# Blogs, identity, stigma and scars: The legacy of self-injury

| Journal: | *Mental Health Review Journal* |
|---|---|
| Manuscript ID | MHRJ-06-2020-0041.R1 |
| Manuscript Type: | Research Paper |
| Keywords: | Self-injury, scars, qualitative, online |
|  |  |

SCHOLARONE™
Manuscripts

## Abstract

Objective: In this article, we explored the experience of living with scars from self-injury; how people who self-injure make meaning of their scars and how these scars are a part of the identity construction process.

Method: Sixty entries, from twenty-five online narrative blogs detailing the experience of living with self-injury scars, were analyzed using a contextualized thematic analysis informed by an embodied perspective.

Results: Analysis generated two dominant themes: temporal aspects of identity; and social stigma and scars.

Conclusion: Far reaching consequences of self-injury scars on the daily lives of people who self-injure were found. This included a person's posture, clothing, choices of career, inclusion in family life, leisure activities and relationships; all of which have corollaries in emotional and psychological well-being. Scars were found to be self-narrative with particular salience given to how scars represented healing. Novel findings included the central role scars played in the resistance of self-injury stigma.

## Introduction

The self-injured body is one that needs a voice to enable greater understanding and to reclaim a disempowered identity (Frank, 1995). By qualitatively analyzing the narratives created by online bloggers who self-injure (SI) we aimed to elucidate how they construct their identities and make meaning of their scars.

**Self-Injury**

The dominant definition of SI is the purposeful and deliberate harm of bodily tissue in a way that falls outside cultural and socially sanctioned practices (such as tattoos, or piercings) without suicidal intent (Klonsky, 2007a). The most common method is cutting, but can include scratching, burning, self-hitting, hair pulling and interfering with wound-healing (Klonsky, 2007b). Some suggest that SI should be considered as more of a continuum, ranging from neglect of oneself to destruction of bodily tissue, and includes actions like excessive drinking (Cresswell, 2005; Turp, 2002; Wilkinson, 2011). This nuanced understanding of SI belies an important distinction between a medical discourse that pathologizes SI and an experience and meaning led discourse that conceptualizes SI differently. Understanding SI as a sliding scale establishes it on a continuum with normalcy, encouraging others to consider their own behaviors.

Findings on the prevalence of SI suggest that it is on the rise (Smithson, 2015) but figures vary wildly from 4-43% (Wilkinson, 2011; Gratz & Roemer, 2008; Brunner et al, 2014; Favazza, 2011). Adler and Adler (2011) suggest that the traditional psycho-medical understanding of prevalence of SI is not entirely correct. Traditional ideas suggest that SI occurs predominately in adolescence and is performed by white, middle class girls. Based on their extensive research Adler and Adler (2011) put forward that SI is more common for both adolescents and adults; and is often found in

various cultural sub-groups, alternative youth culture and prison populations for instance.

It is widely agreed that SI is an emotional coping strategy (Klonsky, 2009) with six main functions being proposed: anti-disassociation (experience of depersonalization or dissociation); anti-suicide (avoiding the impulse to commit suicide); interpersonal boundaries (asserting distinction or autonomy between self and other); interpersonal influence (seeking help or manipulating others); self-punishment (expressing anger towards oneself); and sensation seeking (generating exhilaration or excitement) (Klonsky, 2007a).

**Self-injury online**

The internet has changed the way that people can communicate about SI, raising controversy in the media and attention from researchers (for example, Whitlock, Powers & Eckenrode, 2006; Whitlock, Lader & Conterio, 2007; Baker & Fortune, 2008). There has been a growth in user generated content (Seko, Kidd, Wiljer & McKenzie, 2015) and it is widely accepted that it provides a space in which individuals can express socially undesirable views and experience support, acceptance and sympathy in a way that they are unlikely to experience offline (Baker & Fortune, 2008; Seko, Kidd, Wiljer & McKenzie, 2015). This is perhaps why peer-led sites are more popular than those run by organizations (Duggan, Heath, Lewis & Baxter, 2012). It is worth noting that there are many modes of communication present on the internet and it is a mistake to imagine that they are homogenized communities (Whitlock, Powers & Eckenrode, 2006). A predominance of research around SI looks at discussion forums, sites such as YouTube, Tumblr, Flickr, and rarely blogs (Dyson et al., 2016).

Risk is at the center of a predominant number of studies around SI and the internet. The following potential dangers have been identified: triggering behavior (Duggan & Whitlock, 2012; Lewis & Baker, 2011; Duggan, Heath, Lewis & Baxter, 2012); a contagion effect (Favazza, 2011);

encouraging SI (Lewis & Baker, 2011; Duggan & Whitlock, 2012; Whitlock, Powers, & Eckenrode 2006); and advice on how to carry it out (Whitlock, Powers & Eckenrode, 2006). Social acceptance of SI behavior is conceptualized as harmful by many researchers as it leads to a normalization of a behavior which is perceived to lead to maintenance or increase of SI (for example: Lewis & Baker, 2011; Rodham, Gavin & Miles, 2007; Duggan & Whitlock, 2012). Although there is generalized concern around the SI communities, Baker & Fortune (2008) highlight that no empirical research has determined the exact nature of the threat; they highlight the importance of studying SI websites for the insights they offer into the experience of people who use SI, and how professionals might best engage with them, rather than simply focus on risks.

The social support and acceptance experienced by users of SI websites can be beneficial. Developing positive identities is important to SI recovery, just as finding alternative behaviors and coping mechanisms would be (Dyson et al., 2016). In a review of studies of SI on social media Dyson et al. (2016) identifies some important benefits to online communities. One study found that members construct two positive identities in turn: 'understander' to 'understood'. The former is thoughtful, compassionate and helpful; the latter is supported, cared for and accepted. This sense of support and community is particularly important among individuals who feel isolated, misunderstood, and stigmatized (Dyson et al., 2016). Another study found that 41.8% respondents reported that membership in an online group had reduced their self-injuring behavior (Murray & Fox, 2006); and Barak & Dolev-Cohen (2006) found that higher use of a forum at month one leads to lower levels of distress at month three. One study found that membership acted as an alternative to SI (Baker & Fortune, 2008).

This sense of community and identities has been researched by Adler and Adler (2011). They found that individuals find an online community or multiple communities to fit their needs; often resulting in identity formation. Identities can change with the move online; from being a 'loner' to

a 'deviant colleague' with SI giving a common ground for online relationship building (Adler & Adler, 2011).

**Embodiment and SI**

Embodiment is the concept that thoughts, feelings and behaviors are grounded in sensory experiences and bodily states (Coupland & Gwyn, 2002). In psychology the body was largely ignored in deference first to behavior, then cognition (Wiggins, 2014; Coupland & Gwyn, 2002). Embodiment unifies all aspects by understanding individuals as bodies acting and existing in a context at a specific time (Wiggins, 2014). To understand behavior, emotion, thought, identity or any other psychological phenomena the body must be invoked, as none are possible without each other.

SI is a practice that breaches supposed boundaries between mental and physical health. It can be understood as a practice in which the emotional struggles of individuals are borne out on the body, often leaving permanent markings on the body in the form of scars. The physical and emotional worlds of SI are so entwined that to consider them as compartmentalized leads to a dramatically impoverished account (Frank, 1995). Horne and Csipke (2009) suggest that central to the function of SI is the body, and how the body is involved in the experience of emotion.

In line with the positivist approach, the body has been invoked by theorists to explain SI behavior with reference to what is occurring biologically (Victor, Glenn, Klonsky, 2012; Wilkinson, 2011; Bradley, Codispoti, Cuthbert & Lang, 2001). A medicalization of the body has dominated not only how SI is treated but how it is perceived by professionals, the media and, importantly, those who self-injure (Franzen & Gottzen, 2010). This biomedical approach obfuscates the bodily experience, failing to enrich our understanding of living in a self-injured body, instead seeking explanation in a language devoid of human experience (Frank, 1995).

**The self-scarred body**

SI scars are significant, and only seldom have they been the focus of research. Where they are discussed there is strong evidence that they are salient for people who enact SI (Lewis & Mehrabkhani, 2015; Chandler, 2014). Research has identified a range of feelings around scars: hatred, shame, neutrality, pride, and affection (Lewis & Mehrabkhani, 2015; Chandler, 2014; Seko, 2013; McShane, 2012). These feelings are not static and often change over time. For example, feelings of shame can be followed by neutrality or acceptance (Lewis & Mehrabkhani, 2015). Feelings are contextual and nuanced by both internal and external perceptions, often leading to ambivalence (Chandler, 2014; Sternudd, 2012; Lewis & Mehrabkhani, 2015). For example, privately a person who self-injures might have affection for their scars but feel fear and anxiety around people seeing them.

