Advantages and disadvantages of self-harm message boards from the viewpoint of adolescent self-harmers

Master thesis

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Abstract

Virtual communities for self-harmers are rising, as self-harm seems to be increasing among adolescents. The effect these virtual groups can have, is that self-harming behavior is normalized and therefore negatively influenced. Apart from this negative influence and other disadvantages, online support groups for self-harmers also have some advantages. However, self-harm message boards are only studied by method of content analyses and questionnaires and it is therefore not known what the actual advantages and disadvantages are. The present study therefore explored the advantages, disadvantages and reasons for visiting the community from the viewpoint of self-injurers themselves. A semi-structured interview was conducted with members (n=12), non-members (n=7) and past members (n=5) of self-harm discussion groups. The findings indicate that the majority of respondents viewed the message board as both having negative and positive effects at the same time. The most striking advantages and disadvantages that emerged from the interviews were: receiving acknowledgement and attention, dependency and a bad atmosphere. Respondents who did not engage in self-harm message boards had a more negative viewpoint towards self-harm message boards. This article demonstrates that the influence online support groups have on self-harmers is extensive and can influence self-harming behavior positively as well as negatively. Further research should focus on transforming the negative influence self-harm message boards have on adolescents into a more positive one.

Introduction

Non-suicidal self-injury (NSSI), self-mutilation or deliberate self-harm is defined as a behavior whereby people deliberately inflict short or long term physical damage to their bodies by a variety of means (Murray & Fox, 2006). Self-harm seems to be increasing among adolescents and young adults (Fortune & Hawton, 2005), but it is difficult to find exact figures of prevalence, as adolescents often keep their self-harming behavior secret (Madge, Hewitt, Hawton, de Wilde, Concoran, et al., 2008; de Wilde, 2005; Adler & Adler, 2007; Fortune & Hawton, 2005). This is caused by the social stigmatization of this behavior (Briere & Gilt, 1998).

Individuals with culturally stigmatized identities, especially those that are concealable, have few opportunities for group identification (Frable, 1993; McKenna & Bargh, 1998). As a result, it can be difficult to make a move to disclose oneself and determine whether another person is similar to them (Gavin, Rodham & Poyer, 2008).The anonymity of the internet can be a solution to make it easier to disclose oneself (Finfgeld, 2000; Whitlock, Powers & Eckenrode, 2006). Another advantage of the internet is that other self-harmers are more

easily found on the internet, where they form groups in self-harm message boards. Feelings of empowerment, supporting relationships, social change and a process of learning can all emerge from these kinds of peer support groups (Nelson, Ochocka, Griffin & Lord, 1998). Also, the feeling of less isolation and loneliness, acceptation, more self-confidence and security, friendship, the sharing of information and education, getting a sense of control and finding new ways of coping and hope can be the result of participating in a peer support group (Smith & Clarke, 2003).

In literature, many advantages of online support groups are mentioned apart from the anonymity and the ease to find peers. These are the absence of geographical barriers (Winzelberg, 1997), the 24-hour availability (Winzelberg, 1997; Weinberg, Schmale, Uken, & Wessel, 1996; Schneider & Tooley 1986), reasonable cost, (Winzelberg, 1997) and the possibility to lurk (Finfgeld, 2000). Sociodemographic factors have, in contradiction to face-to-face contacts, no influence on the way one is perceived in a group (Salem, Bogat & Reid, 1997; Schneider & Tooley, 1986; Winzelberg, 1997). Also the writing instead of talking can have a therapeutic effect: one has to think about it before he or she can write it down, which makes that someone can leave possible destructive or impulsive thoughts behind (Weinberg et al., 1996). Computer users feel less insecure and less socially evaluated, which leads to the possibility to expose themselves more online and at the same time maintaining distance and their personal space (Whitty & Gavin, 2001).

However, apart from these advantages, there are also some disadvantages that arise from the use of internet support groups, f.e. the inability to make use of non-verbal cues (Schneider & Tooley, 1986), which can result in flaming (Schneider & Tooley, 1986), the lack of control on the quality and validity of the exchanged information (Winzelberg, 1997) and the time it takes to get a good image of other group members (Winzelberg, 1997).

In recent years there has been a proliferation of internet discussion groups dedicated to the topic of self-harm (Murray & Fox, 2006; Whitlock et al., 2006). Adler and Adler (2008) describe how self-injurers use the internet to form subcultural and collegial relations. This formation of subcultures implies the risk of normalization of negative behaviors (Concoran, Mewse & Babiker, 2007; Adams, Rodham & Gavin, 2005; Fortune & Hawton, 2005; Murray & Fox, 2006; Whitlock et al., 2006; Rodham, Gavin & Miles, 2007). The shared identity that is constructed and maintained on the message board inhibits self-harmers coming out to friends and family offline, thereby cutting off additional sources of support (Gavin et al., 2008). In this way, participation on the message board amplifies the feeling of being socially stigmatized and inhibits help seeking behavior even more.

The normalization of self-harming behavior and having one's denied self validated online can result in an exacerbation of self-harm (Adams et al., 2005). Murray and Fox (2006) studied this fact and results from their study indicated however that being a member

of a self-harm discussion group, for most people alleviated self-harming behavior. The decrease in self-harm that was found can be attributed to the function of alternative channel of communication and support that the message board has become (Murray & Fox, 2006). Still these findings are in contrast with the above mentioned effects of being a member of a self-harm message board.

Topics that are common on self-harm message boards are the giving and receiving of support and the discussion of proximal life events that trigger self-injury. Also the sharing of personal information related to the addictive qualities, fears relating to disclosure and how they self-injure are common topics (Whitlock et al., 2006). Since self-injurous behavior may possess addictive qualities (Yates, 2004), above mentioned topics can be triggering to other self-injurers when reading. A study into the interactions on a non-professional self-harm message board revealed that negative harmful behaviors in messages posted, e.g. the sharing of techniques, were not acknowledged or normalized by those who responded to the messages. Individuals using this message board were very positive about it and did not see the danger of being encouraged in their self-harming behavior (Rodham et al., 2007).

