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Pathways to Self-Injury: A Qualitative Exploration of Social Psychological Processes

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Abstract

Self-injury is a deviant behavior often understood as the intentional infliction of harm onto one's own body that exists absent of suicidal. This study uses a qualitative methodology to examine the etiology and perpetuation of self-injury using the terminology of relevant social-psychological theories to determine which processes best describe a causal pathway leading to self-injury and its perpetuation after the onset of the behavior. Data obtained from 16 semi-structured interviews with former and current self-injurers indicate that the processes described in general strain theory, social learning theory, and social control theory are all important for understanding the etiology and perpetuation of self-injury. Analytic induction was utilized as the method of analysis in order to parse out only the elements universal to pathways to self-injury evident in all of the examined cases. All participants used self-injury as coping response for mitigating negative affect stemming from strain, thus, implicating general strain theory as important for understanding the onset of self-injury. Participants were categorized into two subtypes of self-injurers based upon the temporal dimension of the social learning process. Future research should attempt to use quantitative methodologies to provide generalizability for the results of this study and examine how changes in risk and protective factors over the life-course modify one's propensity to engage in self-injury.

Keywords

Self-Injury, Self-Harm, General Strain Theory, Social Learning Theory, Analytic Induction

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Self-injury is a deviant behavior often understood as the intentional infliction of harm onto one's own body that exists absent of suicidal. This study uses a qualitative methodology to examine the etiology and perpetuation of self-injury using the terminology of relevant social-psychological theories to determine which processes best describe a causal pathway leading to self-injury and its perpetuation after the onset of the behavior. Data obtained from 16 semi-structured interviews with former and current self-injurers indicate that the processes described in general strain theory, social learning theory, and social control theory are all important for understanding the etiology and perpetuation of self-injury. Analytic induction was utilized as the method of analysis in order to parse out only the elements universal to pathways to self-injury evident in all of the examined cases. All participants used self-injury as coping response for mitigating negative affect stemming from strain, thus, implicating general strain theory as important for understanding the onset of self-injury. Participants were categorized into two subtypes of self-injurers based upon the temporal dimension of the social learning process. Future research should attempt to use quantitative methodologies to provide generalizability for the results of this study and examine how changes in risk and protective factors over the life-course modify one's propensity to engage in self-injury. Keywords: Self-Injury, Self-Harm, General Strain Theory, Social Learning Theory, Analytic Induction

Self-injurious behavior (SIB) is a phenomenon characterized by the intentional destruction of one's own body tissue (Walsh, 2006). While the behavior may be linked to suicidal intention, it is often conducted in the absence of such ideation (Adler & Adler, 2011). SIB has even been recently recognized as a distinct disorder in the DSM-5, whereas it was only recognized as a symptom of borderline personality disorder in previous versions (American Psychiatric Association, 2013). While SIB is typically understood as a phenomenon separate from suicide, there always exists the possibility of accidental death as a result of SIB. Recent research highlights self-inflicted injury as the eighth-leading cause of death in the United States, with accidental death stemming from several types of self-inflicted injury as a sizable proportion of these deaths (Rockett & Caine, 2015). Even with this growing recognition and understanding of SIB as a relevant phenomenon, there remain questions regarding the etiology of the behavior in dire need of explanation. This research seeks to address the relevant etiological debates by identifying the essential components of a developmental pathway leading to SIB using a qualitative methodology.

Historically, there has been difficulty in conceptualizing and operationalizing SIB. This difficulty stems from the lack of a universal definition of SIB. This is evidenced by the varied definitions of SIB in the existing literature on the topic (LeCloux, 2013). For this reason, it is important to concretely define the behavior that this research sought to examine. Theoretically, SIB may indeed take many different forms. If it is simply defined as any act in which an individual causes harm to his or her own body, then the door is opened up for acts such as drug abuse to be considered SIB. Walsh (2006) differentiated between drug use as SIB and more

direct forms of SIB. Walsh defined "direct self-harm" as any self-directed behavior that results in immediate tissue damage where the intent of the behavior as SIB is evident. Walsh then went on to define "indirect self-harm" as behaviors in which the harm done to one's body is not as immediate and the intent of the behavior as harm is not as evident. Although this is certainly an area that should be explored further, both in the act of damaging oneself with drugs and also the meaning associated with it, this will not be the focus of this study. Rather, this study focuses on those individuals who Walsh would define as "direct" self-harmers: those who cause immediate damage to their body tissue with obvious intent to do so. Research has shown that the vast majority of SIB comes in the form of cutting one's own skin, with burning or branding of one's own skin as coming in a distant second place (Adler & Adler, 2011). This research did not exclude any specific type of SIB so long as the intent to harm was evident and the damage to body tissue was immediate.

Etiological Perspectives

There is a great deal of psychological research that seeks to explain the etiology of SIB. Much of the psychological literature characterizes SIB as the result of mental illness or disorder (Klonsky, 2007; Klonsky & Glenn, 2009). Before the release of the DSM-5 in 2013, SIB was viewed by the psychological community as a symptom of borderline personality disorder and was clinically treated as such (American Psychiatric Association, 2013). This has led mostly to a focus on clinical treatment and management of the behavior in a psychiatric setting utilizing various therapeutic techniques like Dialectical Behavior Therapy (Hampton, 1997; Valente, 1991). Psychological research has also focused on functionality of SIB. Klonsky's (2007) meta-analysis of the existing literature on SIB found that there were seven distinct functions of SIB. All of these functions were associated in some way with producing desired or reducing undesired emotional states, thus, highlighting a potential etiological relationship between the arousal of emotions and SIB (Klonsky, 2007). Psychological research has also extensively examined SIB as a learned behavior. Researchers have consistently found support for a social contagion model in which the behavior is transmitted through modeling based upon peer use of the behavior (Dahlstrom, Zetterqvist, Lundh, & Svedin, 2015; Jarvi, Jackson, Swenson, & Crawford, 2013; LeCloux, 2013). This perspective focuses on the learning process and how aspects of this process may lead to the spread of behaviors through mimicking of the behaviors of others.

SIB has been historically understudied from a sociological perspective. This dearth of sociological research is somewhat surprising considering the power that several prominent criminological theories may have for better understanding the etiology of SIB. Some empirical support has been found for general strain theory as an explanatory framework (Hay & Meldrum, 2010). Strain is conceptualized much like stress placed upon an individual. This strain may come from the failure to achieve positively valued goals, the withdrawal of a positive stimulus, or the presentation of a negative stimulus (Agnew, 1992). General strain theory predicts that strain leads to the arousal of negative emotions which subsequently results in the use of coping responses to mitigate this negative affect which may be deviant or normative based upon moderating influences (Agnew, 1992, 2001). This focus on affective states is similar to the psychological research which indicates that SIB functions to reduce or produce emotional states (Klonsky, 2007). Research has also shown that the strains of childhood abuse and bullying are highly correlated with the use of SIB, lending indirect support for general strain theory as having explanatory power for better understanding the etiology of SIB (Briere & Runtz, 1991; Cyr, McDuff, Wright, Theriault, & Cinq-Mars, 2005; Maniglio, 2011; O'Connor, Rasmussen, & Hawton, 2014).

