A QUALITATIVE ANALYSIS OF ONLINE SELF-HARM SUPPORT FORUMS: EXAMINING USERS’ ONLINE ACTIVITIES DURING SELF-HARM DESISTANCE PROCESSES

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A QUALITATIVE ANALYSIS OF ONLINE SELF-HARM SUPPORT FORUMS:
EXAMINING USERS’ ONLINE ACTIVITIES DURING SELF-HARM DESISTANCE

PROCESSES

by

Claudia Lucy Volpe

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THESIS

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Abstract

Non-suicidal self-injury, commonly referred to as NSSI, is defined as the damage of one’s body tissue through the practices of, but not limited to, cutting, burning, branding, bone-breaking, biting, hair pulling and head banging (Adler & Adler, 2011), without suicidal intent (Lewis & Mehrabkhani, 2016). Self-harm literature has primarily focused on persistence processes and NSSI-related online interaction in the maintenance of pro self-harm ideology and practice. Alternatively, this research will provide insight into desistance processes of non-suicidal self-injury (NSSI) and related online interactions by conducting a virtual ethnography (Hine, 2000) of open, online spaces, consistent with the symbolic interactionist perspective (Blumer, 1969) that guided this project. Specifically, the research project seeks to understand how individuals describe their experiences with maintaining and stopping self-harm in online self-harm support forums and how they use these forums during the exit phases of their self-harm. Most notably, this research project offers insight into the significance of this online activity for our traditional notions of desistance in offline contexts.
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Table of Contents

Abstract ......................................................................................................................... 2

Acknowledgements ..................................................................................................... 3

Chapter 1: Introduction .............................................................................................. 5

Chapter 2: Review of the Literature ........................................................................... 9

Chapter 3: Symbolic Interactionist Approach and Virtual Ethnography Methodology ....23

Chapter 4: Defining Self-harm and Experiencing its Causes ......................................36

Chapter 5: Advising Responses to Self-harm and Sharing Desistance Experiences ........51

Chapter 6: Seeking Support .......................................................................................71

Chapter 7: Offering Support .....................................................................................83

Chapter 8: Analysis of the Data ...............................................................................98

Chapter 9: Conclusion ............................................................................................118

References .............................................................................................................122
Introduction

Generally, within the context of criminological research, desistance “refers to a change in the person’s pattern of behavior from involvement in crime to non-involvement in crime” (Bushway, Thornberry & Krohn, 2003, p.130). When desistance was first being researched by criminologists, it was primarily studied in its static form, which implies that researchers understood desistance as a state (Laub & Sampson, 2001). Contemporary criminological research has begun to consider and research desistance as a process, examining the pace of change and personal and societal circumstances that create variation in these trajectories (Bushway, Thornberry & Krohn, 2003). However, there is still a propensity to research desistance as a state as opposed to a process, because of the contention that exists surrounding its conceptual and empirical boundaries (Polaschek, 2016) and measurement concerns (Laub & Sampson, 2001). In attempts to reconcile this contention and provide an avenue for future research, Laub and Sampson (2001) note that research should examine and consider desistance as both a process and complete state of termination.

Research that examines desistance from deviance has primarily looked at these processes in offline contexts. However, we are amidst an increasingly digitalized culture, whereby the Internet and its permeation into offline social life is becoming much more salient. The Internet allows communities that were once solely offline to infiltrate and simultaneously exist in online contexts (Preece & Maloney-Krichmar, 2005). Because of this blurring between online and offline life, research that wishes to capture the experiences and perceptions of those who are desisting from acts must also focus their analyses online in order to more holistically capture these processes.
This research provides insight into desistance processes of non-suicidal self-injury (NSSI) and engagement in online NSSI-related sites as part of these desistance processes, as expressed online by users of self-harm support forums. Current literature that examines NSSI and its online culture primarily focuses on interactions in pro-self-harm online communities and their effects on self-harm persistence in individuals, rather than examining the process of termination of self-harm and the role of online interactions in self-harm desistance processes.

The current study provides a sociological perspective of NSSI desistance processes, and its respective online culture.

The symbolic interactionist (Blumer, 1969) theoretical framework that was utilized in this research project informed the virtual ethnographic (Hine, 2000) method of data collection, and constructivist grounded theory (Charmaz, 2014) approach to analysis. This study has been conducted to examine individuals’ perceptions, understandings and described experiences of self-harm and its desistance within online self-harm support forums. Specifically, this study helps to understand: (a) how individuals describe self-harm and their related experiences (b) how individuals describe their attempts to stop self-harm (c) how individuals use self-harm related forums, and (d) the significance of these online interactions for our traditional notions of desistance in offline contexts to broader criminological literature.

This study offers several significant substantive and general contributions to existing self-harm and desistance literature. Substantively, this project expands upon current NSSI research by providing insider perceptions that add to what have been predominantly psychological and institutional treatment perspectives of NSSI cessation processes, thereby providing a more exhaustive and comprehensive understanding to NSSI desistance trajectories. Further, by
utilizing a virtual ethnography, a fluid and boundless methodology, the study provides a methodological contribution to the abundance of content analyses that have been conducted.

More generally, the findings of this project are situated within the broader context of literature that examines the role of online interactions in desisting from deviance. Deviance, as defined by Rubington and Weinburg (2015), results when and individual’s behaviour strays from social norms, and is labelled as such by onlookers who have interpreted the act(s) as divergent from social expectation. Per this definition, self-harm can be said to be a deviant act because of its taboo and stigmatized nature within society (Adler & Adler, 2011). However, this characterization of self-harm as deviance does not imply that this is an act that should be stopped, but rather an act that can be stopped, as further articulated in the methodology section of this paper.

This research project examines how NSSI-related online interactions result in, or contribute to, desistance from a deviant lifestyle. The criminological perspective of this study also counteracts prominent clinical and psychological perspectives that solely imply what elements should be present for successful desistance, as opposed to an in-depth examination of individuals’ experiences of desistance. This research begins by providing a brief examination of how NSSI culture has been approached and constructed in the research literature. Further, I explain the qualitative methodology of this study, followed by a description of symbolic interactionism, the theoretical framework informing the research project. I then outline the main findings of the study including how individuals define self-harm and experience its causes, how they advise responses to self-harm and its desistance, and how advice is sought and offered. The findings of this current research project shed light on how individuals are using self-harm desistance forums, and more broadly add depth to our understanding of these social processes.
After the presentation of findings, I will analyze the findings using current and relevant criminological and sociological literature. Lastly, the significance, contributions and future directions of the study are explored to provide value and credibility to this research.
Literature Review

Non-suicidal Self-Injury (NSSI)

The concept of non-suicidal self-injury, more commonly, and herein, referred to as NSSI, is discussed to highlight the parameters of self-harm. Non-suicidal self-injury refers to the “purposeful damage of one’s body tissue in the absence of suicidal intent” (Lewis & Mehrabkhani, 2016, 296). The damage of one’s body tissue can include cutting—which is most common—burning, branding and bone-breaking (Adler & Adler, 2011; Thomas, Lund & Bradley, 2015). It does not include damage or modification for cosmetic purposes, such as tattooing or piercing (Lewis & Mehrabkhani, 2016). Adolescents and young adults are most likely to engage in non-suicidal self-injury, however there are still a considerable number of adults who engage in these acts (Adler & Adler, 2011, Lewis & Mehrabkhani, 2016; Teague-Palmieri & Gutierrez, 2016, Thomas et al., 2015). Individuals who are under the age of 24, especially girls and young women, are most likely to engage in NSSI because of the increased pain and stress they are said to experience (Teague-Palmieri & Gutierrez, 2016).

Mental health researchers studying NSSI have noted it is correlated with several forms of mental illness, in particular: emotional distress, internal trauma, social dissociative behaviours, anxiety, depression, and trauma. (Adler & Adler, 2011; Deiter-Sands & Pearlman, 2009; Hyldahl & Richardson, 2011; Klonsky, 2009; Lewis & Mehrabkhani, 2016; Plante, 2007; Walsh, 2006). Some scholars (Nafisi & Stanley, 2007; Plante, 2007) have theorised that NSSI is a rational, adaptive strategy for dealing with mental illness that may become repetitive so long as an individual’s illness persists. Despite a large body of scholarship indicating that NSSI acts are a probable result of mental illness, it is important to note that there are some individuals who choose to engage in self-harming behaviours, absent of mental ailment, because they wish to
appear rebellious, experience a sense of empowerment and/or belonging (Adler & Adler, 2011; Richardson et al., 2012).

NSSI acts as an adaptive strategy for individuals because of its ability to remain hidden while allowing for a sense of control and relief of tensions; two expressive attributes that are difficult to experience when individuals attempt to internalize the causal mental trauma (Klonsky, 2009). Implicit in the claim that non-suicidal self-injury is an adaptive strategy is the recognition of engagement in self-harm as a deliberate and reasoned decision. Researchers claim that individuals who suffer from mental illness and engage in NSSI are aware that the outward act of harming themselves is correlated to the emotions they are experiencing internally (Deiter-Sands & Pearlman, 2009; Hyldahl & Richardson, 2011; Plante 2007; Walsh, 2006). This acknowledgement of mindfulness and rationale in the act of self-harm offers implications for recovery and desistance, specifically in noting that halting self-harming behaviours is more than simply exercising power over behaviour, emotions and mindlessness (Butler, Call, Meloy & Zitzman, 2014). Rather, this process is complex and requires numerous accessible and constant internal and external mechanisms that encourage an individual to reach out for help and remain dedicated to their desistance process (Teague-Palmieri & Gutierrez, 2016).

Though not a substantial amount of criminological and sociological research has been conducted examining self-harm, and more specifically its desistance, it is vital to acknowledge the limited amount of research that has been conducted in this area. These studies have been qualitative in nature, however again, predominantly explore causes and associations of self-harm, absent of discussion on desistance. This type of research has been examined on vulnerable populations including LGBTQ populations (McDermott, Roen, Piela, 2015), those within recognized mental health institutions (Chester & Alexander, 2018), incarcerated individuals
(Power, Brown & Usher, 2013) and adolescent populations (Adler & Adler, 2011; Laye-Gindhu & Schonert-Reichl, 2005). Within these research studies, there was an examination of the prevalence, perceptions, discussions and experiences of those who were engaged in self-harm activities. One common finding amongst this research was that self-harm was seen to be associated with negative emotions or diagnosed mental illnesses. The insight that has been provided through these sociological perspectives and qualitative methods is helpful in understanding the associations and causes of self-harm, however there is still a gap that exists in regard to self-harm research that looks at desistance processes.

As will be evidenced in the following section, research that focuses on the online culture of self-harm also warrants a call for greater investigation into the role of online interactions in NSSI desistance processes. Following this online focus of NSSI, there will be a review of criminological literature that outlines desistance from deviance and then a specific look at research that outlines self-harm desistance processes.

**The Online Culture of NSSI**

There is also an online culture of NSSI that prompts criminological inquiry into the possible role these types of interactions have on self-harm practices. As currently established, NSSI is primarily practiced by adolescents and young adults (Adler & Adler, 2011). Because of the popularity of Internet use among this demographic of individuals, examination into the association between NSSI-related online interactions and self-harm becomes more necessary, timely and salient. A significant amount of NSSI research available focuses on pro-self-harm online communities and the effects of these sites for maintaining pro self-harm ideologies and practices to an individual engaged in self-harm (Rodham et al., 2016). Since there has been minimal research on the positive effects of engaging in online communities, or on NSSI-related
sites more broadly, researchers can only speculate on the role of online engagement in the
desistence process for self-harmers (Rodham, Gavin & Miles, 2007).

The current online world of NSSI encompasses message boards, online communities,
forums, blogs and more recently, social media websites. The most commonly researched online
interactions regarding self-harm have been conducted within online communities. While online
interactions provide users meaningful relationships, a sense of anonymity and an opportunity to
acquire knowledge easily with fellow self-harmers, they can also hinder individuals seeking
support for their desire to desist from NSSI by reinforcing the behaviour they are trying to depart
from (Richardson et al., 2012; Walsh, 2006). This duality of conclusions and themes is explored
further below within the context of online communities and newer online avenues that foster
interaction between users on the topics of self-harm.

