

Non-suicidal self-injury:

A qualitative study of motives, benefits, and risks of interactions in e-communities



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Resumé

Introduktion: Der er voksende bekymring omkring online fællesskaber dedikeret til selvskade, og hvordan det påvirker brugerne af disse. Tidligere forskning har identificeret både hjælpssomme og skadelige konsekvenser ved at være en del af disse fællesskaber, men der er stadig en mangel på forståelse for, hvorfor individer søger denne slags online fællesskaber, da få har spurgt brugerne direkte, hvordan de oplever at blive påvirket. Dette studie er interesseret i at undersøge motiverne for at deltage i online selvskade fællesskaber, og hvilken påvirkning det kan opleves at have. *Metode:* For at undersøge dette blev medlemmer af forskellige online fællesskaber inviteret til at deltage i et semistruktureret interview, hvor formålet var en åben udforskning af deres oplevelser, tanker og følelser omkring deres søgen mod og deltagelse i disse online fællesskaber. *Resultater:* På baggrund af en induktiv tematisk analyse baseret på tre informanter blev fire hovedtemaer identificeret: At ville hjælpe andre, at have brug for en tilknytning og kunne relatere til andre, at blive negativt påvirket af andres indlæg og slutteligt sammenligning og konkurrence. *Konklusion:* Af de fire temaer fremkom to motiver, og der blev identificeret både positive og negative indflydelser ved at være en del af online selvskade fællesskaber.

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Reader's guide

Part 1: The first part of the study consists of a general introduction to self-harm and online communities, including conceptualisations, functions, and theoretical frameworks. Then follows an introduction to self-harm communities and what existing literature has found up until now that leads to the rationale of the current study, the study's research question and hypotheses.

Part 2: The second part of the study is a presentation of the qualitative method and the semi structured interview. Methodological reflections are presented along with quality criteria and ethical considerations.

Part 3: The third part of the study is a presentation of the study's thematic analysis. The included participants are situated, and the four identified themes are introduced with extracts from the interviews.

Part 4: The fourth part of the study is a discussion of the results. Here, the four themes are discussed in relation to the theories presented in the introduction, the existing literature, and the hypotheses. A discussion of bans and moderations are followed by methodological reflections and the limitations of the study. The discussion concludes with research implications.

Part 5: The fifth part is the conclusion of the study.

Introduction

In recent years self-harm and social media have gained growing attention from both research and the media. This often happens in the wake of a young teenager's suicide and the following discovery of their online activity on various social media wherein they have been part of online self-harm communities. Such was the case after a 14-year-old British girl had committed suicide, and her parents discovered graphic posts of self-harm and suicide on her Instagram account. Likewise, in 2020 the Danish Broadcasting Cooperation (DR) aired a documentary called *Dead Girls' Diary* (Døde Pigers Dagbog) in which a large secret network, called Priv (short for private), was revealed and mapped after the death of a young girl, who had been part of this network for years. In these communities and networks pictures, text posts, and videos of self-harm are shared among members. It is cases such as these that led to social media sites such as Facebook, Instagram, and Tumblr to completely ban any content that is depicting or promoting graphic self-harm after the general public and researchers raised their concerns about the risks of allowing this content to be accessible on the internet for anyone to view (Facebook; 2019; Instagram, 2019; Tumblr, 2012). Thus, researchers have begun looking into self-harm and the online communities, including the present study.

Self-harm is an umbrella term broadly capturing all injuries directed at the self regardless of intentions. Some of the terms covered are deliberate self-harm, self-cutting, and self-mutilation (Klonsky, 2007; Muehlenkamp, 2005). The International Society for the Study of Self-Injury (ISSS) argues for the preferred use of the term Non-Suicidal Self-Injury (hereafter NSSI). It is defined as “the deliberate, self-directed damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned.” (Nock & Favazza, 2009). This definition emphasises the intention to cause immediate harm to the body without suicide as the main goal. It also

excludes socially or culturally accepted behaviours such as tattoos, piercings, and self-flagellation. Self-harm has also recently been broadened to include digital self-harm which refers to three kinds of behaviours: Cyberbullying oneself, in which an individual will send hateful messages to themselves online anonymously or from fake profiles; self-baiting, where an individual will intentionally try to make others write mean things about them by purposely appearing provocative, and lastly, posting e-material of physical self-harm (Landsforeningen mod spiseforstyrrelser og selvskade, 2021; Soengkoeng & Moustafa, 2022). However, NSSI and self-injury are the two terms that will be used interchangeably to describe self-harm in this study.

Methods of NSSI are many and perhaps a comprehensive, exhaustive list is near impossible to make. Adler and Adler (2011) mention cutting, burning, scratching, picking at skin and interfering with wound healing, hitting or banging the head, swallowing objects or substances, breaking bones or teeth as some of them. Cutting is suggested to be the most common method, followed by burning, and self-hitting, but most individuals use multiple methods to self-injure (Adler & Adler, 2011).

The majority of individuals who self-injure begin at the ages of 12 and 15 with a second peak at age 20 (Gandhi et al., 2018; Valencia-Agudo, Burcher, Ezpeleta, & Kramer, 2018). The earlier the NSSI begins, the bigger severity and longer duration (Muehlenkamp, Xhunga & Brausch, 2019). A longitudinal study found that a large part of the individuals who started self-injuring as adolescents will spontaneously remit in adulthood (Moran et al., 2012). The lifetime prevalence ranges from 17% to 39% in adolescents, 13,4% in early adulthood, and 5,5% for adults (Dyson et al., 2016).

Generally, the presence of NSSI is found among all age groups, genders, ethnicities, and social classes (International Society for the Study of Self-Injury, n.d.). A meta-analysis from

2015 found females to be slightly more likely to self-injure with bigger effect sizes in clinical samples (Bresin & Schoenleber, 2015). Individuals who are part of the LGBTQA+ are also two to three times more at risk of self-injuring than heterosexual and/or cisgender individuals (Liu et al., 2019).

It is a common misconception that individuals who self-injure all have a mental illness though the prevalence of NSSI is highest among psychiatric populations (Klonsky, Victor & Safer, 2014). Research suggests that there are strong associations between NSSI and depression and anxiety, personality disorders – especially borderline personality disorder -, eating disorders, previous engagement with NSSI, low esteem, sexual abuse, posttraumatic stress symptoms, and peer NSSI (Valencia-Agudo et al., 2018). Individuals who engage in NSSI are also more likely to have experienced trauma in their lives (Liu et al., 2019). NSSI carries long-term consequences with it; worsened depression and anxiety, physical scarring and other medical issues, as well as interfering with relationships (International Society for the Study of Self-Injury, n.d). Of importance is also the association between NSSI and suicidal ideations and suicidal behaviour. Despite the predictive accuracy being relatively weak, individuals with a history of NSSI are three to five times more likely to have suicidal ideations and attempts (International Society for the Study of Self-Injury, n.d). There is an association between a greater number of methods used to self-injure and a higher risk of suicide attempts (International Society for the Study of Self-Injury, n.d). Research also suggests that NSSI is commonly used to avert suicide (Edmondson, Brennan & House, 2016)

NSSI conceptualisation and functions

Purposely injuring oneself can seem incomprehensible to some, but for individuals who engage in it, they often report a sense of calmness and relief immediately after the act (International Society for the Study of Self-Injury, n.d). Prior research has identified many reasons for NSSI – importantly, though, is that individuals often report more than one reason for injuring themselves, and these reasons may change over time (Edmondson, Brennan & House, 2016; Rasmussen, Hawton, Philpott-Morgan & O’Connor, 2016). The functions of NSSI can generally be divided into two broad categories: Intrapersonal and interpersonal (Klonsky et al., 2014). Intrapersonal functions are found to be more commonly used and include emotional regulation, thought regulation, and self-punishment. By far, NSSI is most commonly reported to be used to temporarily attenuate or regulate difficult or overwhelming negative emotions with up to 71% of those engaging in NSSI doing this (Edmondson et al., 2016). Self-punishment is the second most reported function of NSSI, often linked to self-criticism leading to individuals believing they deserve the pain (Hooley & Germain, 2013). Interpersonal functions include exerting social influence by communicating being in need of help or showing the extent of their inner pain. Lastly, another reported function of NSSI is dissociation. Studies have found that individuals may both engage in NSSI to induce a dissociative state to feel numb or terminate a dissociative state to snap back to reality again (Edmondson et al., 2016).

Nock's etiological model of NSSI

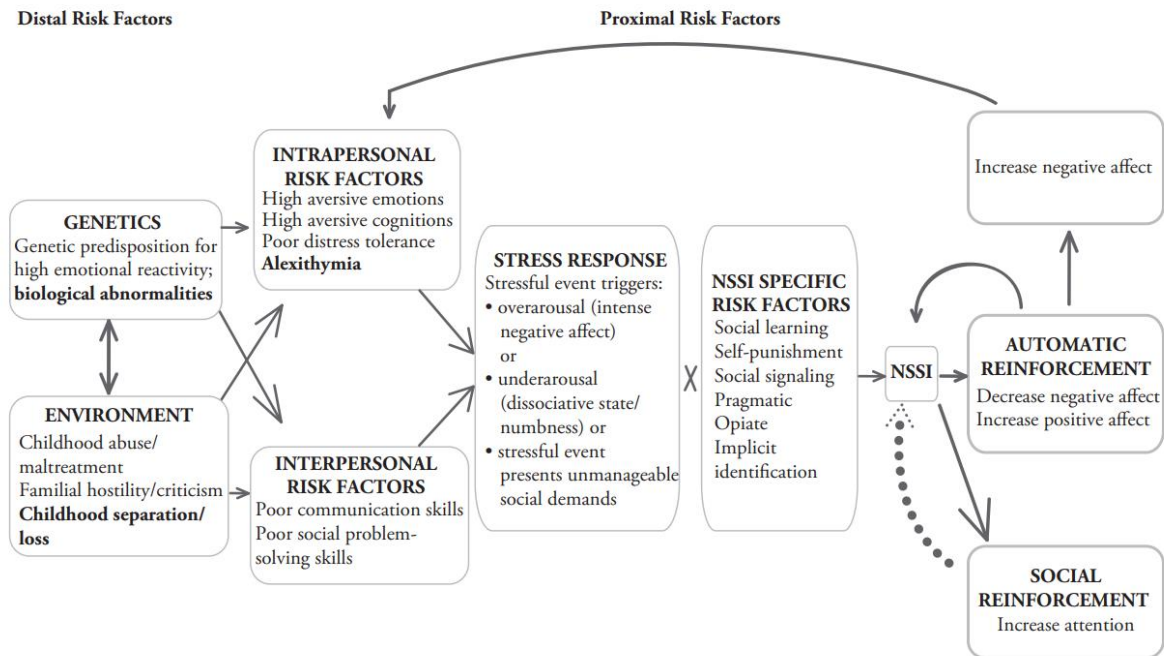


Figure 1: Nock's etiological model (Jacobson & Batejan, 2014)

An etiological model of the development and maintenance of NSSI was developed by Matthew Nock (2009) with modifications added by Jacobson and Batejan (2014). This model posits that an interaction between genetics and the environment causes both intrapersonal and interpersonal vulnerabilities. This could be – but is not limited to - childhood maltreatment that cause poor stress tolerance (intrapersonal) and poor communication skills (interpersonal) in an individual. These vulnerabilities will interact with a stressful life event such as the loss of someone which can trigger overarousal (e.g., intense negative emotions) or underarousal (e.g., dissociation) or the stressful event may leave the individual feeling unable to meet social demands (Nock, 2009; Jacobson & Batejan, 2014). The vulnerabilities respond to, for instance, the loss of someone, in an ineffective manner such as not being able to communicate they are overwhelmed by the feeling of grief. However, this does not predict the development or engagement of NSSI

in an individual alone. Nock presents NSSI-specific vulnerabilities to provide an explanation as to why some individuals, who have experienced the previous risk factors, develop and engage with NSSI to regulate emotions or deal with interpersonal conflicts whereas others do not and find other ways such as exercise, alcohol or seeking support (Nock, 2009). Not all NSSI-specific vulnerabilities will be described, but Jacobson and Batejan (2014) propose that it is likely a combination of several of these NSSI-specific vulnerabilities that leads an individual to engage in NSSI.

The social learning hypothesis has some empirical evidence to support that watching peers engage in NSSI can lead an individual to replicate this behaviour, and a lot of individuals will say they first learned about self-injury from friends, family, or social media (Nock, 2009; Nock & Prinstein, 2005 in Jacobson & Batejan, 2014). Another supported hypothesis is the self-punishment hypothesis that suggests self-punishment as primary motivator for NSSI (Nock, 2009). Lastly the social signalling hypothesis proposes that individuals will turn to NSSI as a way of communicating distress to others when previous strategies – such as speaking or yelling - have not been clear enough or because the environment may have been unresponsive (Nock, 2009).

The model further proposes how NSSI is maintained and reinforced in an individual once it has been developed as a strategy. Jacobson and Batejan (2014) suggest that NSSI is reinforced in two ways. First, there is an automatic reinforcement that can happen either through an increase in positive emotions or a decrease in negative emotions as a result of NSSI. An example of this could be an individual experiencing a feeling of inadequacy of not being able to solve a school assignment which is translated into not being good enough. Upon engaging in NSSI, the individ-

ual may experience the feeling of not being good enough decreasing considerably, ultimately resulting in NSSI being reinforced as a means to cope with difficult or intense feelings. Second, NSSI can also be socially reinforced by increasing attention from others meaning an individual may engage in NSSI to receive love and care (Jacobson & Batejan, 2014). Interestingly, while NSSI is usually linked with an immediate relief following an episode, it is also commonly associated with feelings of shame or disappointment afterwards. This can create a negative loop of engaging in NSSI to get an instant relief from a negative emotion, followed by being ashamed of injuring oneself, and, consequently, punishing oneself with NSSI once again (Jacobson & Batejan, 2014).

General strain theory

In addition to the etiological model by Nock, the general strain theory by Robert Agnew is also presented to further explain the pathways leading to NSSI. General strain theory suggests that strain placed upon an individual will result in the arousal of negative emotions that the individual then seeks to cope with by employing different coping strategies (Agnew, 1992). Strain is described to resemble stress and may be induced by failing to achieve positively associated goals (e.g., good grades), experiencing the withdrawal of a positive stimulus (e.g., death of a loved one) or the presentation of a negative stimulus (e.g., physical abuse) (Agnew, 1992). A qualitative study on the pathways to NSSI with 16 interviews found that the processes in general strain theory can be useful to understand what leads an individual to engage in NSSI (Wojciechowski, 2017). In all 16 interviews, strain was mentioned to be the cause of injuring themselves as a way to cope with the undesired negative emotions - such as sadness, anger, or guilt - the strain would cause, when other coping mechanisms did not work, or they simply had no other ways to deal with it (Wojciechowski, 2017).

E-communities

With the internet making its way into every aspect of human interaction, a new way of engaging in and with NSSI has been introduced. Most people spend a substantial amount of their time daily online, and those who self-injure may be online more frequently (Dyson et al., 2016). The internet has many advantages and may facilitate seeking information on an otherwise sensitive and stigmatized topic (Lewis, Mahdy, Michal & Arbuthnott 2014). It also comes with the ability to stay anonymous, this being especially helpful to engage in conversations regarding difficult topics that are hard to talk about face-to-face. The internet makes it possible to create online communities that bring individuals together who struggle and cope with similar problems (Rodham, Gavin & Miles, 2007). These online communities can serve as support and sometimes self-help groups that provide hope, decrease the feeling of isolation, and are useful when discussing taboo topics and forms of self-expression that are not commonly spoken of in the everyday, offline life. This also seems to be part of the motivation for why individuals, who engage in NSSI, turn to such online communities. Research suggests the reasons for becoming part of an e-community are many. Harris and Roberts (2013) found that that e-communities are perceived to be supportive and understanding, whereby it likely serves as a place where individuals could belong to and possibly find other coping strategies. Hence some of the motivators for engagement is the possibility for help and support, a decreased feeling of isolation by actively being part of a group they can relate to, and who can relate back to them. Moreover, they found that e-communities can both offer members distractions from NSSI but also triggering material or, to some degree, tips on NSSI (Harris & Roberts, 2013).

In this study, these online support communities are termed e-communities and refer to any online group, subreddit, profile, messaging board etc. on any form of social media that

serves as a forum for members to view, read, share, or discuss NSSI thoughts, experiences, and e-material. This e-material can be text posts, images, and videos sometimes containing graphic details or visuals of bleeding cuts, burns, bruises, or healed scars and is often accessible to everyone with typically only a small warning informing others that the content can be triggering (also referred to as a trigger warning) (Jarvi, Swenson & Batejan, 2017). The themes brought up in e-communities vary and can range from updates on how a member has been “clean” from NSSI for a certain period of time, or the opposite, and “relapsed” into NSSI again, to underlying motivations or reasons for engaging in NSSI, the use of different coping strategies, discussions of correlated mental health conditions or exchange of informal, social support, and themes that are not at all relevant to NSSI (Jarvi et al., 2017). Many of these e-communities are not monitored or regulated by professionals – rather, it is often a handful of members of the e-community that take on the role as moderators. Depending on the e-community the attitude towards NSSI is often either positive or ambivalent (Jarvi et al., 2017).

