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NON-SUICIDAL SELF-INJURY: THE MOVIE INDUSTRY'S INFLUENCE ON ITS STIGMA

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ABSTRACT

Non-Suicidal Self-Injury (NSSI) is a concerning behavior disproportionately affecting adolescents today. Rates of NSSI have increased, as have depictions of NSSI in the media. Therefore, some researchers believe that increased media exposure is contributing to increased rates of NSSI. Research has shown that NSSI is a coping mechanism and/or a cry for help among those who display such behaviors. However, studies also show that many adolescents with this behavior do not seek help. This may be because persons engaging in NSSI feel that their behavior, thoughts, or feelings are stigmatized by the general population. The purpose of this study is twofold: first, to describe the level of stigma that currently exists among a college population; and second, to examine the relationship between popular media exposure to NSSI and perceptions, or stigma, toward NSSI. Seventy-eight college students completed a survey including a stigma measure, an exposure measure, and reacted to a vignette describing a scene from Catherine Hardwicke's movie, *Thirteen* (2003). Analyses revealed the level of stigma was at a mid-level, and that it was not significantly related to reported level of movie media exposure.

INTRODUCTION

Non-Suicidal Self-Injury (NSSI) is defined as the deliberate harm of one's own body without suicidal intent. Other terms which may be used to identify this behavior are "self-injury," "self-harm," and "self-mutilation" (Klonsky, 2007). These types

Courtney Raymond

of behaviors can include, but are not limited to: cutting, scratching, burning, hair pulling, banging, wound interference, and hitting. Instances of NSSI have increased in recent years. Hawton (2005) reported that approximately 7- 14% of young people have intentionally harmed themselves at least once. Others have reported even higher numbers (Laye-Gindhu & Schonert-Reichl, 2005; Muehlenkamp, Hoff, Licht, Azure, & Hasenzahl, 2008). These statistics have raised substantial questions about the causes of this behavior. NSSI is known to be a secretive act. This secrecy causes difficulties in understanding and treating this behavior, because self-injurers will often not seek help (Wilson, Rickwood, & Deane, 2007; Kholodkov, 2011). Research suggests that this could in part be due to stigma (Kholodkov, 2011).

Stigmatizing attitudes include feelings of shame, irritation, and anger toward the self-injurer. These attitudes can often cause disruption within the life of the person who is experiencing the stigma, and can thus discourage individuals from revealing their behavior and seeking help (Link, Struening, Neese-todd, Asmussen, & Phelan, 2002). Individuals who engage in NSSI can experience this stigma from a variety of people, such as the general population, medical professionals, and even from themselves (Kholodkov, 2011).

The reasons for the increasing prevalence of NSSI and the exact sources of stigma against NSSI are still unclear to researchers. However, the media's increasing portrayal of NSSI behavior has come into question as a potential contributing factor (Zahl & Hawton, 2004; Purington & Whitlock, 2010). Rates of NSSI have increased, as have depictions of NSSI in the media. From an ecological perspective (Bronfenbrenner, 1979), media is a macro system level influence on development and should be considered a factor. Further, Bandura's *Social Learning Theory* highlights the impact of learning through observation. It is clear that one's behavior can be directly and indirectly influenced by the surrounding social environment (Muehlenkamp, Hoff, Licht, Azure, Hasenzahl, 2008).

There is still a great deal to be learned about NSSI. There is a clear gap in the literature around understanding potential stigma

against NSSI and the influence of popular media on this stigma. Therefore, the purpose of the current study was to examine the relationship between stigma against NSSI and exposure to NSSI in the media. The long term goal is to increase understanding of NSSI and assist in the prevention and treatment of this behavior.

