective according to how well it fits with their opinions of the self-mutilators. Individuals will rate the adjectives on a seven-point Likert scale (from one, very descriptive of self-mutilators to seven. not at all descriptive of self-mutilators). Twenty-one adjectives will be used including: “attractive, religious, insecure, ambitious, aggressive, emotional, open-minded, confused, loving, masculine, perverted, submissive, mentally healthy, stable, abnormal, conservative, frustrated, unconventional, individualistic, popular, and sophisticated” (Viss and Burn, 2001).

A demographics section will be included asking for the participants' age, sex, classification, if they participate in self-mutilation, and if they have ever known a self-mutilator. The last two questions they will answer either yes or no.

Hypotheses

While examining for effects of self-mutilation, types of self-mutilation, gender, and age, in perceptions of individuals, it is hypothesized that male self-mutilators are perceived more negatively than female self-mutilators. The study will also hypothesize that the self-mutilation form cutting receives the highest negative attitudes from individuals compared to either burning or tattooing/piercing. It is hypothesized that tattooing/piercing will receive the least negative reactions from individuals, because it is viewed as more socially acceptable, while burning will be viewed less negatively than cutting but viewed more negatively than tattooing/piercing. Lastly, the study hypothesizes that younger individuals (freshman and sophomore participants) perceive self-mutilators positively compared to older individuals (junior and senior participants).

Procedures

To collect the needed data, the researcher will distribute the surveys to students in Behavioral Sciences classes ranging from freshman to senior level. The researcher will attend each class to explain the current study and the survey. If extra time is needed that class schedules do not allow, the researcher will set up a designated time and place for students to take the survey. Extra credit from the professor in the classes the survey is distributed in may be given as an incentive for the completion of the survey. The survey will include a detachable informed consent form that the student can sign and then remove from the survey packet. The professor

can also use the informed consent to keep records of which student filled out the survey to award the extra credit. All survey answers will be kept confidential.

The survey packets will also have a designated random number to help distinguish between the two groups. Half of the participants will receive even numbered survey packets indicating that they have the survey with the vignette describing a male self-mutilator and the other half of the participants will have odd numbered survey packets indicating that they have the survey with the vignette describing a female self-mutilator. Both survey packets will include the general self-mutilation study, the adjectives survey, and the vignette of the person tattooing/piercing. The participants will not be informed about the difference of their numbered packets until after they take and return the survey at which point they will be given a short debriefing of the significance of the number on their packet.

The survey will include the self-harm questionnaire, the emotional response rating scale, and the adjectives survey. After the surveys have been completed, they will be picked up by the researcher to be analyzed using an independent groups *t*-test for the self-harm questionnaire and the adjectives survey to test the hypothesis that younger participants perceive mutilators more positively than older participants. A one-way analysis of variances test will be used for the emotional response rating scale to test the hypothesis that male self-mutilators will be perceived more positively than female self-mutilators and the hypothesis that cutting will be perceived the most negatively and burning viewed less negatively than cutting but more negatively than tattooing/piercing.

Results

To test the above hypotheses, statistical analysis was performed using the statistical packet for the social sciences (SPSS). An independent samples *t* test was conducted to test the hypothesis that age would make a difference in perceptions of self-mutilators. Younger participants (freshman and sophomore students) were compared with older participants (junior and senior participants). In an examination of the true-false data, the mean perception of self-mutilators for freshmen and sophomores ($M=60.67, SD=6.27$) differed from the mean perception of juniors and seniors ($M=62.72, SD=6.37$). This difference (based on true and false questions) was found to be statistically significant, $t(203)=-2.17, p < .05$. This finding indicated that junior and senior participants were more positive in their perceptions of self-mutilators than freshman and sophomore participants, based on the junior and senior participants' ability to choose the ratings that described self-mutilators more accurately. However, when freshman/sophomore and junior/senior perceptions were compared using the adjectives test, this independent samples *t* test showed that these differences were not statistically significant.