Theoretical perspectives on e-communities

To understand the fundamental aspects of online support groups, two theories are presented below. Several theoretical perspectives on online support groups exist, but to the author’s knowledge none exist on specifically NSSI e-communities without the focus being exclusively on help-seeking behaviour (e.g. Pretorius, Chambers & Coyle, 2019), and this study intends to have a broader view on e-communities than just help-seeking behaviour. The two theories presented are thus used as a lens to better understand NSSI e-communities.

Resource Theory

Resource theory is a theoretical framework developed by Edna Foa and Uriel Foa to understand social interactions. The core of this theory is that through social interactions and relationships, individuals can acquire necessary resources (Foa & Foa, 1980). These necessary resources are defined as anything, concrete or symbolic, that can be exchanged in an interpersonal situation between individuals and are divided into six categories: Love, status, information, money, goods, and services (Foa & Foa, 1980). In their study on resource theory and self-help groups Brown, Tang, and Hollman (2014) argue that love, status, and information can be transferred to self-help groups. NSSI e-communities are not necessarily self-help groups, but there is an aspect of wanting to create a community wherein members offer help and support tailored to where each member is with regards to their self-injury and needs (Harris & Roberts, 2013). Therefore, it is argued that it is possible to also apply the resource theory's framework onto NSSI e-communities with the suggested three categories, love, status, and information. Foa and Foa (1980) define the resource love as an expression of affection, warmth, or comfort. The exchange of love in support groups helps individuals better understand and support each other, which facilitates a bonding that, in turn, creates a safe space for sharing without fear of judgement (Brown et al., 2014). Status refers to the judgement by others which convey high or low prestige or regard (Foa & Foa, 1980). High prestige can be gained in support groups for sharing useful and helpful information (Brown et al., 2014). Lastly information is defined as advice, opinions, or enlightenments (Foa & Foa, 1980). In support groups, members can learn from others' experiences. It also reduces the feeling of isolation by sharing personal experiences in an understanding and validating environment (Brown et al., 2014).

Therapeutic Affordance Theory

Another theoretic framework to further understand the social relationships is the Therapeutic Affordance Theory by Merolli, Gray, and Martin-Sanchez (2014). It originates from James Gibson's work with visual perception that concerns how objects are perceived by an individual in terms of what the object is and its possibilities - so called actionable possibilities (Gibson, 1979). Central to the therapeutic affordance theory is the outcome of the interaction between the individuals and the object, and how the object's possibilities are directly defined by the individual's perception of them. That means it is the outcome of the interaction between the members and the e-communities that is one of the focus points of this study. The possibilities, the e-communities can offer the members, are defined by the members themselves and their view of what the e-communities can offer them. Merolli and colleagues (2014) did a worldwide survey on the use of social media among patients with chronic pain. From this, they developed the SCENA model that will be presented in the following.

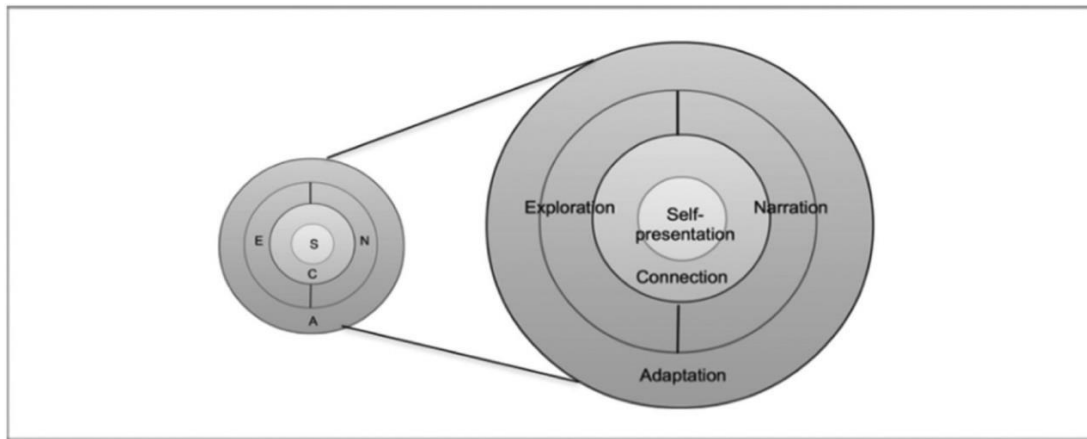


Figure 2: SCENA model (Merolli et al., 2014)

The SCENA model consists of five main therapeutic affordances: Self-presentation, which is how much information an individual allows to give to the world on social media; connection,

where individuals will try and connect with someone in a similar situation to exchange information or offer support online; exploration, in which an individual will use social media to find useful information; narration, where individuals share their personal experiences on social media, and lastly adaption, which is how the individual will try to adapt their behaviour online in various ways and at various times (Merolli et al., 2014; Coulson, Bullock & Rodham, 2017).

These five therapeutic affordances are interconnected in several layers. Self-presentation is the core part of the SCENA model and directly affects an individuals' ability to connect with others. Exploration and narration have to do with individuals' varying preferences for how they want to present themselves on social media, and how individuals connect. Adaption is then how social media can be used for self-management behaviour at varying points in time (Merolli et al., 2014).

The impact of online interactions in e-communities

As proposed by the two theories, there are some positive outcomes of being part of e-communities where empathy, mutual understanding, and support facilitate a bond that creates a safe space wherein members can share personal and intimate experiences, thoughts, and feelings without the fear of judgement of those, thereby reducing the feeling of being isolated and alone with these experiences, thoughts, or feelings. In NSSI e-communities, this is also the most common positive impacts. Members have reported the e-communities are their safe spaces to express thoughts or ask for encouragement or sensitive advice that may otherwise be frowned upon or reacted to in an unhelpful manner by people who may not have experience with NSSI (Brennan et al., 2022; Dyson et al., 2016). Here, they are also provided with a space to yell, vent, and scream without fear of being judged (Adler & Adler, 2011; Jarvi et al., 2017), and this has been

shown to help members make sense of and understand their urges and reasons to engage in NSSI (Brennan et al., 2022).

Research have found that e-communities can act as a crisis support with a big advantage that it is always accessible compared to offline help with either waiting lists or limited resources to offer help (Brennan et al., 2022; Marchant, Hawton, Burn Stewart & John, 2017). Despite this, urging to seek professional help – either medical or psychological – commonly happens in e-communities as well as talks of alternatives to NSSI that are less destructive ways of managing strong emotions (Harris & Roberts, 2013). This authentic way of communicating and meeting each member where they are is suggested to enhance peer connectedness and reduce isolation (Biernesser et al, 2020; Dyson et al., 2016). Members have likewise reported experiencing a decrease in their NSSI after becoming part of an e-community (Eichenberg & Schott, 2017).

Much of the research that has been on NSSI e-communities have focused on the negative impact of being part of them. By far, normalization and acceptance of NSSI are the most reported negative effects in the literature as this can assist in the maintenance and reinforcement of NSSI (Daine et al., 2013; Dyson et al., 2016; Marchant et al. 2017). Likewise has discussions in some e-communities been found to sometimes discourage members from seeking professional help (Daine et al., 2013) and discuss triggers and concealment to hide it in the offline world (Dyson et al., 2016). Moreover – despite many members describing the e-communities to be a safe space – members also report to receive hurtful or unhelpful comments upon disclosing thoughts, feelings, or experiences with NSSI (Biernesser et al., 2020). While the opposite – offering support and help - is the backbone of the e-communities, caring for others has also been shown to be taxing for the members (Brennan et al., 2022). This seems natural as a majority of the members of e-communities are likely struggling in their personal life. Members have expressed feelings of

“not helping enough” or listening to someone’s distress or painful life experiences may be triggering for them (Lavis & Winter, 2020). Exposure to NSSI content may serve as a trigger or enhance the urge to self-injure, and several studies report that members make use of the content as part of their ritual prior to or following acts of NSSI (Brennan et al., 2022). Seeing other member’s content – such as gaping wounds or burns – may also inspire the usage of new methods even if no members have provided details or instructions (Memon et al., 2018). Therefore, some studies have also found evidence that some members experience an increase in the frequency or severity of their NSSI upon being part of e-communities (Harris & Roberts, 2013). This could partly be due to another highlighted risk, social contagion, that was described earlier in the social learning hypothesis (Biernesser et al., 2020; Brennan et al., 2022; Marchant et al., 2017). The Werther Effect has previously been used to describe how one individual’s suicide, or the media’s reporting of one, can lead to several other suicides (Ortiz & Khin, 2018). This is also likely to be possible in e-communities, inevitably creating a loop in e-communities whereby members can constantly be triggered by each other to self-injure. Evidence for a competitive environment that, at times, can make members feel forced to continue or escalate their NSSI to stay part of the e-community or maintain a level of support is apparent in the literature as well (Adler & Adler, 2011; Brennan et al., 2022; Lavis & Winter, 2020). This is further supported by a content analysis revealing that pictures with more wounds or different methods were more liked and commented on by others, suggesting that the worse the NSSI, the more support and attention is being given by the e-community (Brown, Fischer, Goldwich & Plener 2020).

Rationale for the study

NSSI is often under-reported and repetitive, and previous studies have found that only between 5% to 25% of young people seek or receive healthcare before or after having engaged in

NSSI (Dyson et al., 2016). In a study of 268 undergraduate students, 57% had never disclosed their NSSI to anyone (Armiento, Hamza, & Willoughby, 2014). Some reasons given for the small numbers are a lack of knowledge of who to ask for help, fear of causing more trouble for themselves, hurting a loved one, or not feeling like they are being listened to upon opening up (Dyson et al., 2016; McDougall & Brophy, 2006). Instead, it seems that, if an individual chooses to disclose their NSSI, the internet is often the first place they turn to and find comfort (Michelmore & Hindley, 2012; Rowe et al, 2014). Of importance is that the many posts posted onto these e-communities often express or reveal a, at times, desperate need for professional help however (Lavis & Winter, 2020). Brennan and colleagues (2022) argue that when a majority of individuals, who self-injure, do not seek professional help neither prior nor following an episode of NSSI, but turn to the e-communities, it is both important and necessary that we seek to understand the motives and impacts of this. While explicit encouragement of NSSI is seen as inherently and universally bad by anyone – including members of e-communities -, it remains unclear what it is about the e-communities that is harmful and beneficial, even though it may be entirely impossible to label it as either harmful or beneficial (Brennan et al, 2022). This is because it is always the interaction between the members and the content in that specific time that determines how it affects them. Individuals can and may fluctuate between passively browsing content one day, and actively creating it the next. A picture of healed scars may be triggering to one individual but remind another of their recovery - and the same individual who is reminded of their recovery may be triggered another day depending on their mental state (Brennan et al., 2022).

In seven systematic reviews published between the years 2013 and 2022 there is also a methodological aspect that makes this study highly relevant. For a brief summary of each sys-

tematic review see appendix A. Most of the included studies in each review were either quantitative questionnaires or, if qualitative, focused almost solely on content analysis of text posts, pictures, videos, or hashtags in different e-communities. In the reviews by Dyson et al. (2016) and Biernesser et al. (2020) 26 and 39 studies were included and only one in each review was a qualitative interview. Daine et al. (2013) likewise also identified two qualitative studies out of 16 included studies. Two only included quantitative studies (Marchant et al., 2017; Nesi et al., 2021). In the review by Brennan et al. (2022) they did not report each study's research design but reported over half of the 87 included studies were content analyses. There appears to be a clear lack of qualitative interviews where the implicated are asked directly about their reasons for being a part of e-communities, and how it affects them. Moreover, four of the seven studies are limited to only focusing on adolescents. While this is a group that has the highest lifetime prevalence and is associated with more severe and longer duration of NSSI (Dyson et al., 2016; Muehlenkamp et al., 2019) it is just as important to ask adults about their experiences.

Lastly, the internet is a fast-growing place with new groups and websites appearing almost constantly. This makes the study of e-communities continuously relevant as the changes may happen constantly in unpredictable directions.

Based on the above, this study argues that a qualitative study, where the primary focus is on asking the members openly about their experiences, and exploring their motives, thoughts, and feelings regarding interaction in NSSI e-communities, can contribute with meaningful data to get a deeper and better understanding of the complexity of motives and impacts of online interactions in e-communities. This understanding is key to ultimately help individuals, who self-injure, better.

To do this a research question has been developed:

What motives do members have to become part of NSSI e-communities, and how does online interactions in these impact them?

Previous research on the topic has resulted in several expectations by the author about what the current study will find. Thus, three hypotheses are presented below to makes these expectations explicit:

1. Members seek to be part of NSSI e-communities because they perceive this to be the only place that accepts their self-injury.
2. The nature of NSSI e-communities can foster a competitive environment in which members strive to post the most frequent, extensive, or inventive NSSI content.
3. The main goal among members in e-communities is that they will not encourage NSSI but normalize it

Method

The following section is a presentation of the methodological considerations of the study. It consists of a brief overview of the qualitative interview, the identification of background literature, the development of an interview guide and transcription guide, procedure and access to the field, the setting of the interviews, ethical considerations, and quality criteria.

This study is part of a larger research project about motives and correlates of self-injury with a mixed method study design currently being conducted by University of Southern Denmark. This study deals exclusively with the qualitative data for this research project. The present

study has also been thoroughly reviewed and approved by the Research Ethics Committee at University of Southern Denmark and an external review board.

Qualitative method and the semi-structured interview

The present study is using the qualitative method and semi structured interview. There are two primary reasons for this. While the body of qualitative research on NSSI and e-communities is constantly growing, much of this has focused predominantly on content analysis of e-communities. Content analysis contributes valuably to better our understanding in an indirect way, but there is a clear lack of studies that ask the members directly about their experiences, thoughts, and feelings regarding being part of NSSI e-communities. Working qualitatively – particularly with interviews - is a great way to gain a privileged knowledge of an individual's life, experiences, and feelings (Tanggaard & Brinkmann, 2015). Because the study wished to explore the motives in-depth and openly for being part of e-communities, and the impacts of online interactions in these, using qualitative research seemed appropriate. Brennan and colleagues (2022) moreover argue for the need to understand the space of NSSI and e-communities by the use of triangulating, which refers to the use of several methods to examine the same phenomenon and see if it yields the same results (Frederiksen, 2015).

The process of developing the research question was also a determining factor in choosing a qualitative study design. Developing the research question was an iterative process which is a repetitive sequence of going back and forth between the existing literature and the research question, ultimately resulting in a refined research question and research design. In this process, the desired emphasis on openly exploring the member's experiences, thoughts and feelings is reflected in the rather broad and open research question. This made the qualitative interview ideal

as a method of data collection. As such the semi-structured interviews was chosen. A semi-structured interview helps to steer the conversation with premade questions without necessarily being bound by said questions thus offering opportunities to pursue the – sometimes unexpected – stories that naturally appear in interviews (Tanggaard & Brinkmann, 2015). As the whole premise of this study is to openly explore and let the participants' experiences, thoughts and feelings dominate, it was considered relevant to have an interview guide to aid in keeping the focus while simultaneously creating that open space for what the participants found to be of importance as this could potentially lead to the unlocking of new themes that were not originally part of the study.

Quality criteria

The following is a description of the criteria used in this study to ensure a level of quality. Six quality criteria were found valuable and helpful as the author of this study is a relatively inexperienced researcher, and quality criteria can serve as pedagogical compass to aid in navigating the abstract and blurry lines of qualitative research. While qualitative studies can be incredibly different from each other, so much that it is debatable if it is even possible to make universal quality criteria (Tanggaard & Brinkmann, 2015), it is argued in this study that transferring the quantitative quality criteria onto qualitative research is neither purposeful nor logical. The following criteria that are found to be most practical and helpful are worthy topic, credibility, ethics, sincerity, meaningful coherence, and to situate the participants. They are a combination of quality criteria suggested by Tanggaard and Brinkmann (2015) and Tracy (2010). Below is a brief explanation of each respective criteria presented and how they are used in the study. The six criteria are not an exhaustive list but rather just a selection of the many proposed ones that exist. It is the author's opinion that these six can be combined in a meaningful way.

Having a worthy topic means it is both relevant and significant (Tracy, 2010). As previously stated in this study, NSSI can be debilitating and dangerous to struggle with, and the increased risk of suicide adds to the seriousness of this (Brennan et al., 2022). Moreover, it is important to get a better and broader understanding of how members of e-communities are being affected by being part of these in order to ultimately help them more effectively. Credibility and meaningful coherence were both chosen as these ensure that the entire thought process and work procedure is as transparent as possible. It is marked by thick descriptions, concrete details, and a meaningful connection between the literature, research question, findings and interpretations (Tanggaard & Brinkmann, 2015; Tracy, 2010). Throughout the entire study, detailed descriptions of the work procedure from early development of the research question to the analysis of the findings are provided. This is to make the thought process as transparent as possible for the reader - much alike if the reader was looking the author over the shoulder the entire time. When conducting research on vulnerable individuals and their lived experiences, having sincerity as a quality criterion seemed meaningful as well. Sincerity secures self-reflexivity in the researcher in regards to subjective values, biases, and honesty (Tracy, 2010). All research entails unforeseen challenges and mistakes, and as such openness is aspired in this study. This ties into the fifth quality criterion that is ethics which is elaborated on later in the study. Lastly, Tanggaard and Brinkmann (2015) recommend situating your participants with descriptions of them, the reason for the number of participants, selection process as well as the setting for the interviews, and how they went.