In the context of NSSI, the anonymity that the Internet offers its users is of particular
interest to criminologists because of the sensitivity of topics discussed in an easily accessible
manner which could pose greater detriment to a vulnerable population and stigmatized practice.
Goldsmith and Brewer (2014) believe that when people know that they cannot be easily
identified, they are more likely to interact to a higher degree with peers. This is especially true
for individuals who are engaged in a highly stigmatized practice, such as self-harm, and
recognize the reputational importance of keeping this activity secretive in an offline setting
(Adler & Adler, 2011; McKenna, Green & Gleason, 2002; Rodham, Gavin, Lewis & Badalli,
2016). In turn, individuals who engage in online self-injury websites and message boards will
feel more compelled and safe to reveal their engagement in self-harm and subsequently, benefit
from their online involvement because of the feedback they receive from peers that they would
not have received in a solely offline setting (McKenna, Green & Gleason, 2002). The anonymity
of the Internet is a catalyst for a greater level of disclosure, fostering greater connections and levels of trust between members and greater support for said cause (Anderson, 2014; Rodham, Gavin & Miles, 2007).

Self-harm research has indicated that individuals who are active on NSSI-related online sites share the experience of engaging in self-harm with the intention of seeking validation, guidance and support as it pertains to either the maintenance or desistance of their self-harming behaviours (Adler & Adler, 2011). Self-harmers who feel isolated in an offline setting are more likely to engage in NSSI-related online sites because the sense of closeness and common interest is a bonding mechanism that fosters trust and open communication between members (Adler & Adler, 2011). In face-to-face interactions, individuals who have difficulty presenting their authentic selves and talking about sensitive topics, such as self-harm, do not feel comfortable around peers and family. This feeling is much more exaggerated in individuals who self-injure, as they feel more isolated and disconnected (Adler & Adler, 2011; McKenna et al., 2002; Richardson et al., 2012; Walsh, 2006). Consequently, they are more likely to believe that the climate of online interactions will help them build trust, relationships and meaningful connections with other users (Adler & Adler, 2011)

The last common theme that emerges from research pertaining to the online culture of NSSI is that of sharing and acquiring knowledge. This area of criminological inquiry not only introduces the contentious nature of NSSI-related online interactions, but also incorporates the use of topical related social media sites into analysis. When discussing self-harm online communities, Bossewitch and Sinnreich (2013) state that they have become “information networks” (6) in which members are subject to the constant exchange of information and can acquire information seamlessly and instantaneously. Similarly, Luxton, June and Fairall (2012)
claim that chatrooms, blogging websites, email, social networking sites and video-based websites have transcended traditional modes of communication by allowing accessible information to instantaneously be shared that once would have been bound by geographic location or certified organizations. Further to sharing information seamlessly in an online context, individuals can also engage in information gathering practices when participating in online capacities (Goldsmith & Brewer, 2014). This capability to share information is particularly evident when individuals are engaged in social media sites, which Brett-Taylor (2015) argues has become such an integral aspect of daily life that users are constantly utilizing and sharing information in ways that are not conscious to them.

As previously noted, research is divided on the effect that knowledge sharing and acquisition in NSSI-related online sites have on acts of self-harm. On the one hand, psychological and criminological research points to the benefit of having this sensitive type of information available for users. On the other hand, research has suggested that engagement in NSSI-related online interactions will result in an individual becoming more heavily involved in the practice of self-harm. In their examination of self-harm information sharing among adolescents, Whitlock, Powers & Eckenrode (2006) found that online interactions provided informal social support to individuals who were engaged in self-harm. Further, Lewis, Heath, St. Denis & Noble (2011) found that viewers of self-harm videos on Youtube were satisfied with the content presented, as information was factual and provided detailed information. However, despite research indicating the beneficial effect of information sharing on NSSI-related online sites, there is also academic recognition that these self-harm sites produce and maintain self-harm practices and ideologies.
To begin, the criminologists, psychologists and clinicians who have examined NSSI in online contexts prominently point to the normalization of self-harm practices that self-harm websites could produce. In Lewis et al.’s (2011) study of self-harm videos on Youtube, it was speculated that because of the graphic content shown in the videos, individuals could feel their acts of self-harm were normal and that this practice could be consistently reinforced. Based on the premises that self-harm is an act that is promoted through peer influence (Richardson et al., 2012), researchers who have examined self-harm online communities document the same concern by stating that discussions and photos that are available can formulate normalization of self-harm among its users (Adler & Adler, 2011). Aside from the normalization effect, engagement in self-harm online websites can prompt an onset of self-harm, introduce new methods for harming (Lewis et al., 2011) and lack mention of recovery for those who may wish to seek help with exiting the practice (Lewis, Heath, Sornberger & Arbuthnott, 2012).

Criminological research that focuses on the online culture of NSSI currently lacks specific inquiry into current social networking sites and the effects engagement in these sites have on self-harm. Despite some research drawing connections between suicidal ideation and reinforcement of such ideations on Facebook and Twitter, NSSI has been left out of analysis (Jashinsky et al., 2014; Luxton et al., 2012). Yet, a greater amount of research in this subfield will provide a more holistic and comprehensive approach to understanding the online and offline nature of self-harm.

Desistance from Deviant Behaviours

Criminological research that examines desistance from deviance and criminality is situated within the broader discourse of criminal careers (Blumstein, Cohen & Farrington, 1988). Criminal career research emphasizes three essential elements of an individual’s career in
criminality: the initial onset of the deviant or criminal act, the maintenance and frequency of the acts, and eventual desistance (Bushway, Thornberry & Krohn, 2003). However, desistance processes within the criminal career model are the least studied among these three components owing to the little conceptualization of cessation processes and lack of consensus on the theoretical definition of desistance (Brame, Bushway & Paternoster, 2003; Bushway, Thornberry & Krohn, 2003; Laub & Sampson, 2001). In this section, the multiplicity of operational definitions of desistance are highlighted, as well as the current status of desistance literature as related to processes, treatment and exiting trajectories from various deviant and criminal activities.

Criminological research on the desistance process of deviance and criminality began in the 1950s and 60s, when scholars began to recognize the importance of longitudinal studies in determining the criminal trajectory among youth and young adults. By the 1980s, researchers realized that some individuals who were once studied for their criminal tendencies no longer engaged in criminal offending or deviance (Shapland, Farrall & Bottoms, 2016). Understandably, criminologists found value and avenues for further research in this finding of desistance and began to study the process in which people exit criminal lifestyles.

It is contested that one of the reasons research on desistance processes is underrepresented in criminological literature is because of the lack of consensus regarding the conceptual and operational definition of the term “desistance” (Laub & Sampson, 2001). Fagan (1989) first defined desistance as the “process of reduction in the frequency and severity of violence, leading to its eventual end when true desistance or quitting occurs” (380). Fagan was clear to emphasize that desistance was a state of being or outcome of processes required to exit a criminal or deviant lifestyle.
Since this preliminary conceptualization, there has been recognition that desistance is not necessarily a state of being but can be defined by the exiting process itself. Bushway et al. (2003) claim that there has been a shift from a static approach of desistance to a developmental approach, meaning that exiting from a deviant or criminal career is now predominantly viewed as a process which develops over time. Similarly, Laub and Sampson (2001) claim that desistence is not an event, but as Shapland et al. (2016) conclude, is categorized by steps undertaken by an individual which indicates a desire of cessation from a criminal act and does not happen suddenly. Current definitions of desistance are still unclear as to if desistance occurs due to a person reaching a certain age (Laub & Sampson, 2001), in the absence of major crimes (Brame et al., 2003), in the absence of criminality altogether (Fagan, 1989) or due to a reduced frequency of deviant acts (Blumstein et al., 1988). Although the definitional parameter of desistance is contentious, there has still been some research on what triggers people to begin desisting from deviance, common treatment strategies and exiting trajectories. This desistance research has recently extended into the online realm, as well.

Currently, there is a minimal amount of research that pertains specifically to self-harm desistance and its respective online supports. Because of the lack of research in this area, it is important to highlight the broader literature that speaks to desistance from deviance, in both online and offline capacities. Literature that focuses on offline desistance from deviant lifestyles has found that prior to engaging in the recovery process, individuals may experience an event which feels like “hitting rock bottom” (Kirouac & Witkiewitz, 2017, p.1602). In their interviews with participants who have an alcohol use disorder, Kirouac & Witkiewitz (2017) identified that these individuals experienced an extremely negative situation, such as alcohol poisoning or a near death event, which made them realize recovery was necessary.
Likewise, Sommers, Baskin & Fagan (1994) conducted a study that examined the desistance process of female street offenders and found that prior to engaging in the desistance process, they experienced negative social experiences that motivated them to stop their behaviour. The negative experience of a situation that propels an individual to seek desistance in their deviant behaviour can also exist within the recovery process itself. In fact, it may be these negative experiences, separated by more positive experiences, that maintain a person’s interest in the desistance process. Shorey et al. (2017) examined the recovery process of substance abusers and found that it was common to experience relapse in substance use because of cravings during the recovery process. However, because of the impact that this non-linearity provides in the recovery process, it encourages individuals to remain in treatment programs and increases their resilience (Shorey et al., 2017).

Furthermore, literature that focuses on desistance processes notes that family formation, employment and marriage are the most common life events which present a positive change in individuals and commences their desistance process (Hirschi & Gottfredson, 1983; Laub & Sampson, 2001; Matza, 1964; Uggen, 2000; Warr, 1998). In his study on emphasizing turning points in the life course of juvenile offenders, Uggen (2000) notes that work and family factors take precedence in explaining desistance, and that former offenders who were currently married and had stable employment were less likely to engage in delinquent acts. Warr (1998) came to a similar conclusion that it is not marriage itself that results in desistance, but the implications that marriage has on changing patterns of peer relationships which results in less time to engage with potentially delinquent peers.

Further, Laub and Sampson (2001) believe that attitudinal changes and agentic moves must change in an individual’s life course trajectory in order for successful desistance.
Individuals must be emotionally ready to transition into a conventional lifestyle, or else other structural changes such as employment and marriage will not be meaningful and act as positive turning points. Maruna (2001) buttresses this claim by stating that desistance does not have to do with aging itself, but has to do with internal, personal changes that make an individual want to become anew and reformed. Bushway et al. (2001) reinforce the idea of maturation as behavioural changes over the life course eventually become favourable to a conventional lifestyle.

Individuals who have desisted from a deviant behaviour claim that they are more satisfied with the help they found online because they were personally accountable when seeking out the help, and could engage in the treatment on their own terms. This flexibility and empowerment that online interactions provided in the recovery process has yielded success in desisting a range of behaviours including alcoholism and substance abuse (Collins, McAllister & Ford, 2007; Kypri & Lee, 2009; Quanbeck, Ming-Yuan, Isham, Johnson & Gustafson, 2014), gambling (Casey, Oei, Raylu, Horrigan, Day, Ireland & Clough, 2017; Chebli, Blaszczynski, Gainsbury & Gainsbury, 2016; Mckinley, Luo, Wright, Kraus, McKinley & Wright, 2016; Rodda et al., 2017), eating disorders (Brown, 2016; Riley, Rodham & Gavin, 2009), and sexual predation (Meridian, Kettleborough, McCartan & Perkins, 2017). Further, Riley, Rodham & Gavin (2009) claim that their content analysis of pro-ana and recovery identities uncovered the satisfaction of users because the Internet provided a medium in which people could seek professional help. Similarly, examinations of institutional treatment centres for individuals with substance abuse issues found that the Internet allowed the use of their various services, thus allowing for better relationships between treatment providers and users (Castle, 2004; Elison, Ward, Davies & Moody, 2014; Polcin & Korcha, 2017).
Further, the most successful formal desistance programs have been found to be the ones that try to eliminate negative influences in individuals’ lives, but also promote positive skill building in individuals (Brown, 2016; Copes & Williams, 2007; McGinley, Rospenda, Liu & Richman, 2015). In a study that evaluated the effectiveness of the Alcoholics Anonymous program, Kelly (2017) claimed that the group nature and focus on cognitive development resulted in long-term recovery. Fomiatti, Moore & Fraser (2017) conducted interviews with individuals who had alcohol and substance abuse disorders and found that these individuals were more successful when programs promoted positive identity change and the benefit of having positive social supports. Similar findings were reported by Pyrooz & Decker (2011) when examining the exit process of youth gang members and positively affirming methods of desisting from gang culture.