Akers' (1973) social learning theory is another prominent criminological theory which would appear to have some ability to provide better understanding of SIB. There are a great deal of similarities between the processes posited by Akers in social learning theory (1973) and the processes used to explain SIB in the psychological literature. According to Akers (1973), deviant and criminal behaviors are learned like any other behaviors. Individuals are provided definitions regarding the appropriateness of behaviors and are subsequently provided reinforcement or punishment when behaviors are carried out. If an individual witnesses the reinforcement of criminal behavior, perhaps by seeing a peer making a great deal of money selling drugs, then this will increase the propensity to engage in this behavior. If punishment is inflicted on an individual or witnessed, perhaps this same peer is arrested for selling drugs, then this should lower one's propensity for engaging in criminal behavior (Akers, 1973). Despite similarities between psychological learning perspectives, SIB has not been explicitly examined sociologically from a social learning theory perspective.

Hirschi's (1969) social control theory is another criminological perspective which would seem relevant to understanding SIB. Social control theory posits that the weakening of the strength of one's bond with conventional society frees an individual to engage in criminal and deviant behavior. Hirschi posited that there were four elements of the social bond which may restrict criminal or deviant behavior: attachment to others, commitment to conventional lines of action, involvement in conventional activities, and belief in legitimate order (Hirschi, 1969). Despite research indicating that individuals who engage in SIB are often socially isolated with few or no strong relationships, no research has explicitly examined SIB using social control theory as an explanatory framework (Haw & Hawton, 2011; Wu, Chang, Huang, Liu, & Stewart, 2013; Wu, Stewart, Huang, Prince, & Liu, 2011).

Despite the similarities to the psychological perspectives which have widely studied SIB, this phenomenon has historically been understudied within the frameworks of the identified criminological perspectives. This overlap is unsurprising as the processes posited in the criminological approaches which are seemingly most suitable for explaining the etiology of SIB function at the social-psychological level. Because the existing psychological literature appears to indicate that multiple explanatory perspectives may help to explain the etiology of SIB, examining how the social forces posited by the all three of the identified criminological theories may help to better understand the etiology and continued use of SIB. This integrated approach naturally leads to a lack of parsimony. This research utilized a qualitative methodology because of this necessity for an in-depth examination of the processes involved in the identified criminological theories. In doing so, this research sought to identify the essential components of an etiological pathway leading to SIB and determine how these competing perspectives may be integrated to best understand how individuals are led to engage in SIB and continue to engage in SIB despite the risks involved.

This research was motivated in part by the primary author's experience working with mentally ill adults who engaged in SIB in a clinical setting. This applied sociological work provided the primary author with unique insight into the realities of these individuals who suffered from debilitating mental illness and their distinct rationale for engaging in a behavior deemed deviant by society, but not necessarily by themselves. The stigma associated with mental illness led to the etiological understanding of SIB to become inextricably linked to the symptoms of individuals' mental illness. Because SIB exists outside of clinical settings, this motivated the primary author to explore the rationale provided for engagement in SIB among a non-clinical sample of participants. In part, this project became predicated on understanding whether the rationale provided by these practitioners of SIB may be similarly reflected among these individuals whose SIB was not automatically explained as a symptom of an overlying mental illness. Indeed, participants of this study discussed many similar experiences as those individuals diagnosed with serious mental illnesses as being antecedent to their SIB. This

research seeks not so much to normalize the behavior itself. Instead, this research seeks to foster a greater understanding of how forces external to the individual may lead to engagement in SIB, rather than simply reducing etiology to being symptomatic of psychiatric disorder. This perspective certainly has guided this work to some degree. The primary author's status as a White male should also be qualified as the insight herein may be affected by the experiences that may be associated with these attributes.

Methods

Recruitment Strategies

Several recruitment strategies were used to obtain the sample for this research. The primary recruiting strategy that was utilized was the use of posters soliciting participants for the study. These posters, which detailed the study and qualifications for participation, were hung around the campus of the southeastern university where most participants were currently enrolled. Any individuals qualified for the study were urged to contact the principal investigator in order to take part in the study. All but three participants were recruited via this method.

Another strategy was solicitation of research participants through open-source message boards or forums focused on SIB. Like the poster strategy, the principal investigator posted details of the study on these message boards and forums along with the principal investigator's contact information. Any interested individuals who were residing in the vicinity of the principal investigator could then make contact and an interview time and setting could be established. If participants were not residing in the general vicinity of the principal investigator, then a telephone interview option would be offered to the participant. Two participants were recruited via this method and both interviews were conducted via telephone due to a lack of geographic proximity.

The final recruiting strategy utilized personal acquaintances that the principal investigator had known prior to the study. These prior personal acquaintances were used as key informants as they were asked to disseminate information regarding the study to potential participants who they knew personally. This snowball sampling strategy resulted in the recruitment of one participant.

Ethical practice in this research was ensured via a rigorous review process conducted by a university institutional review board (IRB). Several revisions were made to the project protocol to ensure participant confidentiality and anonymity. Considering the sensitive nature of the topic and the unique vulnerability that may come with recalling traumatic experiences; these revisions also focused on providing resources that participants could utilize if there existed any lingering negative emotions following an interview session. Once these revisions were made, IRB approval was provided for the study.

Sample

Sixteen participants provided data through semi-structured interviews. All participants were eighteen years or older and either currently engage in SIB or have a history of engaging in SIB. These interviews focused on participants' experiences with SIB and their social history. Thirteen of these individuals were students at a large university in the southeastern United States. One participant was a former student of this same university. The other two participants were former students of other universities in the northwestern and western United States. This sample was made up of six participants who currently engage in SIB, eight participants who had engaged in SIB in the past but have since stopped engaging in SIB, and two participants

who consider themselves current self-harmers but have not engaged in SIB for what they described as an extended period of time. All participants were between the ages of 18 and 25. This sample was made up of eleven females and five males. The sample was also made up of eleven White individuals, three Latino/a individuals, and two individuals of Middle Eastern descent.

Analytic Strategy

Analytic induction was the qualitative method utilized to analyze the data obtained for this study. Analytic induction relies on existing research to provide the researcher with rough approximations of themes and concepts that may be found in the data. This allows for the creation of codes before analysis begins, with the ability to modify or withdraw these codes or create new codes as analysis unfolds. This differs from grounded theory as researchers utilizing this method rely totally on the emergence of themes during the analysis process and try to rid themselves of possible bias by not relying on past research to guide the analysis process (Esterberg, 2002). For researchers using grounded theory, it is believed that this best fosters discovery as the researcher is unencumbered by the possibility that their interpretations may be biased. Analytic induction also fosters discovery, using the technique simply allows researchers to be provided guidance in the analysis by the existing research rather than depending solely on the emergence of themes.