Background literature:

Preliminary work is indisputable in qualitative research. It is important to maintain an open mind and a “conscious naivety” as coined by Tanggaard and Brinkmann (2015), but

knowledge is key to develop the question we want to ask. After all, if we don't know what we don't know, how can we ask about it? Therefore, the study began with a search of published literature on the topic of NSSI and online communities. This was done by searching the database of PsycInfo. Table 1 below shows the search words and combinations.

NSSI		E-communities
Self-harm OR Deliberate self-harm OR Non-suicidal self-injury OR NSSI	AND	Online forum OR social media OR Social network OR Message board OR Facebook OR Instagram OR Twitter OR Reddit OR Tumblr OR TikTok OR Pinterest OR Snapchat

Table 1: Search strategy

This search was not intended to find and review all existing literature as in a rapid or systematic review - it only served as a help to get a broad sense of what had already been found to narrow the research question. Part of this search resulted in seven systematic reviews published between the years 2013 and 2022 as described in the introduction. A brief summary of each review is also included in the appendix A. Systematic reviews are the highest level of evidence because they aim to find all relevant studies done in an area, evaluate and summarize them done in a strict and reproducible way (Gopalakrishnan & Ganeshkumar, 2013). This makes them great at identifying where knowledge is still lacking, and as such, the seven identified systematic reviews were a great starting point for a thorough recap on what had already been researched in the last decade – and what was lacking. The reference list of each systematic review was hand searched for additional elaboration of findings.

Interview guide:

In the following, the development and content of the interview guide will be described. An interview guide is a help to stay focused. Typically, it consists of research questions with related interview questions. The reasoning for the division is because a research question rarely works well as an interview question as the latter should be short and easy to understand (Tanggaard & Brinkmann, 2015). An example of this adaption is the use of the word *self-harm* instead of *NSSI* or *self-injury* as it is used more frequently online by individuals who frequent NSSI e-communities. The study's interview guide can be found in appendix B.

In this study, there is only one, broad research question instead of multiple. Through an iterative process of going back and forth between the existing literature and the research question, three themes were identified to help create a meaningful and structured interview: Demographics and relationships, NSSI, and membership of e-communities. The interview questions were all developed from these three themes and will be elaborated below. A fourth theme was later added as a result of a conversation with an advisor from the Danish organisation against eating disorders and self-harm (Landsforeningen mod spiseforstyrrelser og selvskade: LMS) on how to prepare for and carry out interviews with this specific population in a considerate and safe way. This theme was called matching of expectations and included: Agreement to not self-injure during the interview, identification of triggering words or subjects to avoid in the interview, and plan of action in case NSSI urges arise.

Asking participants about their demographics and relationships had the purpose to obtain a more general knowledge of the participant. It is advised to begin an interview with easier questions to gently ease the participant into it as the first few minutes of an interview are always fundamental to get participants to talk openly about their experiences and feelings (Tanggaard &

Brinkman, 2015). By beginning the interview with simple demographic questions that were relatively easy to answer, it could establish a level of confidence and trust. This also served as a way for the interviewer to get acquainted with the participant before commencing the more sensitive questions thus tailoring any wording of the following questions.

The next theme focused on participants' experiences with NSSI before diving into the theme of e-communities. Particularly, it seemed important to learn where the participants currently stood with regards to their own self-injury. As there was no formal requirement for the participants to be actively engaging in NSSI at the time of the interview, knowing if they considered themselves actively self-injuring, in recovery or recovered was helpful and valuable information. For the analysis, having a basic understanding of each participant's NSSI, and their perception of what meaning it held in their life, was deemed important information as well.

The fourth and final theme of the interview guide was questions related to membership of e-communities. These were some of the questions expected to potentially evoke the most controversial or awkward answers in part due to a stigmatisation elaborated later in the study (Bergen & Labonté, 2020). Hence it was one of the reasons for ending with this theme because the chance of the interviewer being less of a stranger and more of a pleasant, non-judgemental professional were higher at this point (Tanggaard & Brinkmann, 2015). The wording of the interview questions was considered for quite some time as they were meant to remain as open as possible to the participants' reasons for being part of e-communities, and how they felt it affected them in both a positive and negative way. Creating open, neutral questions was done to reduce the risk of asking questions that would yield only socially acceptable answers as this subject is both considered a taboo and is stigmatized (Bergen & Labonté, 2020).

In the hopes of helping more reluctant or unsure participants, prompts were incorporated into the interview guide in case a participant found a question difficult to answer. Prompts are one or more elaborative, specific sub-questions used if a participant's answer is not as thorough as desired. An example from the interview guide is the question: "Do you feel that being part of these websites has had an influence on your own self-harm?" To prevent the answer from being a varying yes or no, this prompt was added underneath: "Can you give an example?" By asking for an example, it creates a more in-depth answer. The prompts were only meant to be used in case they were needed.

Ethical considerations

From the very beginning the ethical aspect of this study was of the highest importance because of the sensitive and vulnerable nature of the topic and the individuals. Qualitative research requires the exploration of humans in not only great but also intimate details, thus when we conduct interviews, analyse what was said, and draw conclusions based on this, we are dealing with inescapable ethical questions (Tanggaard & Brinkmann, 2015). In any type of research, a researcher should always be asking themselves how they can conduct their research in the most responsible way. Therefore, in the following section, the author's own ethical considerations during the gathering of data and subsequent handling of this data will be presented.

Conducting a study on NSSI requires an acknowledgement and understanding to treat the participants with respect. As previously mentioned, individuals who self-injure often find it difficult to talk about this part of themselves and often hide it from most people in their lives (Harris & Roberts, 2013). By assuming a more acknowledging, informal, and non-judgmental interview style, it was attempted to avoid evoking feelings of shame or stigmatisation in the participants,

and, instead, incline participants to openly and honestly share their experiences, thoughts, and feelings by reiterating that there were no right or wrong answers.

One of the biggest ethical concerns was that by asking individuals to participate in a detailed interview about self-injury, it could potentially exacerbate participants' urges or otherwise cause a negative reaction. Kvale and Brinkmann (2008) describe how the consequences of the study need to be reflected on by the researcher. A systematic review from 2020 reviewed seventeen studies done on the impact of asking participants about NSSI. They found that the current available evidence suggests that there are no harmful outcomes associated with asking about NSSI in self-reports or interviews. However, out of seventeen included studies, only eight of them were of good quality with low risk of bias (Polihronis, Cloutier, Kaur, Skinner, & Cappelli, 2020). Because of this risk of bias in many of the studies, the author naturally continued to reflect on how to make the interviews a comfortable experience. Because of the latter and due to the little control of which participants would volunteer to be interviewed, and how they would subsequently react during and after the interview, the author contacted the Danish organisation against eating disorders and self-harm (Landsforeningen mod Spiseforstyrrelser og Selvskade: LMS) upon request from the Research Ethical Committee at SDU. It was advised to do a matching of expectations at the beginning of the interview as described in the interview guide section to establish a common ground of agreeing to not engage in NSSI during the interview, identifying potential triggers, and plan of action if NSSI urges presented themselves.

Moreover, several more ethical considerations were made. An important consideration is informed consent that has to do with the required amount of information participants ought to be given in advance of an interview (Brinkmann & Kvale, 2008). In this study, participants were provided with an information package including participant information on the purpose of the

study, the secure and confidential treatment of their data prior to the interview, and resources on suicide prevention (see appendix C, D and E). Only verbal consent was obtained before the beginning of the interview to ensure anonymity in accordance with §10 in the Danish Data Protection Act, GDPR.

Confidentiality is another important ethical concern and emphasizes the importance of anonymity. In this study, the participants are consenting to participate in the study, and understand and accept how their information is being used. To protect their identity, all participants are given a pseudonym and all other identifiable data – e.g., names, cities, specific e-communities, and people – are changed (Kvale & Brinkmann, 2009). Because the interviews were conducted on Zoom, it became important to ensure it was on a secure connection. Online interviews come with the risk of breaching confidentiality should another uninvited person suddenly enter the Zoom meeting (Saarijärvi & Bratt, 2021; Kvale & Brinkmann, 2009). Two precautionary steps were taken to prevent this from happening. Firstly, to enter the Zoom meeting a password only known to the participant and interviewer, were required, and secondly, anyone wishing to enter the Zoom meeting had to be approved by the interviewer as the host. Each interview was recorded with only the audio being saved. The audio file and transcriptions were uploaded to a secure SDU server.

At the end of each interview the participants were debriefed, and a space was created for potential final questions or concerns the participants might have hesitated to bring up. Qualitative research can inspire openness and intimacy that can feel alluring and lead participants to disclose information they might find themselves regretting. It is also not unusual for participants to be left with a feeling of numbness after having told very personal details without having gotten anything in return (Kvale & Brinkmann, 2009). Added to this was the potential that participants could feel

more or less in distress upon finishing talking about their self-injury. It was therefore deemed crucial to make certain that participants were not left behind with unresolved thoughts or feelings. Given our field of study, sometimes the lines between research and therapy can become slightly blurred in interviews, thus the interviewer's role had already been established to not include any therapeutic assistance (Brinkmann & Kvale, 2008). If NSSI urges were present and disclosed at the end of the interview, the interviewer would urge the participant to seek professional help.

Procedure

Finding and identifying NSSI e-communities was an essential part of conducting this study to recruit participants for the interview. Brennan and colleagues (2022) have highlighted a current discourse of pushing a blanket suppression of NSSI content on social media. An example of this is that it is no longer possible to search for self-harm or many related terms on Instagram. This was believed to complicate the identification of relevant NSSI e-communities as this blanket suppression has ultimately resulted in members employing more complicated hashtag systems to find and connect with each other such as “#selfharm” or “#selfharmmm” (Fulcher, Dunbar, Orlando, Woodruff & Santarossa, 2020).

For this study, self-harm was typed into the Google search engine resulting in 25 pages that were looked through. This search resulted only in the identification of one e-community that was not included in this study due to their rules stating that surveys were not allowed. Following this search terms related to self-harm was typed into the search bar of several big social media platforms – Facebook, Twitter, Tumblr, and Reddit. This resulted in the identification of eight NSSI e-communities. To protect the identity of the participants in this study, the NSSI e-communities are not specified further, but a complete list of all e-communities is in the project leader

and author's possession. LMS were additionally contacted and asked if they were interested in helping distributing information of the current study and research project.

Moderators of the eight e-communities were contacted by the author of the study to ask for permission to post an invitation to participate in the study. This invitation contained a brief summary of the purpose of the entire research project of both interviews and information related to the research project's quantitative part, information about data handling, that the interview part was online and would be recorded, and how the researcher's approach to the interview was to make it as comfortable and open as possible. If participants were interested in participating in either or both parts of the research project, they were directed to a website dedicated to the study with participant information, a document on data regulation, and resources for suicide prevention. If participants were still interested in participating upon having read this information, they were asked to contact the project leader per e-mail, who would then direct them to the author of this study to arrange a day and date for the interview. Moderators of four of the e-communities allowed recruitments of their members, three declined, and one never responded. Five additional e-communities were suggested by moderators of e-communities that were not previously identified. Of these, two were included. In total, 6 e-communities granted permission to post an invitation to participate in the study.

Three participants were included in this study. Tanggaard and Brinkmann (2015) recommend that the number of participants should always be decided based on the circumstances, access, timeframe, and resources. For this study three participants are deemed to be enough to draw preliminary conclusions, but the interviews will continue for the research project. A situated description of the participants can be found in the study's results.

Participants:

Previous studies have found that individuals who self-injure are all ages, genders, nationalities, ethnicities, and social classes (International Society for the Study of Self-Injury, n.d). Thus, with such a heterogenous group, the only two criteria that remained was an age requirement of 18 years old or above and being able to understand English well enough to sufficiently understand the rationale of the study, data handling, and being able to complete an interview in English. As the literature suggest, there is a major group of individuals under the age of 18 who engage in NSSI, who are then immediately excluded from this study. However, it was deemed that a certain level of maturity to understand the consequences of participating and sharing their data was needed to be able to give informed consent. With the interviews being conducted online and the aspiration to make participants as anonymous as possible, it is acknowledged that the age requirement of 18 years or older cannot be guaranteed as participants can provide another age than they are.

Setting for the interviews:

Because the participants were recruited internationally, all interviews were conducted on Zoom and in English. The advantages and disadvantages of video interviews were considered for quite some time. Face-to-face interviews are shown to only be slightly superior to video interviews (Saarijärvi & Bratt, 2021). The main difference is the lack of body language and facial expressions, especially if it is an audio exclusive interview forcing the interviewer to rely solely on voice cues. Having their camera on was a voluntary choice in the hopes of not excluding potential participants if they wanted to participate in an interview but felt uncomfortable to be on video. This was prioritized to enhance the possibility of anonymity as this is suggested to increase authenticity compared to face-to-face interviews (Janghorban, Roudsari & Taghipour,

2014). Online interviews also come with the risk of technical issues arising at any given point (Saarijärvi & Bratt, 2021; Janghorban, Roudsari & Taghipour, 2014). A description of how each interview went is below. Online interviews expand the inclusion of many more participants due to no travel constraints for either part, and this was absolutely essential for this particular study (Saarijärvi & Bratt, 2021). Adding to this, online interviews may appear less intimidating to anxious participants as there is a natural distance. With the population to be interviewed, this was considered to be more of an advantage than a disadvantage.

Online interviews meant the participants and interviewer were seated in their own familiar settings. For the interviewer, she had her camera on throughout all interviews. Keeping the background neutral with no personal items being visible was a conscious choice made by the interviewer. As these interviews were inherently vulnerable, the interviewer aspired to appear approachable and trustworthy by finding a balance between being neither overly cold nor overly familiar. Tanggaard and Brinkmann (2015) underline that an interviewer in a semi-structured interview should take on a casual, conversational approach that is both pleasant, neutral and professional. For the participants, conducting the interview on Zoom made them in full charge of where they wanted to be during the interview, and it was a possibility to get them to feel safer by being protected by a screen (Saarijärvi & Bratt, 2021).

Below is a short summary of each interview and the setting for this. None of the participants real names are being used and all three names are thus pseudonyms. To minimize fatigue for both the participants and interviewer, the interviews were set to last approximately one hour (Tanggaard & Brinkmann, 2015).

Blake: This interview was done with both Blake and the interviewer sitting in their respective homes. Both of them had their camera on for the entirety of the interview. For the first

few minutes there were some technical issues with an unstable internet connection. The participant also both received and answered a phone call, and his mother appeared during the interview as well and introduced herself before they both left to do something for a couple of minutes off-screen after which the interview proceeded. The interview lasted two hours but this was the participant's wish. Several times during the interview, he was made aware that the interview was getting longer, and if he was okay with it.

Rose: This interview was done during the participant's lunchbreak in her home office with the interviewer sitting in her home. The participant had her camera on shortly in the beginning but due to technical issues with an unstable internet connection, she decided to turn it off again. The interview lasted one hour.

Dean: This interview was done shortly after he had finished work and was sitting in his car doing the interview on his phone, while the interviewer was sat in their home. Technical issues and a few interruptions arose during this interview as well, but nothing that affected the quality of the interview. The interview lasted one hour.

Transcription

The transcription of an interview is the translation of the spoken language onto paper and the written language. This is no uncomplicated process as this translation requires decisions to be made before and during the transcription to ensure as consistency and comparability (Kvale & Brinkmann, 2009). The author of this study has completed and transcribed all interviews, but as qualitative research very much depends on transparency, a transcription guide was still developed to ensure consistency as recommended by Kvale and Brinkmann (2009). This will be presented in the table 2 below. Each interview was transcribed shortly after the end of the interview, and ten minutes after all interviews were spent writing down initial thoughts in order to be able

to recall as much as possible. Active listening and full presence were prioritized during the interviews thus no notes were taken, and the transcriptions solely rely on the audio recordings. Consequently, this means body language, facial cues, and all other small unspoken details were lost hence all the previous steps were taken.

Transcription guide:
<p>Interviews are transcribed word-for-word</p> <ul style="list-style-type: none"> - Repetitions of the same words are included: <i>Example: "I, I, I just think that..."</i> - Any pauses in speech are symbolized with two asterisks: ** <i>Example: *Pauses*</i> - Notable emotional expressions are symbolized in parentheses: () <i>Example: (laughs)</i> - Anything inaudible is symbolized in: // <i>Example: /inaudible/</i> - If anyone mimics that someone is speaking: "<i>Cursive</i>" <i>Example: " 'She was there all day.' That is what I heard them say. "</i> - Any mention of a social media or e-communities: n/d (non-disclosed) <i>Example: "I was part of n/d"</i>

Table 2: Transcription guide.

The interviews were conducted and recorded in their full length, but only the parts needed for this study were transcribed. This part was the final part of the interviews focusing on e-communities. The interviews were listened to in their full length and timestamps were noted for when this part of the interview began.

Inductive thematic analysis

In the following, the process of how the analytic work is described. The first part will include a brief introduction of thematic analysis and the respective steps involved in conducting one. For transparency, each step will be illustrated with an example from the analytic work of the study.