Hiding scars is a recurring theme throughout research; Chandler (2014) found that all participants concealed their scars at some point, even those who felt positive about them. How best to conceal scars and wounds is a prominent topic in online discussion forums (Boynton & Auerbach, 2008). One reason for wanting to conceal self-inflicted scars is unease about the way that scars might be read, particularly the possibility that people might misunderstand them or make unfavorable assumptions. Motivations include avoiding stigma and hostile judgment, as well as evading concern from loved ones (Boynton & Auerbach, 2008). Techniques to hide self- inflicted scars ranged from hiding with clothing, to cosmetic surgery, or tattooing over them (Chandler, 2014; Lewis & Mehrabkhani, 2015). Straker (2006) found that secrecy and being able to hide scars was important for people so that they felt control over the body.

Research touches on the stigma of SI scars. Through self-harm, markings on the body can visibly show stigma on the body as that of a morally polluted person (Goffman, 1963). In this way, self-harm can relieve what is intolerable: the inferior or inadequate self (McDermott & Roen, 2016).  To find ways of

coping while being positioned as shamed objects, the body inevitably becomes a vehicle for punishing the shamed object (McDermott & Roen, 2016).

The taboo nature of SI means the practice is saturated by pejorative stereotypes and prejudice leading to discrimination; for example from healthcare professionals (Hadfield, Brown, Pembroke & Hayward, 2009; Harris, 2000). Management of actual or anticipated stigmatizing encounters often leads to people living life in avoidance of detection of their stigmatizing marks (Goffman, 1963; McShane, 2012). Evidence shows that people worldwide are reluctant to seek help for their mental health problems (Gulliver et al., 2010), where individuals who self-harm are particularly avoidant to seek help for their emotional distress (Michelmore and Hindley, 2012). This causes for a variety of avoidance techniques to be adopted where people will injure to a place that is hidden, will hide scars with clothing and will even lie about how their injuries occurred (Hodgson, 2004; Lewis & Mehrabkani, 2015; McShane, 2012; Chandler, 2014; Mitten, 2016).

Revealing scars commonly induces anxiety and fear, whether accidental or intentional (Chandler, 2014; Boynton & Auerbach, 2008). Showing them can be an act of intimacy and reassurance to the right person but also humiliating and isolating when viewed by disapproving eyes (Harris, 2000). Shaped by societal factors, individuals want to position themselves within normative expectations where (Biddle et al., 2007; Fullagar, 2005; McDermott et al., 2008; Prior, 2012), disclosing or showing self-harm scars can compromise this normality and cause social disapproval (McDermott & Roen, 2016). Alternatively, some wish to show their scars in defiance of stigma, challenging social norms and prejudices. Chandler (2014) observes that for some participants, revealing scars was conceived as a moral act to inspire others to live more confidently in their marked bodies; to show pride in scars, reflecting what has been overcome (Chandler, 2014). They find acceptance through re-defining scars, reclaiming them as their 'battle scars', as signs of strength and survival, rather than weakness (Cresswell, 2005; Chandler, 2014). From this perspective scars are a symbolic representation of a past act that effectively managed difficult

emotions, which can feel like something of which to be proud (Chandler, 2014; Lewis & Mehrabkhani, 2015; Cresswell, 2005).

Revealing scars online is functionally complex. In this bodiless context the scars can function both to identify the person as part of an SI community and communicate the depth of their emotional pain (Sternudd, 2012). Revealing their own, or viewing another person's scars can feel like an act of support (Haberstroh & Moyer, 2013; Seko, Kidd, Wiljer & McKenzie, 2015). Franzen & Gottzen (2010) suggest that talking about scars online serves two different functions: a positive normalizing discourse, which provides support and redefines SI as an adaptive coping strategy; and gaining authenticity as a person who self-injures through emphasizing the severity of scars. In this discourse, the scars are evidence of their resilience, strength and survival, but also of their credibility as a person who self-injures (Seko & Lewis, 2016; Franzen & Gottzen, 2010). Online support forums also allow individuals access to 'crises in progress', opportunities to get helpful responses in a quick and timely manner where these websites can offer sources of empathy and understanding and can be used as communities to deal with social and psychological distress (McDermott et al., 2013).

Seko (2013) observed a movement towards reclaiming an identity as 'survivors', claiming scars as beautiful, and empowering the injurer, thus redefining their identity from body hatred and shame, to love and self-pride. Scars and old wounds tend to be conceived as a record of struggle endured. Alternatively, photographs of bloody wounds bear witness to pain and suffering at a moment of time. Straker (2006) suggests that SI creates an autobiographical memory on the skin, an external picture of an internal world. Scars speak of an individual's past experience, their pain and emotional struggle; an indexical mark that signifies a moment filled with meaning.

Within our culture it is considered morally wrong to 'destroy' one's own body (Ferreira, 2014).

Within the pathologizing discourse the typical or idealized beauty is flouted by SI, making the scars something to be ashamed of, unhealthy and dysfunctional, and exacerbated by the complex relationship with suicide (Franzen & Gotten, 2010). It is important for clinical work to return to the body, in particular, the scars of SI as the domain of unarticulated pain and unconfined affects (Straker, 2006).

**The current study**

While there are instances of studies where SI scars have been considered, a substantive investigation of peoples SI scar-related experiences within the context of personal narratives is warranted. Guided by previous literature, we aimed to set out the challenges and experiences faced by a group of individuals who write self-harm stories online, constructing their identities concurrently within both the dominant cultural discourses of pathology, stigma and weakness, as well as the nascent online discourses of acceptance and survival. The question that guides the research is: *"How do bloggers who self- injure, experience and make sense of their scars, and how do they inform their identity?"* Attention will be paid to how the body influences the narrative of their experience.

**Method**

**Design/Data selection**

This qualitative study takes the stories told by a group of internet bloggers who identify themselves through the tags on their posts as people who self-injure. This method of data collection provides access to a typically hidden population whose experiences are not socially sanctioned. Adams, Rodham, and Gavin (2005) suggest that the internet is the ideal place to explore SI and other taboo subjects because it gives people the freedom to express views that would be socially undesirable offline. The anonymity of the medium brings a veracity and openness to the topic that is unlikely

to be accessible elsewhere (Rhodes, Bowie & Hergenrather, 2003). However, with anonymity there is always the possibility of being deceived; that people may not be honest when online. This is an inherent limitation when data cannot be verified and exists within most research methods.

Over several months, time was taken to explore how SI was presented on the internet; this was only restricted to websites that were not password protected or restricted. These included forums, photographic sharing sites, video sharing sites and blogs. The blogging platform Wordpress was chosen due to its low moderation policy, it does not remove content that promotes or encourages SI, but requests that readers suggest places for the bloggers to seek support. Wordpress also has the long-form narratives that provide rich source material for analysis, ==and allows pictures to be uploaded.==

**Procedure**

Data was collected using a MacBook Air computer using the Wordpress blogging website: https://en.wordpress.com/tag/self-harm/. The bloggers have willingly placed their narratives in a public domain, from which they can remove their posts at any time and they do not view their posts as occurring in a 'private chat space' (Smithson, 2015). They are accessible without a password, and there is no need to log in, thus the need for consent was waived (Eysenbach & Till, 2001). This study gained ethical approval from the Division of Psychology Ethics Committee at London South Bank University.

Results were ordered by date (most recent first). Based on search results, blogs selected were in January 2017 and used the following search terms: 'self- harm', 'self-injury', and 'self-mutilation'. These terms were chosen on the basis of preliminary observation of SI online content and prior research in this area (e.g. Lewis, Health, St Denis & Noble, 2011; Lewis and Knoll, 2015; Seko, 2013). In addition, the search term 'scars' was also used and cross-referenced with other search

terms. The term 'self- mutilation' did not yield many results, thus was excluded from the resultant search terms used.

The first 100 links to blogs that referred to SI were viewed to identify long-form narratives that discussed personal SI experiences. 97 different bloggers were identified and their blog entries over time were explored to enrich understanding of the individual's life-narrative. Blogs were then screened and excluded if they did not directly discuss SI, contain sufficient personal accounts about SI in story form, for example accounts that were predominantly in poetry or list form. In the end 25 bloggers with multiple blog entries (a total of 64 entries) were selected, for which permalinks and posting dates were collected (Seko, 2013). See Figure 1 for a visual representation of how blogs were selected for inclusion.

Insert figure 1 here

**Participants**

Twenty-five participants were selected, some with multiple blog entries. Demographic details of the participants were not consistently available due to the anonymous nature of the websites. Apart from one participant all were female (one identified as transgender). Half of participants indicated their age; range 15-32, mean = 25. Where given location was broken down into the following categories: UK = 7, US = 4, Austria = 2, Australia = 2, Canada = 1, S. Africa = 1, Not specified = 8. Their self-injury status was as follows: recovery = 11, current = 8, not specified = 6.

The use of pseudonyms is the usual practice on internet websites as it maintains their anonymity and avoids linking them with their real-world identities. For this study these pseudonyms have not been used and additional ones not created. No references have been made to any personal identifying details, such as employment, to further ensure anonymity (Rhodes, Bowie and

Hergenrather, 2003).