Analytic induction historically has been used as a means of deriving universal and causal hypotheses from obtained qualitative data (Esterberg, 2002; Gilgun, 1995). Contemporary researchers have also often used a modified version of analytic induction which seeks to develop more descriptive hypotheses and to describe behavioral patterns found in obtained data (Bogdan & Biklen, 1992; Gilgun, 1995). This research used the classical form of analytic induction as the main objective of this research was indeed to derive the essential components of a pathway leading to the perpetuation of SIB that were universal in all cases. In order to do this, each case was first examined individually and coded based upon the existing literature on the etiology of SIB. These codes were labeled in terms of the concepts and processes described by the prominent criminological theories described previously. Each case was then reexamined and compared individually to the other cases in the sample. This comparison allowed for components that were not universal to other cases in the sample to be excluded from the final resulting pathway to SIB or to be categorized as an alternative pathway to SIB. Eventually, only the universal components to a pathway leading an individual to the initial episode of SIB remained. However, there were indeed two subtypes of SIB that were discovered that resulted in two types of perpetuated SIB. These findings will be discussed in their entirety in the following results section.

It should be noted, because of concerns about the vulnerability of the population of interest, only the principal investigator was able to analyze collected data. This means that it was not possible to allow a second coder to analyze the data and confirm inter-rater reliability.

Results

This research sought to derive the most essential components of all pathways to SIB present in the experiences of the participants of this. The analysis of the participants' experiences resulted in one pathway that stemmed from strain but split into two separate pathways that diverge at a point in the main pathway that is moderated by social learning process. All 16 participants reported strain as the causal factor which led them to engage in SIB. Participants also noted several processes which led them to engage in SIB as a response to strain rather than employing other responses to strain. The essential components of this

pathway are elaborated upon below. First, strain and how its effects lead an individual to engage in SIB are discussed. Next, the discussion will turn to the effects of these external processes which moderated the employment of either learned or spontaneous SIB as a response to strain. Finally, this results section concludes with a discussion of how individuals were led to continually engage in SIB after initial onset of the behavior. The conceptual map providing a visual representation of the strain-based pathway is exhibited in Figure 1.

Research Question: What Are the Essential Components of a Pathway Leading to SIB?

Strain and Its Effects

Strain

Strain is the first concept found to be an essential component within participants' pathways to SIB. Strain was found to be the etiological factor that led all 16 participants in this study to engage in SIB. All participants involved in the study specifically cited SIB as a coping mechanism for dealing with the negative effects of stress/strain, thus, establishing strain as the beginning of a pathway leading to SIB. All three of sources of strain theorized by general strain theory were represented in the experiences of the participants. The failure or threatened failure to achieve positively values goals is seen several times in participants' desire to obtain good grades in school. This is exemplified in the experience which led Maria (all names are pseudonyms), a current self-harmer, to engage in SIB for the first time at age 11:

> Okay…a lot of it had to do with academic stress…I had received my first "B" in 6th grade and my parents were really upset…and I feel like I had let them down…and I felt like it was my fault for not trying hard enough…so that's just how I took it out on myself.

Tara, a former self-harmer, also discussed the impact of academic goals as strain that contributed to her desire to engage in SIB once she started her college studies:

> Just like little stuff that made me feel like I didn't have control over things…if I was just like late with an assignment or something.

> Like I had done Summer B before freshman year and then Fall and Spring…and then Fall again…so by spring I think that I was incredibly burned out…and I think that combined with being extremely depressed made it a lot harder to the point where I like, "I need to go home."

With all participants in this study commencing SIB in times ranging from childhood to late adolescence, it is unsurprising that strain stemming from academics, more specifically the future goals associated with those high academic achievement, would be the major positively valued goal to be threatened.

The removal of positively valued stimuli was also a source of strain that led some participants to commence engagement in SIB. This loss of a positively valued stimulus could come in several forms as well. While some respondents discussed the connection between the death of a loved one as a strain that contributed to their commencement of SIB, others discussed unrequited or misinterpreted romantic relationships as the loss of a positively valued stimulus that led them to engage in SIB. Dolores, a former self-harmer, discusses the onset of her SIB as it related to the loss of a positively valued stimulus:

> Yeah, my home life was never bad…my parents did everything that they could…and always gave me everything that I ever wanted…I was twelve because it was right after my grandmother died…so it wasn't like there was anything bad going on besides my grandmother's death…it was just…that I didn't know how to deal with it…so that's why I went to it (SIB).

The final theorized source of strain, infliction of negative stimuli, was also present in several different forms in the experiences of the participants. These forms included several of the strains that are commonly associated with SIB such as physical abuse and sexual abuse. John, a former self-harmer, recounts his experience with childhood sexual abuse here and how it related to his commencement engaging in SIB at age 12:

> But my brother…I don't have…I'd like to think that I don't have a relationship with him…what's the words that I'm trying to find…he sexually molested me from like age 8 to 13…on a very regular basis…and I didn't know that it was wrong so it just continued. I did not tell anybody…so I think that was a very big trigger for me when I started understanding that that wasn't how things go in families. I really just wanted to hurt…and that was… the best thing that I could do back then was to cut.

Every participant explicitly cited SIB as a coping mechanism for dealing with undesired effects of strain. The next section will discuss how strain led to the arousal of negative affect which precipitated the desire to mitigate said unwanted affective state via a coping mechanism like SIB.

Negative Affect

Once an individual experiences strain, the next step in the pathway that leads to engagement in SIB is the arousal of negative affect. This negative affect is a state of mind that is constructed through the accumulation of undesirable negative emotions, such as depression and/or anger. There were many types of negative affect and negative emotions that were associated with strain. Strain leads to undesirable feelings like sadness, anger, disappointment, guilt. Regardless of the specific feeling, SIB was the response that was eventually chosen by participants in this study. What was universal about all of these feelings that contributed to eventual commencement in SIB was the fact that they were undesirable. This created incentive for participants to try to find a means for mitigating these negative emotions and restoring a normal state of mind. In her discussion of the feelings experienced when the urge to engage in SIB arises, Rebecca, a current self-harmer who is phasing out her use of the behavior, talks about feeling extreme sadness stemming from the infliction of strain prior to the desire to engage in SIB:

> Most of the time it's that I get really sad…because I feel like I can't handle everything and I should be able to. So a lot of times I'll have a like a really really bad day where like everything is just awful…and then up to that point I'm usually just laying in bed or on the ground if that's where I happen to be.

This finding comes as little surprise as extreme sadness and depression are typically thought of as being associated with SIB (Adler & Adler, 2011; Klonsky & Glenn, 2009; Matsumoto, 2012). Rebecca discusses being unable to "handle everything," referencing academic stresses, categorized by Agnew as the threatened failure of a positively valued goal. However, these feelings of sadness were not the only undesirable emotions, feelings, or states that participants reported prior to feeling the need for mitigation. Anger, specifically anger directed at oneself, was another of these emotions that led participants to engage in SIB. Mistakes that were made by the participant, whether these mistakes were made in social interactions, academics, sports, or any sort of inability to measure up to standards, led to the participant to feel either anger towards oneself or a described self-hatred that led the individual to feel the need to mitigate these emotions. Several participants explicitly described this need as a need to punish themselves for these mistakes or condition themselves with some sort of punishment so that these mistakes would not be committed again. Shame and guilt were other emotions that were elicited from making mistakes that led to a desire for punishment by participants. Tom, a self-harmer who has mostly phased out of engaging in SIB, discusses how he utilized SIB as a form of self-punishment and conditioning against future mistakes:

> If I unintentionally hurt another person or I did something…or I didn't do something that I promised or if I did something that might put myself in trouble and not take care of responsibilities…not keeping promises and in such cases I felt that there must be a consequence so that I wouldn't repeat it again…so it was more like conditioning myself so that anytime that I would have something like that I would remember the punishment so that I wouldn't do it again.