The analytic work is based on Virginia Braun and Victoria Clarke's (2006) six phases of thematic analysis. While they describe a step-by-step guide to conduct a thematic analysis, they also point out that – as in all qualitative research – this is only meant to be guidelines and not rules. Moreover, do they underline that any analysis is a recursive process where the researcher will continuously move back and forth between the steps (Braun & Clarke, 2006). A thematic analysis is the searching across an entire set of data – in this study it is three interviews that make up the data set – to identify, analyse and report repeated themes and is often independent of any theory and epistemology (Braun & Clarke, 2006). The themes are identified inductively meaning the themes are purely data-driven and described as they are found in the data set, and the coding process is done without being pre-established either through an existing framework or through the researcher's preconceptions. However, Braun and Clarke (2006) do argue that the latter is entirely impossible as no researcher is able to be free of all their preconceptions. This is especially relevant as the study presented three hypotheses to make the author's expectations transparent.

Step one: Familiarising yourself with your data

First step is for the researcher to immerse themselves in the data by repeatedly and actively reading through it. Actively reading refers to taking notes and marking ideas, patterns and meanings. As stated earlier, the author of this study has transcribed all interviews, which aid in familiarisation of the data (Braun & Clarke, 2006). The author has also returned several times to the data set.

Step two: Generating initial codes

Second step is for the researcher to code the data. Codes help to identify parts of data that appear interesting. The process of coding refers to organising the data into meaningful groups typically with extracts of data that demonstrate the code (Braun & Clarke, 2006). In this study, coding was done manually on a computer. An example of the first two steps is shown in table 3 below. It shows step one with the author's notes during the first read-through, and the codes for this extract.

Interview – extract	Step 1: Notes	Step 2: Codes
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<p>R: “As of right now... I ... uhm... try to visit that specific n/d at least once a week just to see if like, again, if there is anyone who has a similar situation or maybe they used a similar method. Maybe that had similar stressors. And just kinda like look through and kinda like want to... Where I can... what I can relate and where we kinda share a little bit, so they kind... “it’s okay, that we are in the same situation.”</p>	<p>Once a week she visits the e-communities to see if there is anyone in a similar situation as her or uses a similar method or have similar stressors. She is looking through the group to see where she can relate, or where they share similarities, so she can help those with advice.</p>	<p>Level of activity</p> <p>Relating to each other</p> <p>Helping others</p>
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: Step one and two of the thematic analysis.

Step three: Searching for themes

Third step is for the researcher to sort the list of different codes into potential themes along with the extracts of data. Both main themes and sub-themes can emerge at this stage, and some codes will not seem to belong to any theme and are discarded (Braun & Clarke, 2006). Table 4 shows an example from the thematic analysis of the interview with Rose with the main theme being *wanting to help others* and a sub-theme being *helping others helps*. After having identified the codes as in step two – and held together with the rest of the data set with the two other interviews -, it became clear that there was a main theme of the participants wanting to help

others, and subsequently several sub-themes, one of them being how helping others helps the participants as well.

Step 3: Searching for themes	
Codes	Themes
Obligation to help	Main theme: <ul style="list-style-type: none"> • Wanting to help others Sub-themes: <ul style="list-style-type: none"> • Helping others helps
Helping others	
Helping others helps	
Using prior experiences	
Giving and receiving tips	
Ways it helps to be part of e-communities	

Table 4: Step three of the thematic analysis.

Step four: Reviewing themes

Fourth step is for the researcher to refine their set of candidate themes developed at the previous step. This means the researcher go back to review all coded extracts of data and consider if they form a coherent pattern so that by the end of this step the researcher knows what their themes are, and how they fit together. Braun and Clarke (2006) also advise that the researcher read through the entire data set again to check if there appeared to be anything missing. The author of this study went back and forth with the entire data set several times. An example of what happened on this step was how an identified theme named *finding e-communities* was discarded as it was not relevant to the research question.

Step five: Defining and naming themes

Fifth step is for the researcher to identify what each theme is about and write a detailed analysis of what is interesting about them, why and how it ties in with the rest of the themes and

research question (Braun & Clarke, 2006). This part of the thematic analysis is presented in the analytic findings of the study. Here, extracts of data are used to exemplify the arguments and points of each theme.

Step six: Producing the report

Sixth step is for the researcher to write the analysis in a concise, coherent, logical and non-repetitive way with adequate evidence for the themes within the data (Braun & Clarke, 2006). As with the previous step, this is shown in the analytic findings of the study.

Analysis

The following part contain the results of the study and includes a situated description of the participants and a presentation of the thematic analysis.

Situated description of the participants

Below is a situated description of the three participants.

All participants were between the ages of 20 and 30, white and from a western country. Blake describes himself as fully recovered from NSSI though still with sporadic urges present in his daily life. He is rarely active in any e-communities but has previously been active in both those and group chats. Rose describes having relapsed recently after five years of not engaging in NSSI. Because of this relapse, she has also returned to the one e-community she has previously been a member of. Dean describes himself as not engaging in NSSI currently but is neither actively trying to recover completely. He is active in one e-community on his own accord.

Presentation of the thematic analysis

The following part of the study is the analysis. Here, four themes and their respective sub-themes that emerged in the thematic analysis will be presented. Every theme is exemplified with extracts from the interviews.

Theme 1: Wanting to help

Wanting to help emerged to be one of the most prevalent reasons for being part of NSSI e-communities. Help was provided in many different ways.

And yeah... I would come onto sometimes also because I know what a lot of people want is just to be heard (...) But just that moment of being heard might help a decision a little bit easier. Might mean people de-escalate to other methods. (D, l. 53-56).

(...) Being able to comment and say things "I know what you mean" - "I've been through this" - "Maybe do this next time" having like a positive interaction like that. (R, l. 76-77).

Giving members a safe space to vent or feel like they are being heard facilitate better understanding of oneself and each other. Being understood also aids in creating that non-judgemental space the participants themselves report needing and is further elaborated in theme 2.

Giving tips, such as alternatives to NSSI or encouraging harm reduction was also something the participants mentioned as ways they attempted to help others in the e-communities. Rose describes how she, herself, learned a trick with an ice-cube, and was able to pass other alternatives to NSSI on: *"Yeah like I said, I learned the ice-cube trick. I was also able to share some of my own tips and people responded it helps." (R, l. 231-232).* There also seems to be an

understanding in the e-communities that they cannot forcefully bring another member to stop injuring themselves – thus they try to encourage harm reduction instead. Dean gives an example of this when a poster explained how they were injuring themselves more frequently but less severely:

And another was saying 'I'm cutting a lot more, but I'm cutting less deeply. Like am I escalating or de-escalating?' And I said basically: 'Look if you can't stop, then harm minimization should be your best approach. So, if you do more shallow cuts it'll be a lot better than actually needing stitches and stuff like that.' (D, l. 63-66).

It appears that members try to help each other cause less harm if the option to stop is not there. Blake, too, put into words that wanting to help would also consist of accepting that NSSI was non-negotiable, and instead the other members would opt to encourage a struggling member to engage in NSSI safely: *"Some people don't wanna stop. But like we aren't gonna stop them. If they cut, they're gonna feel better, and we'll just be 'Alright but like... do it safely then.'* That was sort of the dynamic we had." (B, l. 404-406).

Helping others helps. Often, the help the participants would be able to offer was experiential knowledge, which is information based on their own experience with NSSI. Specifically, does Rose explain how she deliberately logs on to see if anyone has posted about being in a situation, she can somehow relate to:

R: As of right now... I ... uhm... try to visit that specific n/d at least once a week just to see if like, again, if there is anyone who has a similar situation or maybe they used a similar method. Maybe that had similar stressors. And just kinda like look through and kinda

like want to... Where I can... what I can relate and where we kinda share a little bit, so they kinda... 'it's okay, that we are in the same situation.' (R, l. 101-105).

Knowing their personal stories can be of help to others appears to be useful and is highlighted as being a positive impact on several of the participants.

R: I'm able to give advice, and people respond with 'oh that's a great idea.' That's... it... It... It makes me feel so much better. At least out of the harming inflicting on yourself. At least... at least now there is some benefit to it. Because now you can help someone else going through that uhm so it helps... what I am trying to say... it gives kind of like a purpose to give... hm... To self-harm and kinda gives you hope that you know... by helping people through it... it's it's it's really helping yourself, it gives you hope (R, l. 68-73).

Not only does helping others provide the helper with a sense of purpose and hope, Rose also experiences it as helping her personally. Having others benefit from your stories, advice, and personal experience seem to hold a lot of meaning – that being able to utilize having struggled with NSSI for years to help others going through the same gets a purpose, as Dean also describes: *“If I can help someone out by sharing some of my life experience, it's nice cause it's like this wasn't all for nothing. It's nice this is what's coming out of it.”* (D, l. 267-269).

Having a lot of experience with NSSI also seems to carry an obligation to offer help to other members. This is something Rose mentions as being an important aspect of interacting online for her.

A lot of these... these posters are like teenagers, and they don't have the resources as they would as adults. So, I think... I think, you know, now that I do have those tools, I kinda give back a little bit (R, l. 117-119).

This kind of obligation or sense of responsibility is not something Rose views negatively however:

L: (...) And how does it feel like... when you use the word obligation... do you feel that it is maybe a bit taxing or sometimes a bit hard to be

R: "No, no if anything it is the opposite. (...)" (R, l. 62-64).

Mismatch of offered help and needed help. While being able to help seems to be helpful to the members, one participant in this study stressed that there sometimes happens a mismatch between the offered help – or intentions to help – and the needed help.

B: (...) Most people will say 'I'm there for you, call me when you have an urge' and yeah okay like 'I'll call you 25 times a day'

L: Yeah, yeah

B: They don't understand what they're offering

L: Yeah it makes sense, yeah

B: That's the way I would describe it. They don't realize the implications of what you're offering me or other people. Because it's what you're... what I need... and what you're offering are two different things. What I need from you is 'this this this' Are you willing to give it to me? Yes? How long? A week? A day? A month? What if I need it for six months... you know... (B, l. 170-173).

What Blake is describing is that offering to 'be there' or talk is not always enough – or the member offering this help does not realize how much Blake may be suffering – this 'call me

when you have an urge' can easily result in 25 calls a day, which Blake views as them not realizing the extent of what such an offer entails.

Consequences of wanting to help. Wanting to help and offering support also has its consequences. Being part of a community where most of the members are suffering in varying degrees, and talk about this suffering, creates a certain atmosphere there: *"Here is... you know there is kind of a heaviness."* (R, l. 87). Furthermore, all participants were also part of larger e-communities, and it was highlighted as being emotionally draining: *"I... the way I see it... They... it just sort of creates an echo chamber of negativity (...) It's too emotionally draining to be there for so many people."* (B, l. 62-64). Because of this, being able to protect themselves in such an environment was something two participants had reflected on, and several ways were described on how they did this:

L: Okay... alright. So... in that sense it sounds like being on n/d has more positive things or uhm impacts than negative. Is that also right?

D: Definitely. I feel like a big part of it is that I've been so selective about the self-harm groups... (D. l. 183-185).

With the many, many e-communities existing on the internet, Dean underlines that it is important to consider which ones to be part of – and to be selective. For him, he is aware of several other e-communities, but they do not fit his idea of what an e-community should be able to: *"I mean I'm aware of n/d, but from what I'm aware of, they're glorifying it, and not looking to de-escalate, so I haven't even bothered to look at that."* (D, l. 9-10).

Time spent online in e-communities was also highlighted as a way to protect oneself as described by Rose: *"You wanna manage the time you spend on them, those communities, cause*

sometimes it could spiral into a negative hole if you're constantly, you know, reading negative posts." (R, l. 65-66). To further counter the emotional drainage of being part of e-communities with many – sometimes very struggling – members, knowing to which extent it is possible to help is also highlighted as a helpful way to protect oneself: *"I know I can't listen to them all, and I know my experiences won't be applicable to them all. If I try to... comment on every single post out there, it'll just consume my life."* (D, l. 70-71). This could also be done by, as Rose described in an earlier extract, scrolling through the e-community and only finding what she could relate to as a way to limit where could provide her help: *"(...) And just kinda like look through and kinda like want to... Where I can... what I can relate and where we kinda share a little bit."* (R, l. 103-104).

Theme 2: Wanting to connect with and relate to others

The second theme to emerge in the thematic analysis was a strong need to connect with and relate to others. Connecting with and relating to others help in several ways – for instance it reduces loneliness by knowing that they are not alone in their struggles with NSSI:

*D: *sighs* Well uhm at first it was because it was interesting like because so few adults talk about it. It was like that. 'Oh this is you know... my experiences are not unique, and I actually find that kinda comforting.'* (D. l. 49-51).

R: It was... Really a big relief to see uhm that it was a something that happened to other people and not necessarily people that were, I don't know how to say it, it was people from all parts of life. It is not just something that is talked about in the open. You know that was a great... that was kind of the first big thing when it comes to healing psychological. Knowing that... to start you're not alone. (R, l. 176-180).

The participants both highlight that NSSI is not something that is talked about – neither by adults nor more generally. In the e-communities, however, they are able to see a lot of different individuals talk about it from all parts of life and ages. It aided them in realizing they were not the only ones to struggle with NSSI, and that is mentioned as both comforting and healing.

Being able to relate to other members and knowing they are not alone in struggling with NSSI helps to foster an acceptance of still engaging in NSSI despite being an adult: “(...) *cause when you’re an adult who does sort... feel like the years are passing, and you’re still holding onto that ‘teenagers do it, no one else does’ It alleviated that pressure.*” (D, l. 163-165). There seems to exist a certain view in two of the participants about who it is that engage in NSSI, or that it is more acceptable for certain groups to engage in it. Being a member of e-communities appears to have helped the participants in seeing their pre-existing views do not necessarily have to be the only truth. Besides Dean mentioning that NSSI is exclusively used by teenagers, Rose also describes how the e-communities gave her another perspective of how she may not be the only one with the particular method or stressor leading her to engage in NSSI. She also explains that she may previously have thought only ‘unhinged people’ injure themselves, meaning she would be an ‘unhinged person’ as well, and that is enough to make her feel insecure.

I think without it I I may very well uhm... think... ‘I’m not the only one in the greater city area who self-harm, but I’m the only one to use the same method I used. I’m the only one with the stressor.’ Or I might have still assumed that it’s, you know, only for a specific type of you know... unhinged people. Like I would kind of... I would I would definitely feel insecure about it without the communities and see similar stories and kinda... share. (R, l. 233-237).

One of the ways the e-communities also seemed to be able to offer unique help is described by Blake when asked about how he experiences being part of a community where everyone may engage in NSSI:

B: You don't feel judged. You feel like you can actually express yourself and people actually understand... I know... you know it's like... when I tell people I gave myself hypothermia, they are horrified

L: Mhm

B: But these people will be like 'oh right that must have been really rough for you' We don't want people to be horrified. We just want people to be like... 'It went so bad that you went to that point' you know? (B, l. 387-393).

What can be deduced from this extract is the difference between reactions to self-injury among those who are part of e-communities and have experience with NSSI themselves, and those who are not in Blake's experience. Blake points out that people outside e-communities react strongly when learning that he has given himself hypothermia, and they keep the focus on the act of NSSI. Members of e-communities tend to look beyond the act of NSSI and instead interpret this self-injurious behaviour as a reflection of how much Blake was actually struggling if the consequence was hypothermia. This study also suggests that the more frequent exposure to NSSI in varying degrees in e-communities may also desensitize members making them feel less of a shock. The horrified reactions do, however, contribute to the continuation of secrecy and concealment of NSSI in real life as is also explained by Blake: *"But it's the fear of telling someone and seeing their reaction that is very, very traumatizing for a lot of people. Because there are a lot of people who don't understand... it's like... how can you understand..."* (B, l. 286-288).

Being understood and understanding. Being understood emerges to be a very important part of why members seek the connection in e-communities.

People don't understand and to understand us and that world... part of me feels like you need to sort of live those experiences... to be able to... if you truly wanna help you can help and be supportive but don't say like 'Oh things will get better.' (B, l. 308-311).

(...) Because there are a lot of people who don't understand... it's like... how can you understand... like they'll just say 'you're just doing that for attention, that's great' and that's... thanks, you know. I guess I'll just keep myself closed off more now (B, l. 287-290).

Blake explains that the lack of understanding leads to misplaced or unhelpful advice being offered by people outside the e-communities, and Blake attests this to the fact that they have not lived the experiences of struggling with NSSI. This results in sentences such as 'things will get better' which could be reassuring and encouraging to tell, but to Blake it is a lack of understanding of the difficult experiences individuals, who struggled with NSSI, have, and it makes it appear more insensitive instead: *"Like I'm sorry you've been homeless for a year because your mother cut you off, and your dad broke your leg... (...) Like I have heard some truly horrific stories."* (B, l. 311-312).

Moreover, Blake explains the reactions sometimes elicit the need to once again keep his struggles with NSSI more private. E-communities provide an understanding of NSSI in a way that is non-judgemental, and where helpful words or encouragement may be more adequately adjusted.

Theme 3: Being negatively affected by others' posts

The third theme to emerge in the analysis relates to how members are being negatively affected by other members' posts. In this study, one of the participants reported that sometimes he would have an urge to engage in NSSI, and, upon then being confronted with someone else's injuries, had to fight against the urge.

B: (laughs) yeah it's very individually based. Uhm you can you can... sort of have an urge and then see like 'Oh look at this fresh cut I made' and you can be 'ooh that looks really good, ooh I could really need that' You have... you have... you're really fighting it. It really depends on the person and the urge. (B, l. 360-363).

The two other participants did not report to have experienced being triggered. Rather, Rose describes how the content on e-communities are often more of an upsetting nature than triggering to her.

