THE PSYCHOLOGICAL FUNCTIONS OF ONLINE SELF-INJURY FORUMS

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May, 2016

Dissertation submitted in partial fulfilment of the requirement for the degree of D. Clin. Psych. At Cardiff University, and the South Wales Doctoral Course in Clinical Psychology.

DECLARATION

ACKNOWLEDGEMENTS

Firstly I would like to thank my research supervisor, Neil Frude, for reading through the endless work I would send him, calming me when I felt overwhelmed, and teaching me a lot about grammar and punctuation!!

My thanks also go to Bob Colter and Claire Blount for giving me a fantastic elective placement and for being so understanding about the struggles of juggling thesis and placement work. Thank you for your encouraging words.

Thank you to the amazing supervisor who met me at the start of this doctoral thesis journey at the end of second year – Amanda Bayley! Thank you for helping me to get some perspective and for writing those little memos on Post It notes for me to stick on my walls.

Thank you to the Cohort of 2013. Those lunchtime buffets on teaching days were a pocket of light amidst the chaos of the thesis writing months. Thank you for the peer support, as this paper reports, it is perhaps the most important thing there is in this world.

Thank you to Rachel, for teaching me how to do a grounded theory and for giving me the confidence to believe that I was indeed ready to start analysing my own data. I wonder if you will ever know how much you inspired me.

I appreciate that my chosen topic is certainly not mainstream, and I thank my amazing mum for all the time she spent proof-reading about self-injury.

Thank you to Nick, who had the misfortune of being one year ahead of me on the clinical doctorate and thus has been subject to endless lengthy phone calls where I would pick his brains and seek his knowledge, advice and wisdom throughout this process!

Thank you to my family and friends who have tolerated so well me being stressed and less available over the past few months, and picked me up when I was down and provided me with lots of entertainment, hugs and laughs. And finally, thank you to my horses, who seemed to just understand.

ABSTRACT

The use of the internet over the past decade has played a strong role in several areas of mental health, including the provision of informal peer support forums in which individuals can discuss specific difficulties anonymously. Self-injury is also a topic which has received far greater recognition over the past decade, with research studies reporting prevalence rates of between 4-25% of the adult population and between 22-35% of the college and university population. The current study investigates the use of a self-injury online forum in order to develop a psychological understanding of the functions that this forum provides to its users. This study employed a grounded theory qualitative methodology to analyse the data collected from an online forum across a 5-month period. The results revealed three core categories: i) human contact; ii) battling self-injury; and iii) being helpful – giving advice/ tangible help. The results suggest that a good deal of 'therapeutic support' occurs within exchanges on the forum, with possible benefits both for those receiving and for those giving support and advice. The findings highlighted some important considerations for clinical practice and, more specifically, for the role that clinical psychologists can have in developing services specifically to meet the needs of this client group. The findings are reviewed within the context of the current literature, and implications for service development and service delivery are discussed. Suggestions are made for how services might be able to encourage the use of safe and high quality online therapeutic support on a 24 hour basis to supplement live support by health professionals.

Keywords:

Self-injury, online internet forums, grounded theory, therapeutic support, peer support.

TABLE OF CONTENTS

Table of Contents 5

1 Chapter One: Literature Review: 10

1.1 Definitions of Self-Injury 10

1.2 The Exclusion Criterion 11

1.3 Self-Injury and Comorbidity with other Mental Health Conditions 13

1.4 Prevalence of Self-Injury among Adult and Child Populations 14

1.5 Difficulties in Achieving Accurate Prevalence Rates 16

1.6 Self-Injury and Gender 17

1.7 Self-Injury and Early Trauma 18

1.8 Models of the Functions of Self Injury: 19

1.9 Help-Seeking and Treatment for Clients who Self-Injure 23

1.10 The Giving and Providing of Social Support 30

1.11 Online Forums and Discussion Boards 31

1.12 Online Forums for Mental Health Discussion 32

1.13 Online Forums for Discussing Self-Injury 32

1.14 Online Forums as a Virtual Safe Base 35

1.15 Advantages of Internet-Based Interaction for individuals who self-injure: 37

1.16 Disadvantages of Internet-based interaction for individuals who self-injure: 38

1.17 Research on Self-Injury and Online Forums to Date: 40

1.18 Conclusions of the Literature Review 40

1.19 The Current Study: 40

1.20 Rationale 41

1.21 Research Aims 42

1.22 Clinical Relevance 43

2 Chapter Two - Systematic Review 45

2.1 Abstract 45

2.2 Introduction 45

2.3 Method 46

2.3.1 SYSTEMATIC REVIEW – SEARCH FORMULA 47

2.3.2 The Boolean AND/OR formula: 47

2.3.3 Inclusion / Exclusion Criteria 50

2.3.4 Data Quality 50

2.3.5 Table 2.1 Review of the 11 Papers, including details of their key methodology, conclusions and critiques: 52

2.3.6 Table 2.2 CASP Ratings of the 11 Papers: 56

2.4 Results 57

2.4.1 Summary of Findings 57

2.4.2 The Samples/ Participants used, Recruitment and Data Collection Methods 60

2.4.3 Analysis Methodology 62

2.4.4 Quality of Papers 63

2.4.5 Ethical issues taken into consideration? 64

2.4.6 Useful/ valuable contribution paper makes 64

2.5 Discussion 65

2.5.1 Summary of Findings 65

2.5.2 Challenges for Future Research 68

2.6 Conclusion 69

3 Chapter Three - Methodology 70

3.1 Overview of Chapter 70

3.2 Qualitative Methodology Philosophy....70
3.3 Rationale for Chosen Methodology....71
3.4 Grounded Theory....72
3.5 Researcher's Theoretical Orientation....75
3.6 Ensuring Rigour in Qualitative Methodologies....76
3.7 Research Context....78
3.8 Researcher's Position....78
3.9 Ethical Considerations....80
3.10 Sampling Approach....82
3.11 Inclusion and Exclusion Criteria....85
3.12 Inclusion Criteria: -....85
3.13 Exclusion Criteria: -....86
3.14 Forum Users....86
3.15 Materials....88
3.16 Procedure: Data Collection....88
3.17 The Data Analysis....88
4 Chapter Four - Results....90
4.1 Overview of Chapter....90
4.1.1 Figure 4.1: Functions of Online Self-Injury Forum: A diagrammatic summary of Core Categories and Categories:....91
4.2 Core Category 1: Human Contact....94
4.2.1 Self-Disclosure (spontaneous)....94
4.2.2 Self-Disclosure (in response to questions)....98
4.2.3 Human Contact – Social Interaction (low level)....99

4.2.4 Human Contact – Social Interaction (medium level) 101
4.2.5 Human Contact – Social Interaction (high level) (therapeutic input to one another) 104
4.2.6 Help and/ or Connection Seeking 110
4.2.7 Aggressive Comments / Attack 111
4.2.8 Friendship / Contact 112
4.3 Core Category 2: Battling Self-Injury 114
4.3.1 Battling Self-Injury Currently 114
4.3.2 After Effects of Self-Injury 116
4.3.3 Actions Taken (instead of self-injuring) 117
4.4 Core Category 3: Being Helpful / Giving Advice/ Tangible Help 119
4.4.1 Being Helpful / Providing Tangible Help Advice – (help not to self-injure) 119
4.4.2 Suggesting Involvement of Professional Agencies 123
4.4.3 Suggesting Involvement of People around Them 124
4.4.4 Summary 125
5 Chapter Five: Discussion 126
5.1 Overview 126
5.2 Revisiting the Research Aims 126
5.3 Research Findings 127
5.3.1 Human Contact 128
5.3.2 Battling Self-Injury 133
5.3.3 Being Helpful – Giving Advice/ Tangible Support 135
5.4 How the Results Relate to the Existing Literature 137
5.5 Clinical Implications and Implications for Service Delivery 144

5.6 Limitations of the Current Study 154
5.6.1 Design 154
5.6.2 Quality of Research 156
5.6.3 Sample Bias 157
5.7 Recommendations for Future Research 157
6 Conclusions 158
7 References 159
8 Appendices: 179
8.1 Appendix 1: The Grounded Theory 179
8.2 Appendix 2: Forum Rules 186
8.3 Appendix 3: Ethics feedback 193
8.4 Appendix 4: BPS guidelines relevant pages. 194
8.5 Appendix 5: CASP checklist for systematically reviewing qualitative research 196
8.6 Appendix 6: Reflective Diary Excerpt 202

1 CHAPTER ONE: LITERATURE REVIEW:

This thesis reports a study that was conducted between 2015-2016, in which the researcher investigates the psychological functions that online self-injury forums serve to their users. In order to do this, a relevant online forum was identified as a suitable source for the extraction of data. The online forum allowed individuals to anonymously post written content of their choice and to respond to other people's comments. The first chapter of the thesis presents a detailed background to the research area and introduces the rationale for this study. The second chapter provides the Systematic Review. The third chapter details the methodology. This is followed by a results section which reports a Grounded Theory analysis. The final discussion chapter discusses the results in the light of established psychological theories and considers clinical implications, the strengths and limitations of the study, and suggestions for future research.

1.1 Definitions of Self-Injury

Self-injury (SI) is defined in the National Institute of Clinical Excellence guidelines (2004) as:

"*an expression of personal distress, usually made in private, by an individual who hurts him or herself. The nature and meaning of self-harm, however, vary greatly from person to person. In addition, the reason a person harms him or herself may be different on each occasion, and should not be presumed to be the same."* (NICE, 2004, pp.49.)

The definition of self-injury extends to any direct injury inflicted to the body deliberately by the individual with the intent of causing hurt or damage to oneself, which does not have suicidal intention behind the action (Klonsky, 2007; Muehlenkamp, 2005**;** Contario and Lader, 1998). Skin-cutting is the most common type of self-injury (Contario and Lader, 1998; Nijman *et al.* 1999), followed by methods involving banging of the bodily

limbs against hard objects or self-hitting and burning (Favazza and Contario, 1989; Contario and Lader, 1998). Chandler, Myers and Platt (2011) define self-injury as intentional injury to the body through acts such as cutting, scratching, burning, biting, or hitting. However they acknowledge that the multiple definitions make this a particularly difficult area of research to review. In addition it can be difficult to draw the line between where a behaviour becomes pathological – for instance with regard to scratching; would it be considered self-injury behaviour if the individual left scratch marks on the flesh, or would they need to draw blood? The question of the motive or intention is an important consideration in this discussion also, as self-injury is performed with the intention of inflicting harm on the body, usually with the aim of altering difficult emotional states. Other terminology often used to describe this phenomenon include Self-Mutilation (Favazza 1998) "Non-Suicidal Self Injury" (Jacobson and Gould, 2007; International Society for the Study of Self-Injury, 2007), "Self-harm" (Harris, 2000), "Deliberate Self Harm (DSH) (Pattison and Kahan, 1983; Hawton *et al.* 2004**),** "moderate self-mutilation" (Favazza and Rosenthal, 1993**),** "cutting" and "parasuicide" (Ogundipe, 1999). Each of these terms was used in the search criteria for the literature review. Skin-cutting (typically with sharp objects such as knives, razor blades, or broken glass) appears to be the most common type of self-injury but other forms include burning, scratching, banging or hitting body parts, and interfering with wound healing (Briere and Gil, 1998; Favazza and Conterio, 1989; Herpertz, 1995). Rarer forms include bone-breaking or auto-amputation or ocular enucleation (Favazza, 1996), although this is in extremely rare cases.

1.2 The Exclusion Criterion

In order for the researchers to focus on this particular behaviour of deliberate self-injury, carefully considered exclusion criteria were necessary. Deliberate and non-suicidal

self-injury is differentiated from the self-injurious behaviours seen in individuals with autism and learning disabilities or intellectual disabilities (Deb, Thomas and Bright, 2001). It is also differentiated from extreme acts of self-mutilation such as limb amputation seen in psychotic individuals (Favazza, 1996) or individuals suffering with a psychotic disorder such as Body Integrity Identity Disorder (where individuals are consumed by the feeling that one or more limbs of their body do not belong to themselves) (Stirn, Thiel and Oddo, 2009). The food-restricting and food- purging behaviours in individuals with anorexia nervosa and other eating-related disorders (Kostro, Lerman and Attia, 2012; Muehlenkamp *et al.* 2008) are also excluded from the current study. The phenomenon under review is self-injury which it has been argued exists as a behaviour in its own right, outside of the diagnostic criteria for any other illness (Contario and Lader, 1998; Whitlock, 2006, 2010). This means that some individuals who struggle with self-injury, will struggle alone, without mental health support from CMHT's, and psychiatry.

There is undoubtedly a strong relationship between self-injury and risk for suicide attempts (Andover and Gibb, 2010; Guan, Fox, and Prinstein, 2012; Whitlock, Pietrusza, and Purington, 2013). However, suicidal ideation and attempts are distinctly different phenomenon to that observed in individuals struggling with urges to self-injure, for whom online forums and self-injury recovery websites provide a service. Suicide attempts such as over-dosing, wrist slitting while in the bath, hanging, self-poisoning, jumping from lethal heights and deliberate efforts to place the self in life-threatening situations have also been excluded (Hamza, Shannon and Steward, 2012). This is due to the fact that these methods are likely to cause long-term damage or death with an ultimate disregard for survival (Spicer and Miller, 2000; Kessler *et al.* 2005; Centers for Disease Control and Prevention, 2005).

Self-poisoning has been defined as *"taking a drug overdose or ingesting substances never intended for human consumption"* (Horrocks, 2006). Self-poisoning such as

overdosing can be an expression of either self-injury, or suicidal expression (Contario and Lader, 1996). However, it is a far rarer form of expression than the typical skin-cutting. Walsh (2006) argues that non-suicidal self-injury and suicide are entirely distinct phenomenon. However, there may be a relationship between the two; Whitlock (2010) explains that the self-injury may serve to enable the individual to release some distress. Without the ability for this release (for instance if self-injury is forbidden or the means are made inaccessible), individuals may then be more likely to consider or attempt suicide. For the purpose of the current study, if the behaviour is described by forum users as being performed with suicidal intent, it will meet the exclusion criteria. The reason that this distinction between self-injury and suicide has been made is because it was felt that the use of the online forums provided avenues in which individuals were able to discuss this self-injury, which is typically such a private experience.

1.3 Self-Injury and Comorbidity with other Mental Health Conditions

Self-injury is a symptom of internal distress (Contario and Lader, 1998) and is most commonly linked to borderline personality disorder (Kemperman, Russ and Shearin, 1997; Linehan, 1993). However, individuals with psychiatric difficulties other than borderline personality disorder (BPD) may also self-injure, including those with major depression (Bennun, 1989; Nock and Kessler, 2006), anxiety disorders (Haw *et al.* 2001), eating disorders (Favazza, DeRosear, and Conterio 1989; Claes, Vandereycken and Vertommen, 2003), alcohol and substance abuse (Evans and Lacey, 1992; Evren *et al.* 2008) dissociation and dissociative disorders (Briere and Gil, 1998), posttraumatic stress disorder, (Harned, Najavits and Weiss, 2001; Momartin, 2006) schizophrenia (Zlotnick *et al.*1999), and personality disorders (Haw, Hawton, Houston, and Townsend). Whilst self-injury rates are higher among the psychiatric population, self-injury occurs in non-clinical populations

(Klonsky, Oltmanns and Turkheimer, 2003; Contario and Lader, 1998; Briere and Gil, 1998) and it has been suggested that it indicates internal distress which occurs in the absence of other diagnosed mental health conditions. This may mean that the individual who is expressing emotional distress has not sought help for mental health difficulties or has not come to the attention of psychiatric services but would reach diagnostic criteria for pervasive mental illness should they do so, or it may mean that they are functioning at a level that would not in fact lead to a diagnosis of any mental health condition (Contario and Lader, 1998).

Genetic vulnerability and psychiatric, psychological, familial, social, and cultural factors have all been suggested in relation to why some individuals self-injure and others do not (Hawton, O'Connor and Saunders, 2012). Madge *et al.* (2011) found that increased severity of self-harm was linked with greater depression, anxiety, impulsivity and lower self-esteem. Single incidents were more common in females, individuals with higher impulsivity scores, individuals who had experience of family/friend suicide, physical and sexual abuse, or individuals who had worries about their sexual orientation. This research indicates that whether or not self-injury is reflective of mental illness, it is still likely to be triggered by environmental and social factors.

1.4 Prevalence of Self-Injury among Adult and Child Populations

Research on self-injury has increased in recent years, and much is now known about the prevalence and risk factors for self-injury in various populations (Klonsky, 2007; Skegg, 2005; Gratz, 2003). Estimates of the rates of self harm in children and adults vary enormously (Hagell, 2013; Muehlenkamp *et al.* 2012; Gratz, Conrad, and Roemer, 2002; Rodham and Hawton, 2009). While different studies report different statistics frequently with regards to prevalence of self-injury, the prevalence rates are predicted as being between

4-25% of the adult population engage in self-injury at some point (Briere and Gil, 1998; Whitlock, Eckenrode and Silverman, 2006; Gratz, 2001). This figure raises to 22-35% among the college and university student populations (Whitlock, Eckenrode, and Silverman, 2006; Gratz, 2001; Favazza, DeRosear, and Conterio, 1989), and demonstrating an increase in rates for young adults in their late teens and early 20's (Mental Health Foundation, 2006; O'Connor *et al.* 2012).

Research on child and adolescent populations suggests that there is a trend toward an increasing prevalence of self-injury, especially among adolescents and young adults (Kerr, Olfson *et al.* 2005; Whitlock, Eckenrode and Silverman, 2006; Muehlenkamp, and Turner, 2010). A UK National Survey (Social Care Institute for Excellence, 2005) of more than 10,000 children found that the prevalence of self-harm among 5-10 year-olds was less than 0.8% in healthy children, but this number rose to 6.2-7.5% for children who had a diagnosis of an anxiety disorder, conduct disorder, or less common psychological disorder. These figures increased dramatically for the 11-15 age group, with the prevalence being 1.2% in children without mental health difficulties. This number rose to 9.4% in children with an anxiety disorder, and 18.8% for children with a diagnosis of depression (Meltzer *et al.* 2001). Higher self-injury prevalence rates were found among researchers in the area, who report that approximately 18% of under 18's engage in self-injury (Muehlenkamp, Claes, Havertape, and Plener, 2012; Whitlock *et al.* 2011), while O'Connor *et al.* (2009) found self-harm was self-reported in 14% of 15-16 year olds in schools. Self-injury is thought to typically first appear between ages 14 and 24 (Strong, 1998; Herpertz, 1995; Favazza and Conterio, 1989). However the proportion of individuals who have tried self-injury once or twice but did not develop regular self-injury could be as high as half the population of young people (Madge *et al.* 2009).

Far higher prevalence's have been reported among university and college samples indicating that up to 37% of these students may engage in self-injury (Heath *et al.* 2008; Contario and Lader, 1998). The elevated rates of self-injury observed among college and university students may indicate that self-injury is a reaction to a high level of stress within a vulnerable population, such as a population of high achievers with perfectionistic tendencies. Furthermore, the typical age of college-university attendance is 16-22, which is an age of great transition for young people. They may be living away from home for the first time, finding their independence, and embarking on romantic relationships for the first time all of which may be additional sources of stress (Contario and Lader, 1998). It has also been suggested that having greater access to the conditions necessary to perform self-injury, such as privacy, may also be a contributing factor in these elevated statistics. These statistics are a cause for concern, particularly as young people tend to be particularly resistant to seeking help for self-injury (Miller, Muehlenkamp, and Jacobson, 2009).

1.5 Difficulties in Achieving Accurate Prevalence Rates

Different research studies into the prevalence of self-injury report widely different statistics. This may reflect multiple definitions of self-harm, self-injury, deliberate self-injury, or non-suicidal self-injury which differ between study (Hagell, 2013) further confounding the situation. It has also been suggested that the type of assessment tools used in such studies may contribute to the potential bias of estimates of prevalence of self-injury (Muehlenkamp *et al.* 2012).

A further difficulty in obtaining accurate statistics on self-injury, is that individuals who self-injure often do not present to Accident and Emergency departments, instead tending to their wounds at home (Murray and Fox, 2006). This creates various illusions. For instance, it appears from Accident and Emergency statistics that self-poisoning (commonly

referred to as overdosing) makes up a far higher proportion of self-induced injury than it does in reality because this is the act which frequently requires Accident and Emergency treatment. (Hawton *et al.* 2004; Chandler, Myers and Platt, 2011; Warm, Murray and Fox, 2002, 2003). A survey of Internet self-harm discussion groups found that respondents were twice as likely to have cut themselves than to have taken an overdose (Warm *et al.* 2002; Warm *et al.* 2003). Individuals who self-injure, particularly adolescents, are more likely to disclose their self-injury to internet-based acquaintances than they are to family and friends (Hilt, Cha and Nolen-Hoeksema, 2008; Whitlock, Powers and Eckenrode, 2006). The private nature of self-injury creates a difficulty for researchers to accurately identify the prevalence of self-injury. This also means that it is difficult for researchers to identify potential participants who self-injure for research studies. Web based forums opens up a new avenue for research which can yield large datasets (Whitlock, Powers and Eckenrode, 2006; Adler and Adler, 2008; Smithson *et al.* 2011).

1.6 Self-Injury and Gender

Some research has indicated that there is a gender imbalance in self-injury with a disproportionate number of women self-injuring than men (Zlotnick, Mattia and Zimmerman, 1999; O'Connor *et al.* 2009), but other research has not found a gender difference (Stanley *et al.* 2001; Briere and Gil, 1998; Madge *et al.* 2011). O'Connor *et al.* (2009) noted that self-injury was 3.4 times more prevalent in females than in males in their study of 15-16 year-olds. (Other studies have indicated this gender differences to be at a lower level (Madge *et al.* 2011; Young *et al.* 2007; Ross and Heath, 2002), and it has been suggested that this gender imbalance changes with age, and in later teens the ratio between males and females may be more similar (Hawton *et al.* 2012; Whitlock, 2012; Favazza and Contario, 1989).

One possible explanation offered in the literature for this gender balance is the onset of the female menarche, which may be a contributing life stressor among many adolescent females which correlates with adjustment problems (Zila and Kiselica, 2001; Rosenthal *et al.* 1972). While it is important to remember that menstruation may be experienced negatively by adolescents who do not go on to self-injure, the diathesis-stress model of self-injury postulates that self-injury is born out of a number of different life stressors coinciding in an individual's life. Where the individual may have had the coping strategies to deal with one of those things at a time, when they all occur at once, maladaptive coping strategies are more likely to be employed (Contario and Lader, 1998); the female menarche may simply provide additional stressors. It has also been suggested that this gender imbalance may be perceived rather than based in reality, and may represent a sampling bias, due to the fact that studies on self-injury have frequently used samples drawn from populations more likely to be female such as psychiatric inpatient units, and clients with a diagnosis of borderline personality disorder (Simeon *et al.* 1992). Less is therefore known about development and maintenance cycle of male self-injury (Gratz and Chapman, 2007).

1.7 Self-Injury and Early Trauma

It appears that self-injury is being used as a coping mechanism for individuals, in particular young people, and is thought to reflect problematic coping strategies for handling extreme emotional distress (Hagell, 2013). Marginalised young people, those in custody, victims of physical abuse, sexual abuse, or sexual exploitation are disproportionately more likely to engage in self-injury. This may be because they are more at risk of mental health conditions such as depression and anxiety and perhaps also because they may be less likely to have positive role models demonstrating adaptive coping (Hagell, 2013). They may also be more likely to know others who self-harm themselves or have attempted suicide. Research

indicates that parental criticism is a predictor of both self-injury and suicide attempts as well as suicidal ideation (Wedig and Nock, 2007). It has been suggested that the private nature of self-injury may allow the individual to release powerful emotions such as shame and guilt and other difficult emotional states that they have been unable to cope with using adaptive coping strategies (Contario and Lader, 1998).

Some research indicates that self-injury is often precipitated by an adverse childhood background, characterised by physical abuse (Boudewyn and Liem, 1995; Hawton *et al.* 2002; Crowe, 1996; Van der Kolk, Perry and Herman, 1991) and/or sexual abuse (Briere and Gil, 1998; Crowe, 1996; Kilby, 2001). However, Romans *et al.* (1995) conclude that chronic self-mutilation is a rare outcome of childhood sexual abuse, and that there is no concrete evidence for a direct scientific relationship and Klonsky and Muehlenkamp (2007) suggest that the relationship between childhood sexual abuse and self-injury is "*modest*". There is currently very little information or statistics on childhood neglect, known as the "s*ilent abuse*" in relation to later self-injury in childhood and adulthood, which probably reflects difficulties in researching and obtaining accurate statistics in these sensitive areas. However, it is known that an aversive childhood environment which involves invalidation and unavailable caregivers can contribute to the development of deep-rooted feelings of distress, self-hate or rejection which seem to be frequent underlying factors in populations who self-injure (Contario and Lader, 1998; Hawton *et al.* 2002).

1.8 Models of the Functions of Self Injury:

Self-Injury has been studied rather extensively over the last 20-25 years, and there are a number of alternative explanations for the reasons why individuals may self-injure (Klonsky, 2007). One such theory relates to self-injury being used as a strategy for regulating difficult emotional states; this is called the Affect-Regulation Model (Gratz, 2003;

Haines, Williams, Brain, and Wilson, 1995; Favazza, 1992). According to this model, the act of self-injury helps stabilise the emotional state by allowing expression of the difficult emotions that the individual can no longer tolerate. These emotions such as anger are directed at the self, therefore preventing it from being directed at any person to whom the anger is felt and leading to regrettable actions (Suyemoto, 1998). Marsha Linehan (1993) has suggested that the impact of being raised in an early invalidating environment as a child may be visible in adulthood. These adults may be likely to demonstrate low emotional resilience and poor strategies for coping with emotional distress. It may be that the individual did not yet have the opportunity to develop coping skills such as self-soothing or distress tolerance (Linehan, 2000; 2003).

It has also been suggested that there are biological predispositions for emotional instability. The combination both of biological predispositions and an early invalidating environment may create individuals who are particularly less able to manage their emotional state and therefore are prone to express their distress in the form of maladaptive coping mechanisms such as self-injury. Several ideas have been proposed for how self-injuring may help to decrease this negative emotional state which individuals experience prior to the self-injury. On rational terms, the problems have not been eliminated, and now in fact they have an injury in addition to the prior problems. However it is thought that both psychological and biological processes are at work (Brown, Comtois and Linehan, 2002; Suyemoto, 1998; Russ, Roth, Kakuma, Harrison, and Hull, 1994). Key to the Affect-Regulation Model of self-injury is the notion that self-injury is associated with improvements in mood and the release of emotional pressure. Prior to self-injury, individuals tended to feel overwhelmed, sad and frustrated, but were left feeling calm and relieved after the self-injury. These feelings then go on to reinforce the behaviour and make it more likely that self-injury will be used in future stressful periods (Klonsky, 2009).

The Anti-Dissociation Model offers another explanation for the functionality of self-injury, maintaining that self-injurious behaviour is a response to unbearable feelings of dissociation or depersonalization. These episodes of dissociation or depersonalization may occur as a result of intense emotions, or as a reaction to feeling alone (Gunderson, 1984). Causing physical injury to oneself may shock the system (Simpson, 1975) and therefore break a dissociative episode and allow the individual to regain a feeling of being "in" their body. Self-injury in this way generates feelings that allow individuals who are feeling numb, unreal, or dissociated to regain their physical sensations and to feel alive again.

Self-injury behaviours have been referred to frequently in the media as "attention-seeking." Klonsky (2007) reframes this into the Interpersonal-Influence Model, which expresses the idea that self-injury may be used in some circumstances by some individuals to influence or manipulate those around them (Chowanec *et al.* 1991). The self-injury is seen by others as a cry for help and therefore may elicit more affection, or being taken more seriously by a significant other or loved ones (Allen, 1995). It may also elicit responses from authority figures or peers. Cooper *et al.* (2011) highlighted the positive reinforcement of care in relation to hospital staff following discharge. The individuals felt that someone at the other end of the phone cared about them, and any kind of contact following discharge was viewed by service users as indicating "care". This indicates that self-injury could at least partly be needs-led, and may demonstrate a lack of a need being met such as "care" in the individual's personal lives. The individual who self-injures may not be aware of the reinforcement which they are receiving, nor of the effect which their self-injury has on other people.

Another such theory relating to the functions of self-injury has been termed the Interpersonal Boundaries Model. The idea is that individuals who self-injure have an unstable sense of "self", which is likely to be due to insecure early attachments and therefore

they have unclear boundaries relating to where their "self" ends in space (Friedman *et al.* 1972). This draws on object-relations theory. Cutting the skin which is the barrier that separates the person from the environment and from other people may enable the distressed individual to feel their barrier more strongly and thus confirm a distinction between oneself and others, and the environment (Carroll *et al.* 1980; Suyemoto, 1998). The endorphins and adrenaline released from the injury may help individuals to feel their "self" clearly again.

The Self-Punishment model for self-injury has been suggested previously as a way for individuals who have learned from invalidating early environments to loath and punish themselves (Linehan, 1993; Klonsky, 2007). The self-injury is an expression of anger or degradation against oneself (Klonsky, Oltmanns, and Turkheimer 2003; Soloff *et al.* 1994). Due to an early abusive childhood environment, self-punishment and self-injury are likely to be experienced as familiar and ego-syntonic, and this is how the self-injury can take the role of actually being self-soothing when faced with emotional distress.