It was also hypothesized that participants would view male self-mutilators negatively when compared to female self-mutilators. However, the independent *t* test performed to test this hypothesis revealed no statistically significant effect. The final hypothesis stated that cutting would be viewed the most negatively, then burning, and lastly tattooing/piercing. Descriptive statistics were run to compare the means for each form. Cutting ($M=24.21, SD=2.98$) was viewed the most positively with burning next ($M=23.64, SD=3.09$), and tattooing/piercing last, being the most negatively viewed form of self-mutilation ($M=22.48, SD=3.48$).

Post hoc analyses were conducted using the demographics obtained in this study. First, an independent samples *t* test was performed comparing the mean perception of self-mutilators as a function of gender. A difference was found comparing females ($M=62.49, SD=6.31$) and males

($M=59.22$, $SD=5.91$) based on true and false questions. This test was found to be statistically significant, $t(204)=3.63$, $p < .05$. Thus it was indicated that females' perceptions of self-mutilators are more positive than males' perceptions of self-mutilators based on their ability to choose ratings that described self-mutilators more accurately. Likewise, when the mean response to adjectives test data was compared for females ($M=92.34$, $SD=7.19$) and males ($M=88.84$, $SD=6.96$), an independent samples t test found this difference to be statistically significant, $t(205)=3.42$, $p < .05$. Again this analysis indicated that females described self-mutilators with more positive adjectives than males. Both of these measures show that male college students view self-mutilators more negatively when compared with female college students in this sample.

When self-mutilators and non-self-mutilators were compared, the mean perception of self-mutilators ($M=65.19$, $SD=5.82$) differed from that for non-self-mutilators ($N= 27$, $M=60.82$, $SD=6.26$). This difference (based on true and false questions) was compared using an independent samples t test. This difference was found to be statistically significant, $t(203)=3.36$, $p < .05$. This finding indicated that self-mutilators have a more positive perception of self-mutilators than non-self-mutilators based on their ability to choose ratings that described self-mutilators more accurately. When the adjectives survey was used to compare the mean response to adjectives for participants who were self-mutilators ($M=93.81$, $SD= 7.88$) and participants who were non-self-mutilators ($M=90.66$, $SD=7.15$), this difference was found to be statistically significant, $t(204)= 2.07$, $p < .05$. Thus, these data indicated that participants who were admitted self-mutilators described self-mutilators with more positive adjectives than participants who were non-self-mutilators. Both measures (true-false and adjectives) indicated that participants who were non-self-mutilators view self-mutilators more negatively than self-mutilators.

An independent groups *t* test was performed comparing the mean response to adjectives describing self-mutilators for freshmen and sophomores ($M=91.01$, $SD=7.33$) with that for juniors and seniors ($M=91.28$, $SD=7.17$). This test was not found to be statistically significant. When an independent *t* test was performed comparing the mean response to adjectives describing self-mutilators for individuals who know or have known a self-mutilator ($M=91.47$, $SD=7.35$) with that for individuals who do not know or have never known a self-mutilator ($M=90.16$, $SD=7.18$) the test was also not found to be statistically significant.

An independent *t* test was performed comparing the form of self-mutilation as a function of gender. Females' perceptions of cutting ($M=24.71$, $SD=3.13$) when compared to males' perceptions of cutting ($M=23.49$, $SD=2.50$) was statistically significant, $t(212)=2.91$, $p < .05$. Thus females view cutting more positively than males. However, when gender was examined for the burning and tattooing/piercing data, males and females were not found to differ significantly. An independent *t* test was then performed comparing the form of self-mutilation as a function of college classification (freshman/sophomore vs. junior/senior). It was found that freshmen/sophomores' perceptions of cutting ($M=23.93$, $SD=3.06$) when compared to juniors/seniors' perceptions ($M=25.05$, $SD=2.70$) was statistically significant, $t(210)=-2.52$, $p < .05$. Thus junior/seniors had a more positive perception of cutters than freshmen/sophomores. Freshmen/sophomores' perceptions of burning ($M=23.41$, $SD=3.09$) when compared to junior/seniors' perceptions ($M=24.41$, $SD=3.01$) were statistically significant, $t(208)=-2.21$, $p < .05$. This indicated that junior/seniors had a more positive perception of burners than freshmen/sophomores. However, there was no statistically significant difference between freshmen/sophomores on perception of tattooing/piercing versus juniors/seniors' perceptions.