Although former research mentioned advantages as well as disadvantages that arise from online peer support for self-harmers, empirical evidence is scarce. Studies dedicated to this topic limited themselves to content analyses and closed questionnaires. Therefore, the actual impact of online self-harm support groups on adolescents is unclear. Furthermore, the studies that investigated self-harm message boards only investigated one group of people: self-harmers who were participating on self-harm message boards. The questions that remain are why some self-harmers become a member of those discussion groups and others do not and why some leave after a while.

Aim of the study

Literature shows that there might be a lot of advantages and disadvantages allied to online self-harm support groups, but it is unknown if, and to what extent these actually occur. The aim of the present study is therefore to find out which advantages and disadvantages self-harm message board users perceive. To get a broader view on the perceived advantages and disadvantages, self-harmers who are not active or not active anymore on those message boards were also included in the study.

Methods

Recruitment

On the official website of the 'Landelijke Stichting Zelfbeschadiging' (LSZ), a national foundation for self-harmers that provides information and support, a posting was placed wherein the participants were asked to approach the researcher when they were willing to be interviewed. After every interview that took place, the participant was asked if he or she knew more people who were interested in participating in the study. At first only two replies were received, but through a snowball effect more and more participants were interested in the study. There were also three postings placed on the three biggest online support groups for people who self-harm. Criteria for inclusion were listed on the postings. The participants had to be recent self-harmers or have had self-harmed in the past. Their age had to be in between 15 to 30 years. Three groups of participants were gathered through the postings: one group of participants that are at the moment active or passive members of an online support group for self-harmers, one group of participants that had been members of an online support group for self-harmers in the past, and one group of participants that had never been a member of those online groups. In total, 31 individuals responded and met the criteria for inclusion. Six respondents did, at some point, not respond to the follow-up e-mails or calls. This left 25 participants eligible for the study. Due to time constraints of the researcher, the final sample was comprised of the 24 participants who responded first to the postings. The sample consists of 12 current members of online support groups, 5 past members, and 7 participants who never visited an online support group for self-harmers.

Measures

A semi structured interview schedule was developed to address the aforementioned research questions. A semi structured interview can provide detail, depth and an insider's perspective, while at the same time allowing hypothesis testing and the quantitative analysis (Leech, 2002). Before the interview started, a short introduction about the study was given and the respondents were reminded that their answers were confidential. The interview included, in this order, questions about demographic variables, questions about their self-harming behavior, help-seeking, the use of online support groups, including perceived advantages and disadvantages, reasons for visiting the online support group and future use of the support group.

Procedure

Participants were interviewed face-to-face (n=16) or by telephone (n=8), depending on their preference. Interviews took place at the office of the LSZ or at a public location. The interviews were audio taped with the prior consent of all participants, and transcribed verbatim. Interviews lasted between 15 minutes and 2 hours.

Data analysis

Data analysis took place by two coders, who separately read the interview transcripts several times to familiarize themselves with the data. The coders were specifically interested in the advantages and disadvantages related to self-harm message board membership and reasons for visiting or not visiting an online support group that were mentioned during the interview. When the coders recognized advantages or disadvantages or reasons, the keyword was written in the left hand margin to sum up the dominant content of the answer. Emerging themes were categorized and placed in sub-categories separately. After that the two coders got together to discuss the categories and to compare and re-categorize the themes.

A thematic framework was made with the three broad categories: advantages, disadvantages and reasons for visiting or not visiting the group. The three groups of interviewees perceived different advantages, disadvantages and reasons for staying or leaving the group. Those were compared with each other. To ensure anonymity, we removed all identifying information from the quotes.

Results

Demographics of the participants

Demographic characteristics of participants in the study are summarized in table 1. Interviewees injured themselves on average for 4,5 years. Of the 24 participants, 17 had claimed that they stopped self-harming. Of those 17, 4 stated that they had 'officially' stopped, but still did it occasionally. The education level was mostly high. Current members had, in comparison to past and non-members a lower education level. Of the 22 interviewees that received some form of help, only 9 searched for help themselves. Help was received through different channels.

Table 1. Demographics of participants (n=24)

	Current member (n=12)	*Past member (n=5)*	*Non-member (n=7)*	*Total (n=24)*
Male, n	2	0	1	3
Female, n	10	5	6	21
Median age in years	20,5 min 16, max 25	22 min 19, max 38	21 min 19, max 23	21 min 16, max 38
Education level				
Low	3	0	0	3
Medium	6	1	1	8
High	3	4	6	13
Self-harm duration in years	Median 6, min 2, max 11	Median 3, min 2, max 8	Median 3, min 0,5, max 6	Median 4,5, min 0,5, max 11
Help seeking				
Self, n	5	2	2	9
Someone else, n	7	3	3	13
Kind of help				
School counselor	0	1	0	1
Ambulant, mental health institution	4	2	2	8
Ambulant, other	5	0	2	7
Parttime/daytime	2	0	0	2
Intramural	1	2	1	4

Use of online support groups

The median duration of participation in the self-harm message board was 3 years (SD 3,4) with a range of 2 months to 10 years for participants who were still a member of the message board. For participants who were not participating in a self-harm message board anymore, the median duration of participation was 1,5 years, with a range of 1 to 3 years.

The ways in which participants had found the self-harm message boards varied; 9 participants found the message board through a search engine, 3 via someone else, like a friend or a counselor, 2 through other media, e.g. a magazine or tv documentary and 2 through a link on another website. Most of the participants were active users of the online

message board. 10 visited the message board at least once a day, 5 multiple times a week, 1 once a week and 1 more times a month. All of the participants who were or had been participating in the online support group had posted messages, but they differed in frequency of how often they did this.

Participants mentioned a variety of advantages and disadvantages. In total, 7 groups of advantages and 8 groups of disadvantages emerged from the interviews. Interviewees also mentioned reasons for visiting and not visiting the group. First of all, the advantages are discussed, after that, the disadvantages are described and last, reasons for visiting and not visiting the group are noted. Below, the advantages are summarized in table 2.