The Sensation-Seeking model (Klonsky, 2007) is an approach which sees self-injury as a way of generating adrenaline or exhilaration in a similar way to other forms of sensation-seeking such as bungee jumping (Nixon, Cloutier and Aggarwal, 2002). However there is no research which has found evidence for the notion that individuals who self-injure also partake in extreme risk sports. That being said, it is possible that this model can add some understanding to an element of self-injury behaviour on a less extreme level. Perhaps the self-injurer takes more risks than others, or displays a greater disregard for personal safety.

Self-injury has also been explained in terms of a Suicide Prevention Model (Contario and Lader, 1998; Klonsky, 2007). The way this may work is by allowing an expression of suicidal thoughts by self-injury, without risking death. The self-injury replaces suicide and allows the individual to channel their feelings of guilt and self-loathing in this way, thus allowing their survival instinct to prevail (Suyemoto, 1998). Individuals who self-injure may

be at a higher risk of suicide if they are prevented from self-injuring, as to remove a self-injurer's blades simply takes away their control, not their intent (Himber, 1994).

There have also been efforts to explain self-injury in neurological terms and these have focussed particularly on the role of the serotonin system where it is thought that possible internal distress may be more commonly expressed in individuals with low serotonergic functioning (Simeon *et al.* 1992). It has also been suggested that there are deviations in the opioid system in individuals who self-injury, causing them to feel less or virtually no physical pain from the action. In extremely rare cases of congenital analgesia, an individual presents with an insensitivity to pain. However the response to physical pain described by self-injurers appears different to congenital analgesia. While the physical pain from cutting or harming the body may be reacted to with indifference or even relief by self-injurers at the time of self-injury, the individual does appear to feel it and to be aware of the pain from injuries following the self-injury episode (Contario and Lader, 1998). This indicates that analgesia alone cannot explain fully the functionality of self-injury. This lack of pain sensation during the episode of self-injury has also been explained as a type of dissociation, and therefore the function that the self-injury services may be to break the dissociation barrier, by the experience of physical pain (Strong, 1998).

1.9 Help-Seeking and Treatment for Clients who Self-Injure

Individuals who self-injure may seek help in a number of ways. They may confide in a close friend or peer if there is one available in their lives (Munford et al, 2015). Young people may confide in a trusted teacher or adult. If they have inflicted an injury upon themselves which requires medical treatment, they may present at Accident and Emergency (Murray and Fox, 2006). Accident and Emergency are more likely to witness severe or life-threatening instances of self-injury such as overdoses, whereas instances of skin cutting and

burning may be more superficial injuries which are less likely to require treatment from Accident and Emergency (Hurry, 2000).

Individuals for whom self-injury has become a part of daily life, may attempt to seek help elsewhere. They may read self-help books which are available in mainstream book shops. Self-help books may be broad in relation to self-help, or self-recovery from low mood or other mental health conditions and to improving general wellbeing in health, body, mind and spirit, or they may specifically related to self-injury. The search term "self-help book" typed into Google on the 7th of January, 2016 yielded 330,000,000 results, while the term "self-help" typed into Amazon.com yielded 570,981 books. Furthermore, the specific search term "self harm book" into Google on the 7th of February, 2016 yielded 12,600,000 results, while the term "self harm" typed into Amazon.com yielded 1,447 books. This indicates that these books are easily available and are very popular. There appears to be little stigma around purchasing or reading self-help books in society, as individuals strive to better themselves on a daily basis.

There are also psychological therapies which can focus on decreasing and eliminating self-injury behaviours if the individual comes to the attention of mental health services. Therapy, including the use of self-help books, can be directed at treating underlying psychological problems such as anxiety, or can target the self-injury specifically. However treating patients who self-injure can be challenging for therapists (Contario and Lader, 1998). Self-injury may cause psychological distress to the individual and to those around them and is often done in extreme secrecy (Strong, 1998). The client may present as secretive to their therapist and may be misleading regarding the extent and amount of self-inflicted injuries sustained between sessions. These clients may fear hospitalisation or the diagnosis of further mental health conditions which may impact on the therapeutic relationship and their ability to trust. The therapist must act if they feel the client is at serious risk of harm to themselves and

thus this relationship can be tricky (Contario and Lader, 1998). Individual psychological therapy can help individuals who self-injury to identify the underlying stressors and roots of their self-injury behaviour and urges (Contario and Lader, 1998). Individual cognitive behavioural therapy has been found to be successful in reducing self-injury behaviour, decreasing symptoms of anxiety and depression, and significantly improving self-esteem and problem-solving ability (Slee *et al.* 2008; Muehlenkamp, 2006). Long-term psychological therapy with a particular emphasis on problem-solving has also been found to be helpful (Whitlock, 2010).

It may help clinical psychologists working with clients who self-injure to adopt an attachment based model. Attachment theory suggests that the first relationship that every individual has as an infant with their primary caregiver, provides a model for future relationships. This model or template is known as that individual's attachment style (Ainsworth *et al.* 1978; Hughes, 2011). It is estimated that approximately 50-60% of the population have a secure attachment style (Huber & Wilson, 2014; Moullin, Waldfogel & Washbrook, 2014); these individuals may be spared many of the complexities and difficulties in relation to their interaction with other people and the formation of future attachment relationships compared to their counterparts who may have Ambivalent, Disorganised, Anxious, or Insecure Attachment Styles (Hughes, 2005; Howe, 2011, Division of Clinical Psychology, 2007).

Attachment difficulties in the child create early working models of relationships that provide a cognitive schema for future relationships. These individuals may believe that the world is a frightening and dangerous place, and may struggle to acknowledge or negotiate their own needs (Liotti and Gumley, 2008). A disorganised attachment can result from interactions with caregivers who are frightening or themselves frightened or confused and unable to fulfil their role as caregivers. The child's protective system causes them to hide

from the frightening or frightened caregiver, but their attachment system will cause them to seek out the caregiver when separated. This is known as a "push-pull" form of relating. Individuals whose early childhood did not enable or encourage the formation of a secure attachment will be likely to have deep rooted difficulties in trusting others. They may come from aversive childhood environments where emotional expression is restricted or disapproved of, causing them to later struggle to get their attachment needs met as adults (Stovall and Dozier, 2000). Self-injury and other self-destructive behaviours may be disproportionately higher in these populations (Cairns, 2002; Howe, 2005).

While attachment theory can explain why individuals may self-harm and may grow up lacking the cognitive capacity to successfully navigate distress in adult life, attachment theory can also offer an explanation for why individuals who self-injure may find comfort in seeking out online forums as an avenue in which to talk about it. It is possible that the online forum facilitates the creation of a space that feels safe for these individuals, without it being directly necessary to trust another person in a face-to-face interaction. It is possible that the online forums are soothing the attachment need and giving isolated individuals a sense of community (Whitlock, 2012; Whitlock, Lader and Contario, 2007; Whitlock, Powers and Eckenrode, 2006). Online forums may be providing a supportive environment that encourages containment and offers peer support and this could be seen as similar to the sense of community and peer support that Dialectical Behavioural Therapy (DBT) seeks to offer.

DBT is the treatment most commonly associated with the diagnosis of Borderline Personality Disorder (BPD) (Contario and Lader, 1998). Borderline personality disorder is the most common personality disorder affecting 1-2% of the population (Torgersen *et al.* 2001; Linehan 1987; 1993). Borderline personality disorder is the mental health disorder most frequently linked to self-harm (Haw *et al.* 2001; Contario and Lader, 1998; Shearer, 1994). This is perhaps unsurprising since self-harm is one of the diagnostic criteria for BPD

(APA, 2013). Self-injury is neither necessary nor sufficient alone to establish a diagnosis of borderline personality disorder, however the presence of self-harm may be indicative of more severe borderline pathology (Simeon *et al.* 1992; Nokling *et al.* 2013). The difficulties experienced by individuals with BPD include a deficit in self-soothing strategies, turbulent mood swings, a difficulty with interpersonal skills and difficulties with impulse control. Therefore, the high prevalence of self-injury observed among this population is perhaps unsurprising (Linehan, 2000, 1987; Kemperman, Russ and Shearin, 1997).

DBT was developed by Marsha Linehan in the 1980's as a cognitive-behavioural treatment for complex clients diagnosed with borderline personality disorder who were typically engaging in suicidal behaviours and/or self-injury (Linehan, 1993, 1987). Linehan was originally a service user who experienced difficulties in forming relationships and in maintaining emotional stability, and struggled with affective liability and interpersonal skills. The coping skills which she utilised usually involved self-destructive urges such as self-harm or impulsivity. Working in conjunction with experienced mental health professionals, she asked the question 'what would help individuals in a similar position?' What do these complex clients need in order to help them to develop the skills which they have not had the opportunity up to this point to develop, to help them to lead happier lives? (Linehan, 2000, 2007). This was in contrast to previous cognitively-based approaches (Linehan, 1993). The aims of DBT are to allow the individual to learn new skills in order to express themselves. Through DBT these clients learn to manage their emotional states (emotional regulation skills), and learn to sit with uncomfortable or distressing feelings (distress tolerance) and to negotiate relationships (interpersonal skills) (Linehan, 2000).

DBT also has a strong emphasis on validation, which is the process whereby the clinician communicates to the client that they have been listened to and really heard. This can be achieved by accurate reflective listening, where the clinician paraphrases the client's

expressed thoughts and feelings non-judgementally. The client can see that the clinician has heard them and has taken their experiences seriously enough to try to understand them (Kerr, Muehlenkamp and Turner, 2010). Through validating environments such as therapy or adult DBT groups, a person can feel understood and heard by another person or group of people (Linehan *et al.* 2002; Read, 2013). Their secret life is heard by the therapist and held in a formulation which is not blaming of that individual. The group environment of DBT allows for the individual's pain to be seen by other people with similar difficulties, who can provide empathy and peer support. The feelings of group members in DBT are validated, both by the psychologists and mental health professionals running the group and also by other group members (Linehan, 2007), while group and individual therapy sessions encourage individuals to share aloud their internal distress and dialogue. Being surrounded by other people who empathise and can relate to them aims to create a feeling of solidarity and to enable individuals to feel less alone and isolated. A child who grows up in an aversive background may feel validated if other people see things from their perspective. Having siblings or other family members who remember how things were during the individual's childhood, and feeling that other people can see their perspective and difficulties can serve as a strong protective factor (Rutter, 1985; Dahlin, Cederblad and Salutogenesis, 1993; Hammen, 2003). The DBT treatment serves to help individuals who most probably were not validated enough as children.

DBT is considered to be an acceptance based treatment due to this focus on developing the individual's self-acceptance, and the accepting and non-judgemental stance which the therapists strive to hold. DBT is based on a biosocial model, seeing borderline-personality disorder as a pervasive disorder of the emotion regulation system. This develops due to an interaction between adverse or abusive conditions in an individual's childhood environment, and a genetic predisposition towards fluctuations of extreme emotional states

and intensities (Kerr, Muehlenkamp and Turner, 2010). Equipping the client with new skills is an integral part of DBT. Mindfulness techniques are taught within the group and promoted as homework to enable the individual to tune into the present moment (Williams *et al.* 2007; Williams and Penman, 2011). Mindfulness is thought to originate from Buddhism; and operates from the principle that existing in the present tense creates more happiness and less stress than constantly having the mind projected into the past and the future. Everett (2009) studied the remote Pidahin Indians in the Amazon rainforest, for whom the past and the future tenses do not exist, and found that despite the danger and frequent adversity facing these individuals, they were extremely happy people. Mindfulness taught in conventional therapy suggests that individuals who are taught to engage in the present tense for just 3-10 minutes per day, have significantly better emotional outcomes in terms of mood and general well-being (Collard, 2014).

Self-soothing techniques are also taught in DBT also, with the aim of promoting opportunities and techniques for individuals to sooth themselves in calming ways when experiencing emotional distress (Linehan, 2000). One such method is creating a "*self-sooth bag*" with something to stimulate each of the senses; sight, touch, feel, taste and smell. This helps individuals to be more present in the moment when experiencing emotional distress. In DBT individuals are provided with a large list of pleasurable activities which they can choose from when feeling distressed; common techniques include having a bath, burning lavender or candles, talking to a friend, meditating, or writing in a journal (McKay, Wood and Brantley, 2007).

This model explains self-injury as a maladaptive emotional regulation strategy that is utilised because the individual has limited or deficient skills in the area of emotional regulation. DBT has been found to be successful in reducing the frequency of self-injury behaviours and reducing hospitalisations for individuals with symptoms indicative of the

borderline-personality disorder spectrum (Linehan, 1993; 2000; Robins and Chapmans, 2004). However, many clients who receive DBT continue to self-injure, albeit less frequently. This could be because the reasons behind the self-injury such as the emotional turmoil (Strong, 1998) can be alleviated somewhat by DBT; however it could also indicate that the clients have improved self-control. Due to the secretive nature of self-injury, many individuals who self-injure without having been diagnosed with a mental health condition will not come to the attention of secondary care and mental health services. They will not be under the care of a psychiatrist, and will generally not be given a diagnosis. These individuals may therefore be unlikely to access Dialectical Behavioural Therapy and may seek empathy, validation and peer support from other avenues such as online forums.

In addition to seeking help in traditional ways, self-injuring individuals may search for advice, treatment, and peer support online. Online forums may be found during typical help-seeking behaviour from individuals who self-injure. The internet provides a vast array of information, resources, and access to online groups in just a few clicks. On the 7th of January, 2016 a Google search using the term "*self injury online forum*" produced 4,220,000 results, while "*self harm online forum"* produced 7,010,000, indicating that these groups do exist in huge numbers and that help-seeking behaviour online for self-injury is engaged in extremely frequently.

1.10 The Giving and Providing of Social Support

The internet offers the unique opportunity for individuals to also offer help and advice to others, in addition to receiving it. Achor (2011, 2013) indicates that the ability to provide social support in addition to obtaining it, is often a vital part of individual's recovery and their pursuit of happiness as, in doing so, the individual fulfils various psychological needs such as empathy, compassion, and the ability to relate to others. Research has shown that

altruism is one of the greatest buffers against mental illnesses such as depression. Doing something for someone else raises our levels of hope, joy, and happiness and in turn our productivity and success rates (Achor, 2011, 2013). Achor (2013) points out that the past two decades of research on social support have mistakenly focused on how much you receive, not how much you provide. It turns out that giving feels better, does more for you, and provides greater returns in the long run.

1.11 Online Forums and Discussion Boards

The internet provides an easily accessible information source that is inexhaustible, and is particularly popular among young people today (Lenhart, Madden, and Hitlin, 2005). Research into internet use indicates that adolescents spent at least 8 hours online per week socialising with their peers, which is more contact than they have in face-to-face socialising (Mahon, 2015). Internet forums began emerging in the late 1990's and early into the 21st Century, and allow an avenue for strangers on the internet to come together to share their thoughts, feelings, and advice (Duggan *et al.* 2012; Whitlock, Powers, and Eckenrode, 2006). These forums are generally free to access, and require individuals to sign up and to create a username which is typically a pseudonym. These forums can be specific, or broad. Sub-forums or topics are created and within each section individuals can start a relevant conversation by posting a new topic ("thread"). Other individuals can then post a reply to this topic ("post"). On most Internet Forums, individuals are free to post whatever they choose (Whitlock, Lader and Contario, 2007). Forum moderators generally oversee the use of these forums, but their level of skill, training, and expertise varies dramatically, depending on the website. Typically, moderators have no training in mental health, but may have personal experience of the topic at hand. In a large-scale survey in 2002, 18% of adolescents studied reported seeking help for psychological/ emotional problems online through

chatrooms, forums and information sites (Gould *et al.* 2002). Individuals may, and frequently do belong to more than one virtual online group or forum (Horrigan, 2001).

1.12 Online Forums for Mental Health Discussion

During the past fifteen years, internet forums have become the topic of study and scrutiny for psychological and clinical research (Whitlock, Lader and Contario, 2007; Whitlock, Powers and Eckenrode, 2006; Whitlock, 2007). Anecdotally, clinicians noticed that a number of their clients referred to the use of internet forums during psychological treatment sessions, generally as a positive influence which had helped them cope with illness (Horrigan and Rainee, 2006; Haberstroh and Moyer, 2012). The internet is typically used by adolescents for social reasons (Gross, 2004), and has been described as a *"virtual meeting place".* Duggan *et al.* (2012) explain that the popularity of the internet in the past decade is unsurprising as the virtual world offers anonymity, privacy, access to others with similar interests, inexhaustible sources of information (Morahan-Martin and Anderson, 2000), and helps individuals to feel less lonely temporarily (Duggan *et al.* 2012; Murray and Fox, 2006; Whitlock, Lader, and Conterio, 2007).

1.13 Online Forums for Discussing Self-Injury

Internet forums related to mental health discussion became particularly popular between 2000-2014 (Duggan, 2012; Whitlock *et al.* 2006, 2007). In 2005 there were just over 400 self-injury dedicated forums, a figure which had risen by 20% the following year (Whitlock *et al.* 2006). Pro-anorexia websites and pro-suicide websites created concern among mental health professionals, while other individuals claimed that their lives had been saved by the friends and help which they received online (Haberstroh and Moyer 2012; Murray and Fox, 2006). The popular video sharing website YouTube produced over 5,000 video results when the term "self-injury" was searched for in 2011 (Lewis *et al.* 2011).

However in a search done on the 7th of January, 2016, the same search yielded 125,000 results. Furthermore, using "self-injury" as the search term into Google yielded almost 2.5 million results in 2011 (Lewis, 2011). This was repeated by the researcher on the 11th of December, 2015 and 17.5 million results were yielded indicating that over the last 5 years the use of the internet for self-injury discussion, video posting and information sharing has drastically increased. This indicates that there are currently approximately 70,000 online forums which exist for the purpose of discussion of mental illness, although it must be noted that a high Google search result is not indicative of forum usage.

Due to the secretive nature of self-injury, it is unsurprising that large-scale and extensive online networks and communities dedicated to self-injury have been developed and have grown considerably in the last decade (Murray and Fox, 2006; Whitlock, Powers, and Eckenrode, 2006, Whitlock *et al.* 2007). It seems that the mechanisms of online communication enable individuals to give their opinions, share personal stories, and give and receive support to and from one another (Murray and Fox, 2006; Whitlock *et al.* 2006; 2007). The anonymity which the internet provides, allows individuals to safely converse and seek support whilst avoiding the social stigma surrounding self-injury (Mulveen and Hepworth, 2006). Due to the private nature of self-injury, the fairly common parental disapproval, the likely invalidating home environment surrounding the individual, and the fear of incarceration by mental health services, individuals who self-injure may not have these opportunities to talk in this way offline (Whitlock, 2012; Contario and Lader, 1998).

Individuals who self-injure tend to occupy the internet more frequently and for longer time periods than non-self-injuring peers (Heath *et al.* 2008). Individuals who self-injure were found to be far more likely to use the internet to actively make friends than their peers who spend their time socialising online with their pre-existing friends whom they know in person (Heath *et al.* 2008). Furthermore, this group of vulnerable individuals were far more

likely to share personal information online, including maintaining their own personal webpage, than non-self-injuring peers. They were also far more likely to have engaged in online risky behaviour, including having a sexual conversation online with strangers, if they believed the other person was a fellow self-injurer (Mitchell and Ybarra, 2007). Teenagers with less firmly developed social circles tend to use the internet to compensate (Gross, Juvonen, and Gable, 2002), thus seeking out new friends and communities. It appears that the very ways in which these individuals go about forming and maintaining relationships are different to those of their non-self-injuring peers. This indicates that the internet may give shyer or more isolated individuals a safe base from which to engage in social interaction.

In a study looking at the use of self-injury message boards, it was found that informal support and the discussion of life events which serve as triggers for self-injury were the most frequent types of conversational exchange (Whitlock, Powers and Eckenrode, 2006). Peer driven websites, which are more informal, can contain triggering content (Duggan *et al.* 2012). However, it is informal forums and YouTube.com which are accessed far more frequently than professionally driven websites. This is evident from the large membership statistics and the video view counts automatically recorded. Research into the use of internet forums by those who self-injure suggests that the individuals who use these forums experience positive benefits such as validation, empathy, and feeling less isolated (Whitlock, Lader and Contario, 2007). They also allow for information searching and sharing, in a way which allows for anonymity and privacy (Adler and Adler, 2008; Berger, Wagner, and Baker, 2005). Whitlock, Lader and Contario (2007) explained that the use of internet forums appeals greatly to individuals who self-injure because the anonymity is comforting to individuals who struggle with shame and isolation. The internet provides a safe space for isolated individuals struggling with a problem to which there is stigma attached to feel less isolated and more able to talk about it than they would be in real life (Duggan *et al.* 2012).

1.14 Online Forums as a Virtual Safe Base

The internet can provide validation, support and community to those who self-injure and is generally reported to have a positive effect, although a minority indicated that the online discussions triggered further self-injurious behaviour (Whitlock, Contario and Lader, 2007). From an attachment perspective, virtual interaction may provide (or at least provide the illusion of) the secure attachment base where one is understood, validated, and heard. Insecure childhood attachments may play a role in the development of self-injurious behaviours as well as difficulties with developing future attachment relationships (Gratz, Conrad and Roemer, 2002; Yates, 2004). Relationships with other people may be a stressor for which self-injury becomes a coping strategy. For individuals experiencing attachment difficulty, traumatic backgrounds, invalidating environments, or multiple enduring stressors, it is likely that difficulties with human relationships may be a trigger for self-injury, perhaps due to intense emotional states that these individuals may experience such as rejection or loneliness.

Individuals often spend time searching online for the right online community for them to discuss the difficulties they are experiencing. If the individual is battling with self-injury, they will often gravitate towards a community specific to self-injury discussion (Adler and Adler, 2008). People with the biggest communication needs may gravitate towards busier communities where they are more likely to get faster and frequent replies (McKenna and Green, 2002). Some sites are advertised as specifically being teen-orientated, other websites seem to attract a mixture of individuals of age and background (Adler and Adler, 2008). These self-injury forums may become a safe-space for individuals who self-injure, enabling them to be connected with many others who are experiencing similar difficulties. At the same time as providing this connection, the internet provides a shield against disclosing real life identity, and also serves to make the interactions far more manageable in many ways than

real life interactions and relationships can be. Relationships formed via online forums provide an avenue to talk in depth and to offer support to others immediately, whilst allowing for some boundaries and distance (for example through the use of a pseudonym). Thus, online forums appear to bypass the typical attachment pattern in real life friendships, whereby you would expect there to be a period of time at least initially when getting to know each other, where small-talk and less complex topics are shared. Building up to talking about topics as difficult as self-injury would perhaps be rather nerve-wracking even among extremely good friends in offline interaction, and there would be no guaranteed way of knowing how the other person would react. Use of internet forums appears to be a way of bypassing these social norms of social relationships and allowing isolated individuals the means to access an in-depth relationship containing a level of emotional intimacy almost instantaneously (Whitlock, Eckenrode and Silverman, 2006).

Online forums may provide both a distraction from the immediate difficulties to hand and a sense of community. The internet allows individuals to focus on one type of communication (e.g. written) and filters out the body language, eye contact, and dyadic and triadic interactions involved in face-to-face conversations between a pair or a group of people. Whitlock (2012) points out that online interactions give the illusion of more social distance and more control regarding how an individual chooses to present themselves. This is likely to be particularly appealing to individuals who self-injure, because such individuals typically display difficulties with emotion regulation and high levels of emotional sensitivity, in particular related to rejection in social situations and interpersonal relationships (Whitlock, Lader, and Conterio, 2007).

It is possible that individuals who would otherwise be completely isolated are able to get their attachment needs met on these online forums (Whitlock, Echenrode and Silverman, 2006), providing validation, a sense of community, and social support. These relationships

develop quickly as individuals are more able to share their stories truthfully and without having to have a prior relationship with their online communities. Sometimes the fact that there is no prior relationship helps individuals to self-disclose; this is known as the 'Online Disinhibition Effect' (Suler, 2004). Suler (2004) noted that the internet can help individuals struggling with complex difficulties to openly share their difficulties and provides acceptance, belonging and support and allows individuals to bond instantaneously through shared experience (Whitlock, 2012). Whitlock (2007) considered the positive effects that self-injuring populations seem to gain from accessing online peer support forums and concluded that there can be several extremely therapeutic benefits, including allowing for self-expression, social connection, and peer support.

1.15 Advantages of Internet-Based Interaction for individuals who self-injure:

In addition to social support and the provision of a 'safe base', Murray and Fox (2006) found that the majority of individuals surveyed strongly believed that their membership of online forums had facilitated the reduction of their self-injury, leading to recovery (73%). Benefits of online forum use included support, anonyminity, privacy, and the freedom for individuals to express their feelings and internal turmoil safely, within a validating environment. Similarly, Johnson, Zastawny and Kulpa (2010) found from surveys with members of a self-injury community site that the sense of connection and feeling a sense of belonging to a community were the most powerful reasons for membership. Over 50% of members surveyed reported that their levels of self-injury behaviour had decreased since becoming a member.

The Internet provides access to a wealth of information to individuals seeking self-injury advice and information. The Good Practice Guidelines from the European Union (2012) reminds us that access to information can play a key role in helping to reduce self-

injury behaviours, in early intervention, and in helping to prevent self-injury escalation. The internet can also have the benefit of decreasing stigma due to the undeniably high numbers of individuals using these forums and discussions – this can serve a very powerful message: *"you are not alone"* (Johnsen, Rosenvinge and Gammon, 2002; Mayo Clinic, 2012). Furthermore, hearing that other people have experienced similar difficulties and emotional states can be very validating. Peer support is recognised as an extremely helpful strategy today for mental health work, often offering a way in to facilitate motivation towards therapeutic change (European Union Good Practice Guidelines, 2012). The peer support available on these online forums provides a valuable type of support from people who are positioned in a way that they can directly relate and emphasise with the individual's experiences (European Union Good Practice Guidelines, 2012). Kerr, Muchlenkamp and Turner (2010) found that individuals who are struggling with self-injury, in particular adolescents, are most likely to first disclose their problem to internet-based acquaintances. This indicates that the internet is fulfilling a huge need in the lives of these individuals and providing otherwise isolated individuals with an arena within which they can self-disclose safely.

1.16 Disadvantages of Internet-based interaction for individuals who self-injure:

The internet may therefore appeal greatly to socially anxious individuals who struggle with forming relationships, struggle with attachments, and fear rejection, and allow for relationships to be developed that do not require sensory input from a number of senses to be integrated as it would with face-to-face conversation. However as Whitlock, Contario and Lader (2007) point out:

"The ability to effectively interpret and integrate information received from the senses employed in real-life exchange is a critical part of developing healthy coping mechanisms."

These authors appear highly cautious in reporting the positive effects of online forums. They express the idea that whilst utilising communication in this way may appear to be helpful to individuals, it is not actually helping them to develop positive relationships with an element of self-disclosure and support offline (Whitlock, Lader and Contario, 2007). Indeed, accessing support in this way may in fact reinforce the tendency of this population to avoid real life relationships and difficulties, thus adding to the sense of anxiety and fear surrounding this. As human relationships are virtually unavoidable, Whitlock (2012) expresses concern that online relationships and support avenues may actually hinder the development of interpersonal skills and relationships with boundaries, as online relationships lack typical social rules which are necessary within real-life relationships. Whitlock *et al*. (2007) explain that the material available online can be experienced as triggering, and may actually interfere with the individual developing more adaptive coping strategies. Furthermore, the informal nature of self-help and the over reliance of feedback from peers can be a cause for concern, because there is a lack of input from mental health professionals (Duggan, 2012; Whitlock *et al.* 2006).

Adler and Adler (2007) also add an abundance of caution regarding the internet, explaining that they had noted several sites which appeared to take on a pro-self-injury outlook, treating it as an individual's choice and a long-term strategy. These sites can attract vulnerable individuals and expose them to a one-sided and unhealthy perspective. Whitlock (2012) also acknowledged that although the most popular type of exchange found was by far social support, less healthy exchanges such as the normalisation and encouragement of self-injury and the sharing of self-injury methods were also apparent. Whitlock (2012) also expressed concern that since these forums appear to meet such complex needs, leaving the community may be an extremely threatening or terrifying idea. This could possibly therefore

create a resistance to change in the individuals struggling with self-injury (Whitlock *et al.* 2006).

1.17 Research on Self-Injury and Online Forums to Date:

To date, little research has explored the intricate dynamics of active online self-injury recovery groups in depth, although this has been recommended as an area within which more research is necessary (Whitlock *et al.* 2007; Haberstroh and Moyer, 2012).

1.18 Conclusions of the Literature Review

There is a great deal of research into the area of self-injury behaviour both within the context of other mental health disorders and as a phenomenon in its own right. Since the start of the 21st century, the use of the internet and online forums for individuals battling with mental health issues has been followed with growing interest by researchers and clinicians alike. Combining self-injury and the use of online forums has allowed for an extensive systematic review, featuring several leading authorities in the field, such as Whitlock (2010, 2012), Murray (2006) and Adler and Adler (2008).