LITERATURE REVIEW

Definition and Prevalence

As stated above, NSSI is the deliberate harming of one's own body without the intent to commit suicide. Research has consistently shown that non-suicidal self-injury may be a coping mechanism during times of severe depression or stress, and may be a cry for help among those who display such behaviors (Wilkinson, P., Goodyer, I., 2011). In this way, NSSI is functioning as an affect regulator, by controlling one's emotional pain with physical pain (Plante, 2006). Self-injurers have reported that they engaged in NSSI "to get relief from a terrible state of mind," "to gain relief from tension," and "to punish myself" (Scoliers, Portzky, Madge, Hewitt, Hawton, et al., 2009, p. 603). Additionally, individuals may self-injure in an attempt to gain attention from someone (Hawton, & James, 2005). NSSI may also be an indicator of other serious problems, such as eating disorders (particularly in females) and instances of severe conflict in the past, such as abuse and addiction (Plante, 2006; Hawton and James, 2005).

NSSI typically manifests itself in adolescence, and is more common in females (Scoliers, Portzky, Madge, Hewitt, Hawton, K., et al. 2009; Klonsky and Muehlenkamp, 2007; Plante, 2006). However, some researchers suggest that there may not be drastic gender differences if a research study were to expand its definition of self-harm to include more methods, such as burning versus only cutting (Klonsky & Muehlenkamp, 2007). Furthermore, this gender gap may demonstrate that males use more lethal methods of self-injury, leading to suicide, versus NSSI (Olfson, Gameroff, Marcus, Greenberg, & Shaffer, 2005).

NSSI is a concerning behavior, as death could be its unintentional outcome (Hawton & James, 2005), and instances of NSSI have increased over recent decades (Scoliers, Portzky,

Courtney Raymond

Madge, Hewitt, Hawton, et al., 2009). NSSI is often a “private and underreported activity,” and individuals will often take measures to hide the physical evidence of their self-injury, such as wearing concealing clothing (Duffy, 2009, p. 263; Deroum & Bravender, 2004). Providing treatment can be challenging because individuals with depressive symptoms often will not seek help (Wilson, Rickwood, & Deane, 2007; Kholodkov, 2011). Due to this challenge, researchers have yet to determine an accurate rate of NSSI; reported rates have varied among the current research. Hawton (2005) believes that 7- 14% of young people have engaged in self-injury at least once. Laye-Gindhu and Schonert-Reichl (2005) reported that in a community study of adolescents, 15% of participants reported having self-injured on one or more occasions. In 2008, Muehlenkamp, Hoff, Licht, Azure, and Hasenzahl reviewed archival data of nearly 2000 participants and reported rates of NSSI as high as 21.1%.

The Existing Stigma

Individuals who engage in this behavior may avoid treatment because they feel their NSSI has granted them the relief they were seeking at the time, thus, performing its perceived function as a stress reliever (Plante, 2006). Secondly, self-injurers may feel that such behavior is stigmatized by others. The public often holds negative views of abnormal behavior such as self-injury, and will consequently avoid individuals who engage in such behavior (Law, Rostill-Brookes, & Goodman, 2009). This stigma can negatively influence one’s help-seeking intentions, social life, employment, and overall quality of life (Link, Struening, Neese-todd, Asmussen, & Phelan, 2002; Kholodkov, 2011). For this reason self-injurers may be apprehensive about disclosing their NSSI to their friends and family. Oldershaw, Richards, Simic, & Schmidt (2008) conducted a series of interviews with the parents of self-injurers. During the interviews, the researchers were able to identify the parents’ feelings about their child’s NSSI, spanning from when and how they found out about the behavior, to how this knowledge has impacted their daily life. Parents reported that they felt it was just what “goth” kids do, that it must be “fashionable,”

and that their child must be copying their friends. Additionally, parents described feelings of fear and disappointment toward their child (Oldershaw et al., 2008).