R: (...) I don't know if I would describe it as some posts as triggering – definitely upsetting – you know. I have never seen a post that would make me want to relapse I guess is what I would say. There has definitely been very upsetting posts. But... none that... would... say like... Encourage me to engage in that level of upsetting. (R, l. 189-193).

These upsetting posts would, for Rose, often be related to her own NSSI and the method she used. She can recall a post done by another member with a similar method of NSSI who had gotten an infection. This was so upsetting to her that it served as a warning for her own NSSI to not escalate further than that.

R: I remember a post where someone had uhm done something similar with uhm uhm like a hot /inaudible/. They had let it stay a little too long and gotten an infection. That definitely scared me a bit. (...) It deeply affected me as a warning: 'Okay now you know definitely don't go any further than what you have been doing.' (R, l. 164-170).

Distance. In the interview, one participant, Blake, describes how it can be stressful to be part of a community where people, sometimes openly, disclose that they have engaged in or want to or is engaging with NSSI as well as having active suicidal thoughts:

B: It was very stressful. Like 'I think I'm gonna end it tonight' You read that, and you know they have access to the tools to kill yourself. How do you reconcile that. How do you help? We never used our real names... (B, l. 69-71).

Not only can it be distressing to sometimes hear others talking about wanting to end their lives, but Blake explains that, in the e-communities, the rest of the members know that the suicidal individual may actually have the knowledge and tools to attempt a suicide. He further questions what you can do in such a situation to help when profiles in e-communities often do not contain any real names or even any other personal information that would help them identify where the member lives to contact any medical assistance. Feeling like they have an individual's life in their hands is a heavy responsibility, especially when they have very few options to help. What seems to be common would be for the other members to try and be present and talk to the member feeling suicidal, which, in turn, would often cause a feeling of not being able to leave. This is described to be emotionally draining.

B: And then what happened is that some of these people are actively suicidal, and it just creates a sense of... it was... In french we say 'c'est lourd' ('it's heavy'). It was heavy. It

was it was it was... okay... you go on... you talk and you're there. You can't really leave... and that is the sorta feeling... it's emotionally draining. (B, l. 161-164).

Providing help can be difficult when you may not know the member struggling or their history regardless of what their struggles that they are posting about may be – and it can be even harder by text:

By text it's a lot harder actually.... it gets dull and boring. But you know it's... 'I'm here for you, do you wanna talk about it?' - 'Well okay I'm here whatever you do' and it sort of stops there most of the time. (B, l. 196-198).

Blake explains that the offer to talk about it may not very often be taken, and it leads to a promise of just being there no matter what the member may choose to do. Helping by text may feel dull or boring for either part but being on the receiving end of the offer may also sometimes be overwhelming.

Sometimes it's like 'Oh do you want me to talk a little bit? We can talk about it.' Cause usually what happens when someone posts in a group is that 3 or 4 people will answer... And it gets very overwhelming for the person... (B, l. 298-201).

Multiple members will often comment on a post made by a struggling member, but as trying to talk to several members at the same time can be overwhelming if they are already feeling distressed in the moment of posting, the conversation will typically turn into one between only two that can potentially last for a long time: “(...) it becomes a one-on-one with that person and whoever is willing to entertain the conversation or to sorta get them through their urge. Cause sometimes it can last for hours, your feeling of horribleness...” (B, l. 206-208).

Lastly, Blake gives an example of what he has experienced sometimes happens with some members of the e-community when he has expressed that he needs to leave after having talked with a member who has posted in the e-community after having engaged in NSSI and are feeling suicidal.

(...) Basically they lack attention in their real life so like 'I cut today and I feel suicidal' it's just a way to like 'give me attention, I wanna talk to someone' you know... which is completely fine... but sometimes it's like 'Oh I gotta go now!' and they'll be like 'Oh if you dont wanna talk to me then I'll just go kill myself'. (B, l. 112-115).

It is Blake's experience that members sometimes use their posts about NSSI or suicidal ideations in an attempt to get attention and someone to talk to them. He sees this as them really struggling and not receiving adequate attention in their life – both off- and online. When, as in Blake's instance, these conversations may be interrupted or come to a stop because a member – like himself - has to leave, it can result in the struggling member interpreting this as Blake not wanting to talk to them anymore and using words such as 'I'll just go kill myself.'

Theme 4: Comparison and competition among members

The fourth theme emerging has to do with comparisons of NSSI and a sense of competition among individuals in the e-communities. None of the participants in this study have ever shared a picture of their own injuries – this being for several reasons such as wanting to avoid triggering others, thinking it is directly glorifying NSSI, or because it is too shameful, even in e-communities.

R: Yeah, yeah.. I think... I would be worried to be triggering some people, you know what I mean? Also, just for like... 'cause again... as I was saying before, it is kinda a source of

shame even in these online communities. I don't wanna share... pictures are a little too much to share, I think. (R, l. 130-133).

D: I don't think that's permitted and I think the practice is abhorrent. It's triggering, it's glorifying. There are no good reasons to share pictures of your self-harm. (D, l. 106-107).

To Rose, she sees nothing wrong with sharing the ups and downs with NSSI, including relapses. She does however find it quite problematic to share pictures of NSSI after a relapse as shown below.

R: I don't know. For me personally... it may sound bad. It's like posting a pictures of... Taking a drink in an alcoholics' forum. You know it's like I understand people posting about again if if we are talking about alcoholism... people posting about how they are feeling of their relapse. I think taking a picture... I don't know... it doesn't really sit well with me (R, l. 149-152).

Comparison. When members share posts with descriptions of their NSSI or images or videos depicting it, sometimes comparisons happen between members with regards to their self-injury. In some e-communities and people, the frequency and severity of NSSI is seen as a direct indicator of the emotional pain a member is experiencing.

B: Ah yes. Yeah yeah yeah quite often. That's why some n/d are really bad because.. It's like... it's basically banned... like you can't compare in the n/d, but in the other groups some people compare. (...) 'Oh what what is the worst thing you've ever done?' People like to say that, and when I say hypothermia, and they say 'Oh I just did a big cut on my leg I guess... I guess it's not it's not that bad.' (B, l. 254-259).

Blake has experience with disclosing that his worst acts of NSSI is giving himself hypothermia and another member re-evaluating their ‘big cut’ as being something less severe because Blake had done something that, in this member, felt worse than doing a big cut on their leg. This kind of comparison is underlined to be part of an unhealthy dynamic by the participants as it makes members question the validity of their struggle: *“am I really suffering? Because look at what he did.”* (B, l. 438) and seriousness: *“‘Oh she cut to fat? Oh I guess... it... then I can’t have been that serious then...’”* (B, l. 30-31).

The comparisons seem to happen almost naturally as part of being a member of an e-community. Even when the participants are aware of the comparisons’ presence and are largely opposed to the sharing of anything NSSI related content, they sometimes experience it still: *“I hate to admit it, but I do have those kitten scratches. Basically... ‘what are you doing?’ ... then I’m like ‘all self-harm is serious’ Trying not to think that way, but the thought does creep up.”* (D, l. 150-152). In this extract Dean uses the description ‘kitten scratches’ to explain his injuries, which is a way to say the injuries would resemble the same marks a kitten would leave if it scratched him. This particular comparison to kitten scratches makes his self-injury appear very mild. It seems that Dean is aware of what impact this comparison has as he then continues to explain how having those thoughts makes him ask himself ‘what are you doing?’ and then reiterate his belief that ‘all self-harm is serious.’ Dean also highlights that he tries to use this comparison creeping up on him more productively without it becoming a competition: *“It’s more like a benchmarking ‘you’re here, I’m there’.”* (D, l. 149).

Competition. In this study, none of the participants experience feeling like they are part of a competition – or need to compete with anyone. Both Dean and Blake describe how they are aware of it happening in certain e-communities.

D: I know in certain circles definitely. On n/d... it's the main other community I'm aware of. People will sort of share their pictures there, and they'll use it... like in some ways they're competing like... they're making that part of their identity. (D, l. 137-139).

Dean further elaborates on what he believes to be the consequences of the competitive environment that is created: *“And... I think that just leads to more escalation and deeper self-harm like... I don't think the process helps anyone.” (D, l. 141-142).* This part of the e-communities has made Dean reflect on structure and rules of the different e-communities – particularly the ones he is not part of: *“(...) I feel like there are a lot more groups that need a lot more reigning in. (...) but I do believe that people need to use it responsibly (...) It just needs a sane person in the room, who goes ‘no you can't actually do that.’” (D, l. 275-277).* Despite this, several participants believe that e-communities need to still exist: *“But that doesn't mean we should avoid, you know, discussing how to maybe stop those harmful behaviours.” (R, l. 206-207).* Especially when e-communities are being created to be safe spaces that, depending on the e-community, is supposed to ultimately help any members either engage in harm reduction or stopping completely with NSSI. Dean is also of this belief and adds that e-communities are generally just in need of moderations to make sure the focus is positive: *“I think there's a place for discussions. It can be very helpful to discuss it. I just believe it should be focused in a positive direction. There needs to be moderators but not bans.” (D, l. 291-292).*

Contagion. All participants agree that NSSI is contagious, but not every person learning about NSSI are prone to make use of that.

R: (...) It would only be contagious among people who have like kinda... the similar mental problems uhm I can't see it happening you know in a group of friends where one is in a dark place and others are not. (R, l. 210-212).

D: You're not gonna get a happy, bubbly person, who sees someone self-harm and is like 'oh cool I wanna do that' You're gonna get people who already have mental health struggles or has lived through something. (D, l. 208-210).

The participants describe they believe that for NSSI to be contagious, there must be some predispositions or risk factors present upon discovering it. A 'happy, bubbly' person with no mental health struggles would likely not be influenced by finding an NSSI e-community. Blake explains how no member in e-communities is going to encourage NSSI either: "*But... contagious as in to get you started, I would say no. Because no one wants people to start.*" (B, l. 363). This may of course heavily depend on the e-communities, but it seems that all three participants frown upon any encouragement of NSSI, and this may be an explanation for why being part of e-communities will not inspire just anyone to start injuring themselves if they stumble upon an NSSI e-community.

Discussion

The purpose of this study was to qualitatively and openly examine the motives individual members of e-communities have to seek these, and the impacts online interaction in such e-communities have on them. This was done by conducting three semi-structured interviews where the members were asked directly about their experiences, thoughts, and feelings as qualitative interviews, to the author's knowledge, is lacking in the fast-growing body of literature on the topic.

Four themes and related sub-themes were identified in an inductive thematic analysis: Wanting to help others, wanting to connect with and relate to others, being negatively affected by others' posts, and comparisons and competitions. In the following, the four themes will be summarized and held together with the study's theories presented in the introduction, as well as

the existing literature and the study's three hypotheses. A discussion of the methodological and ethical challenges and reflections will follow. Implications for future research, and the continuation of the study will be discussed at the end.

Theme 1: Wanting to help

Theme 1 revealed that, for two of the three participants, wanting to help was a primary reason to be part of e-communities. The participants described helping by contributing to creating a safe space and a place to exchange alternatives to NSSI or encourage harm reduction whenever possible. Helping others was also helping the participants as it provided them with hope and a sense of purpose and meaning of their own self-injury. One participant, Blake, underlined the mismatch between the offered and needed help between members of the e-communities that stemmed from members not entirely knowing what an offer to help could potentially entail. Lastly, because of the consequences of wanting to help – being emotionally drained – two of the participants revealed they employed strategies to counter those such as being selective of which e-communities to be part of, time management, and knowing the extent of what they could do to help.

Alternatives to NSSI:

Parts of how members try to help each other in e-communities is through giving and receiving alternatives to NSSI, which has been found in previous research (Harris & Roberts, 2013), and by establishing and maintaining a space that is both safe and non-judgemental. When members do this, it can be argued that they are exchanging resources of love and information in accordance with the Resource theory (Foa & Foa, 1980). Giving and receiving alternatives to NSSI, such as the example with the ice-cube mentioned by one participant, or suggesting harm

reduction as a goal, can be classified as an information resource which can aid in giving members opportunities to learn. The learning in this case may be to be equipped with alternatives to engaging in NSSI when they are triggered to do so, which is argued to be a positive impact of being part of e-communities. There is some evidence that alternatives to NSSI and harm reduction is helpful as it gives a similar sensation while being a safer behaviour and reducing the medical severity (Davies, Pitman, Bamber, Billings & Rowe, 2020; Wadman et al., 2020). However, the same studies also find that harm reduction strategies are not always perceived to be helpful by the members for several reasons – some of them being that it still does not stimulate the same sensation enough and may result in even more severe NSSI as well as being a short-lived alleviation and ignoring all the underlying issues for the urge to engage in NSSI in the first place (Davies et al., 2020; Wadman et al., 2020). It is suggested that harm reduction helps by being a support towards NSSI cessation that is a more realistic and obtainable goal than trying to stop immediately (Davies et al., 2020). Contrary, it is also worth considering if these alternatives are always helpful in the case that the members do not always realize the extent of harm the alternative can cause, or if instructions are not adequately provided to engage in this alternative safely. Moreover, it is possible that the proposed alternatives by members are utilized by others as actual acts of NSSI. Snapping an elastic band on the wrist is commonly reported to be used as an alternative, but it has the potential to break skin, and this is enough for it to no longer just be an alternative but an actual act of NSSI for some (Wadman et al., 2020). Harm reduction seems to generally be promoted more in places where NSSI management or recovery is the focus (Wadman et al., 2020), which is also a possibility as to why harm reduction or engaging in safer NSSI is encouraged several times by the participants as they all have a more or less recovery-oriented goal or viewpoint.

Helping others helps:

The participants expressed how it helped them to help others as it provided them with a sense of hope and a purpose; that all those years of struggling with NSSI are possible to utilize now to assist others in need. Part of the SCENA model by Merolli and colleagues (2014), presented in the introduction, is narration and has to do with the sharing of one's own personal experiences – also termed experiential knowledge -, which is often what the members do when trying to help others. A member sharing their story or experience with NSSI has been found to be beneficial and positive (Brennan et al., 2022). This could be just knowing someone else has read their words (Coulson et al., 2017), which is also supported in literature where it is highlighted that it helps individuals of a marginalized group to feel seen (Chen, 2012). It can also be cathartic and part of a member's healing process to organise the details of their story into a coherent narration that may help others feel less alone and more seen (Coulson et al., 2017). Members may provide help in an altruistic manner, meaning they are not expecting anything in return, or it may be part of a generalised reciprocity in which members give help to and receive help in return from others (Oh, 2011; Seku, Kidd, Wiljer & McKenzie, 2015). It is believed that this particular subtheme appeared because two of the participants are recovery-oriented or actively working on promoting harm reduction. One of the participants explains how much it means to her to be able to give back to the e-community by sharing her story and acquired knowledge she remembers not having earlier in her history with NSSI. This is also supported by research that individuals may have a community interest in which they are motivated by a moral obligation to advance the community (Oh, 2011). In this case, advancing the e-community could mean promoting alternatives to NSSI, encouragement to engage in harm reduction, or even stopping NSSI completely at

some point. In the SCENA model self-presentation is the core part of what information an individual shares on the internet, and how they, through this, present themselves. The participant coming back to the e-community more knowledgeable to help others may now present herself as a supporter. This transition from receiving support to providing support has been reported before and is often linked with the individual feeling a sense of competence and usefulness (Dyson et al., 2016). Being able to offer help due to experience and more knowledge could also be seen as a way of gaining status in an e-community in accordance with the resource theory (Foa & Foa, 1980).

Mismatch of offered and needed help:

While wanting to help can have a positive impact on members, there were also reported some negative impacts. One of them is the mismatch between offered and needed help among members in the e-communities. In this study, an example of offered help could be a member telling another to ‘call me when you have an urge to injure yourself’, which is in line with these smaller acts of affections that members have been shown to display to each other that makes them feel seen (Lavis & Winter, 2020). This offer may be extended without knowing to which degree the individual, being offered help, is actually experiencing urges to injure themselves – it could be once a day or 25 times a day. Regardless, a possible mismatch can happen when these smaller acts of affection are not enough for the individual being offered help. Such a mismatch may stem from a lack of matching of expectations of what is offered and needed, and individual differences in the presentation of urges throughout a day. Some members of e-communities are struggling severely and helping such a member will prove to be too difficult for others as there are no trained professionals in the e-communities to handle such, and, just as importantly, an e-community is not and can never replace a crisis intervention (Tucker & Lavis, 2019). When a

mismatch happens, it could also foster a feeling of not being able to help enough (Lavis & Winter, 2020) which is why offering to talk to the member, even if it is 25 times a day, may seem helpful and productive despite its consequences.

Consequences of wanting to help:

Being part of an e-community in which everyone is struggling is described by a participant in this study to create an ‘echo chamber of negativity’, which, in turn, becomes emotionally draining to try and help people where it is never enough – or where the amount of people in need of help is overwhelming (Lavis & Winter, 2020). To counter this, two participants in this study argue that to be able to stay in their respective e-communities with more recovery-oriented approaches to NSSI and online interactions, they make use of certain strategies: Being selective of which e-communities to participate in means minimizing the risk of exposure to NSSI-related content such as imagery or videos, which has been shown to be associated with acts of NSSI the more exposed an individual is (Nesi et al., 2021). This also became evident between Dean, who was being more selective of which e-communities he wanted to be part of, and Blake, who frequented more unregulated and less recovery-oriented e-communities. Blake described how exposure to a picture of a fresh cut could enhance the urge to engage in NSSI, whereas Dean reported never being triggered because he was not exposed to that kind of content in his e-community. Another way of reducing the emotional drainage was to manage the time spent in e-communities as was described by the participant, Rose, who, in her younger years, experienced being more affected by the e-communities because she spent way more time on them back then. Time management reduces the amount of time an individual is exposed to NSSI in general, which is suggested to be helpful (Memon et al., 2018). Lastly, it was pointed out that knowing the extent of what and how much they can provide of help helps to protect them from either overburdening

themselves, exceeding their own limits or crossing boundaries and counter the reported feeling of not being able to help other members adequately enough (Lavis & Winter, 2020).

