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“Keep it Secret, Keep it Safe”: Information Poverty, Information Norms, and Stigma

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Recommended Citation

Lingel, J., & Boyd, D. (2013). “Keep it Secret, Keep it Safe”: Information Poverty, Information Norms, and Stigma. *Journal for the American Society of Information Science and Technology*, 64 (5), 981-991. <https://doi.org/10.1002/asi.22800>

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“Keep it Secret, Keep it Safe”: Information Poverty, Information Norms, and Stigma

Abstract

When information practices are understood to be shaped by social context, privilege and marginalization alternately affect not only access to, but also use of information resources. In the context of information, privilege, and community, politics of marginalization drive stigmatized groups to develop collective norms for locating, sharing, and hiding information. In this paper, we investigate the information practices of a subcultural community whose activities are both stigmatized and of uncertain legal status: the extreme body modification community. We use the construct of information poverty to analyze the experiences of 18 people who had obtained, were interested in obtaining, or had performed extreme body modification procedures. With a holistic understanding of how members of this community use information, we complicate information poverty by working through concepts of stigma and community norms. Our research contributes to human information behavior scholarship on marginalized groups and to Internet studies research on how communities negotiate collective norms of information sharing online.

Disciplines

Communication | Social and Behavioral Sciences

Comments

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**“Keep it secret, keep it safe”: Information Poverty,
Information Norms, and Stigma**

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Abstract

When information practices are understood to be shaped by social context, privilege and marginalization alternately impact not only access to—but also use of—information resources. In the context of information, privilege, and community, politics of marginalization drive stigmatized groups to develop collective norms for locating, sharing, and hiding information. In this paper, we investigate the information practices of a subcultural community whose activities are both stigmatized and of uncertain legal status: the extreme body modification community. We use the construct of information poverty to analyze the experiences of eighteen people who had obtained, were interested in obtaining, or had performed extreme body modification procedures. With a holistic understanding of how members of this community use information, we complicate information poverty by working through concepts of stigma and community norms. Our research contributes to human information behavior scholarship on marginalized groups and to Internet studies research on how communities negotiate collective norms of information sharing online.

Introduction

Implicit to discourses about ubiquitous access to online content is the suggestion that information flows freely and is distributed evenly (Crawford, 2011). A number of human information behavior (HIB) scholars have worked to counter these assumptions (e.g. Hassler & Ruthven, 2011; Veinot, 2009, 2010; Westbrook, 2008), many of them inspired by Elfreda Chatman's (1991, 1996, 1999) work on information poverty. In her investigation of the information practices of low-income public service employees and job seeking (1991), women living in a retirement center (1996), and inmates in a women's high-security prison (1999), Chatman found that social conditions of marginalization shape information practices in highly localized ways; she described the dynamics she saw as "information poverty." How people experience information poverty varies, but when people are information poor, they perceive a dearth of information resources that speak to their world view, are suspicious of information from outsiders, and engage in deception to maintain a sense of control over everyday life.

To examine the dynamics of information poverty in a networked era, we decided to investigate the practices of a community of stigmatized people who do not typically experience free access to or exchange of information, even online: the extreme body modification community. As a group of people seeking information that is difficult to find about behaviors that are highly stigmatized, the extreme body modification community experiences information poverty in ways that reveal tensions of group membership, both online and off. Our analysis unpacks the ways in which shared stigma

shapes community information practices and the complexities—in terms of social interactions as well as technological use—of becoming familiar with information resources and deciding whether or how to share information with others. Our goal in doing this research was to investigate practices for sharing information and the extent to which information is used as a border between insiders and outsiders. Methodologically, our work contributes to ethnographies of subcultural communities, using a specific theoretical lens of HIB theory. Conceptually, our work develops a complex, holistic understanding of stigmatized information, revealing insights into how communities develop information norms and manage technological change.

Context: Information and marginalized groups

Our focus is not on body modification as a cultural phenomenon per se, but rather on the ways in which stigma attached to radical forms of body modification shapes the use of information. Throughout this paper, we use the term “information practices” to refer to the ways that people locate, use, share and evaluate information. As a term, information practices is particularly well suited to a project on group norms of information, in that it emphasizes *how information is used* in a social context (Savolainen, 2007) rather than focusing on *what information is* in a retrieval context (Dervin & Nilan, 1986). Thus, the term “practices” reflects our interest in reading social context and community norms as central to understanding information in everyday life. When researching information practices of marginalized communities, considering social context reveals how different kinds of privilege shape access to and use of information.

Research on marginalized communities and information sharing spans anthropological, sociological, psychological, information studies, and communication research. Particularly relevant to our research are studies that discuss politics of information sharing in terms of boundaries, insiders, and outsiders. From a cultural studies perspective, Lovaas and Jenkins (2007) point to the use of cultural codes in the queer community (including pop culture references and styles of dress) to signal facets of sexual identity. Fluency with these cues and codes is essential both for community membership (e.g., feeling like part of a group) and community participation (e.g., engaging adeptly in group activities). In terms of work related to communication and shared stigma in an online context, Hasler and Ruthven (2011) used the construct of information poverty to examine causes for turning to the Internet to research personal problems and health issues, ranging from depression to eating disorders. They found that messages indicated an unwillingness to ask for information from offline resources, fearing social ostracization. Other studies have unpacked tensions on exchanging information related to legally tenuous activities online, including Barratt's (2010) work on online communication about drugs, and Lingel, Trammell, Sanchez, and Naaman's (2012) investigation of practices of occluding information about upcoming shows in an underground music scene. Usefully, these studies recognized that as information practices incorporate online resources, there are both affordances (e.g., lowered bars of entry enables more people to connect) and challenges (e.g., without means to in-person vetting mechanisms, it becomes difficult to keep outsiders out). Although online

resources are highly useful for researching stigmatized behavior without mainstream detection, the reduced means of monitoring who exactly is participating in online forums poses problems for communities that want to keep insiders informed and outsiders out. Our analysis of information practices and stigma considers these issues of community norms for signaling and occluding stigmatized information using the example of extreme body modification.