Advantages

Table 2. Advantages (n=24)

Advantages	
Sharing experiences	e.g. telling one's story, being able to be open about self-harm
Finding recognition and understanding	It's easier to be understood by other self-harmers
Finding acknowledgement and attention	e.g. getting the feeling that you are seen
Giving and receiving emotional support	Feeling supported, e.g. by a warm atmosphere
Amusement	e.g. sharing daily experiences and humor
Social contact	e.g. making new friends
Internet-related advantages	24-hour availability: you can read and write whenever you want - Anonymity and safety of the internet; e.g. no one can see you - Ease to find peers on the internet - Advantages of written text above talking - Casual involvement: coming and going as one pleases

Sharing experiences

The sharing of experiences was mentioned by 11 of the 12 current participants, but also mentioned by more than half of past and non-members. The sharing of experiences was for a lot of self-harmers very liberating, since for most of them this was the first time they could be open about their self-harm, which had some therapeutic benefits.

> *"Ja ik vind dat ik daar wel wat vind zeg maar, je kunt daar je ei kwijt. Dingen die je thuis niet kan vertellen, kan je daar wel vertellen. Die kun je daar gerust neerzetten en ja, er is niemand die*

het gek vindt of er een rotopmerking over maakt, dus dat geeft wel een stuk rust."
(Male, 23 years, current user of discussion group)

Others, who had already told friends or family about their self-harm, were afraid that people in their social environment would worry too much, and therefore thought that online support would be a solution.

"Als ik bij vriendinnen was, die maakten zich weer zorgen en dan wil je dat niet vertellen en dan ben je dus wat minder open. Daar kan je dan wel in alle eerlijkheid vertellen van 'het gaat weer niet goed' en dat maakt dan niet zoveel uit."
(Female, 22 years, non-user of discussion group)

Finding recognition and understanding

Through the sharing of experiences recognition and understanding was found. Finding recognition was one of the most mentioned advantages of being a member of an online message board for self-harmers, mentioned by all three interviewee groups. Most of the interviewees, especially those that were or had been members of self-harm message boards, did not know anyone else who self-injured.

"Ik dacht altijd dat ik gek was. Totdat ik erachter kwam dat er meer mensen waren die van dit soort rare dingen deden. Toen dacht ik van oké ik ben dus niet de enige. Ik ben in ieder geval niet gek, dat is dan weer duidelijk"
(Male, 23 years, current user of discussion group)

Not only the recognition of the self-harming behavior itself was important, but also the recognition and understanding of the feelings that lay behind the act. Because of the taboo that lies on this subject, self-harmers feel prejudiced about their self-injury. It is therefore important for them to know that they are understood by others.

"Ik hoef het er niet perse over te hebben met mensen, zeg maar ik wist van vriendinnetjes, en van een vriendinnetje vooral dat zij het ook deed, maar we gingen nooit bij elkaar zitten van hoe doe jij het nou en gebruik jij een scheermesje of een stukje glas? Maar gewoon je weet dat er nog iemand is en mocht er wat zijn dat je weet dat er iemand is met wie je kan praten over hoe je je voelt zeg maar. Ik denk maar dat het herkenning van het gevoel wat erachter zit is, van narigheid en verdriet, dan de actie zelf."
(Female, 21 years old, non-user of discussion group)

Recognition almost automatically led to understanding. Most of the self-harmers thought they could only be understood by people who had been through the same things they went through.

"Mijn vrienden zeiden dat ze het snapten, maar dat doen ze niet. Als je dat niet hebt meegemaakt dan snap je het niet. Als mensen dat zeggen tegen mij, van ja ik snap je, dan word

ik boos, gewoon puur en alleen omdat ze het niet hebben meegemaakt dus dan snappen ze het niet."

(Female, 19 years old, non-user of discussion group)

The process of finding recognition is preceded by social comparison. Some self-harmers, especially those that weren't participating on a message board, said that by making social comparisons, they would be able to put things in perspective.

"Ik denk dat als ik het heel moeilijk zou hebben, dat ik dan zoiets zou hebben van 'ik mag niet zeuren eigenlijk want er zijn veel meer mensen die het moeilijk hebben, dus het valt best wel mee'. Ik denk dat ik daar heel veel uit kan halen."

(Female, 21 years old, non-user of discussion group)

Giving and receiving emotional support

The advantage of giving and receiving of emotional support resembles the advantage of understanding, but there are some differences. Interviewees said that understanding could only be received from people who had experienced self-harm for themselves. Another difference is that support was also experienced through a the atmosphere on the forum. Feeling supported through a warm and supportive atmosphere was mentioned the most by current members. Past members mentioned the giving and receiving of emotional support the most (n=4). More than half of current and non-members mentioned this.

"De sfeer zou ik omschrijven als een warm bad. Echt super hoe iedereen verwelkomd wordt die nieuw is, en daar wordt eigenlijk standaard door die actieve mensen op gereageerd van nou hè, welkom, we hopen dat je het fijn krijgt hier en heel erg veel steun en aandacht voor elkaar."

(Female, 25 years old, current user of discussion group)

Giving and receiving support was for some reciprocal.

"Toen ik op het forum kwam, kreeg ik reacties van mensen die veel verder waren dan ik was, ik stond nog helemaal aan het begin van mijn leerproces. (…) Nu ben ik degene die op een of ander eindpunt van mijn leerproces is, dus nu kan ik hen helpen, met tips, met ideeën en met mijn levensverhaal."

(Female, 23 years old, current user of discussion group)

Finding acknowledgement and attention

Another advantage that was mentioned by current and past members, but only once by a non-member was the advantage of finding acknowledgement and attention. Current and past members of self-harm message boards seemed to be struggling with this issue: asking for attention was for a lot of them 'not done' and people annoyed themselves to attention seekers.