Studies show that medical professionals also hold stigmatizing views toward NSSI (Kholodkov, 2011). Often medical staff will feel doubtful about the treatability of patients who engage in self-injury and will consequently be harsh and avoidant. These negative reactions from medical staff can be detrimental to the self-injurer and, as a result, can make the patient regret seeking help (Law, Rostill-Brookes, & Goodman, 2009). A third possible aspect is that of a self-stigma. During the parent interviews, Oldershaw et. al. (2008) discovered that even when adolescents who were engaging in NSSI were directly confronted, they actively denied their self-injury. The medical professional stigma and the general population stigma may contribute to an individual's low help-seeking intentions. If one fears that seeking help may lead to being alienated from one's own doctor or nurse, and that those around them might feel that they were just "copying" or adhering to what was "fashionable," one may feel shame and guilt about one's behavior and endeavor to keep it a secret.

Exposure to NSSI

Although many individuals find it difficult to understand the motivations behind self-injury, most people have a general knowledge of what NSSI is (Purington & Whitlock, 2010). Many people may have firsthand experience with NSSI (having engaged in this behavior themselves, or knowing someone who engaged in this behavior), however it is probable that most individuals have gained an awareness of this behavior through increasing frequency of NSSI in the media (Whitlock, Purington, & Gershkovich, 2009).

Music has been a popular topic of discussion in recent years because of lyrics that feature suicide and NSSI. Whitlock, Purington, and Gershkovich (2009) identified at least 89 songs with lyrics referencing self-injury, up to the year 2007, and the instances of self-injury being featured in popular music have steadily increased over time. In 2000, the artist Papa Roach released the hit song "Last Resort" (Shaddix & Esperance, 2000, track 2) which included the

Courtney Raymond

lyrics “Cut my life into pieces, this is my last resort, suffocation, no breathing, don’t give a [damn] if I cut my arms bleeding.”

The type of subject matter is not uncommon within the rock genre. In fact, the trend of suicide and NSSI references was most common within rock music. Of the 89 songs featuring self-injury that were identified by Whitlock et. al., an overwhelming 86.7% were classified as rock. However, rock is not the only genre which includes this subject matter. Today’s popular music has illustrated that the genres in which suicidal and NSSI behavior are featured expand beyond the boundaries of rock. For example, the band Onerepublic’s (which is classified as pop/rock) hit “Secrets” (Tedder, 2009, track 3) includes the lyrics “need something that I can confess, ‘till my sleeves are stained red.” In addition to music lyrics depicting NSSI, music videos may also include depictions of NSSI which were only implied in the lyrics. For example, Pink’s music video for the popular song “Perfect” graphically portrayed a young girl using a razor blade to cut the word “perfect” across her forearm while in the bathtub (Meyers, 2011).

Not only has non-suicidal self-injury been popularized within the music industry, self-injury has recently become a trend in mainstream movies. Similar to the examples found in music lyrics, portrayals of NSSI among movie characters have occurred at increasing rates over recent years. In 2003, the popular movie *Thirteen*, directed by Catherine Hardwicke, included a graphic scene in which a distressed 13 year-old girl cuts herself after her best friend leaves her. Throughout the movie, the audience’s attention is brought to her arm, where there continues to be fresh cuts. In 2009, Whitlock, Purington, and Gershkovich identified 47 movies which featured instances of characters engaging in NSSI, and in 2010, Trewavas, Hasking and McAllister equally identified 41 popular movies which featured NSSI. In both studies, nearly half of the identified motion pictures were made after 2000.

Accuracy of NSSI Depictions

With the increasing ubiquity of NSSI in the media, researchers are attempting to identify the accuracy of these depic-

tions. Trewavas, Hasking and McAllister (2010) identified 41 popular movies that depict instances of self-harm. They analyzed the films and reduced the list to include only those movies where the instances of self-injury were realistic (within the realm of possibility), and which had characters with whom the audience could relate. For example, the film *Thirteen* portrays a 13 year-old girl struggling with issues common to her age group, and she engages in NSSI as a coping mechanism. These researchers found that motion picture representations of self-injury were fairly accurate, portraying a character as engaging in this behavior for the same reasons as documented by psychologists. Still, these representations were not entirely correct; they found that self-injury was often over-dramatized, and that there was a gender bias in the portrayal of self-injury. Typically, women who engaged in self-injury were seen as doing so in a “narrower pattern” than men. These female characters used fewer methods and were doing so with “simpler” motives than men. Furthermore, they found that movies often perpetuate the misconception that self-injury is always a suicidal act.