1.19 The Current Study:

The current study aims to assess the functions that online self-injury forums provide to their users. The focus of the investigation is the reasons why individuals make use of these forums and the benefits that they are receiving from them which reinforces their continued use. Ideas expressed in previous literature seem to indicate that these online discussion forms meet a core developmental or attachment need, provide a sense of community, peer-support, and a validating environment. With this in mind, qualitative research methodology appears to be the best way to address the question at hand. The research method Grounded Theory has been selected, and an appropriate data source has been identified. Because there are

thousands of online forums and discussion boards to choose from, all of which could yield substantial datasets, it was important to select the data source carefully. A UK based forum was decided upon, which is specifically advertised as being a self-injury support community. Whilst UK based, this site attracts members from all over the world with over 55 thousand members (in July, 2015). This forum contains a number of topics for discussion, and data was selected from the generic "self-harm discussion and support" section. The data collection began on the 2nd of September, 2015, and was collected across a 5-month period spanning to 03.04.2016- until a large enough data set had been achieved (60,000 words).

1.20 Rationale

This study aims to address the lack of knowledge concerning the psychological functions that online self-injury forums serve to their members. There has been little examination of the psychological functions of the use of online forums to discuss self-injury. The purpose of the current study is to identify and examine the possible psychological functions that forum membership and communication about this topic provide to the individuals engaged in these interactions, and to relate these observed functions to wider psychological theory. Whilst previous research has content analysed online forum data and derived statistics from this, the psychological functions that these forums may provide has never been examined in this way. It is felt that if the gains which individuals reap from utilising self-injury forums is better understood, this will enable clinicians to replicate these functions in more formal services and therapeutic settings. In very much the way Dialectical-Behavioural Therapy evolved (by going to the population who have the difficulties and asking questions regarding what would help, and how can this be provided), this research aims to understand what is happening psychologically which can explain the huge scale popularity of such websites. More research is still needed regarding the use of the internet

and mental health, which provides a unique opportunity to conduct field research on conversations which occurred naturally between members of the public. It appears that while there has been some research into the content of posts on online forums specifically regarding self-injury, no-one has asked the question precisely regarding the "psychological functions of online self-injury forums", suggesting that the current research question is timely and may provide a useful addition to knowledge about the psychology of individuals who self-injure.

Individuals from neglectful or invalidating childhood environments may seek comfort in online companionship. It is also suspected that the roles of validation and normalisation may feature heavily in enabling individuals to feel heard and accepted. Benefits of group membership may involve having someone to talk to who truly understands what the other person is going through, when family or society may lack awareness or may attribute the behaviour to "attention-seeking". It is also thought that the ability to give care and advice in addition to receiving it, may be meeting a complex psychological need in the lives of otherwise isolated individuals. Other themes that may feature may involve the provision of social support, which allows individuals to give as well as to receive care and advice. This has been found to be extremely powerful in aiding the recovery of individuals, consolidating knowledge, and in building skills, confidence, and self-esteem (Achor, 2013). It is also possible that the search for more coping strategies may be observed as individuals struggle to overcome powerful urges to self-injure.

1.21 Research Aims

The overall aim of this study is to identify some of the core themes regarding the functions that the online self-injury forum studied offers to its users. It is hoped that these themes will encompass contextual and environmental factors regarding what is being provided by the forum, in addition to the dyadic and triadic and group interactions between

individuals and the community in terms of human psychological need. The specific objectives of this study were:

- To identify themes within the qualitative data regarding the psychological functions that self-injury forums provide.
- To interpret these themes from a psychological perspective, linking the findings to existing psychological and theoretical frameworks.
- To provide an awareness and understanding of the role of online forums for clinicians and to explore how these identified needs could be met in clinical settings for this population.

1.22 Clinical Relevance

There is a high prevalence of self-injury behaviour across the lifetime and it is a phenomenon that has been observed cross-culturally, across both genders, and in both adult and child populations. It is very likely that clinicians will frequently encounter clients who self-injure, as this behaviour has been identified as a coping strategy for extreme distress. It is likely that before receiving psychological therapy, and possibly even during, these clients have turned to internet forums for support.

The use of the internet to discuss, to find information, and to seek support is a contemporary phenomenon which appears to be increasing. The Internet has been described as a "*virtual meeting place*" and it is important for clinicians to be aware of these shifts in socialising, and of the role that self-injury forums may occupy in the lives of their clients. While there has been much discussion about the potential risk of utilising the internet and online forums for social support, it is important for clinicians to be aware of the potentially positive or useful psychological functions of these forums in addition to the risks.

It is hoped that by developing an understanding of the psychological functions that these forums provide, it will make it possible for clinicians to be aware of the unmet need in their clients' lives. It is also thought that by understanding the functionality that online forums serve, a therapeutic approach may in the future be developed from a needs-led perspective to mirror the ways in which online forums meet the identified needs, but within an official clinical and therapeutic setting.

2 CHAPTER TWO - SYSTEMATIC REVIEW

"A systematic review of studies exploring the use of the internet for self-injury discussion and support."

2.1 Abstract

A systematic review was conducted to examine the existing literature regarding self-injury forums which have become increasingly frequented over the past 10-15 years worldwide. The psychological functions of forum membership and the interactions between group members are explored. The initial search criteria included the terms "online" / "cyber" and "self-injury forums" / "self-injury forums" / "self-harm forums" / "self-harm forums". Three hundred and twenty one papers were identified initially, however after exclusion based on duplication, systematic reviews, literature reviews, miscellaneous, and poster presentations, and upon review of the whole article, 11 papers remained. Quality assessment found the standard of this existing literature to be generally of good quality, but limitations were identified in the areas of research design, insufficient consideration to the relationship between researcher and participants, and the reporting of ethical considerations.

Keywords: Self-harm/ self-injury, internet, online, cyber, ethical.

2.2 Introduction

Self-injury is defined as the deliberate infliction of injuries inflicted to one's own body which does not have suicidal intent (National Institute of Clinical Excellence guidelines, 2004; Klonsky, 2007; Muehlenkamp, 2005). Over the past 20-30 years, self-injury (also referred to as self-harm/ deliberate self-harm) has become a topic of interest among psychological researchers, as a behaviour that may be observed prior to, or independently of, psychiatric diagnoses (Contario and Lader, 1998; Whitlock, Powers and

Eckenrode, 2006; Whitlock 2010). Internet forums emerged during the late 1990's and created an avenue for strangers on the internet to come together to share their thoughts, feelings, and advice (Duggan *et al.* 2012; Whitlock, Powers, and Eckenrode, 2006). While the use of internet forums and online sites to discuss has become a growing area of research interest in areas such as health anxiety, mental health conditions and physical health conditions, the use of these internet forums for individuals to discuss self-injury has received little attention. To date, there has been no systematic review of self-injury and the use of online forums. A book chapter reviewing research on self-injury on the internet and providing a summary was published in 2012 (Whitlock and Duggan, 2012), but this was not systematic and did not include research published after 2011 (Haberstroh and Moyer, 2012, Smithson *et al.* 2011, Franzen and Gottzen, 2011).

The current paper therefore aims to systematically review the available research exploring the use of online self-injury forums and to explore the work of the currently leading authorities within this field, including Whitlock, Powers and Echenrode (2006), Murray and Fox, (2006) and Adler and Adler (2007). It is observed that all of the papers reviewed utilised a qualitative methodology.

2.3 Method

A systematic review was conducted on the literature which featured the two topics "self-injury" and the "internet." Relevant articles were identified initially using the online databases MEDLINE (1946), EMBASE, and PsycINFO (1806). Because different terms may be used to describe each aspect, the following key search terms were used regarding self-injury and internet use.

2.3.1 SYSTEMATIC REVIEW – SEARCH FORMULA

(“self-injur*” or “self-harm*” or “cut*” or “cutting*” or “non-suicidal self-injury*” or “non suicide*” or “deliberate self harm*” or “moderate self-mutilation*” or “parasuicide*” or “skin cutting*”)

AND

(“Internet*” or “internet forum*” or “online*” or “online forum*” or
“self injury forum” or “cyber*” or “e-message boards*” or “self-help forum*” or “self-help website*” or “mental health forum” or “online support group*” or “online self-injury* or “online self injury*”)

Additional synonyms and forms of terms were also searched, e.g. searching for “non suicide*” would include “non suicidal self injury”, “non suicidal self harm” “non suicidal self-injury” etc. The Boolean AND/OR formula is given below:

2.3.2 The Boolean AND/OR formula:

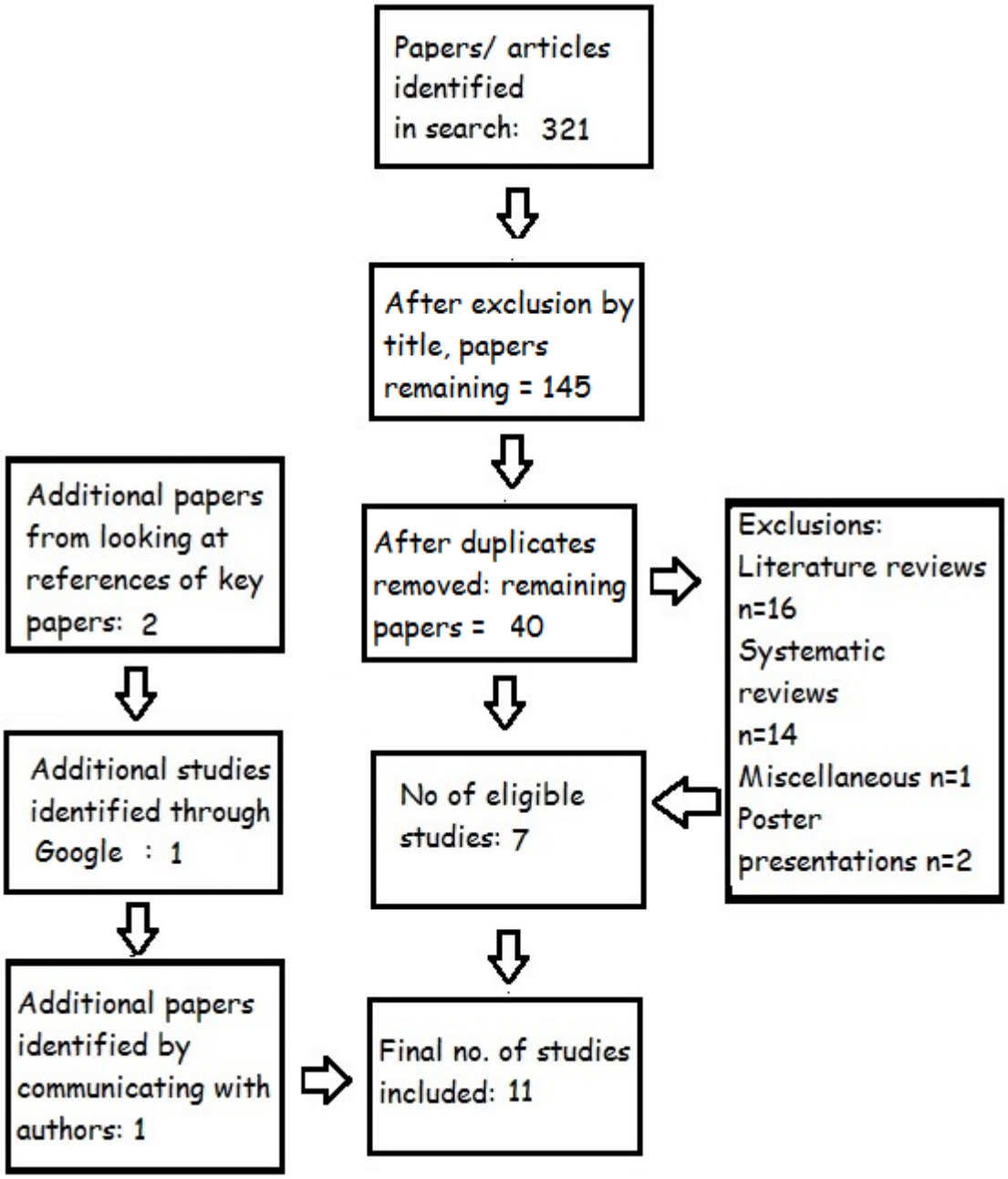
“self-injur*” or “self-harm*” or “cut*” or “cutting*” or “non-suicidal self-injury*” or “non suicide*” or “deliberate self harm*” or “moderate self-mutilation*” or “parasuicide*” or “skin cutting*” AND; “Internet*” or “internet forum*” or “online*” or “online forum*” or “self injury forum” or “cyber*” or “e-message boards*” or “self-help forum*” or “self-help website*” or “mental health forum” or “online support group*” or “online self-injury* or “online self injury*”

The search strategy was designed to identify papers where one of these words from each category appeared in the title, abstract, or keywords of the journal papers. Because this review focuses on internet based research and online forums only became established as a means of communication between individuals to discuss topics in the 21st century (Duggan *et al.* 2012), it was decided initially to limit the search dates from December 2000, until the time of searching (February, 2016). Papers which had used either a qualitative or a quantitative methodology were included. In order to be as thorough as possible in the searching for

relevant publications, the search engine Google was utilised in February, 2016 which identified the Swedish paper (Franzén and Gottzén, 2011) which had not been identified in the search utilising the databases.

Searching via the online databases Library; MEDLINE (1946), EMBASE, and PsycINFO (1806).which were accessible through the university, initially yielded 321 papers of possible relevance. The titles of these articles were initially read, and 176 articles were excluded as not being relevant to the current review. The remaining articles (145) were reviewed, and it was found that 105 of these were duplicates of the same publication. Out of the 40 remaining papers, 16 literature reviews and 14 systematic reviews were excluded as these did not constitute a new piece of research. Out of the 10 remaining papers, a further 3 were excluded as miscellaneous/ poster presentations. This initially left 7 articles which reported research performed looking directly at self-injury and the use of the internet. From thorough review of these 7 papers, a further two papers were identified from looking at the references which these papers cited, and a further one paper came to the attention of the researcher through communicating with authors of the initial 7 key papers. A further one paper was identified through searching via the search engine Google.

Figure 2.1 Overview of Search and Screening Process



2.3.3 Inclusion / Exclusion Criteria

While the researchers had initially decided to restrict the search dates from December 2000, until the time of searching (February, 2016), this restriction was lifted in the interests of ensuring rigour and a search time which was unrestricted by dates was carried out. However, as expected, no relevant research had been published prior to the year 2000. The review was limited to peer reviewed articles. Articles within the 'grey literature' domain (e.g. magazine articles, poster presentations) were excluded.

For inclusion in the review, papers were required to describe a new piece of research which specifically investigated the use of the internet in conjunction with self-injury. The majority of such papers found, involved online forum data, but the search did not include only online forum data as the aim of the review was to 'explore the use of the internet for self-injury discussion and support'. This therefore allowed the inclusion of an article which examined the accessibility and scope of non-suicidal self-injury videos online using the website YouTube.com (Lewis *et al.* 2010). Several of the papers used a variety of sources of data within the same study to build up the dataset. Self-injury was broadly defined, and articles which used other terms such as 'cutters' or 'self-harm' were also included in the review.

2.3.4 Data Quality

The quality of each of the articles found was rated using the Critical Appraisal Skills Programme (CASP) (Critical Appraisal Skills Programme, 2014). Each of the 11 papers included in the review was systematically appraised and given a score based on the number of criteria met, up to a maximum score of 20 (see Appendix 5 for CASP checklist). Each paper was initially CASP rated by the researcher, and then the researcher and the supervisor engaged in a discussion about the CASP ratings for each paper, and eventually

reached consensus on all ratings. For descriptive purposes, papers which scored 0-10 are referred to as low quality, 10-15 are medium quality, and 15-20 are high quality papers. Ideally, it was planned that papers with a CASP score of 14 and under would be excluded from the review to ensure a high standard of high quality research. However, due to the limited number of relevant papers included in the review, the lowest scoring paper (CASP score = 13) was also included.

2.3.5 Table 2.1 Review of the 11 Papers, including details of their key methodology, conclusions and critiques:

(table is 4 pages)

2.3.6 Table 2.2 CASP Ratings of the 11 Papers:

Journal Article:	1. Was there a clear statement of the aims of the research	2. Is a qualitative methodology appropriate?	3. Was the research design appropriate to address the aims of the research?	4. Was the recruitment strategy appropriate to the aims of the research?	5. Was the data collected in a way that addressed the research issue?	6. Has the relationship between researcher and participants been adequately considered?	7. Have ethical issues been taken into consideration ?	8. Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Overall CASP rating:
Smithson, K., Sharkey, S., Hewis, E., Jones, R. B., Emmens, T., Ford, T. & Owens, C. (2011)	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Can't tell = 1	Yes = 2	Can't tell = 1	Yes = 2	Yes = 2	18/20
Franzen, A. G. & Gottzen, L. (2011)	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	No = 0	Yes = 2	Yes = 2	Yes = 2	Yes = 2	18/20
Lewis, S. P., Heath, N, L., Denis, M. A. & Noble, R. (2010).	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Can't tell = 1	Yes = 2	Yes = 2	Yes = 2	19/20
Johnson, G, M. & Zastawny, S. & Kulpa, A. (2009)	No = 2	Yes = 2	Can't tell = 2	Can't tell = 1	Yes = 2	No = 0	Can't tell = 1	No = 0	Yes = 2	Can't tell = 1	13/20
Adler, P, A. & Adler, P. (2008)	Yes = 2	Yes = 2	Can't tell = 1.	Yes = 2.	Yes = 2	Can't tell = 1	Can't tell = 1	Yes = 2,	Yes = 2	Yes = 2	17/20
Haberstroh, S. & Moyer, M. (2012).	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	20/20
Murray, C. D. & Fox, J. (2006)	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Can't tell = 1	Yes = 2	Yes = 2	Yes = 2	19/20
Sutherland, O., Breen, A. V. & Lewis, S. P. (2013)	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	20/20
Adler, P. A. & Adler, P. (2007).	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Can't tell = 1	Yes = 2	Yes = 2	Yes = 2	19/20
Whitlock, J. L., & Powers, J. L. & Eckenrode J. (2006)	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	20/20
Duggan, J. M., Heath, N.L. & Lewis, P. H. (2012).	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Yes = 2	Can't tell = 1	Can't tell = 1	Yes = 2	Yes = 2	Yes = 2	18/20

2.4 Results

The search and screening process identified 11 articles which were included in the systematic review. All of the studies involved had conducted empirical research into the area of self-injury and the use of online avenues for discussion/ support/ expression. The majority of these papers were either USA based (n = 5) or Canada based (n = 3). These papers had been published under the standard of the American Psychological Association and had followed different ethical guidelines to those of the British Psychological Society. Out of the remaining three papers, one was a Swedish paper from researchers working at Linkoping University, which had been written and published in English (Franzén and Gottzén, 2011). The remaining two papers were UK published papers; one had been written at the School of Psychological Sciences at the University of Manchester (Murray and Fox, 2006), and the other had been written and published within the school of Environmental Sciences at the university of Exeter, in 2011 (Smithson *et al.* 2011). While the initial search had restricted the dates to 2000- Present, the 11 final papers yielded which made up this systematic review were all dated between 2006-2013. Broadening the search dates to exclude the limit of the year 2000, and to include papers published before this time also did not yield any further results.

2.4.1 Summary of Findings

Several reasons behind individuals accessing online self-injury discussion boards were identified (Johnson, Zastawny, and Kulpa, 2009; Whitlock, Powers, and Eckenrode, 2006). From a self-report measure administered to individuals who used an online self-injury discussion forum, 77.6% of participants indicated that one of the reasons that they used the forum was ‘community’, 46.3% indicated that one of their reasons was ‘help self’, 37.3% indicated that one of their reasons was ‘to help others’, and 35.8% indicated that one of their

reasons was to spend time within a 'non-judgemental supportive environment' (Johnson, Zastawny and Kulpa, 2009). In addition to the more commonly reported reasons, three further reasons were identified; 13.4% of participants indicated that 'learning' was one of the reasons that they utilised the online self-injury discussion board, 10.4% indicated that the discussion board provided an 'emotional outlet', and 9% indicated that they used the discussion board as a coping mechanism. Similarly, Murray and Fox (2006) found from questionnaire data administered to participants who used self-harm forums that the majority reported that the forum provided validation and support, and this had indeed helped to reduce their self-injury. The participants indicated that the group was a means of support that members intended to use for a temporary period; the majority of respondents (87%) indicated that they would have had no need for the group if they stopped self-harming. Whitlock, Powers and Eckenrode (2006) reported similar findings from a large-scale content analysis of over three thousand posts from online self-injury forum data, indicating that the most common categories of reasons for individuals utilising the forum appeared to be 'help-seeking', discussing 'motivation/triggers', and also the avenue which the forum provided to allow for 'informal provision of support for others'.

From a grounded theory approach which examined the questionnaire responses of individuals who used an online self-injury forum, Haberstroh and Moyer (2012) identified themes including 'The Online Group Supplemented Counselling' and provided 'Support, Connection, and Feedback.' Further themes included 'self-injury as a relationship', whereby the participants identified self-injury as a friend, stable companion, and as support. This self-injury appeared to serve a purpose of a type of 'Emotional Expression and Comfort' to participants. The final two themes discussed were: 'Safety and Frustration With the No Triggering Norm' and 'Asynchronous Group Limitations'. The no triggering norm related to a forum rule which asked members to refrain from sharing triggering material. Members

appeared to find this limitation on communication frustrating. The 'Asynchronous Group Limitations' theme gave further discussion to the limitations of online forums, including the time lapse that might occur between writing a post and getting a response from others.

Adler and Adler (2008) explored the experience of using different online environments and concluded that different forums have different 'atmospheres', they discovered that individuals may belong to more than one cyber community and may display intermittent use, moving between different online communities from time to time. They discovered a theme which they named 'Identification with the Community', explaining that when individuals found a community that fitted well with their needs, it gave them a sense of identity, and that, crucially, they experienced this whether or not they were actively self-injuring. It was also concluded that, beyond temporary havens, cyber communities offer places for individuals to experiment with their selves and to try out different identities. The idea that self-injury provided a supportive outlet, like a 'friend' who was simply there when needed, was also discussed. Smithson et al. (2011) set up their own online forum and focused on how the participants used this forum, including shaping the conversations, and expected social online behaviours in line with their expectations of how such a site should operate. It was concluded that the forum was an easier place to feel accepted for the highly vulnerable young adults with mental health problems, than real life conversations would have been. Adler and Adler (2007) de-medicalized self-injury and provided other explanations such as viewing self-injury as a voluntary choice and lifestyle, with social meanings and social processes behind it. Similarly, in Sweden, Franzen and Gottzen, (2011) discovered a 'normalising' discourse and a 'pathologising' discourse in young people who utilised self-injury online forums. The normalising discourse represented the understanding that individuals who self-injure are strong and resilient, whereas the pathologising discourse sees self-injury as representative of underlying pathology. Sutherland, Breen and Lewis (2013)

similarly demonstrated that individuals who used using online self-injury forums presented their distress as unbearable and the self-injury as an effective relief, thus justifying it and presenting it as reasonable, in view of their current situation.

Finally, the two remaining papers focussed on self-injury in video /short film format utilising the website YouTube. It was shown that self-injury is strongly represented in this way (Duggan, Heath and Lewis, 2012; Lewis *et al*, 2010) and it was suggested that these videos may be triggering with regards to self-injury by vulnerable viewers. These videos labelled as 'triggering' attracted high numbers of viewings however, with some of the videos analysed by Lewis *et al* (2010) having been viewed over 2million times. The videos tended to be melancholic and to typically either show photographs or live enactments of wrist cutting. Lewis *et al* (2010) concluded that these videos indicate an environment where self-injury is normalised, and possibly even encouraged. They express concern about YouTube use, and recommend that clinicians gauge the level of self-injury internet forum use of clients who are presenting with self-injury. Duggan, Heath and Lewis (2012) explained that the Internet can serve as a positive self-help tool in the recovery of individuals who self-injure by providing a sense of community and support and by serving as an informational source.

2.4.2 The Samples/ Participants used, Recruitment and Data Collection Methods

The largest samples were in the Adler and Adler (2007, 2008) and Duggan, Heath and Lewis (2012) studies, each analysing thousands of pieces of data found online. The Adler and Adler papers reported findings based on analysing tens of thousands of internet postings, in addition to 81 in-depth interviews with individuals who self-injured but were not from a clinical sample. The ages of these participants ranged between 16-65. The participants with whom the interviews were conducted were selected via opportunity sampling from a university which was the researchers' base. The researchers advertised across the two

university campuses for individuals who self-injured to take part in the study. The web postings were purposefully selected from online internet groups for self-injury. It was estimated that the majority of the internet posts had been posted by individuals who were under the age of 20. Duggan, Heath, and Lewis (2012) also utilised opportunity sampling, and analysed 5 websites dedicated to self-injury, 41 Facebook groups, and 2,290 YouTube videos. The age of the individuals whose online posts and videos were analysed is unknown. Lewis *et al* (2010) similarly analysed YouTube videos, 100 in total. This may or may not be representative of 100 different individuals as it is possible that the same user made more than one video. The mean age was reported to be 25.39, but Lewis *et al* (2010) explain that they suspect that the mean age may well be lower than this as in order to post videos featuring adult content on the website YouTube, individuals needed to say they were over 18. Therefore, it is likely that some participants who had indicated a younger age on their profile page, had adopted an older identity to access more YouTube content. The recruitment strategy was also opportunity sampling, and the most viewed videos on YouTube which came up under search terms "self-injury" and "self-harm" were analysed.

The remaining papers featured research based on online forum data. All but one had used online data existing within the public domain. However, Smithson *et al* (2011) had designed their own specific online forum, which was made live for a set period of time, to produce data that the researchers could analyse. The number of participants involved in this study was 77, and this was the only study which constituted an experiment. No demographics on age were reported except that the authors stated that the participants were all 'young people'. Individuals found on other self-injury forums had been invited to take part before the forum opened, so this was opportunity sampling. The majority of the remaining studies reviewed utilised fairly modest sample sizes of between 50-102 and concentrated on analysing questionnaire data (Murray and Fox, 2006; Johnson, Zastawny,

and Kulpa, 2009; Sutherland, Breen, and Lewis, 2013.) These studies purposefully selected their sample population from e-message boards for self-injurers and analysed questionnaires, featuring open ended questions. Sutherland, Breen and Lewis (2013) did not provide an age range for their participants, but Johnson, Zastawny and Kulpa (2009) indicate that their participants ranged between ages 16-60. Murray and Fox (2006) gave both an age range for their participants (12-47) and a mean age (21.4), indicating that the majority of respondents were young people. Similarly, Franzen and Gottzen (2011) said that the majority of their participants had indicated that they were between the ages of 15-28. Whilst these previous studies have used data from individuals under the age of 16, the current study was conducted following BPS guidelines (2013) for internet-mediated research, which indicates that data from under 16-year olds should not be used for research purposes in cases where the age of participants has been disclosed, and therefore will exclude any posts written by forum users known to be under the age of 16. Eight interviews were carried out in the second stage of research, but within the first stage online forum postings were analysed and the researchers do not indicate the number of individuals whose posts made up the dataset. The sampling approach was also opportunity sampling. In the final paper reviewed, the sample size was 20 (Haberstroh and Moyer, 2012). Individuals were found using opportunity sampling from a self-injury recovery group online forum and were approached and asked to complete a questionnaire. The majority of these studies have relied on questionnaire data, with only a few concentrating on analysing internet online forum postings as they stand (Adler and Adler, 2007, 2008; Smithson et al, 2011).

2.4.3 Analysis Methodology

All of the 11 studies reviewed utilised qualitative methodology and the majority indeed used only qualitative methodology. However, one or two provided some descriptive

statistics and in one case a correlational analysis (Whitlock, Powers, and Eckenrode 2006; Lewis *et al*, 2010). The majority of the papers reviewed reported a content analysis (Murray and Fox, 2006; Adler and Adler, 2007; Whitlock, Powers and Eckenrode, 2006; and Duggan, Heath and Lewis, 2012). The second most commonly used method for data analysis of the papers reviewed was narrative /discursive analysis, taking the form of Narrative Discursive Analysis (Johnson, Zastawny and Kulpa, 2009; Lewis *et al*, 2010; Sutherland, Breen and Lewis, 2013), and Conversation analysis (Smithson *et al*, 2011). One thematic analysis was reported (Adler and Adler, 2008), and one paper interpreted the results in line with Positioning Theory. One grounded theory analysis was reported (Haberstroh and Moyer, 2012)

2.4.4 Quality of Papers

In terms of CASP ratings for assessing the rigour of qualitative research, the majority of the papers reviewed had high scores, with the majority of scores falling between 17/20 - 20/20. Two of the papers reviewed achieved a CASP rating of 20/20 (Haberstroh and Moyer, 2012; Sutherland, Breen and Lewis, 2013) and it may be of significance that these are two of the most recently published articles. The lowest CASP score (13/20) was that of Johnson, Zastawny and Kulpa (2009) article, which dropped CASP rating points due to a short data analysis section which appeared to rely too heavily on basic statistics, despite possessing a large data set from 67 individuals, each of whom answered 10 interview questions. Other reasons for dropping CASP rating points included short discussion sections, contradictory data not being taken into account, and researchers having not critically appraised their own position and the impact that this may have had on the analysis (Smithson *et al*, 2011).