Lastly, offline desistance processes appear to be most successful when there is a recognition that there are multiple pathways to recovery. Lookatch, et al. (2017) found that substance abuse users were successful in their recovery when faced with perspectives and formal treatment options that recognized differences in their emotions and thinking processes. Programs need to be mindful of the variety of ways individuals may acquire help with their deviant behaviours. Specifically, within literature examining alcoholism recovery, engaging family and peer supports in the informal or formal desistance process allows for individuals to share their stories, feel motivated while also feeling supported (Best, 2017; Kelly, 2017; Lederman & Menegatos, 2011; Teague-Palmieri & Gutierrez, 2016). Although there is a significant amount of literature examining the desistance processes of numerous deviant behaviours, more research is required on the specific desistance process of self-harmers, its respective online culture, and the perspectives of those who have experienced, or are experiencing, the desistance processes.
Self-harm Desistance

As previously established, there is a lack of research pertaining to self-harm desistance, however some studies have had relevance for understanding how people desist from this practice. Specifically, in an offline setting, this literature emphasizes the importance of an individual’s ability to deflect negative external forces and learn how to internally rationalize their self-harm and potential desire for desistance. Literature that has briefly focused on self-harm desistance, or whose findings imply further direction on researching this topic, have demonstrated the importance of establishing positive support systems from family, friends and anonymous users in the offline and online world, respectively.

To begin, Richardson et al. (2012) claim that social contagion among adolescents who self-harm is a growing concern and can be attributed to the increasing numbers of individuals who are engaging in this behaviour. Social contagion is a type of social influence that examines the tendency of individuals to exhibit similar behaviour to those who they are exposed to in the solid world or through media coverage (Hamilton & Hamilton, 2010). It is suggested, then, that self-injury treatment be mindful of the contagion effect among individuals who self-harm, and present approaches to recovery that minimize the level of social contagion (Richardson et al., 2012). If individuals who self-harm can reduce their vulnerability to the level of social contagion experienced, they will be more successful in desisting from this deviant behaviour.

From a more clinical perspective, individuals who acquire skills from counsellors about how to practice mindfulness, cognitive behavioural therapy, dialectical behavioural therapy and esteem boosting affirmations are more likely to be successful in their desistance from self-harm (Nock & Prinstein, 2004). Engagement with fellow individuals who self-harm is another suggested method of NSSI recovery, as it fosters a more supportive environment (Richardson et
al., 2012; Walsh, 2006). While this literature is pragmatic in its approach to self-harm desistance and informs strategies for more successful recovery, there is still a need for personal narratives in order to establish more informal means of self-harm desistance and the role of NSSI-related online engagement in the recovery process.

Furthermore, literature that provides implications for self-harm desistance processes also looks at the importance of positive social supports – both online and offline - in individuals’ lives. Rodham et al. (2007), for example, found that individuals appreciated the online support and validation from others on the message boards, as it allowed them to vent and share similar experiences. In offline settings, positive supports are also important to an individual’s self-harm recovery process (Adler & Adler, 2011). Hargus, Hawton & Rodham (2009) claim that familial and peer social influences on self-harm behaviour is important to consider when designing recovery or self-harm prevention programs. While these findings provide insight into what may help in the self-harm desistance process, there is lack of individual narratives about what actually works and how the individual navigates the exit process while considering a possible influence of NSSI-related online engagement.
Symbolic Interactionist Approach and Virtual Ethnography Methodology

Symbolic Interactionism

Symbolic interactionism, when used in criminology, explains how individuals understand their social environments and how the meaning-making process shapes their respective criminal or deviant behaviours (Scharp, Paxman & Thomas, 2016). It emphasizes subjectivity and interpretation and focuses on the process of meaning-making (Blumer, 1969). The meaning-making process of individuals is dependent on their previous experiences and the definitions that they have associated with societal occurrences (Blumer, 1969). Applying a symbolic interactionist approach to better understand a social phenomenon allows researchers to understand how individuals “do life” and understand their social reality and respective behaviour based on the meanings they have created (Fine, 1993, p. 62). The implication is that society is not an isolated and objective phenomenon, but instead is independently understood through its actors, settings and interactions (Blumer, 1969).

Blumer (1969) highlighted three core principles relating to meaning, language and thought, that are central to the symbolic interactionist framework. First, he believed that individuals’ behaviours and actions are a direct result of the meaning that they have assigned to a particular phenomenon. Second, meanings are derived through social interaction. This principle recognizes that definitions and meanings are learned through interaction and different social interactions individuals can have will result in differential definitions of social phenomenon. Lastly, meanings are not stagnant but change as an individual interacts with other individuals and phenomena. By way of illustration, students can be said to have an understanding of the setup of a classroom because of the meanings that they have assigned to the components of a traditional classroom. Students know that they are to sit in chairs, facing the front of the classroom and listen to the teacher because of the meanings that have been assigned to these individuals and
elements of the class. These meanings would have been derived through social interaction, learning what was acceptable within a classroom, but also recognizing that these meanings and operations of a classroom change as a student progresses through the education system.

Charon (2007) added to the symbolic interactionist approach by discussing culture as a way in which we can understand human social life, interaction and roles. Culture is learned through elements such as interactions, sharing of ideas, norms and values. When an individual is new to a culture or community, individuals who have been part of that culture for a while will use words and communication to impress upon the newcomer the valued and held beliefs of said culture. The newcomer, in turn, seeks to understand how individuals assign meanings to such activities and interactions (Charon, 2007). For instance, a student who was entering a new school would be deemed as a newcomer and would most likely want to understand the school’s culture and environment before fully immersing themselves in the activities and interactions with others. The symbolic interactionist perspective guiding this research helps justify and situate the methodology used in this study.

Methodology

Within this methods section, I begin by outlining my research questions, and then describe the initial project intentions and ethical considerations, the data collection and analysis processes and research limitations.

Research Questions

There are four research questions that intend to meet the overall purpose of learning about individuals’ experiences with self-harm desistance processes and related online interactions. These questions are as follows:

1) How do individuals describe their self-harm and their related experiences?
2) How do individuals describe their attempts to stop self-harm?
3) How do individuals use self-harm related online forums?

4) What is the significance of the online interactions of individuals who are making attempts to stop, or have stopped, the self-harm practice, given traditional notions of desistance in offline contexts?

These research questions are consistent with the symbolic interactionist theoretical perspective guiding the inquiry in this project. As Charon (2007) notes, human beings must be understood as social beings, with acknowledgement of their interactions, situation and environment. In considering these requirements, I was mindful that the data used to inform the responses to these research questions would be derived in an interactive, online space.

Initial project and ethical considerations

Prior to outlining the completed methodology of the current research project, it is important to highlight the initial proposed methodology and the ethical considerations noted by Laurier’s Research Ethics Board, in order to understand how these considerations inspired a new methodological direction within the necessary timeframe. The purpose of the initial research project was the same as the current project, in that I was interested in understanding desistance processes from self-harm and related online interactions, from the perspectives of individuals who identified themselves as being part of the self-harm community. Initially I proposed conducting semi-structured, qualitative interviews with adolescents and young adults who would identify themselves as former, or ceasing, self-harmers to provide one of the first empirical accounts of individuals their experiences.

Since research has found adolescents and young adults to be the most likely to engage in self-harm (Adler & Adler, 2011), I proposed recruiting students through campus posters and in-class presentations. Dependent upon the number of individuals that responded to my call for
participants, I proposed to get in touch with student affairs departments at other university campuses to send the call for participants. Since I also wanted to recruit individuals who were involved online during their time of desistance, I proposed to submit a call for participants through online self-harm support forums. I advised Laurier’s ethics board that in all methods of recruitment, I would be transparent in letting individuals know that I was not a fellow self-harmer, but instead a researcher interested in learning about their experiences with their self-harm desistance processes and online interactions.

I submitted an ethics application to Laurier’s Ethics Review Board for this proposed project in December 2017. In January 2018, I was notified that the proposed research project was deemed to be higher than minimal risk and therefore required a full ethics review, which could take a month or longer. While awaiting the final notification from Laurier’s ethics board, I began to peruse self-harm support forums online. This was a very informal process, however I made memos about what I was seeing, reflecting on my observations and any information that I felt was notable, such as first impressions about what the users were doing online within these forums.

In February 2018, the research ethics board contacted me with thirty areas of concern. The revisions ranged from general to more substantive in nature and addressed numerous aspects of the research project including the sensitivity of recruitment strategies and materials, inclusion and exclusion criteria, further mental health resources and partnerships and content within the consent form. After consulting with my supervisor, I concluded that these revisions would not be feasible to pursue and complete within the given timeframe for this research project.

With inspiration from Schott’s (2014) research on pro-ana/mia online forums, I decided to use the method of a virtual ethnography, which is further discussed below. By pursuing this
new method, I would still be helping to fill a methodological gap in desistance and self-harm research, as the way that the Internet is navigated through a guided virtual ethnographic method is different than a content analysis. Key differences between these two methods are explored below. A new ethics application was not completed for the current project, therefore I was not able to become an official member of the self-harm support forums that were studied, rather I maintained the role of participant observer and researcher. I notified Laurier’s Research Ethics Board that I would not be continuing with the initial project, and I thanked them for the time they took to read my submission and provide detailed feedback.

Data Collection

Virtual ethnography

Hammersley and Atkinson (1995) provide insight into what ethnographic research entails and how this research is conducted. They state,

In its most characteristic form it involves the ethnographer participating, overtly or covertly in people’s daily lives for an extended period of time, watching what happens, listening to what is said, asking questions — in fact, collecting whatever data are available to throw light on the issues that are the focus of the research (1).

Since this conceptualization, however, the emergence of the Internet has evolved as both a culture and cultural artefact; a space in which the increase in technology has allowed for new forms of relationships, interactions and social structures to exist (Hine, 2000, 14). The Internet, therefore, is a new space in which ethnographic research can be conducted. Hine (2000) notes that understandings and elements that were once associated with the traditional form of ethnography poses a need for reconceptualization of research space and the validation of mediated interactions (14). For Hine, characteristics of the traditional, offline forms of ethnography, such as the necessity of a physical location, face-to-face interactions and travel to a
research setting, are no longer characteristic of this newer, and virtual, form of ethnography (2000).

A key feature that remains the same in both offline and virtual ethnography is the research focus on interactions. Just as ethnographic research conducted in offline settings seeks to understand the interactions of individuals within a certain community and inform how these interactions play a role in social understandings, so, too, does virtual ethnography. Hine (2000) states that despite some interaction not being available face-to-face, the ethnographic capability of an online space is still useful and valid. Specifically, she writes that this claim “is based on the assumption that what goes on within the Internet is social interaction” (50). The Internet can be recognized as a collection of texts that are a “shifted and packaged form of interaction” (50). Hence, it can be said that within a virtual ethnography, “the ethnographer’s job is to develop an understanding of the meanings which underlie and are enacted through these textual practices” (50).

The method of a content analysis has been dominant amidst desistance and self-harm research. However, there are differences between the ways in which a content analysis and virtual ethnography are performed. In a content analysis, researchers may have already selected the data that they will use during the collection and analysis stages, or at least may have determined a sample size or pieces of text they will select for their research (Bengtsson, 2016). A virtual ethnography, on the other hand, is fluid and boundless (Hine, 2000) meaning that the researcher does not already have a dataset from which they are selecting and has not already accumulated a certain number of texts for analysis. Instead, the researcher has to remain active in an online setting and follow what they find. All participants can be deemed to be informants in your research, because the mere presence of online users allows for the researcher to analyze
interactions and connections in this mediated setting. Further, the researcher makes a “pragmatic decision” (64) to stop an ethnography, depending on the choice or ability to follow another connection or instead if they feel that theoretical or practical findings are no longer emerging, a point of theoretical saturation (Charmaz, 2014). Theoretical saturation “refers to the point at which gathering more data about a theoretical category reveals no new properties nor yields any further theoretical insights about the emerging grounded theory” (Charmaz, 2014, 345). Reaching a level of theoretical saturation is based on the judgement of the researcher (Wiener, 2007) and should be conducted at every stage in the research process (Morse, 2011).