**Data analysis**

A 'contextualist' thematic analysis was conducted on the data (Braun & Clarke, 2006). Thematic

analysis is a qualitative analysis that attempts to organize and analyze patterns within data. Unlike

other methods (e.g. narrative analysis) it is not tied to a particular epistemology. It provides insight

into the quality and meaning that individuals give to their experiences (Willig, 2013) rather than

focusing on cause–effect relationships (Potter and Wetherell, 1987). It is well suited to exploring

the way people conceptualize, view and construct the meanings attributed to their subjective

experiences.

This particular approach to thematic analysis involves adopting a methodological pluralism to

analyze the data (Willig, 2013) that sits between 'social constructionism' and 'essentialism' (Braun

& Clarke, 2006). Social constructionism is characterized as doubt in the 'taken-for-granted world'

(Harper, 1995); it holds an understanding of knowledge as historically and culturally situated, and

socially produced, and of identity as relationally achieved and constituted in language (Fisher &

Freshwater, 2014; Hiles and Cermak, 2008; Crossley, 2000). Alternatively, essentialist approaches

understand experience and identity as something that exists in the world to be discovered and

described (Willig, 2013). By taking a position between these poles it allows both description of

experience as well as exploring beneath the surface of that experience (Braun & Clarke, 2006).

The two approaches employed in the analysis combined to allow a rich understanding of the

experience of living in a scarred and self-injured body. The phenomenological approach enabled

a detailed and textured understanding of this experience. A social constructivist approach

encourages understanding of the ways that people who self-injure are able to construct their

identity around this activity. The latter method pays close attention to the way that people who

self-injure position themselves within socially constructed norms, requiring a social

constructionist reading of the data (Willing, 2013).

*Analytic procedure*

Individual accounts were analyzed in depth and coded using Braun & Clarke's (2006) guidelines. The blogs were read and re-read to increase familiarization of the data. The data was then coded in two stages. The first coding attempted to take the data at face value, paying attention to the texture of experience of participants, while the second attempt analyzed the social and cultural context. During this process, attention was paid to passages where participants directly discussed their SI scars. Note was made of imagery, symbols and metaphors, and to the dominant discourses, morals, values and belief systems that mediated the imagery. Questions asked of the data included 'what is the author doing with this blog entry?' and 'how is the body constructed in the narrative?' Recurring themes and sub-themes were noted, grouped and re-grouped to find different patterns, links and alternative understandings of the data. Master themes were established with associated sub-themes.

Throughout the analytic procedure there was an acute awareness that editorial decisions on the part of the researcher (what to include/exclude and what to assign meaning to) could be influenced by personal experiences. One of the author's personal biography, a family member who uses SI, not only influences interest in the subject matter but could also influence the analysis. Therefore, reflexivity in this study was given prominence and frequently discussed between authors. It was concluded that the personal connection had actually been helpful for the investigation, being an inspiration to greater understanding and resisting judgement of this largely socially unacceptable behavior. The first author was primarily responsible for data collection and analysis, with the third author acting in a supervisory capacity (the second author was instrumental in drafting and re-drafting the article prior to publication). Supervision occurred throughout the research process; with both authors discussing and agreeing to coding and theme development.

## Results

There are many possible interpretations of a data set; no analysis is definitive, each is one potential reading (Braun & Clarke, 2006). While several themes were identified through analysis, the themes considered were prevalent across the data, reflecting territory less well covered by existing literature, and were most pertinent to the research question; see figure 2 for a schematic map of themes. Themes were prevalent across the sample, but did not necessarily arise for all participants. The quotes included are representative examples, rather than an exhaustive list. They are reported verbatim. The main themes found were: Temporal aspects of identity and Social stigma and scars.

Insert figure 2 here

### 1. Temporal aspects of identity

Looking at SI through scars locates perspective in the body, encouraging exploration of how these physical marks influence daily life as well as identity. Scars can change and fade over time, but mostly do not disappear. Their permanence has consequences for the daily experience of people who self-injure; they can act as markers of their past and can influence how people envisage their future.

### 1.1 Present self

Thoughts, activities and choices are guided by the management of actual and expected reactions to SI scars (McShane, 2012). The fear of judgement and misunderstanding has significant consequences from the seemingly mundane to the more severe:

*"Because of these damn things, I can't even get a job as a waitress. In the past, I hid my*

*cutting. Only inner thighs and breasts…but these days, I don't think I even care anymore. Since November, new ones have been added, and they're on my stomach... So, the Twin Peaks belly-revealing uniforms are out, and the Hooters short skirts? They'd definitely show off too many."*

*"Sadly, this decision extends to my own younger half-sisters aged 9 and 12 who are unaware of the struggles I have faced over the years (due to their age, vulnerability and environmental factors.) This means I do not wear short sleeves with this side of the family, and I cannot go on holiday with them either over the summer months."*

*"My body is covered with scars from self-inflicted wounds. I was terrified someone would see this, make assumptions about me, and consider me a danger to a child, especially my child."*

Important aspects of life are impacted by scars: career, family and emotional wellbeing. The first participant above feels her SI scars preclude her from applying for jobs, while the second excludes herself from family holidays, and the third fears losing her children. Emotional distress, shame, fear, anxiety and sadness all permeate description of how SI scars impact participants' daily lives, where many felt as though they could not just 'cover them up and forget about them', but, as one participant documents, rather the fact that the scars were pervasive through all aspects of their lives:

*"My whole body language is shifted on that whole fact of making sure people don't flat out see."*

The visibility of scars affected participants' thoughts and bodies, dictating the terms of social

interaction in order to fit in with social norms. This excludes or limits activities and choices, as well as requiring excessive self-monitoring.

### 1.2 Future self

Several participants described how their scars affected thoughts about their future. The changing physical presence of scars concerned some participants; for some it was the projected fading of scars, and for others it was their persistence:

*"I always used to think I could stop after creating a single remaining scar but now I look at them and wonder if they will be gone in a few years' time – just like the other ones that have already vanished. I don't even know why it scares me that they're fading. I still do believe that stopping would be easier if only I knew that the visible scars, I have now could stay that way forever. And yes, I know this is sick and incomprehensible and sad. It is also the reason I don't care for the wounds the way I should. I know exactly what I have to do if I want everything to heal in the most clean and pleasant way possible. But I do the opposite just to make sure the scars don't fade too quickly."*

*"[Cutting] would be so easy to do and would help me for a number of weeks until it finally healed."*

For the second participant above the process of watching something heal and become a scar was part of her SI practice. She describes feeling relief that although she cannot heal emotionally, she can see something physically healing. Alternatively, for the first participant above her need is more visual in nature. As long as she can see scars she does not feel the need to create more. The permanence of the scars is reassuring, and she fears losing them. Breen, Lewis & Sutherland (2013) similarly found evidence of the persistence of scars as reassuring, in that they found that

scars serve the function of affirming the existence of individuals, through creating a physical connection between the past, present and future self.

The first participant above further mentions not caring for the wounds in order to maximize scarring. This type of behavior was common to several other participants:

*"I actually thought my scars looked cool, and I remember trying to make them as long as possible."*

*"I always used Polysporin (antibacterial cream) and Bio Oil to reduce the appearance of scars after the wounds have healed but I never used them consistently or for long enough. I would briefly care because I felt bad for self-harming but then stopped because I figured I deserved the shame."*

Motivations for maximizing scars were varied: Some liked the appearance of scars, others saw living with the shame of more noticeable scars as a type of self-punishment; whilst others wanted the scars to persist as visibly and for as long as possible. Each participant self-consciously treated their wounds incorrectly to impact the resulting scars.

*"They are a part of who I am, both past and present — and honestly, probably still in the future – I can't just ignore it all. I'm a cutter. I'm a self-harmer...not was, am. The scars haven't stopped. They continue."*

The participant above accepts her scars, perceiving them as part of who she is and will continue to be. There is congruence between her current self-identity as 'a self-harmer' and how she envisions her future. By embracing this identity, her scars are evidence of her consistency over time.

Alternatively, one participant feels trepidation, dreading a future plagued by the limitations of her scars:

> *"At the same time, I can't help feel a deep sense of loss and sadness around the potential future 'normality' I have been stripped of through the consequences of my illness. Whilst trying to be self-compassionate and kind towards myself, there is no denying the truckload of regret and anger I am experiencing too."*

Due to the social restrictions of her scars, this participant struggled to see a positive future for herself. Their permanence brings awareness that her current experience is likely to continue, and she feels trapped. It seems that it is not the scars themselves that are problematic, but rather the loss of hope. In a twist, another participant finds that seeing other people's scars makes her feel optimistic for her future self:

> *"Seeing your scars tells me that I can put my past behind me and be who I want to be in the present and the future. My life does not need to be dictated by my scars. Seeing your scars makes me happy that I am not the only person who has them as I felt isolated for a very long time. As I go forward with my life, and over 1 year cutting free, it is my hope that when I show my scars, I can have the same effect on others as they have had on me."*

Increased self-acceptance through seeing other people's SI scars was common among participants. Seeing someone else who accepted their scars provided hope that in the future they too could feel comfortable with their scars. In addition, for an activity that is characterized by secrecy, enacted in private and commonly hidden thereafter, seeing someone else with scars lessens feelings of isolation.