"Eerder checkte ik het forum wel drie keer per dag. Dat was vooral om te kijken van heb ik al reacties gekregen. Ja, dan kreeg ik het gevoel gezien te worden. Ik had het gevoel dat ik buiten het forum om helemaal niet gezien werd."

(Female, 19 years old, current user of discussion group)

Because of the forum, some people started realizing the importance of asking for attention.

"Ik heb in ieder geval heel veel geleerd over aandacht vragen, dat was altijd iets wat absoluut niet mocht van mij en iets wat ik ook veel bij leden terugzie is dat het 'not done' is als je om aandacht vraagt, op wat voor manier dan ook, terwijl ik later ben gaan beseffen dat het eigenlijk een eerste levensbehoefte is."

(Female, 23 years old, current user of discussion group)

Social contact

As a result of recognition and understanding, friendships were made and a new social network emerged. Mostly current members mentioned that they found friendships online.

"Ja dat was op het eerste forum, na een meeting hebben we telefoonnummers uitgewisseld. En toen zijn we elkaar gaan sms'en en we zagen elkaar ook buiten de meetings. Ja dat is ook wel een groot verschil met de vriendinnen die ik op school had ofzo. Daar moet je toch dingen voor verbergen en verzwijgen. Je weet dat zij hetzelfde hebben en dat ze veel meer van je weten dan de vrienden die je veel vaker ziet eigenlijk en bij hen durfde ik ook voor de eerste keer met korte mouwen te lopen."

(Female, 16 years old, current user of discussion group)

Amusement

Next to the social contacts that arose from participation in the message board, amusement was also seen as an advantage of participation. There was enough space on the forum to talk about daily experiences that were not related to the topic of self-harm and humor. Amusement was mentioned half of the times by current participants and two times by past participants. Non-participants could not imagine enjoying participation on a self-harm message board.

"Wat ik heel prettig vind, is dat je gewoon een beetje met elkaar kan ouwehoeren. Gewoon een beetje de gek kunt maken met elkaar en er is een topic 'foute-automutilatiehumor', nou dat vind ik geweldig, lekkere zwarte humor."

(Male, 23 years old, current user of discussion group)

This kind of humor is something that only self-harmers understand which binds them together.

Internet-related advantages

Finally, participants mentioned advantages which are directly related to the medium: the internet. Internet-related advantages that were mentioned include anonymity, the 24-hour availability, the ease to find peers, advantages of writing instead of talking and casual involvement.

Anonymity was viewed as very important by all three groups of interviewees. The ease to find peers was only mentioned twice by current members. The 24-hour availability and the advantages of writing were mentioned equally, by half of all three interviewee groups. Anonymity was for the interviewees related to safety online and due to this they felt more able to disclose themselves. This is also called the online disinhibition effect (Barak, Boniel-Nissim & Suler, 2008).

> *"Ja het is natuurlijk makkelijker dan in echt praten zeg maar, het is anoniem."*
> *(Female, 16 years old, current user of discussion group)*

The 24-hour availability of the message board functioned as a safety net.

> *"Als ik ergens mee zit en het is dringend dan kan ik het daar wel kwijt. Dan hoef ik niet een maand te wachten tot ik weer eens bij mijn spv'er kom."*
> *(Female, 20 years old, current user of discussion group)*

It seemed logical that the ease to find peers would have been mentioned numerously, since most of the current members stated that they did not know any other self-harmer in the 'real world' before.

> *"Je kan echt de mensen uitkiezen die je zelf wil, je kan je eigen netwerk veel makkelijker samenstellen dan in een schoolklas, die mensen krijg je er gewoon bij en daar moet je het maar mee doen."*
> *(Female, 23 years old, current user of discussion group)*

Casual involvement was not mentioned that often, but seemed for some self-harmers to be an important feature of online support because it gave them the feeling of safety to be able to come and go as one pleased.

> *"Als je face-to-face met elkaar zit dan moet je verplicht op elkaars verhaal reageren omdat je gewoon elkaar aankijkt en bij elkaar bent en dan heb je gewoon een gesprek samen en dan moet je wel reageren. Terwijl, op een forum kan je denken van 'nou ik heb niet zoveel met dit verhaal', ik klik het weg."*
> *(Female, 23 years old, current user of discussion group)*

The advantages of writing instead of talking were mentioned extensively, but mostly by current participants. This seems logical, since only they experienced the therapeutic benefits of this process.

> *"Ik vind schrijven makkelijker dan praten. Dus dat was wel een voordeel, dat ik gewoon kon typen en denk je van ik doe het toch niet, dan haal je het weg en typ je weer wat anders"* *(Female, 17 years old, current user of discussion group)*

Disadvantages

Despite the aforementioned advantages, several disadvantages were mentioned by both current members as past members and non-members. The mentioned disadvantages could be divided into 8 categories and are summarized below in table 3.

Table 3. Disadvantages (n=24)

Disadvantages	
Sharing of self-harm methods	By the sharing of methods participants got ideas from each other
Triggering effects	By reading posts about self-harm, participants feel the compulsive need to harm themselves
Downward social comparison & competition	When self-harmers compare themselves to other self-harmers, they compare the severity of self-harm, self-harm methods and their biography
Negative atmosphere	e.g. the atmosphere was depressive and heavy
Normalization	Because participants see that others self-injury as well, self-harming behavior becomes normal
Dependency	Dependency arises when participants find a social network on the message board and when self-injurious behavior is normalized
Not identifying with others	Participants said they did not identify themselves with younger persons, complainers and attention seekers.
Internet-related disadvantages	• Impersonality and distance of the internet • Flaming: negative, aggressive and socially inappropriate remarks • Uncertainty about the identity of others • Difficulty with expressing in writing • Receiving no or not enough reactions

Sharing of self-harm methods

Whereas sharing information is one of the most important functions of online support groups, one of the most mentioned disadvantages was that many interviewees, current, past and non-members shared methods of self-harm with each other. Some interviewees said that they spent lots of time on the message board trying to find out about new ways in which they could injure themselves. However, finding out about new ways to self-harm did not automatically have to lead to the act of self-harm.