As stated above, there was no universal emotion or reason that participants provided for engaging in SIB. What was universal, however, was the fact that they all had strain consistent with one or more of Agnew's (1992) conceptualized categories inflicted upon them, which led to undesirable negative affect. Strain stemming from the threatened loss of positively valued stimuli, perceivably due to his own actions, led Tom to feel angry and desire mitigate this negative affective state. The infliction of strain subsequently precipitated a desire to reduce negative affect arising from strain in the case of every participant.

Insufficient Mitigation

When undesirable affective states and emotions arose in participants, they sought to employ a response that would function to mitigate these states of negative affect. One thing that all participants in this study shared was the fact that any responses that were utilizing before they began engaging in SIB were either ineffective at restoring the normal affective state that they were seeking, or they did not fully mitigate some level of these negative emotions. Some participants attempted to use other coping mechanisms but they did not function to fully mitigate negative emotions. SIB was also chosen if other coping methods were unavailable for any reason. When this occurs, SIB is chosen as a response to strain as it is functional in reducing these emotions, even if it is only a temporary fix. Other participants cited not having any other real coping responses that they utilized to mitigate negative emotions and so SIB was all they knew. This insufficient mitigation of the negative emotions meant that two things would happen: excess negative feelings would accumulate and they would be more open to any coping method that would work to mitigate these negative emotions more efficiently. Maria, a current self-harmer, discusses how SIB functions as a coping method for her:

> When I was younger I would just cry… so that was how I would cope…and then when I finished crying…that was it…after I started cutting though…it made me feel better…and it made me feel better faster…so since then that's what I have been doing…

Tom, a self-harmer who has mostly phased out his use of SIB briefly discussed his alternatives to SIB:

> I would choose drinking…and when drinking wasn't enough then I would choose self-injury…

No matter what coping strategy participants employed, SIB functioned more effectively to mitigate negative emotions. This is of course assuming that individuals have the option to utilize other formal coping methods. John, a former self-harmer recounted his struggles growing up in a war-torn country where the ability to use certain coping methods was limited because of safety concerns:

> I didn't know of any other coping methods…to me that was the only thing that worked. We didn't really have any other outlets. I couldn't go out running…I couldn't exercise…and ever if I had the option I don't know if I would have done it anyway but I didn't have the option…I didn't have many friends and even when I did I never told them about this.

Living in a country where John's safety could be at-risk at times even when playing outside did not allow him to develop more conventional coping methods. So while other coping methods may work to some degree, SIB is still more effective for mitigating negative affect and is chosen when these other methods are determined to be ineffective. This process of insufficient mitigation did not stop just after the initial SIB episode, rather, it continued throughout participants' lives. If one coping method did not work to fully mitigate a state of negative affect, then participants could depend on SIB at that point to alleviate the problem.

Results of this study revealed that it is external and internal constraints that determine not only how a response is chosen, but also how strain is subjectively perceived. At this point the discussion will turn to how certain moderating factors existing in one's social environment facilitated the use of SIB as a response to strain, eventually guiding individuals into engaging in either learned or spontaneous SIB.

Moderating Factors and SIB Outcomes

Certain factors in one's social environments moderate the relationship between negative affect and response that seeks to mitigate the effects of strain. This research exposed several factors which, when present, increased the likelihood that SIB would be chosen as a response to strain. Once negative affect had been aroused, participants reported a desire to mitigate these emotions. It is through the process described by Akers (1973) in social learning theory that individuals learned how their negative affect should or should not be mitigated. All participants discussed an inability to express their feelings to other people. This was discussed by some participants as a learned attribute from their parents or other authoritative figure to believe that the expression of emotions was inappropriate. These figures supplied definitions unfavorable to the expression of emotions, thus, participants did not feel this was an appropriate response to strain. In other cases, participants were more isolated from conventional others who could teach them how to express their emotions, so they simply did not gain a healthy

ability to do so. It is through this association with conventional others characterized as infrequent and short that some participants did not have the ability to learn how to properly express their emotions. It is participants' primary sources, like parents, through which they are able to learn healthier mitigation techniques. Tom, a self-harmer who has mostly phased out his engagement in SIB, discusses this process in his childhood:

> But I would say that…early childhood events…due to my parents' work, especially as a child I didn't really have anyone to sustainably turn to when I felt…bad or upset so I started…at least in the future I started hurting myself because I never really had the chance to share my pain with people so I tried to numb it or transfer it to a form of physical violence. That is one thing…that I never really learned to share my feelings.

Sometimes it was cultural norms that provided definitions unfavorable to emotional expression. This is exemplified in the account of John, a former self-harmer, who discusses manhood and the expression of feelings in the context of the culture in which he grew up:

> I always felt pretty isolated from my family…I just was very different from all of them…in addition to cultural beliefs…you know like men can't cry or do certain things…I did all of those…not in front of them and there were a lot of expectations from the family.

While the processes associated with social learning theory certainly moderated how respondents sought to mitigate negative affect, the processes associated with Hirschi's (1969) social control theory also functioned to moderate this relationship. This is evident in the account of Tom, the self-harmer who has mostly phased out his behavior:

> I wouldn't be able to name just one single thing but it was again the whole events of my childhood and not having my parents or an adult consistently around… for most of the time I never had anyone...to have contact with for any reason…let alone just sharing my feelings.

While Tom discussed how he never learned how to express his feelings in a healthy manner, Tom's SIB here may also be a manifestation of a weak attachment to conventional others. He did not have a strong attachment to his parents in childhood and this inhibited his ability to utilize them as a coping outlet when strain was inflicted. This lack of attachment also may have led to less restrictions on Tom's coping behavior, thus, allowing him to engage in SIB without fear of compromising a strong attachment. In these ways, the processes posited by Hirschi in social control theory (1969) may also have moderated the relationship between Tom's negative affect and his insufficient mitigation of these feelings.

At this point it must be stressed that it is the concept of strain described by Agnew was the root cause of all participants' decisions to engage in SIB. That said, the moderating influences that mechanisms described in Akers' (1973) social learning theory and Hirschi's (1969) social control theory do indeed also play a large role in leading an individual to engage in SIB. Agnew actually discussed these processes as moderators which may lead individuals to engage in SIB in his postulations on general strain theory. Agnew describes these moderators as constraints. The processes described by social learning theory and social control theory would be understood as external constraints as they exist external to the individual experiencing. Agnew also posited that internal constraints, like personality traits, may moderate the relationship between strain and response. While these internal constraints may

indeed be important, a full analysis and discussion of their effects is beyond the scope of this study.