To analyze the relationship between the form of self-mutilation as a function of whether participants had ever self-mutilated, an independent t test was performed. Self-mutilators' perceptions of cutting ($M=25.70$, $SD=3.12$) when compared to non-self-mutilators' perceptions ($M=24.09$, $SD=2.92$) was statistically significant, $t(211) = 2.67$, $p < .05$. Therefore, self-mutilators have a more positive perception of cutters than non-self-mutilators. Likewise, self-mutilators' perceptions of burning ($M=24.81$, $SD=3.59$) when compared to non-self-mutilators' perceptions ($M=23.59$, $SD=2.98$) approached significance, $t(209) = 1.94$, $p = .054$. Thus self-mutilators have a more positive perception of burners than non-self-mutilators. Self-mutilators' perceptions of tattooing/piercing ($M=24.22$, $SD=3.64$) when compared to non-self-mutilators' perceptions ($M=22.25$, $SD=3.41$) was statistically significant, $t(211) = 2.78$, $p < .05$. This showed that self-mutilators have a more positive perception of tattooing/piercing than non-self-mutilators. Lastly, an independent t test was performed to compare the forms of self-mutilation as a function of whether the participants know or have known someone who self-mutilates. However, no statistically significant effect was found.

Discussion

The current study proposed that younger participants (freshman and sophomore participants) would perceive self-mutilators more positively than older participants (junior and senior participants). However, the data analysis showed the opposite effect was found. That is, junior and senior participants had a significantly more positive perception of self-mutilators than freshman and sophomore participants. The study also hypothesized that male self-mutilators would be viewed more negatively than female self-mutilators. An independent t test was used to analyze the emotional response scale data and no statistically significant difference was found. Descriptive statistics were performed to test the hypothesis that cutting would be viewed the

most negative with burning next and tattooing/piercing the most positively viewed form of self-mutilation. The opposite of this hypothesis was found. Cutting was viewed the most positive, then burning, and lastly tattooing/piercing. This finding could be true because participants could feel more sympathy and pity for an individual who they feel is in deep distress. Participants may view tattooist/piercers as individuals who are not in distress.

Post-hoc differences were analyzed using the data collected from the demographics section. Using both the self-harm questionnaire and the adjectives survey independent samples *t* tests were performed to compare gender and perceptions of self-mutilators. Males were found to perceive self-mutilators significantly more negatively than females. Next, self-mutilators were compared with non-self-mutilators and the data showed that self-mutilators view self-mutilators more positively than non-self-mutilators. Forms of self-mutilation were compared with college classification and it was found that juniors and seniors have a significantly more positive perception of self-mutilators than freshmen and sophomores. However, a significant difference was not found for college classification and burning or tattooing/piercing. Self-mutilators view all three forms of self-mutilation (cutting, burning, and tattooing/piercing) more positively than non-self-mutilators. There was no significant difference between forms of self-mutilation and whether the participant knows or has known a self-mutilator.

Conclusions based on this study were primarily limited by the nature of the sampling procedure. A convenience sample, not a random sample was used. Because the data was from a convenience sample and only college students were used as participants, perceptions of individuals older than college students were not included, thus limiting the conclusions. There were, however, a few non-conventional students. The wording of the survey should have been simpler. Many of the participants were not sure what self-mutilation meant and were given the

definition “It’s like cutting.” This definition might have confused the participants when answering questions about different forms of self-mutilation and skewed the data. The same proper definition should have been provided to every participant. Participants were also confused by the meanings of some of the words used in the adjectives survey. The length of the survey was also an issue.

The only ethical issue that could have presented a problem in the current study was the sensitivity of the subject. Participants who self-mutilated could have become distressed by some of the questions asked.