Context: The marginalization of extreme body modification

Extreme body modification (EBM) constitutes a radical set of body modification procedures. Four aspects separate EBM from more common (and increasingly socially acceptable) forms of body modification: these procedures are relatively rare, quasi-legal¹, very painful, and permanent. The last three factors in fact contribute to the first, in that the physical and legal consequences of EBM are part of the reason that these practices remain uncommon. Examples of these more extreme procedures include tongue splitting, ear pointing (or “elving”), radical genital modifications, and the voluntary amputation of limbs and organs. Body modification has existed in various forms throughout human history, ranging from ascetic practices of bodily endurance to aesthetic alterations using tattooing, stretching and piercing². In the west, the growing popularity of body modification has been linked alternately to counterculture movements emphasizing

¹ In the United States, the legal tenuousness of EBM centers less on the procedures themselves and more on the use of subdermal anesthesia, since administering anesthesia requires a certified license (American Board of Anesthesiology, 2009). For a journalistic account of how some of these issues have played out in Canada, see Ginsberg (2010).

² For thorough documentation of body modification practices and historical context, see DeMello (2007); Featherstone (2000); and Pitts-Taylor (2008).

expressions of individuality (Sweetman, 1999), part of a feminist politics of alternative discourses for the body (MacCormack, 2006), and Modern Primitivist ideology that valorizes indigenous practices over contemporary, capitalist narratives of bodily norms (Pitts, 2003). The emergence of EBM is difficult to trace in an exact way, but it seems likely that as less extreme practices gained cultural acceptance (and legality³), heavier procedures have become more desirable, both in order to continue to push at boundaries of bodily norms and because practitioners continue to gain skills in different procedures, which can then be performed on larger numbers of people.

While we refer to the body modification “community,” we recognize that this term is inherently fraught. As a construct, “community” is associated with romanticized, utopian or idealized separation from the mainstream (see Joseph, 2002). Furthermore, there is no cohesive, self-identified entity constructing itself as a collective authority for or representation of people who have modified their bodies. Instead, there is a geographically dispersed, demographically diverse group of individuals with heterogeneous interests in both individual and communal practices that fall under the umbrella term “modification.” These practices include piercings, tattoos, scarifications, suspensions, flesh pulls, corseting, needle play, and much more. Individuals with interests in some forms of body modification are by no means consistently welcoming of other forms. The borders around this community are thus both fluid and subjective.

With these considerations in mind, we opt for the term community partly because it

³ For detailed information on the legality of different forms of body modification in the United States and internationally, see Association of Professional Piercers (2012).

reflects our interest in shared practices among a particular group and partly because it was the preferred term among participants in this study (particularly in opposition to subculture). For our purposes, the body modification community refers to individuals who consider some form of body modification to play a significant role in their social lives, and it is assumed that within this community, there is a smaller group with interests in a more extreme set of bodily practices, or EBM.

Theory: Stigma

Because EBM procedures alter bodies in radical ways, they typically generate a lot of stigma. Indeed, it's almost tautological to point this out given that the etymological origin of stigma comes from the Greek word *stizein*, meaning to tattoo (Merriam Webster, 2011). There is a longstanding tradition in anthropology and psychology of studying body modification and stigma in terms of socio-cultural deviance (Caplan, 2000). Much of this research has been criticized (not least by the body modification community itself) for its heteronormative treatment of bodily practices (Pitts-Taylor, 2003). We use the construct of stigma to investigate how mainstream reactions to EBM as a set of deviant practices shapes access to and use of information. Our interest is in understanding how people go about seeking information on EBM rather than their motivations for obtaining these procedures, but it is worth noting that, in line with Atkinson (2004), we view body modification (including EBM) as having the ability to be pro-social and affectively-regulated acts of social communication, rather than, for instance, pathological instances self-injurious behavior.

Stigma has been conceptualized as a kind of menacing contaminant (Ahmed, 2000) or defiling of order (Douglas, 1976), where markers of stigma challenge mainstream norms of behavior or appearance, revealing assumptions about what constitutes a normal, beautiful, and privileged body in everyday life. Goffman's (1963) conceptualization of stigma discussed the ways in which people detect and respond to otherness in everyday interactions. Importantly, for Goffman, markers of stigma are managed by the stigmatized in terms of information:

The issue is not that of managing tension generated during social contacts, but rather that of managing information about his [sic] failing. To display or not to display, to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when and where. (p. 42)

Part of moving through the world as stigmatized involves careful consideration of how to frame markers of otherness, meaning that stigma isn't just or isn't only a social problem, it's an information problem. When it comes to body modification, stigma is expressly and inextricably linked to the body, where highly visible modifications often render the question of whether and how to display stigma as all but irrelevant. As one of our participants, Harley⁴, described, "I offend with just stepping on a train just because of the way I look." In Goffman's terms, Harley's modifications (in this case, extensive tattoos, including on his face, stretched ears, and a lip plate) display stigma, provoking reactions

⁴ Participants were given the opportunity to choose their own pseudonyms during the interview process. For those who chose not to select a pseudonym, we created code names that loosely correspond to their demographics.

of disgust or confusion, requiring Harley to manage continually how to respond to reactions to his appearance. Although it is often not possible to hide radical modifications in an offline context, in an online context, there are complex negotiations to be made about managing information about stigma. Understanding these negotiations (both online and off) in terms of community norms is a key interest in our research.