2.4.5 Ethical issues taken into consideration?

The majority of the papers reviewed did not discuss ethical issues overtly, resulting in lower CASP scores on this matter (Lewis et al, 2010; Johnson, Zastawny, and Kulpa, 2009; Murray and Fox, 2006). However, although the term 'ethics' did not feature in the majority of the papers, the authors frequently demonstrated that ethical issues had been taken into consideration. This was evident by the care taken by researchers to protect the identity and anonymity of participants (Adler and Adler, 2007, 2008; Duggan, Heath and Lewis, 2012). Several of the American papers had used direct quotations from transcripts retrieved from online forums which is something which the British Psychological Society (2006) guidelines recommended against due to the traceability of those quotations to the original author (See Appendix 4). These papers had replaced real screen names with pseudonyms (Adler and Adler, 2007; 2008; Haberstroh and Moyer, 2012; Whitlock, Powers and Eckenrode, 2006). In one of the studies reviewed, the researchers had created their own online forum. One of the advantages of doing this was that the researchers were able to quote directly from the forum as participants had added their written contributions to the online forum having agreed that these would be analysed and quoted for research purposes (Smithson *et al,* 2011). It was specified in the write up of the Swedish paper that the authors had considered ethical issues when collecting data, particularly with regards to how to deal with publicly accessible information (Franzén and Gottzén, 2011). Sutherland, Breen and Lewis (2013) reported that the ethics board to which they had applied noted that websites in the public domain could be examined without approaching the website developers for permission.

2.4.6 Useful/ valuable contribution paper makes

With the exception of one paper (Johnson, Zastawny and Kulpa, 2009), the 11 papers all achieved a CASP score of 2 with regards to the value of the contribution which they made

to the evidence base. The Johnson, Zastawny and Kulpa (2009) paper was judged to be badly reported in terms of its discussion and conclusion, thus achieving a CASP score of 1 for value of contribution to the evidence base. The Smithson *et al.* (2011) paper provided a unique contribution to the evidence base in a study which allowed for the use of direct quotations as authors had created their own online forum. The Swedish study (Franzen and Gottzen, 2011) was valuable as it analysed how members of an online community construct and discuss self-injury. The Lewis *et al*. (2010) paper was extremely valuable as it took the research field forward into new territory and has implications for mental health professionals working in the area. The Sutherland, Breen and Lewis (2013) paper was the most recently published paper, with a large sample size. This study provides a well discussed argument and examined in some detail the precursors to self-injury instances. The Adler and Adler (2007, 2008) papers provided a wealth of knowledge gained from huge datasets and demonstrated the clear immersion of researchers into this relatively unchartered field of research. All of the papers studied had acquired their dataset regarding self-injury from online data-resources, typically from YouTube, or from E-message boards (Whitlock, Powers and Eckenrode, 2006; Murray and Fox, 2006; Haberstroh and Moyer, 2012), pioneering a new way of researching self-injury. The Duggan, Heath and Lewis (2012) paper examined the representation of self-injury through three mediums; videos, websites, and Facebook groups.

2.5 Discussion

2.5.1 Summary of Findings

The findings of this review show that the internet has been used as a form of informal social support by a large number of individuals who self-injure, in the last 10-15 years. The large sample sizes and large datasets consisting of thousands of web based posts (Adler and Adler, 2007, 2008; Murray and Fox, 2006), YouTube videos (Lewis *et al*. 2010), and

Facebook groups (Duggan, Heath and Lewis, 2012), reflect the extensive use of the internet by individuals who self-injure. Whitlock, Powers and Eckenrode (2006) discovered that their most frequent reason given for internet forum use was 'informal provision of support for others' indicating that the reason that the individuals benefited from using the forums was not to acquire social support themselves from others, but to actually be given the opportunity to provide such support to others. Similarly, Haberstroh and Moyer (2012) found that the online support group was being used by individuals to provide 'online group support, connection and feedback'.

However, Murray and Fox (2006) found that 87% of their participants indicated that they would have no need to use the forum if they stopped self-injuring themselves. This implies that, for this sample, the participants' reasons for usage of the online forum did not amount to solely altruistic provision of peer-support. This directly contrasts the finding of Whitlock, Powers and Eckenrode (2006) who found that the most frequent reason given for internet forum use was to provide informal support for others.

It is possible that the individuals in the Whitlock, Powers and Eckenrode (2006) study who are using the self-injury forums to provide social support to peers are still self-injuring themselves. Therefore, the benefits of providing social support to others may be helping them to recover themselves, whilst giving advice to others and meeting the needs of others in a supportive way. In short, they may be giving the very care and support that they feel in need of themselves. Giving advice, support and empathy to others may be a way of providing themselves with this care, nurturing and understanding. The altruism factor may be applicable, such that individuals engage in caregiving behaviour towards others with no personal gain being sought (Achor, 2011, 2013). Murray and Fox's (2006) finding that the majority of their participants felt they would have no need for the forum if they had recovered completely from self-injury may contrast with this view. It is possible that this was merely

due to the sample in Murray and Fox's (2006) study, it could also be that the participants were currently self-injuring themselves when asked this question, and therefore made a prediction that may not stand when the time comes that they do no longer need the forum.

In addition to being able to provide online group support, connection and feedback, Haberstroh and Moyer (2012) found several additional themes, including the notion of self-injury as a 'relationship' and as a form of 'Emotional Expression and Comfort'. This suggests that the online forums are simply a passage for individuals to express their self-injury. Despite the benefits of the online forum in terms of self-expression and provision and receipt of social support, Haberstroh and Moyer (2012) noted various themes in connection with frustration with the online forum. Individuals were frequently frustrated with the forum rules, and the slow replies, and craved real-time conversation. The forum rules which are necessary for safety purposes were sometimes experienced as restrictive. However, Adler and Adler (2008) discovered a theme which they named 'identification with the Community', explaining that when individuals found a community that fitted well with their needs, it gave them a sense of identity and that, crucially, they experienced this whether or not they were actively self-injuring. This suggests that individuals might search and possibly join several forums until they found the right online community that best met their needs.

The majority of the research reviewed gained its dataset by relying on questionnaire data and asking specific questions of individuals who use online forums. While several of these studies involving putting the specific question to the participants regarding why they used the forum and what they got out of forum use (Johnson, Zastawny and Kulpa, 2010; Sutherland, Breen and Lewis, 2013), this involves relying on the participants to answer this question and it is likely that some people may lack insight into the reasons for their internet forum use. With the exception of the Haberstroh and Moyer (2012) paper, these studies did not simply observe the data in order to answer this question themselves, or to construct a

theory. The Adler and Adler (2007, 2008) papers did this to an extent, utilising a large dataset to generate theory, understanding and insight. However, their research is now nearly ten years out of date. Smithson *et al.* (2011) created their own unique temporary online forum and in doing so set up an artificial experimental environment. This enabled the researchers to use direct quotations to ground the data in examples in their report. However, this was a new forum which had been generated for research purposes. Due to this forum being new, the forum rules were not established which led to the individuals invited to participate needing to find their place within the forum. These participants had been purposefully selected from other online forums which they were currently using. However, it is likely that individuals had connected with these forums that best suited their needs, by a process such as that discussed by Adler and Adler (2008). Since Smithson *et al.* (2011) created a new forum and invited individuals to participate, it is possible that the forum created would not have been the forum that would have drawn in the participant population in natural circumstances outside the research context. It is also possible the problems of social desirability would have arisen, as the participants knew that this online forum had been set up for research purposes. Finally, the participants in the Smithson *et al.* (2011) study knew that once enough data had been collated over a 2-month period the forum would be closed down. The two studies which focussed on YouTube videos (Duggan, Heath and Lewis, 2012; Lewis *et al*. 2010) were also unable to address the question of the function that using the internet in this way served, instead providing a more descriptive account of what was uploaded. The question of 'why' individuals used these resources remains unanswered.

2.5.2 Challenges for Future Research

It is evident that the popularity of online forums surged between 2006-2015. However, at the time of data collection it was noted by researchers that the use of the online

forum was significantly quieter than it had been in previous years. In order to achieve the desired dataset, over 22 weeks' worth of data needed to be downloaded. It is likely that as the use of more generic social media such as Facebook groups, blogs, and social networking sites has increased recently (Duggan, Heath and Lewis, 2012) the use of the more traditional online forums is decreasing. This suggests that many online forums will simply disappear due to lack of use, to be replaced by other forms of social networking. The current study may therefore provide a rare window into the nature and use of online forums over the past decade, before their extinction occurs, as social media communication follows different patterns of usage. Future research may struggle to generate a dataset which is purely conversational due to the different layouts on social networking sites such as Facebook. It is possible on a Facebook group to initiate a group discussion. However, these discussions tend to be short-lived and to quieten quickly as newer items reach the top of the news feed. Facebook also does not protect the identity of individuals commenting; indeed it requests that true identities are revealed which may make analysing information posted by individuals for research purposes difficult in terms of research ethics. Furthermore, these Facebook groups typically require an individual to sign in and subscribe to the group in order to be able to see the content, which would have implications for researchers. In the case of online forums, data is freely observable without the researcher having to sign up to the forum.

2.6 Conclusion

This systematic review highlights the lack of high quality research available into the specific topic of the ***functions*** of online self-injury discussion forums, and emphasises the need for further research. This specific issue has not been addressed. The study to be reported has attempted to do this by observing the naturally occurring data retrieved from a selected online forum. While previous research has focussed on asking individuals the

reasons for their online forum use, the current research displays an appreciation of the difficulties surrounding the method of asking vulnerable individuals for the answers of the deep and possibly unconscious reasons which drew them to the use of online forums, and maintained their use. However, a large enough dataset will enable researchers to identify the functions that the conversations appear to serve. The use of the internet to discuss personal mental health is an important contemporary issue.

3 CHAPTER THREE - METHODOLOGY

3.1 Overview of Chapter

This chapter considers the design and procedure of the current study which explores the psychological functions which may be provided by online forums to forum users. The study used a qualitative methodology to analyse a substantive dataset of postings from one such online forum using a grounded theory approach. This chapter will consider the rationale for utilising a grounded theory approach, an overview of grounded theory, and consideration of the researcher's personal and theoretical stances. The selection of the type of grounded theory approach will be outlined, and the procedures utilised for data collection, and data analysis will be explained. Ethical considerations will be discussed and explored.

3.2 Qualitative Methodology Philosophy

Qualitative methodologies are ways of exploring and analysing social phenomena. Over the past twenty to thirty years, there has been an increase in the use of qualitative research methods in psychology, as well as in other areas of social science. This may reflect an increased understanding of the limitations of quantitative approaches which test out hypotheses derived from pre-existing theory (Willig, 2008). Furthermore, quantitative methodologies frequently fail to analyse social, cultural and generational or historical factors

whereas qualitative methodologies are generally inclusive of the socio-historical context. Qualitative methodologies are frequently used to find out about an area or topic for which there is little or no previous data. Qualitative methodologies capture a richness of human experience (Ashworth, 2003) and allow for theories to emerge from the analysis of verbal or written data acquired from a smaller number of participants than the numbers which would normally be required for statistical analysis.

3.3 Rationale for Chosen Methodology

It has been proposed that qualitative methodologies are best suited to areas of research where there is very little existing research or theory. Both the areas of self-harm and online forums are relatively new topics in the area of scientific research. Research relating to self-harm as a phenomenon in its own right (i.e. not merely as a symptom of a mental health condition) began to emerge at the end of the 1990's (Contario and Lader, 1998; Favazza, 1996). Similarly, the widespread use of the internet in private homes since the mid 1990's has had a revolutionary impact on culture and communication, allowing for instant information sourcing, communication and the use of online discussion forums that allow individuals to connect with others from all over the world. Over the past ten years, a few studies have investigated the use of the internet directly related to the phenomenon of self-injury (Haberstroh, 2012; Murray, 2006, and Lewis *et al.* 2015).

A qualitative approach to research is appropriate when the research question is broad or exploratory rather than specific (Orona, 1997), as is the case here. The aim of the study was to gain a better understanding of the psychological functions of online forum use for self-injury and to generate new theories from the data examined, rather than to test pre-existing hypotheses based on existing research and theories. Based on the above factors, the researcher concluded that it would be appropriate to utilise a qualitative methodology in this

study. Adopting a qualitative approach allowed the researcher to conduct an in-depth exploration of individuals' experiences and functions that might be evident from the raw data. Numerous specific methodologies can be used to analyse qualitative datasets, including thematic analysis, content analysis, interpretive phenomenological analysis (IPA) and grounded theory. It was felt that a more complex and in-depth qualitative methodology was necessary in order to analyse a large dataset in great depth and therefore thematic analysis and content analysis approaches were rejected. While IPA could have been used to analyse the raw data, it was felt that IPA focusses on individuals' perceptions of situations and experiences rather than reflecting the experiences of a group of people within a social context.

Grounded theory was the approach selected and this was deemed to be appropriate given that the dataset was to be generated from online forum data. The approach chosen for the analysis was objectivist grounded theory, as developed by Strauss and Corbin (1990).

3.4 Grounded Theory

Grounded theory is a qualitative methodology which was originally developed in 1967 (Glaser and Strauss, 1967). This was at a time when research methods predominantly involved testing pre-existing theories using quantitative methods. In grounded theory studies, researchers attempt to develop theory grounded in qualitative data (Creswell, 2007; Strauss and Corbin, 1998). The aim of this analysis is to allow theory to emerge from the data rather than data collection being driven by theory. This approach can meaningfully guide practice because it provides the researcher with an intricacy of insight that quantitative approaches cannot provide (Strauss and Corbin, 1998). Grounded theory has been developed into two distinct forms: constructivist and objectivist (Charmaz, 2000). The approach which was used for this analysis was the objectivist approach which differs from the constructivist approach

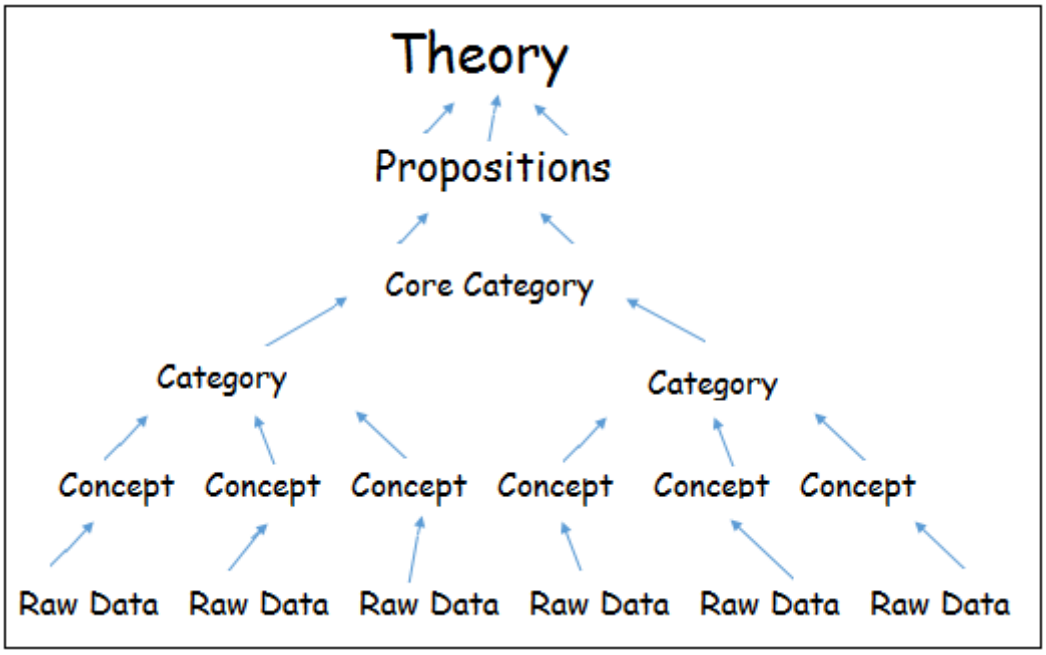
which sees the researcher as bringing to the data their own interpretations and using the data more as seeds than observable phenomenon. In contrast, the objectivist approach works from the starting point that the meaning lies within the data and the grounded theorist discovers it (Strauss and Corbin, 1990) although they do acknowledge that the researcher's own biases and understandings may influence interpretations to a degree. From this perspective, researchers strive to remain neutral and value-free by taking a position of distance from the participants in order to remain as an unbiased observer who discovers theory from within the raw data. A reflective diary was kept by the researcher throughout the process, to help to reflect on the process of remaining objective, throughout the development of the grounded theory (see Appendix 6).

The grounded theory approach allows researchers to collect rich, deep data and is largely used to generate applied theory. The data sources can include any form of unstructured material including documentary evidence, interview transcripts, or field work observations. The data collected in the current study constitutes field work or observational data, which was collected from the public domain (online forum). Grounded theory methodology involves a continuing interaction between the analysis (concepts) and the data. Some data is collected and analysed, creating some categories or theory. Subsequent to this, more data is analysed. The theory should be applicable in a variety of contexts, and it should be clear how the theory can be applied to real-life situations and may provide a useful basis for action. The researcher needs to maintain openness, flexibility and creativity. There are three basic elements of grounded theory; 'concepts', 'categories' and 'prepositions'.

Concepts are topics, headings, or themes. For instance, if an individual expresses the idea that they are using the forum because it allows them an avenue to receive help from other people, the concept here could be 'peer-support'. If an individual describes using the forum because it allows them to feel part of a community, the concept could be 'sense of

community'. Categories are groups of concepts; therefore the concepts 'peer-support' and 'sense of community' may both fit into a category which could be named "Online Connection with Others". Following on from categories, 'core categories' are identified, within which there may be several categories. The next stage in grounded theory is to formulate a number of propositions. Propositions are statements about the relationship between a category and its concept or between different categories. At the stage of generating propositions, the analysis moves beyond a descriptive level. Propositions, like hypotheses, can be rejected or verified. A proposition relating to the above example, for instance, could be that "individuals seek support online for a number of social reasons".

Figure 3.1: Diagrammatic Representation of the relationship between concepts, categories, core categories, propositions and theory:



"*The theory is constructed by breaking down the data, conceptualising it, and then putting it back together in new ways"* (Strauss and Corbin, 1990, pp. 61).

Grounded theory allows for an element of creativity, and is an approach which encourages researches to draw comparisons, to use metaphors and to come up with novel

questions and new ways of looking at phenomena. Grounded theory analysis relies fundamentally on the insight and sensitivity of the researcher, who must immerse themselves fully in the topic and the data. Due to the fact that this question had never before been asked in this way, grounded theory was selected as the research analysis method (Creswell, 2007; Strauss and Corbin, 1998). The aim of the grounded theory was to enable the researchers to develop plausible hypotheses about the functions of the online self-injury recovery group.

As the data collection phase of this study involved the retrieval of the dataset from the selected online forum, the data was saved in a word document and stored anonymously. Initial coding was conducted so that a series of codes and categories could begin to emerge, which could be used to guide the remainder of the data analysis.

3.5 Researcher's Theoretical Orientation

It is important that qualitative researchers are able to consider carefully their own biases, philosophical positions, and factors which may be influencing the data collection and analysis (Eriksson and Kovalainen, 2008). The researcher is aware that the grounded theory analysis could potentially have been influenced by a range of factors including the researcher's own perspectives and the interpretations which the researcher made of the data. However 'participants' in the conventional sense were not used in this research, as the data was extracted from the public domain of online forums. This reduces some of the difficulties which constructivists would raise concern about, regarding the relationships and shared experiences between researcher and participants. The grounded theory approach used in this research to inform data collection and data analysis was objectivist (Strauss and Corbin, 1990). This interpretative approach, which involved data being interpreted rather than being merely reported and described. This qualitative research utilised an inductive approach as the researcher did not begin with hypotheses which she sought to confirm or to disconfirm, but

instead the starting point involves devising open research question that can be answered by a qualitative analysis of the relevant data. Relevant data is then collected and analysed in such a way that theory can emerge. Thus, our epistemic stance was interpretative as we explored and analysed the forum data.

3.6 Ensuring Rigour in Qualitative Methodologies

Qualitative methodologies have been subject to extensive criticism due to their perceived lack of scientific rigour, their over-use of 'anecdotal' evidence, lack of generalisability of findings, and the issue of research bias (Mays and Pope, 2000). One of the most frequently discussed criticisms of qualitative approaches is that the data can easily be prejudiced by the researcher as the interpretation is subjective. This would weaken the validity of the results. However, good qualitative researchers constantly acknowledge that their own personal and theoretical stances may influence the collection and analysis of their data (Henwood and Pigeon, 1995) and they continually and critically reflect on the process of producing their findings and theory. This process helps to ensure rigour to the research and improves its quality.

While validity and reliability cannot be tested in the same ways in qualitative methods as they can in quantitative research, a number of qualitative researchers have proposed alternative constructs for ensuring quality in qualitative research (Harper and Thompson, 2012). Elliott, Fischer and Rennie (1999) provided guidelines in an effort to improve the rigour and standard of qualitative research of this kind. These guidelines involve utilising appropriate and specified methods, and including a strong reflective element. The research should contribute to the evidence base, and have a clear rationale and explicit scientific context and purpose. These guidelines were applied in this research. Elliott, Fischer and Rennie's (1999) guidelines also specify that the data needs to be "grounded in examples".

This would usually involve utilising examples of the data or quotations throughout the write-up, to help the reader understand the fit between the data and the researcher's interpretations. However due to the University Ethics feedback (See Appendix 3), the use of direct quotations has been prohibited in order to protect the anonymity of participants. Therefore the use of "paraphrasing" and themes are the ways in which the current analysis is grounded in examples.

Elliott, Fischer and Rennie (1999) recommend that the researcher specifies their own theoretical orientation and expectations, both in advance of the data analysis, and as they become apparent in reflection and discussion. The reason for this is that the researcher's own values, beliefs, and psychological perspectives in relation to the study need to be made transparent from the start in order to allow for consideration of how this may have influenced the researcher's interpretation of the data. In the current study, the researcher's expectations regarding the possible findings are outlined in the introduction and the explanation of the rationale.

It is recommended that demographic details are collected wherever possible to assess the generalisability of findings. However, due to the nature of online forum data and the anonymous nature of forum users, the amount of demographic data available was restricted. Some forum users specified their age, but many did not. It is recommended that frequent credibility checks are performed by another party as a way of checking the interpretations of the data. In this case there was a continual checking process with the researcher's academic supervisor. The codes and subsequent analyses were developed and checked with the academic supervisor who has extensive experience of using qualitative methodologies. It is also recommended that the analysis is presented in a coherent and integrated manner to form a story, narrative or framework about the topic. Each section of the analysis and report was presented to the researcher's academic supervisor who checked it for coherence and

narrative. The data is presented and discussed in a way that allows readers to clearly understand the outcomes of the analysis. Elliott, Fischer and Rennie (1999) also specify the importance in their criteria of accomplishing general versus specific research tasks. Because the aim of this research is to generate a general understanding of the psychological functions that self-injury forums may be providing to forum users, the limits of both the methodology and the generalisability to the wider population are considered in detail in the discussion section. The data is presented in a way which allows readers to resonate with the interpretations, and provides them with a better understanding of the subject matter. Resonation was checked by the academic supervisor who read draft copies of the results and engaged in discussion about possible changes.

3.7 Research Context

This research was conducted in the South Wales area as part of a Clinical Psychology Doctorate thesis candidate's doctoral thesis. Ethical approval was gained from the University of Cardiff Psychology ethics committee. At the time that this research was conducted (2015-2016) online forums for self-injury were high in usage, and were accessed by individuals across the world.

3.8 Researcher's Position

It is important within qualitative research for the researcher to acknowledge that it is difficult or perhaps impossible on a practical level to remain entirely impartial to the subject matter when analysing qualitative data and conducting research in this way. Elliott *et al.*(1999) expressed the view that researchers need to 'own' their own perspectives by disclosing their values, and also their predictions and assumptions about the topic area, to enable the audience to take into consideration how the researcher may have influenced the data analysis.

The researcher is a white 28-year old unmarried female who grew up in a small town in the North-West of England. During the research process the researcher was completing her Doctorate in Clinical Psychology in South Wales, and during the time the researcher was on placement fulltime at a NHS Hospital, working within a personality disorder service and based on a secure ward for clients with both a diagnosis of personality disorder and a forensic history. The researcher held a strong interest in self-injury research and online therapeutic relationships, due to having worked with a number of clients who had mentioned the benefits they had experienced from using online mental health forums.

Prior to clinical psychology training, the researcher had been employed full time for 3 years at a research facility within a university in the North West of England, as a research assistant, and had been working on a randomised controlled trial to investigate the success of a new type of psycho-education based therapy for bipolar disorder. All the research conducted in this setting was quantitative. The researcher has prior experience of conducting qualitative research in 2014, when she conducted a thematic analysis, based on audit material, to assess if and how the attitudes of staff teams had changed, following a 3-day intensive training course on working with patients with personality disorder. The researcher was aware that her knowledge of self-injury from within a clinical context from working with patients for whom self-injury is such a prevalent way of life could potentially bias her data analysis. As a result of this insight, the researcher made efforts to detach from her previous held views of self-injury and the use of online forums, and strived to remain open-minded throughout the data analysis and interpretation process. The researcher also sought supervision with her research supervisor in order to retain reflexivity and to reduce potential biases.

3.9 Ethical Considerations

It was felt by the University Ethics Committee (See Appendix 3) that due to fact that safe-guards already in place on the website that was the source of the data, and that forum data was observational and was observed in a publicly available place, that permissions were not needed to be sought from either the forum owners or the individual forum users. Since the forum has a moderating team which uses a 'red-flagging' procedure for dealing with any posts that raise safeguarding concerns, the committee agreed that sufficient moderation procedures were already in place and that it would not be necessary for the researcher to act upon any forum data read and analysed which indicated a risk of harm to the participant or to others. It was also felt by the Ethics Committee that the usual standard ethical procedures would not apply (information, consent, debrief) because the data is in the public domain. The Ethics Committee considered whether there are any IP/commercial issues (i.e. who owns the website) should the research lead to a publication. The Ethics Committee confirmed that as the information is in the public domain (i.e. no password was required in order to view the data), the website content could be examined without approaching the website owners/ moderators for permission. Individual forum users are able to register on the forum with a pseudonym and give limited personal details. No permission was needed to view the posts on the online forum. This counts as observational data since it was available freely in the public domain. Forum members did not need to be contacted and invited to participate in the study, as no specific questions were to be posed by the researchers. The data was field data rather than experimental.

However, conducting internet-based research on self-injurious behaviour requires ethical sensitivity because although the data is available in the public domain, it is still considered to be of a private and sensitive nature. Therefore, in order to protect anonymity further, the Ethics Committee specified that no mention should be made of the specific

website, and no verbatim quotes should be included in any publication, in order to comply with the BPS guidelines on internet-mediated research. For this reason, the website used will be referred to as "Alpha*" throughout this report. The BPS guidance regarding the use of direct quotations for datasets acquired via internet based sources is given below:

"Researchers should avoid using quotes that are traceable to an individual's posting via a search engine unless the participant has fully understood and consented to this. Instead, they could consider the use of composite 'characters' for analysis, and the paraphrasing of quotes, if this is consistent with the research design" (BPS, 2006, pp. 4. See Appendix 4).

The researcher investigated the length of quotations from individual posts that would be traceable back to the relevant website and to the (pseudonomized) individual contributor and found that the Google search engine could link quotations of just 6 words directly back to the online forum, which therefore made it impractical to use direct quotations. As a consequence, and in line with the Murray and Fox paper (2006), the researchers therefore had no choice but to write up the results and discussion sections without the use of direct quotes. This is unfortunate given the usual grounded theory practice of reporting the analysis with examples or direct or transcribed quotations. The BPS guidelines suggest that quotes by given in a paraphrased version and researchers have therefore adopted this strategy. Suggested paraphrases were provided by the principal researcher (KN) and these were then checked for "equivalence to the original" by the second researcher (the academic supervisor, NF).

This research was conducted following BPS guidelines (2013) for internet-mediated research in the UK which indicates that due to the importance of being able to weigh up any potential harmful effects should a person be below the age require to give informed consent (age 16), their data should not be used. During data collection, the researcher will take care to check for forum users who have disclosed their ages in their profile, and will not use any

data found from forum users who have disclosed their age in their profiles for this analysis (BPS, 2013).

3.10 Sampling Approach

In this study, we sought to explore forum user's experiences as they interacted though an online self-injury forum, in order to assess the psychological functions of these forums. We were interested in investigating the psychological functions or benefits which this forum provided to forum users. Our first task was to find this kind of online resource. We followed the recommendations for locating and reviewing online self-injury resources provided by Moyer, Haberstroh and Marbach (2008) who described in detail the various types of online self-injury resources and websites focused on self-injury support and education available. We used this information to identify a self-injury forum with a strong online presence and a large population. The nature of online discussion forums allows for individuals to log in to the forum when they choose, and from any computer connected to the internet, from any location. Individuals are then able to read what others have posted and to respond via their own username. Their responses are then visible for others to see and respond to when they next visit the website.

In 2015 the researcher began to explore the websites and public postings of self-injurers in order to ascertain the best possible sources for data-collection for the purpose of this study. Whilst there were a large number of individual blogs available in the public domain which featured self-injury related themes, many of these were not entirely anonymous. For instance, individuals might invite their friends to read their blogs and to comment, and their real names may be used. For the nature of this research, it was established that individual blogs which were specifically created to talk about self-injury were difficult to find. Self-injury may feature but individuals' blogs generally involve

reflections from many aspects of their lives. Furthermore, individual blogs rarely allow for conversational interaction with other individuals to discuss the specific topic of self-injury, and thus would not have been an appropriate sampling strategy to address the research question regarding the functions of online self-injury discussion. Therefore it appeared that online forums which create an avenue for self-injury discussion which is confidential, and allows for the feedback of other forum users who are expected to be strangers, would be the best potential source of data for the proposed research.