> *"Ik heb ook anorexia en boulimia gehad en bij bijvoorbeeld die pro-ana en pro-boulimia sites daar ga ik op zoek naar tips hoe je het beter kan doen en naar foto's. Eigenlijk is dat bij die automutilatiesites hetzelfde, daar ben ik naar hetzelfde op zoek. Ik ben daardoor wel op een manier gekomen waardoor ik mezelf veel meer heb beschadigd en als ik dat niet had gevonden dan hadden mijn armen er nu nog veel beter uitgezien."*
>
> *(Female, 22 years old, past user of discussion group)*

> *"Ik had het een keer op tv gezien en een meisje op mijn msn die zei tegen mij 'je moet het met een scheermesje proberen, dat gaat beter'. Dus toen ben ik naar mijn kamer gegaan en ik heb het geprobeerd en dat was de eerste keer. En het ging inderdaad heel goed met een scheermesje."*
>
> *(Female, 16 years old, current user of discussion group)*

In real life, self-injurers got ideas from each other as well.

> *"Ik had dat met die vriend ook wel, dan zie die van 'nou, ik heb dit en dat gebruikt' weet je wel. Want hij gebruikte altijd een mesje van een puntenslijper en dat zorgde echt voor enorme littekens, hij heeft ook heel erg littekens. En dan wist ik van 'nou dat moet ik niet doen' en dan zei die van 'nou ik heb vandaag een stanleymes gebruikt en dat ziet er zo uit', weet je. En dan dacht ik van 'nou dat werkt wel goed'. Dus je brengt elkaar ook op ideeën erdoor."*
>
> *(Female, 22 years old, non-user of discussion group)*

Triggering effects

Where the sharing of self-harm methods could lead to self-injuring in more different ways, reading about self-harm could cause an individual to self-harm more often. A trigger is an automatic process in which one gets an impulse to self-harm. Self-injury can not only be triggered by reading about it, but also by watching movies or viewing pictures involving self-harm. Triggering effects are not only caused by reading self-harm related topics, but also topics that include eating behavior, traumas and negative emotions. All the groups of interviewees found triggering effects one of the main disadvantages of self-harm message boards. The quotation below explains how one gets 'triggered'.

"Zolang jij ziet dat andere mensen het doen, dan zijn je gedachten er niet vanaf. Zeg maar, als ik het eenmaal in mijn hoofd had, dan kon ik het nou maximaal een week, twee weken uitstellen en dat moest ik het gewoon doen anders dan bleef het in mijn hoofd hangen en dan ging het er gewoon niet uit."

(Female, 22 years old, non-user of discussion group)

Others just wanted to be triggered by reading every topic that had the warning 'trigger' in it. They said they were fascinated by the topic of self-harm and wanted to read about it. As a result, this fascination and pre-occupation by the topic of self-harm for some individuals, took on an addition-like quality.

"Meestal lees ik de triggers wel ja. Soms ook wel expres. Dat is een beetje jezelf uittesten. Zo van 'hoe goed kan ik ertegen, kan ik het allemaal wel hebben?' In die periodes dat het slecht met mij ging zocht ik het op om over het randje geduwd te worden. Ik zat dan in zo'n grijs gebied van het gaat niet goed met me maar het gaat ook niet slecht met me. Ik zocht dan een goede reden om me slecht te voelen en mezelf weer open te halen."

(Female, 19 years old, current user of discussion group)

Downward social comparison & competition

Already mentioned as an advantage is that several non-participants could put their own problems in perspective by reading posts of others on the message board, but downward social comparison can also have negative effects. These negative effects are mentioned by all three groups of interviewees. Self-harmers can compare themselves to others to find out that other self-harmers have more scars, self-injure themselves more or worse, or that other self-harmers have more problems. This comparison also takes place in 'real life'. Most self-injurers will then trivialize their own self-injury. Result of this is not recognizing themselves in others on the message board, but on the other hand still wanting to belong to this group. The way in which this contrast is resolved is by self-injuring themselves more.

"Voor mij was het wel een strijd, ik wilde altijd verder gaan dan haar, sowieso. Ik kan me ook heel erg herinneren dat ik dacht van 'damn ik heb nog helemaal niet gekrast vandaag en dat moet ik wel doen, want....heeft dat ook gedaan'."

(Female, 19 years old, non-user of discussion group)

The social comparison that took place on the message board triggered some self-harmers to injure themselves more to get the feeling of belonging to the group.

"En wat ik heb ervaren, maar dat was met een meeting geloof ik, is dat ik iemands littekens zag en dacht van 'oh maar dat is pas erg, dat wil ik ook' en dat ben ik toen ook gaan doen. Dus het heeft me wel negatieve dingen gebracht in de zin van dat ik mezelf erger ben gaan beschadigen."

(Female, 23 years old, current user of discussion group)

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Negative atmosphere

The atmosphere on the message board was viewed as warm and supportive, as said before, but also has a negative side. The sharing of experiences related to self-harm as well as the sharing of self-harm techniques could make the atmosphere on the message board negative. Many interviewees said that there is a negative atmosphere on these self-harm message boards in which they could easily become carried away. Sometimes their friends on the message boards would share their negative feelings, which would make others become worried and later on feel depressed as well. All the non-participants thought that there would be a negative atmosphere on those message boards. A negative atmosphere was mentioned as one of the main negative aspects of online support groups for self-harmers.

> "Ja je kan elkaar wel heel erg in het negatieve meeslepen eigenlijk Dat heb ik ook wel eens op het eerste forum gezien dat was een periode dat het met meerdere heel slecht ging en dat trokken anderen zich weer heel veel aan, ik ook. Toen ging het ook slechter met ons en dan waren er alleen maar berichtjes van 'ik voel me zo slecht en ik wil dood'."
> (Female, 16 years old, current user of discussion group)

Normalization

When self-harm is recognized and understood by other self-harmers, which is actually seen as an advantage, self-injury can become more normal. This happens when most of the people within a group accept this as a way to cope with negative emotions. Because of normalization of the self-harming behavior a subculture in which self-harm is accepted as 'normal' is formed. Mostly non-members saw the danger of normalization of the self-injurious behavior.