Finally for future follow-up studies, a random sample of all age groups is necessary. Putting the survey online would reach more individuals and therefore more data could be collected. Many of the participants left comments on their surveys; a qualitative analysis of these comments should be done for future studies. Another suggestion for future studies of perceptions of self-mutilators would be to do a pre-test with the adjectives. In the original study that the adjective survey was taken from, the researchers did a pre-test in which they asked lesbians and heterosexuals to write down adjectives that they thought most described lesbians. From that list they picked out the most common adjectives and then used those adjectives for the next test. If participants were able to pick their own adjectives prior to the final distribution of the survey confusion might be lessened on the meanings of the adjectives. Future studies may also want to look at more variables (such as religiosity, church attendance, age of self-mutilator, race, etc.). The current study was limited by time and resources which caused it to be impossible to add any more variables.

Appendix

Self-harm Questionnaire vs. Classification

Group Statistics

	Classification2	N	Mean	Std. Deviation	Std. Error Mean
Self-Harm Questionnaire	1	140	60.67	6.266	.530
	2	65	62.72	6.373	.790

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Self-Harm Questionnaire	Equal variances assumed	.073	.788	2.170	203	.031	-2.052	.946	-3.916	-.187
	Equal variances not assumed			2.156	122.940	.033	-2.052	.951	-3.935	-.168

Self-Harm Questionnaire vs. Gender

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Self-Harm Questionnaire	Female	134	62.49	6.310	.545
	Male	72	59.22	5.908	.696

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Self-Harm Questionnaire	Equal variances assumed	.944	.332	3.626	204	.000	3.270	.902	1.492	5.049
	Equal variances not assumed			3.698	153.846	.000	3.270	.884	1.523	5.017

Self-harm Questionnaire v. "Have you ever self-mutilated"

Group Statistics

	Have you ever self-mutilated	N	Mean	Std. Deviation	Std. Error Mean
Self-Harm Questionnaire	Yes	26	65.19	5.817	1.141
	No	179	60.82	6.256	.468

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Self-Harm Questionnaire	Equal variances assumed	.071	.790	3.357	203	.001	4.371	1.302	1.804	6.938
	Equal variances not assumed			3.545	33.970	.001	4.371	1.233	1.865	6.877

Self-harm Questionnaire vs. "Have you or do you know someone who self-mutilates"

Group Statistics

		N	Mean	Std. Deviation	Std. Error Mean
Self-Harm Questionnaire	Have you or do you know someone who self-mutilates				
	Yes	137	62.58	6.284	.537
	No	67	58.87	5.833	.713

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Self-Harm Questionnaire	Equal variances assumed	1.197	.275	4.062	202	.000	3.718	.915	1.913	5.523
	Equal variances not assumed			4.167	140.261	.000	3.718	.892	1.954	5.482

Form of self-mutilation vs. Sex of character in vignette

Group Statistics

Sex of Character		N	Mean	Std. Deviation	Std. Error Mean
Cutting	Female	112	24.06	3.035	.287
	Male	111	24.36	2.926	.278
Burning	Female	114	23.61	3.026	.283
	Male	107	23.66	3.162	.306
Tattooing	Female	113	22.1770	3.56378	.33525
	Male	110	22.7818	3.37117	.32143

Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Adjectives Equal variances assumed	.189	.664	2.071	204	.040	3.147	1.519	.151	6.142
Equal variances not assumed			1.925	31.237	.063	3.147	1.635	-.186	6.479

Adjectives vs. "Have you or do you know someone who self-mutilates"

Group Statistics

	Have you or do you know someone who self-mutilates	N	Mean	Std. Deviation	Std. Error Mean
Adjectives	Yes	136	91.47	7.354	.631
	No	69	90.16	7.184	.865

Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Adjectives Equal variances assumed	.073	.787	1.216	203	.226	1.311	1.079	-.816	3.438
Equal variances not assumed			1.225	139.655	.223	1.311	1.070	-.805	3.427