The media has often been found to perpetuate negative misconceptions of “mental disorders” —an umbrella term which can include NSSI (often comorbid with another disorder). Klin and Lemish (2008), reviewed how the media portrays mental disorders. They found that often the media will feature a dramatic and violent news story in which the subject is allegedly suffering from some mental disorder. The media will also depict women as being more frequently afflicted with a mental disorder, while also trivializing such disorders. Depictions of the symptoms of the disorders are also over-exaggerated. Further, they found that the media not only depicts individuals who suffer from a mental disorder as violent and dramatic, but the healthcare professionals who treat them are also depicted as violent—particularly male healthcare professionals.

Portrayals of NSSI in movies have ceased to shock viewers, but instead have become a relatively common phenomenon among movie characters. Purington and Whitlock (2010) argue that due to the inaccurate portrayal of the motives, reactions, and/

Courtney Raymond

or consequence of engaging in non-suicidal self-injury, the pervasiveness of NSSI in the media today may have some unanticipated negative consequences. Often, films will romanticize NSSI or make the character engage in this behavior only as a bid for attention (Purington & Whitlock, 2010). As previously stated, it has been reported that attention may be one motive for NSSI; however, it would be inaccurate to use attention as the only reason for NSSI.

Theoretical Perspectives

Many people puzzle over how an individual begins to engage in Non-Suicidal Self-Injury, and researchers are currently trying to answer that question. Instances of NSSI have increased over recent decades, and concurrently instances of media depictions of NSSI have increased dramatically (Scoliers, Portzky, Madge, Hewitt, Hawton, et al., 2009; Whitlock, Purington and Gershkovich, 2009). Purington and Whitlock (2010) propose a possible explanation for the increased rates of NSSI; what they term as a “social contagion.”

The answer [to increased NSSI] may be what epidemiologist call “social contagion.” Like bacteria that result in disease, behaviors and attitudes are transmissible. The acceptance and adoption of certain behaviors can be communicable and passed from one person to another through vehicles not always recognized for this capacity [the media] (p. 11).

This “social contagion” demonstrates the theory of social learning. *Social Learning Theory* states that an individual’s behavior is shaped by their social world. This theory has gained the attention of many investigators as being a foremost influencing factor for increased NSSI (Muehlenkamp, Hoff, Licht, Azure and Hasenzahl, 2008). This suggests that increased exposure to NSSI correlates with increased rates of NSSI.

In 2004, Zahl and Hawton conducted a pilot study aimed to measure the impact of the different channels of the media on

self-injury. Participants completed self-reports through which researchers found that of the 11 participants who self-injure, 7 remembered depictions of suicidal behavior in the media, and 6 participants reported that the portrayal had been directly influential in their behavior. These research findings demonstrate the theory of social learning.

Furthermore, ecological systems theory highlights the influence of multiple contexts on the development of behavior (Bronfenbrenner, 1979). The macrosystem influences may include factors such as one's culture, or the media. These influences often go unnoticed by the individual, but can have a strong impact on one's behavior. The increasing prevalence of NSSI portrayals in the media may be one such macrosystem level that influences in today's society. Based on these theories, it is also possible that one's social environment, or macrosystem, has the potential to influence his/her attitudes toward NSSI behavior.

Current Study

The cinema has a significant impact on society's understanding of mental illnesses and the current clinical treatments for mental illnesses (Wedding & Niemiec, 2003). Therefore, it is reasonable to say that the cinema has the potential to shape society's knowledge about Non-Suicidal Self-Injury. Previous research has examined the media's influence of the increased rates of NSSI (Zahl and Hawton, 2004); however, researchers have yet to examine the media's influence on the stigma against NSSI. Therefore, the purpose of the current study is to 1) describe the level of stigma that currently exists among a college population, and 2) to examine the relationship between popular media exposure to NSSI and stigma toward NSSI.