> "Kijk, ik heb altijd het streven gehad om er vanaf te komen en ik denk dat als je bij zo'n forum zit, dat je dan wel snel kan denken van 'nou, veel mensen doen het dus het is wel oké, dus ik hoef er geen verandering in te brengen', terwijl het eigenlijk wel een heel ongezond iets is. Er zijn in mijn opinie een stuk betere manieren om met problemen om te gaan."
> (Female, 22 years old, non-user of discussion group)

One girl explained how she thought that normalization of the behavior would exacerbate her self-harming behavior.

> "Het belangrijkste was voor mij dat mijn ouders het niet wisten, dat zorgt er al voor dat je niet ontzettend diep gaat snijden want dan moet je gehecht worden. Nou dat kan niet want dan komt iedereen erachter. Ik leerde gewoon voor mezelf wel om het een beetje verborgen te houden en ik denk dat ik het door zo'n forum zeg maar toch meer normaal was gaan vinden en doordat ik het nu altijd een beetje stiekem deed en een beetje tussendoor, daardoor werd het ook minder erg. Ik denk dat het anders veel sneller uit de hand was gelopen."

(Female, 22 years old, non-user of discussion group)

Dependency

The close bond felt between participants did not only lead to normalization, but also to a dependency on the message baord. Current as well as past members mentioned this as a disadvantage.

> *"Ja als ik aan het werk ben of met vakantie ben, dan heb ik geen internet. Dan mis ik het de eerste paar dagen wel. Normaal is het zo van als ik thuiskom van mijn werk of school ofzo, het eerste wat ik dan doe dan gaat de computer aan. En dan meteen op het forum kijken. Dat is toch echt een bepaalde link die je met de mensen hebt daar. Dat is dan in een keer weg en dan moet je toch andere dingen gaan zoeken die je dan kan doen. Dus dat is wel eens moeilijk, vooral de eerste paar dagen."*
> *(Male, 23 years old, current user of discussion group)*

Due to this dependency people found it also more difficult to leave the forum behind, although they had stopped self-harming and felt that they did not need the forum anymore.

> *"Soms wilde ik wel dat ik het meer los kon laten, omdat ik het voor mezelf niet echt meer nodig heb, maar omdat ik gewoon weet dat daar mensen zitten die ik gewoon al jarenlang ken en die ik echt gewoon persoonlijk ken, wil ik dat toch bij blijven houden en er daar voor die mensen zijn."*
> *(Female, 23 years old, current user of discussion group)*

Not identifying with others

Many respondents, especially current members (n=10), mentioned that one of the disadvantages was that they had difficulty identifying with the others on the forum. Non-members thought they would have to deal with complainers and attention seekers the most. The confrontation with other people who, besides having their self-injury in common, were not like-minded, resulted in indignation and misunderstanding. Most of the self-harmers went online to find recognition with like-minded people, and when that did not happen, it resulted in indignation. This eventually could lead to misunderstanding and flaming.

> *"Ik vond de verhalen van andere mensen veel te zwaar.(…) Ik vond al die verhalen heel zwaar, terwijl ik meer met mezelf in de knoop zat eigenlijk. Ik had geen verleden van seksueel misbruik of 'goh mijn ouders verwaarlozen mij'. Ik zat gewoon met mezelf in de knoop en dat vond ik daar niet echt terug."*
> *(Female, 24 years old, past user of discussion group)*

> *"Na een tijdje kwam ik erachter dat ik met 14-jarige meisjes zat te praten, maar in mijn beleving had ik een leeftijdsgenoot voor me. Dan zie je zo'n ontzettende generatiekloof, ook in taalgebruik en ook in methode van je teksten"*

(Male, 38 years old, past user of discussion group)

"Ik erger me aan de emo-meisjes, dat zijn van die meisjes die zichzelf snijden en dan expres in de les hun mouwen opstropen en het alleen maar om de aandacht doen. Die hebben vast ook wel een onderliggende reden, maar ik kan daar niet zo goed tegen, omdat ik het zelf jarenlang verborgen heb gehouden."
(Female, 19 years old, current user of discussion group)

Internet-related disadvantages

Whilst the results of this study already indicated that online support groups have some internet-related advantages, also some internet-related disadvantages were mentioned. Those were mostly worded by current and past members.

The impersonality of the internet was mentioned the most by non-members.

"Iemand met wie je persoonlijk babbelt vind ik altijd nog fijner om persoonlijk contact mee te hebben. Daarbij zie je iemand echt of diegene reageert echt op wat je zegt, en dat heb je op zo'n forum niet allemaal."
(Female, 24 years old, past user of discussion group)

Flaming seemed to appear frequently on self-harm message boards. Only current members and past members of those message boards mentioned this.

"Ik probeer een goede tekst te schrijven en dan krijg ik een hele onzinnige tekst terug. Mensen gaan een citaat uit zijn context halen, dan lezen ze over het punt heen. Dan reageer ik alweer helemaal woest terug. En als ik er dan niet uitkom, dan zet ik hem boos uit en dan ga ik liggen op de bank en dan komt eigenlijk alles weer naar boven, waardoor de behoefte om mezelf wat aan te doen ook weer groter wordt."
(Male, 38 years old, past user of discussion group)

The uncertainty and suspicion to new and inactive participants was big. Although all the participants were active on closed message boards, still they were afraid to come across people they knew or that parents would find out. Some self-harmers had some bad experiences with persons who had multiple accounts or were no self-harmers.