Conducting the research

Data collection began in January of 2018. I conducted an analysis of open and online self-harm support forums in order to gain insight into how individuals were describing their experiences of self-harm desistance and how they were utilizing these online platforms during this time. Consistent with Hine’s (2000) conceptualization of a virtual ethnography, I ensured that I was not consumed with the location of the information or online field site, but rather on keeping the ethnographic process “mobile” (64) and the “making of connections” (64) until a point of theoretical saturation. I initially entered the keywords of “self-harm desisting,” “self-harm exiting” and “self-harm stopping.” I followed these searches with the words “forum”, “chat,” or “discussion”, in order to warrant as many results as possible. However, these searches were not resulting in as many forum results as initially anticipated.

Next, I started examining one of the self-harm support forums in particular, and realized that the individuals within these communities were using the terms “support” and “help” to denote either the need to access advice or the desire to provide such advice through these forums. When I first began data collection, I did not want to use the terms of “support” or “help” because
I felt that these terms were value-laden and made it appear that I was entering the field already having an assumption that self-harm was an act that ought to be stopped, as opposed to an act that could be stopped. In cautioning researchers to be mindful of the language they use when developing their codes, Charmaz (2014) asserts that we need to ensure our language does not assume conclusions too prematurely and does not reflect personal views and values of the researcher. Although she discusses this precaution within the context of creating codes, it is also applicable to researchers who are entering the field and want to minimize bias. As Fields and Kafai (2009) note, it is impossible to separate the researcher, their values and experiences from the research at hand, however it is important that elements that can be controlled by the researcher are identified, considered and minimized prior to immersing oneself in the data.

Once I researched more about this approach and gained a greater appreciation for controlling researcher bias, I continued with the data collection process. I felt that it was appropriate to use the terms “support” and “help” in the further data collection process, as it was the terminology used by individuals within the self-harm community. I began observing and collecting data from the self-harm support forum that appeared to be listed first on the online results page. I did not begin to collect data from websites that were professional in nature, nor did I collect data from websites that did not harbour open access capabilities, meaning that postings were restricted only to those who were members. From there, I continued to navigate my way through the self-harm support forums examining text, images and related links that would ultimately direct me to further self-harm support forums or resources. If this method of navigating through the online spaces led me to a more professional and closed website, I included this in the analysis, as it was considered to be a resource that individuals would be able to access from their position within the support forums. The postings and images that were
included in the data collection process were those posted between the years 2011 and 2018. Consistent with Hine’s (2000) conceptualization of a virtual ethnography, I ensured that I was not consumed with the location of the information or online field site, but rather on keeping the ethnographic process “mobile” (64) and the “making of connections” (64) until a point of theoretical saturation. I reached a level of theoretical saturation after 341 online pages were collected and coded.

Data analysis

Coding

During the data collection process, I utilized Charmaz’s (2014) constructivist grounded theory approach to coding. Constructivist grounded theory is founded on the tenets of Glaser and Strauss’s grounded theory (1967) which “proposed that systematic qualitative analysis had its own logic and could generate theory” (in Charmaz’s Constructing Grounded Theory, 2014, p.7). The components of grounded theory that were proposed within constructivist grounded theorizing noted that the researcher should be simultaneously involved in data collection and analysis, should create codes and analytic insights directly from the data, making comparisons during analysis, memo-writing to elaborate on analytic insights and desiring to construct theory as opposed to accurate representativeness. In the 90s, however, Glaser and Strauss’s grounded theory took a constructivist turn in which there was recognition of the diversity of researchers and the different assumptions that they bring and utilize during the research stages. Therefore, “constructivist grounded theory adopts the inductive, comparative, emergent and open-ended approach of Glaser and Strauss’s (1967) original statement” (Charmaz, 2014, p. 12), but recognizes that every researcher brings different perspectives, positions, and interactions which should also be considered “as an inherent part of the research reality” (Charmaz, 2014, p. 13). In
other words, constructivist grounded theorizing dismisses claims that researchers are neutral and value-free, which directly impacts the scope of what researchers can identify and analyze. Instead, it recognizes that researchers are familiar with, and can draw upon, pre-existing theoretical ideas and concepts, such as “evocative objects” (Turkle, 1984), to make sense of their data.

The coding of this research project was completed in alignment with a constructivist grounded theorizing approach. As Star (2007) states, “a code sets up a relationship with your data, and with your respondents” (80). A constructivist grounded theoretical approach to coding ensures that codes summarize and categorize the data in order to demonstrate a stage of preliminary analysis with the data. Coding assist with “making analytic sense of stories, statements, and observations” (Charmaz, 2014: 111). I did not simply label data, but instead, to ensure I captured and defined the data, I used dynamic and descriptive codes. The codes that were generated during the coding process provided the groundwork for further analytic insights and developments, thereby allowing the data to inform the theory (Charmaz, 2014)

Charmaz (2014) outlines two essential phases of grounded theory coding. These two phases include the initial coding phase, in which each line of data is given a name, or code, and the second phase of focused coding, where the researcher begins to sort and organize the data. During the initial stages, I engaged in line-by-line coding in which I was able to capture my observations in detail. When I was finished coding about half of my data, which was about 60 pages of coding categorizations, my supervisor and I discussed connections between codes and began to group the data based on the patterns that I had seen. Engaging in this process was necessary in order to streamline the data before they became too much to handle and analyze in-depth. According to Strauss and Corbin (1990, 1998), this process can be termed axial coding in
which categories are related to subcategories and allow for new and emerging understandings to form, and inform, the future analysis stage. I began to code about another 125 pages of text from the online self-harm support forums before reaching a point of theoretical saturation, meaning that there were no new observations or theories that were emerging from the data.

During the focused coding stages, there were four main headings that were used to organize and categorize the data. These labels have informed the titles of subsequent findings chapters. The four focused codes that were established were: (1) Defining and discussing self-harm, (2) Sharing responses and desistance experiences, (3) Advising support and (4) Offering support. It was also during this organizing of codes that I added a fourth research question to explore how individuals described their self-harm experiences. Initially, I did not foresee this question being necessary, as I was under the impression that the only topics that would be discussed within the self-harm support forums were those which had to do with relevant exiting processes. However, based on my immersion in the data, it became apparent that users of the forums spent a great deal of time explaining their self-harm experiences and maintenance.

Analytic Memos

While engaging in the coding process, I ensured that I also kept a document of preliminary analytic memos so that greater connections and analyses could be made during the subsequent stages of data analysis. As Charmaz (2014) reassures, it is normal to have thoughts that occur to you during an interview or “a moment in your ethnographic setting” (111). These moments occurred frequently during the data collection and coding processes of this research project. When I was in the middle of data collection, I would often find commonalities between pieces of data, ponder questions that would arise, or foresee a possible opportunity for analysis of the data. I ensured that all memos were recorded in a document. Upon completion of the
coding process, I had about 11 pages of preliminary analytic memos. From there, I reviewed these memos and categorized them based on relevance to each other and to the research questions. This document ultimately helped inform the analysis portion of this project.

As Charmaz (2014) posits, researchers may draw on “sensitizing concepts” (Blumer, 1969) to help them better understand and contextualize their codes and analyses. Sensitizing concepts provide “a general sense of reference and guidance in approaching empirical instances” (Blumer, 1969, 148) to provide direction during the research process. These concepts are not definitive in identifying particular phenomena or procedures, but instead can be seen as guiding conceptual or theoretical insights into appropriate lines of analyses. Researchers enter projects harbouring knowledge about broader relevant literature. This knowledge base can help the researcher to make sense of their data by allowing them to draw deeper connections and analyses from their codes. When I was creating analytic memos, I drew on sensitizing concepts to help guide the direction of the preliminary analyses. One sociological concept that I was briefly acquainted with from previous studies was Turkle’s (1984) notion of an “evocative object”. I understood, very simply, that an evocative object was an inanimate object that individuals may find themselves interacting with daily when trying to understand the social worlds around them, and create meaning within these worlds. Upon entering deeper analysis stages, I was able to draw connections between codes that focussed on interactions, the sharing of self-harm experiences and postings that alluded to feeling supported to Turkle’s concept of evocative objects. Turkle’s concept of evocative object helped to understand the postings beyond individuals simply offering information to one another online, but more broadly, how the online self-harm support forums were a place that individuals could build collective meaning and
understanding of their experiences and identities (for a deeper discussion and illustration see chapter 8).

Language

In the subsequent chapters that outline the findings of this study, quotes have been kept verbatim and abbreviations for phenomenon were not expanded. If there were grammatical and spelling errors within the quotes taken from the self-harm support forums, I included “[sic]” to signal to the reader this error by the original poster. In order to allow for a more accurate projection of what was described by users in the forums, I have opted to keep users’ posts verbatim so that there is a greater chance that the reader can better understand these individuals’ experiences with their desistance from self-harm and related online interactions. In some postings, users of the self-harm forums use the abbreviations of S.H. and S.I. when describing their experiences. S.H. is the short form for self-harm, and S.I. is the short form for self-injury. Many times, the users used these terms interchangeably when describing their relevant experiences. Lastly, when the term “users” is used, it is meant to denote users in the online self-harm support forums.
Defining self-harm and experiencing its causes

To better understand the ways in which online NSSI individuals articulate their experiences of desisting from self-harm, it is important to understand how they define self-harm, understand the causes of these acts, and describe how they engage in it. This discussion will demonstrate how individuals describe self-harm and their related experiences and help to gain insight into the first research question of this study. As a reminder, this study will refer to those who post in the self-harm support forums as “users.”

Defining Self-Harm

On the one hand, psycho-centric definitions of self-harm were prevalent in the self-harm support online forums. In some instances, users shared psychological insight into how self-harm should be defined. In offering these types of insights, their definitions often included clinical jargon from psychology to classify self-harm. In one discussion, a user stated that the self-harm which was being discussed by individuals was often “referred to as ‘non-suicidal self-injury’ in clinical and research settings” (Self Harm 7 Cups, Jan 12, 1). Similarly, another user noted, “If you ask any psychologist, they will tell you that self-harm is exactly that; harming yourself” (Self Harm 7 Cups, Jan 12, 2). By alluding to psychological perspectives, individuals were indicating to others in the forum that they were understanding self-harm in ways that were consistent with the clinical framing and conceptualizing of such acts. For example, one post explained that,

In clinical psychology, an act is considered self harm if (a) the person deliberately inflicts tissue damage to his/her own body, and (b) the action is used as a coping mechanism to regulate either negative intrapersonal (anger, dysphoria, feelings of numbness or dissociation, etc.) or interpersonal experiences (seeking attention or comfort, or trying to keep others at a distance) (Self Harm 7 Cups, Jan 12, 1).
When posts like these were suggested on the forums, there was no debate or discussion surrounding the accuracy of the definition of self-harm, as users’ reference to “clinical psychology” seemed to lend legitimacy to these types of characterizations.

Conversely, definitions of self-harm that were discussed in lay terms yielded more responses and reciprocal communication. One contentious issue that arose when individuals were sharing definitions in lay terms was whether or not an activity could be deemed self-harm merely because of its physical implications. When individuals explained that acts should only be considered self-harm if there were physical consequences from the acts, they emphasized *physicality* as opposed to intentionality. These users often used the term “body” to denote harm that would be done to oneself. For example, one posting stated that self-harm was “…a negative act to be done to your body” (Self Harm 7 Cups, Jan 12, 5). Not only was the “body” mentioned as the focus of the harm, but individuals also stated that acts could be constituted as self-harm if individuals were *using* their body, refusing to *help* their body, or *damaging* their body. In these instances, individuals alluded to the fact that damage to their physical bodies was the only necessary criterion for an act to qualify as self-harm. A lot of the time when individuals discussed harm inflicted on the body, they used the term “anything” to denote that any action which causes harm to the body should be considered self-harm. Users articulated this lack of specificity of an act by making posts such as, “anything which brings harm to your body that is self-inflicted would count as self-harm,” (Self Harm 7 Cups, Jan 12, 20) or “anything that is doing harm to your body” (Self Harm 7 Cups, Jan 12, 16).