Based on the reviewed literature, it is hypothesized that the amount of exposure to NSSI in popular media will be positively related to stigmatizing attitudes about NSSI. It is also hypothesized that increased levels of exposure to NSSI in popular media will be related to a less realistic view of this disorder. The stigma against NSSI needs to be more fully understood so that

Courtney Raymond

self-injurers may be less ashamed to seek help, and therefore, researchers will be better able to understand the motivations behind NSSI for treatment and prevention purposes.

METHODS

Participants

Seventy-eight college students from Eastern Michigan University participated in the study. Eighty-seven percent (87%) of participants were female, and 13% were male. Of the seventy-eight students, 78% were ages 18-24, 7.2% ages 25-30, 4.8 % 31-40, and 3.6% were ages 40-50. The sample consisted of 63% Caucasian participants, 23% African-American, and 14% identified themselves as “other.”

Procedures

Participants in the current study were directly solicited from Psychology courses at Eastern Michigan University, and participated on a voluntary basis. Students were asked to complete a self-administered survey that took approximately 15-20 minutes to complete. Participants either met with the researcher outside of class time to complete the survey, or completed the survey at the end of the class period. In either case, participants read and were orally presented with an informed consent form and signed the consent prior to receiving and beginning the survey. Participants were compensated with course extra credit and/or five dollars for their time.

Measures

Demographic Questionnaire—Participants completed a brief questionnaire that solicited data on their age group, race, religious affiliation, and marital status. Additionally, participants indicated whether or not they had heard of, engaged in, or had known someone to have engaged in NSSI.

NSSI Stigma—Participants completed a stigma survey comprised of statements adapted from *Day's Mental Illness*

Stigma Scale (Day, Edgren and Eshleman, 2007) and statements from *Link's Perceived Devaluation and Discrimination* and *Secrecy* stigma scale (Link, Struening, Neese-todd, Asmussen and Phelan, 2002). (Figure 1, below).

Stigma Survey	
	(1) = Strongly agree, (2) = Agree, (3) = Disagree, (4) = Strongly disagree
1.	Most people would accept a person with a history of NSSI as a close friend.
2.	I feel anxious and uncomfortable around someone who has a history of NSSI.
3.	I would find it difficult to trust someone with a history of NSSI.
4.	Most people believe that a person with a history of NSSI is just as trustworthy as the average citizen.
5.	There are no effective treatments for a person with NSSI.
6.	In order to get a job a person will have to hide his or her history of NSSI.
7.	The best thing to do is keep your history of NSSI a secret.
8.	Most people would accept a fully recovered person with a history of NSSI as a teacher of young children in a public school.
9.	It would be difficult to have a close relationship with someone with a history of NSSI.
10.	Once someone begins to engage in NSSI, he or she will never be able to fully recover from it.
11.	Most people would not hire a person with a history of NSSI to take care of their children, even if he or she had been well for some time.
12.	In view of society's negative attitude toward people with NSSI, you would advise people to keep their NSSI a secret.
13.	Most people think less of a person with a history of NSSI.
14.	When talking with someone with a history of NSSI, I worry that I might say something that will upset him or her.
15.	There is no reason for a person to hide the fact that he or she has a history of NSSI.
16.	Most employers will hire a person with a history of NSSI if he or she is qualified for the job.

Figure 1: Stigma Survey

Courtney Raymond

The statements were meant to measure the prevalence of six different stigmas against NSSI: perceived *devaluation* and *discrimination* (six statements), *secrecy* (four statements), *relationship disruption* (two statements), *anxiety* (two statements), *treatability* (one statement), and *recovery* (one statement) For each statement, participants were asked to rate on a scale of one to four how strongly they agreed (1), to how strongly they disagreed (4), with each statement. All items were scored such that higher scores represent a more stigmatizing attitude.