1.3 Past self

The past dominates participants' understanding of their scars. Often their scars invoked a direct metaphor for their life story; an ideographic testimony of their journey:

*"I feel like my scars tell a story. My story. It's a story of a battle with myself. A battle with the conflicting and often irrational thoughts in my head that I struggle to gain control over. I might have war wounds but I'm still here to tell you about it so it's a battle that I'm winning."*

*"My scars tell my story. Sometimes I wish my story was different, or that I had the privilege of having an invisible mental illness, but that isn't my reality. And believe it or not, some people think my scars look pretty damn cool."*

Participants described a direct communication by the scars that can be described as self-narrative (Chandler, 2014; Lewis & Mehrabkhani, 2015). Their 'stories' develop a range of identities. The first participant above constructs hers in the language of wars: 'battle', 'conflict', in which her scars are 'war wounds' and she is 'winning'. This self-construction demonstrates a positive self-identity, in which her scars tell of her strength and fortitude. She sees her SI as part of her journey, making her stronger. The second's self- narrative is ambivalent: both mournful and accepting, with a hint of defiance in which her scars are 'pretty damn cool'.

A few participants described covering or removing their scars, changing the story their skin communicates, as part of their recovery. A good example of this is below:

*"I got it to help cover some of my self-injury scars. I chose a mandala because I enjoy*

*colouring mandalas as a coping skill....it helps calm me down, brings me into the moment and helps me to stay mindful. Now I have this on my arm as a daily reminder that I don't need self-injury and that I can get through the moments when I have those thoughts or urges."*

This account reflects that each tattoo functions slightly differently for her: something to care for, a symbol of one of her coping mechanisms (mandala), or a beautiful replacement of her scars that she can be proud of. The tattoos are more than pictures designed to camouflage her SI, but rather act as reminders to the methods used in her recovery.

In contrast, several participants struggled with the narrative power of their scars, revealing that their scars felt invasive:

*"Cutting is often considered shameful and self-harm is a secret…one of the self-harm secrets is why the person is cutting his or herself to begin with. Often times, the self-harm secret has to do with severe trauma. People don't want to say, "I cut myself," as that may lead to people finding out about this hidden trauma."*

*"How dare people presume that I am going to be open to your constant questions? You don't deserve to know why I cut into my own skin. You have no right to be asking strangers questions that are so personal (that) I have panic attacks in front of you."*

The first participant seeks privacy for her scars as it risks sharing her past trauma and potentially opening her up to questions. SI scars interfere with individuals' privacy because they signify more than just a healed wound, they tell stories and hold memories (Chandler, 2014; Seko & Lewis, 2015). Many participants described scars metaphorically as memories of emotional pain:

*"Fact is when deep wounds heal, they leave scars. There is no gaping sore. It is done. All that's left is the story of how that scar came to be, and memories of the pain."*

*"My body is now covered with 6 years worth of scars. 6 years of tears. 6 years of anger and hate and loneliness and thinking no one cared…The scars on my arms, wrists, knees, legs, elbows and face have faded with time but they will always remain. I no longer look at them with shame or disgust, but I see them as gentle reminders of my struggle and how I by the grace of God, overcame."*

*"Talking about my scars, even now, can bring back so many bad memories that I can only really talk about with, at a push, my close friends and family who know what I've been through."*

*"They are constant reminders of parts of my past that I'd rather forget."*

The first two participants above conceive of their scars as evidence of healing; they have survived despite the memories being painful. Whereas for the other two the scars evoke difficult memories that continue to trouble them. The image of inscribing marks of pain on the body belies the autobiographical nature of the scars as signifier of their SI and the reasons behind it (Straker, 2006; Chandler, 2014). This conflation of physical and emotional suffering highlights the place that scars hold as the bridge between physical and mental distress.

2. <u>Social stigma and scars</u>

The root of the term 'stigma' lies in 'marks that expose something unusual and bad about the moral status' (Goffman, 1963, pp11), by contrast contemporary usage refers to the disgrace itself, rather

than the bodily evidence. Recognizing SI scars as an echo of this original meaning helps understand the challenges of living with SI scars. The plural of stigma is stigmata (the correct Latin plural form, but rarely used), which given the religious/historical connotations makes this theme particularly pertinent.

This section examines how social stigma materializes within our culture, how it is absorbed and internalized by people who self-injure, and the strategies people use to counter stigma.

2.1 How social stigma materializes within our culture

One participant highlights how discourse around scars is socially constructed, through telling a story of a child's reaction:

*"My favourite reaction to any of my scars was my 4-year-old cousin. When she was 3 she took my arm and twisted it around to look at them and after a while announced 'they are pinks?' and I just said 'yes, pretty cool right?' Because that's all they need to be, if you will let them. Pretty colours on skin, nothing more nothing less."*

This narrative describes an a priori reading of scars, thus highlighting stigma is not intrinsic, but socially and culturally constructed. Several participants acknowledge that external perceptions of their scars are problematic, rather than their feelings about them:

*"I've experienced a lot of hate for what I've done to my body. A lot of this hate isn't from myself. It's from others. Family, friends, partners, peers, strangers.*"

*"It's not just strangers that will make comments I don't want to hear, it's family and*

*friends, too. From 'What is that mess?' (My aunt) to 'The thing is, when you meet my*

*parents, you'll have to wear long sleeves.' (My ex.)"*

These extracts highlight negative attitudes and behavior towards SI scars. This echoes research

that constructs social stigma as situated in negative beliefs (prejudice) and behavioral response to

these beliefs (discrimination) (Corrigan & Watson, 2002).

Many participants feel that misconceptions of mental illness contribute to the stigma they

experience. SI scars act as signifiers for mental illness and emotional distress, as this participant

regretfully observes:

*"When I show my scars to someone, I tell them more than most people ever tell anyone*

*else about their mental health … The only thing I wonder when I take my clothes off is if*

*the other person considers me as completely…insane? Broken? Crazy? If there's one thing*

*I hate even more than prejudice, it's pity. And you can count on getting one of those two*

*when you have self-harm scars."*

Pejorative characterizations littered descriptions of how participants believe people perceive them

due to their scars: 'dangerous', 'unpredictable', 'crazy' and 'mad'. These types of stereotypes are

typical of mental health stigma (Harper, 2005). Other stereotypes ascribed particularly to SI were

'attention seeking' (Elizabeth) and 'gothy' (Ellen). Several participants felt that media coverage

of SI and mental illness were partly responsible for the stigma:

*"I feel the media has some responsibility for the stigma surrounding mental illness. Many*

*news reports label criminals as mentally unstable or having a mental illness of some kind.*

*While this may be true for some, it is generally not the case. In fact, those suffering with*

*mental illness are far more likely to be a danger to themselves than anyone else."*

The above participant resists the misrepresentations of mental illness in the media, asking people to be critical of what they see. Previous literature has found that media sources increase prejudice towards mental illness (Philo, 1994). Participants attempted to remedy this by trying to educate people about mental illness and SI.

Many participants fear that when people see their scars it changes how people see them, their identity:

> *"People, the general public and health professionals alike, seem to get cautious of other people when it is revealed they have problems. I have on many occasions felt a shift in the way I have been treated when people find out. It's like they don't know what to say or do. They don't understand that nothing has changed. I am still the same person underneath my illness."*

> *"Remember, I'm still the same person I was before you noticed the scars. Nothing has really changed. Your reaction to my scars is more about you, than it is about me. If you are seeing the scars, it means I am comfortable showing them."*

These participants assert that not only do people treat them differently after seeing their scars, it changes the way people think. They resist this idea, feeling that their SI scars are not the essence of who they are. They seem to sense that their identity is being subsumed by something they do, which is particularly troubling for a socially taboo activity. When people are reduced to stereotypes, it acts to deny the complexity of their individual identities and can lead to discriminatory behavior (Corrigan & Watson, 2002). Many participants describe discrimination

from healthcare professionals:

*"The worst part is the judgement I get when seeking non-psychiatric medical care. So many times, doctors have seen the scars and treated me differently."*

The prejudice and social stigma at the heart of this discrimination caused many participants to feel compelled to cover up their scars, living in avoidance of stigma (Goffman, 1963; McShane, 2012). Goffman (1963) calls this 'passing' - when someone attempts to hide a stigmatized feature in attempt to appear 'normal'. In many cases the compulsion to cover up scars is implicit within social interactions, while on occasion it can be explicit:

*"Cover up" society screams. Self harm is sick, or weak, or crazy, or attention seeking, or all of the above."*

*"I was sat on a bus with somebody I know yesterday; It was quite hot and for the first time in about a year I'd left the unit without my hoodie on. She said to me "you shouldn't have your arms out in public." They have no cuts on them, just scars. It wouldn't matter if they did. I shouldn't be ashamed. I just nodded and ranted about it later".*

The first participant above describes how the cultural convention of covering up SI scars is a way of communicating disapproval of both the practice of SI and the resulting bodily sign of it, thus disempowering individuals. The second participant flouts convention by showing her scars openly, and is explicitly told to cover up. The disapproval of her scars and in turn her SI is implicit in this advice. Another participant identifies the crux of the issue:

*"Hiding the scars is not only an internalization of stigma, but perpetuates it as well"*

2.2 Countering social stigma

As shown above, one participant is comfortable showing her scars. She is in the minority of participants in this respect, although many expressed hope to display their scars openly in future, or admiration for those that did:

*"One day, ultimately, I would like to be able to show my scars for what they are without feeling suffocated by feelings of shame and self-judgement, worrying what those around me are thinking. For the time being however, I have been researching alternative and short-term options ... At least I have a plan of revenge generated: One day I'm going to be proud to show the world who I am – imperfections, scars, and all."*

As noted above, hiding scars perpetuates stigma and shame, hence to wear scars openly is a way of subverting stigma. For the participant above, the juxtaposition of 'pride' with 'revenge' communicates the subversive act of showing SI scars. Research suggests there is an inverse relationship between contact with a person with mental illness and the endorsement of stigma, hence contact can help reduce stigma (Corrigan & Watson, 2002). Although most participants do not feel able to show their scars openly, it is common to feel that to do so would help develop cultural acceptance of SI. Some participants felt that scars should be worn openly as a political and moral act to inspire change in society:

*"But I don't cover up. I haven't for years. If asked directly I'll tell you – how can we expect others to understand or accept if we can't do it ourselves. Society will change, even if it's one person at a time. So, I don't cover up."*

Similarly, another participant feels that showing her scars is important for accepting herself and

building her self-esteem (although is not ready to do it yet):

*"I can't express that I feel love and compassion for myself and then continue to hide my scars."*

Alternatively, one participant felt strongly that showing healing or new scars and wounds perpetuates stigma:

*"Would I have felt this comfortable though, baring my legs and arms when they were covered with open wounds? No. Would I even want to be comfortable doing so? No … It recreates, rather than dismantles, the stigma surrounding mental illness. It is more likely, for a start, to provoke people once again into the misguided belief that 'it's all just for attention.' … Showing fresh self-injury scars in some situations is also just downright unnecessary and reckless."*

This participant suggests that it is counter-productive to show fresh scars and wounds, even 'reckless', insisting the perpetuation of stigma. She invokes etiquette and cultural norms to suggest that showing scars is wrong: it is 'courteous and sensible' to cover up, and a matter of 'hygiene'. She distinguishes between old and new scars, finding the former acceptable to show.

Most participants took the alternate perspective that uncovering SI scars was a way to challenge stigma around SI. Instead of hiding wounds and scars, many felt that changing how people read scars would be more effective. This is in line with research that finds mental health stigma to be reduced by contact with people who appear 'normal' (for example, holding down jobs, having families etc.) within their own lives and communities (Corrigan & Watson, 2002).

Several participants expressed the idea that SI is an act of survival and scars are evidence of their strength. This narrative can be seen in the context of the 'survival movement' that aims to reconstruct the dominant discourse around SI (Cresswell, 2005). Scars are important to the survivor narrative because they embrace the positive metaphor of healing. It enables people who self-injure to subvert the dominant pathologizing discourse and claim a new identity as a person of strength and power.

> *"If you have used self-harm to cope, don't be ashamed. You survived and that is the most important thing. Your scars tell the story of your survival."*

> *"The fact, that you are self-harming, doesn't mean you are psycho or emo. It means that you cannot stand the situation and your feelings are too deep. You are not weak, not crazy. For me, you are brave."*

Using positive imagery of survival to counter social stigma, these reassuring messages are intended for others who self-injure as well as for themselves. This can be understood as a combination of protest and educating strategies (Corrigan & Watson, 2002). It is reactive, challenging misconceptions of SI, by providing an alternative construction of SI: one of strength, solidarity and pride.

### 2.3 Internalization of stigma

Participants often had competing narratives about their SI, some appeared to be negative in nature internalizing the social stigma, while others were deemed to be more positive:

> *"I do want to write about some of the complex reasons I miss self-harm. Some of this might sound completely ridiculous to you. I'm worried about being honest and just writing this*

*down. I'm worried about being judged for liking some aspects of this self-destructive habit. Self-harm gave me something physical to take care of, and be taken care of for, when my inner pain was un-fixable and unreachable.*"

For this participant, negative emotions around her scars partly arose from memories they evoked. However, stigma also played its part, materializing in feelings of shame and self-consciousness. When describing a positive perspective on her SI she felt the need to preface it by three disclaimers and assert that it was a "self-destructive habit". The guilt about seeing SI as helpful shows how she has internalized social stigma. It has become self-stigma (Livingston & Boyd, 2010; Corrigan & Watson, 2002). This internalization was even clearer when viewing each blog as a whole. There was also conflict between how people felt they should feel about SI and how they actually felt. This ambivalence also included their feelings about their scars.

*"I am thinking of getting the treatment on one arm to start with – the one I find uglier and less "attached" to the scars of."*

*"If there were scars only I could see that would be fine with me. Even though people generally imagine that self-harm means an Emo-girl with scratched forearms in a short-sleeved T-Shirt, reality is mostly a person who desperately tries to function, DOESN'T want to attract attention and thinks about hiding the latest injury constantly."*

*"But I can't think of any good reasons to quit anymore; if cutting is actually hurting me, I can't see it. The only reasons I can think of to quit are not based on my own needs and wants, but those of others; scars make other people feel uncomfortable, self-injury makes friends feel like they aren't offering enough support, cutting is something sad teenagers do…"*

The first participant above discusses surgically removing her scars but remains ambivalent. Although she describes them as ugly, she admits being "attached" to them. Elsewhere she declares "loving" them, while feeling compelled to remove them due to judgement, shame and the limitations they place on her life. The other participants above explicitly engage with contradictions between their own perceptions and cultural stereotypes, contrasting this with their view of a realistic characterization. These participants have absorbed societies sense of 'normal' and know that their SI practice sets them outside, but cannot relinquish the sense that it has been helpful for them.

## Discussion

In this article we aimed to explore how a group of online bloggers who self-injure make meaning of their scars, and how their SI scars impact their experience and identity. Through a thematic analysis of 25 bloggers' narratives two prevalent themes were identified: Temporal aspects of identity, and Social stigma and scars. It was found that the impact of scars saturated social and personal life, affecting how participants saw themselves in both the present and future, and acted as an index of their past. The salience of stigma for participants was pervasive - and mediated by scars. Through our analysis we explored how stigma materialized, how participants resisted stigma through their scars, and how internalized stigma was often present in talk of scars.

Instead of focusing on how people feel about their scars (Chandler, 2014; Lewis & Mehrabkhani, 2015; Seko, 2013), this study focused on the meanings ascribed to them. Participants commonly perceived scars as narrators of life-stories, memories and emotional pain. This study supports and extends previous findings, bringing together the different types of stories invoked. Scars were autobiographical (Straker, 2006), explaining participants' pasts (Seko & Lewis, 2016), and

emotional pain (Lewis & Mehrabkhani, 2015; Seko et al., 2015). Narratives found in the data include struggle for self-acceptance, frustration with mental illness, healing, and the battle for survival. Findings also supported research that finds that scars risk uncovering past trauma (Lewis & Mehrabkhani, 2015; Seko, 2013).

An interesting finding was that narratives could be changed by tattooing over scars. The relationship between tattoos and SI scars deserves further attention, particularly as a possible tool for recovery. In addition, the self-narrative nature of SI scars could be clinically relevant, as they mediate memories and experiences of people who self-injure. If guided by sensitivity and compassion, the scars could help guide effective, non-judgmental clinical care for people who self-injure.

Findings provided new perspectives on the permanence of scars. Often this appeared as hope for scars to fade, driven by avoidance of the difficulties they posed to daily life. Chandler (2014) found that individuals made attempts to remove scars using medical make-up or surgery for similar reasons. Alternatively, watching wounds heal was meaningful, especially in the absence of emotional healing. Fading scars was an issue for some participants, leading to mistreatment of wounds to maximize scars. In addition, evidence suggests that fading scars can lead to further SI behavior, to preserve a scarred body. This new finding parallels research that shows online photographs act to preserve scars (Seko, 2013; Straker, 2006; Chandler, 2014). Whether this suggests a general drive to preserve a scarred body, or to document specific scars is unclear.