All communities have mechanisms of managing insiders and outsiders. For communities that engage in risky behavior, issues of trust, secrecy, and information sharing are formative means of group acceptance (Fine & Holyfield, 1996). Because of the stigma surrounding EBM, it is challenging for interested parties—whether they be participants or researchers—to locate information about these procedures. Partly, this is driven by the quasi-legality of EBM. But partly, this is also driven by the socio-cultural dynamics of this community, including participants' interest in restricting perceived outsiders from gaining access to information. Information about EBM is highly politicized because it is scarce and exclusive; Furthermore, sharing information about where to get these procedures can put the people who perform them at legal risk. Consequently, there are community norms related to sharing, documenting and hiding information about procedures and practitioners. Stigma thus operates on at least two levels as far as EBM and information practices, in that looking for information about EBM carries a kind of stigma from a mainstream perspective, while not adhering to community norms of information disclosure risks ostracization from within the body modification community. Drawing on examples from interviews, this is borne out online,

when blog posts about modification are challenged in comment forums for revealing too much information, as well as offline, when people are reluctant to share specifics with outsiders who haven't gained sufficient trust. Both types of stigmatization—from inside as well as outside the community—contribute to conditions of information poverty when attempting to locate information about EBM.

Theory: Information poverty

Within HIB scholarship, the construct of information poverty is particularly useful for a study of information practices, stigma and boundaries between insiders and outsiders. For Chatman (1996), people are information poor when they perceive a dearth of information resources that speak to their world view, are suspicious of information from outsiders, and engage in deception to maintain a sense of control over their everyday lives. This sets up a divide of privilege, where “insiders claim privileged access to certain kinds of knowledge. That is, only insiders can truly understand the social and information worlds of other outsiders” (p. 194-195). In terms of studying community, Chatman's division between insiders and outsiders centers on the fact that from a normative, dominant view, the stigmatized (and information poor) are outsiders, insofar as they are marginalized, typically with less access to information resources and technology. From the perspective of the information poor, however, they are insiders, whose social realities and perceptions of information cannot be understood by those who are without experiences of alterity. One participant, Lazarus, described this inversion in terms of perceived normality from inside and outside the body modification community:

“I don't see the modified community as different. I perceive them as normal because I am part of that community. But someone outside of it, obviously the roles are reversed.”

Others have adapted Chatman's construct of information poverty to conceptualize information needs of different marginalized groups, including people living with AIDS (Veinot, 2009, 2010), queer youth (Hamer, 2003), and intimate partner violence survivors (Westbrook, 2008), among others. At the same time, Chatman has been critiqued for focusing too narrowly on circumstances of marginalization at the expense of a broader information world (Praeger & Burnett, 2010). Even when marginalization entails severe disadvantages of access to information, these conditions do not take place in a socio-cultural vacuum (p. 24). Praeger and Burnett point out the need to consider not only the marginalized facets of an individual's life, but also movements between information worlds in which privilege and marginalization vary. With these critiques in mind, we use information poverty to describe both the difficulties in obtaining information about stigmatized practices and the community norms for sharing or not sharing that information.

Although the politics and social norms of information practices related to stigmatized activities could be studied in any subculture, there are three key reasons for studying how information flows in the EBM community. First, the body modification community, like other deviant groups and subcultures (see Hodkinson, 2002), has a long history of being online, partly to overcome geographic distance and partly because of the stigmatization that results from face-to-face interactions with people who have EBM. As

such, studying EBM allows not only for an investigation of information practices as they move from offline to online, but also for an investigation of changes in online practices over time. Second, the fact that EBM operates in a legal grey area presents a clear driver for secrecy within the body modification community, where studying how this particular group manages highly politicized information in both online and offline communities can provide useful insights for other instances of shared illicit behavior. Third, although a turn in LIS research toward user studies has resulted in an increased interest in the experiences of users when looking for, sharing and evaluating information (Dervin & Nilan, 1986), there is still a need to study experiences of subcultures and marginalization (Veinot & Williams, 2011). This project seeks to address that gap by studying a non-dominant community whose members are engaged in information practices related to stigmatized behaviors.

Research Objectives

This project focuses on two, inter-related facets of information practices – first, the role of stigma as affecting access to information, and second, social norms of information practices related to stigmatized activities, taking into account how they translate from offline to online. Research questions that prompted this study include:

- How do people research EBM procedures, which are stigmatized, rare, and legally tenuous?
- To what extent is this information shared with others, and if it is shared, with whom and through what media?

- What does it mean (in terms of navigating individual and/or collective identity) to be looking for, to have and to share information about these procedures?