Even without clearly mentioning what acts these users alluded to, they still emphasized the physical nature of an act regardless of what it may look like or how it was inflicted on the body. Lastly, there were some individuals who believed that while physicality was a necessary
criterion in defining self-harm, it was only if the severity of such inflictions were severe and numerous that an act should be defined as self-harm. One posting noted,

…I think the severity of it is key here. Though not advised a few minor scratches may not prove harmful, but if you are scratching to the point that you are damaging the skin over a large area it may cause more severe damage (Self Harm 7 Cups, Jan 12, 10).

In this posting, the individual reinforces that even though there may be a certain level of damage to the skin, an act should be considered self-harm only if its physical severity is enough to be deemed harmful.

When individuals did not allude specifically to their body, they stated that self-harm was anything that could be classified as hurting or harming yourself. In these instances, users then proceeded to list specific examples of what they considered to be self-harm, all of which were physical in nature! For example, one posting suggested, “To be honest, any way of hurting yourself on purpose is self-harm. No matter if it’s scratching, burning, hair pulling, cutting, picking at scabs, just really any kind of harm that you inflict on yourself” (Self Harm 7 Cups, Jan 12, 7). At first, this forum user did not necessarily specify what they meant by the term “hurting,” as there was no mention of the body. However, once they listed the types of activities they considered to be hurtful, it became clear that they were talking about physically-centred activities directed toward the body.

Similar types of postings that focused on the physical nature of self-harm indicated that such physicality could be committed against another individual or transgressed to external objects, outside of one’s body. This broader, and more encompassing, conceptualization of self-harm suggests that harm must be understood and recognized even when harm is inflicted beyond an individual’s body. One posting of this type suggested, “Selfharm [sic] is about harming your SELF [sic], not just your body” (Self Harm 7 Cups, Jan 12, 13). This user is clear to articulate
that self-harm activities do not necessarily have to be committed against oneself, but rather result in any circumstance that subjects an individual to harm. In a similar situation, one user classified self-harm as “burning, punching, pinching, scratching or putting yourself in harmful situations” (Self Harm 7 Cups, Jan 12, 3). As this user suggests, placing oneself in a harmful situation can be regarded as meeting the same criteria for self-harm as the other physical acts that were mentioned. Putting oneself in a dangerous situation is a less direct way of subjecting oneself to possible and harmful physical repercussions. In a similar way, some users articulated that putting others in harmful situations in which physicality could ensue, or punching a wall, were also instances that could constitute self-harm behaviours. These cases demonstrate that even though an individual has not intentionally placed themselves in a dangerous situation, or that their physicality is not directly inflicted on their own selves, the criteria of self-harm has been met for the sole reason that the nature of the acts were physical.

In opposition to the physically-centred understandings of self-harm, there were some individuals who believed that an act should be considered self-harm based on the individual’s intent to harm. Postings which indicated that the intent to harm was mandatory in defining acts as self-harm either omitted mention of the physicality associated with self-harm or dismissed the necessity of physical harm on account of the harmful purposefulness of the act. When individuals in the forums asked if certain behaviours should be classified as self-harm, respondents who emphasized intention in acts of self-harm responded by saying, “Yes, [scratching] counts because you are deliberately hurting yourself” (Self Harm 7 Cups, Jan 12, 2), or “Yes it counts if you did that intentionally. It means you tries [sic] to do self-harm. But if your intention was not harming yourself then [sic] it’s not” (Self Harm 7 Cups, Jan 12, 6).” Similarly, some participants’ definitions of self-harm in the forums were discussed more generally and not
always in response to other users’ initial questions. For example, one posting read, “Self-harm is defined as anything you do, physical or emotional, that intentionally causes you harm” (Self Harm 7 Cups, Jan 12, 2). In both of these direct and general claims, respondents were clear to indicate that regardless of what the result or act was that the individual had engaged in, the decisive element in distinguishing acts of self-harm from other activities was the individual’s intent to harm.

Additionally, there were boundaries that individuals discussed when sharing their definitions about what circumstances should be present to constitute an act as self-harm. In these posts, the talk centered on what self-harm should not entail, as opposed to what it should entail. The boundaries that people discussed surrounded the physically-centred components of self-harm. One of the boundaries that was highlighted was if a person had to tend to a certain part of their body because of irritation, and the damage that the act caused was simply to combat another annoyance on the skin, then the act should not be considered self-harm. This post read,

Self-harm includes cutting, burning, hair pulling and/or eating, picking (to pick at your skin or scabs), and hitting yourself. The only way I wouldn’t consider what you do as self-harm is it [sic] you only do it when you’re scratching an itch (Self Harm 7 Cups, Jan 12, 3).

The individual who wrote this post wanted other users to understand that acts could be considered self-harm as long as the individual had wanted to produce harm on himself or herself, as opposed to minimizing an irritation on the body. Similarly, there was a shared consensus among forum users that harm had to be initiated by the individual in order to meet the criteria for self-harm. For example, one posting read, “Unless that scratching came about as an unexpected accident such as perhaps an accidental scratch from a sharp tool or friend or animal then it is self-harm” (Self Harm 7 Cups, Jan 12, 3). In this instance, there is the recognition that there may
be physical harm however the intention should take precedence over how the injury was inflicted when determining self-harm boundaries in accidental circumstances.

There were also some postings that identified both the intention to harm and addressed the physical nature of harm as necessary criteria for defining an act as self-harm. In these instances, claims were made that explicitly prioritized an individual’s intent to harm over the physicality of their actions. For example, one posting suggested, “Remember it is not about what is it [sic] a scratch or injury, it is about you [sic] real intention about it” (Self Harm 7 Cups, Jan 12, 10). Comparably, one user challenged individuals to “…ask yourself, ‘what is your intention in scratching yourself in the first place?’ The question of self-harm or not comes from the intention within you” (Self Harm Cups, Jan 12, 20). In both of these postings, individuals identified that scratching had occurred, however they still suggested that the intention to harm was the defining criterion for labelling such acts as self-harm.

While a significant number of individuals understood either the intention or physical nature of an act to meet the criteria for self-harm, there were other individuals who believed that acts could be considered self-harm only if there were visible signs left on the body after the act was committed. These visible signs were further categorized as being either short-term or long-term physical consequences of self-harm. Short-term visible signs included scratches, mild bruises, or any result that would not take long to heal or scar. One user wrote that even scratches “…that simply leave a mark” (Self Harm 7 Cups, Jan 12, 1) can be considered self-harm, as not everything has to “leave a permanent mark” (Self Harm 7 Cups, Jan 12, 2). When certain acts, notably cutting, were said to produce longer lasting visible consequences, users believed that these were more representative of self-harm than the short term visible signs. It is clear that these perceptions of self-harm are reflective of people’s beliefs that the physicality of such acts must
go beyond the initial act itself, and have visible, physical after-effects in order to be considered self-harm. This extension of the physically-centred argument for self-harm shows that some users not only examine the commission of the act when considering the definitional restrictions of self-harm, but also the visible signs that follow the execution of the act.

In one particular online discussion, users debated the notion of whether bleeding, a recognized physical consequence of self-harm, was necessary for scratching or cutting to be defined as self-harming behaviour. There were two opposing viewpoints on this issue. On the one hand, and consistent with perspectives that supported mandatory physical consequences of self-harm classification, some users believed that bleeding was required in order to classify an act as self-harm. This standpoint was less prevalent than the position discussed below, however it is still important to note that there were a select few users who believed that bleeding was a necessary criterion for self-harm. For example, one user noted self-harm included “scratching until blood is drawn,” as people wouldn’t “take you seriously” if you simply “scratch[ed] yourself” (Self Harm 7 Cups, Jan 12, 1). In this instance, the individual premises their belief that bleeding is necessary, by recognizing that this perspective is most consistent with what is understood by the majority of individuals. Another user noted that bleeding is a necessary criterion for self-harm because “it will make your skin weak and be able to be cut easilyier [sic]” (Self Harm 7 Cups, Jan 12, 13). Evidently, to some individuals, acts should not be considered self-harm solely because of the blood they may produce, but because of what that blood and severity of such acts may imply for future self-harm acts.

On the other hand, the majority of users believed that bleeding was not required in classifying acts as self-harm. For example, one post read, “Scratching definitely counts as self-harm even if there is no bleeding” (Self Harm 7 Cups, Jan 12, 9). Another similar post read, “It
doesn’t really matter whether you bleed or don’t” (Self Harm 7 Cups, Jan 12, 6) and “You don’t need to bleed to self-harm” (Self Harm 7 Cups, Jan 12, 18). Another posting indicated, “Whether or not it bleeds is not a defining reason to self-harm” (Self Harm 7 Cups, Jan 12, 18), suggesting that there may be other possibilities and circumstances that must be taken into consideration when identifying certain acts as self-harm. In sum, the majority of individuals within this debate believed that blood did not have to be drawn in order for certain acts to be considered self-harm. This perspective is rather surprising considering that more people believed acts should only be classified as self-harm only if they resulted in visible, physical after-effects, which by their very nature would have involved bleeding.

It is important to note that individuals who discussed their self-harm never identified themselves as a “self-harmer”, but rather alluded to their self-harm as an activity in which they engaged. To illustrate, many individuals described their previous or present self-harm by articulating they were engaged in the act of self-harm, as opposed to identifying themselves as a self-harmer for a certain period of time. One posting read, “I, too, used to cut myself. (for only one year, thank God)” (Trans Forum, Feb 7, 8). In this posting, the user did not identify themselves as being a cutter for one year, but instead talked about cutting being the act that he or she was involved in for a year’s time. Similarly, one individual posted, “I self harm and have for 8 years now” (Trans Forum, Feb 7, 11). Again, this user does not say that he or she was a self-harmer for 8 years, but rather was engaged in the act of self-harm for that length of time. When individuals would disclose an escalation of their self-harm behaviour, they noted that “…it got steadily worse,” implying that it was the act itself that got worse as opposed to their identity worsening.

Doing Self-Harm
When individuals shared details regarding their personal experiences with self-harm, many individuals discussed the ways in which they engaged in self-harm and the length of time that they had been engaged in these activities. The most common forms of self-harm that individuals engaged in were cutting and scratching. One individual indicated the severity of, and assistance of apparatuses in, their cutting: “I used a seam ripper (those things can actually draw a little blood if you really press hard, but not nearly so much as something sharp)” (Trans Forum, Feb 7, 19). Another talked about the tools they used to cut by saying, “The pencil wasn’t enough so I still [sic] a razor from my dad's tools” (Experimented, Jan 12, 4). Though discussions predominantly alluded to cutting, there were also times when individuals detailed their experiences with self-harm through other means. For example, some users articulated that they engaged in self-harm including “…burning, punching, pinching, scratching…” (Self Harm 7 Cups, Jan 12, 3), “biting” (Trans Forum, Feb 7, 9) and “hair pulling” (Self Harm 7 Cups, Jan 12, 3). When individuals mentioned the types of self-harm that they engaged in, they did not go into grave details about each experience. They instead more briefly discussed the types of self-harm that they participated in and how they engaged in these behaviours.

The discussions about personal experiences with self-harm also allowed for an opportunity for users to share the amount of time they had spent self-harming. There were many individuals that suggested their cutting behaviour began many years prior by saying that they were “cutting back in 8th grade,” (Trans Pulse, Feb 10, 6) or had been “cutting since [they] were 12” (Psych Forum, Feb 7, 3). Further, others stated, “I started scratching when I was 11…” (Self Harm 7 Cups, Jan 12, 3) and stated more broadly, “Ever since I was a kid, I used to self-injure…” (Trans Forum, Feb 7, 19). By sharing the amount of time that an individual had spent engaging in self-harm, there was opportunity for users to realize that fellow users not only shared
the commonality of engaging in self-harm acts, but also that they spent a lengthy amount of time engaging in these acts. To reiterate, although there was a significant number of individuals who shared their self-harm experiences, their accounts of these experiences were not as detailed and lengthy as initially anticipated. This could be because these forums were deemed to be support networks, individuals may have been more preoccupied with gathering information to support them through their exiting journey as opposed to documenting personal experiences with self-harm.