A reliability test was conducted on the 16 stigma items using Cronbach’s alpha. Based on this analysis, two items were eliminated, leaving a total of 14 items ($\alpha = .65$). The 14 items were used to create an overall mean composite score for stigma. This total score was used in further analyses.

Exposure Measure

In order to measure the level of media exposure, participants were presented with Trewavas, Hasking, & McAllister’s (2010) list of 41 motion pictures depicting NSSI and asked to indicate which of the films they had seen (Table 1).

Films Depicting NSSI		
Name of Film	Director	Release Year
Taxi Driver	Martin Scorsese	1975
Platoon	Oliver Stone	1986
Sid and Nancy	Alex Cox	1986
The Name of the Rose	Jean-Jacques Annaud	1986
Fatal Attraction	Adrian Lyne	1987
Heathers	Michael Lehmann	1988
The Abyss	James Cameron	1989
Cape Fear	Martin Scorsese	1991
Romper Stomper	Geoffrey Wright	1992
Seven	David Fincher	1995
The Scarlet Letter	Roland Joffe	1995

Raymond: Non-Suicidal Self-Injury

Non-Suicidal Self-Injury: The Movie Industry's Influence on Its Stigma

Fear	James Foley	1996
Good Will Hunting	Gus Van Sant	1997
American Beauty	Sam Mendes	1999
Fight Club	David Fincher	1999
Girl, Interrupted	James Mangold	1999
Stigmata	Rupert Wainwright	1999
The Virgin Suicides	Sofia Coppola	1999
28 Days	Betty Thomas	2000
Chopper	Andrew Dominik	2000
Gun Shy	Eric Blakeney	2000
Sex: The Anabel Chong Story	Gough Lewis	2000
The Gladiator	Ridley Scott	2000
A Beautiful Mind	Ron Howard	2001
My First Mister	Christine Lahti	2001
Prozac Nation	Erik Skjoldbjærg	2001
True Blue	J.S. Cardone	2001
Blue Car	Karen Moncrieff	2002
Gangs of New York	Martin Scorsese	2002
Secretary	Steven Shainberg	2002
The Good Girl	Miguel Arteta	2002
21 Grams	Alejandro González Iñárritu	2003
Gothika	Mathieu Kassovits	2003
The Professional	Dusan Kovacevic	2003
The Return	Andrey Zvyagintsey	2003
Thirteen	Catherine Harwicke	2003
Control	Tim Hunter	2004
Man on Fire	Tony Scott	2004
Million Dollar Baby	Clint Eastwood	2004
Stay	Mark Forster	2005
The Da Vinci Code	Ron Howard	2006

Table 1: List of Films Depicting NSSI.

Courtney Raymond

Additionally, participants were asked to indicate other media forms in which they had seen NSSI depicted. Participants then read a short vignette describing an actual scene from Catherine Harwicke's 2003 film *Thirteen*, describing a girl engaging in NSSI (Figure 2). Participants replied to a series of statements soliciting their reaction to the vignette on a scale of one to six (1 = strongly disagree, to 6 = strongly agree.). Because there are no existing surveys to measure attitudes toward popular movies depicting NSSI, the questions following the vignette are investigator-developed statements. Participants were also allowed to reply to an open ended question asking for any additional thoughts or feelings.