"Waar ik zelf altijd wel een beetje bang voor ben is dat ik een bekende tegenkom en dat die daar lid van zal worden"
(Female, 18 years old, current user of discussion group)

"Ik ging een keertje onderzoeken van hoeveel leden zijn er nou eigenlijk? En dat zijn er rond de 400, maar ik tel eigenlijk maar 20 actieve leden. En dan vraag ik mij af: wat is de rest aan het doen?"
(Male, 38 years old, past user of discussion group)

> *"Wat ook blijkt is dat er mensen zijn die het leuk vinden om in te loggen met een nickname en erop uit zijn om de boel te gaan verzieken"*
> *(Male,23 years old, current user of discussion group)*

Mostly recent members complained about not getting enough or getting no reactions.

> *"Als je zelf bijvoorbeeld iets in je dagboek hebt geschreven en daarop verder geen positieve reacties krijgt, dan voelde ik me daar soms wel slechter door, ik heb mezelf afgeleerd om dan ook meer aan zelfbeschadiging te doen."*
> *(Female, 18 years old, current user of discussion group)*

A lot of non-participants and past participants said they found it difficult to write down how they felt.

> *"Ik zou het heel moeilijk vinden om precies wat ik denk in woorden om te zetten, dat het overkomt zodat andere mensen begrijpen wat ik bedoel."*
> *(Female, 22 years old, non-user of discussion group)*

Difficulty with giving support and responding to posts was mentioned the most by current members.

> *"Soms heb ik wel eens van die dagen dan kom ik echt totaal niet uit mijn woorden en dan denk ik van 'ik zou wel graag op jouw stuk willen reageren maar ik kom niet echt uit mijn woorden dus ik wou je wel even laten weten dat ik met jou mee lees' en dat is dan mijn reactie."*
> *(Female, 18 years old, current user of discussion group)*

Reasons for visiting and not visiting the group

Whilst being interviewed, self-harmers not only spoke about the perceived advantages and disadvantages that emerged from participation on self-harm message boards, but also about reasons for them to visit of leave the online support group. These reasons were mostly related to the perceived advantages and disadvantages. The contact with other self-harmers was frequently mentioned as a reason for visiting the group. Having stopped self-harming was for most self-harmers a good reason not to visit the message board. Due to the addictive elements of self-harm, some found it better to leave the message board to protect themselves. However, some relapsed and went back on the message board.

> *"Ik heb op een gegeven moment er echt helemaal mee moeten breken met mezelf pijn doen. En dat kon alleen maar als ik alles van die dingen uit mijn leven gooide. Dus door te stoppen op dat forum en door de dingen waarmee ik mezelf pijn deed weg te doen. Echt door radicaal te zijn van het is genoeg geweest, ik wil er echt uit."*
> *(Female, 24 years old, past member of discussion group)*

People reckoned it to be a good reason to leave the message board if anonymity was threatened. This is in line with the advantage of anonymity. Another reason to leave the message board is linked to the disadvantage of not identifying with others.

Reasons for visiting or not visiting the group which are not related to previous mentioned advantages and disadvantages are: wanting to help others, finding self-harm too private to talk about and becoming too busy. Helping others was mentioned the most by current members, who thought giving and receiving help was reciprocal, and non-members, who saw helping others as a good reason to start participating. Only non-participants mentioned that their self-harming behavior was too private for them to talk about. Therefore they also thought that the self-harmers you could find on the internet were attention seekers. Becoming too busy was mentioned as the only practical reason to leave the group. This was mentioned the most by past message board participants.

Discussion

The aim of this study was to focus on the actual advantages and disadvantages that arise from participation on a self-harm message board. The focus also lay on reasons for visiting or leaving the group. As far known, this study is the first that focused on the perceived advantages and disadvantages that are seen from the viewpoint of participants of self-harm message boards.

The present study shows some discrepancies compared to studies that are aimed at self-harm message boards but that have different study designs. Finding acknowledgement and attention is one of the advantages that resulted from the interviews, but that is only mentioned once in other literatur (Rodham et al., 2007). Participation on the message board gave members the feeling that they were seen. Also, they found it a lot easier to ask for attention through the internet than face-to-face. That is because in 'real life', self-harmers find it hard to ask for attention for their self-harm, since many of them keep this a secret. Asking for attention was, on the other hand, for a lot of self-harmers 'not done', although some admit that this was one of the underlying reasons for their self-injury. Seeing that others on the message board did ask for attention resulted in indignation. The division between asking for attention as an advantage and asking for attention as a disadvantage is not easy to make.

Also, results from the present study indicate that a negative atmosphere was seen as a disadvantage of online support groups, which is not mentioned by other studies that researched self-harm message boards. This is an interesting fact since a negative atmosphere should also be found when a content analysis is conducted, but this was not the case. That interviewees defined the atmosphere of their message board as both positive and

negative, is due to the fact that adolescents form a close group by recognizing and understanding each other, which feels positive, but by doing this their behavior becomes normal and they become preoccupied by the topic of self-injury, which feels negative.

The last theme that emerged out of the present study but that was not found in other studies is the disadvantage of dependency on the message board. Participants felt a strong bond with other self-harmers in the group and therefore found it hard to leave the group behind. Apart from the strong bond they felt, participants also became dependent on the group because they were preoccupied with the topic of self-harm. They wanted to read about it and wanted to be triggered. Because of the contact with other self-harmers they became 'stuck' in the world of self-harm. That this theme did not arise out of other studies on self-harm message boards, is probably due to the fact that one cannot find out whether individuals find themselves depending on a message board through content analyses or questionnaires. The only way to find out about this is to go in conversation with this people.

What distinguishes the present study from other studies aimed at self-harm message boards, is that not only participants on self-harm message boards, but also non-members and participants who left the forum are included in the study, whereas other studies aimed at self-harm message boards only included message board participants in their study. That way results are only constructed out of the viewpoint of self-harm message board members. However, only when those results are compared with results of participants who left the forum and non-participants, a clear image can be sketched about the actual impact those message boards have. An interesting finding that arose from interviews with non-participants was that having 'real life' contact with other self-injurers made them experience some advantages and disadvantages that also appeared online as well. The sharing of methods, normalization, recognition and understanding are f.e. advantages and disadvantages that arose out of this. However, this not necessarily means that offline and online contact between self-harmers have the same effects. The internet may amplify negative effects, because when someone goes online, he or she is alone, which may result in self-harming behavior easier than when one is not alone.