Theme 2: Wanting to connect with and relate to others

Theme 2 concerned the participants' want and need to connect with and relate to other members. Connecting with others helped to reduce the feeling of loneliness and being able to relate to others also fostered an acceptance in the participants that adults also can struggle with NSSI. Disclosing NSSI offline is often met with unhelpful reactions or harmful labels such as attention seeking – whereas the mutual understanding in e-communities often creates a safe space.

Connection with and relating to:

In theme 2 the participants described how it was important for them to be able to connect with and relate to others, which has been suggested to be one of the biggest motives for engaging in e-communities (Harris & Roberts, 2013) and is an important positive impact if their needs are met (Lewis & Seko, 2016). Connecting with others helped the participants feel less alone with NSSI, and, particularly, e-communities has been found to reduce loneliness in members in previous reviews (Biernesser et al., 2020; Dyson et al, 2016), which is otherwise a group that often suffer in silence. There is a general motivation for belonging in most individuals, and a need to connect with others, so they are not alone, especially if they are struggling (Maloney-Krichmar & Preece, 2005 in Oh, 2011), which also seems to be prevalent in this study. Being able to relate and be confronted with others' stories also seemed to help the participants become aware of their views on who engages in NSSI, and who they, themselves, thought it would be acceptable for to do so. Specifically, the participants mention that it helped them to accept being an adult and still struggle with NSSI, and that there was not just one type of person engaging in NSSI, but it could be anyone. E-communities help showing members they are not as different from everyone else as

they may feel, and this in itself may help to alleviate some pressure (Seko, Kidd, Wiljer, McKenzie et al., 2015).

Normalisation and acceptance:

The participants pointed out that they were aware of not being able to forcefully bring any member to stop injuring themselves and would instead approach it differently by encouraging harm reduction or to engage in NSSI safely. In this way, no member gets pressured to stop engaging in NSSI if they do not wish to do so, but they are encouraged to cause less harm to themselves. This type of support has been suggested to be a process of normalisation and acceptance of NSSI that happens in e-communities (Dyson et al., 2016; Lewis & Baker, 2011; Marchant et al., 2017). The actions can be assumed to be holding the best intentions and fit into the social structure of accepting and meeting all members exactly as they are, but it is also indirectly contributing to the maintenance of NSSI, as suggested by several studies and reviews (Dyson et al., 2016; Lewis & Baker, 2011; Marchant et al., 2017.) Moreover, one of the participants specifically says: “If they cut, they’re gonna feel better”, which can imply he believes this to be a useful coping strategy that just need to be used safely. Prior research has found that encouraging safe NSSI includes suggesting certain NSSI techniques (not cutting certain body parts with main arteries and avoiding major blood loss), concealment tips, and first-aid help (Whitlock, Powers & Eckenrode, 2006). It seems that research has focused a lot on how normalisation and acceptance can have negative effects. For instance, Lewis and Seko (2016) mention how, in research, a tip such as “cleaning a razor” is seen as a way to help members prepare for NSSI, while members may view this tip as a way to help and protect each other when NSSI is inevitable. Normalising and accepting NSSI can contribute to the maintenance of NSSI, but it is also relevant to consider that members may not feel they have anywhere else to go for support than the e-communities,

and here it is argued that harm reduction and safer ways of engaging in NSSI is better outcomes than if NSSI was encouraged directly or dealt with in silence. Normalising and accepting may thus be more nuanced, holding both the potential for exacerbation and mitigation of NSSI (Lavis & Winter, 2020). Safety tips do, however, have the potential to hinder individuals in seeking professional help – psychological or medical – which they may otherwise have needed (Lewis & Seko, 2016). The safety tips may make the members feel like the problem has been solved if they do not self-injure as severely, which, in turn, make them less likely to seek help. Not receiving the right help could mean increasing the risks of medical issues arising as well as the continuation of NSSI as the underlying causes are not being dealt with.

Being understood

Being understood became apparent to be very important for the participants. The acceptance and ability to relate to each other through shared experiences means they have a unique understanding of each other not found elsewhere, and this seems to be a positive impact of the online interactions in e-communities. This type of support is also the resource of love in the resource theory, and the exchange of love in support groups can help individuals to better understand and support each other through affection and comfort that creates the needed safe space (Brown et al., 2014; Foa & Foa, 1980). When individuals seek support online in e-communities, it becomes important to question why they are not doing so offline as well. One of the participants in this study explained how people offline have reacted in horror upon learning he has given himself hypothermia and kept the focus on the physical aspect of his NSSI. Members of e-communities tend to look beyond the act of NSSI by not focusing on the fact that the participant had gotten so cold to the point of getting hypothermia, but by looking beyond this and commenting on how he must really have struggled. Similar results have been found in another study that

concluded it was a lack of emotional understanding that caused the shocked reactions and focus on self-injury in others (Klineberg, Kelly, Stansfeld & Bhui, 2013). Keeping the focus on the physical injuries can neglect the underlying causes that makes the individual engage in NSSI, but it seems that it requires a level of understanding.

The same participant was also labelled as attention seeking for giving himself hypothermia. This, as well as other labels such as freak, selfish, scary, and more, have also been reported in the literature that others are calling individuals who self-injure (Seko et al., 2015). There seems to exist a stigmatisation and harmful assumptions about individuals who engage in NSSI, and this may be the core as to why individuals refrain from seeking support offline.

Individuals engaging in NSSI are negatively viewed by both medical professionals, parents, teachers, peers and the general public as they perceive the individuals engaging in NSSI to be manipulative and attention seeking (Park, Mahdy & Ammerman, 2020). Nurses have been found to also perceive them as “time-wasters” (Shaw & Shandy, 2016). A study reported that health professionals consciously distanced themselves from those frequently returning to the hospital due to feelings of irritation, anger, and frustration towards these individuals (Conlon & O’Tuathail, 2012). Several studies have also found that individuals avoid healthcare services as part of being called selfish, inconsiderate, or wasting time that should have been spent on “real patients” or hearing others’ experience of this. In fact, it is often enough for the vulnerable individuals to hear of others’ bad experience to create a strong barrier (Williams, Nielsen & Coulson, 2020). Further, reactions to disclosure also commonly contain trivialisation and judgement that can lead to suicidal thoughts (Park et al., 2020). These negative views can be internalised to become self-stigma which evokes feelings of shame and worthlessness that, in turn, can lead to more engagement in severe NSSI that brings a negative cycle of NSSI, shame and avoidance

(Chapman & Martin, 2014; Owens, Hansford, Sharkey & Ford, 2016; Piccirillo, Burke, Moore-Berg, Alloy, & Heimberg, 2020) and is therefore important to not neglect.

What are the consequences for the individuals who do not disclose their NSSI? On the short term, it can mean missing out on an opportunity to receive appropriate medical or psychological treatment. On the long term, hiding NSSI has been shown to increase feelings of distress, guilt, anxiety, and straining social relationships. However, when individuals do disclose their NSSI, it is shown to reduce social isolation and suicidality, increases the feeling of being supported and furthers active help-seeking behaviour, and promotes self-acceptance (Hasking, Rees, Martin & Quigley, 2015; Lewis & Seko, 2016) – some of these was also found in this study to be positive impacts of being part of e-communities because it is something they are offering each other. Disclosure is however only helpful if met with the appropriate reaction. The etiological model by Nock (2009) proposes a NSSI-specific vulnerability is found in the social signalling hypothesis presented in the introduction where individuals will turn to NSSI to signal their distress, but if this yields no reaction or a negative reaction, the individual may stop disclosing their NSSI altogether.

Theme 3: Being negatively affected by others' posts

Theme 3 was related to being negatively affected by other members' posts. Being triggered by NSSI-related content posted onto the e-communities was reported by one participant whereas the others described it as being upsetting, especially if the NSSI method was similar. Likewise, a worry to be triggering others was also present among the participants. One participant also described how the physical distance in e-communities was difficult when a member

was actively suicidal or engaging in NSSI. It was described to be difficult to help such individuals, especially via text, and sometimes it was also overwhelming to be on the receiving end of the help offered from several others.

Triggering or upsetting content:

One of the negative impacts of having interactions online in e-communities was the chance to be triggered or upset by others' content. One participant explained how seeing a picture of a fresh cut could enhance an already present urge in him. This triggering aspect of e-communities has also been reported in previous studies (Brennan et al., 2022) along with an association between exposure to NSSI and acts of NSSI (Nesi et al., 2021). The two other participants in this study had not experienced being triggered by others' content but were typically more upset by these. One participant highlighted this especially happened if she could relate to the content either by sharing the same method of NSSI or having the same stressor. In previous research it has been reported that members find it distressing to see others posting of wanting to die or feeling bad for instance (Coulson et al., 2017). However, one participant also mentioned that one very upsetting post served as a warning for her to not go beyond what she usually did when she engaged in NSSI. Deterring others from NSSI has also been reported in a study by Brown and colleagues (2020) to be a reason for posting NSSI content in an attempt to help others by "scaring them" from injuring themselves altogether or escalating it.

Distance:

The potential for anonymity makes e-communities very attractive to join as this can help some individuals feel more comfortable asking for advice or sharing their own experiences (Lewis & Michal, 2016). But this anonymity also comes with a backside as described by one of the participants, who has experienced individuals announcing in the e-communities they wanted

to end their life or were going to injure themselves with the other members being aware they had the tools or knowledge to go through with that. With e-communities being online, there is natural geographic distance between the members, and it is not uncommon for individuals engaging in NSSI to simultaneously struggle with suicidal ideations or attempts (Edmondson et al., 2016). So, while the anonymity helps for many individuals to feel safe in talking about some of the difficult aspects of NSSI, it also becomes a challenge for the e-community when one member suddenly may not be safe anymore, but they have no information that would help them send medical assistance or alert family or friends. Instead, it is described by one participant how the members would often resort to what they were able to do – talking to the member via texts, which was described as not quite being easy to do and also difficult to take a break from too. At the same time, while support seems to be offered to individuals who voice their intentions to harm themselves or end their life, it is also described as being quite overwhelming because several members will write and offer their help – thus making the member, that is already possibly in distress, participate in several conversations at once, which may not be very helpful either. The participant in this study explained that it would often result in one-on-one conversations. However, it is arguably a big responsibility to try and offer support to an individual who wants to harm themselves or attempt suicide, and an individual with acute suicidal thoughts will probably not receive adequate help in any e-community which enhances the risk of them acting on the suicidal thoughts. Adding to this is the chance of strain being placed on the other members as proposed by the general strain theory (Agnew, 1992). It may be possible that members will feel as though they are failing at helping someone who is struggling and internalize this as being a representation of their qualities. The situation may also be too difficult to be placed in involuntarily. According to the theory, strain will make individuals employ coping strategies to deal with the strain (Agnew,

1992) and when NSSI is a common or primary coping strategy for many, this could increase the risk of engagement in NSSI.

Theme 4: Comparison and competition among members

Theme 4 was about comparisons, competitions, and contagion. None of the participants had ever shared pictures of their own self-injury because they believed it to be glorifying or shameful to do. Comparisons of NSSI do happen in e-communities, even if the individual is opposed to the idea, and it typically leads to members using NSSI as an indicator of emotional pain. Competitions among members potentially leading to worsened NSSI was also something two of the participants were aware of. This had resulted in one participant reflecting on how e-communities are generally in need of moderation but not bans. Lastly, the participants all described NSSI to be contagious but underlined that there had to be some predispositions in order for an individual to engaged in NSSI.

Sharing NSSI pictures:

No participants in this study reported having ever shared a picture of their NSSI in e-communities or wanted to look at others' pictures. Of reasons to not wanting to post picture of their own NSSI was that it was experienced as glorifying and shameful. Sharing and looking at NSSI pictures is not an uncommon practice, and it may serve several functions such as being part of a ritual prior to or following an act of NSSI, becoming a memory or proof, an alternative to engaging in NSSI, or discourage others from injuring themselves (Brennan et al., 2022; Brown et al., 2020; Marchant et al., 2021; Sternudd, 2012). When all three participants do not do this kind of behaviour, it may also be due to at least two of them solely being active in e-communities where such activities are prohibited, or their own personal standpoints. Brennan and colleagues (2022) make a great concluding point in their systematic review about how it is rarely the content

that determine the reaction, but the individual looking at it. They describe how two members can experience having completely different reactions to the same picture, and one individual can be affected one day and not the next by the same picture. Where a participant in this study may find it to be glorying to be sharing a picture of NSSI, it may be experienced as soothing to another (Sternudd, 2012).

Comparison:

Comparison between members of e-communities was reported to be something some of the participants in the study experienced both others and themselves doing. This has also been found in several other previous studies where it is often pictures depicting wounds that are being compared (Lavis & Winter, 2020; Marchant, Hawton, Burns, Stewart & John, 2021; Sternudd, 2012). These comparisons can have detrimental effects as it makes the members question the validity and seriousness of their struggles if they deem their self-injury less severe compared to someone else's. This seems to be largely due to how the frequency and severity of an individual's NSSI is seen a direct indicator of how much emotional pain they are experiencing, meaning someone who often engages in severe NSSI is seen as more struggling, and, conversely, to prove an individual is "sick enough" they have to be able to show this through their NSSI to be valid (Sternudd, 2012). Previous research has found that individuals will try to imitate the NSSI they see others do, and when they fail, it results in feelings of being a failure (Jacob, Evans, Scourfield, 2017; Seko et al., 2015). These comparisons are a negative impact of the online interaction with e-communities as they may exacerbate NSSI in individuals.

One participant in this study expressed being largely opposed to the comparisons happening in the e-communities but explained how he would also unconsciously do it sometimes too. This suggests that comparisons may be impossible to avoid in e-communities. A huge difference

mentioned by the same participant was that he was able to identify when he was comparing his NSSI to others' and remind himself that he, at his core, believed all NSSI is serious and valid. Furthermore, he was able to use the comparison constructively as a sort of neutral "benchmarking" of observing where he and other members were with regards to their self-injury. In doing so, the comparisons become more neutral and have less of a harmful impact on him. This seems to be partly due to him only being part of an e-community that does not tolerate the sharing of pictures depicting NSSI, and his own approach to believing that comparisons are not helpful. Other members – particularly younger ones – may not be able to have the same kind of insight as him.

Competition:

Two participants in this study mentioned competitions as something they were aware of happening but did not engage in themselves. One of them had experienced being competed with in the sense that another member had compared their NSSI and deemed theirs to be less severe – meaning they were not feeling "as bad" as described above in the section about comparisons. Competitions have previously been reported by researchers to be a negative part of e-communities (Brennan et al., 2022; Harris & Roberts, 2013). It has led to increased NSSI and members to feel like they are not sick enough, which can potentially worsen everything (Harris & Roberts, 2013). It has also been suggested that more frequent and severe NSSI is generally associated with many more comments (Brown, Fischer, Goldwisch, Keller, Young, Plener, 2017) - and in these comments, support is often found. This can lead the members to believe they have to continue their NSSI or escalate it, so that they maintain the important peer-support many of them benefit a lot from. This poses a problem as some members seem to rely on the support of e-communities, which becomes a maintenance of NSSI if members feel that the only way to keep the

support is to continue engaging in NSSI. Thus, competition in e-communities is also having a negative impact on members.

It is possible that the participants in this study experience receiving an adequate amount of support in the recovery-oriented e-communities or may have a different need for support than those who engage in e-communities that does not share the same focus – and who then will experience the described sense of competition.

Contagion:

Another possible negative impact of online interactions in e-communities is the potential for contagion. The participants in this study all agreed that NSSI can be contagious if the individual already has some pre-dispositions as not everyone would engage in NSSI. The participants' belief that engagement in NSSI requires some predispositions is what Nock (2009) suggests in his etiological model that he calls NSSI-specific vulnerabilities presented in the introduction. One of them is the social learning hypothesis suggesting individuals learn about NSSI from others prior to starting, and this is exactly what members are usually exposed to in e-communities. It has been highlighted before that it is generally and universally agreed upon that encouragement of NSSI is wrong (Brennan et al., 2022), and one participant in this study also points out that no one in e-communities wants anyone to start engaging in such self-injurious behaviour. Thus, perhaps the direct encouragement of NSSI is not prevalent, but normalization and acceptance of it still happens as described in theme 2.

Summary of the study's hypotheses

For the study's hypotheses evidence was found for hypothesis 1 in theme 2: Members seek to be part of NSSI e-communities because they perceive this to be the only place that accepts their self-injury. The participants revealed that they experience e-communities to be a place

with understanding and no judgement of their engagement in NSSI contrary to the offline world that may react in an unhelpful way possibly based on stigmatisation. This creates a reluctance to disclose NSSI in real life. Another important factor was also that participants seemed to carry a certain idea of who it was acceptable for to engage in NSSI – teenagers or ‘unhinged people’ -, but the e-communities aided in nuancing this view in the participants.