Causes of Self-Harm

Self-harm support forums also provided users a platform to express what they perceived to be the causes of their self-harm behaviour. In the most general sense, individuals explained that their self-harm allowed them to express their negative emotions in a tangible way. There were some users that provided very specific descriptions of how self-harm allowed them to express their various forms of long-term negative emotions, including stress, anger, depression, anxiety, sadness, grief and loneliness. When discussing anxiety and depression, which were the most common negative emotions that were disclosed, one user recounted, “I used to scratch all the time when I got anxious…” (Self Harm 7 Cups, Jan 12, 4) and another user described that they started self-harming “…because of [their] depression and anxiety” (Experimented, Jan 12, 4). Some people disclosed that they engaged in acts of self-harm because of the negative emotions that followed from difficult upbringings within family homes. One user described their situation:

My parents were fighting all the time. I was getting verbally/emotionally abused by my mom who wasn’t all that emotionally stable herself. I didn’t think that I had anyone to go to – to talk to about how I was feeling. I [sic] wasn’t even sure how I [sic] was feeling. I [sic] was just in a lot of pain and sadness. I felt all this emotion like a big weight – it was like this big heavy brick over me. I [sic] turned to self harm to kind of relieve the
emotional pressure – to make all that emotional pain tangible into something that i [sic] could fix cause [sic] I couldn’t fix how i [sic] felt (Experimented, Jan 12, 3)

As is apparent in this situation, individuals who experienced the variety of emotions associated with self-harm disclosed that they were unable to deal with their emotional distress in any other way. They felt that self-harm was the most, or the only, effective coping mechanism for the feelings and emotions that they were experiencing. Another, less-detailed post stated: “I don’t know how to handle the emotions in a different way” (Advice Needed, Feb 7, 3).

Similarly, another posting indicated that self-harm was a way of coping with “what is aching in our subconscious” (Self Harm 7 Cups, Jan 12, 4). Again, these users’ comments solidify that they felt their engagement in self-harm was the only way for them to physically express underlying difficult feelings. More vaguely, one user stated, “All I know is that when I cut, it feels right” (Psych Forum, Feb 7, 3). In this instance, although the individual has not explicitly stated that they are utilizing self-harming behaviour to express their difficult feelings, they are clear to indicate that they feel “right” when they cut, thereby implying that this sense of satisfaction may offset, or take precedence over, any underlying difficult feelings.

There were also some individuals online who explained that they were experiencing mental distress immediately before the commission of the self-harm act, a different experience than self-harm that involved longer-term stresses. These individuals referred to “urges”, as one user wrote: “i [sic] feel like I want to want to slash my wrists I [sic] have the urge to do that” (Trans Pulse, Feb 10, 2). Other users were more general in explaining their experiences with urges by stating that “[they] have these incredible urges” (Advice Needed, Feb 7, 4) or “they [have] the urge to do so in the first place” (Psych Forum, Feb 7, 5). What was common among postings that talked about “urges” was an absence of mention of longer term mental distresses. Other times, users noted that engaging in self-harm allowed them to feel negative emotions that
were more physical in nature. For example, one user noted, “I feel the need to feel pain that is not emotional so I started cutting” (Advice Needed, Feb 7, 3). This user alludes to experiencing emotional pain prior to their participation in self-harm activities, however they also point to their desire to feel these negative feelings in more tangible ways; a desire met by cutting.

In contrast with users expressing self-harm as caused by mental distress or urges, some users articulated that they engaged in self-harm because they felt an absence of emotion. This user said they self harmed “when [they] couldn’t feel anything anymore” (Experimented, Jan 12, 3). Others stated that they had to deal with “being unable to feel emotions” (Alternatives, Feb 7, 3) or that they self harmed while “feeling nothing” (Experimented, Jan 12, 4). When individuals claimed that they participated in self-harm acts because of an absence of emotion, they articulated a “feeling of emptiness” (Experimented, Jan 12, 4) and so their self-harm was a way for them to at least feel the physical pain of the act.

Contrary to engaging in self-harm because of underlying negative feelings, some users noted that they self-harmed because they liked the pain that the act produced. One user noted, “Now both my upper hands are swollen red and hurt to the touch. Like some weird rash I like the pain” (Relapsed, Feb 8, 1). This individual expressed that they engage in certain acts of self-harm because of their desire to feel satisfaction of its resulting physical pain. Whether individuals engaged in self-harm on account of feeling painful emotions, or in the absence of such emotions, these postings point to the importance of recognizing that users attribute their involvement in self-harm to various emotive components.

Self-Harm as Addiction

Furthermore, some individuals used terminology in their postings that alluded to understanding self-harm as an addiction, using vocabulary that was similar to ways in which
individuals discuss other types of addiction, such as a drug or alcohol addiction. Many times, when individuals stated the awareness of their self-harm addiction, they seemed to be frustrated and angered that they were involved in these acts. For example, one individual stated, “I get quite angry with myself for having the urge to do so in the first place, because it’s an addiction for me…” (Psych Forum, Feb 7, 5). Some users also indicated that they believed their self-harm was an addiction more than it was a coping mechanism. In these instances, postings resembled comments such as, “I just viewed it as some normal means of coping and really didn’t get that it was an addiction” (Advice needed, Feb 7, 4).

When users discussed the desistance processes of self-harm, which will be discussed in the subsequent chapter, individuals used words such as “clean” and “sobriety.” In some cases, individuals changed their username to indicate how long they had desisted from the act of self-harm. One post read, “Currently, I have been “clean” for 2 years but self-harm and depression is still something that I struggle with and I continue to maintain” (Experimented, Jan 12, 3). In the same way, some individuals understood their desistance from self-harm as occurring within the context of exiting from other addictions by stating, “Some use it to quit smoking and other addictions” (Trans Forum, Feb 7, 2) and that “…this addiction although it isn’t good, even if I get off it, it won’t fix my problems” (Relapsed, Feb 8, 3).

There were some instances where users of forums denoted the length of time they were abstinent from their self-harm by using the term “sobriety.” There was a message thread in particular that was entitled “10 years of sobriety” and users who were “clean” for this length of time or longer were active in this message thread. There were three usernames in particular that were active in this message thread who went by the usernames of “Charlize,” “Gwen” and “onaquest.” The use of the term sobriety to denote the time clean from self-harm demonstrated
how these users referred to their self-harm, as well as their desistance, as being parallel to other forms of addictions, beyond mere habitual activities.

**Self-harm and mental disorders**

When individuals claimed that they were engaging in self-harm acts, they often claimed that this self-harm was occurring concurrently with other mental distresses. Individuals referred to experiencing mental illnesses at once in combination with self-harm. One user explained, “…I have been suffering with many different disorders such as: anorexia nervosa, a couple anxiety disorders, dysthymia, suicidal thoughts, and self-harm” (Now I am a Warrior, Jan 30, 1).

Administrators of forums also acknowledged that individuals who were on the self-harm support forums could also be seeking support for other types of mental distresses. One forum indicated that support would be provided “if [individuals] are struggling with an eating disorder, depression, self-harm, suicidal thoughts, or just need to talk to someone…” (Counselling and Prevention Resources, Feb 3, 1). Another forum asked, “What are you recovering from? Anorexia nervosa, panic disorder, generalized anxiety disorder, dysthymia, self-harm, suicidal thoughts/tendencies?” (Warrior Admin, Jan 30, 1). Some forums listed links for users to follow for other types of disorders that an individual may be experiencing, such as the following list:
When lists such as the one above were provided, forum users were given the option of accessing supports and other forums related to mental distresses that they could be experiencing in conjunction with their self-harm.

In closing, this chapter captures the ways that individuals define, and understand the causes of, self-harm. These insights provide an important backdrop for examining how users discuss responding to others’ self-harm practices, explored further in the subsequent chapter.
Advising responses to self-harm and sharing desistance experiences

The current chapter outlines advice that individuals provided about how to respond to self-harm, as well as their experiences when attempting to stop their self-harm acts. The experiences and suggestions shared within the present chapter are personal responses to self-harm, in contrast to the subsequent chapters that focus on responses that address longer-term solutions for self-harm desistance. The following discussions all point to the utilization of online forums by individuals in their attempts with desisting from self-harm.

Distractions from, and alternatives to, self-harm

One of the most common discussions in the online forums was one in which users shared their opinions, experiences and suggestions about how to use distractions and alternative actions to overcome self-harm while still achieving the same sensations through a more neutral means. Although in the majority of these discussions individuals referred to distractions and alternative actions interchangeably, there was one forum that outlined the differences between the two categorizations. Distractions were identified as being activities that would help “ground” individuals when they felt “triggered”; activities which would temporarily take an individual’s mind off of the impulses or causes that may have prompted self-harm behaviour (Recovery Alternatives, Feb 3, 1). By contrast, alternative actions to self-harm were classified as activities that would counteract the “negative ways of dealing with your stress and emotions” (Recovery Alternatives, Feb 3, 3), in order to combat underlying difficult feelings of self-harm. As such, alternative actions were seen as doing more than merely distracting – they were seen as addressing, more fundamentally, the mental distress that causes self-harm. Discussions which highlighted distractions and alternative acts from self-harm included both aggressive and more peaceful means of dealing with self-harm urges and identified causes.
The most common distractions that were suggested were physical acts that were to be done by, or to, the body in order to temporarily reduce or eliminate the desire to self-harm. Many times, individuals who suggested physically-centred acts alluded to these distractions as momentarily minimizing the “trigger” (Self Harm 7 Cups, Jan 12, 4) or “urge” (Trans Forum, Feb 7, 2) to self-harm. This theme was particularly notable in instances where individuals encouraged distractive actions that involved the use of one’s hands. Some individuals suggested specific activities such as, “…holding an ice cube in your hand can simulate the same feeling you get from self-harm” (Self Harm 7 Cups, Jan 12, 2), and “in the time that it takes the cube to melt, the impulse usually goes away” (Trans Forum, Feb 7, 4). Other postings advised, “Try rubbing with your knuckles instead” (Self Harm 7 Cups, Jan 12, 8), using a “LOOSE FITTING rubber band” and snapping it around your wrist when there’s “the urge to cut” (Trans Forum, Feb 7, 2). Another user suggested buying a can of compressed air and “hold[ing] down the trigger” so that “it turns your hand red for a few minutes” (Trans Forum, Feb 7, 3). There were other individuals who encouraged hand-related distractions but provided much more general suggestions. One posting read, “Try and find what triggers scratching and find something else to do with your hands during the trigger” (Self Harm 7 Cups, Jan 12, 4). Another posting noted, “…as long as one holds on to something, it’s not possible to pick up something else” (Trans Forum, Feb 7, 3). Although these postings did not provide specific suggestions as to what an individual could do to keep their hands busy, they still focused on using hands to distract oneself from self-harm.

Similarly, individuals suggested distractions that involved doing things to the body. The acts that were suggested were physical in nature and described the body as the recipient of these acts through aggressive means. These users described that these distractive acts allowed them to achieve the “same feeling” (Self Harm 7 Cups, Jan 12, 2) and “physical pain or jolt” (Trans
Pulse Cope, Feb 7, 17) as self-harm, while distracting them from the desire to engage in actual, more damaging, acts of self-harm. One user described this feeling by noting their experience of drawing on their body: “…it makes it feel like I’m doing damage by using them on my skin but doesn’t have the grand repercussions of actual self-harm” (Trans Forum, Feb 7, 19).

In contrast to the previous section that solely outlined the use of one’s hands in distractions, the subsequent comments describe the utilization of other body parts in allowing an individual to experience the sensations they desire from self-harm, without actually self-harming.