This article found that SI scars have a much more extensive impact on the lives of people who SI than previous research suggests. Where other articles have explored why people hide their scars (Lewis and Mehrabkhani, 2015; Chandler, 2014), there was a focus in this analysis upon the consequences of hiding scars. It was found that scars not only limited social activities, and clothing

choices, but had far reaching repercussions for relationships, career choices, social functioning and emotional wellbeing. This parallels research on disfigurement that finds that a stigmatized mark on the body (here an SI scar) leads to avoidance of social situations, high levels of emotional distress and anxiety, and low self-confidence and quality of life (Kent, 2001; Christiansen, 1999). In addition, it echoes research that finds suppressing aspects of one's identity can lead to detrimental effects on mental and physical health, relationships and emotional well-being (Corrigan, 2016; Smart & Wegner, 2000). The impact of hiding scars crosses over with the second theme of stigma. Previous research has found that a common reason people hide their scars is stigma (Chandler, 2014; Lewis & Mehrabkhani, 2015). It is important not to attribute all avoidance behavior to stigma. Evidence suggests a mixture of reasons, for example avoiding concern from loved ones (Boynton & Auerbach, 2008). However, stigma was found to be a dominant concern for participants.

In the research that currently exists on SI, little attention is paid to stigma (McShane, 2012; Hodgson, 2004; Lewis & Mehrabkhani, 2015; Mitten, 2016; Boynton & Auerbach, 2008). Where previous literature has found stigma to be the motivation for hiding scars (Lewis & Mehrabkhani, 2015), here participants described something much more pervasive, often at the heart of the difficulties faced by living with SI scars.

Previous literature has explored the various and imaginative ways that people find to avoid people seeing their scars and thereby avoid stigma (McShane, 2012; Lewis & Mehrabkhani, 2015; Chandler, 2014; Lewis et al., 2012; Boynton & Auerbach, 2008) and if seen, they are not attributed to SI (McShane, 2012; Mitten, 2016). This analysis focused on the ways that stigma was experienced by participants. The stereotypes were largely conflated with those of mental illness (Harper, 2005), but also included 'attention seeking', being 'gothy' and 'emo'. At the heart of this was the perception that scars served as signifiers of mental illness. Discrimination built on previous

research and included poor treatment by medical professionals (Hadfield, et al., 2009; Harris, 2000; MacDonald et al., 2020), exclusion from social activities, disapproval from family members (McShane, 2012) and being told to cover their scars (Mitten, 2016). In addition, participants describe being perceived and treated differently once people saw their scars, supporting the idea that SI scars mediate stigma.

This article found that participants often internalized SI stigma, such that there is an ambivalence between knowing that SI was helpful for them while also believing it to be a shameful bad practice. This leads to an internal struggle around whether it is legitimate to feel positive about their scars. Other research has noted this ambivalence (Chandler, 2014; Lewis & Mehrabkhani, 2015; Sternudd, 2012), however the attribution of internalized stigma is novel. This duality of meaning concerning scars also seemed to have a temporal sense thus making links both with the first theme and to research outside of SI; for example Higginson (1999) describes how victim's attributions concerning statutory rape can change over time.

A strong drive to resist stigma saturated the blogs. This is a new contribution to research and supports theoretical studies on stigma. Three main strategies are identified for countering mental health stigma: protest (a reactive strategy to challenge inaccurate and hostile representations); education (provides information); and contact (interpersonal contact with stigmatized people) (Corrigan & Watson, 2002). Findings suggest stigma was resisted in ways that echo these strategies. Scars played an important role in the ways that stigma was resisted. They embodied the concept of healing, acting as evidence of survival which was invoked to replace existing negative stereotypes (Corrigan, 2016; Cresswell, 2005; Chandler, 2014). In addition, the act of wearing scars openly was a powerful tool to dismantle stigma, providing opportunity for interpersonal contact. It would be worthwhile for formal anti-stigma campaigns to incorporate this perspective into their campaigns. Perhaps the blogs themselves can be interpreted as providing direct contact

with individuals who self-injure, through rich stories, vivid descriptions and photographs that tell of living in a self-injured body.

The concealment of SI scars was perceived to perpetuate stigma. A similar cycle is found in research on disfigurement and stigma (Kent, 2001). People experience stigma, and anticipate further stigma, so employ avoidance behaviors to cover their scars, thus perpetuating the stigma. It was widely believed that uncovering scars helps to dismantle stigma, breaking this cycle. Further research would be helpful to understand the types of intervention that can help reduce stigma around SI, thus reducing the associated negative consequences, this would also improve help-seeking (Clement et al., 2015); treatment and recovery (Corrigan, 2004; 2016).

The study is limited in the demographic information provided, which make findings hard to generalize. There was a large proportion of participants in an older age range (44% were older than 20 years old) which was unexpected based on the literature (Wilkinson, 2011; Gratz & Roemer, 2008; Brunner et al, 2014); however this and the predominance of women authors could be due to the choice of website, with younger people using different platforms. There was a mix in terms of the severity, and period over which they had engaged in SI practice, although evidence from photographs and descriptions suggest that quite a few were in the more severe end of the range. This is likely to impact how they feel the scars influence their lives. It seems reasonable to imagine that increased severity is likely to increase impact. Although scars were relevant and meaningful for each participant it is possible that subgroups might have differences. For example, an obvious difference might be the age or severity of their scars. The participants included in this study chose to write about how their scars influenced their lives within their blogs, so there is a self-selecting element. It is likely that a further group exists that feel their scars do not influence their lives. In addition, cultural elements to SI and scars were not prominent, this is due to the Western demographic of the sample. It would be interesting to explore these cultural dimensions

## Conclusion

This study contributes to research on SI by providing evidence of far reaching consequences of SI scars on the daily lives of people who self-injure. From their choices of clothing, posture, and career, to inclusion in family life, leisure activities and relationships, with corollaries in emotional and psychological well-being. Evidence suggests there could be possibilities for supporting recovery through interventions that include scars, for example around tattoos and scars. In addition, a sizable contribution was made to stigma research; the visibility of scars mediates stigma. The management of stigma dominates the lives of many who self-injure, exacerbating emotional and social difficulties. Stigma disempowers people through the cultural imperative to hide their scarred bodies. It is hard to imagine how self-acceptance, as well as emotional and psychological well-being can be nurtured while bodily shame is so prevalent.

## References

Adams, J., Rodham, K., Gavin, J. (2005). Investigating the "Self" in Deliberate Self-Harm. *Qualitative Health Research*, 15(10), 1293-1309. doi:10.1177/1049732305281761

Adler, P. A., & Adler, P. (2011). *The tender cut: Inside the hidden world of self-injury*. NYU Press. doi:10.1086/666323

Baker, D., & Fortune, S. (2008). Understanding Self-Harm and Suicide Websites. *Crisis*,

29(3), 118-122. doi:10.1027/0227-5910.29.3.118

Barak, A., & Dolev-Cohen, M. (2006). Does activity level in online support groups for distressed adolescents determine emotional relief. *Counselling And Psychotherapy Research*, 6(3), 186-190. doi:10.1080/14733140600848203

Biddle L, Donovan J, Sharp D, et al. (2007) Explaining non-help-seeking amongst young adults with mental distress: A dynamic interpretive model of illness behaviour. *Sociology of Health & Illness.* 29: 983–1002.

Bradley, M., Codispoti, M., Cuthbert, B., & Lang, P. (2001). Emotion and motivation I: Defensive and appetitive reactions in picture processing. *Emotion*, 1(3), 276-298. doi:10.1037/1528-3542.1.3.276

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3 (2). pp. 77-101. doi:10.1191/1478088706qp063oa

Breen, A. V., Lewis, S. P., Sutherland, O. (2013). Brief Report: Non-suicidal Self-injury in the Context of Self and Identity Development. *Journal of Adult Development*, 20, 57–62. doi:10.1007/s10804-013-9156-8

Brunner, R., Kaess, M., Parzer, P., Fischer, G., Carli, V., Hoven, C. W., et al. (2014). Life-time prevalence and psychosocial correlates of adolescent direct self-injurious behavior: a comparative study of findings in 11 European countries. *Journal of child psychology and psychiatry,* 55(4), 337-348. doi:10.1111/jcpp.12166

Boynton P. M., Auerbach A. (2008). "I cut because it helps": narratives of self-injury in teenage girls. In: *Narrative Research in Health and Illness*: Blackwell Publishing Ltd, 2008:95–114. doi:10.1002/9780470755167.ch6

Chandler, A. (2014). Narrating the self-injured body. *Medical Humanities*, 40(2), 111-116. doi:10.1136/medhum-2013-010488

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., et al. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic

review of quantitative and qualitative studies. *Psychological medicine*, 45(01), 11-27. doi:10.1017/s0033291714000129

Coupland, J., Gwyn, R. (Eds.). (2003) *Discourse, the Body, and Identity*. New York: Palgrave McMillan. doi:10.1057/9781403918543

Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World psychiatry*, *1*(1), 16.