Tracy is a 13 year-old girl living with her single mother and older brother. She recently started a new school year. When she meets a girl (Evie) who is described as the "hottest girl in school," Tracy decides to befriend her. She wins over this friendship by stealing a stranger's wallet and sharing the proceeds with Evie and her friend. She very quickly becomes best friends with this girl, and begins to engage in stealing, drugs, and piercing her body. She begins to isolate herself from her mother whom she previously had a very friendly relationship with. One night, as Tracy and Evie are in bed for the night, Evie's boyfriend comes to the window and invites Evie out. Evie clearly expresses that Tracy is not invited. Upon her departure, Tracy walks to the bathroom and pulls a pair of nail scissors from the medicine cabinet, and a washcloth from the vanity drawer. She sits on the floor and pulls up her shirt sleeve to reveal fresh cuts. She uses the scissors to cut diagonally along her arm, and gasps out apparently in pain. However, for a moment she lets out a small satisfied smile. Gently, she lays the washcloth over her arm. She goes to sleep without bandaging her wound, and blood seeps out onto her light blue sleeve staining her shirt. When Evie comes back and climbs into the bed, she sees the blood, and whispers into Tracy's ear, "I love you Tracy."

Figure 2: Vignette from Catherine Harwicke's *Thirteen*

Statistical Analysis

Analyses for the current study were performed using SPSS 19.0 software. In order to answer the two main objectives for this study, which were to: 1) describe the level of stigma to NSSI that currently exists among a college population, and 2) examine the relationship between popular media exposure to NSSI and stigma toward NSSI. Frequency tests and Pearson Correlation Coefficients were conducted.

RESULTS

Descriptive Analyses

Various questions were administered in order to determine the level of exposure participants had to NSSI. First, participants were asked if they had heard of, engaged in, or known someone to have engaged in NSSI (Figure 1, above). Of the 78 participants in the current study, 85.9 % (n = 67) had heard of this behavior, 28.2 % (n = 22) had at one point engaged in this behavior, and 85.9 % (n = 67) of respondents had known someone who engaged in this behavior (Table 2, below). † p < .10; * p < .05; ** p < .01; ^a1 = yes, 2 = no

	1.	2.	3.	4.	5.	6.	7.	8.
1. Level of Stigma	1.0							
2. Previously heard of NSSI ^a	.19†	1.0						
3. Previously engaged in NSSI ^a	-.15	-.16	1.0					
4 Known someone who engaged in NSSI ^a	.10	.05	.25*	1.0				
5. Number of films seen	.05	-.13	.04	.04	1.0			
6. Studied NSSI in class ^a	.28*	.23*	.13	-.08	-.001	1.0		
7. Seen NSSI on T.V. ^a	.02	.10	.29**	.29**	-.20†	.14	1.0	
8. Seen NSSI on YouTube ^a	.23*	-.07	-.11	.21†	.13	.02	.24*	1.0

Table 2. Exposure and Stigma Correlations Table

Courtney Raymond

Participants were then asked to indicate the number of films they have seen featuring NSSI. Of Trewavas et al.'s (2010) list of 41 motion pictures containing scenes of NSSI, the mean number of films seen was 7.74, with a standard deviation of 5.34. The number of films that participants reported seeing ranged from a minimum of 0 to a maximum of 26. Only two participants (3%) said they had not seen any of the 41 films. Participants also indicated other mediums through which they had been exposed to NSSI; 20.5% indicated they had seen a documentary featuring NSSI, 32.1% indicated they had read a newspaper article or watched a news piece of NSSI, 35.9% had studied NSSI in a class, 20.5% had seen NSSI in a Youtube.com video, and 82.1% had seen NSSI in other television shows.

Participants completed the NSSI Stigma measure. The mean level of stigma found in the current sample was 2.29 ($SD = .28$). Scores ranged from 1.64 to 2.93. On the current stigma scale, a score of one (1) represented the lowest feelings of stigma toward NSSI, and a score of four (4) represented the highest feelings of stigma. Therefore, the mean of 2.29 was just above the mid-point of the scale.

Bivariate Correlations

Pearson correlations examined the relationship among demographic characteristics and primary study variables. Demographic information revealed that older individuals (above 18 – 24) held more stigmatizing attitudes than younger individuals, $r = .23, p < .05$.