One posting stated, “Take a cold shower! Feel the water against your skin—let the cold serve as a distraction” (TransPulse Cope, Feb 7, 7-8). In the same way, other postings suggested “Rub[bing] tiger balm on your skin (it is a muscle relaxant that will leave a tingling sensation),” and “Stomp[ing] around in heavy shoes” (Alternatives, Feb 7, 4). Comparably, another user commented,

If you’re trying to cope with an urge and you like spicy or tangy foods, go to your kitchen and find something. A lemon wedge, barbeque sauce. Something to really clench your jaws. Take a bite. That’s right. This works especially well if you like the physical pain or jolt that SI gives (Trans Pulse Cope, Feb 7, 17).

When individuals discussed their use of distractions, they claimed that they resulted in more temporary means of relief, rather than long-term assistance, by specifically articulating, “The relief is temporary but it’s better than no relief at all” (Advice Needed, Feb 7, 3). Similarly, a user indicated that distractions are “not the best way to cope with it, but still, it is a way” (Self Harm Free, Jan 12, 6). Despite the acknowledgement that distractions from self-harm would only provide temporary relief, these users’ comments were also expressions of appreciation that these suggestions were made in the online support forums. Specifically, although users were not completely satisfied with the relief that these distractions provided, they praised the ability of these distractions to temporarily take away the negative emotions that were tempting them to
self-harm, and in some cases, replacing these emotions with more positive feelings. These postings serve as a means of understanding how distractions were experienced by individuals when attempting to take their mind off urges that would have normally prompted them to self-harm. In sum, users’ descriptions of their experiences with distractions outline that they are used to satisfy temporary urges to self-harm and provide the same bodily sensations that self-harm would produce, through less damaging means.

Contrastingly, *alternative acts* to self-harm involved activities that focused on engaging in conventional activities that shifted the focus from the body to something external to the body, in order to release the negative emotions associated with self-harm or to replace these negative emotions with more positive emotions. One post that recommended doing activities to release negative emotions noted, “Shredding paper or snapping thin pieces of woods sometimes vents the anger or destructive feelings, if that’s an issue” (Trans Forum, Feb 7, 9). Another posting that encouraged individuals to release anger stated, “Head to your room or car, put in your favourite CD and close your eyes. Focus on the lyrics, the music, and sing at the top of your lungs” (Trans Pulse Cope, Feb 7, 4). Similar postings, specifically referring to the release of sadness, suggested, “Listen to sad music and cry it out” (Alternatives, Feb 7, 4) and “Everyone needs a good cry once and a wile [sic], and sometimes it’s the only way to get it all out. So go ahead, grab a pillow or stuffy to huggle [sic] and cry it out” (Trans Pulse Cope, Feb 7, 10). In these postings, individuals articulated that they could release their negative emotions through activities other than self-harm.

Individuals also shared suggestions for alternative acts to self-harm by engaging in activities that would combat the negative emotions of self-harm and release them through more conventional means. One way that they made themselves feel better and reduce their mental
distress was through creative means. These individuals suggested activities such as writing poems, listening to uplifting music or drawing. Some examples of such postings included, “Write in a journal,” “Paint/draw using soft lines” (Alternatives, Feb 7, 4), “Control your own music group” (Scar Tissue Distractions, Jan 20, 6) and “…start making a scrapbook!” (Trans Pulse Cope, Feb 7, 5-6). In these postings, among others, individuals recommended different creative outlets that could act as mediums when wanting to express their difficult feelings through acts that would replace, or minimize, their negative emotions that were tempting engagement in self-harm. It was evident that the users were brainstorming this form of alternative methods to self-harm because of their expressed speculation of the effectiveness or disclosure of not using these alternatives but suggesting them for use by others. For instance, one user cautioned users about potential success of these alternative methods by stating, “…maybe my methods work…” (Trans Forum, Feb 7, 6). Similarly, when discussing how they found drawing helpful, another user wrote, “I hope this helps someone like it helped me” (Trans Pulse Cope, Feb 7, 30), illustrating that they were making the suggestion of this alternative method to self-harm in the hopes that others would find it effective, even among the other recommendations that were also being made.

Although many of the alternative acts suggested were conventional in nature, there were some acts identified that could be understood as being more aggressive and non-conventional in nature. Most of these postings explained that using aggression was a way to release negative emotions. For example, one user suggested finding an old teddy bear and “then grab him/her and throw them on the floor. Punch them around. Throw a book, a pencil, a family member (haha) at them…” (Trans Pulse Cope, Feb 7, 4). Consistent with this line of thinking, another posting suggested doing the same acts with a doll and “…whenever you feel like self-harm[ing] or some
other negative behaviour, take out the doll. Cut it. Tear the poor things [sic] arm off if you have to” (Trans Pulse Cope, Feb 7, 13-14). These postings can be identified as aggressive alternatives to self-harm, as they release the associated negative emotions by doing something —that is arguably violent— to a target outside of the body.

Moreover, distractive and alternative acts were not only described as taking place in offline contexts; there were also some suggestions that these take place online. For instance, one posting read, “Play your favourite video game!” (Trans Pulse Cope, Feb 7, 11). Another user explicitly noted how they used online interactions as a distraction from self-harm by indicating, “Sign online and get on your favorite messenger. MSN, Yahoo, AIM, whatever. Strike up a conversation. Remember, distraction is key” (Trans Pulse Cope, Feb 7, 14). Other users suggested using online artistic flash games that would be a “great distraction” (Scar Tissue Distractions, Jan 20, 4), searching “ridiculous things” on the web (Scar Tissue Distractions, Jan 20, 3) or chatting about other things online, such as memories from childhood (Scar Tissue Distractions, Jan 20, 6). These online activities can be viewed as distractions, as they do not target the mental distress behind self-harm acts but instead momentarily take individuals’ minds off the urge to partake in self-harm acts.

A number of postings articulated that individuals could engage in alternative acts to self-harm by using online forms of communication to vent and let out their negative emotions. One posting noted: “We have a vent thread right here in TBS! Use it whenever you need to and as many times as you need to!” (Trans Pulse Cope, Feb 7, 2-3). Similarly, on a more personal note, one user stated, “When I’m angry I rant to someone online (lol)…” (Trans Pulse Cope, Feb 7, 23). Another user mentioned how helping people online inspired positive emotions: “Helping people always makes me feel better, so let that work for you. Respond to some threads or look at
the contest entries” (Trans Pulse Cope, Feb 7, 10-11). In a similar way, one posting read, “Myspace Bulletins, journal entries, blogs, whatever. Talk about what you love. People are drawn to passion—show them what you’re passionate about” (Trans Pulse Cope, Feb 7, 11). These postings reflect the idea that online forms of communication can be used as an alternative means to ensure a more positive mental state that will limit engagement in self-harm activities.

Overall, distractions from, and alternative acts to, self-harm were noted to be helpful and reduced the temporary urges and negative emotions associated with self-harm. Like the distractive acts that were suggested, so to were suggestions re alternative acts appreciated by users in the forum. Some of these postings stated, “a lot of these ideas make more sense” (Trans Pulse Cope, Feb 7, 24), “Glad u posted this, sometimes I need help” (Trans Pulse Cope, Feb 7, 25) and “Wow, this is a pretty good list, i [sic] thought it be just a very few random things like [sic] rubber band method, ice method and red pen, and nothing else…:/ But [sic] there are a lot of suggestions...” (Trans Pulse Cope, Feb 7, 27-28).

Immediate responses to emergency situations

Many users advocated for the use of offline support to help individuals in their attempts to stop self-harm activities. There were different types of offline supports that were offered, some dependent on the severity of a situation, others related to a particular type of support an individual was interested in. Offline support was encouraged when an individual was said to be in an emergency and required immediate help. As one posting described,

“As always, if you are in a life-threatening emergency or need medical attention, please call emergency medical services or, if you can safely do so, go to the ER or A&E (or the equivalent in your area) immediately” (Alternatives, Feb 7, 5).
Similarly, there were some users who insisted that emergency medical services would be the best form of support during an emergency because of the breach of safety that an individual may be inflicting on themselves or others. One example of this type of posting read,

“It is also important to maintain your own safety and seek urgent help if you think that you have caused yourself serious harm. This may need to be in the form of attending your ER or A&E urgently (Alternatives, Feb 7, 3)”

Another user emphasized the element of safety and potential harm of an emergency situation by stating,

IF YOU HAVE CAUSED YOURSELF SERIOUS HARM OR THINK YOU HAVE CAUSED YOURSELF SERIOUS HARM PLEASE DO [sic] TO YOUR NEAREST EMERGENCY ROOM, ACCIDENT & EMERGENCY DEPARTMENT OR EQUIVALENT AS A MATTER OF URGENCY (Alternatives, Feb 7, 5).

Accessing support during emergencies was seen as very important in order to limit the amount of further harm that an individual could inflict on themselves. When an individual was amidst a self-harm crisis, there were numerous users who encouraged them to seek help by going somewhere—a move in physical location—that was better suited to help them with the emergency. When individuals recommended emergency services for those who were in such a situation, they noted that accessing emergency rooms as soon as possible was not a long-term approach to helping individuals stop or manage their self-harm. For example, one user wrote, “Please remember that these resources are in no way a substitute for professional care, and you should still call emergency medical services if you need urgent medical attention” (Alternatives, Feb 7, 6). While importance was placed on accessing emergency medical services amidst a self-harm crisis, there was also the disclaimer that after such a situation, the individual should seek further professional care.

*Responding to self-harm by encouraging a positive lifestyle*
In continuing this line of discussion, many postings emphasized combatting self-harm’s emotive causes through positive thoughts and practices. These postings encouraged individuals to practice calmness in their daily lives, exercise acts of self-care and ensure that they were getting at “the root of the problem” (Trans Forum, Feb 7, 19). More generally understood, these types of suggestions helped individuals overcome negative feelings through more positive lifestyle approaches and practices.

Notably, these recommendations rarely mentioned methods to specifically end self-harm, but rather mentioned how to live a healthier, more mentally peaceful lifestyle. Whereas suggestions for distractions from, and alternatives to, self-harm were mentioned to target the permanent or temporary stoppage of self-harm, the following suggestions focus more on promoting positive lifestyles, without being applicable exclusively to those who self-harm. For example, postings that specifically addressed the desistance of self-harm through distractions or alternatives stated, “i [sic] only had the rubber band on the wrist trick before” (Trans Pulse Cope, Feb 7, 24), “I also will put on the music and dance when I clean to cope” (Trans Pulse Cope, Feb 7, 30). Alternatively, a posting that helps to demonstrate the promotion of positive practices remarks, “Clean yourself up; clean your surroundings up. Then take care of the little things. Tackle life one thing at a time” (just-rise-again Tumblr, Jan 20, 3). These types of comments have been distinguished from alternative acts to self-harm because they were not suggested in response to other users’ comments or disclosure of self-harm and its associated negative emotions, but were rather framed as ways of maintaining self-care and emotional wellbeing. These comments also promoted broader positive lifestyle practices that were not exclusively relevant to those who self-harm. Additionally, these suggestions emphasized the individual as being the principal actor that was responsible for practicing these mindful tips.
One of the common themes that was present in these types of suggestions for responding to self-harm was advice about how individuals could practice more calmness in their lives. One way that the online forums recommended a path to calmness was through breathing exercises. The following image provides a screenshot of what users on a certain forum would have access to use for guiding their breathing exercises:

(Considering Therapy, April 1, 2)

The screen would begin with showing the smaller triangle, and then each shape would gradually appear, to be used as a guide for an individual’s directed breathing. This specific screen was available to target negative feelings that individuals may have been experiencing.
amidst their self-harm behaviour, and even encouraged users to keep using this guided means of achieving calmness until they “feel relaxed” (Considering Therapy, April 1, 2).

There were also users who explicitly provided links to certain types of meditative resources. For example, one user provided a link to a webpage that promoted “breaking bad habits” and wanted individuals to use researched “mindfulness techniques” to combat any type of mental struggles they were experiencing (Calm, Feb 3, 2). Another posting directed individuals to an “emotional first aid” forum, which included online discussions, videos and resources by mental health professionals in order to talk “about emotional first aid- what it is and how we can practice it” (Blurt Foundation, Feb 3, 1). These referrals recognize that difficult feelings, although they may underlie acts of self-harm, can be resolved and minimized holistically, without any mention of self-harm. In other words, the use of resources that target difficult feelings can be said to be useful for all individuals who are experiencing emotional difficulties, not exclusively those who partake in self-harm acts.