It is after some period of insufficient mitigation that the social learning process moderated the type of SIB that participants eventually engaged in. Regarding which pathway each participant took, in order to take part in this study, all participants obviously had to conceptualize their behavior as SIB. This would mean that, at some point, these participants had to learn about SIB and conceptualize their behavior as such. If sufficient knowledge of SIB was never gained by an individual engaging in SIB, they would not understand that they would qualify for this study, thus, they would not respond to any sort of recruitment request. That said, this study revealed two separate pathways to SIB that differ in the temporal aspect of the social learning of definitions regarding SIB. Some participants reported learning about and conceptualizing SIB as a possible means of mitigating negative affect before they began engaging in SIB, while other participants reported engaging in SIB for some amount of time before formally learning about what SIB was, only then did they conceptualize their behavior as SIB. For some participants this time may have been as long as several years before they formally learned what SIB was and how society views SIB. A number of different sources functioned to provide definitions favorable to SIB and reinforcement for the behavior. These included peers who engaged in SIB and also more formal outlets like educational seminars discussing the risks of SIB. It is at this point that the single path splits because of the differences in the experiences of the participants.

The first path that will be examined is the path in which individuals understood SIB prior to engaging in SIB for the first time. This path is the path on the left in Figure 1. Once this path has been thoroughly discussed, the path to SIB in which individuals only truly understood what SIB was only after engaging in SIB for some time will be examined. This path is the path on the right in Figure 1. Both paths share the component of reinforcement which is crucial to the continued use of SIB as a response to strain which will be discussed following the delineation of the two categories of self-injurers. Finally, the last essential component of the spontaneous pathway to SIB will be examined. This will conclude the discussion of the experiences of participants pertaining to answering the research question of this study.

Learned SIB

The first of the two pathways leading to SIB encompasses those individuals that understood the harm that they were inflicting upon themselves as SIB at onset of the behavior. This understanding came about prior to the initial SIB episode because they were provided definitions regarding SIB, how to engage in SIB, and the possible risks and rewards involved when engaging in SIB; all processes associated with Akers' (1973) social learning theory. It should be made clear that SIB was utilized as a coping method because previous coping methods were not sufficiently mitigating the states of negative affect produced by strain. Ten participants followed this pathway to SIB as they were having trouble mitigating their states of negative affect when SIB became apparent as a possible option that was previously unconsidered. Because participants were previously unable to mitigate negative affect due to a lack of effective coping methods, the possibility of a new coping method that may work for them was appealing. There are infinite possibilities as to when the social learning process may take place prior to the initial SIB episode. At times there may be little time between the learning process and the onset of SIB. This short delay between the two components is exemplified in the account of John, a former self-harmer, as he learned about SIB for the first time when watching an episode of a television show that was focused on SIB:

I think it was about a girl who was self-injuring and I didn't really know what was going on until they showed somewhat vague pictures of what's going on…and they talked about it… "this girl is hurting a lot and she's using that technique to help her"… she had kind of a similar story to mine so I thought maybe this will help me and I didn't go like the same day and try it. I thought about it actually just about every day…I tried to see the repeat of the episode…and I did…and it got me thinking that this could seriously help me…for three weeks I thought about it… I didn't know what to do to get there…but that was very…that was the option that came up in my mind and I tried it. So from that point on I got pretty creative.

Figure 1: Pathway Leading to Onset of Self-Injury and Perpetuation of Self-Injury
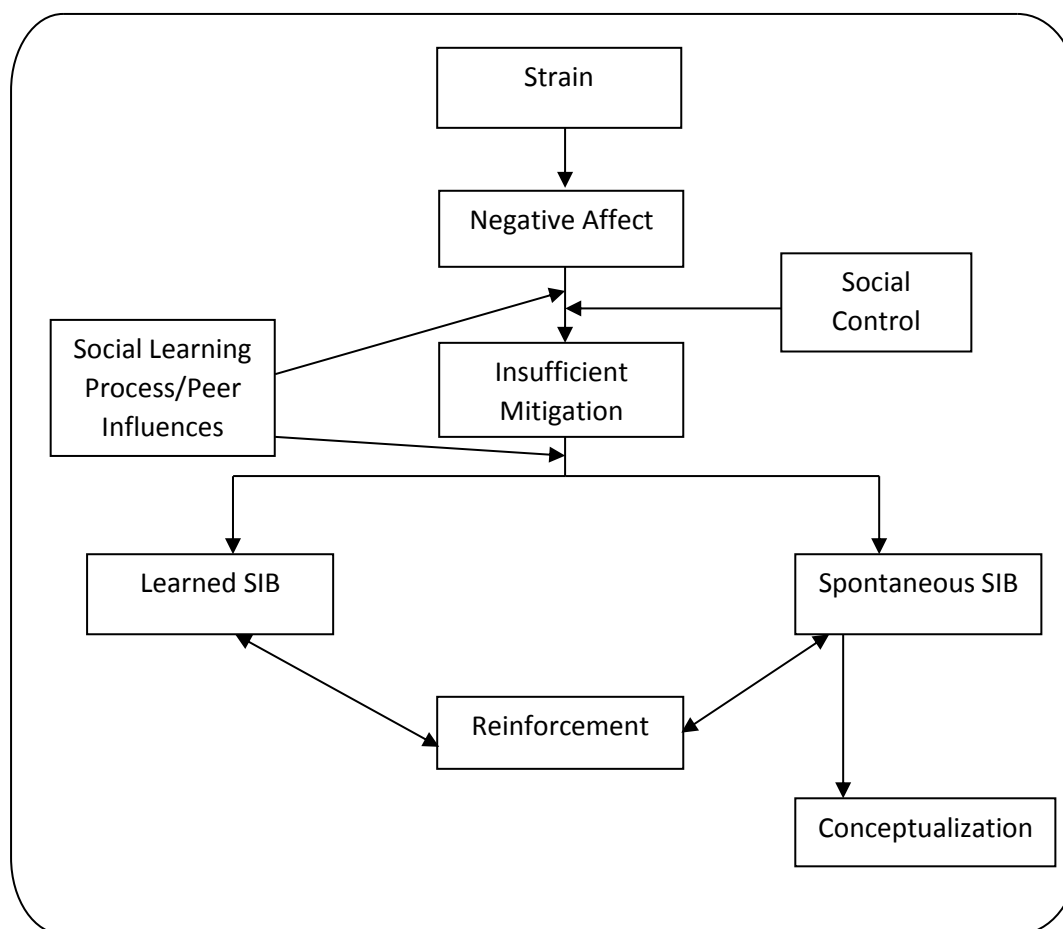
While John ruminated on this new possibility for several weeks before engaging in SIB, this obtained knowledge about SIB may lay dormant for long periods of time before it is invoked and the onset of SIB occurs. This is evident in the experience of Peter, a former self-harmer, who learned about SIB through an educational video (viewed at a church function) years prior to the onset of his SIB while in his first year of college:

There were three years separating me learning about it and me first self-harming…in those three years…I never really thought about it…I was just spiraling down into depression…and I just was feeling bad and felt as if I needed to be punished…but I just…decided to do it I guess…I was feeling depressed…I had heard about self-harm…so I was depressed…self-harm came to mind…I

was like, "does that really work?"… fiddled around with it in my hand…wondering if it really worked…tried it…and I guess I just kept on doing it afterwards because it somewhat helped…

Here the process of learning about SIB functioned as an external constraint increasing the likelihood that SIB will be chosen as the coping method to relieve the individual of the unwanted state of negative affect. These participants had been languishing, unable to rid themselves of an undesirable emotional state brought on by stress. At some point during this period of languishing, participants either underwent the social learning process as they learned of SIB and the possible benefits that the individual could reap, or a memory of learning about SIB triggered a subsequent trial of the behavior. In either case, participants began engaging in SIB with preconceived notions about how SIB should function and how it is viewed by others. It is in this way that the conceptualization of SIB happens prior to the onset of SIB and participants were able to consider the implications of their behavior and themselves more fully from the perspective of others. Even when definitions of SIB were unfavorable, the possibility of mitigating negative affect that SIB held outweighed these unfavorable definitions. This changed for some participants as the threat of social punishment began to outweigh the benefits of reinforcement. John, the former self-harmer, discusses the ways that others would view him as a reason that eventually led him to want to stop engaging in SIB: "I couldn't…they had a pool and …but I was afraid that my adoptive brothers and sisters would see the cuts and…I didn't want them to think of me as some weird monster."

In this way John is able to understand how others would view his scars and possibly pass judgment on him. With the knowledge of how others may view their SIB, participants taking this path understand the social punishment that may result if their behavior is found out. This indeed seems slightly counterintuitive to the idea of continuing SIB. Despite the chances of this occurring, the benefits that the behavior offers outweighed these negative aspects for other participants. Peter, the former self-harmer, discusses why he continued to engage in SIB despite great feelings of disgust regarding his behavior:

> *If you were disgusted with your self-injury then why did you continue to do it?*
> Because it kind of worked…I felt temporary relief…and those times…I felt that it was worth the after-hatred…because I would do it right before bed when I was feeling like…really really low so…I would just do it, clean up, and then I was just kind of exhausted so I would just fall asleep.

Individuals sought to rationalize their behavior despite them knowing that it wasn't alright if they are operating with a learned understanding of SIB. This is evident in the account of Rebecca, a self-harmer who has not harmed for a significant period of time, as she discusses this rationalization process:

> There were even times when I thought you know, "you deserve this"…that kind of stuff…and I always know that it's not quite right…but like while it's happening I'm like, "this is fine."

The continued use of learned SIB appears to be contingent on the benefits of the behavior outweighing the drawbacks. If these potential punishments outweigh the reinforcement that the behavior offers, then an individual will not continue engagement in SIB. This rationalization and conceptualization of the behavior will be explored further in the other pathway to SIB. Individuals who follow this separate pathway to SIB also go through the social learning process, but because this social learning process occurs after they have engaged

in SIB for a period of time, this conceptualization comes later on and may subsequently facilitate a change in their view of their behavior.

Spontaneous SIB

This pathway to SIB is characterized by a lack of knowledge concerning SIB and the individual holding no preconceived notions regarding the acts being committed. This pathway is represented by the pathway on the right in Figure 1. Six participants followed this spontaneous pathway to SIB. Much like those individuals who followed the pathway to learned SIB, these participants also reported insufficient mitigation of their states of negative affect due to ineffective coping methods or a lack of functional coping methods altogether. This was a frustrating period for participants as nothing seemed to work to relieve themselves of undesirable emotions. Whereas for individuals that followed the path to SIB through a distinct learning and trial process, individuals following the spontaneous path have no such formal learning experience regarding SIB as a possible new option. Individuals may have some very vague prior knowledge of SIB or some memory of hearing the term at some point, but this vague knowledge is not enough for them to understand and conceptualize their behavior as SIB because the learning process is incomplete at this point because they remain uninformed about the possibility that SIB may function to mitigate negative affect. So how do individuals following the spontaneous path first engage in SIB? Six participants described a "moment of discovery" of sorts. This moment of discovery is an event for those following the spontaneous pathway to SIB in which participants experienced a happenstance event in which they discover SIB. There were two types of these moments that participants described as the moments in which they discovered SIB by chance. Five participants described SIB as an almost instinctual reaction to the overwhelming strain that they had been experiencing. In cases like these, a certain event precipitates a breaking point of sorts in which the individual reacts by inflicting harm upon his or her own body. This breaking point does not necessarily need to be precipitated by an event that is especially traumatic. Rather, it appears that the addition of any sort of stress at this threshold may lead an individual to experience an instinctual need to inflict harm upon his or her own body. In these cases, it would appear it is the accumulation of strain which results in SIB being employed as a response. Tom, a self-harmer who has mostly phased out his use of the behavior, discusses his instinctual feelings in his account:

> I took a coke can and tore it with my hands and cut myself so I would say that it was pretty instinctive…nothing that would be modeled from my parents…not my friends either…though I'm not 100% sure…but I don't remember seeing something happening and saying "well I will just do this." Again it's something more instinctive.

Participants reported differing ages of onset of this instinctual SIB. Jacob, a current self-harmer, reported engaging in SIB during his early childhood, long before he understood his behavior as SIB. Even with this early age of onset, Jacob did not fully conceptualize what he had done early in his childhood as SIB until much later in his life when he was more formally engaging in SIB:

> I feel that even as a kid that I self-harmed in some ways…like I would throw myself off of structures…and stuff, just to see myself bleed. I feel like that's self-harm…I intentionally started self-harming myself in like middle school. I used to like…I didn't want cuts so I used to like hit myself with stuff…just to like bruise myself.

> *Would you say you understood what you did back then SIB?*
> It just felt natural…but looking back it was…I would see it as self-harm.
> *But did you think of it that way back then?*
> No.

This finding, that SIB is a behavior that is rooted in instinct for some individuals, is perhaps the most important finding of this research. It appears that this instinct may be the manifestation of a personality trait that increases the likelihood that an individual will employ SIB as a response to strain. In this way, this internal constraint moderates the pathway leading from insufficient mitigation of negative affect to SIB as an adaptation. This finding may have a range of effects on prevention practices centered on reducing or preventing SIB. These implications will be explored further in the concluding discussion section of this article.

The other type of spontaneous SIB that was cited by one participant was that of an accidental discovery. While in the languishing period of insufficient mitigation, a chance event may occur in which an individual may accidentally cause harm to himself or herself which may subsequently elicit the desired mitigation effect. This accidental happening may then lead an individual to engage in SIB later in order to replicate the desired effect. Such an event is described in the account of Patricia, a former self-harmer:

> I was messing around and I found a pocket knife and I asked her if I could have it…and she said yes…and I would walk around a lot at that point…and she was like… "yeah, take it to protect yourself with,"…and I had brought it with me to school one day…because I knew that I would have to walk home…and I was just playing with it while I was in the bathroom…and I threw it up in the air and it fell on me and it cut me and I was like, "okay this didn't hurt at all," …and it made me feel different…it made me feel alive…and a few days later…when I had gone back to my mom's…my mom got mad at me because I still hadn't apologized…so she started screaming at me telling me that she hated me and all this stuff…and started beating me…and I just sat there and dealt with it…and then I went back to my room and I remembered that…I saw the pocket knife on my bedside table…and I just remembered that I like felt alive for the first time in a long time…and that's kinda just how it started…and I just kinda started cutting from there…with that little pocket knife…and it just gradually progressed into more things.