Our analysis teases out points of conflict that surface from the fact that technology – and in particular, social media – are simultaneously being used for keeping secrets and documentation of subversive practices, enriching and destroying community, connecting and erecting barriers between community members. By examining the information practices of this sub-community, we want to understand how information practices reflect and emerge in response to specific socio-cultural forces, particularly forces of stigma.

Methodology and Analysis

To investigate these questions, we interviewed people who have experience researching, obtaining, and/or performing EBM. Initially, we recruited using purposive sampling (Babbie, 2010, p. 193); given our personal networks, this led us to practitioners and long-time body modification community members who had extensive knowledge of EBM. In addition, we placed announcements on several websites and body modification-related blogs. Potential participants were screened based on their experiences getting or looking for EBM procedures. Table one provides information on participants and the interview format.

Participant Details			
Participant	Age	Location	Format
<i>Chris</i>	32	<i>Arizona, US</i>	<i>Phone</i>
Cora	20	Pennsylvania, US	Face to face
<i>Gabriel</i>	23	<i>Colorado, US</i>	<i>Skype</i>
Gwen	21	New Zealand	IM
Harley	28	New York, US	Face to face
Lazarus	28	United Kingdom	Skype
Memo	25	California, US	Face to face
<i>Mike</i>	41	<i>Massachusetts, US</i>	<i>Face to face</i>
<i>Mr. Pink</i>	28	<i>Tennessee, US</i>	<i>Skype</i>
Nick	28	Illinois, US	Skype
Oliver	25	Arizona, US	Phone
Paige	22	Quebec, Canada	Skype
Pixie	40	Oregon, US	Skype
Randy	27	Michigan, US	Skype
Raskin	21	Ohio, US	Skype
Rhoda	25	New York, US	Face to face
Sean	37	Pennsylvania, US	Face to face
Tat	24	Missouri, US	Skype

Table 1 provides information on participants. Italics are used to note practitioners. Pseudonyms are used to provide confidentiality.

Interviews took place during the summer of 2011. Each interview was recorded and lasted between 45 and 90 minutes. Transcriptions of the interviews were coded using NVIVO software. The process of coding involved using high-level “etic” codes (corresponding to the topics of stigma, information practices, technology, and community) and then nesting “emic” codes, or how participants actually referred to these themes, following Miles and Huberman (1999, p. 61). In addition, we used open coding to build an additional set of nodes, which were brought into the etic/emic hierarchy throughout the coding process.

In addition to interviews, we observed and participated in a variety of activities related to the community itself. We read participants' modification-related blogs, hung out at local piercing shops and attended an annual campout for people in the modified community. These sites provided opportunities for informal interviews that provided additional context and perspectives. In particular, because the campout took place after the bulk of interviews had been conducted and coding had begun, we were able to use this event to conduct member checks⁵ (Cresswell, 2007). Member checks involve asking participants to review research findings and provide feedback (p. 217). In our case, several campout attendees were presented with high-level summarizations of the findings and asked for comments about our analysis and interpretation. These comments were used both to revise some of our analysis and as a check on the validity of our findings.

Results:

Getting Access to Information

Locating information about EBM requires traversing a number of information resources. Furthermore the diverse practices of doing so reveal a number of motivations for research. In particular, we identified four common research objectives: learning about the procedure itself (including aftercare and healing), identifying respected practitioners, understanding others' motivations (why other people had sought out a particular procedure), and developing a sense of the cultural context or the history of a particular modification. Not all participants mentioned all four categories, although the first two

⁵ For an extended discussion of the methodological issues in recruitment and member checks in this study, see Lingel (2012).

(procedure and practitioners) were unanimously described. Table Two offers examples from participants, indicative of each category.

Objectives for Researching EBM	
Procedure	I was specifically looking for pretty much how the procedure was done for [other people], how much pain they felt during healing, what actually went on during the healing process, what happened to them. And virtually, what they thought the outcome was for them. I really just wanted more information about it to further make my decision. – Cora
Practitioners	I'd heard a lot of good things about [my practitioner] ... and I just know a lot of people who've gone to him, and have messed up stuff, and people have gone to him and he's fixed it, he has pictures of the stuff he's fixed. So I actually did a lot of research on him. – Tat
Motivations	The way I'm wired is I like to understand stuff so I know what people's motivations are for things ... [The] history of people who get [EBM] and their motivations and why they did it helped me to realize, 'This might be the reason why I'm doing it.' – Lazarus
Cultural context	I try to make sure ... I don't disrespect someone with something that I have like "oh look at this white boy with stretched ears, who the fuck does he think he is?" – Harley

Table 2: This table illustrates key objectives referenced by participants as part of researching EBM.

Among participants as a whole, there were no clear patterns between a particular objective and a given information resource. Instead, participants most often described a trial-and-error approach, leveraging search engines, blogs, face-to-face encounters, and social network sites in order to answer queries. Internet searching was critical for all participants, making it possible to research procedures, locate practitioners, and find others who had undergone the same modification. More specifically, all participants referenced a particular body modification website as being central for learning about

EBM. Active since the mid 1990's, this site—which we refer to as MeScene⁶—has developed a social network site, a wiki encyclopedia of body modification terms and people, a gallery of images and written experiences related to body modification, and a blog updated daily. As Mr. Pink explained, “MeScene has been the quintessential information place for body modification, not only information, but resources available to artists doing modifications.” Even participants who were not currently active on MeScene (Chris, Mike, Nick, and Rhoda) recognized the site as playing an important role in the body modification community writ large, particularly in terms of information. Given our interest in the social context of information practices, online resources like MeScene are important not only as sources of information, but also useful in tracking how information gets used socially within the body modification community.