Form of self-mutilation vs. Gender

Group Statistics

Gender		N	Mean	Std. Deviation	Std. Error Mean
Cutting	Female	139	24.71	3.133	.266
	Male	75	23.49	2.501	.289
Burning	Female	136	23.99	3.247	.278
	Male	76	23.29	2.717	.312
Tattooing	Female	136	22.45	3.606	.309
	Male	78	22.58	3.285	.372

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Cutting	Equal variances assumed	11.492	.001	2.906	212	.004	1.219	.419	.392	2.046
	Equal variances not assumed			3.106	182.302	.002	1.219	.392	.445	1.993
Burning	Equal variances assumed	8.238	.005	1.600	210	.111	.703	.439	-.163	1.569
	Equal variances not assumed			1.683	179.096	.094	.703	.418	-.121	1.528
Tattooing	Equal variances assumed	1.883	.171	-.259	212	.796	-.128	.496	-1.106	.850
	Equal variances not assumed			-.265	173.059	.791	-.128	.484	-1.083	.826

Form of self-mutilation vs. Classification

Group Statistics

	Classification2	N	Mean	Std. Deviation	Std. Error Mean
Cutting	1	145	23.93	3.061	.254
	2	67	25.03	2.702	.330
Burning	1	141	23.41	3.092	.260
	2	69	24.41	3.011	.363
Tattooing	1	142	22.54	3.760	.316
	2	70	22.50	2.888	.345

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Cutting	Equal variances assumed	2.674	.103	2.519	210	.013	-1.099	.436	-1.959	-.239
	Equal variances not assumed			2.637	144.230	.009	-1.099	.417	-1.922	-.275
Burning	Equal variances assumed	.306	.581	2.208	208	.028	-.994	.450	-1.882	-.107
	Equal variances not assumed			2.228	138.361	.027	-.994	.446	-1.877	-.112
Tattooing	Equal variances assumed	7.426	.007	.069	210	.945	.035	.511	-.972	1.042
	Equal variances not assumed			.075	173.278	.940	.035	.468	-.888	.958

Form of self-mutilation vs. "Have you ever self-mutilated"

Group Statistics

Have you ever self-mutilated		N	Mean	Std. Deviation	Std. Error Mean
Cutting	Yes	27	25.70	3.123	.601
	No	186	24.09	2.916	.214
Burning	Yes	27	24.81	3.585	.690
	No	184	23.59	2.983	.220
Tattooing	Yes	27	24.22	3.641	.701
	No	186	22.25	3.408	.250

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Cutting	Equal variances assumed	.245	.621	2.670	211	.008	1.618	.606	.423	2.812
	Equal variances not assumed			2.536	32.920	.016	1.618	.638	.320	2.916
Burning	Equal variances assumed	1.699	.194	1.936	209	.054	1.222	.632	-.023	2.467

Equal variances not assumed			1.688	31.507	.101	1.222	.724	-.253	2.698
Tattooing Equal variances assumed	1.155	.284	2.782	211	.006	1.970	.708	.574	3.365
Equal variances not assumed			2.647	32.961	.012	1.970	.744	.456	3.483

Forms of self-mutilation vs. "Have you or do you know someone who self-mutilates"

Group Statistics

Have you or do you know someone who self-mutilates		N	Mean	Std. Deviation	Std. Error Mean
Cutting	Yes	143	24.47	3.042	.254
	No	69	23.94	2.869	.345
Burning	Yes	142	23.99	3.220	.270
	No	68	23.26	2.762	.335
Tattooing	Yes	145	22.66	3.623	.301
	No	67	22.16	3.217	.393

Independent Samples Test

	Levene's Test for Equality of Variances	t-test for Equality of Means								
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Cutting	Equal variances assumed	1.841	.176	1.203	210	.230	.527	.438	-.337	1.390
	Equal variances not assumed			1.227	141.776	.222	.527	.429	-.321	1.374

Burning	Equal variances assumed	4.440	.036	1.588	208	.114	.721	.454	-1.174	1.617
	Equal variances not assumed			1.676	151.986	.096	.721	.430	-1.129	1.572
Tattooing	Equal variances assumed	3.159	.077	.963	210	.337	.498	.517	-.522	1.517
	Equal variances not assumed			1.006	143.442	.316	.498	.495	-.481	1.476