Corrigan, P. (2004). How stigma interferes with mental health care. *American psychologist,* 59(7), 614-625. doi:10.1037/0003-066x.59.7.614

Corrigan, P. W. (2016). Resolving mental illness stigma: should we seek normalcy or solidarity? *The British Journal of Psychiatry*, 208(4), 314-315. doi:10.1192/bjp.bp.115.169664

Cresswell, M. (2005) Psychiatric ''survivors'' and testimonies of self-harm. *Social Science & Medicine* 61 (2005) 1668–1677. doi:10.1016/j.socscimed.2005.03.033

Crossley, M. (2000). *Introducing narrative psychology*. McGraw-Hill Education (UK).

Christiansen, C. H. (1999). Defining lives: Occupation as identity: An essay on competence, coherence, and the creation of meaning, 1999 Eleanor Clarke Slagle lecture. *American Journal of Occupational Therapy*, 53, 547–558. doi:10.5014/ajot.53.6.547

Duggan, J. M., Heath, N. L., Lewis, S. P., & Baxter, A. L. (2012). An examination of the scope and nature of non-suicidal self-injury online activities: Implications for school mental health professionals. *School Mental Health*, 4(1), 56-67. doi:10.1007/s12310-011-9065-6

Duggan, J. M., & Whitlock, J. (2012). Self-injury Behaviors in Cyber Space. In *Encyclopedia of Cyber Behavior* (pp. 768-781). IGI Global. doi:10.4018/978-1-4666-0315-8.ch064

Dyson, M., Hartling, L., Shulhan, J., Chisholm, A., Milne, A., & Sundar, P. et al. (2016). A Systematic Review of Social Media Use to Discuss and View Deliberate Self-Harm Acts. *PLOS ONE*, 11(5), e0155813. doi:10.1371/journal.pone.0155813

Eysenbach, G., Till, J. E. (2001). Information in practice: Ethical issues in qualitative

research on internet communities. *British Medical Journal*, 323, 1103-1105. doi:10.1136/bmj.323.7321.1103

Favazza, A. R. (2011). *Bodies under siege: Self-mutilation, nonsuicidal self-injury, and body modification in culture and psychiatry*. JHU Press.

Ferreira, V. S. (2014). Becoming a Heavily Tattooed Young Body: From a Bodily Experience to a Body Project. *Youth & Society*, 46(3) 303–337. doi:10.1177/0044118x11427839

Fisher, P., & Freshwater, D. (2014). Methodology and mental illness: Resistance and restorying. *Journal of psychiatric and mental health nursing,* 21(3), 197-205. doi:10.1111/jpm.12073

Frank, A. (1995). *The Wounded Storyteller: Body, Illness and Ethics*. University of Chicago Press: Chicago and London. doi:10.7208/chicago/9780226260037.001.0001

Franzén, A. G., Gottzén, L. (2010). The beauty of blood? Self-injury and ambivalence in an Internet community. *Journal of Youth Studies*, 14 (3), 279-294. doi:10.1080/13676261.2010.533755

Fullagar S (2005) The paradox of promoting help-seeking: A critical analysis of risk, rurality and youth suicide. *International Journal of Critical Psychology*. 14: 31–51

Goffman, E. (1963) *Stigma*. New York: J. Aronson.

Gratz, K. L., Roemer, L. (2008). The Relationship Between Emotion Dysregulation and Deliberate Self-Harm Among Female Undergraduate Students at an Urban Commuter University. *Cognitive Behaviour Therapy*, 37(1), 14–25. doi:10.1080/16506070701819524

Haberstroh, S., & Moyer, M. (2012). Exploring an online self-injury support group: Perspectives from group members. *The Journal for Specialists in Group Work,* 37(2), 113-132. doi:10.1080/01933922.2011.646088

Hadfield, J., Brown, D., Pembroke, L., & Hayward, M. (2009). Analysis of accident and emergency doctors' responses to treating people who self-harm. *Qualitative Health Research*, 19(6), 755-765. doi:10.1177/1049732309334473

Harper, D. (1995). Discourse Analysis and Mental Health. *Journal of Mental Health*, 4(4), 347-358. doi:10.1080/09638239550037406

Harper, S. (2005). Media, madness and misrepresentation: Critical reflections on anti stigma discourse. *European Journal of Communication*, 20(4), 460–483. doi:10.1177/0267323105058252

Harris, J. (2000). Self-harm: Cutting the bad out of me. *Qualitative Health Research*, 10(2), 164-173. doi:10.1177/104973200129118345

Higginson, J. G. (1999). Defining, excusing, and justifying deviance: Teen mothers' accounts for statutory rape. *Symbolic Interaction*, *22*(1), 25-44. doi:10.1525/si.1999.22.1.25

Hiles, D., & Cermák, I. (2008). *Narrative Psychology*. Sage. doi:10.4135/9781848607927.n9

Hodgson, S. (2004). Cutting through the silence: A sociological construction of self-injury. *Sociological Inquiry*, 74, 162–179. doi:10.1111/j.1475-682x.2004.00085.x

Horne, O., & Csipke, E. (2009). From feeling too little and too much, to feeling more and less? A nonparadoxical theory of the functions of self-harm. *Qualitative health research*, *19*(5), 655-667. doi:10.1177/1049732309334249

Kent, G. (2002). Testing a model of disfigurement: effects of a skin camouflage service on well- being and appearance anxiety. *Psychology and Health*, 17(3), 377-386. doi:10.1080/08870440290029601

Klonsky, E. D. (2007a). Non-Suicidal Self-Injury: An Introduction. *Journal of Clinical Psychology,* 63 (11), 1039–1043. doi:10.1002/jclp.20411

Klonsky, E. D. (2007b). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27(2), 226–39. doi:10.1016/j.cpr.2006.08.002

Klonsky, E. D. (2009). The functions of self-injury in young adults who cut themselves: Clarifying the evidence for affect-regulation. *Psychiatry Research*, 166(2–3), 260–268. doi:10.1016/j.psychres.2008.02.008

Lewis, S., & Baker, T. (2011). The Possible Risks of Self-Injury Web Sites: A Content Analysis. *Archives Of Suicide Research*, 15(4), 390-396. doi:10.1080/13811118.2011.616154

Lewis, S. P., Heath, N. L., St Denis, J. M., & Noble, R. (2011). The scope of nonsuicidal self-injury on YouTube. *Pediatrics*, *127*(3), e552-e557. doi:10.1542/peds.2010-2317d

Lewis, S. P., & Knoll, A. K. (2015). Do it yourself: Examination of self-injury first aid tips on YouTube. *Cyberpsychology, Behavior, and Social Networking*, 18(5), 301-304. doi:10.1089/cyber.2014.0407

Lewis, S. P., & Mehrabkhani, S. (2015). Every scar tells a story: Insight into people's self-injury scar experiences. *Counselling Psychology Quarterly,* 29(3), 296-310. doi:10.1080/09515070.2015.1088431

Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social science & medicine,* 71(12), 2150-2161. doi:10.1016/j.socscimed.2010.09.030

MacDonald, S., Sampson, C., Turley, R., Biddle, L., Ring, N., Begley, R., & Evans, R. (2020). Patients' Experiences of Emergency Hospital Care Following Self-Harm: Systematic Review and Thematic Synthesis of Qualitative Research. *Qualitative Health Research*, *30*(3), 471-485. doi:10.1177/1049732319886566

McDermott, E., & Roen, K. (2016). *Queer Youth, Suicide and Self-Harm - Troubled Subjects, Troubling Norms*. Basingstoke: Palgrave Macmillan.

McDermott, E., Roen, K., & Piela, A. (2013). Hard-to-Reach Youth Online: Methodological Advances in Self-Harm Research. *Sexuality Research and Social Policy*, 10, 125-134.

McDermott E, Roen K and Scourfield J (2008) Avoiding shame: Young LGBT people, homophobia and self-destructive behaviours. *Culture, Health & Sexuality.* 10: 815–829

McShane, T. (2012). *Blades, blood and bandages: The experiences of people who self-injure*. Palgrave Macmillan. doi:10.1007/978-0-230-37198-9

Michelmore L and Hindley P (2012) Help-seeking for suicidal thoughts and self-harm in young people: A systematic review. *Suicide and Life-Threatening Behavior.* 42: 507–524

Mitten, N., Preyde, M., Lewis, S., Vanderkooy, J., & Heintzman, J. (2016). The perceptions of adolescents who self-harm on stigma and care following inpatient psychiatric treatment. *Social Work in Mental Health*, 14(1), 1-21. doi:10.1080/15332985.2015.1080783

Murray, C. D., & Fox, J. (2006). Do Internet self-harm discussion groups alleviate or exacerbate self-harming behaviour? *Australian e-Journal for the Advancement of Mental Health*, *5*(3), 225-233. doi:10.5172/jamh.5.3.225

Philo, G. (1994). Media images and popular beliefs. *Psychiatric Bulletin*, 18(3), 173–174. doi:10.1192/pb.18.3.173

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. Sage.