Face-to-face interactions marked the most common offline approach for learning about EBM, and generally involved asking people within one's social network with (relatively) more information about modification or calling local tattoo and piercing shops to ask about a particular procedure or practitioner. For example, Randy described calling various local piercing shops to explore the possibility of getting a subincision, a heavy genital modification: “I just called shop after shop in [my city]. Some of them were

⁶ The decision not to list the name of this website is made partly to protect the identities of participants, and partly to respect concerns voiced throughout the course of this research project for not exposing information about the community to outsiders. At the same time, we are aware that by not revealing the name of the website, we are effectively reproducing conditions of information poverty identified by many of our participants. Ultimately, we felt that our first obligation was to respect the preferences and privacy of our participants.

like, ‘Dude, what? That’s sick.’ and others were like, ‘Yeah, come on by, we’ll talk it over.’ So I just sort of narrowed it down by initial reactions.” Participants often conveyed that face-to-face encounters were more credible than online information. This is exemplified by Lazarus’ comments: “At the end of the day, reading conversations or watching videos, you can't glean so much information from them as if you've got someone you can actually have a proper conversation with. I find I learn a lot better that way.” Even as online sources provide an important point of access to information about EBM, it often becomes necessary at some point to confirm or evaluate information obtained online via offline sources. With this introduction to information resources used to research EBM, we turn to a closer examination of how these resources are used in the body modification community in the context of stigma and information poverty.

EBM, stigma and information poverty

Although face-to-face encounters and deep community engagement are often touted as vital for reliable information, not all participants have this level of access either to usable information or community participation. Particularly among participants who lived in areas that did not have an active or visibly present modification community, finding information about EBM was difficult. For example, Tat described her initial attempts to learn about genital piercings in her hometown, a mid-sized city in the Midwest: “I wanted it done, but couldn’t ask anyone about it. Because I didn’t know anything, or people who could talk about it.” Living in a rural area, it was difficult for Tat to locate others with a shared interest in modification, and lacked a community of

other outsiders to provide or vet information about EBM. Asking people without (visible) modifications was a non-starter for Tat, in that it would reveal her interest in stigmatized behavior. As per Goffman (1963), Tat opted to hide her stigmatized interests rather than risk mainstream rejection.

Hiding stigmatized behavior is also an information issue for online searching. For Oliver, limited access to quality information during adolescence was driven by the fact that his parents monitored his online activities: “[In high school] I didn't really know where to look. It was only later, maybe when I was more like 18 ... because that's when I went to college. Then I had Internet access that wasn't supervised by my parents, obviously, and I could start looking around.” Stigma here operates not as an encounter between strangers, but within the family, where (self) monitoring is necessary to avoid consequences of displaying research of stigmatized information. Importantly, Oliver's lack of unmonitored Internet access not only meant that he struggled to locate information about EBM directly, but it also kept him from participating in online communities that could have provided indirect means of information access. Without these resources, Oliver engaged in DIY practices of EBM, including tongue splitting and genital modification. Without guidance from experienced practitioners or others who had obtained the procedure, Oliver had completed half of the genital modifications he wanted, and at the time of interview, was trying to locate information on practitioners who could complete the project. Thus the localization of information poverty is not solely a matter

of physical access to face-to-face information sources, but also access to online communities where information can be obtained and vetted.

It's important to note that in the specific context of EBM, there are potentially dangerous consequences for not being able to locate or assess information. Raskin summed up these consequences, saying: "This kind of thing is chance when you first start. You either get lucky and get good work or you're [stuck] with shitty work until you get better." Raskin is specifically referring to getting better at looking for information about EBM, which is very much tied to building a repertoire of knowledge that allows one to gauge the adequacy of a practitioner's skill set. Without connections to a community able to provide guidance (e.g. suggesting one practitioner over another or warning against certain procedures), participants often conveyed a sense of uncertainty about the riskiness of procedures or the reputations of practitioners. For all of these participants, the process of getting better at finding information related to EBM was representative of a moment from novice to expert, which specifically included feeling oneself able to gauge the accuracy and reliability of information. Lazarus provided a summary of this kind of information acclimation, stating,

When I was first getting into this type of stuff, every little scrap of information I could get hold of I absolutely was enamored with ... Now, after having these [subdermal implants] done, I think I'm more efficient at finding what I need. In this sense, just having an interest in stigmatized behavior is not enough to make someone an insider. In her work with female prisoners, Chatman (1999) noted that

dynamics sometimes developed between longtime and newcomer inmates in which information norms were established, such as providing advice on when to avoid news from outside prison walls. In the body modification community, one becomes an insider through recognizing (although not necessarily admitting publicly) one's own information poverty, and slowly learning to access community resources in order to gain a better sense of information resources.