To identify self-injury message boards, the 'Google' search engine was used. Search terms included "*self injury online forum*" which produced 4,220,000 results on the 7th of January, 2016, while "*self harm online forum"* produced 7,010,000. Many of these websites and forums were small and were service-user led. The two biggest websites identified in the search will be referred to as Alpha* and Beta. Alpha* was described as a Self Harm Support Community aimed at providing information and advice to those seeking to *recover* from Self Harm. In addition to the forums section, the website contained factual information on mental health conditions, first-aid advice, self-injury awareness, and distractions. Beta was a more generic website, offering advice and forums to discuss all manner of relationships, including interpersonal relationships, "Health, Body, Mind and Spirit", "Self-Injury" and "Suicide". The "Self-Injury forum had over 60,000 threads (topics/ discussions), running between the time when it had opened in 2003, to 2015, but it did not appear to have been used much in the past 6 months. Alpha* had far higher membership numbers, with 54,076 registered members who had all signed up to the forum with the knowledge that it was a self harm support community. A decision was made to use Alpha* forum because it was one of the 'busiest', and longest established, as evidenced in the amount of communication that took place on a daily basis, by the number of individual contributors, and by the age of the oldest stored posts. This decision was also made because this was a UK based forum, and specifically

existed for self-harm related discussion. It was felt that the other forum was too general, considering the fact that self-harm discussion was simply one topic out of many that were discussed. The Alpha* forum was divided into many different sections of topics, including sections on different Mental Health Conditions.

It is possible for individuals to view all of the Alpha* discussion forums as a visitor which is what the researcher did. However, in order to actively contribute to discussions, individuals must sign up as members. This is done by registering with a valid email address, and individuals choose a username. These usernames are typically anonymised, e.g. "Harry Potter", or "Rupert the Bear". Members are given the option to disclose their age and gender on their profile. However, they do not have to do so, and it appears that few choose to. The email address provided is not made publically available on their profile to other members, but is simply used initially to send an activation code to the email address to complete membership sign up. Following on from this, occasional newsletters from the website may be sent to members' email addresses. Membership is free and there are no costs incurred in any part of the process.

In order to sign up for an account on the website Alpha*, you must tick a box to confirm that you have agreed to the terms and conditions which include the forum rules (see Appendix 2). In summary, these rules state that forum users must not encourage self-harm in any way or share methods or tips on how to self-harm. Suicide threats or posting suicide notes is also forbidden. There is a code of conduct involving the prohibition of any comments that involve any level of discrimination, racism or sexism, including comments about race, gender, social class or sexual orientation that may be offensive to others. Comments which express extreme religious affiliation are forbidden also, and discussions on politics, war and conspiracy theories are also prohibited. It is also stated that it is forbidden to attack other forum users publically, and that all arguments and criticism should be kept to

private messaging, if used at all. Comments that are sexually graphic or could make others feel uncomfortable are forbidden, and discussing an illegal activity is also forbidden. Emotional blackmail is explicitly prohibited. Lying is prohibited and it is explained that members who pretend to be a person/people other than themselves, or who make up events to gain support and sympathy for themselves will be banned. Writing in languages other than English is also prohibited. Hijacking/ deliberately disrupting other members' posts is prohibited. Finally, the forum rules state that members must not be generally offensive, unpleasant, argumentative, rude, abusive or bullying.

Within the Alpha Website, the forum specifically relating to self-harm discussion and support was selected. The website "Alpha*" had generated a large volume of transcripts of verbal interactions, arranged in "threads". Recommendations from Corbin and Strauss (1990) detailed that a large dataset consisting of 55,000-60,000 words was recommended for a thorough grounded theory in qualitative research, two hundred pages of raw data were downloaded (57118 words) stemming from a time period between 03.04.2015 – 02.09.2015 spanning a time period of 22 weeks. This dataset consisted of 534 individual posts.

3.11 Inclusion and Exclusion Criteria

During the early stages of data immersion and data analysis, the following inclusion and exclusion criteria were adopted:

3.12 Inclusion Criteria: -

- Any information posted in the relevant Topic on the online Forum within the timescale for data collection will be included in the analysis with the exception of those conditions listed in the exclusion criteria.

3.13 Exclusion Criteria: -

- Posts regarding over-doses and self-poisoning will be excluded due to the rarity of these posts in this domain, and the cross-over with disorders of ingestion and eating-related disorders and suicidal behaviour because this did not come into the defined criteria for self- injury as defined in Chapter 1.
- Posts where the self-injury solely relates to Eating Disorders will be excluded as the specific topic under consideration is self-injury.
- Posts that are written in another language will be excluded.
- Posts regarding inflicted injuries which appear to relate to a cultural norm, tattoos and piercings will be excluded.
- Posts which involve discussion of injuries arising due to another person inflicting the pain such as resulting from BDSM type encounters/ domestic abuse will be excluded.

3.14 Forum Users

The individuals whose data in the form of their online forum posts, contributed to the dataset are not "participants" in the usual understanding of this term within research contexts. The online forum dataset was selected starting from the latest posts, working backwards from the present date. Working backwards was completed when the dataset was sufficiently large enough (60,000 words). This amounted to 22 weeks' worth of online forum data. The individuals whose forum posts were analysed were members of an online self-injury community and therefore could be seen as having been purposefully selected (Creswell, 2007). In line with grounded theory methodology (Creswell, 2007; Strauss and Corbin, 1998), it was important to ensure that both a large enough data-set was obtained, and that this final dataset came from 15 or more different individuals. The final dataset contained posts from 166 forum users, but while it may be assumed that this relates to 166 number of forum

users, it is possible that in some cases some of this data came from the same forum user, due to individuals possibly holding more than one account. This may occur for a number of reasons; perhaps due to splitting" (Zanarani *et al.* 2009) where individuals may show one side of themselves under one username, and another side under another username. It is also possible that individuals forgot their password and log in details, and so created another account. This means that we cannot say with complete confidence that the participant number is 166. The majority of posters had not disclosed their gender on their profile, but only five had (3=male, 2=female). Out of the 166, 51 had specified their age. From the information we have on the respondents' ages, the youngest age was 16 after exclusions, and the oldest was 44, the mean age was 26.2. The age range was 16-44 inclusive. Within the dataset, some individuals had only contributed one post, others had contributed far more, the highest number of posts by from one username within the dataset being 30, indicating that some forum users were spending far more time on the online forum than others. The mean number of posts per username within the dataset was 2.9.

In addition to forum posts, we were also interested in gathering descriptive statistics about the individual forum users whose data made up the dataset. Some individuals had specified their age and gender on their profile or in their written posts, however the majority had not. The information regarding the individuals whose data made up the dataset is summarised in Table 3.1:

Table 3.1: Forum Users Demographics

Number of usernames/ (participants)	Number who disclosed age	Number who disclosed gender	Age Range	Mean Age	Gender	Range number of posts per username (of this dataset)	Mean number of posts per person (of this dataset)
167	51	4	16-44	26.2	3 male, 2 female, 162	1- 30	2.94

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3.15 Materials

The large dataset of over two hundred pages of data, consisting of 57118 words was extracted from the selected website (known as 'Alpha*'). Upon data analysis, responses were coded into possible concepts, and tables of concepts and sub-concepts were made and constantly updated using Microsoft Excel database. The supervising researcher discussed the emerging analysis and the final Grounded Theory.

3.16 Procedure: Data Collection

The data was collected from the Alpha* website which is within the public domain. This website specifically promoted for self-injury discussion. The data was downloaded and pasted into a word file, which amounted to 201 pages in a Microsoft word document. This amount reflects the guidelines which suggested 60,000 words as being necessary in order to perform an adequate grounded theory (Strauss and Corbin, 1998).

3.17 The Data Analysis

The data collected from the online forum was already in digital form, and therefore no transcribing was necessary. The data analysis followed a grounded theory approach, and in the initial stages of data analysis a number of concepts emerged. These concepts were developed into categories and then core categories of meaning. A record of the emerging concepts was recorded, to which new concepts could be added as they emerged. Constant comparative analysis was used to see whether a piece of data fitted with an existing concept. Each piece of coded data was then compared to other identified concepts in terms of similarities and differences. This "constant comparison" is one of the key ways that

Grounded Theory is said to differ from Content Analysis. During the analysis, concepts were grouped into broad but distinct categories, which were then grouped into core categories.

A brief defining description was attached to the concepts and categories found, detailing their content and main themes. As the large data set was worked through, saturation was reached, and eventually no new concepts emerged, and all concepts were placed within categories. Once all categories had been identified, they were compared to other categories and in some cases formed into core categories. This comparison facilitated the construction of the final model. The categories and core-categories that emerged were used to generate propositions relating to the possible functions that the online forum was providing to individuals, and these propositions led to the construction of the ultimate grounded theory. After the forum data was analysed in this manner, the analysis was checked by another researcher, and concepts, categories, and core categories were discussed. Through discussion and review, they reached consensus about the final analysis. The resulting prepositions were discussed in depth between researchers. Finally, the Grounded Theory Model was constructed.

The researcher sought to identify any data that did not fit the emerging categories, in order to encapsulate the diverse nature of the data. Throughout the data analysis, the researcher wrote memo notes to document any emerging categories. Initially this was recorded on the left hand column of the raw data, and later transferred into a Microsoft word document. The researcher aimed to reach a theoretical saturation point whereby no new concepts could be identified within the data, ensuring that the existing categories and core-categories captured the majority of the data, although it is accepted that modifications and additions to categories are always possible. The data analysis process was overseen by the researcher's supervisor to enhance the reliability of the analysis and the subsequent theory derived.

4 CHAPTER FOUR - RESULTS

4.1 Overview of Chapter

This Chapter presents the results from the analysis of the grounded theory. The data was analysed and organised into concepts, categories and core categories. A grounded theory model of the functions of self-injury forums is presented. Each core category will be presented together with the underlying categories and concepts throughout this chapter. In total, 43 concepts were organised into 14 categories and three core categories. These are represented in figures 4.2, 4.3, and 4.4. A complete table of the grounded theory is provided in Appendix 1.

Quotations will be provided to ground each concept. However, due to the difficulties outlined in Chapter 3 regarding the British Psychological Society's guidelines which recommend against the use of direct quotations from internet based data sources, pseudo quotations have been rephrased to represent the raw data to convey the nature of the postings to readers. These pseudo quotations were presented to the research supervisor during research supervision alongside the true quotations, and the translations were judged to be appropriately similar to the original quotations. A record of the original quotations and the translations has been held by the researcher but cannot be included in any appendices or publications of this thesis or any publications which may arise from this project.

Throughout this chapter, **Core Categories** will be presented using bold and underlined font. Categories will be presented using underlined font, and *Concepts* will be presented using underlined italics font.

4.1.1 Figure 4.1: Functions of Online Self-Injury Forum: A diagrammatic summary of Core Categories and Categories:

4.2 Core Category 1: Human Contact

This core category considers the individual forum users' experiences with regards to the human contact experience on the forum. This core category compromises of eight categories: Self-Disclosure (spontaneous), Self-Disclosure (in response to questions), Human Contact – Social Interaction (low level), Human Contact – Social Interaction (medium level), Human Contact – Social Interaction (high level) (providing therapeutic input to one another), Help and/ or Connection Seeking, Aggressive Comments / Attack, and Offering Private Friendship / Contact. Each category has individual concepts within it, ranging from between 1 and 9 concepts. The first category; 'Self-Disclosure (spontaneous)' is comprised of five concepts which will be discussed below.

4.2.1 Self-Disclosure (spontaneous)

The concepts which were formed in the Self-Disclosure category contained information which had been volunteered spontaneously in the online posts observed, for the most part without being due to prompting, or in response to questions posed by other posters. Many of the stories told were given by means of introduction and started as new topics. This category is comprised of five concepts which will now be considered with (pseudo) quotations.

4.2.1.1 Self-Disclosure (about something other than self-injury)

This concept relates to the disclosure of personal information on the online forum which is not specifically about self-injury. Given that the dataset was sourced from an online based forum which is specifically designed for self-injury discussion and support, it is interesting to observe the amount of non-self-injury themed self-disclosure that occurs. This demonstrates that the forum is not being used merely for the function of self-injury discussion

among its forum users, but more generally as a place to talk about a wide variety of subjects and to disclose general information about their individual lives and struggles. The majority of these disclosures were deeply personal, and may have been difficult to express verbally due to their sensitive nature. Examples of (pseudo) quotations include:

"I find it really difficult to trust people."

"It feels to me like there is something broken inside of me."

Further disclosures were made among forum users which indicated a history of mental health difficulties and current diagnoses, implying vulnerability within the target population:

"My medication has just been reduced and I feel worse"

"I suffer from clinical anxiety. I have panic attacks."

In additional to internal distress, some forum users disclosed specific life stressors which represented external forces.

"I have a lot of stress on at the moment and have a court case looming about a car accident that happened last year which was my fault."

This information may have been given in an attempt to help their fellow forum readers to understand why they were currently experiencing such high levels of distress, but it is possible that this information was posted because it was helpful for the individual to write it also. This statement was not offered as an explanation which might link to their current struggles with self-injury. It appears individuals are likely to provide personal information relating to their background and to use the forum for general chatting purposes in addition to discussing self-injury. This indicates that the establishment of an avenue within which to self-disclose regarding one topic, may be likely fairly quickly to deviate from the specified

topic, and to flow in a more natural fashion, as is typical in offline human conversational relationships.

4.2.1.2 Life Story

This concept relates to posts by forum users which tend to give an overview of that individual's life story. Similarly to the above concept, these 'life stories' were not specifically relating to self-injury, but instead provided an avenue for the forum users to self-disclose in a broader manner. Frequently these posts started out with a warning that a long post was about to follow in various ways:

"It's a long story, just warning you."

"Just wanted to give you all a little bit of the background…"

"Let me give you a little information about me..."

4.2.1.3 Self Disclosure about Self-Injury Journey

Self-disclosure about self-injury and that individual's journey to date relating to self-injury tended to feature in posts which differed from the above *'Life Story'* concept quite substantially in length. Also it appeared that when individuals disclosed something relating to their self-injury, they frequently gave less background and a shorter introduction. The vast majority of the posts involved these individuals jumping straight to the point, and communicating in a very clear and forthcoming way. Some of the information given related to how old the individual was when they started self-injuring, or how long this has been a difficulty for that person:

"I started cutting over 10 years ago."

"I started cutting when I was fourteen years old."

Some of the disclosure with relation to self-injury concerned individuals counting the days or months that they had gone without self-injuring:

"Last week I didn't cut myself for a whole 5 days."

"I've not self injured in over two months."

Finally, some of the self-disclosure was of a more pervasive manner, and indicated severe difficulties with self-injuring behaviours that had escalated to an extreme and rather frightening level

"I need to get stitches sometimes several times a week"

"My self injury has spiralled out of control."

4.2.1.4 Success Story (stopping self-injury)

Within the category of Self-Disclosure, there were some lengthier success stories which indicated that individuals were currently entirely free from self-injury. This differs from the individuals whose comments in the previous concept indicated that they hadn't self-injured for a briefer period of time, as these success stories indicate that the battle is over rather than still a process within which the individual is currently engaged:

"I haven't self-injured in one whole year!"

"It feels like I've turned over a new chapter with regards to self-injury."

The purpose of these disclosures appeared to be simply to allow the individual to share their success with others. These success stories provided an opportunity for other forum users to respond positively to this success with words of encouragement and congratulations (see concept 3, Human Contact).

4.2.1.5 Talking about Invalidating Family Environments

The final concept in the self-disclosure category involves individuals disclosing a difficult home life and difficulties communicating with their family and the people around them.

"My dad tells my mum everything I tell him, she is unsupportive with regards to mental health."

"My dad hinted that he thought I need to cope better"

These disclosures represent the struggles of family life, of busy lifestyles and rushed words and families feeling disconnected and disjointed. It may also represent the presence of invalidation within the difficult home environments of these individuals who self-injure as a way of coping with life.

"I don't know how I could tell my parents about this."

4.2.2 Self-Disclosure (in response to questions)

This category is comprised of two concepts which will now be considered with (pseudo) quotations to support them. This category relates to self-disclosure in direct response to questions or suggestions and is achieved within a conversational context.

4.2.2.1 Responding to Suggestions

The quotations identified as examples of this concept directly correspond to previous suggestions made in conversational interaction by other forum users. This indicates that the suggestions made have an impact on the thoughts and actions of other forum users, who may be thousands of miles apart:

"I agree with what you have said about writing it down being more powerful."

"I took your advice and have rung up and booked an appointment."

4.2.2.2 Answering Curious Questions

Curious questions are defined as follow-up questions, directly relating to something an individual has previously said. For example "*How are you doing*?" would be considered to be merely a question, but "*How are you doing following your bad news yesterday*?" would be considered a curious question. The forum users would sometimes self-disclose in response to curious questions, and thus a conversational interaction was established:

"Yes it was because I had lots of stressful life events all happening at the same time."

This type of statement indicates that the original poster had written some information in a post about the things that were currently going on in their life. In response to this, another forum user had asked a follow-up question, and therefore in response to this, the original poster had responded with clarity, providing additional information. This is a conversational interaction:

"How did it feel to go to counselling on Tuesday?"

"Yes it was very frightening."

This is a further example which indicates that form users are engaged in conversation.

4.2.3 Human Contact – Social Interaction (low level)

The third category is comprised of four concepts which will now be considered with (pseudo) quotations to support them. This category involves a type of human contact which demonstrates low level social interaction. This type of interaction involves social skills and graces, but is superficial rather than being an intimate form of social communication.

4.2.3.1 Thank you

Forum users were observed frequently thanking each other for replying specifically to their posts, and thanking each other for the encouragement. This indicates that the forum users greatly appreciated each other's responses:

"Thank you guys so much for your replies."

"Thank you so much for the encouragement."

4.2.3.2 Take Care

Forum users would frequently end their replies to each other's sensitive posts, with words that demonstrated caregiving or well-wishing behaviour:

"Take care of yourself."

"Hope you get some rest and look after yourself."

This suggests that factors of human relationships such as friendship, reciprocity and mutual care also applied to online anonymous relationships between forum users, and demonstrates that the online forum may mirror real life encounters. These caregiving behaviours may offer some comfort to isolated individuals.

4.2.3.3 Welcoming

Another aspect of human interaction is demonstrated by the way in which forum users welcome new members to the forum, or respond to hearing first posts from new members, again indicating the power of the human relational component which the online forum allows to develop by the means of online communication through an e-message board:

"Welcome to this forum"

"It is nice to hear from you."

4.2.3.4 Good Luck

Individuals would also wish each other good luck for the future and wish each other well when conversations were drawing to a close, very much in the way that face-to-face human interaction operates. These wishes for the future may carry a very important message that the forum users were heard, and are still being held in the minds of others.

"Wishing you all the best for the future."

"Hope things get better for you."

4.2.4 Human Contact – Social Interaction (medium level)

There were six key concepts within this category, which will now be considered with (pseudo) quotations to support them. Medium level social interaction has been categorised by researchers as involving interaction which show a deeper form of conversational interaction to the niceties outlined in the above concept, but which remains at an encouragement or conversational level, without attaining the deeper level of social interaction identified in the next category.

4.2.4.1 Well Done/ Congratulations

Expressions of congratulatory sentiments between forum users displayed what appeared to be a genuine enthusiasm for each other's achievements, indicating a level of pride and sharing in each other's triumphs.

"Congratulations on going so long without self-injuring!"

"This is awesome!!! Well done."

"Very proud of you!"

Sometimes the forum users replying would suggest that the original poster give themselves a reward or a treat due to doing so well with regard to their current achievement.

"This is fantastic, hope you have a nice reward lined up for yourself."

4.2.4.2 Responding to Each Other's Posts (conversational reciprocity)

The posts that forum users made in reply to one another indicated that they had carefully read the previous posts in the thread, before responding. They demonstrated conversational reciprocity by taking the information provided, and reflecting upon it:

"It sounds like you feel that people always give you the same advice repeatedly"

"I didn't self-injure to the extent that you have, but I can relate to the things you are saying."

"It sounds to me like you have got an awful lot going on currently"

"It sounds like your home environment is making your mood low"

These direct responses to each other have a conversational value which may serve to help individuals feel heard and listened to.

4.2.4.3 You Are Not Alone

Words of encouragement were often provided to help individuals to feel less alone:

"You are not alone"

"We are here for you, and other people have felt this too."

Words of encouragement were provided for the forum users to stay online and to continue talking to them, providing an invitation for further connection and a buffer against isolation:

"Stay online and keep talking"

4.2.4.4 Thinking of you

Forum users often responded to each other's struggles with kind words, indicating that they were thinking about one another and were sorry that things were so bad for that person currently:

"Thinking of you, sorry to hear about your struggles."

"You are in my thoughts, hope you feel better soon."

"Sorry to hear things are so difficult for you"

These statements show a degree of empathy and caring behaviour from each other.

4.2.4.5 Saying Kind Words

In addition to thinking about one another, kind words were frequently given which provided encouragement:

"You are very brave."

"It must have taken a lot of courage for you to share your story"

"You have shown that you are a strong person, so don't give up"

Some kind words expressed hope for the individual that their difficulties would soon subside and that they would have a better time in the next few days.

"I hope you have had a better few days?"

"I hope things get better for you."

4.2.4.6 Hope for the Future

The final concept in the medium level Social Interaction category includes comments which offer hope for the future to one another. These hopes were usually

expressed in the form of one short sentence, and often expressed a belief that there was a way out and that one day things would be different. They provided encouragement and hope:

"There is a bright light awaiting you at the end of this dark tunnel"

"Things will get better, don't worry."

"Hang in there"

"These feelings won't last forever."

"You can win this battle with self-injury"

Such statements were classified as medium level social interaction because while they were at a deeper conversational value than the niceties attached to the Social Interaction low level category, they were still fairly broad and less personal. The above statements could have been applied to anyone, rather than specifically referencing the plight of one specific individual.

4.2.5 Human Contact – Social Interaction (high level) (therapeutic input to one another)

Nine concepts comprise this category which will now be considered with (pseudo) quotations to support them. These concepts relate to high level Social Interaction; types of social interaction that are specific to the individual being communicated with. Frequently these conversations would reflect upon previous statements, and an individual's story. This contact was eminently personal and was identified by the researcher as likely to have therapeutic value.

4.2.5.1 Validation

Validating someone's emotions means really seeing things from their perspective, and communicating that their feelings are okay, that they are valid, that they are not wrong. It is a skill which is used within therapeutic relationships, and family relationships.

Many attempts at validation were offered between the forum users within the data analysis, demonstrating efforts to understand. In order to validate the feelings of another, you must have properly heard (/read) those feelings also, and this is demonstrated by the depth that is portrayed in the (pseudo) quotations below:

"It is understandable to find it so frustrating."

"Remember, you did not bring this on yourself."

It is understandable to be struggling with so many things to deal with all at once."

These statements occurred within conversational threads, where individuals were replying to each other's posts and responding in ways designed to validate the emotions of the other. The validation often conveyed empathy and understanding, and a message that no matter what the individual was feeling, those feelings were okay:

"I understand how frightening this must feel"

"Your feelings are not stupid"

4.2.5.2 <u>Empathy</u>

Efforts at empathy were offered:

"I have had that feeling too, I can relate."

"I have been there too."

There were a great many empathic responses, relating to forum users admitting that they had similar experiences or thoughts. On some occasions, a future or a predicted empathetic response was given:

"I'd feel the same I think."

The empathy displayed sometimes also combined with other skills or parts of human interaction such as saying kind words or wishing there was something that the person could physically do, to help or to take away the pain of the other:

"I am sorry to hear you are struggling so much right now."

"I wish there was something I could do to help you."

4.2.5.3 Personally Relating

Within this category, a concept of personally relating was displayed where individuals openly relate to the experiences of other forum users. This allows for a deeper form of human connection, and may have provided individuals with the feeling of being understood.

"I know that feeling which you described very well indeed."

"I can relate to how you are feeling, your post pretty much sums up how I feel too."

4.2.5.4 Asking Curious Questions

Asking curious questions regarding the stories of other posters, provides a conversational experience to both the individual asking the question and the individual of whom the question is being asked. As defined in 4.2.2.2, these curious questions follow on directly from previous information given regarding an individual's specific situation. Asking curious questions is also a technique valued in therapeutic practice, and occurs within good peer relationships also.

"Do you know what triggered you wanting to self-harm again?"

"Was there a stressful event directly prior to you cutting again?"

These questions demonstrate that the individual's plight has been heard, and that someone is trying to understand the situation better. Further follow up questions demonstrate these efforts to understand:

"Why have you not been able to talk to your friends recently?"

"Why do you want your friends to know?"

Further follow up questions sometimes relate to emotional state questioning, e.g. asking how the individual was feeling at the time which is being discussed:

"Were you scared?"

The curious questions might be following up on the previous emotional state that the individual had expressed, and asking how that person is feeling now that some time has passed:

"How are you doing now?"

4.2.5.5 <u>Encouragement (to get better, not to self-injure)</u>

Throughout the conversations, a concept of encouragement emerged. This encouragement was towards helping individuals to recover and to lead self-injury free lives and was often given at times when great despair was noticeable among forum users' postings:

"Keep trying, there are lots of things you could try yet, perhaps a different medication, another type of therapy, different changes to your life, until you find the formula that works for you."

The more generic and encouraging statements about staying strong, and holding on were frequently displayed:

"Stay strong."

"You are very strong, you will get through this."

Throughout the journey, individuals reminded each other that this journey towards complete recovery from self-injury is a long process, and to not be disheartened. Individuals encouraged each other to think of recovery as a long journey, and to break it down into smaller and more manageable steps.

"Remember, this is a long journey which begins with one step at a time."

"Recovery is a long journey."

4.2.5.6 Feeling Less Isolated

Forum users sometimes commented on the ways that the online forum was making them feel, in a positive sense. The feeling of being heard, and knowing that other people had had these same feelings, appeared to help individuals to feel less isolated:

"I post so I can feel heard by somebody."

"It helps to know that there are other people who have had the same feelings."

One forum user even commented that:

"Reading posts written by other people are like reading my own

This demonstrates the value of hearing each other's experiences, and how this experience can help them to feel less isolated.

4.2.5.7 Defending / rescuing from a previous harsh comment from another poster

A degree of conflict though infrequent, was observed in the dataset between forum users, where individuals were observed responding aggressively to each other's posts. When this happened, forum users would unite together to defend the individual who had

been victim to an attack on the part of another forum user, demonstrating caring behaviour and protectiveness:

"I don't agree with what you said, she is not being manipulative, she just wants her family to care."

"That is a horrible insult."

4.2.5.8 Solidarity

In addition to conflict, solidarity was also observed

"I agree with you."

"Exactly as XXX said"

"I agree."

4.2.5.9 Offering Personal Examples to Relate

The final concept in this category refers to individuals offering examples from their own lives to relate to the journey that the other person was experiencing. These self-disclosures were given in direct response to posts by other forum users, and appeared to have been disclosed with the intention of serving as examples rather than more generic types of self-disclosure outlined in the first category.

"I tried a lot of different treatments including different mediations and counselling before I started to improve."

"I self-injured for over 15 years before I was able to turn my back on it."

"I wanted to tell somebody so much when I was self-injuring because I was hurting so much inside."

"I wanted somebody to notice and to help me."

Whilst still self-disclosing in nature, it appears that these disclosures served a function regarding the human relationships established, such as providing support and connection.

4.2.6 Help and/ or Connection Seeking

This category is comprised of two concepts which will now be considered with (pseudo) quotations to support them.

4.2.6.1 Connection Seeking

In these statements, forum users overtly ask their fellow forum users to self-disclose as a means of relating to them.

"Has anyone else had this feeling?"

"I really need to hear that I'm not alone"

"Has anybody else ever felt this way?"

The intense need for human connection and human understanding is illustrated by the quotation below, which indicates that the individual was feeling lonely and unheard:

"Do you ever have one of those days where you just wish that somebody could hear your thoughts out loud?"

Sometimes the forum users would ask for any kind of advice or feedback, demonstrating a search for connection. It appeared that they wanted to feel heard, and to have comments or advice given based on their original posts:

"I would love some advice of any kind."

4.2.6.2 Help Seeking

The second concept in this category differs subtly from connection seeking, by asking for help specifically. For instance:

"I really don't want to do it again. Is anybody able to help?"

"How do I build up the courage to talk to someone offline?"

The questions asked give an indication of the nature of the current battles which that individual is currently undergoing:

"Does anyone know how to stop self-injury from feeling like a 'friend' that you 'need'?"

"How do you manage the fact that you used to self-injure in the past?"

4.2.7 Aggressive Comments / Attack

This category is comprised of one concept which will now be considered with (pseudo) quotations to support it.

4.2.7.1 Critical /Aggressive Comments

A small number of critical or aggressive comments were evident in the postings by forum users, who may have found something written in another forum user's post provocative or triggering, and it may have elicited strong emotions. Some of the comments were coded as aggressive or deliberately critical or confrontational:

"It sounds like you are deliberately manipulating people, and they have figured that out and that is why no one takes you seriously."

"I don't know why you have to be so forceful about your opinion."

4.2.8 Friendship / Contact

This category is comprised of one concept which will now be considered with (pseudo) quotations to support it.

4.2.8.1 Offering Private Contact/ Friendship

The online forum offers a specific relationship which enables forum users to respond to each other's posts, or to private message one another. Forum users may establish offline contact and exchange phone numbers or email addresses with one another. This concept relates to efforts to offer this private contact or friendship beyond the online forum postings. Some of these messages made use of the online forum's private messaging system:

"Feel free to private message me if you need to talk."