Prior S (2012) Overcoming stigma: How young people position themselves as counselling service users. *Sociology of Health & Illness.* 34: 697–713.

Rhodes, S. D., Bowie, D. A., & Hergenrather, K. C. (2003). Collecting behavioural data using the world wide web: considerations for researchers. *Journal of Epidemiology and Community Health*, 57(1), 68-73. doi:10.1136/jech.57.1.68

Rodham, K., Gavin, J., & Miles, M. (2007). I hear, I listen and I care: A qualitative investigation into the function of a self-harm message board. *Suicide and life-threatening behavior*, 37(4), 422-430. doi:10.1521/suli.2007.37.4.422

Seko, Y. (2013). Picturesque wounds: A multimodal analysis of self-injury photographs on Flickr. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, *14*(2).

Seko, Y., & Lewis, S. P. (2018). The self—harmed, visualized, and reblogged: Remaking of self-injury narratives on Tumblr. *New Media & Society*, *20*(1), 180-198. doi:10.1177/1461444816660783

Seko, Y., Kidd, S. A., Wiljer, D., & McKenzie, K. J. (2015). On the creative edge exploring

motivations for creating non-suicidal self-injury content online. *Qualitative health research,* 25(10), 1334-1346. doi:10.1177/1049732315570134

Smart, L., & Wegner, D.M. The hidden costs of hidden stigma. In Heatherton, T., Kleck, R., Hebl, M., Hull, J. (2003). *The social psychology of stigma* (1st ed.). New York: Guildford Press. (pp 220–42).

Smithson, J. (2015). Using discourse analysis to study online forums for young people who self-harm. in *The Palgrave handbook of child mental health*. O'Reilly, Michelle, (Ed); Lester, Jessica Nina, (Ed); pp. 384-401; New York, NY: Palgrave Macmillan; 2015. xxxix, 647 pp. doi:10.1057/9781137428318_21

Sternudd, H. T. (2012). Photographs of self-injury: Production and reception in a group of self- injurers. *Journal of Youth Studies*, 15(4), 421-436. doi:10.1080/13676261.2012.663894

Straker, G. (2006). Signing with a scar: Understanding self-harm. *Psychoanalytic dialogues*, 16(1), 93- 112.

Turp, M. (2002). *Hidden self-harm: Narratives from psychotherapy*. Jessica Kingsley Publishers.

Victor, S. E., Glenn, C. R., & Klonsky, E. D. (2012). Is non-suicidal self-injury an "addiction"? A comparison of craving in substance use and non-suicidal self-injury. *Psychiatry research*, 197(1), 73- 77. doi:10.1016/j.psychres.2011.12.011

Whitlock, J. L., Powers, J. L., Eckenrode, J. (2006). The Virtual Cutting Edge: The Internet and Adolescent Self-Injury. *Developmental Psychology*. 42(3), 407–417. doi:10.1037/0012-1649.42.3.407

Whitlock, J. L., Lader, W., & Conterio, K. (2007). The Internet and self-injury: What psychotherapists should know. *Journal of Clinical Psychology*, 63, 1135–1143. doi:10.1002/jclp.20420

Wiggins, S. (2014). On the accountability of changing bodies: Using discursive psychology to examine embodied identities in different research settings. *Qualitative Psychology*, 1(2), 144-

162. doi:10.1037/qup0000012

Wilkinson, B. (2011). Current Trends in Remediating Adolescent Self-Injury: An Integrative Review. *The Journal of School Nursing*, 27 (2), 120-128. doi:10.1177/1059840510388570

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education (UK).

Wordpress search terms: self-harm; self-injury; scars

Bloggers identified through database research (N=97)

Exclusion criteria:
- Did not directly discuss SI
- Insufficiently narrative
- Poetry
- Song lyrics
- List form
- Word count less than 150
- Not a personal experience of SI

Bloggers after screening (N=25)

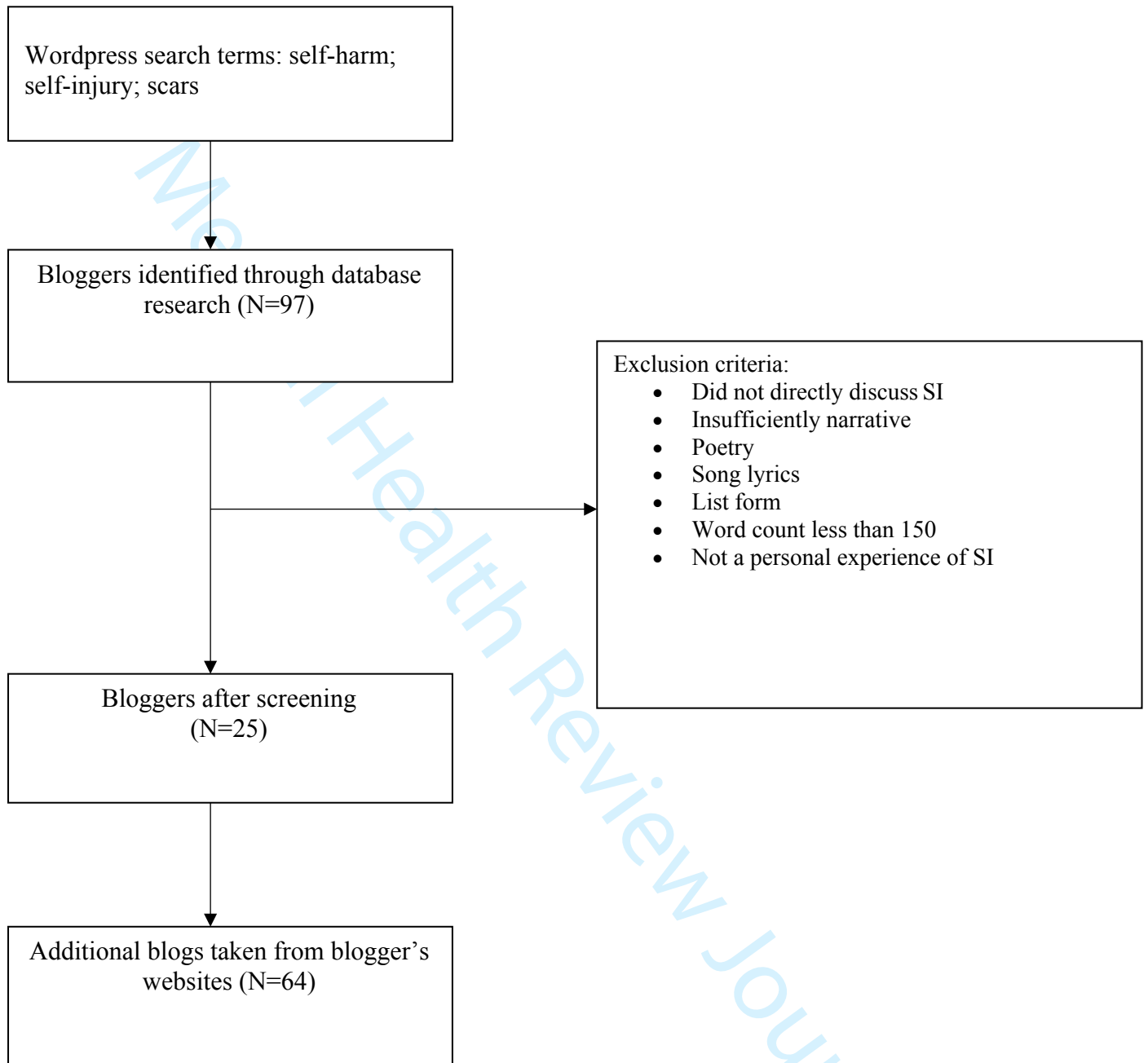Additional blogs taken from blogger's websites (N=64)

Figure 1: data selection

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
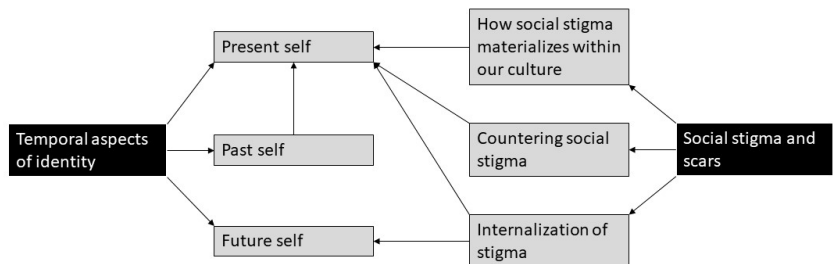51
52
53
54
55
56
57
58
59
60



Figure 2. Schematic map of themes

Figure 2. Schematic map of themes

338x190mm (96 x 96 DPI)