Table 2 shows the correlations between level of stigma, previous engagement in NSSI, and different types of exposure to NSSI. A positive correlation was found between individuals who had engaged in NSSI and individuals who had known someone who engaged in NSSI, $r = .25, p < .05$. A positive correlation was also found between individuals who had engaged in NSSI and exposure to NSSI on television, $r = .29, p < .01$. Those who reported having engaged in NSSI were more likely to say they had also seen it depicted on television.

As can be seen in Table 2, level of stigma was not significantly related to the number of films featuring NSSI the participant had seen. Studying NSSI in a classroom was negatively related to

stigmatizing attitudes toward NSSI ($p < .05$), and seeing NSSI in a Youtube.com video was negatively related to stigma ($p < .05$).

Correlations also examine the relationship between responses to the vignette (see Figure 2, above), and other study variables. A marginally positive correlation was found between the feeling that the scene glamorized NSSI and level of stigma, $r = .20, p < .10$. Those who felt the scene glamorized NSSI were more likely to have a stigmatizing attitude toward NSSI. A marginally significant correlation was also found between the feeling that the scene glamorized NSSI and knowing someone who engaged in NSSI, $r = .21, p < .10$. Lastly, it was found that if participants had studied NSSI in a class, they felt the character in the vignette had cut herself for the attention of her friend ($r = -.26, p < .05$).

DISCUSSION

The purpose of the current research was to examine the level of stigma against NSSI among a sample of undergraduate college students, and to determine the relationship between media exposure and this stigma. The level of stigma was found to be neither high nor low, but directly in a middle ground. There was some variability on this variable, however, no one reported the highest level of stigma (range was 1.64 - 2.93). The hypothesis was that higher levels of popular media exposure would positively correlate with a high level of stigma. This hypothesis was not supported by the current data. Data analysis did not reveal any significant correlations between stigma and media exposure. The lack of relationship in this study may have resulted from inadequate measurement tools. Studying media exposure in relation to NSSI is relatively new and existing measures are scarce or non-existent. Therefore, better measures of media exposure may have resulted in a significant finding. Future research will need to examine this topic.

The current results did reveal that if individuals were exposed to NSSI in a classroom, they held less stigmatizing attitudes. This is an important finding because it suggests that more educational exposure to NSSI can be beneficial.

Although it was not the initial goal of the study to determine rates of NSSI, somewhat surprising results emerged from the current sample. Nearly thirty percent of all participants reported

Courtney Raymond

that they had previously engaged in NSSI and 86% reported that they knew someone who had engaged in NSSI. Correlation testing revealed that if an individual engages in NSSI, s/he is likely to know someone who has engaged in NSSI. A significant correlation was also found between individuals who had engaged in NSSI and individuals who had seen NSSI depicted on television. This discovery lends itself to the support of *Social Learning Theory*, and may reveal that the media plays a role in whether or not an individual engages in NSSI. However, this does not definitively suggest that media depictions of NSSI are causing increased rates of NSSI. One must recognize that the media depictions are representative of a real life problem, and not that a real life problem is representative of the media.

Limitations and Future Research

The limitations of the current study should be noted. First, the study utilized investigator developed questionnaires that have not been validated. Although this was done because no known measures could be found to address the research questions of interest, it did limit the findings. For example, the investigator developed statements following the vignette may not have measured what the investigator initially intended. While the stigma measure was comprised of previously validated questions, the questions may have lost some reliability or validity when revised to specifically reflect non-suicidal and self-injury stigma. A second limitation is the smaller sample size. A larger sample of participants may have resulted in stronger relationships or results. Despite these limitations, this study did examine an understudied topic in the NSSI literature. This is an important first step toward understanding NSSI and improving prevention and treatment.

In general, further research is needed to develop better measures of attitudes toward NSSI in the media, level of exposure to NSSI, and stigma toward NSSI. The research field is still developing and reliable measures are needed. Future studies should continue to examine the role that popular media plays in the development of NSSI.

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Courtney Raymond

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