Community and Information

Three key factors contribute to the difficulty of finding information on EBM: its tenuous legal status, the small number of people who have these procedures (relative to other body modifications), and the fact that EBM can be medically risky⁷. In analyzing participant experiences, we found that feeling information poor was deeply tied to the extent to which participants felt connected to some facet of the body modification community. The importance of having a local body modification community is underscored in comparing Tat's experiences with Rhoda. At the time of the interview, Tat was a newcomer to MeScene, having been on the site for less than a year, and living in an area without a visible modification community. In contrast, Rhoda lives in an urban area with a number of visible, heavily-modified folk. Currently 25, she joined MeScene

⁷ It is not our intent to suggest that EBM is that much riskier than other procedures to modify the body, such as cosmetic surgery, and we are wary of sensationalizing EBM practices by emphasizing risk. At the same time, concern about health risks are an important part of researching EBM. These risks vary across procedures and practitioners, but it is ultimately less important to determine the exact riskiness of any given EBM procedure than it is to take into consideration the fact that perceptions of risk are fundamental to how and why people research EBM.

while still in high school, and deleted her account at 23 because she was “tired of the drama.” As someone with numerous personal relationships in the modified world, Rhoda’s attitude towards even heavy procedures is somewhat carefree:

I’m kind of easygoing about getting procedures done now, only because I’ve cultivated these relationships with people in the industry, and I trust them completely ... If I want to get a certain [procedure], I’ll do research and talk to people about their experiences, but I also wholly trust what the piercer is telling me.

Rather than investing time in becoming familiar with facets of EBM information per se, Rhoda has invested her time in building relationships with expert practitioners. This familiarity represents its own kind of information practice, and points to the importance of community in terms of information poverty. Conceptually, information poverty demands a consideration of social context to understand practices of information (Chatman, 1999). Both online and off, Rhoda’s social context includes previous experience with EBM and a carefully-crafted set of personal relationships with people who have extensive knowledge about modifications. Rhoda’s sense of community inheres a rich set of sources for insider information, such that she does not feel information poor in the same way that Tat, Nick, Randy, and Oliver do (because they lack a strong sense of belonging to a body modification community).

Related to the role of community, many participants spoke of a kind of obligation to share information about modifications, particularly when information was hard to find.

For example, Raskin stated, “I feel that it's sort of my responsibility to be informative to people because they don't know about it and they have a right to know about that kind of stuff ... I think it's partially my responsibility to give good information if I have it and they can't find it.” Consequences for misinformation about EBM range from mere inconvenience to severe physical impairment, a fact that highlights the need for authoritative information about procedures and practitioners. As Paige explained, “there's a lot of misinformation out there and I care about my friends and I don't want their bodies to get fucked up.” For these participants, personal experience with information poverty—as well as the opportunity to display expertise—drives an impulse to be open with others in the community. In this way, a sense of community is formed through sharing of information, and specifically sharing information that is difficult to find and socially stigmatized. Yet, there is a tension here. Participants want reliable, shared resources for “insiders,” but they also want to keep outsiders out.

Within the body modification community, there is an undercurrent of uncertainty as far as how to maintain the exclusivity of subcultural information while also participating in the modified community. These tensions frequently run up against online norms of self-disclosure. Whether motivated by a desire to protect one's friends and other community members or to signal one's own expertise, the desire to share information about EBM in particular runs up against practices of keeping information exclusive. Referring specifically to online exchanges, Gwen mused that the community was (at least on occasion) deliberately restrictive about information:

I think maybe the modified community needs to consider being more inclusive, or perhaps less guarded with their 'secrets'. It can sometimes feel hard to get information about some procedures. Although, at the same time I can understand there are legal reasons for that in some areas of the world, and I guess it's also a way of ward off 'rubberneckers'. It's complex.

Gwen here articulates the ways in which information is highly politicized in the body modification community, where restricting information access is a means of erecting boundaries between insiders and outsiders, but information is also used within the community to distinguish between experts and novices. In turn, this divide applies between individuals within the community, as well as within an individual's personal trajectory from novice to expert. Across these scenarios, information practices are performative, signaling expertise or ignorance, and adherence to community norms, particularly in terms of insiders and outsiders.

Although the modified community may want to exclude non-modified folk from having information about EBM, they may want to share information with each other.

Rhoda offered an instructive example of these conflicts:

I'm having reactions to pink and purple [tattoo ink] to the point that it's raised [on my skin], basically it looks like I'm having some sort of allergic reaction to it. I'm okay with it, that's life, but I would have liked that information beforehand. And when so many people are already freaked out that nothing's safe ... saying something like that is hurting the cause more than it's helping it, which I think is

why most people wouldn't want you to say that, unless they're already in the community. And even then, we don't hear as many horror stories because it, again, I feel like a lot of people think it just hurts the movement more than it helps.

This is a complex account of decisions and consequences for openness about information. On the one hand, Rhoda describes a desire to put information online about her experiences with a particular modification. At the same time, there is a countering pressure against disclosure because it threatens to “hurt the movement” by playing into fears that modifications are unsafe. Yet when Rhoda includes the waiver “unless they're already in the community,” it indicates that whereas with outsiders, openness about potential side effects would be negative, with insiders, it is acceptable to express doubts or concerns about procedures. In this account, stigma shifts from operating between the normal and the stigmatized and instead takes place within the marginalized community. Understanding how stigma shapes information poverty related to EBM requires not only consideration of hiding interests in stigmatized behavior from outsiders, but also navigating norms of disclosure from insiders.