Cutting vs. Burning vs. Tattooing/Piercing

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Cutting	223	18	31	24.21	2.978
Burning	221	17	30	23.64	3.086
Tattooing	223	16	30	22.48	3.476
Valid N (listwise)	216				

Comments

Gender	Classification	Group (odd or even)	Comment
Female	Freshman	Odd	Emotional response rating scale- under feelings of sympathy: “since her dad died” Adjectives survey- under “hurting:” circled multiple times and drew two arrows pointing to 1 (very descriptive of self-mutilators)
Female	Sophomore	Odd	Self-harm questionnaire-under “best way to deal with people who self-mutilate is to make them stop:” “with counseling” Emotional response rating scale- under feelings of pity: “I would want to help”
Male	Junior	Odd	Self-harm questionnaire- under “self-mutilation is a women’s problem:” “not exclusively”
Male	Junior	Even	End of entire survey: “I must say I cannot answer these. I’ve known two self-mutilators, and it was done for completely different purposes. I believe you’d have to ask a self-mutilator and do not believe this survey is justice.” (filled out whole survey)
Male	Junior	Even	“Have you ever self-mutilated:” circled yes and “to a certain extent”
Female	Sophomore	Even	Self-harm questionnaire- under “the best way to deal with people who self-mutilate is to make them stop:” Leave them alone! Giving them attention feeds them the fire they need.” Emotional response rating scale- under the vignette about a male burner, she highlighted you confront and wrote: “I wouldn’t” “Have you or do you know someone who self-mutilates: highlighted someone and wrote “several” underneath.
Female	Junior	Even	Self-harm questionnaire- under “self-mutilation is a sign of madness:” pointed an arrow to madness and wrote “sadness”
Female	Sophomore	Even	Self-harm questionnaire- under “people who self-mutilate will grow out of it:” “even if they stop self-mutilating, the psych.

			<p>Of it is there until it's fixed.”</p> <ul style="list-style-type: none">-under “self-mutilation is a manipulative act:” “a cry for help”-under “self-mutilation is a women’s problem:” “even if only women self-mutilated they have men in their lives that need to support and help”-under “the best way to deal with people who self-mutilate is to make them stop:” “best way would be to get them help (therapy); which would make them stop.”-under “people who self-mutilate should be kept in psychiatric hospitals:” “people who need help should be locked away.”-under “people who self-mutilate have bee sexually abused:” “maybe sometimes”-under “self-mutilation is attention seeking:” “can be consciously or subconsciously”-under “everybody who self-mutilates suffers from Munchausen’s Disease...” : “I don’t like generalizations”-under self-mutilation helps a person maintain a sense of identity:” “if it helps, it’s maintaining a dysfunctional sense of identity” <p>Emotional Response rating scale- under “the situation is personably controllable:” “who’s personal control?”</p> <ul style="list-style-type: none">-under “likelihood of helping:” “would try to help”-under vignette about male that tattoos/pierces: “was the tattoo in remembrance his first? Had he shown an interest in tattoos/piercings before?” <p>Adjectives survey- under ambitious: 3 (descriptive of self-mutilators) inserted some between of and self-mutilators</p> <ul style="list-style-type: none">-under aggressive: 2 (some what descriptive of self-mutilators) inserted some between of and self-mutilators-under insane: “has too negative a stigma”-under secretive: “most people hide strong emotions anyway”
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			<p>-under individualistic: “they are probably not secure with themselves”</p> <p>-under victimized: 3 (descriptive of self-mutilators) inserted some between of and self-mutilators</p> <p>“Have you or do you know someone who self-mutilates?” “on a regular basis? No. Has before? Yes.”</p>
Female	Senior	Even	<p>Self-harm questionnaire-under “self-mutilation is a sign of madness:” “madness as in anger? Madness as in crazy? No.”</p> <p>-under “self mutilation is attention seeking:” “can be”</p>

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