Much like the individuals whose SIB onset occurred because of an instinctual urge to hurt oneself, participants who accidentally discovered the mitigating power of SIB by accident continued to engage in SIB because of a moment of discovery. While this does share some similar attributes of a purely instinctual urge to engage in SIB, the initial moment of discovery was accidental and provided reinforcement for the behavior which was later imitated. While Patricia is the only participant in this study who discovered SIB in this way, similar experiences have also been found in other research on SIB. Adler and Adler (2011) describe several participants in their study on SIB that also accidentally harmed themselves in some way and later engaged in SIB as a means of imitating the feelings elicited by the accidental discovery. From this point forward, all participants in this study continued engaging in an uninformed form of SIB. This uninformed SIB did not include any preconceived notion about their behavior or what others may think about them engaging in SIB. This conceptualization of SIB would only come later, sometimes not for a great while. At this point, the separate types of SIB share another component: they both served to mitigate negative emotions when other

coping strategies were ineffective in fully mitigating these negative emotions or other coping methods were nonexistent. This reinforcement will be the focus of the following section. This component, universal to both pathways, is the final component in the learned pathway because of the temporal ordering of the learning process in this pathway. Following this discussion, the final component in the spontaneous pathway will then be examined.

Reinforcement

When examining why individuals continue to engage in SIB despite the many negative aspects of the behavior including stigmatization, physical pain, and scarring, it becomes imperative that the benefits of the behavior be analyzed. What is universal to all participants of this study is that SIB serves a functional purpose. In this way SIB brings about a desired outcome for the individual which directly reinforces the behavior. This functional purpose must outweigh the negative aspects of SIB in order for the behavior to continue. Because participants used SIB for different reasons, the exact functional purpose differed a bit between participants. But for all participants, it serves as reinforcement that leads the individual to continue engaging in SIB. In her account, Patricia, the former self-harmer, describes the reinforcement outweighing the negative aspects of SIB that led her to continue engaging in SIB:

> During…it made me feel real…and just…alive…like I felt good…I felt like I was doing something right to myself…it hurt but it wasn't a bad hurt…after when I would look in the mirror and just be like, "what'd I do?"…and I would cry and I would be devastated because I just made myself worse…but it didn't matter because when I felt dead inside again that was the only way that I knew how to deal with it…so I just kept going…and then a vicious cycle would begin again…I would feel good when I was doing it and then when I saw what I had done and just feel disgusting and I'd just get that same feeling again…it was like that momentary high that was good…that was what I needed…it was like a drug…but like a worse drug.

This reinforcement may come in different forms. In the case of Patricia above, SIB may function to relieve dissociative symptoms of not feeling "real," or not feeling really "alive." For some participants SIB served to alleviate them of feelings of guilt associated with some act that they had committed. In this way SIB functioned as a form of self-punishment and alleviated the sense of guilt that an individual might have since punishment had been carried out. The specific acts that might lead to feelings of guilt varied between participants. The feeling of being fulfilled by a sense of self-punishment is discussed here in the account of Erika, a current self-harmer:

> So probably right before…if I am like really upset or mad at myself or if I feel like I need to be punished…then I will think about it and even almost like talk to myself and I'll be like, "you messed up and you need to be punished and you have to do this,"…and so that almost makes me feel better…because I know I'm like…I don't feel like I'm in like debt or guilt…like I have to do something to atone for it kind of…but then like right after that I will feel more like I have paid my debt...and then after I'm done though…like totally…like during it is like, "this hurts, but it's good because you're like paying for your crimes or whatever you did wrong,"…because now my body is suffering because of what

my mind did or whatever…but it's like good in a sense because it's like I paid the consequence for what I did and I feel better for the fact that I didn't go unpunished for whatever I did wrong.

This reinforcement via the mitigation of negative affective states or the arousal of positive feelings would be best conceptualized as direct reinforcement when viewed through the lens of social learning theory. This direct reinforcement serves as an internal constraint that leads to the continued use of SIB as a response to strain. One other type of reinforcement that may have an impact on the continued use of SIB is social reinforcement contributed by peers or other figures in an individual's life. Drawing once again on social learning theory, interactions that individuals have with certain peers certainly may have an effect on their SIB habits. Larissa, a former self-harmer, discusses her friendship with another self-harmer:

> …and I had my friend at the barn…who I knew self-injured…she had an eating disorder and she cut a lot…and I was always hanging out with her because she was the only one that understood me…and we like fed off each other.

> *Could you talk a bit more about that relationship?*

> I had known her since I was younger because she rode horses too…and then when I moved to that barn…we just kind of connected over that…and it was just kind of a thing where if one person did it…then we would look out for each other so no one was asking questions…we were both kind of trying to make each other seem like it was gonna be okay…and we kind of justified it for each other.

> *How did that justification affect your self-injury?*

> I think that it made it to where I wanted to do it more…because I didn't want it to seem like I was faking it for her…like I didn't want it to seem like I was lying so I could be close to her…even though I already had scars from it…I didn't…I wanted to be like, "yeah I'm still doing it too, it's going to be okay. We're going to be okay."

> *How did knowing that somebody else did it make you feel about self-injury in general?*

> It just made it seem more normal.

This justification that Larissa received from a fellow self-injurer influenced her SIB habits by normalizing the behavior, thus, bestowing social reinforcement upon her, which led her to engage in SIB more often. Larissa's comment that they justified the behavior for one another also illustrates the concept of reciprocity in the social learning process. Larissa gained definitions favorable to SIB via differential association with a peer who self-injures and she reciprocated by providing social reinforcement to her peer.

The idea of negative social and direct reinforcement that may occur and influence SIB habits when disapproval concerning one's SIB habits or any negative feelings that SIB elicits are felt have already been touched upon in the discussion of weighing of the positives and negatives of one's SIB. It is in these ways that the social learning theory concept of reinforcement may serve as an internal constraint (direct reinforcement) or an external constraint (social reinforcement) which may lead to continued engagement in SIB after the initial episode.

This function of SIB to rid the individual of undesirable feelings and bring on more normalized affective states, however temporary they may be, serve to reinforce that SIB is a helpful and effective coping mechanism. This realization of its effectiveness leads individuals to continue using SIB as a coping mechanism. This desire to utilize SIB as a response to strain may however be affected by the final component in the spontaneous pathway to be discussed, that is, conceptualization. Conceptualization is discussed after reinforcement because of the temporal order in which they necessarily must occur. Reinforcement is a component that immediately follows SIB, therefore it would not make sense to address conceptualization before reinforcement. Conceptualization also was found to have an effect on future reinforcement as well so it was necessary to first discuss reinforcement so effects could be properly understood.