According to longtime scene members, maintaining borders between insiders and outsiders was easier before social media. As Mike explained, “it used to be, you might know who was splitting tongues or where to get subincisions, whatever, but you'd never say anything – anything – to people you didn't know. Now you gotta stop new guys from putting it on business cards and Facebook pages.” The ease with which communication

tools facilitate instantaneous information sharing produces a key source of tension within the EBM community. Sean provided a forceful account of the need to keep information about EBM in the community:

"Keep it secret, keep it safe" is the ethic there ... If we just keep things private, we have less of an ethical responsibility to the people who are going to do it anyway ... If we protect these things the government's not going to start looking at us, legislation's not going to start looking at us. We're not going to get some mentally fluid person who decides to do something irrevocable to emulate us, if we control the information.

Technologies that facilitate sharing information enable—and at least to some extent, encourage (Marwick & boyd, 2011) — instant, constant, and intimate sharing, prove highly disruptive to prior norms of information practices. There is thus a sociotechnical push to share information as well as a subcultural pull to “keep it secret, keep it safe.” This tension helps to explain why some body modification community members may opt not to share information with others, effectively reproducing conditions of information poverty that they themselves have experienced.

Discussion: Information Poverty, Information Stigma

From our analysis of EBM, stigma shapes information practices on two levels – information resources are hidden in order to avoid negative reactions from the mainstream, and dissemination of information is highly politicized within the community surrounding stigmatized practices. These conditions resonate with Chatman’s construct

of information poverty (1999, p. 208). Chatman argued that information is essentially a performance whose meaning is determined by the circumstances (and community) in which it is staged. Modifications themselves constitute their own kind of performance, but in addition to the literal stigmatizing of modifications that takes place through face-to-face interactions (or indeed, simply co-presence), there is the question of whether, where and how to display information about EBM (Goffman, 1963, p. 42). This sense of performance is also tied to an online economy of information, where a pressure to self-edit reflects awareness of politics surrounding online disclosure of sensitive information.

Information poverty is not universal when it comes to EBM. For example, Sean and Mike both expressed surprise when it was suggested that information about EBM was difficult to locate. As longtime scene members, they struggled to remember a time when finding information about EBM was difficult. This dismissiveness of information as hard to locate is belied, however, by experiences of relative newcomers, who had actively (and often unsuccessfully) searched for information on practitioners and procedures. This disparity hinges on community membership. For people who feel like there is a dearth of resources, information poverty functions in terms of perceiving themselves as being devoid of information. For people who have resources and feel themselves to be part of the community, information poverty functions more in terms of discriminating between insiders and outsiders. This echoes Chatman's (1996) argument that "insiders' lived-experiences are shaped by the fact that they share a common cultural, social, religious, etc., perspective. It is these common experiences that provide expected

norms of behavior and ways to approach the world” (p. 194). This also dovetails with Goffman’s (1963) observations that from both normal and stigmatized perspectives, it is assumed that shared experience of marginalization fosters a sense of community. People interested in EBM share both experiences of stigmatization from mainstream society and experiences looking for information that was scarce, difficult to verify, and in some cases carried potential legal consequences for other community members. At the same time, although participants shared experiences of information poverty, there were differences in terms of what it meant to replicate the factors that lead to information poverty. Some, like Sean and Mike, advocated continued practices of occlusion, with the justification that it protects the community. Others, like Nick and Gwen, were more open to (or even insistent on) facilitating information sharing. These differing views tracked largely to the strength of ties to the body modification.

Finding an entry point into the community is often challenging for newcomers who struggle to make sense of a social terrain that is both highly stigmatized (by the mainstream) and politicized (from within the marginalized community). Newcomers leverage online technologies in their efforts to find people and information. The process of gathering information is not, however, just about finding resources. It is also about becoming familiar with norms of sharing and evaluating information. Importantly, familiarity with *either* online sources *or* offline sources may be insufficient to feel information rich, and an entry point into an offline community may or may not translate into eventual familiarity with online community members. As community members gain

familiarity with resources and obtain experience with modifications, they are able to make more nuanced decisions about where to look for information, but also with whom to share information without jeopardizing community members, or their own standing in the community. This is the clearest expression of the politics of information – information is not an artifact in accounts from our participants, it is interactive, collective, and performative. Information is thus political in that it serves as the means of deciding who can be trusted and who cannot, who is a member and who is not.

Limited information availability allows members to feel more confident about those who are on the inside. Exclusion of outsiders by (self-)policing information behavior is not meant to reject people per se, but to maintain boundaries and social solidarity. Interestingly, although all participants referenced the threat of legal prosecution for practitioners of EBM, no one had direct experience of this kind of trouble. Although legal action is undeniably a valid threat (See Association of Professional Piercers, 2012 and Ginsberg, 2010), and we do not want to downplay the reality of legal actions against practitioners, we note that the threat of police awareness of EBM makes for a very powerful rhetorical device that reinforces a need for maintaining borders between insiders and outsiders. Lamont and Molnar (2002) have examined the construct of boundaries in the context of social sciences scholarship, arguing that a key thread of how boundaries have been leveraged as a concept relies on “the search for understanding the role of symbolic resources ... in creating, maintaining, contesting or even dissolving institutionalized social differences” (p. 168). In the body modification

community, boundaries can take place through the symbolic interpretation of modifications themselves (i.e. “reading” modifications like tattoos and piercings as markers of stigma), which is how they are frequently analyzed in sociological literature of body modification (See Goode & Vail, 2007). In addition, information practices are also used to establish boundaries between insiders and outsiders, both online and off. The intentional maintenance of information poverty may be a very deliberate means of protecting the boundaries of community information. At the same time, communities who desire this kind of subversive or underground status struggle to adopt information practices to emergent technologies such as social network sites.