When comparing the above mentioned three groups of interviewees, we found some differences concerning the perceived advantages and disadvantages. Current message board members experienced more advantages than disadvantages related to the message board. However, negative aspects f.i. the sharing of self-harming techniques and a negative atmosphere were also by them mentioned frequently. Past members saw more disadvantages than advantages. A number of advantages and disadvantages are mentioned more by the group of current and past participants. These are the pros and cons that can only be known when they are experienced, e.g. not identifying with others or amusement. Self-harmers who didn't engage in a message board saw as much advantages as

disadvantages. Non-participants did see other advantages and disadvantages more often, like the impersonality and distance of virtual communication.

Next to the above mentioned discrepancies between the present study and other studies aimed at self-harm message boards, there are also some differences between the present study and studies aimed at online support groups for patients with somatic illnesses. Patients with somatic illnesses go online arising from the need to find recognition and normalization. When this is found by patients with somatic illnesses, this can improve their well-being. However, when self-harmers go online and find normalization, thisnot necessarilly improves their well-being. Due to normalization effects self-harm becomes more normal and it makes it for self-harmers easier to do. Some other disadvantages are also only found within self-harm message boards, e.g. the sharing of self-harming methods, dependency and a bad atmosphere. The advantage of finding acknowledgement and attention is also not found within online support groups for patients with somatic illnesses. There is also a difference in downward social comparison between self-harmers and patients with somatic illnesses. Patients with somatic illnesses who made downward social comparisons experienced this to be helpful (van Uden-Kraan et al., 2008) in contrast to self-injurers, who make downward social comparisons and can start to injure themselves more seriously. It is well studied that for patients with somatic illnesses online support is constructive, but it turns out that for self-harmers those message boards can easily become destructive.

Recommendations

The influence that self-harm message boards have on the offline behavior of participants is more extensive than discussed in previous studies about self-harm message boards. This influence can for example be seen in the dependency that arose from participating on the message board and the exacerbation of self-harming behavior. To stop this influence on self-harmers, a few recommendations can be made. First of all, many interviewees said that they would appreciate the presence of ex-self-harmers and/or professionals on self-harm discussion boards. Their task would be to keep an eye on the atmosphere and communication on the discussion board. Ex self-harmers can be an example for others and inspire others to stop self-harming and to seek help doing this. Some interviewees who weren't member of a message board were thinking about participating on a self-harm message board to help others.

It are not only the online relationships that are formed between self-harmers that have a negative impact, but also those that are formed in real life. Sharing a secret that is very private can make people form a close bond and feel special together, which normalizes this behavior. There's no easy way to break this cycle. If more openness about this subject

arises, there's the risk that this behavior becomes more and more spread among adolescents (Yates, 2004). On the other hand, giving no attention to this subject holds that self-harmers keep their behavior a secret and won't seek help. This study showed that many self-harmers didn't seek help themselves, but received help as soon as someone else, like a parent or teacher, found out about this. It is therefore recommended to provide more information about self-harm to teachers and parents, which will cause them to recognize this behavior sooner in adolescents.

Although a lot of self-harmers said that participation in an offline support group would be too scary, there were also some who said that would be better for them. Some disadvantages, like flaming and being unsure about the identity of others are not experienced when taking part in 'real life' support groups. Another advantage of those groups is that they are more structured and can be led by a professional or an ex self-harmer, who would count as an example. Future studies should therefore focus on the effects of actively engaging ex self-harmers on self-harm message boards. Another advice is to compare the advantages and disadvantages of online support groups and face-to-face support groups with each other. That way we can find out which one has more positive or negative effects on self-harmers.

Limitations of the present study

Respondent's inclusion in the study was by self-selection and details given about advantages and disadvantages of being a member of a self-harm discussion group were made via self-reports, relying on retrospective recall, which cannot be verified by other means. A second limitation of this study is the small sample size, which limits the ability to generalize the findings. Interviewees who were a member of a message board were mostly active users who posted messages. It is unknown whether 'lurkers' see other advantages and disadvantages.

Furthermore, most of the interviewees had stopped self-harming. It could be that they have a more distant view and can be more objective about advantages and disadvantages. On the other hand, they are not as vulnerable for triggering effects as active self-harmers. Most interviewees spoke about the thirteen- and fourteen-year old girls who were getting more and more involved in the message boards. Also some moderators told me that many of these girls are found on the message boards. None of these girls were recruited to be interviewed, so their viewpoint on these message boards is not known. Also, most of the interviewees were women, but if we look at prevalence data for self-harm among adolescents, the male-female ratio was representative.

A final limitation is that most of the participants interviewed had been active on the message boards for a long time. It could be that people who just joined the message boards

have another view on them than people who've been there for a longer period. As they said, they became 'immune' to triggering posts.

Conclusions

Our data suggest that self-harm message boards have an extensive influence, both positive and negative, on the offline behavior of self-injurers. In addition, the offline relations between self-harmers do have an extensive influence on self-injurers. Self-injurers compare themselves with each other, share methods of self-harm and are triggered by reading about self-harm. This implies that the self-harming behavior is influenced negatively by having any contact with other self-injurers. On the other hand, the message board also has some advantages for self-harmers, like the ability to share one's story anonymous and the mutual understanding. Self-harming behavior can therefore also be influenced in a positive way. The actual advantages and disadvantages that arise out of self-harm message board membership are different to those advantages and disadvantages that are perceived by patients with somatic illnesses. Reasons for visiting the support group are related to the advantages and disadvantages viewed by respondents. More research is needed into limiting the detrimental effects these self-harm message boards have and turning them into more positive ones. Only then those message boards can have more constructive effects on the destructive self-harming behavior.

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