"Please don't hesitate to inbox me, would love to hear from you."

"I want us to help each other, message me if you want."

However, some of these offers went beyond the inbuilt systems on the online forum and suggested messaging through other avenues such as private email addresses or utilising other means of social messaging:

"Does anybody want to be recovery buddies? We could chat on Kik."

Figure 4.3: Core Category 2, with the 3 corresponding categories and 7 concepts:

4.3 Core Category 2: Battling Self-Injury

This core category considers the individual forum users' experiences of battling self-injury. This core category compromises of three categories: Battling Self-Injury Currently, After Effects of Self-Injury, and Actions Taken Instead of Self-Injuring. Each category has a number of individual concepts within it, ranging from between 1 and 4 concepts. The first category 'Battling Self-Injury Currently' is comprised of four concepts which will now be discussed below:

4.3.1 Battling Self-Injury Currently

This category relates to the individual's current battles with self-injury. The underlying theme within all of the concepts is individuals wanting to understand and to stop self-injuring, but struggling. This category is comprised of four concepts which will now be considered with (pseudo) quotations to support them.

4.3.1.1 Asking for Feedback

The first category within the battling self-injury category refers to feedback being requested specifically. For instance:

"Why don't I want to keep it a secret more?"

"Do you think that I am attention seeking?"

It would appear the forum posters are requesting specific feedback from other forum users to help them to place and understand their own behaviour.

4.3.1.2 Battling Urges

The second concept in this category refers to the forum users battling their self-injury urges and struggling to not act on these urges. Sometimes, explanations were offered by the forum user as to why they were struggling with urges:

The majority of the time however, the forum users were simply discussing urges to self-injure. It appeared they frequently felt out of control with their battle against their urges to self-injury:

"My urges come like waves in the sea and always return just when I think I am in control."

"How can I fight the urges so that I don't end up hurting myself?"

"I have been thinking about cutting all day and all night"

"The urges to self-injure always seem to drag me back somehow."

4.3.1.3 Not Wanting to Self-Injure but Feeling Triggered To

This concept relates to individuals feeling triggered to self-injure, despite not wanting to. Individuals would frequently refer to feeling triggered to self-injure. Feeling triggered appeared to be subtly different to battling urges, as the triggers were the event which occurred and led to the urges to self-injure:

"The triggers are getting worse, and I feel I might slip up soon and self-injure"

"Yesterday triggered a lot of things which I have been struggling to cope with and I've been getting more and more urges to self-injure since then."

4.3.1.4 Really Struggling/ Feeling Stuck

The final concept in the Battling Self-Injury Currently category consisted of quotations which indicated individuals were feeling really stuck currently:

"It feels like I am holding on by a thread and it is not going to hold for much longer."

"I feel so lost and alone without it."

"I don't know what to do."

Sometimes it may have appeared that they were asking for advice or help-seeking at the same time, but this concept demonstrated a clear sense of feeling stuck.

"I don't understand how to stop self-harming, does it just happen on its own, because I am running out of hope."

4.3.2 After Effects of Self-Injury

This category is comprised of two concepts which will now be considered with (pseudo) quotations to support them.

4.3.2.1 Missing Self-Injury

This concept consisted of expressions from individuals who were currently free from self-injury but missing it and discussing these feelings:

"I miss self-injury a great deal."

"I wonder if I'll always miss it."

These comments suggest that even once an individual has been successful in stopping to injure themselves deliberately, the journey is not over in its entirety.

4.3.2.2 Talking About Scars

The second concept which made up the category After Effects of Self-Injury consisted of conversations regarding scars which were caused by deliberate self-injury. These discussions relating to scars occurred within the context of conversation frequently,

such as in the example below where individuals are worrying about people in their lives noticing and questioning their scars. However, as one individual writes, nobody had ever asked about their scars:

"I'm ashamed by my horrible scars."

"I have never had anybody comment on my scars or ask about them."

Some of the conversation relating to scars demonstrated acceptance:

"My scars are part of me and I have learned to live with them."

Some of the comments regarding self-injury scars discussed practicalities such as the difficulties surrounding scars and sun exposure.

"My scars burn if they get any sun and get really painful."

4.3.3 Actions Taken (instead of self-injuring)

This category is comprised of one concept which will now be considered with (pseudo) quotations to support it.

4.3.3.1 Talking about Things they have Already Tried

This concept relates to individuals relaying strategies, techniques and avenues for help which they have already explored which did not appear to have worked for them. It would appear that when struggling with self-injury, these individuals found no easy fix.

"I had tried various medications and I have even seen different therapists for years now."

"I was admitted to hospital several times, spending a total of two years' worth of time in inpatient units, I have had different psychiatrists, medications and therapists."

"I have tried ringing helplines, reading, writing, running, watching a DVD, walking the dogs, etc." "I have been using this forum"

Figure 4.4: Core Category 3, with the 3 corresponding categories and 7 concepts:

4.4 Core Category 3: Being Helpful / Giving Advice/ Tangible Help

This core category consists of categories of data which demonstrate individuals being helpful and providing support and advice to others. This core category compromises of three categories: Providing Advice/ Tangible Help - (help not to self-injure), Suggesting Involvement of Professional Agencies, and Suggesting Involvement of People Around them. Each category has a number of individual concepts within it, ranging from between 1 and 5 concepts. The first category 'Providing Advice/ Tangible Help is comprised of concepts which will now be discussed below:

4.4.1 Being Helpful / Providing Tangible Help Advice – (help not to self-injure)

This category is comprised of five concepts which will now be considered with (pseudo) quotations to support them. This category saw the forum users provide suggestions with alternative actions that they might wish to try, instead of self-injuring.

4.4.1.1 Suggestions at Replacing the Self-Injury

This concept related to suggestions at replacing the self-injury with something else; some of these methods involved suggestions that individuals might wish to fill their time in other ways:

"Maybe it would be a good idea to fill your life with positives, this might help you to stop missing self-injury quite so much?"

Other suggestions involved writing feelings down, or writing affirmations which could be drawn upon during times of distress:

"Perhaps you could try writing down how you feel?"

"I found using affirmations really helpful when I was feeling overwhelmed by any sort of feeling."

Some suggestions, involved a longer term life plan which would enable the individual to gradually create long lasting changes to various aspects of their life:

"You have to let others in to your life a little bit in order to share happiness. Maybe you could practice by sharing small glimpses of your life with people you trust, and keep practicing until you no longer find the idea terrifying."

4.4.1.2 Suggesting Distraction

Distraction techniques were frequently suggested by other forum users, in order to wait for the urge to self-injure to subside:

"Have you thought about using distractions?"

"Is there anything else you could try, maybe something simple like reading or drawing"

4.4.1.3 Psychological Understanding / Intellectualisation

Forum users would frequently draw upon psychological knowledge or intellectualisation and express psychological understanding, formulations, and hypotheses about the reasons behind human behaviour: their own and that of others. This demonstrated forum users thinking psychologically in great depth and appearing to find some benefit in the understandings reached.

This psychological understanding was applied compassionately, for instance, towards the parents of one forum user who reported constant invalidation and maltreatment by her family:

"It sounds as though your parents were unloved in their childhoods too, and that is why they treat you the way they do. Accepting their failings and developing compassion will help you to set yourself free."

Another forum user wisely points out:

"There is no point judging people for their failings."

Psychological terms were also frequently used and defined:

"Dissociation is a technique of the mind to protect you from harm."

Psychological understanding of the mechanism and reasons behind self-injury are also provided as well as hope for the future. Scripts were written and rehearsed by individuals, to give examples of how they might think about their self-injury in the future and how they might frame it for those around them:

"If you can learn to use words instead of cutting to communicate, it will be more effective, as words can say lots of different things, whereas cutting just says "help".

"I coped the best I could with the tools I had available at the time, it may not have had great outcomes, but I was in a bad place at the time."

4.4.1.4 Reframing

Forum users would reframe the phrasing of sentences for each other, and in doing so offer an alternative meaning or perspective. It is possible that the reframes offered applied both to the person to whom the reframe was being offered, and to the person doing the reframing:

"Try not to see your latest setback as a failing on your part, but rather a slip up which you can learn something from."

"It is a choice whether you view your scars as a mark of failure, or whether you look at them as an indication of strength of spirit and survival."

Reframes were offered for life stressors, and encouragement given gently to help individuals to think differently about their latest tribulations and struggles:

"Instead of feeling guilty, maybe you could think of the next few weeks as a necessary break?"

"It might be a relief to get it off your chest and have people know?"

4.4.1.5 Making Suggestions

Suggestions were offered as a form of tangible advice, in helping fellow forum users to resist their self-injury urges. These suggestions were typically posed tentatively and carefully:

Do you think talking to the people around you would help?"

"Is it possible to let them know that this makes you feel uncomfortable?"

"Do you think it could be helpful to ask your dad to talk about this?"

Individuals offered their own listening ear and suggested that it might be helpful to talk more about this topic, using the online forum:

"Would it be helpful to talk a bit more about this?"

When it appeared that fellow members were struggling to cope with stressful life events, forum users appeared to understand that this would probably happen again and again without alternative inbuilt strategies for coping with life stressors, and therefore tentatively offered this understanding, suggesting that the individual might benefit from putting things in place for times of such stress:

"Are there any things you can put in place for after stressful events to make you less vulnerable?"

4.4.2 Suggesting Involvement of Professional Agencies

This category is comprised of one concept which will now be considered with (pseudo) quotations to support it.

4.4.2.1 Suggesting Professional Support

Whilst the online forum offered peer support as opposed to professional help (the term professional help is used broadly in this sense to encapsulate help from a wide variety of professionals, including Community Psychiatric Nurses, GP's, psychiatrists, psychologists, counsellors, therapists, and helplines such as the Samaritans), individuals on the forum frequently directed others to professional help, suggesting it in many instances:

"Are you receiving any professional help?"

"Is there any option of you asking for professional help?"

"Maybe you could make an appointment with your GP?"

"Can you tell your doctor about this?"

"Have you thought about speaking to your doctor?"

"There are helplines you can ring to talk about this."

The individuals using the forum seemed to value the importance of seeking professional help offline, although it is curious to wonder how many of the individuals suggesting contacting professional agencies had taken their own advice in similar circumstances.

Seeking professional help offline would no doubt be difficult due to fear of judgment, but also fear of negative consequences such as getting sectioned, or the

information disclosed remaining indefinitely on medical records. If information regarding their mental health or self-injuring were to remain on their medical records, the individuals might worry that this would affect them in terms of attaining employment in the future, and they may be subject to discrimination. Seeking help online is anonymous and thus may feel safer, particularly if individuals are experiencing paranoia regarding the future.

4.4.3 Suggesting Involvement of People around Them

This category is comprised of one concept which will now be considered with (pseudo) quotations to support it.

4.4.3.1 Suggesting They Speak to People around Them

Forum users frequently directed each other to talking to the people around them with encouragement, appearing to appreciate that this is important for the recovery journey:

"Do you have any family or friends that you could go to for support about this?"

"Could you talk to someone in real life (offline)?"

"Is there any way you can talk to a trusted family member or friend?"

The forum users appeared to listen to the individuals' struggles, often regarding their relationship with their closest family, and to hold that in mind. They would then offer a reframe or make suggestions for ways in which the individual might talk to those around them, and use reframes, speculations, and psychological understandings to suggest that it might be the case that the people around the individual would not want the individual to struggle alone:

"Do you think you could talk to your parents and tell them about how you have been feeling?"

"I am sure if you are struggling your parents would far rather you talk to them than battle on alone feeling worse."

4.4.4 Summary

In summary, a large number of concepts were yielded from the dataset. Quotations have been provided with these concepts, and the concepts were grouped into 12 categories and 3 core categories. These results will be discussed in Chapter Five.

5 CHAPTER FIVE: DISCUSSION

5.1 Overview

This research explored the psychological functions of online self-injury forums in order to gain a greater understanding of the psychological needs that such forums serve for the individuals who use them. This chapter summarises the key findings of the research, and then considers these findings within the context of the existing evidence base. The clinical and theoretical implications of this research are considered. Implications for service delivery are discussed, in addition to the role that clinical psychologists can play when working with individuals who disclose using online forums. The limitations of the current study are outlined, followed by suggestions for future research. Finally the conclusions are summarised.

5.2 Revisiting the Research Aims

The overarching aim of this study was to identify core themes regarding the functions that the online self-injury forum studied offered to its users. In-depth grounded theory analysis was undertaken of a large dataset to explore concepts arising that might indicate the psychological functions that use of this online self-injury forum was serving to its forum users.

Aim 1: The first aim was *"to identify themes within the qualitative data regarding the psychological functions that self-injury forums provide."*

The grounded theory yielded three core categories, with a total of 14 categories, and a total of 43 concepts. The largest core category was Core Category 1: 'Human Contact', which indicated that one of the psychological functions that self-injury forums serve is the opportunity for human contact and human relationship. This was the core category that had

the most codings and included categories consisting of spontaneous self-disclosures and therapeutic human contact between forum users.

The second Core Category was 'Battling Self-Injury', and appeared to allow individuals to obtain help, advice and hope regarding their current struggles not to self-injure. It also appeared beneficial for these individuals to simply feel heard.

The final Core Category was 'Being Helpful – Giving Advice/ Tangible Help' and this appeared to allow individuals to take on the role of 'helper' or 'therapist' towards other forum users.

Aim 2: The second research aim was *"to interpret these themes from a psychological perspective, linking the findings to existing psychological and theoretical frameworks."* Section 5.4 provides a detailed discussion of the results in line with current psychological theory and theoretical frameworks, including attachment theory and therapeutic models.

Aim 3: The third research aim was "*to provide an awareness and understanding of the role of online forums for clinicians and to explore how these identified needs could be met in clinical settings for this population."* Section 5.5 provides a detailed discussion of the Clinical and Service Development Implications arising from this research project.

5.3 Research Findings

The research findings indicate that there are many psychological functions being served by the use of the online self-injury support forum from the dataset analysed. Specifically, three core categories were developed: 'Human Contact', 'Battling Self-Injury (discussing it)', and 'Being Helpful – Giving Advice / Tangible Help (being in the role of helper/ therapist)'. These are discussed in detail. In the first part of this chapter, the author concentrates on discussing the results and interpretations. In the second part of this chapter, the author concentrates on making connections with the existing evidence base and literature.

5.3.1 Human Contact

This core category relates to the relationship between individuals on the online forum. The act of writing a post to an online forum differs greatly from writing a post in a private blog or journal, fundamentally because individuals write posts on the forum with the knowledge that other people will read these posts, and may reply to them (Smithson et al, 2011; Adler & Adler, 2008; Johnson, Zastawny & Kulpa, 2009). The likelihood that others will read and reply to their posts means that writing on an online forum is a very different experience from writing in a private diary that would, in all likelihood, never be seen by anyone else (Haberstroh & Moyer, 2012). The psychological functions that were discovered in this core category were grouped into eight categories. The first of these was 'self-disclosure (spontaneous)'. This related to individuals providing information about themselves spontaneously. As the individuals held the knowledge that the information they provided would be read by others, they were able to choose what they disclosed. Some individuals provided a life story and thus provided a general overview of their past experiences and the trials and tribulations that led them to their current situation.

Frequent self-disclosures were made about the individual's self-injury journey, such as detailing the age that they had been when they had started to self-injure, and how frequently they self-injured. Some individuals also disclosed their successes with stopping or reducing self-injury. Many of the forum users disclosed finding it very difficult to contemplate the idea of talking to other people in offline contexts regarding their self-injury, even to the extent of sharing their successes regarding the lengths of time which they had achieved without self-injuring. Making online success story disclosures may have therefore allowed these individuals to receive the praise and recognition which they needed to hear. It is also possible that hearing their success stories may have served as encouragement for other members currently still undergoing the same battle. Some individuals also talked about

invalidating family environments, in which their difficulties and emotions were not recognised or validated. It would appear that in discussing this on the online forum, these individuals were able to receive some of the much desired validation from the other forum users which was perhaps a need that was not being met by the people immediately around them. It also appeared that it was easier for the individuals to talk to strangers on the online forum than the people around them, and this may have been due to the anonymity which the online forum provided. Several individuals also disclosed specific information in response to specific questions asked by other forum users. They answered questions regarding information they had provided in previous posts and would respond to suggestions which other forum users offered to them.

The interactions between forum users suggested that human contact was an important need that the forum satisfied, at least for some users. Even at a low level of human contact, niceties and social graces appeared to have a very valuable contribution to make. This human relationship component is believed to be the component which makes this avenue of writing about one's problems different to the individual simply having written in a diary or in a word document on their PC (Murray & Fox, 2006; Smithson et al, 2011; Johnson, Zastawny & Kulpa, 2009). It appears that individuals' valued the avenue within which the online forum provided; to enable other people to hear the person's story, and to respond. These replies appeared to be greatly appreciated. Welcoming someone, thanking them, wishing them well and telling them to 'take care', are all displays of human social graces and relationships, that may help the isolated individual to feel heard and connected to other people (Adler & Adler, 2008; Murray & Fox, 2006; Franzen & Gottzen, 2011).

As the human contact increased to a higher level of social interaction, individuals were observed responding directly to the information presented in each other's posts, demonstrating conversational reciprocity and turn-taking. They would congratulate one

another for their triumphs and successes with abstaining from self-injury for lengths of time, and would offer encouragement to each other during times of hardship. Providing the message 'you are not alone' appeared to have a powerful impact. In reality, these individuals were frequently thousands of miles apart with little or no likelihood of face-to-face meetings. Whilst individuals were geographically and physically separated, emotionally, these messages appeared to be serving a very useful function in providing comfort and emotional support. Forum users' messages of encouragement indicated that the individual was liked and cared about, and deemed to be worthy of help. The awareness that someone, somewhere, was thinking of them and holding them in their mind, may have helped individuals tremendously who were feeling very isolated in their own lives. Furthermore, hope was given for the future that, one day, things would be very different and this hope may have helped individuals to tolerate unbearably difficult emotions.

As the human contact increased to a higher level of social interaction, far more emotionally intense aspects of human communication were observed. Validation was provided of each other's emotional states, giving individuals a message that their feelings were understood and were valid. The provision of validating and empathetic responses may have helped individuals to feel really listened to, heard and valued. The need to be understood, heard and validated is paramount for all individuals (Linehan, 1997; Linehan *et al*, 2002), however for many of the individuals observed using the online forum, it would appear that this is currently an unmet need in their private lives. In the online forum environment observed however, others would listen to their story, and ask further questions. This appeared to provide a conversational avenue for individuals and may have helped them to feel truly heard. Furthermore, this offered the opportunity for others to personally relate to these stories, which may have also enabled individuals to feel less alone. Encouragement

was given for forum users to recover from self-injury which, despite being provided by strangers, appeared to have a powerful impact.

Individuals would relate to each other's stories by offering personal examples of similar situations that had occurred within their own lives and times that they had experienced the feelings described, and it is likely that this may have provided hope to others. Furthermore, relating to each other may have benefited both individuals. Individuals thanked each other for helping, and reported feeling less isolated as a result of each other's posts, which may have been a self-esteem boost for the forum users providing the support. This indicates that the online forum conversations may have been meeting a powerful need in terms of human connection. As is typical within human relationships, a degree of conflict inevitably occurs (Fisher, 1990; Kolt & Donohue, 1992). When conflict was observed between forum users, defending and rescuing behaviour from other forum users to the person being attacked was observed. Defending may have helped both the individual being attacked to feel better, and may have also served a purpose to those doing the defending. Protecting or defending another person is likely to stir up powerful emotions, and may be likely to increase the bond between individuals (Bastian, Jetten & Ferris, 2014). Solidarity was also observed, by which individuals would reference each other and say that they agreed with what somebody else had said. It is likely that this solidarity behaviour also had an impact in helping individuals to feel less alone and more part of a community. (Weiss, 1973). Social solidarity has been found to have a buffer effect against social isolation (Cacioppo & Cacioppo, 2014; Cacioppo et al, 2011; Cacioppo & Hawkley, 2009).

Help-seeking and connection-seeking behaviours were observed where individuals would specifically ask for help, or ask if anyone else had experienced similar things. This indicated that individuals wanted someone to hear their story, and to provide them with some practical ideas for help. In some situations, it was enough simply for individuals to hear that

someone had heard their story and was able to relate. It is possible with regards to the help-seeking behaviour that the individuals posting here may have been pretending that they wanted advice, but may have simply wanted someone to listen to them and to hear their story to enable them to feel less isolated (Cacioppo & Cacioppo, 2014).

A degree of conflict was observed in some online exchanges. It is important to remember that in human relationships a degree of conflict is normal (Fisher, 1990; Kolt & Donohue, 1992), and that each individual on this forum no doubt is battling through their own unique journey of discovery, difficulty and recovery. People often upset others by unknowingly saying or doing something which triggers an issue that is especially distressing or inflammatory for them. Colloquially, such an effect is often labelled "pushing hot buttons". Of course in some cases people are fully aware of another's sensitive areas and may raise issues specifically to cause upset (Doutsch, 2006); Lindner, 2009). This can result in a flare up reaction from an individual which may seem disproportionately high.

Whilst this online forum offered a form of human contact, this contact had boundaries. The online forum allowed for individuals to operate using a pseudo name and the chosen names were frequently very clearly fake names, for example; 'Harry Potter' or 'Cinderella'. It is likely that some individuals wanted a more personal relationship with other individuals than the online forum allowed and this may have been one of the reasons for the offers of private contact away from the public message board. Individuals may have wanted to talk in private, and to engage in a dyadic conversation rather than have a conversation which other forum users would read and respond to. It is also possible that some individuals wanted to provide the help and support to the individual who was struggling at that time, and may have been drawn into the role of wanting to provide more individual support. While these private messages and private contacts were not observed or analysed within the current research, it is possible that within these messages forum users may have disclosed more

personal details such as identifying information about themselves, and more specific details about their lives.

The first core category demonstrates the importance of the contact with other people and the importance of human relationships; it is not just being able to offload and disclose that is key, but the responses, feedback and human contact gained as a result. It is suggested that online self-injury forums provide an environment where individuals can experience human contact and conversation, without fear of the implications of talking to another person. Furthermore, speaking to peers anonymously online avoids the consequences of speaking to mental health professional in person which may have consequences such as information remaining on medical records indefinitely, or even being sectioned (Davidson et al, 2012; Bourchard, Montreuil & Gros, 2010; Repper & Carter, 2011).

5.3.2 Battling Self-Injury

The second core category 'Battling Self-Injury' relates to the struggles that individuals are currently experiencing with self-injury. The conversations which were categorised into this core category were grouped into three categories: 'Battling Self-Injury Currently', 'After Effects of Self-Injury', and 'Actions Taken Instead of Self-Injuring.' The first category consisted of four concepts which directly related to individuals' current battle with self-injury at that time. The forum users were observed asking for specific feedback on their situation with regards to self-injury and the online forum provided an avenue within which they were able to seek practical advice and to discuss their self-injury in depth and ask for help in this way. Individuals would discuss their battles with urges to self-injure as they tried to overcome them. It is possible that the simple act of having somewhere to write about their feelings may have served as a form of distraction which may also have helped the individuals to control their urges (Contario & Lader, 1998). The encouragement provided and the human contact generally may have also helped the individual to deal with the urges.

The forum users also reported feeling triggered to self-injure, despite very much not wanting to. Using the online forum provided an opportunity for individuals to discuss these triggers and to receive help, advice, suggestions and encouragement from one another. The word 'triggered' appeared to be a commonly spoken language on the forum, and individuals frequently referred to 'feeling triggered'. This is an unconventional use of the word 'triggered'. Finally within this category, a phenomenon was observed which demonstrated forum users really struggling at this current time or feeling extremely stuck. The individuals often sounded rather defeated and hopeless when presenting their post. However, other forum users would often rally around them, providing support, encouragement, and hope for the future.

The second category within this core category related to the after effects of self-injury, and consisted of two concepts. Individuals would talk fondly about self-injury and describe missing it, like an old friend. Talking about missing self-injury on the online self-injury forum appeared to serve a type of therapeutic function for these individuals. In addition to talking about missing self-injury, individuals would also discuss at great length their scars. Unlike missing self-injury however, these scars were often unwelcome, sometimes even despised. It appeared that the scars presented a difficulty that almost all the forum users were able to relate to. Some appeared to have reached a point in their recovery where they had a good reframe of the situation and were no longer troubled by their scars, viewing them not as a weakness, but rather as a sign of their inner strength and of battles won.

The final category concerned actions taken instead of self-injuring and contained only one concept. Individuals would discuss things they had already tried instead of self-injuring. Sometimes these were presented in list form, as if to prove that the individual had tried many alternatives to self-injury before asking for help and advice on this forum. It is possible that

these lists may have also provided suggestions to other people, and encouraged the forum users to think about other suggestions which they could offer. These conversations may have held a beneficial value for all the individuals involved.

5.3.3 Being Helpful – Giving Advice/ Tangible Support

The third core category 'Being Helpful – Giving Advice/ Tangible Support' relates to the forum users providing direct help, support and advice to one another. The conversations which were observed in this core category were grouped into three categories: 'Providing Advice/ Tangible Help (help not to self-injure), 'Suggesting Involvement of Professional Agencies', and 'Suggesting Involvement of People Around Them.' The first category consisted of five concepts which directly related to forum users providing practical help or support. Suggestions were made for ways in which the individual struggling could replace their self-injury by doing other things. It is possible that the act of providing ideas to one another may have consolidated individuals' learning about their own journey, and may have further increased the likelihood that, during their next time of struggle, one of these strategies would be implemented rather than self-injury. Distraction was frequently suggested. The very act of logging into the online forum and writing posts could be seen as a direct distraction against acting on urges to self-injure.

Psychological understanding, sometimes known as intellectualisation, was also frequently offered. In doing this, individuals would look further afield as to why situations were arising, and speculate or make suggestions about what might be going on. This might involve them drawing upon the evidence base and talking about specific psychological issues such as attachment (Bowlby, 1969; Ainsworth et al, 1978). This was likely an example of listeners trying to offer help to make sense of other's stories. Helping others to create meaning or to find understanding may have helped them to discover their own answers, particularly as it seems that all of the individuals using this forum had self-injury in common.

Reframes were also offered which appeared to help individuals who may have been feeling despair to feel better about their situation. It is likely that reframing the situation of another may have also had a therapeutic value for the individual in the role of helper. This may have allowed them to see that their own situations and struggles could also be reframed and turned into something positive. The act of practicing reframes in this way may have had a beneficial effect on the individuals providing this. Finally, individuals would make suggestions to one another of how they could proceed in their current situation. These suggestions often involved an element of problem-solving, to allow individuals to hear another person's situation and find something useful to offer despite all of the things that that individual had already reported trying. It is possible that offering help in this way may have allowed individuals to practice problem-solving, which may have benefited them in the future (Davidson et al, 2012; Bourchard, Montreuil & Gros, 2010; Repper & Carter, 2011).

Individuals would also frequently recommend to one another the involvement of professional help, such as visiting GPs, seeking out counselling, or ringing helplines. It is interesting how frequently these things were suggested, given the context of the anonymous online forum. It appears that these individuals were not against seeking professional help for mental health, but merely scared, or possibly in a position where they currently did not have the means to access professional help. It is interesting to speculate on whether the individuals who recommended that their fellow forum users sought professional help would have done so themselves in similar circumstances. However, by making the suggestion, it perhaps made it more likely that the individual in the helper role might ask for professional help themselves in the future (Egan, 2006). Finally, some individuals recommended to others that they spoke to the people around them. This indicates that some of the forum users understood the value of speaking to people around them, and how important this can be in promoting recovery. By offering this advice to others, this may have made it more likely that they themselves might

follow their own advice in the future. It is concluded that these online forums give the opportunity for individuals to take on a helper role, and to give advice and care to their peers, in a way that the majority of therapeutic relationships (excluding therapeutic groups and communities) do not allow for. The ability to provide care and support may have allowed individuals to consolidate their learning of alternative means, and this may have also further promoted their own recovery.

5.4 How the Results Relate to the Existing Literature

The first core category that was developed contained the greatest amount of categories and concepts related to the role and importance of human contact within these online forum exchanges. The human components observed including empathy, validation, and self-disclosure, appear to demonstrate that using this online forum was serving far deeper psychological functions than merely allowing individuals to discuss self-injury. Being able to share their difficulties with others and to feel accepted, belonging, and support may have helped individuals to form strong and quick bonds through shared experience (Suler, 2004). The 'Online Dishibition Effect' may have been operating in the observed dataset, allowing individuals to self-disclose more easily due to the fact that they hadn't had a prior relationship with other forum users. As Whitlock (2007) concluded, it appears that using the online forum served several psychological functions including allowing for self-expression, social connection, and peer support.

The connection-seeking behaviour observed, and expressions that individuals were feeling less isolated, has strong parallels with the findings of Johnson, Zastawny and Kulpa (2010) who found that the sense of connection and a sense of belonging to a community were the most powerful reasons for membership, rather than to discuss self-injury. However, over 50% of members surveyed in the Johnson, Zastawny and Kulpa (2010) study reported that

their levels of self-injury behaviour had decreased since becoming a member. This indicates that in a similar way to the findings from the current study, it was the human relationship aspects which seemed to have a helpful and therapeutic value.