In line with this, evidence was also found for hypothesis 3 in theme 2: There was a general opposition among the participants to encourage NSSI, both directly and indirectly through the sharing of pictures depicting NSSI, while simultaneously normalising engagement in NSSI by encouraging harm reduction or safety tips if stopping NSSI was sometimes non-negotiable. This is a more nuanced topic as normalising and accepting NSSI contributes to the continuation instead of cessation of NSSI, but it may also be relevant to consider that members of e-communities may not want to or cannot stop engaging in NSSI. If this is the case, encouragement of harm reduction and safety seems to be good and helpful options, the members make use of.

For the study’s hypothesis 2 partial support was found in theme 4. as two participants did experience competitions to be apparent in certain e-communities. However, due to the participants being largely recovery-oriented, the interviews did not yield enough information on this as a bigger part of the interview guide was not relevant to the participants in this study. E-communities can foster a competitive environment in which members strive to post the most frequent, extensive, or inventive NSSI content. Prior research suggests this may be due to members recognizing that support is often given to those believed to suffer the most – meaning those who post more frequently or self-injure more severely as this generates the most comments and likes. A key role in competition is therefore to try and make it known how much an individual is strug-

gling through their NSSI to maintain a level of support from the e-community as this is their primary source of support. However, the interviews conducted in this study did not yield enough information on the topic as it was only briefly touched upon by two participants who were aware of competitions happening in e-communities, and one had felt that another member was competing with him but did not elaborate further on this. The three participants included in this study were all against sharing and consuming NSSI-related content – such as images -, and two of them were only active in e-communities primarily focused on recovery and harm reduction. Thus, the participants are not frequenting e-communities where competition is happening openly at least.

Suppression and moderation

There are no doubts that NSSI content and e-communities are a cause of concern in both professionals and the general population, this being especially heightened following the death of several young teenagers who were actively engaging with NSSI content in e-communities (Smith & Cipolli, 2021) and the identified detrimental impacts of being part of e-communities as shown in previous studies (Brennan et al, 2022; Marchant et al., 2017) and the present one as well. It begs the question of what can be done to better protect the implicated individuals. In 2016 Instagram introduced a reporting tool for users to anonymously report posts that suggested or encouraged engagement of NSSI. However, a study done on 417 undergraduate Instagram users revealed that they were not aware of the tool's existence despite being supportive of it upon learning of it in the study (Record, Straub & Stump, 2020). On February 7th, 2019, Facebook and Instagram publicly issued the ban of any pictures containing graphic NSSI imagery after a comprehensive review with experts and academicians raising concern about the associated risk of promoting self-injurious behaviour (Facebook; 2019; Instagram, 2019; Smith & Cipolli, 2021). A

study was done on the emotional response to the ban on the social media site, Twitter, and found increased feelings of anger, anticipation, and sadness. The authors of the study suggest the ban left some members with a feeling of having their bodies censored and that they lost an important support system that members leaned on for support and to celebrate important milestones with regards to their NSSI (Smith & Cipolli, 2021). Brennan and colleagues (2022) call the ban a blanket suppression and argue that it may be more harmful than helpful as it strips members of the unique support provided by the e-communities and enhance the feeling of shame as they continue to be met by stigmatisation and prejudice in the offline world. It is also suggested to lead to increased concealment and hiding where members will seek the support in more unregulated and intense places (Brennan et al., 2022). Further, several studies have found that members will continue to find other ways to communicate by using more and more creative hashtags (a keyword or phrase to categorize and find similar posts) such as #selfharn, #selfharmmm, #blithe and #MySecretFamily to find and connect with each other (Moreno, Ton, Selkie, & Evans, 2016; Fulcher et al 2020).

In the interview with Dean, he reflected on the structure of e-communities and argued for the existence of moderated e-communities – not banned. This leads to the question of who should be responsible for the moderation. To the author's knowledge, as of right now, e-communities are moderated by members who volunteer to take on the role regardless of whether they are still actively engaging in NSSI, in recovery or recovered. But is this enough? It seems adjacent to consider employing relevant professionals to help moderating e-communities. In 2011 a project called SharpTalk was launched in the UK (Jones et al., 2011; Owens et al., 2015). Here, an e-community was created and 77 individuals engaging in NSSI were invited to use this as they would any e-community. 18 recently or nearly qualified health professionals were invited

to participate as well in the same way as the individuals engaging in NSSI. The aim of the project was to bring young people engaging in NSSI and health professionals together on the internet to observe their behaviour and see if they could find a common language (Jones et al., 2011; Owens et al., 2015). They concluded that there was a hesitancy in professionals to engage in the e-communities, either because they were unable to find adequate time or the courage to talk to the young people or were unsure on how to respond the young people's distress (Jones et al., 2011; Owens et al., 2015). Instead, it was the six moderators – consisting of five from the project team and one volunteer – who ended up interacting with the young people, providing support, friendly chat and focused discussions.

Employing professionals may seem like a good idea to ensure that members are safe, but with the many e-communities existing on the internet, it will be difficult to reach every single one. Some e-communities may not want any interference from health professionals in their safe spaces, as they may have bad experiences with health professionals stigmatising them, and there is also a financial cost as health professionals may need a more extensive training and proper time on their hands. This underlines how new interventions are still needed.

Summary of e-communities

Through the four themes it has become clear that for three included participants in this study, two motives emerged as to why they, specifically, sought out e-communities. Wanting to help and needing a connection and being able to relate to others in the same situation were mentioned to be the reasons for why the participants wanted to be part of e-communities. The three participants also made it apparent that having interactions online in these e-communities have both a positive and negative impact on them. Of positive impacts, participants mentioned six different ways they felt impacted: Getting help and being able to help others, a reduced feeling of

loneliness, an increased feeling of acceptance of their own struggles with NSSI both as adults and as completely different people living different lives, and lastly being understood by others. Of negative impacts, the participants mentioned seven different ways: Mismatches of the help offered, and help needed, how it could feel emotionally draining to try and help people in a place where everyone was struggling, being triggered or upset by others' posts, the geographical distance when a member was possibly unsafe, comparisons and competitions among members, and lastly contagion. Besides these, it is also argued by the author of the study that two additional negative impacts, normalisation and acceptance of NSSI, were present.

Methodological and ethical challenges and reflections

This part of the discussion is about the methodological reflections of the study, the limitations, and recommendations for future research. Many of the methodological reflections are based on the quality criteria sincerity that relates to the self-reflexivity of the researcher and willingness to be transparent about these (Tracy, 2010).

Interview

As described in part two of the study, the advantages and disadvantages of doing online interviews were considered in relation to how it could potentially affect the interviews. In the following a few points will be discussed. Doing online interviews comes with the risk of having technical issues arising at any given point, and this was also the case for each interview as they all started out with an unstable internet connection, interrupting both sound and video. These did not last more than a few minutes, but the first few minutes of an interview situation is always critical in establishing trust (Tanggaard & Brinkmann, 2015), especially with potential vulnerable participants, and can therefore potentially be problematic. It is not deemed that they were any hinderance in this study, however.

Second was an aspect of whether participants chose to have their camera on for the duration of the interview as this is one of the biggest differences between face-to-face and audio exclusive interviews (Saarijärvi & Bratt, 2021; Janghorban et al, 2014). One participant had his camera on for the entirety of the interview, and another participant shortly had her camera on but decided to turn it off again due to the unstable internet connection. The last one did not have his camera on at any point. When an interview is audio exclusive, there is only voice cues to pair with what is said (Saarijärvi & Bratt, 2021; Janghorban et al, 2014). In this study, there seemed to be only one apparent difference between the interview with the participant who had his camera on and the ones that did not, which was the length of the interviews. The interview with the participant who had his camera on lasted two hours whereas the two others lasted the estimated hour. It is possible that it had nothing to do with both interviewer and participant being able to see each other, but the author of the study argues that it may have been more difficult to take more control of the interview and stay within the estimated hour, as this particular participant also had a lot on his mind he wanted to share combined with the sensitive nature of the topic. It is possible the author of the study has been trying more actively to accommodate the participant, she was able to see, compared to the two other participants. Besides this, the interviewer checked in an equal amount of times with either participant if they felt okay during the interview regardless of their camera being on or off, and the participants did not express any notable discomfort in either position.

An important aspect regarding the camera relates to the matching of expectation in the beginning of each interview, specifically relating to the agreement of not engaging in NSSI during the interview as it was recommended by LMS. While it did not seem to be an issue in any of the study's three included interviews, participants being in full control of whether they want to

have their camera on makes it impossible for the interviewer to know if they are engaging in NSSI or not – even if there has been established an agreement. This can potentially place both participant and interviewer in a difficult position, wherein the interviewer will unknowingly continue the interview and possibly force the participant to complete the interview in a distressed condition if they hesitate or find it difficult to say they have engaged in NSSI despite the agreement.

Confidentiality

Ensuring confidentiality has been an important part of this study since the beginning and many steps have been taken to make it possible. In one of the interviews, a situation occurred that has made the author of the study continue to reflect on this. The mother of one of the participants appeared during the interview on screen and introduced herself. The interviewer had no way of knowing how much the participant's mother knew of the interview and thus only introduced herself by name as well. The situation presents a clear limitation of ensuring complete confidentiality when interviews are conducted online. The online room, in which the interviews were conducted in, was protected by a password only known to the interviewer and participant, and anyone accessing it had to be approved by the interviewer. Yet the physical room on the participant's ends cannot be guaranteed to be fully confidential as the interviewer will have no way of knowing if anyone else is listening. It therefore seems important for upcoming interviews relating to the research project, this study is part of, that it is already made explicit in the early scheduling of the interviews that it is best if the participants are able to find a timeslot where they can complete the interview with as few interruptions as possible.

Participants

The participants included in this study are all from the same social media, and, as it has already been described, two of them are only active in recovery-oriented e-communities whereas the third participant barely frequents any e-communities anymore but was part of those that were more focused on being actively engaging in NSSI. This has resulted in several interesting points that will be discussed below.

Of positive and negative impacts of having online interactions in e-communities, six positive and nine negative impacts were identified. A majority of the reported negative impacts were brought up by the same participant who was part of e-communities with less of a recovery-oriented focus. This may suggest that the rules in recovery-oriented e-communities that does not permit the sharing of certain NSSI-related content – such as images depicting NSSI – may be helpful among other factors. In the therapeutic affordance theory, an essential part of the theory is that the possibilities of the object is defined by the individual's perception of those (Merolli et al., 2014). This also means that the possibilities of e-communities are defined by the members themselves, which may suggest that the two participants reporting more positive impacts – such as getting acceptance and being able to help others - also believe that this is what the e-communities are able to offer them.

A portion of the interview guide was barely touched upon in any of the interviews. This portion consisted of questions relating to the sharing and consuming of NSSI content, and the possible reactions the participants expected others and themselves to have. The questions were not relevant as all the participants were generally against the sharing of NSSI content. This reveals the author may have had some preconceptions about who frequents e-communities, and

what they do on them, as she developed the interview guide without considering that participants could also be opposed to it.

As the author may have developed the interview guide with a certain “self-injurer” in mind – one who specifically uses e-communities either to post their own NSSI content or consumed others’ -, it also becomes important to consider how it may be possible to find the individuals who do this. It is hoped that upcoming interviews will also include participants who may engage in this type of online interactions as there is a large e-community whose moderators has expressed an interest in possibly allowing an invitation to participate in the research project to be posted.

Future research

Both this study and many others have highlighted the benefits of e-communities, and, in part, also shone some light on members’ reasons for seeking them out and coming back. Being understood and accepted with a feeling of connection and given and received help is prevalent in these e-communities. It is worth considering if these benefits are somehow applicable to the offline world to combat the stigmatization and its consequences. For instance, Law and colleagues (2009) suggest training health professionals to be able to respond more adequately when they are working with individuals who engage in NSSI as they have been shown to express uncertainty and being unsure on how to properly care for them (Mulhearn, Cotter, O’Shea & Leahy-Warren, 2021). Although it is thought to already be the intention to do so, a concrete way to train health professionals is by looking at the resource of love from the resource theory (Foa & Foa, 1980). Love is the resource of comfort, warmth, and care, and when members are met with this compared to be seen as “time-wasters”, this could aid in creating that non-judgemental and safe space they are trying to offer each other in the e-communities.

Likewise, as was attempted in the research project, SharpTalk, by letting members and professionals be active in the same e-community (Owens et al.,2015), this does seem to hold potential if the professionals do not shy away from engaging with the members. As described before, trained professionals can be great sources of love, and information in that they can give useful advice that is based on research. This could also counter the huge responsibility the members may feel they have for each other when one is having active suicidal thoughts or urges. More research in this area is needed to further explore this possibility as there are many factors at play, and the practical implementation are not as easy as it appears here.

Research could also benefit from looking more into the differences in e-communities. Based on just this study alone there is already a noticeable difference between the recovery-oriented e-communities, and the ones more actively engaging in NSSI. Lewis and Seko (2016) also argue that some websites will be more associated with positive or negative impacts. As this study is part of a larger research project, it may be possible to identify associations between the frequency and extent of NSSI, the reasons for engaging in NSSI, the type of e-community they engage in, and what they experience to be getting out of interactions in this.

Lastly, there remains a need for more qualitative semi-structured interviews that asks the implicated members directly as this is a privileged access to information that, although it can be found on the internet in different posts and images identified by content analysis, is much needed to be able to continuously understand the e-communities and their constant developments. This can further be strengthened by using triangulation – combining two or more methods – whereby a more balance and deepened understanding of individuals engaging in NSSI, and e-communities can be found (Frederiksen, 2015). This is the case of the research project that combines both quantitative data from an online questionnaire posted in e-communities with a broader focus, and

qualitative data from interviews, such as the ones included in this study, with a more narrowed focus.

Conclusion

The aim of this study was to explore the motives individuals have for becoming a part of e-communities, and the impacts of having online interactions in these. This was done through a qualitative approach by conducting semi-structured interviews with three participants. An inductive thematic analysis revealed four themes, and through these themes emerged wanting to help and needing a connection as two motives for seeking e-communities. The analysis also revealed both positive and negative impacts of online interactions. The study presented three hypotheses and found support for two; members feel most accepted in e-communities, and though they will not encourage engagement in NSSI, there is a risk of normalizing and maintaining NSSI. The study did not yield enough information for the last hypothesis as participants were not active in e-communities with competition present. Future research can focus on the reported benefits and positive impacts of e-communities to reduce stigmatisation. It is also encouraged to use several methods to broaden and better our current understanding of individuals engaging in NSSI and their use of e-communities.

References

- Adler, P., & Adler, P. (2011). *The Tender Cut: Inside the Hidden World of Self-Injury*. New York, NY: New York University Press.
- Agnew, R. (1992). Foundation for a General Strain Theory of Crime and Delinquency. *Criminology*, 30(1), 47-88.
- Armiento, J. S., Hamza, C. A., & Willoughby, T. (2014). An Examination of Disclosure of Non-suicidal Self-injury among University Students. *Journal of Community & Applied Social Psychology*, 24(6), 518-533.
- Bergen, N., & Labonté, R. (2020). “Everything Is Perfect, and We Have No Problems”: Detecting and Limiting Social Desirability Bias in Qualitative Research. *Qualitative Health Research*, 30(5), 783–792. <https://doi.org/10.1177/1049732319889354>
- Biernesser, C., Sewall, C. J., Brent, D., Bear, T., Mair, C., & Trauth, J. (2020). Social media use and deliberate self-harm among youth: A systematized narrative review. *Children and Youth Services Review*, 116, 105054.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Brennan, C., Saraiva, S., Mitchell, E., Melia, R., Campbell, L., King, N., & House, A. (2022). Self-harm, and suicidal content online, harmful or helpful? A systematic review of the recent evidence. *Journal of Public Mental Health*, 21(1), 57-69.
- Bresin, K., & Schoenleber, M. (2015). Gender differences in the prevalence of nonsuicidal self-injury: A meta-analysis. *Clinical Psychology Review*, 38, 55-64.
- Brinkmann, S., & Kvale, S. (2008). Ethics in qualitative psychological research. *The Sage handbook of qualitative research in psychology*, 24(2), 263-279.
- Brown, L. D., Tang, X., & Hollman, R. L. (2014). The Structure of Social Exchange in Self-help Support Groups: Development of a Measure. *American Journal of Community Psychology*, 53, 83-95.