Conceptualization

For those participants who followed the pathway to spontaneous SIB, the social learning process provided definitions of SIB only after engaging in SIB for some period of time. During this continued uninformed SIB, participants were able to form their own opinions and feelings about their behavior unaffected by society's view of SIB. Some participants did feel that what they were doing was wrong before coming to the understanding about what SIB was and how it's viewed by society, while other participants viewed the behavior as relatively innocuous. Erika, the current self-harmer, describes her perspective prior to conceptualizing her behavior as SIB: "I didn't think it was bad or anything…I just felt like…no one else was punishing me…and so I wanted to punish myself for it… and that was the best way that I knew how…was to like cause myself pain."

Regardless of the views participants held regarding their behavior, being fully informed of about SIB and conceptualizing their behavior as SIB had an effect on their view of their behavior and themselves. For some participants, obtaining this knowledge and conceptualizing their behavior made them realize that this behavior wasn't healthy. For Patricia, the former self-harmer, this knowledge allowed her to make the decision to begin the recovery process:

> When they first explained it to me I was like, "oh that's what I've been doing?"…and I realized that isn't okay…like that's not a good outlet…and I started actually talking to people…because I knew that it wasn't right… what I was doing wasn't okay…and I wanted to be better…especially if I was gonna move in with my dad and my little brother was gonna be there…and so I just kinda hooked on that…and took off with it…

Conceptualizing and understanding behavior as SIB, behavior that may have gone on for a significant period of time, also may have a more negative impact on one's self-esteem as they begin to feel stigmatized because of this behavior. Jacob, the current self-harmer, discusses how his feelings of shame regarding his SIB increased after he began to conceptualize his behavior:

> *And how did you start feeling when you realized that what you were doing might be interpreted as self-harm?*
>
> I didn't really feel that different…I felt a little more ashamed I guess…
>
> *Why did you feel ashamed?*

Because before it was just something that I do…just like a regular thing that I do…like a strange quirk…but now you're saying it's like this serious thing…this problem.

What is universal about the conceptualization process for those participants who followed the spontaneous pathway is that conceptualization changed the way that each participant viewed his or her SIB. For some, this conceptualization helped individuals to make sense of their behavior and seek the appropriate help to stop engaging in SIB. While it may seem simple on the surface to just stop engaging in SIB, recall the account of Patricia in which she described SIB as a sort of "drug." Because SIB provided the greatest amount of reinforcement of all available coping responses for relieving negative affective states for many of these participants, it was often not so easy to simply abandon SIB and the positive effects that it provided.

Discussion

Analysis has revealed that the processes described in general strain theory, social learning theory, and social control theory are all important for understanding the etiology and perpetuation of SIB. All 16 participants explicitly noted that it was strain of some type which led them to first engage in SIB. All 16 participants also stated that they used SIB as a coping response for mitigating negative affect that arose when strain was inflicted. Because of this, it would appear that general strain theory provides the most utility for understanding why individuals first choose to engage in SIB. General strain theory also posits that the processes described by social learning theory and social control theory may moderate individuals' choice in coping response, which is another theme found in the data. Prior research has implicated general strain theory as having utility for explaining SIB (Hay & Meldrum, 2010) and this research provides further evidence of such an etiological relationship. This research expands upon the existing research by providing a more complete model detailing the pathway that all participants took to engage in SIB. This allowed for evidence of the reinforcement process posited by social learning theory (Akers, 1973) to emerge during analysis. It was apparent that the reinforcement process posited by social learning theory became increasingly important as participants began to perpetually utilize SIB as a response to strain. All participants cited some sort of direct reinforcement as SIB worked to either directly mitigate negative affect arising from strain or serve as a form of self-punishment which indirectly mitigated negative affect. While evidence concerning the role of the learning process does exist in the psychological literature (Dahlstrom, Zetterqvist, Lundh, & Svedin, 2015; Jarvi, Jackson, Swenson, & Crawford, 2013; LeCloux, 2013), this research is the first to find evidence of the social learning process posited by Akers (1973).

With the lack of empirical tests of social learning theory, the finding that the reinforcement process is so important to the perpetuation of SIB is somewhat surprising. However, despite the evidence of this salience of reinforcement for the perpetuation of SIB, strain remains the main causal factor leading individuals to engage in SIB. Reinforcement is essential to the perpetuation of SIB as it provides the repeated mitigation of negative affect that individuals seek. General strain theory still appears to have the most utility of all of the identified theories for explaining the onset of SIB and the perpetuation of SIB. It should be noted however that this explanatory power stems mostly from the integrated nature of general strain theory as the main explanatory processes of social learning theory and social control theory are also very important to fully understanding the etiology of SIB. The causal processes of the latter two theories appear to have utility as processes which condition the likelihood that SIB will be chosen as a response to strain. Within the general strain theory framework these

processes should continue to be understood as external and internal constraints when examining SIB etiology and perpetuation. Because these constraints appear to moderate the likelihood that SIB will be chosen as a response, changes in these constraints may also predict changes in SIB habits. Clinicians should consider the implications of how altering the social environments of self-injurers may impact their propensity to engage in SIB. While programs targeting the psychological aspects of a self-injurer remain relevant, this research demonstrates that malleable components of the social environment should be considered in all treatment decisions also. This may be of particular salience in inpatient settings which may find multiple self-injurers collocated with one another. Altering these social variables may lead to changes in SIB habits. Indeed, future research should examine how changes in constraints as well as changes in the experience of strain may lead to changes in SIB habits.

This study had several strengths and limitations of note that should be highlighted. One strength of this study is its in-depth focus on SIB as an outcome led to a greater understanding of how the postulated components of the identified criminological theories explain pathways leading to SIB. The inductive nature of the analysis of the collected qualitative data allowed for this understanding of SIB to be constructed directly from the voices of the participants. This research gave voice to a marginalized group in society and allowed them to provide their interpretations of why they engaged in SIB, rather than depend on existing narratives to construct a rigid questionnaire that may not fully encompass the individual experience with its measures.

Despite the strengths of conducting this research qualitatively, there are several limitations related to this study's research methodology. This study was made up of a small sample of only 16 participants. This obviously limits the generalizability of the results of this study beyond the sample. The fact that all participants were either university students or former university students and the fact that almost all participants were students at the same southeastern university further limits generalizability as participants were relatively homogeneous in age and region of origin. It should also be noted that the participant pool of this study did not include any participants who did not continue engaging in SIB after their first time so this reinforcement that those individuals who only engaged in SIB once and did not receive any social or direct reinforcement for the behavior and never engaged in SIB again due to a lack of positive effects. That said, it is unlikely that these individuals would be drawn to an SIB study as they most likely did not internalize any sort of central identity concerning SIB if it was only a lone occurrence for them. Because of this, these individuals may not consider themselves qualified for the study, therefore, they would not consider reaching out to take part. Despite these limitations, this research has contributed greatly to the existing literature on SIB and GST by providing a greater understanding of how internal and external constraints function to moderate the likelihood that strain will lead individuals to employ SIB as a response. Concerns about generalizability should be addressed in future GST research that focuses on SIB as an outcome.

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