Using the online forum in this way appeared to allow individuals to focus on written communication, possibly making conversational exchanges easier than face to face interactions. It is possible that one reason for this is that online communication allows a filtering out of some of the complexities of human interaction such as body language and eye contact (Whitlock, Eckenrode and Silverman, 2006). Individuals in the current study would frequently refer to feeling less isolated as a result of talking on the online forum. This supports the findings of Whitlock, Eckenrode and Silverman (2006) who suggested that individuals who would otherwise be completely isolated are able to get their attachment needs met on these online forums. Furthermore, since individuals were able to choose how much information they shared and how they presented themselves, the illusion of the social distance which Whitlock (2012) described may have helped these individuals to be able to connection-seek in this way. As the evidence base suggests that this particular population of individuals who self-injure tend to be vulnerable and may have other comorbid underlying mental health difficulties such as borderline-personality disorder or chronic anxiety or depression, it is likely that using the online forum served the psychological functions of helping individuals to achieve human contact and social support, whilst filtering out a great deal of the difficulties associated with face-to-face human contact, such as judgement and rejection by peers as Whitlock, Lader, and Conterio (2007) suggest.

The current findings indicate that using these online forums enabled individuals to feel less alone, which is similar to previous findings (Johnsen, Rosenvinge and Gammon, 2002; Mayo Clinic, 2012). The importance of peer support has become highly recognised in recent years as a way to help motivation towards therapeutic change, and is now

recommended in European Union Good Practice Guidelines (2012). It appears that the type of peer support observed in the current study enabled forum users to directly relate and emphasize with each other. It appeared easier for individuals to self-disclose, perhaps due to the level of anonymity that the internet provides, as highlighted by Mulveen and Hepworth (2006). Given that the online forum is specifically designed for the discussion of self-injury, much of the stigma which may be encountered in real life exchanges is bypassed. Many individuals in the current study reported that they had not been able to speak to those around them, and they expressed empathy towards others who had experienced similar situation and lacked of confidence to self-disclose in face-to-face situations. This fits with the findings of Kerr, Muchlenkamp and Turner (2010) who found that individuals who are struggling with self-injury were most likely to first disclose their problem to internet-based acquaintances. This indicates that the internet is filling a need and providing isolated individuals with a source of emotional support. It appeared that by using the online forum, the social norms of offline relationships were bypassed. For instance, it would be unlikely for someone to meet a new person in real life and to launch straight into a complex emotionally charged conversation involving self-disclosure about some of the most difficult issues in their life, and their ongoing battle with self-injury. The use of the internet forum however, appeared to demonstrate a way of bypassing these social norms and allowing isolated individuals to feel instantaneous connection and support.

Validation was a frequently observed type of response in the current study. This benefit of online forum use has also been demonstrated in the previous evidence base (Whitlock, Contario and Lader, 2007). The benefit of validation is considered in great depth in the Dialectical Behavioural Therapy framework, where it is used by the clinician to communicate to the client that they have been really heard (Kerr, Muehlenkamp and Turner, 2010; Linehan *et al.* 2002; Read, 2013). It appears that, in a similar way, the use of the

online forum in the current study allowed individuals to feel really heard and understood by another person or group of people, in a way that is non-judgemental and non-blaming. When occasionally an element of aggressive feedback was displayed from one forum member to another, other forum users would be quick to defend the aggrieved individual and display solidarity.

It was observed in the current study that individuals would offer each other private contact or friendship outside of the online forum. In the literature reviewed, Heath *et al.* (2008) reported that individuals who self-injure tend to use the internet more frequently and for longer periods of time than non-self-injuring peers. In addition to this, in one study, individuals who self-injured were shown to be far more likely to use the internet to actively make friends (Heath *et al.* 2008). It was explained by Gross, Juvonen, and Gable (2002) that teenagers with fewer social contacts or friends will use the internet to try to compensate, seeking out new friends and communities. The findings from the current study also demonstrated efforts between individuals to offer friendship or private contact away from the online forum, including suggesting that they exchange email addresses or make social contact using other forms of social media (e.g. 'Kik'). This indicates that the online forum was giving individuals who may have been more isolated the opportunity to try to expand their social circles.

It is interesting, given that individuals may have felt able to use the online forum to discuss their struggles with something so personal that they had been unable to disclose to a person around them, that they would then feel able to break this anonymity and to disclose their true identity and contact details. It is likely that much of the fear surrounding individuals' reluctance to self-disclose in real life related to the stigma surrounding self-injury, and uncertainty about how others might react. The online forum bypassed this difficulty by allowing for peer support regarding a topic which affected everybody who used

the forum. Once this stigma was removed, it may have been easier for individuals to reveal their true identity and to select individuals with whom they had built up some trust, to reveal more personal contact details.

In providing this level of human contact and social support, it appeared that the online forums had become the place to which these individuals would turn in order to get their needs met. Duggan *et al.* (2012) expressed the idea that the internet provides a safe space for isolated individuals. From an attachment perspective, the secure attachment base is the place/ person where an individual is understood, validated, and heard (Ainsworth, 1978; Bowlby, 1969; Division of Clinical Psychology, 2007). The results from the current study indicate that for the individuals making use of the online forum, it may have become their safe base. This is evidenced by the quotations which indicated that individuals felt understood, validated and supported by their peers. Furthermore, it was on this forum that individuals appeared to build up the courage to then think about engaging with the offline world, by talking to people around them, or seeking professional help. This safe base had likely been built up slowly, through many posts which had been validated by other forum users to help the individual come to see the online forum as a place where their emotional needs would be met and where they could be truthful about their innermost private thoughts, feelings and struggles (Haberstroh & Moyer, 2012). Furthermore, some of the individuals using the online forum who reported experiencing difficulties in their relationships with the people around them or reported invalidating family environments may have had attachment patterns that were not secure (Division of Clinical Psychology, 2007). The evidence base suggests that insecure childhood attachments cause difficulties with developing future attachment relationships (Gratz, Conrad and Roemer, 2002; Yates, 2004). This may have, in part, contributed to the difficulties that the individuals using the online forum expressed, such as contemplating the idea of talking to another person offline.

The second core category related to self-injury discussion. The previous evidence base on self-injury indicated that the most frequent types of conversational exchange on online forums were informal support and the discussion of life events which serve as triggers for self-injury (Whitlock, Powers and Eckenrode, 2006). The current study supports this finding, demonstrating huge quantities of informal support offered and discussion of life events. The popularity of informal forums such as the one studied was highlighted by Duggan *et al.* (2012) and the large membership statistics from the current forum and the high volume of data generated support this. Individuals in the current study spoke about feeling triggered to self-injure and battling urges. They also reflected upon currently feeling very stuck, asked for feedback and reminisced about self-injury. Scars became a frequent topic of discussion, and individuals would recollect the numerous strategies which they had previously employed in a bid to avoid self-injury. Adler and Adler (2008) pointed out that individuals often spend time searching online for the right online community for them, and that if they are currently battling with self-injury they will often gravitate towards a community specific to self-injury discussion (Adler and Adler, 2008). This appeared to be the case for the individuals whose posts were analysed in the current study.

The third core category related to forum users being helpful and giving advice or tangible help. This placed the forum users offering the help at this time into the role of helper or therapist to the other forum user who was receiving the help or support. One way in which advice or tangible help was offered was by providing psychological understanding or intellectualisation of a current situation. Previous research has found that the wealth of information that the internet provides can be helpful for individuals seeking self-injury advice and information (European Union Good Practice Guide, 2012) suggesting that the information sharing observed in this study may have had a strong value in helping the individuals to reduce self-injury behaviour and in helping to prevent self-injury escalation.

The opportunity to offer peer support in this way gave forum users the opportunity to be useful to other individuals who were struggling and to feel that they had been helpful to somebody. Similar to the way in which Dialectical Behavioural Therapy operates, it appears that a sense of solidarity may have been created in this way, by allowing individuals to relate to one another, and to offer peer support. Making suggestions to one another about different strategies they could try, or different ways of thinking about the situation, as observed in this study, may have served as consolidation of these methods for the individual offering the support. It is probable that the majority of the individuals using this online forum to talk about recovering from self-injury did not hold a large set of skills for emotional regulation and distress tolerance as they were self-confessed self-injurers. However, it appeared that many individuals did have a number of existing skills and were searching for more strategies. Some of the skills or recommendations offered to each other may have been newly acquired skills which they had learned and were currently practicing. Thus, in a similar way to Dialectical Behavioural Therapy, it is likely that this online forum provided a validating and peer-supportive environment which enabled individuals to take on both a therapeutic role in addition to receiving help and support from their peers.

The research evidence on altruism suggests that individuals can gain huge benefits from giving social support to others, in addition to receiving it (Achor, 2011, 2013). Achor (2013) explained that providing social support plays an often vital role in an individual's recovery, and fulfils various psychological needs such as empathy, compassion, and the ability to relate to others. This indicates that the high levels of help and advice giving or psychological understanding and reframes observed in the current study may have been having a beneficial impact on the individual who was providing this, in addition to the individual receiving. Achor (2013) explains that this altruism can be extremely powerful in aiding the recovery of individuals, consolidating knowledge, and in building skills,

confidence, and self-esteem. Therefore it appears that the provision of tangible help and advice identified in the final core category fit with the evidence base surrounding altruism. Whitlock, Powers and Eckenrode (2006) reported that the most frequent reason given for internet forum use was to provide informal support for others. In the current study, it was observed that individuals continued to use the online forum to provide peer support to others even when they had recovered from self-injury themselves. This is evident from the number of success stories posted where individuals would disclose that they had not self-injured for long periods of time. This stands in contrast to the evidence from Murray and Fox (2000) who found that 87% of their participants indicated that they would have no need to use the forum if they stopped self-injuring themselves.

This study has highlighted the important place that online forums have in the area of self-injury support and discussion. These forums allow individuals both to provide and to receive social support, and the importance of both of these roles is likely to be important in the recovery process. Furthermore, these forums provide a safe and validating environment for individuals to obtain human contact and to feel less isolated whilst discussing self-injury.

5.5 Clinical Implications and Implications for Service Delivery

This research provides evidence that large numbers of otherwise isolated individuals turn to online self injury forums for support and advice. Literature in the area of understanding and analysing internet use and computer science seems to indicate that the internet is increasingly being used by young people in the 21st century (Lenhart, 2015; Munford et al, 2015; Adler & Adler, 2007, 2008). The functions that it is appears to be used for tend to involve socialisation, peer support, and virtual companionship (Lenhart, 2015). These relationships seem to develop by way of individuals talking and self-disclosing to one another, prior to any face-to-face contact; it appears that in this way, individuals are able to

get to know what one another is like on the 'inside', first (McKenna, Green & Gleason, 2002).

A number of the posts reviewed indicated that the individuals using the online forum were experiencing other mental health problems including anxiety and depression in addition to their deliberate self-injury. The experiences of these individuals indicate that either adequate support was not available to them, or that for some reason or another, they did not feel able to accept the support that was available. The reasons for this appear to be mixed. For the younger individuals, it appeared that they may have been isolated from services due to being unable to talk to family members about their difficulties, which they would have needed to go through in order to access healthcare insurance (in countries such as the USA). The individuals who were adults or lived in countries with a National Healthcare System appeared to be anxious about disclosing the true levels of their self-injury, perhaps for fear of losing their liberty. For individuals who were successfully accessing mental health services or therapy, this did not appear to be enough to adequately support them. This may reflect the very limited psychological support available in general for people experiencing mental health difficulties that are not considered severe enough for tertiary care (inpatient settings).

The first point of contact at primary care in the UK, requires a referral from the GP to mental health services, however, if an individual presents at Accident and Emergency, a referral can be achieved this way, bypassing the GP referral at primary care. If a referral is made, the individual may gain access to a Community Mental Health Team, however their resources are often very limited, and their waiting lists tend to be high (MIND, 2013). In the UK for example in 2015, the researcher found when working at a CMHT in adult mental health that the waiting list for psychology was 2 years on average (National Healthcare Service website, 2015). Furthermore, the psychologist's time tended to be reserved for the

most complex cases where an individual's functioning had reduced to such an extent that they were not able to work or able to function in day-to-day life.

Many of the individuals in the current study who used the online forums reported difficulties in their day to day lives which indicated that their levels of functioning and isolation had not escalated to this level; their jobs were often referenced for instance, or their undergraduate studies. Resources for helping individuals with mental health issues are very limited in most countries. If participants were based in the UK, for example, they would probably face a long delay in waiting for individual psychotherapy of any kind (National Healthcare Service website, 2015; MIND, 2013). It is unlike that many would have access to help from a psychiatrist or clinical psychologist unless they had serious co-morbid conditions. Beyond the NHS, certain third sector organizations do provide various forms of help but such aid is generally sparse and of varying quality. The fact that services are facing special difficulties due to limited resources is well recognized both across the UK generally and in Wales in particular (Bevan Commission, 2014; The Nuffield Trust, 2010; Welsh NHS Confederation, 2014).

The individuals in this current study highlighted the importance of professional support in their recovery. They were aware of the importance of involving professionals, and recommended this to each other frequently. Individuals who were accessing mental health support still made use of the online forum and for them, this treatment appeared to be one more topic for them to discuss online. Individuals would talk about feeling anxious about their next therapy session, or about getting strong urges to self-injure during the night time hours when ringing their CPN or counsellor was not an option. For many of the forum users, the online forum appeared to offer a virtual lifeline, accessible around the clock, from any location.

This has important implications for clinical practice as the mental health professionals are unlikely to be available around the clock for their clients between sessions. With the exception of specific approaches such as therapeutic communities or inpatient sessions, 24 hour support around the clock is not available within the current NHS system, or within therapeutic relationships. In specific therapeutic group approaches such as DBT, there may be phonelines available during Monday-Friday working hours, but these lines are often not available during the evenings and weekends. The findings from the current study appear to demonstrate a need for support to be available around the clock for this vulnerable population. While it would not be a practical clinical recommendation for clinicians to make themselves available for crisis phone-calls around the clock due to the need for work-life balance, maintaining boundaries, and preventing burnout, if clinicians are aware that this population are likely to encounter difficulties out of hours, this may enable them to prepare their clients in advanced for the possibility of difficult situations arising out of hours, and to plan with the client in advanced some strategies for managing this. Professionals could make clients aware of 'approved' online forums and could discuss the potential pros and cons with their clients prior to online forum use to help to contain the situation.

Mental health professionals including clinical psychologists could facilitate the development of these social networks through linking with these systems and offering information to clients about safe online forums. It is important for therapists to hold an awareness of which websites and forums are pro-recovery and to understand the mechanisms of online forum usage. If therapists are able to direct clients to online forums for additional support, this may help to decrease their client's isolation and vulnerability between sessions. Furthermore, the internet has been found to provide this isolated population with an avenue to choose how to present themselves, and to practice social relationships (Adler and Adler, 2008). This forum usage may therefore lead to offline relationships with others becoming

less stressful, as confidence is built up at self-disclosing and reciprocal conversations. Many of the individuals in the current study used skills such as empathy and validation in their communications with each other, which may provide an opportunity to learn more skills.

Links between formal treatment services, the private sector, the voluntary sector, and peer-support avenues are often extremely limited, despite the literature promoting the positive benefits of joint working and networking (White, 2008). This research has highlighted the importance of combining professional help with peer support in helping individuals to recover from deliberate self injury, as each approach offers different strengths and merits. Just as the online forum users were promoting the access of formal mental health services such as psychology, to one another, those working in professional mental health services also need to be aware of the importance of recommending informal peer support to their clients, and of the positive effects that this can have. The individuals whose posts were analysed in the current study highlighted the importance of recognising that recovering from psychological difficulties is about far more than just medication or psychiatry, and involves life changes, such as developing skills in human relationships and self-disclosure.

It was observed by the researcher that within the context of the online forum, individuals appeared to self-disclose quickly. This is in contrast to the slow approach taken by mental health professionals who typically focus on the therapeutic relationship and upon providing a safe base to enable the client to feel comfortable making such self-disclosures. However, the current study indicates that individuals are able to self-disclose quickly and without such a prior relationship, provided that the environment is set up in such a way that they feel secure. The individuals in the current study were using aliases rather than their true identities, and the rules and boundaries of the online forum were explicitly clear (see Appendix 2 for forum Terms and Conditions). This has potential implications for clinical practice. Perhaps when working with clients who experience this difficulty, it may be

counterproductive to engage in a lengthy process of establishing a therapeutic relationship. The therapist might, instead, clearly from the start present the boundaries regarding confidentiality, and what would happen if the client needs to disclose something which indicates that they are putting themselves at a risk of harm.

If the client has the same confidence as these online forum users did, that what they say would not have repercussions, they may find disclosure easier and quicker. This would still maintain an attachment perspective as the mental health professionals would still work hard to establish and maintain a safe base, but the current study appears to indicate that there are several different ways of creating a useful safe base, and also that there does not necessarily need to be a strong prior existing therapeutic relationship before self-disclosure can occur. The 'Stranger on the Train Effect' also may be powerful (Robin, 1975; Hollenbaugh & Everett, 2013). This is a phenomenon where individuals are able to talk to a stranger and to tell them their life story, due to feeling anonymous and having no fears of future repercussions.

As the researcher is currently in training to become a clinical psychologist, the next few paragraphs will focus specifically on how the skillset of clinical psychologists could be used to promote awareness and safe use of online forums and to thus improve access to support for isolated individuals. The skillset of clinical psychologists can be drawn upon to help make the recommended links between professional mental health services and peer support. The assessment skills of clinical psychologists can be used to gain an initial understanding of the places that their clients might go to, to access support, including online forums. Questions regarding online forums use may be added into the comprehensive assessments which clinical psychologists undertake when gaining information about their clients, in order to piece together a formulation which gives a fuller representation of the level of emotional needs which their clients have, and where they have turned to in efforts to

get these needs met. Another competency which is central to the role of clinical psychologists, is the ability to continually evaluate their work by using both formal and informal measures. This enables clinical psychologists to be adaptive to the changing needs of their clients. As some of the individuals on the online forum demonstrated, the amount of support they seek from the online forum and their needs change throughout the recovery process. Some individuals were using the forum to help them resist urges and to seek help and advice for their current struggles, whereas others reflected on how, although they had been self-injury free for a year or more, they still missed self-injury. As demonstrated by the individuals in this study, recovering from self-injury is a highly individual process and the needs of individuals change constantly throughout this journey. Therefore, when working with clients, it is essential that the professional teams around them are also flexible. Due to their training, clinical psychologists are best placed to model this approach to other professionals, and to make changes at a service delivery level such as changing professionals' attitudes towards online forum use.

The leadership, teaching and training skills of clinical psychologists can be used to help to educate other professionals as to the value of online forum use, and to help them to apply an attachment perspective to understand the phenomenon explored in this research, such as the online forum providing a virtual safe base. Enhancing the knowledge of other team members, providing information on well-evidenced psychological theories such as attachment theory, can lead to improvements in service delivery and better services for patients, and can improve engagement with mental health services. Clinical psychologists are also well positioned to offer training across different services and to reach a wide range of professionals. Encouraging psychological thinking within a team enables the strengths of clinical psychology to then be visible on all future work that team members do, having a wider impact than the individual case.

This can help to improve engagement and help the relationships between other team members and their clients. If members of the multidisciplinary team received training on how to approach the topic of online forum use in their assessments, it might help the clients to relate to them, as they would not feel they had to explain online forums from scratch; rather, the mental health professional they saw would already be seen to hold some knowledge about this area. Furthermore, this would prevent mental health professionals from panicking when their clients mention that they use online forums, and perhaps suggesting that they should stop doing this, without holding a fuller understanding of the benefits that can be gained from membership of these communities and the accessibility of round the clock instant peer support.

One of the unique skills of clinical psychologists is their ability to undertake psychological and empirical research. More research is needed into the use of online forum use by people living in the UK; as the majority of the current research has been conducted in the USA (Adler and Adler, 2007; 2008; Haberstroh and Moyer, 2012; Whitlock, Powers and Eckenrode, 2006). Although the US-based evidence can be generalised to the UK to an extent, there may be cultural differences. Clinical psychologists need to be informed of the current research and developments in these fields, and to implement it in their work places to continue to improve long-term service delivery.

The individuals whose posts were analysed in this study demonstrated a fear of disclosing their difficulties to the people around them and also to mental health professionals, indicating a fear of stigma on a societal level. This stigma appeared to prevent individuals from seeking help and, as identified in this study, seeking professional help and talking to those around them were identified by the forum users as being essential to the recovery process. Clinical psychologists are well placed to help to address the stigma surrounding self-injury on a wider societal level, including holding awareness events open to members of

the public in order to enhance knowledge and understanding. Clinical psychologists could speak at conferences and deliver poster presentations to help reduce the societal stigma which individuals who self-injure fear encountering.

This is part of a wider scale societal intervention which would have future positive impact on clients and ultimately on the waiting lists. If the stigma were reduced and a better understanding of self-injury was generally promoted out in society, individuals may seek help sooner and battle alone for less time. This would be likely to improve prognosis and make the recovery journey faster, which could ultimately reduce the number of isolated individuals and could reduce clinical waiting lists. The biopsychosocial model makes it clear that, in addition to psychiatry, and psychology, the social aspect of recovery must also be taken into consideration. The social aspect in the area of self-injury does not appear to have been fully considered. The findings from the current study support the biopsychosocial model, and demonstrate that the recovery process is a journey within which there can be a number of contributions, including professional domains, peer support, and family and friends. In summary it appears that linking individuals who are trying to recover from self-injury with supportive peer support networks such as online forums could aid their recovery from self-injury (Smithson et al, 2011). This highlights an area for service improvement, as on the whole clinicians currently do not seem to hold much knowledge of the websites available or the psychological functions that these serve. This knowledge would better place clinicians to direct their clients to online resources which are likely to be helpful to them during times of crisis when their therapist is not available. It would be extremely useful if a professional body such as the Royal College of Psychiatry or the British Psychological Society could undertake a thorough review of online forums for mental health purposes and publish a recommended list of the safe websites, which professionals could safely recommend to their clients.

It is evident that a lot of 'therapeutic contact' with others goes on informally and that individuals seek out sources of help that satisfy their needs and meet their preferences. It appears that within this therapeutic contact, individuals thrive when given the opportunity to provide support to others in addition to receiving support (Achor, 2011, 2013). The Helper Therapy Principle (Riessman, 1965) is a theory which has in recent years become more and more widely used within mental health interventions, and the use of the expert-patient within recovery groups (Luks, 1988; Rogeness & Badner, 1973) and peer support has become more widespread. The Helper Therapy Principle indicates that individuals cannot do something good for another person, without it also benefiting themselves. For instance, when recommending strategies to other individuals which they might employ instead of self-injuring, the individual thus consolidates their own strategy list and which may have some benefit for their own recovery journey. If professionals are made aware of The Helper Therapy Principle, this may also have a strong impact at a service delivery level.

With this in mind, it is important for clinicians to consider ways in which their clients can have roles to play in helping to support other individuals, such as designing awareness posters, speaking at mental health events or helping psychologists to prepare for teaching sessions, even attending teaching such as that provided to the medical or clinical doctorate students to provide a service user perspective. Service users can also write their testimonials to help mental health professionals to see the service user perspective. It may also be possible for them to help to co-facilitate groups and to buddy or mentor other individuals who are also in recovery. By providing opportunities for their clients to give and receive therapeutic contact with others, the clinical psychologist may be further helping with their clients' recovery process and the process of post-traumatic growth. This may enable the client to develop a narrative where they can accept that the difficulties in their life caused them to struggle with self-injury and to go through hard times, but that they came out through

that and learned to accept support and ultimately were able to use the lessons learned in their own journey, in order to help to support others.

5.6 Limitations of the Current Study

5.6.1 Design

The approach used for data analysis was a qualitative approach which is the recommended approach for analysing large quantities of interview or written material, and provides in-depth understanding and meaning about people's experiences and new phenomenology. Qualitative methodology was deemed the most appropriate research method for this study due to the dataset consisting of large quantities of written material, and with there being no formal participants to ask to fill out standardised measures for quantitative analysis and no ability to ask follow-up semi-structured interview questions. In the UK, there is very little published research on the area of online self-injury forums, and no research has ever looked specifically at the psychological functions that these forums may provide. This suggests that the findings from the current study may represent new information and therefore the grounded theory approach allows the theory to come from the data, which is useful in topics where there is no existing theory due to lack of research evidence being currently available. It was thought that a qualitative design would allow for a rich and in-depth exploration of the psychological functions of online self-injury forums. A grounded theory approach was deemed the most appropriate in order to represent the collective experiences of a group of individuals communicating within a social context, as opposed to other qualitative approaches such as IPA which focus on exploring one individual's perspective at a time. The information found from grounded theory research can help to develop theory, and help to form suggestions for future research. It is recognised,

however, that using alternative research methods to answer this question may have produced different results.

Another limitation of the study is that the data came from only one online forum, and that this forum may not be typical of others. There was an inevitable constraint of the amount of data that could be analysed in a study of this nature, and the decision was made to select data from one forum judged to be highly used and of high quality rather than dipping into several different forums and selecting less data from each. Similarly, the data came from a single time span which may not be typical, but again the decision was taken to opt for a sampling frame that was 'in depth' and intensive rather than extensive. In retrospect these decisions appeared to be sensible although it is possible that more would have been gained from a wider sampling strategy.

Finally, a major limitation, which only emerged when the project proposal was put before the local ethics committee, was that, following guidelines by the British Psychological Society, verbatim extracts from the website could not be used. The reason for this is that, even though the website identity is not disclosed, even quite short verbatim quotes can be traced using a search engine such as Google. There is then the possibility that having identified the contributor's pseudonym, the same pseudonym might be traced back to other uses, on other websites, where details of person's true identity might also be available. This issue was exhaustively tested by the researcher to determine whether there might be a safe compromise that could form the basis for a discussion with the BPS and, potentially, a challenge to the guideline. However, it was established that the rationale for cautioning against the use of quotes was fully justified, and that there were no grounds for appeal on this point. Therefore, another strategy was needed. After extensive discussion, it was agreed to carefully translate the actual quotes into "pseudo-quotes" which would retain the sense and 'flavour' of the original but with different phrasing that would make them untraceable. This

too was tested and when the 'safety' on this procedure has been established, the researcher 'translated' every quote that is used. The supervisor was then presented with the original quotes and draft translations and generally agreed that the translation was the 'equivalent' of the original but also sufficiently different in its wording. Some suggestions were made for slight changes in some of the phrasing, and these were incorporated into the final pseudo-quotes.

5.6.2 Quality of Research

In order to ensure that this research was carried out to a high quality, a number of principles were adhered to. The researcher adopted an objectivist approach, working from the starting point that the information lies within the data and the grounded theorist discovers it (Strauss and Corbin, 1990). From this perspective, researchers strive to remain neutral and value-free, rather than constructing a theory based on the researcher's pre-existing theories. The guidelines of Elliott, Fischer and Rennie (1999) were adhered to, in an effort to conduct research that was both rigorous and of a high standard, and the data was grounded in extensive examples (Chapter Three provides a detailed discussion of the quality checks used). A reflective diary was also maintained throughout the research (see Appendix 6 for an excerpt). It is recognised that although efforts were made to avoid personal bias in the analysis of the data, it is possible due to the nature of qualitative research that this was not wholly successful, and that pre-existing beliefs and preconceptions may have influenced the analysis and the resulting theory. The researcher made efforts to address this problem through the use of frequent supervision with the supervising researcher and by grounding the data in numerous (pseudo) quotations throughout Chapter Four. It is acknowledged that with qualitative research, however, the data analysis results will vary between one researcher and another. Unlike quantitative analyses, where different researchers with the same dataset

would get the same statistical results, with qualitative data it is accepted that no two researchers' analyses will be precisely the same.

5.6.3 Sample Bias

Little was known about the forum users in this study due to the nature of the data collected. Therefore, it is likely that the sample was not heterogeneous and the results therefore may not be generalizable to the wider population. However, the purpose of this research was to gain an understanding of the psychological functions of online self-injury forums, and in order to achieve this, the researcher believed it was important to analyse a dataset which had naturally occurred within the context of a self-injury online forum.

5.7 Recommendations for Future Research

Research into the area of self-injury forums has largely been conducted by a small group of researchers operating in the USA (Adler & Adler, 2008; Whitlock, Powers & Eckenrode, 2006). While some of these studies have looked at the conversational exchanges which occur, this was the first time research had been conducted with the specific aim of looking at the psychological functions of the use of such forums. It was noted throughout this research that forum users sometimes requested private contact with one another ("*Private message me*"). This indicated that there were certain things which they wished to say to one another outside of the public context of the online forum. One avenue for possible future research would be to investigate the content of the private messages in comparison to the public forum posts. This would enable researchers to understand what kinds of relationships are established in this way, and how these conversations differ from the public ones. A large number of the individuals whose posts were analysed indicated that they had not accessed mental health services. Further research is also needed to investigate how the individuals who do access mental health support recover from self-injury, as the techniques and strategies

which they use could be very useful for professionals to know, in order to help them to better support the patients they do see. More research into the psychological functions that these forums may provide is also needed, in particular more investigation into the postulations of the help-giving behaviour, and the online forum as a virtual safe base theories which this research formulated could be investigated further. Also, in-depth interviews with current and ex-online forum users about the function the forums served could give insight into the knowledge and perspectives of these individuals about the functions that the online forum is serving in their lives and their attitudes to these.