Relatedly, EBM members actively work to minimize information availability, both to protect themselves and to protect the community. This makes it harder for newcomers to locate information, but it is also a means of maintaining norms of whether or not to document and share information about stigmatized behavior. Because boundaries are so vital here, the construct of information poverty is particularly apt, in that it highlights how boundaries between insiders and outsiders shape access to and use of information. Writing on the discursive boundaries and affordances of publics, Warner (2002) argued that

Counterpublics are ‘counter’ to the extent that they try to supply different ways of imagining stranger-sociability and its reflexivity; as publics they remain oriented to stranger-circulation in a way that is not just strategic, but also constitutive of membership and its affects. (p. 87-88)

The very emergence of MeScene can be read as a counter public that developed with a different means of imagining stranger sociability, specifically in an online context. Although people in the mainstream may see people with heavy body modification as homogenous in their outsider-ness, from inside the community, there are granular distinctions as far as who has easy access to information about EBM. Information poverty provides a framework for describing how these gradations are felt within counterpublics, as frustration with a lack of information or alternatively, as a nonchalance with finding practitioners for a given procedure.

Conclusion: Rethinking Information Poverty

Information poverty is typically used to describe the information worlds of marginalized groups. In this model, social and economic disadvantage lead to profound differences between information behavior of the marginalized versus the privileged. In our analysis of information practices and EBM, information poverty functions differently in two senses.

First, in most studies of information poverty, the groups being studied are systematically marginalized in ways that shape access to information, as through economic inequality that limits both physical access to and education on how to use technology. In contrast, although members of the EBM community experience stigma and marginalization in their daily lives, many of them occupy varying positions of privilege with respect to education, class and, especially, technological literacy, in that all of the participants in this study were adept users of mobile technologies and social

network sites. Their experiences of information poverty had less to do with access to technology per se, and more with how using technologies for investigating particular topics would result in social exclusion. As well, where conditions of economic poverty (Chatman, 1996), sexuality (Hamer, 2003), and domestic violence (Westbook, 2008) are structurally determined, EBM is willingly obtained. In contrast to marginalization that is rooted in systemic inequality (such as ageism or economic poverty) or that represent a totalizing set of circumstances (such as being in a high-security prison or coping with intimate partner violence), in the context of EBM, information poverty functions in highly localized ways, reflecting some aspects of an individual's life, but not others. In other words, although information poverty captures the experiences of our participants in looking for information about EBM, other kinds of information needs were easily met⁸. Chatman (1999) advocated ethnographic research that took into consideration the local realities shaping information practices, but her conceptualization of localization operated largely in terms of geographic and temporal boundaries, rather than localization within a person's entire information world (Praeger & Burnett, 2010). We would argue that experiences of information poverty can be driven not only by economic and social factors that shape someone's overall identity and sociocultural realities, but can also be representative of certain components of someone's information needs, even as other facets of one's life feel information rich. Information poverty is generated in social

⁸ Interestingly, as someone interested in sex-reassignment surgery, Oliver commented on how much easier it was for him to locate local transsexual transition surgeons than finding a local piercer to perform tongue splittings.

situations where norms play out in terms of privilege and marginalization. This complication of information poverty is important in that it resists a totalizing approach to conceptualizing a person's information wealth or poverty. Rather than operating at the community level or purely in terms of social demographics, information poverty can be used to describe just one facet of someone's information practices in ways that are nevertheless profoundly important for understanding information practices in the context of community.

Secondly, where researchers like Chatman (1999) and Westbook (2008) studied populations in which the information seekers are outsiders and the information itself is generally not marginalized, in the context of EBM, both the community itself and the information being sought are stigmatized. The act of looking for employment information or health resources is unlikely to provoke reactions of stigma, in contrast to looking for information about, for example, radical genital modifications. It is inadequate to consider information poverty solely in terms of whether people themselves are significantly disadvantaged; it is also necessary to consider whether information itself constitutes a kind of stigma, and how that stigma shapes information practices. Other researchers have addressed information practices related to stigmatized activities, such as Keilty's (2012) work on online pornography or work on illicit drug activities (Barratt, 2010; Hasler & Ruthven, 2011). Yet these articles tend to focus on individual activities, rather than shared practices and collective norms surrounding information about stigmatized behavior. This article has focused specifically on information practices in the

context of community norms for documenting and sharing information, revealing issues of information as performed and political. Understanding information poverty unveils a need to consider whether information itself, and not just those looking for information, carries a kind of stigma. In the context of EBM, information poverty is driven both by local factors (like living in an urban area) and by the shared perception in the body modification community that information about EBM is stigmatized, political, and performative. One implication for HIB theory, then, is a refinement of information poverty as a construct, where one can experience conditions of information poverty in some facets of one's life but not in others. As well, the fact that the information being sought is itself stigmatized can be a critical component of information poverty.

Acknowledgements

The authors are grateful to participants for their time and openness in sharing their experiences with us. This work could not have been done without support from Microsoft Research and the Social Media Collective. We are also appreciative of Ben Merriman, Nathan Graham, and the anonymous reviewers for their thoughtful feedback on this paper.

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