- Brown, R. C., Fischer, T., Goldwich, D. A., & Plener, P. L. (2020). "I just finally wanted to belong somewhere"—Qualitative analysis of experiences with posting pictures of self-injury on instagram. *Frontiers in Psychiatry*, 11, 274-274.
- Chen, G. M. (2012). Why do women write personal blogs? satisfying needs for self-disclosure and affiliation tell part of the story. *Computers in Human Behavior*, 28(1), 171-180.
- Conlon, M., & O'Tuathail, C. (2012). Measuring emergency department nurses' attitudes towards deliberate self-harm using the self-harm antipathy scale. *International Emergency Nursing*, 20(1), 3-13
- Coulson, N. S., Bullock, E., & Rodham, K. (2017). Exploring the Therapeutic Affordances of Self-Harm Online Support Communities: An Online Survey of Members. *JMIR mental health*, 4(4), e44. <https://doi.org/10.2196/mental.8084>
- Christiane Eichenberg & Markus Schott (2017) An Empirical Analysis of Internet Message Boards for Self-Harming Behavior. *Archives of Suicide Research*, 21:4, 672-686.
- Daine, K., Hawton, K., Singaravelu, V., Stewart, A., Simkin, S., & Montgomery, P. (2013). The Power of the Web: A Systematic Review of Studies of the Influence of the Internet on Self-Harm and Suicide in Young People. *PLoS ONE*, 8(10), e77555.
- Davies, J., Pitman, A., Bamber, V., Billings, J., & Rowe, S. (2020). Young peoples' perspectives on the role of harm reduction techniques in the management of their self-harm: A qualitative study. *Archives of Suicide Research*, 1-15.
- Dyson, M. P., Hartling, L., Shulhan, J., Chisholm, A., Milne, A., Sundar, P., Scott, S. D., Newton, A. S. (2016). A Systematic Review of Social Media Use to Discuss and View Deliberate Self-Harm Acts. *PLoS ONE*, 11(5), 1-15.
- Edmondson, A. J., Brennan, C. A., & House, A. O. (2016). Non-suicidal reasons for self-harm: A systematic review of self-reported accounts. *Journal of Affective Disorders*, 191, 109-117.
- Facebook. (2019). Partnering with experts to protect people from self-harm and suicide. Facebook. <https://about.fb.com/news/2019/02/protecting-people-from-self-harm/>

- Foa, E. B., & Foa, U. G. (1980). Resource Theory: Interpersonal Behavior as Exchange. In K. J. Gergen, M. S. Greenberg, & R. H. Williams (Eds.), *Social Exchange* (77-102). New York, NY: Plenum Press.
- Frederiksen, 2015. (2015). Mixed methods-forskning. In S. Brinkmann & L. Tanggaard (Eds.), *Kvalitative metoder en grundbog* (2nd ed., 197-216). Hans Reitzels Forlag.
- Fulcher, J. A., Dunbar, S., Orlando, E., Woodruff, S. J., & Santarossa, S. (2020). #selfharm on Instagram: understanding online communities surrounding non-suicidal self-injury through conversations and common properties among authors. *Digital health*, 6, 1-13.
- Gandhi, A., Luyckx, K., Baetens, I., Kiekens, G., Sleuwaegen, E., Berens, A., Maitra, S., & Claes, L. (2018). Age of onset of non-suicidal self-injury in Dutch-speaking adolescents and emerging adults: An event history analysis of pooled data. *Comprehensive Psychiatry*, 80, 170-178.
- Gibson, J. J. (1979). *The ecological approach to visual perception*. Boston, MA: Houghton Mifflin.
- Gopalakrishnan, S., & Ganeshkumar, P. (2013). Systematic Reviews and Meta-analysis: Understanding the Best Evidence in Primary Healthcare. *Journal of Family Medicine and Primary Care*, 2(1), 9-14.
- Harris, I. M., & Roberts, L. M. (2013). Exploring the Use and Effects of Deliberate Self-Harm Websites: An Internet-Based Study. *Journal of Medical Internet Research*, 15(12), e285.
- Hasking, P., Rees, C. S., Martin, G., & Quigley, J. (2015). What happens when you tell someone you self-injure? the effects of disclosing NSSI to adults and peers. *BMC Public Health*, 15(1), 1039-1039.
- Hooley, J. M., & Germain, S. A. S. (2013). Nonsuicidal Self-Injury, Pain, and Self-Criticism: Does Changing Self-Worth Change Pain Endurance in People Who Engage in Self-Injury? *Clinical Psychological Science*, 2(3), 297-305.
- Instagram. (2019). Changes we're making to do more to support and protect the most vulnerable people who use Instagram. Instagram. <https://about.instagram.com/blog/announcements/supporting-and-protecting-vulnerable-people-on-instagram>

- International Society for the Study of Self-Injury (n.d.). *Impacts of NSSI*
- International Society for the Study of Self-Injury (n.d.). *NSSI and suicide*.
- International Society for the Study of Self-Injury (n.d.). *Who Self-Injures?*
- Jacob, N., Evans, R., & Scourfield, J. (2017). The influence of online images on self-harm: A qualitative study of young people aged 16–24. *Journal of Adolescence*, 60(1), 140-147.
- Jacobson, C. M., & Batejan, K. (2014). Comprehensive Theoretical Models of Nonsuicidal Self-Injury. In M. K. Nock (Ed.), *The Oxford Handbook of Suicide and Self-Injury* (308-322). Oxford: Oxford University Press.
- Janghorban, R., Roudsari, R. L., & Taghipour, A. (2014). Skype interviewing: The new generation of online synchronous interview in qualitative research. *International Journal of Qualitative Studies on Health and Well-being*, 9(1), 24152.
- Jarvi, S. M., Swenson, L. P., & Batejan, K. L. (2017). Motivation for and use of social networking sites: Comparisons among college students with and without histories of non-suicidal self-injury. *Journal of American College Health*, 65(5), 306-312.
- Jones, R., Sharkey, S., Ford, T., Emmens, T., Hewis, E., Smithson, J., Sheaves, B., & Owens, C. (2011). Online discussion forums for young people who self-harm: User views. *The Psychiatrist*, 35(10), 364-368.
- Klineberg, E., Kelly, M. J., Stansfeld, S. A., & Bhui, K. S. (2013). How do adolescents talk about self-harm: A qualitative study of disclosure in an ethnically diverse urban population in England. *BMC Public Health*, 13(1), 572-572
- Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27(2), 226-236.
- Klonsky, E. D., Victor, S. E., & Saffer, B. Y. (2014). Nonsuicidal Self-Injury: What We Know, and What We Need to Know. *The Canadian Journal of Psychiatry*, 59(11), 565-568.
- Kvale, S. & Brinkmann, S. (2009). 7. Udførelse af et interview. In: Kvale & Brinkmann (Ed) *Interview. En introduktion til et håndværk* (143-162). København: Hans Reitzels Forlag.

- Kvale, S. & Brinkmann, S. (2009). 10. Transskription af interview. In: Kvale & Brinkmann (Ed) *InterView. En introduktion til et håndværk* (199-210). København: Hans Reitzels Forlag.
- Landsforeningen mod spiseforstyrrelser og selvskade (2021, May 05). *Digital selvskade*.
<https://www.lmsos.dk/selvskade/digital-selvskade>
- Lavis, A., & Winter, R. (2020). #Online harms or benefits? An ethnographic analysis of the positives and negatives of peer-support around self-harm on social media. *Journal of Child Psychology and Psychiatry*, 61(8), 842-854.
- Law, G. U., Rostill-Brookes, H., & Goodman, D. (2009). Public stigma in health and non-healthcare students: Attributions, emotions and willingness to help with adolescent self-harm. *International Journal of Nursing Studies*, 46(1), 108-119.
- Lewis, S. P., & Baker, T. G. (2011). The possible risks of self-injury web sites: a content analysis. *Archives of Suicide Research*, 15(4), 390–396.
- Lewis, S. P., & Michal, N. J. (2016). Start, stop, and continue: Preliminary insight into the appeal of self-injury e-communities. *Journal of Health Psychology*, 21(2), 250-260.
- Lewis, S. P., Mahdy, J. C., Michal, N. J., & Arbuthnott, A. E. (2014). Googling Self-injury: the state of health information obtained through online searches for self-injury. *JAMA pediatrics*, 168(5), 443–449.
- Lewis, S. P., & Seko, Y. (2016). A double-edged sword: A review of benefits and risks of online nonsuicidal self-injury activities. *Journal of Clinical Psychology*, 72(3), 249-262.
- Liu, R. T., Sheehan, A. E., Walsh R. F. L., Sanzari, C. M., Cheek, S. M., & Hernandez, E. M. (2019). Prevalence and correlates of non-suicidal self-injury among lesbian, gay, bisexual, and transgender individuals: A systematic review and meta-analysis. *Clinical Psychology Review*, 74, 101783.
- Marchant, A., Hawton, K., Burns, L., Stewart, A., & John, A. (2021). Impact of web-based sharing and viewing of self-harm-related videos and photographs on young people: Systematic review. *Journal of Medical Internet Research*, 23(3), e18048-e18048.

- Marchant, A., Hawton, K., Stewart, A., Montgomery, P., Singaravelu, V., Lloyd, K., ... John, A. (2017). A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown. *PLoS ONE*, *13*(3), e0193937.
- Martin, C., & Chapman, R. (2014). A mixed method study to determine the attitude of Australian emergency health professionals towards patients who present with deliberate self-poisoning. *International Emergency Nursing*, *22*(2), 98-104
- McDougall, T., & Brophy, M. (2006). Truth Hurts: young people and self-harm: jointly published by the Mental Health Foundation and Camelot Foundation, the Truth Hurts report resulted from a two-year national inquiry into self-harm among young people. Tim McDougall and Marcia Brophy examine the implications for nurses and other mental health professionals. *Mental Health Practice*, *9*(9).
- Memon, A. M., Sharma, S. G., Mohite, S. S., & Jain, S. (2018). The role of online social networking on deliberate self-harm and suicidality in adolescents: A systematized review of literature. *Indian Journal of Psychiatry*, *60*(4), 384-392.
- Merolli, M., Gray, K., & Martin-Sanchez, F. (2014). Therapeutic Affordances of Social Media: Emergent Themes From a Global Online Survey of People with Chronic Pain. *Journal of Medical Internet Research*, *16*(12), e284.
- Michelmore, L., & Hindley, P. (2012). Help-Seeking for Suicidal Thoughts and Self-Harm in Young People: A Systematic Review. *Suicide and Life-Threatening Behavior*, *42*(5), 507-524.
- Moran, P., Coffey, C., Romaniuk, H., Olsson, C., Borschmann, R., Carlin, J. B., & Patton, G. C. (2012). The natural history of self-harm from adolescence to young adulthood: a population-based cohort study. *Lancet*, *379*(9812), 236-243.
- Moreno, Megan A., Ton, A., Selkie, Ellen, & Evans, Yolanda. (2016). Secret society 123: Understanding the language of self-harm on Instagram. *Journal of Adolescent Health*, *58*(1), 78-84.

- Muehlenkamp, J. J. (2005). Self-injurious behavior as a separate clinical syndrome. *American Journal of Orthopsychiatry*, 75(2), 324-333.
- Muehlenkamp, J. J., Xhunga, N., & Brausch, A. M. (2019). Self-Injury Age of Onset: A Risk Factor for NSSI Severity and Suicidal Behavior. *Arch Suicide Res.*, 23(3), 551-563.
- Mulhearn, P., Cotter, P., O'Shea, M., & Leahy-Warren, P. (2021). Experiences of registered general nurses who care for patients presenting with self-harm to the emergency department in Ireland. *International Emergency Nursing*, 58, 101047.
- Nesi, J., Burke, T. A., Bettis, A. H., Kudinova, A. Y., Thompson, E. C., MacPherson, H. A., ... Liu, R. T. (2021). Social media use and self-injurious thoughts and behaviors: A systematic review and meta-analysis. *Clinical Psychological Review*, 87, 102038.
- Nock, M. K. (2009). Why Do People Hurt Themselves? New Insights Into the Nature and Functions of Self-Injury. *Current directions in psychological science: a journal of the American Psychological Society*, 18(2), 78-83.
- Nock, M. K., & Favazza, A. R. (2009). Nonsuicidal self-injury: Definition and classification. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (9-18). American Psychological Association.
- Oh, S. (2012). The characteristics and motivations of health answerers for sharing information, knowledge, and experiences in online environments. *Journal of the American Society for Information Science and Technology*, 63(3), 543-557
- Ortiz, P., & Khin, E. K. (2018). Traditional and new media's influence on suicidal behavior and contagion. *Behavioral Sciences & the Law*, 36(2), 245-256.
- Owens, C., Hansford, L., Sharkey, S., & Ford, T. (2016). Needs and fears of young people presenting at accident and emergency department following an act of self-harm: Secondary analysis of qualitative data. *British Journal of Psychiatry*, 208(3), 286-291.
- Owens, C., Sharkey, S., Smithson, J., Hewis, E., Emmens, T., Ford, T., & Jones, R. (2015). Building an online community to promote communication and collaborative learning between health professionals and young people who self-harm: An exploratory study.

- Health Expectations: An International Journal of Public Participation in Health Care and Health Policy*, 18(1), 81-94.
- Park, Y., Mahdy, J. C., & Ammerman, B. A. (2021; 2020). How others respond to non-suicidal self-injury disclosure: A systematic review. *Journal of Community & Applied Social Psychology*, 31(1), 107-119.
- Piccirillo, M. L., Burke, T. A., Moore-Berg, S. L., Alloy, L. B., & Heimberg, R. G. (2020). Self-Stigma toward nonsuicidal Self-Injury: An examination of implicit and explicit attitudes. *Suicide & Life-Threatening Behavior*, 50(5), 1007-1024
- Polihronis, C., Cloutier, P., Kaur, J., Skinner, R., & Cappelli, M. (2020). What's the harm in asking? A systematic review and meta-analysis on the risks of asking about suicide-related behaviors and self-harm with quality appraisal. *Archives of Suicide Research*, 1-23.
- Pretorius, C., Chambers, D., & Coyle, D. (2019). Young People's Online Help-Seeking and Mental Health Difficulties: Systematic Narrative Review. *Journal of Medical Internet Research*, 21(11), e13873.
- Rasmussen, S., Hawton, K., Philpott-Morgan, S., & O'Conner, R. (2016). Why Do Adolescents Self-Harm?: An investigation of motives in a community sample. *The Journal of Crisis Intervention and Suicide Prevention*, 37(3), 176-183.
- Record, R. A., Straub, K., & Stump, N. (2020). Selfharm on #Instagram: Examining user awareness and use of instagram's self-harm reporting tool. *Health Communication*, 35(7), 894-901.
- Rodham, K., Gavin, J., & Miles, M. (2007). I Hear, I Listen and I Care: A Qualitative Investigation into the Function of a Self-Harm Message Board. *Suicide and Life-Threatening Behavior*, 37(4), 422-430.
- Rowe, S. L., French, R. S., Henderson, C., Ougrin, D., Slade, M., & Moran, P. (2014). Help-seeking behaviour and adolescent self-harm: A systematic review. *Australien & New Zealand Journal of Psychiatry*, 48(12), 1083-1095.

- Saarijärvi, M., & Bratt, E-L. (2021). When face-to-face interviews are not possible: tips and tricks for video, telephone, online chat, and email interviews in qualitative research. *European Journal of Cardiovascular Nursing*, 20(4), 392-396.
- Seko, Y., Kidd, S. A., Wiljer, D., & McKenzie, K. J. (2015). On the creative edge: Exploring motivations for creating non-suicidal self-injury content online. *Qualitative Health Research*, 25(10), 1334-1346.
- Shaw, D. G., & Sandy, P. T. (2016). Mental health nurses' attitudes toward self-harm: Curricular implications. *Health SA = SA Gesondheid*, 21(1), 406-414.
- Smith, H., & Cipolli, W. (2021). The Instagram/Facebook ban on graphic self-harm imagery: A sentiment analysis and topic modeling approach. *Policy and Internet*, 14(1), 170-185.
- Soengkoeng, R., & Moustafa, A. A. (2022). Digital self-harm: an examination of the current literature with recommendations for future research. *Discover Psychology*, 2(19).
- Sternudd, H. T. (2012). Photographs of self-injury: Production and reception in a group of self-injurers. *Journal of Youth Studies*, 15(4), 421-436.
- Tanggaard, L. & Brinkmann, S. (2015). Interviewet: Samtalen som forskningsmetode. In S. Brinkmann & L. Tanggaard (Eds.), *Kvalitative metoder en grundbog* (2nd ed., 29-54). Hans Reitzels Forlag.
- Tanggaard, L. & Brinkmann, S. (2015). Kvalitet i kvalitative studier. In S. Brinkmann & L. Tanggaard (Eds.), *Kvalitative metoder en grundbog* (2nd ed., 521-531). Hans Reitzels Forlag.
- Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837-851.
- Tucker, I. M., & Lavis, A. (2019). Temporalities of mental distress: Digital immediacy and the meaning of ‘crisis’ in online support. *Sociology of Health & Illness*, 41(1), 132-146.
- Valencia-Agudo, F., Burcher, G. C., Ezpeleta, L., & Kramer, T. (2018). Nonsuicidal self-injury in community adolescents: A systematic review of prospective predictors, mediators and moderators. *Journal of Adolescence*, 65, 25-38.

- Wadman, R., Nielsen, E., O'Raw, L., Brown, K., Williams, A. J., Sayal, K., & Townsend, E. (2020). "These things don't work." young people's views on harm minimization strategies as a proxy for self-harm: A mixed methods approach. *Archives of Suicide Research*, 24(3), 384-401.
- Whitlock, J. L., Powers, J. L., & Eckenrode, J. (2006). The virtual cutting edge: The internet and adolescent self-injury. *Developmental Psychology*, 42(3), 407-417.
- Williams, A. J., Nielsen, E., & Coulson, N. S. (2020;2018;). "They aren't all like that": Perceptions of clinical services, as told by self-harm online communities. *Journal of Health Psychology*, 25(13-14), 2164-2177
- Wojciechowski, T. W. (2017). Pathways to self-injury: A qualitative exploration of social psychological processes. *The Qualitative Report*, 22(2).