6 CONCLUSIONS

There has previously been little research into the psychological functions provided by online self-injury forums, and as such no model or theory exists with which this study can be directly compared. However, the current research raises a number of issues which can be related to the therapeutic and theoretical literature. It is suggested that online self-injury forums provide an environment where individuals can experience human contact and conversation, without fear of the implications of talking to another person or a mental health professional in person (fear of that person telling other people around them, and fear of consequences such as being sectioned). It is concluded that these forums allow individuals to seek practical advice, to discuss their self-injury in depth and to ask for help in a very similar way to the Stranger on the Train effect (Robin, 1975). It is also concluded that these online forums give the opportunity for individuals to take on a helper role, and to give advice and care to their peers, in a way that the majority of therapeutic relationships (excluding groups) do not allow for. The ability to provide care is discussed from the perspective of altruism, and it is concluded that by providing advice and support, individuals may consolidate their learning of alternative means, and that this may, further promote their own recovery.

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8 APPENDICES:

8.1 Appendix 1: The Grounded Theory

Core Category - HUMAN CONTACT

	Category: - Self-Disclosure (spontaneous)	
Number of data pieces	Title of Concept	Pseudo Quotes
34	Self-Disclosure (about something other than self-injury)	"It feels to me like there is something broken inside of me." "My medication has just been reduced and I feel worse" "I suffer from clinical anxiety." "I have panic attacks." "I find it really difficult to trust people."
19	Life Story (long post)	"It's a long story, just warning you." "Just wanted to give you all a little bit of the background…" "Let me give you a little information about me..."
70	Self disclosure about self-injury journey	"Last week I didn't cut myself for a whole 5 days." "I've not self injured in over two months." "I started cutting over 10 years ago." "I started cutting when I was fourteen years old." "I need to get stitches sometimes several times a week" "My self injury has spiralled out of control."
16	Success Story (stopping self-injury)	"I haven't self-injured in one whole year!" "It feels like I've turned over a new chapter with regards to self-injury."
12	Talking about invalidating family environments	"My dad hinted that he thought I need to cope better" "My dad tells my mum everything I tell him, she is unsupportive with regards to mental health." "I don't know how I could tell my parents about this."

	Category: - Self-Disclosure (in response to questions)	
Number of data pieces	Title of Concept	Pseudo Quotes
25	responding to suggestions	"I agree with what you have said about writing it down being more powerful." "I took your advice and have rung up and booked an appointment."
25	Answering curious questions	"Yes it was because I had lots of stressful life events all happening at the same time." ""How did it feel to go to counselling on Tuesday?" "Yes it was very frightening."

	Category: - Human Contact – Social interaction (Low Level)	
Number of data pieces	Title of Concept	Pseudo Quotes
47	Thank you	"Thank you guys so much for your replies." "Thank you so much for the encouragement."
10	Take care	"Take care of yourself." "Hope you get some rest and look after yourself."
8	Welcoming	"Welcome to this forum" "It is nice to hear from you."
9	Good luck	"Wishing you all the best for the future."

	Category: - Human Contact – Social interaction (Medium Level)	
Number of data pieces	Title of Concept	Pseudo Quotes
59	well done/ congratulations	"Congratulations on going so long without self-injuring!" "This is awesome!!! Well done." "Very proud of you!" "This is fantastic, hope you have a nice reward lined up for yourself."
395	responding to each other's post (conversational, reciprocity)	"It sounds like you feel that people always give you the same advice repeatedly" "I didn't self-injure to the extent that you have, but I can relate to the things you are saying." "It sounds to me like you have got an awful lot going on currently" "It sounds like your home environment is making your mood low"
9	You Are Not Alone	"You are not alone" "We are here for you, and other people have felt this too." "Stay online and keep talking"
4	Thinking of you	"Thinking of you, sorry to hear about your struggles." "You are in my thoughts, hope you feel better soon." "Sorry to hear things are so difficult for you"
48	Saying kind words	"You are very brave." "It must have taken a lot of courage for you to share your story" "I hope you have had a better few days?" "You have shown that you are a strong person so don't give up" "I hope things get better for you."
21	Hope for the future	"There is a bright light awaiting you at the end of this dark tunnel" "Things will get better, don't worry." "Hang in there" "These feelings won't last forever." "You can win this battle with self-injury"

	Category: - Human Contact – Social interaction (High Level) Therapeutic input to one-another	
Number of data pieces	Title of Concept	Pseudo Quotes
13	Validation	"It is understandable to find it so frustrating." "Your feelings are not stupid" "Remember, you did not bring this on yourself." "I understand how frightening this must feel" "It is understandable to be struggling with so many things to deal with all at once."
48	Empathy	"I am sorry to hear you are struggling so much right now." "I'd feel the same I think." "I have had that feeling too, I can relate." "I have been there too." "I wish there was something I could do to help you."
36	Personally relating	"I know that feeling which you described very well indeed." "I can relate to how you are feeling, your post pretty much sums up how I feel too."
64	Asking Curious Questions	"Do you know what triggered you wanting to self-harm again?" "Why have you not been able to talk to your friends recently?" "Was there a stressful event directly prior to you cutting again?" "Why do you want your friends to know?" "Were you scared?" "How are you doing now?"
24	Encouragement (to get better, not to self-harm)	"Stay strong." "Remember, this is a long journey which begins with one step at a time." "Recovery is a long journey." "Keep trying, there are lots of things you could try yet, perhaps a different medication, another type of therapy, different changes to your life, until you find the formula that works for you." "You are very strong, you will get through this."
9	Feeling less isolated	"I post so I can feel heard by somebody." "It helps to know that there are other people who have had the same feelings." "Reading posts written by other people are like reading my own ."
3	Defending / rescuing from a previous harsh comment from another poster	"I don't agree with what you said, she is not being manipulative, she just wants her family to care." "That is a horrible insult."

8	Solidarity	"I agree with you." "Exactly as XXX said" "I agree."
56	Offering Personal Examples to relate	"I tried a lot of different treatments including different mediations and counselling before I started to improve." "I self-injured for over 15 years before I was able to turn my back on it." "I wanted to tell somebody so much when I was self-injuring because I was hurting so much inside." "I wanted somebody to notice and to help me."

	Category: - Help and/or Connection Seeking	
Number of data pieces	Title of Concept	Pseudo Quotes
19	Connection Seeking	"Has anyone else had this feeling?" "I really need to hear that I'm not alone" "Has anybody else ever felt this way?" "Do you ever have one of those days where you just wish that somebody could hear your thoughts out loud?" "I would love some advice of any kind."
32	Help Seeking	"I really don't want to do it again. Is anybody able to help?" "How do I build up the courage to talk to someone offline?" "Does anyone know how to stop self-injury from feeling like a 'friend' that you 'need'?" "How do you manage the fact that you used to self-injure in the past?"

	Category: - Aggressive Comments/ Attack	
Number of data pieces	Title of Concept	Pseudo Quotes
3	Critical /Aggressive Comments	"It sounds like you are deliberately manipulating people, and they have figured that out and that is why no one takes you seriously." "I don't know why you have to be so forceful about your opinion."

	Category: Offering Private Friendship/ Contact	
Number of data pieces	Title of Concept	Pseudo Quotes
20	Offering private contact/ friendship	"Does anybody want to be recovery buddies? We could chat on Kik." "Feel free to private message me if you need to talk."

		"Please don't hesitate to inbox me, would love to hear from you." "I want us to help each other, message me if you want."

Core Category: - BATTLING SELF INJURY

	Category: Battling Self-injury currently	
Number of data pieces	Title of Concept	Pseudo Quotes
1	Asking for feedback	"Why don't I want to keep it a secret more?" "Do you think that I am attention seeking?"
15	Battling Urges	"When I start self-injuring, it is really hard to stop." "My urges come like waves in the sea and always return just when I think I am in control." "How can I fight the urges so that I don't end up hurting myself?" "I have been thinking about cutting all day and all night" "The urges to self-injure always seem to drag me back somehow."
20	not wanting to self-harm but feeling triggered to	"The triggers are getting worse, and I feel I might slip up soon and self-injure" "Yesterday triggered a lot of things which I have been struggling to cope with and I've been getting more and more urges to self-injure since then."
11	Really struggling/ feeling stuck	"I don't understand how to stop self-harming, does it just happen on its own, because I am running out of hope." "It feels like I am holding on by a thread and it is not going to hold for much longer." "I feel so lost and alone without it." "I don't know what to do."

	Category: After Effects of Self-Injury	
Number of data pieces	Title of Concept	Pseudo Quotes
5	Missing Self-Injury	"I miss self-injury a great deal." "I wonder if I'll always miss it."
80	Talking about scars	"I'm ashamed by my horrible scars." "I have never had anybody comment on my scars or ask about them." "My scars are part of me and I have learned to live with them." "My scars burn if they get any sun and get really painful."

	Category: Actions taken instead of self-injuring	
Number of data pieces	Title of Concept	Pseudo Quotes
17	Talking about things they have already tried	"I had tried various medications and I have even seen different therapists for years now." "I was admitted to hospital several times, spending a total of two years' worth of time in inpatient units, I have had different psychiatrists, medications and therapists." "I have tried ringing helplines, reading, writing, running, watching a DVD, walking the dogs, etc." "I have been using this forum"

Core Category: - Being Helpful - GIVING ADVICE/TANGIBLE HELP (occupying the role of 'helper'/ 'therapist' (rather than helpee/ therapee!)

	Being Helpful - Providing Tangible Help / Advice – (help not to self-injure)	
N data pieces	Title of Concept	Pseudo Quotes
7	Suggestions at replacing the self-harm	"Maybe it would be a good idea to fill your life with positives, this might help you to stop missing self-injury quite so much?" "You have to let others in to your life a little bit in order to share happiness. Maybe you could practice by sharing small glimpses of your life with people you trust, and keep practicing until you no longer find the idea terrifying." "Perhaps you could try writing down how you feel?" "I found using affirmations really helpful when I was feeling overwhelmed by any sort of feeling."
14	Suggesting Distraction	"Have you thought about using distractions?" "Is there anything else you could try, maybe something simple like reading or drawing"
36	Psychological Understanding/ Intellectualisation	"It sounds as though your parents were unloved in their childhoods too, and that is why they treat you the way they do. Accepting their failings and developing compassion will help you to set yourself free." "There is no point judging people for their failings." "Dissociation is a technique of the mind to protect you from harm." "If you can learn to use words instead of cutting to communicate, it will be more effective, as words can say lots of different things, whereas cutting just says "help". "I coped the best I could with the tools I had available at the time, it may not have had great outcomes, but I was in a bad place at the time."

17	Reframing	"Instead of feeling guilty, maybe you could think of the next few weeks as a necessary break?" "It might be a relief to get it off your chest and have people know?" "It is a choice whether you view your scars as a mark of failure, or whether you look at them as an indication of strength of spirit and survival." "Try not to see your latest setback as a failing on your part, but rather a slip up which you can learn something from."
44	Making suggestions	"Do you think talking to the people around you would help?" "Is it possible to let them know that this makes you feel uncomfortable?" "Would it be helpful to talk a bit more about this?" "Do you think it could be helpful to ask your dad to talk about this?" "Are there any things you can put in place for after stressful events to make you less vulnerable?"

	Category: (Suggesting involvement of professional agencies)	
N data pieces	Title of Concept	Pseudo Quotes
44	Suggesting Professional Support	"Are you receiving any professional help?" "Maybe you could make an appointment with your GP?" "Is there any option of you asking for professional help?" "Can you tell your doctor about this?" "Have you thought about speaking to your doctor?" "There are helplines you can ring to talk about this."

	Category: (Suggesting involvement of people around them)	
N data pieces	Title of Concept	Pseudo Quotes
15	Suggesting they speak to people around them	"Do you have any family or friends that you could go to for support about this?" "Could you talk to someone in real life (offline)?" "Do you think you could talk to your parents and tell them about how you have been feeling?" "I am sure if you are struggling your parents would far rather you talk to them than battle on alone feeling worse." "Is there any way you can talk to a trusted family member or fried?"

8.2 Appendix 2: Forum Rules

ALPHA* Forums Rules

Forum Conditions

In order to proceed, you must agree with the following rules:

Please do not encourage self-harm in any way or express anything that could be taken as glamorising any form of self-harm, including excess alcohol consumption and drug usage.

For example : "go cut yourself", "cutting is cool", "let's all get pissed"

Please do not share any information on methods to self-harm or any tips, including the best ways/places to self-harm. Discussion of techniques that people have not yet heard of encourages them to then go and try them and must be avoided at all times. Information on scar reduction and preventing / reducing the risk of infection, however, are very much allowed and encouraged.

For example : "I find it works best when I do ...", "If you cut yourself on your XXX then even your doctor wouldnt see it" , “If I took X amount of pills – would it kill me?”.

Please do not make suicide threats or 'goodbye notes'. While this might seem harsh, suicide threats are extremely unfair on a website full of caring people who have no way of helping you, no way of knowing you're safe and no way of letting anyone know. Of course, people will express their doubts about life and living, but goodbye threats cannot be permitted; it is much more beneficial to ask for support before you get to that stage, since a true 'goodbye note' wouldn't be looking for response anyway. This also applies to any threats made regarding any way to harm oneself.

For example : "this is my last post ever, by the time you read this I will be gone", "pills are gone ... feeling really sleepy ... cant do it anymore ... sorry."

Please do not make any comments that involve any level of discrimination, racism or sexism; including personal views, jokes, stereotyping of any specific group, derogatory

slang language & terminology, and comments about race, gender, social class or sexual orientation that may be offensive.

For example : "that's gay!", "... nigger", "what did the blond say to the ...", "so typical for a woman!", "I hate Chavs!" ... etc

Please do not make any comments that are sexually graphic or that could make others uncomfortable. This includes member's 'cybering', sharing information or discussion that is, essentially, pornographic or offensive. Also, you will not make sexually graphic comments that could make other members uncomfortable or that would be unsuitable for a minor to see. Images and links containing such material are also not allowed. However, some level of slack will be given to those members seeking support for sexual assaults or advice for sexually related problems, but please choose your words carefully and, when using the forum, use the correct labelling.

ALPHA* takes the matter of members talking sexually to other members who might be under age, on ALPHA*, or on any other instant messaging service, very seriously indeed. All IP addresses, and therefore internet companies and locations, are recorded at all times on ALPHA*, and there will be no hesitation whatsoever in contacting the police, or any other authorities, on any member found to have spoken sexually to, or webcamed (involving anything sexual at all) with any other ALPHA* member who is found to be underage. Those who break laws of sexual contact or exposure involving underage members, will be dealt with by the police, and not by moderators - this includes sharing any images of a sexual nature of anyone, member or not, that is under sixteen on the boards or in chat.

Please do not share anything that discusses, encourages or condones illegal activity. Discussion of anything that is against the law in your country is prohibited. Topics such as fake ID cards, underage drinking, smoking and drugs will not be tolerated and will be removed. It is, however, acceptable to ask for support and advice on how to stop these behaviours if you have a problem with illegal activity, such as shop lifting or drug abuse.

For example : "do you know how I can lie convincingly to buy cigarettes?", "does anyone know where I could get drugs?", "Stealing from XXX is so easy - their security system is terrible!"

Please do not share any images or videos that go against any of the terms and conditions of posting. This includes images / videos of ANY injuries, including self harm,

open wounds, bruising, broken bones, and burns. Triggering content such as blood, SI 'tools' or suicide scenes are also prohibited, as is the posting of an image or video that automatically links to other images/videos that breach these conditions (eg - some You Tube videos). In addition to this, you will not share any images or videos that could encourage eating disorders, or any image deemed to be 'thinspiration'.

For example : "look at my new scar : ", "this picture is a bit racist but damn funny - take a look :" pictures/avatars/signatures/videos containing pictures of blood, open wounds, suicide or 'tools/blades'.

Please do not share any links to content deemed unsuitable on ALPHA*, or to images / websites / videos / content that break the terms and conditions in any way. This includes naming or linking to any pro-ED, pro-self-harm, or pro-drug taking sites; any site that encourages self-harm in any way; or any sites that contain images that could trigger or upset. Requesting information about pirated software, or any other form of illegal activity is also prohibited, and this includes links to resources or websites that contain such information. Links where the poster gains from visitors, such as a link to an Ebay auction are also not permitted.

For example : "this site is pro' - what do you think?", "this is me at my thinnest - we're not allowed to post pics like this, so here's the link", "do you know where I can get PhotoShop for free?"

Please do not 'flame' any other ALPHA* member publicly, and keep all arguments and criticism to private messaging (PM), if at all. Abusive comments, threats, bullying and stalking are prohibited, both publicly (on the forums / in chat) AND privately (via PMs). This includes making mean and/or sarcastic comments that are obviously offensive or insulting in their intent (judged at the discretion of the Moderation Team). Please only make complaints, suggestions and comments about the site in the Forum and Community Questions forum, and nowhere else. All comments, suggestions and complaints about staff must be directed to the ALPHA* webmaster (ALPHA OWNER*) and not posted on the forums.

For example : "that was a dumb thing to say", "God, you're stupid - just shut up and go away", "X is a cow, she did this", "the mods and the rules at ALPHA* are so unfair!"

Please do not share political discussion or views, including images that mock / judge

political figures / powers. Views on war and comments on any political situation is also not permitted. ALPHA* is a self-harm support site, not a debating ground - we are all on the same side, and time has shown that heated political debates only cause undue tension, arguments, and division within the community. Limited discussion of political issues is allowed in general chat and general forums only and must not decend into arguments, or Mods will step in.

For example : "President X is an idiot", "the war in X is a joke", "did you hear the conspiracy theory about the recent X".

Please do not make comments or post images that overly push any religious belief (or lack thereof) onto any other members, or make any religious comments that could be offensive to others. It is not fair to judge and discredit others' beliefs - whatever they may be. If you see a religious comment and disagree, please just turn away and refrain from responding.

For example : "X will save you from self-harm!", "Your God sucks", "how can you believe all that? I don't"

Please do not spam links or content that are not relevant to ALPHA* without first clearing it with the ALPHA* webmaster (ALPHA OWNER*) or a moderator. Only sites that are relevant to support, advice, information or distraction may be posted, all other websites need to be cleared by ALPHA OWNER* or a moderator. No links will be permitted on ALPHA* if it is felt the member benefits from the link in any way, i.e. affiliate links, links to websites where someone wants more traffic / staff for their new self-harm community or threads selling things, before specifically clearing it with the ALPHA* webmaster (ALPHA OWNER*) or a moderator first.

You can always add a new link to the ALPHA* Main Site Recommended links, and then share it with other members via forum / chat, that connects people to the Main Site link. Any content on ALPHA* may be freely linked to of course, as can any of the ALPHA* Main Site recommended websites and resources, or any of the webpages within that content.

Also, please be careful how your posting habits on the forums may effect other members of the community who are also in need of support. Members who tend to post multiple new threads in the one forum, can inadvertently cause other members' threads to be pushed off

the first page of that forum, leading to these threads being overlooked by others. If you are in need of continued support over a number of days, it is more considerate of other members to update one of your existing threads, rather than posting a completely new thread.

For example : "add three inches instantly - for free, online!", "I really recommend X.com, I go there lots", "I've just started a new support community but we have no members, so I thought I would let people know about it".

Please do not make anti-ALPHA* or ALPHA* complaints on the public boards except for Forum and Community Questions. This includes all other areas of ALPHA* - ie - live chat, live assistance and the forums.

In a community of this size, sometimes things *will* go wrong, however publically expressing negative and unhelpful comments about how a moderator, a member, or a certain ALPHA* feature has failed you, only creates unrest. At ALPHA*, we ALL have the responsibility for maintaining a stable and supportive atmosphere. None of the ALPHA* staff are paid for their services, nor do they have the responsibility to try to fix every single problem in such a large community, although the moderators, the rest of the ALPHA* staff, and the ALPHA* webmaster are constantly trying to do so anyway!

If something is wrong, TELL US, via private messaging (PM'ing) a moderator (see Moderators List), private messaging the ALPHA* webmaster (ALPHA OWNER*), or filling in a contact form, and it can be sorted - making public comments about it is not the right way. If you have a comment or suggestion on something that could be improved and want community feedback, the Forum and Community Questions forum is the right place to go, however only *constructive* criticism, ideas and suggestions are welcome, and on the Forum and Community Questions forum ONLY.

As far as member rule breaches and penalties are concerned, a moderator's decision is FINAL. Members are not permitted to *publically* comment (eg - on the forums, in ALPHA* journals, or in the chatrooms) on any penalties or action taken by a moderator, and all official communication between a moderator and member is to remain confidential.

If you do have any concerns, complaints, or questions regarding the action taken against

you by a moderator, you can *privately* (via a Private Message or email) lodge a complaint with the moderator concerned, or contact the Head Moderators (**XXXXX** - Head Forum Moderator or **XXXXX** - Head Chat Moderator) or the ALPHA* webmaster, XXXXXX at XXXXXXXXXX@XXXXXX.XXX

Also, creating or joining other websites that copy, mirror, rip off or slag off ALPHA* is not permitted. ALPHA* members are 1000.000000ree, of course, to join as many other sites as they want, to come and go as they wish, but, as the supportive family that we try to be, members who join in on anti-ALPHA* discussions on websites started by ex-members, for example, do not deserve the continuance of their membership at ALPHA*.

For example : "I'm leaving ALPHA* - I hate this place because nobody cares about me", "I've been banned from ALPHA* but I've started up my own site to take the rip, who wants to join me?", "I just got 7 infraction points - what a joke!"

Lying is also prohibited. Members who pretend to be a person/people other than themselves, or who make up events to gain support and sympathy for themselves, are being very unfair on everyone else - nothing hurts more. Therefore, we will act harshly upon anyone who is discovered to be toying with other people's emotions, by speaking about fictional experiences, events or information about themselves. This also means that you must not impersonate any other members - past, present, banned or not. Deliberately using another members name, and certainly pretending to be them, will result in prompt action to be taken. Protecting and helping to hide the identity of people who are currently banned from ALPHA*, is also very detrimental for the website. If you know about a banned member who is finding a way to sneak onto ALPHA*, and if you fail to pass this information onto a moderator or the ALPHA* webmaster (ALPHA OWNER*), then YOU will be facing serious penalties. We are a community and we must all play fair. Banned members are also prohibited from going to ALPHA* meets, and those members who supply banned members with details of meets are setting themselves up for a similar fate.

For example: a member lying about a friend's suicide to get sympathy for themselves; a member pretending to be their friend / relative and making lies up about themselves and how ill they are

Talking in languages other than English, for any reason other than expression, is also prohibited. This includes the excessive use of 'text speak'.

For example : "y do ppl tlk lyk dis n txt spk? i h8 it dun mk no snse 2 ny1".

Please refrain from all forms of emotional blackmail at all times. Members at ALPHA* are willing to help and offer all of the support and advice that they possibly can at all times, and so resorting to emotionally blackmailing them, either through making threats to hurt yourself or suggesting in any way that they are the reason you intend to / have hurt yourself, cannot be tolerated under any circumstances. It is always much better to be frank and honest about the support you need and, not only am I sure you will find it much more productive, it is likely to go down much better with the community.

For example: "if you don't do X, I am going to cut / burn myself", " because you said such and such, I am going to commit suicide."

Please refrain from deliberately disrupting / 'hijacking' other peoples' posts. This includes deliberately, maliciously or insistently going out of your way to detract attention from the main topic of a post that has been made; this may seem over-zealous, but 'hijacking' a thread can be very upsetting to members, especially when the thread took courage to post, or took a long time to write.

Finally - you must not be generally offensive, unpleasant, argumentative, rude, abusive or bullying. Ganging up on members, driving them out of chat or off threads, or just being angry and mean to anyone on ALPHA* without good reason, is very damaging to the stability of support and recovery within the community and must be avoided at all times. If there is a member that you find difficult to tolerate for whatever reason, it is your responsibility to keep yourself safe and take measures to avoid losing your temper - please refrain from retaliating, and use the ignore features where needed.

For example "Nobody likes you, you do nothing but whine - just go away", "ha - What a n00b!" "Oh - the **** is back", "Your opinion is not wanted - go away".

8.3 Appendix 3: Ethics feedback

CARDIFF UNIVERSITY

SCHOOL OF PSYCHOLOGY ETHICS COMMITTEE

Committee Decision and Feedback Form

This project has been scrutinised by the School of Psychology Research Ethics Committee. The Committee's general remit is to ensure that adequate measures have been taken to avoid any ethical problems that could reasonably be anticipated on the basis of generally agreed ethical guidelines like those set out by the BPS. Approval of a research proposal means that in the Committee's opinion this proposal meets this criterion; responsibility for any breach of ethical conduct rests with the individual researcher. Should any unforeseen problems arise during the conduct of this research, the Chairman of the Ethics Committee (Dr Michael Lewis) should be informed.

Project Proposal: Kirsten Nokling (PG) - The Functions of an Internet Self-Injury Forum – A Grounded Theory Analysis (EC.15.07.14.4161), supervised by Neil Frude.

The Ethics Committee considered the above proposal and made the following comments:

.1 The Committee noted that researchers plan to analyse comments posted on a public internet forum. No contact will be made with the forum users and the researcher will apply a new pseudonym to each forum user to avoid the risk of an individual becoming identifiable. The usual standard ethical procedures will not apply (information, consent, debrief) because the data is in the public domain.

.2 The forum has a moderating team which uses a 'red-flagging' procedure for dealing with any posts that raise any safeguarding concerns. The researchers plan to highlight any such posts to the moderating team. However, the Committee agreed that this would not be necessary as the moderation procedures are already in place.

.3 The Committee considered whether there are any IP/commercial issues (i.e. who owns the website) should the research lead to a publication. J Bowen confirmed that as the information is in the public domain there is no need to approach to moderators of the internet forum.

.4 The Committee requested that, in order to protect anonymity further, no mention is made of the specific website in any publication, nor should verbatim quotes be included in any publication, as recommended by the BPS guidelines on internet-mediated research.

DECISION: Approved on the above conditions.

Please note that if any changes are made to the above project then you must notify the Ethics Committee.

8.4 Appendix 4: BPS guidelines relevant pages.

8.5 Appendix 5: CASP checklist for systematically reviewing qualitative research

8.6 Appendix 6: Reflective Diary Excerpt

Date: 4th September, 2015

Just completed data collection from the online forum. In order to achieve the recommended size dataset, I ended up going back through five and a half months worth of online posts. I found reading the forum posts extremely interesting. There seems to be so much going on in the content of the posts and I look forward to analysing the data. I need to make sure that I am aware of the influence that my own pre-existing ideas may have. I definitely need to be careful to ensure that I objectively find the theory from within the data rather than allow a theory to be constructed in which I as the researcher bring my own interpretations and use the data more as seeds for thoughts. Objectivist is the approach which resonates with me, however, I hadn't realised how difficult true objectivity actually is to achieve.

Date: 11th September, 2015

I decided to print out the raw data (all 200 pages) as I was finding it impossible to remain focussed staring at the computer screen for such long periods of time. I feel slightly guilty about the amount of trees which have probably been killed, but had assured myself that I will shred and recycle the paper when I have finished. After my second read through of the raw data I began to feel overwhelmed. There is so much data and so much going on, and I barely know where to start. I feel it is time to return to the books for some more expert guidance.

Date: 18th September, 2015

I have finished my Introduction chapter and sent it off to my supervisor and am aiming to complete methodology this side of the Christmas holidays. It is difficult to fully focus because we have another assignment due in, in October which requires a presentation and I am at placement full time and investing myself in several complex cases. On the one hand, it feels as though there is plenty of time between now and May, 2016 and that I am on track, maybe even ahead of the others in my cohort? But I don't want to end up rushing around in a panic come April/May time. How does one get a stress free work life balance when doing a doctorate? Is it possible? Is it normal to feel guilty for every moment spent doing something other than thesis writing?

Date: 25th September, 2015

I have decided that I need to crack on with the data analysis. I like to do things in order and so in my organised way, I was aiming to have finished the Introduction, and Methodology, and fixed the corrections on both of those chapters before I moved on to the Results chapter, but this is just my own standards operating here. There is no rule that says all the chapters must be written in order, and I have had 200 pages of raw data waiting for me for the best part of a month now. I have never seen an entire grounded theory before. I wonder if I have

any contacts who have done one who could show me the entire process from start to finish? That might help.

Date: 2nd October, 2015

A friend showed me a grounded theory she was currently doing for her PhD where she was analysing video transcripts of GP appointments by individuals experiencing depression and anxiety. It made things a lot clearer to see her diagrams of the overarching core concepts, with the concepts below all attached by lines, and then more little lines springing off the categories, to show all of the concepts that connect. I think perhaps I am ready to start looking for concepts.

Date: 9th October, 2015

I hadn't envisaged data analysis to be such a lengthy process. My personal goals such as to do 20-50 pages at a time I am suddenly realising to be extremely unrealistic! As new concepts arise at page 48 in, I then need to return to page 1 and offer this concept to the raw data in order to check if there are any pieces of raw data that I missed that would now fit into this newly developed concept. I seem to have dozens and dozens of concepts and they all seem to overlap. I wonder how I will arrive at a nice neat grounded theory with core categories and categories. Each concept needs to fit into a category, but the problem is, some of the concepts seem to fit more than one category? I wonder what someone else's grounded theory would look like using this same data? Polar opposites I'd imagine.

Date: 16th October, 2015

I keep changing my categories and moving codes around! I have three core categories, but struggling to get everything below to look right. I get a headache every time I think about the grounded theory!

Date: 23rd October, 2015

Well it did eventually come together and I got a grounded theory which my research supervisor seems reasonably happy with. He expressed that his would look different, but that is to be expected. Now to try to make some sense of these results in the Discussion chapter!