Further, discussions about how to combat negative emotions centred on the development and maintenance of self-care strategies and activities. There were some postings that promoted pride in oneself when completing simple, everyday tasks. These tasks, which were classified as “non-cutesy self-care tips”, included drinking enough water, having enough vitamins, doing the laundry, washing dishes and brushing teeth (stopthecutsforever, Jan 20, 2). More leisurely activities that were suggested included spending time with a pet, eating sweet treats and getting outdoors (stopthecutsforever, Jan 20, 3). These self-care tips encouraged individuals to take care of themselves and their mental state so that individuals may be able to “do what needs to be done first” (stopthecutsforever, Jan 20, 3). Another self-care tip that was suggested was the need for sleep. One user shared their own benefits of a greater amount of sleep by stating, “sleep: work on
trying to sleep better and not have sleepless nights. There has been GREAT improvement in this area, sleeping lots better, most nights before 11pm where before wasn't [sic] able to before 2-4am” (7 Cups Forum Goals, Jan 12, 3). The act of sleep was also deemed to be an act of self-care. When tips for self-care were shared, the tendency was for individuals to neither address, or admit to, self-harm.

Assessing progress

Users who provided suggestions on how to respond to self-harm also offered insight into how individuals could evaluate their progress toward their individual goals of desistance from self-harm. Although an end goal of complete abstinence from self-harm was never explicitly mentioned on the forums, there were postings that pointed to the measure of desistance from self-harm through small, buildable “steps” (Considering Therapy, April 1, 2; Self Harm Free, Jan 12, 1-2). For example, one user noted, “I would love to say I am ___ years clean etc, etc, [sic] but it’s all baby steps” (Self harm free, Jan 12, 1). Another user reassured that “It’s all in the small victories…” (Self Harm Free, Jan 12, 2). As explained in these postings, individuals believed that there was value in recognizing progress through smaller achievements, as opposed to measuring the success of desistance in terms of a larger, and perhaps more overwhelming, goal of complete abstinence. One user noted their perception of their progress by saying, “Just posting to sAyl [sic] am [sic] ok and let you all know what is going on” (Trans Pulse, Feb 10, 6). The individual never alludes to what extent they are “ok,” but it was a way to demonstrate they were making progress nevertheless and that the assessment of the progress was ongoing. In the same way that this individual did not discuss to which extent they were okay, the user of the former posts did not outline what specific victories or steps they were alluding to in their claims and assessments of progress. There were other postings that were more detailed in describing how
individuals assess their desistance process. One user, for example, referred to setting time frames as important for working toward goals: “…and doing 1 week goals at a time for right now before doing 1 month goals again” (7 Cups Forum Goals). Other users were able to note how they were using a forum feature to assess their desistance process, which consisted of measures of days abstinent from self-harm, and “growth points” for each time they reached a personal goal (Considering Therapy, April 1, 2).

Some individuals were also willing to share the amount of time they were “clean” (Experimented, Jan 12, 3; Self Harm Free, Jan 12, 1) from self-harm, which was viewed as an assessment of progress during the desistance process. The amount of time that individuals were free from self-harm acts ranged from days to years, and sometimes users even narrowed down their desistance period to the minute. By way of illustration, one posting read, “I write the number of days I’ve been clean without cutting on my wrist. As of 10 minutes ago I’ve made it to 9 days” (Positive Achievements Cutting, Feb 7, 4). Another user talked about their desistance process in terms of weeks by noting, “I am now 2 weeks clean and I’m trying to so hard to continue this streak” (Self Harm Free, Jan 12, 1). There were also some individuals who had been free from self-harm for greater lengths of time, described in the duration of months or years. Such postings read, “Now, two years latter [sic], i [sic] have gone a while without a relapse” (Experimented, Jan 12, 4), “Currently I have been “clean” for 2 years…” (Experimented, Jan 12, 3) and, “I have been 8 months clean from self-harm today” (Positive Achievements Clean, Feb 7, 4). The sharing of time “clean” is important to contextualize how individuals assess desistance, as they are viewing their advancement in their desistance process by recognizing the absence of self-harming behaviours for a certain period of time. This method of assessing progress of desistance also has implication for how individuals experience and
anticipate relapse. Specifically, from this perspective of assessment, relapses indicate that responding to self-harm is not just a one-time occurrence, as responses may be effective for a certain length of time.

In a few instances, individuals described goals that were not directly related to self-harm. In these cases, goals included increasing income, learning to control emotions and releasing necessary feelings. In rare instances, users explicitly noted that one of their goals was to “take SH off the table as an option” (7 Cups Forum Goals, Jan 12, 4). The rarity of sharing this goal may be attributed to the fact that this could be viewed as a final, and perhaps more daunting objective in relation to desistance processes, therefore individuals would be more hesitant to share. Some users were also willing to share experiences of meeting certain goals that they set for themselves. For example, many postings discussed the pride they had in themselves for functioning throughout the day at work by making comments like, “I am back at work” (Positive Achievements Clean, Feb 7, 3) or “I got through work today” (Positive Achievements Cutting, Feb 7, 3). They also highlighted ways that they met self-care goals by stating, “I got back on the bar at the gym today. Was a bit anxious about it after coming off it’” (Positive Achievements Cutting, Feb 7, 4) and “I have tidied [sic] my room today and done a load of washing and sorting out and achieved quite a few jobs that were on my list” (Positive Achievements Clean, Feb 7, 4). In these cases, individuals were open to sharing how they met the goals that they set for themselves. This goal-setting, and the activities associated with working towards these goals, constituted alternatives to self-harm because the individuals were engaging in activities with their bodies that were meant to have longer-term outcomes, as opposed to distracting methods that were aimed at displacing urges to self-harm for shorter periods of time.
Another way in which users assessed progress was evident in objective measures of “growth” as illustrated in the following webpage that asks users to create their “path” to achieve individualized goals that they had previously identified on the forum.

(Considering Therapy, April 1, 2)

The numeric ordering of the steps in “My Path” suggests that the focus of the desistance process is on the journey and meeting smaller goals, as opposed to concentrating solely on the ultimate goal of desistance. Users who chose to use this method could input personal goals, with the column on the right-hand side helping to ensure users track their steps to desistance. Similarly, there were other pages of this forum that allowed for users to measure their desistance progress. Some forum notifications would indicate how far the user had come in their desistance process. For example, one forum had a notification pop up on the screen that said “Halfway towards the daily goal” or “Your cup is __% full” (Self Harm 7 Cups, Mar 2, 1). These notifications provide tangible and measurable goals that users can use when attempting to work toward total desistance from self-harm.

However, individuals did not always set personal goals or use these forums to assess their desistance process. Instead, some users alluded to more informal methods that could be used to
assess their progress. One way was through feedback from others that praised their efforts. For example, one posting read, “Whether you have been trying to stop for 1 year or 1 day, you have all made the initial attempt to stop self-harming. That’s what matters—the trying part of it” (Self Harm Free, Jan 12, 5). Other individuals alluded to the appearance of scars on the body to indicate that self-harm was something that indicated desistance from the act. For example, postings included, “…the cute scars were deep enough that there are still light scaring, I can still see them,” (Experimented, Jan 12, 4), whereas another posting indicated, “My body is covered in scars that are horrible to look at” (Experimented, Jan 12, 4), which indicated that the desistance process was much more recent. In these instances, the degree to which scars had, or had not, faded was seen as indicative of the extent to which they had made progress.

*Dealing with relapse*

Advice on how to respond to self-harm and the sharing of personal experiences with addressing self-harm was further discussed within the context of anticipating, dealing with and trying to avoid relapse in desistance processes. In these instances, users explained that they used distractions and alternatives to combat related difficult feelings and assessments for progress after they experienced a relapse while they were desisting. Within the context of relapse, it was more common that individuals discussed their experiences with these types of responses as opposed to taking an advisor role on how to respond.

As noted in the previous chapter, individuals expressed that they experienced urges prior to engaging in self-harm activities. One user noted, “Almost 6 months but I’m getting the urges to relapse” (Self Harm Free, Jan 12, 4). Similarly, another user shared, “I’m almost 1 week clean. I’ve been having really strong urges though so that really sucks. I want to keep my clean streak going but I don’t know how much longer I can keep it” (Self Harm Free, Jan 12, 5). In each of
these postings, the users alluded to experiencing their urges within the broader context of their desistance. These descriptions of experiencing urges and those that were mentioned within the previous chapter differ in that the postings contained previously discuss the urges that users experienced during their initial experience and maintenance of self-harm, whereas these postings highlight urges that are experienced by individuals when they have already made some progress in the self-harm desistance process.

Many users acknowledged that they had relapsed after a certain amount of time that they had been “clean” from self-harm, as noted in the previous section as a way of progress assessment; however, there was also a general awareness that the urges needed to be resisted in order to further self-harm desistance processes. One user understood that giving in to urges would hinder future desistance by stating, “…I want to keep my clean streak going but I don’t know how much longer I can keep it” (Self Harm Free, Jan 12, 5), indicating the feeling that giving in to the urges could overshadow desistance progress thus far, without guarantee that the clean streak would continue after experiencing relapse. Other users explained their desire to resist the urges because they were committed to recovery. As one user explained, “As of right now I’m 3 days clean. It’s hard to keep it that way though. I’ve been having really strong urges to cut but:/1. I’m trying to recover…” (Self Harm Free, Jan 12, 7). Another comparable posting described, “It seems i’m [sic] actually a month free, to the day. i’ve [sic] had a lot of urges throughout this month and it’s been really hard, but at least, I haven’t hurt myself since december [sic] 6th” (Self Harm Free, Jan 12, 7). In the latter posting, amidst acknowledging the difficulty in resisting the urges, the individual attributed their resistance of urges to the advancement they were making in their desistance process.
Further, there were some individuals who were more specific in discussing how they resisted urges during their desistance processes in an attempt to prevent, or minimize the likelihood, of relapse. When individuals shared these experiences, they primarily discussed the removal of tools by either themselves or by others who were aware of their self-harming behaviours. There were users who advised that individuals should eliminate the paraphernalia that was used to help them self-harm. One posting that made this suggestion described,

Right now, this moment, get rid of your blades. Throw them into the nearest stream or trash bin. Let them go. If you can remove the temptation from your life, you can get one step closer to recovery (Trans Pulse Cope, Feb 7, 18).

Another user shared their experience of a family member taking away a tool that they used to self-harm by saying, “my husband has the tools I [sic] use and he rarely gives them but there are times when i get them from my husband” (Trans Pulse, Feb 10, 2). This user continued to explain that if her husband sees that she has the tools and begins self-harming again, he “is very angry” and “[gets] rid of all the tools” (Trans Pulse, Feb 10, 4).

Individuals also talked about how distraction and alternative acts were used to avoid relapse, as demonstrated through their sharing of experiences with urges during their desistance process, after a significant amount of time being “clean” from self-harm. Some users did not specify which distractions or alternatives they used to replace their self-harm, but they explicitly mentioned that they were able to distract themselves during times of temptation. To illustrate, one user posted,

I am clean for almost a year now, but on my bad days I often think about doing it again. I have it under control though and every time I get the urge, I manage to distract myself until the thought is gone again (Self Harm Free, Jan 12, 6).

Another user shared their variety of distractions by stating, “I still get urges, but when I
do I focus on something else (work, reading, watching a bunch of TV in one sitting, video games, and stimming toys [like fidget spinners])” (Trans Pulse, Feb 10, 6). The use of these types of activities by users to distract them from urges during desistance is consistent with the previous distinction made between distractive and alternative acts, which pointed to the use of distractions as a means of temporarily taking the individual’s mind off of their impulses. Sharing alternative acts during desistance processes was also common in the support forums. One user shared how they overcame unexpected urges during the desistance process:

Keep a journal or log of every time you have overcome an urge to do something negative, whether it’s SI or something else. Now, when you have another urge, get that book out. Read what’s worked for you in the past and remind yourself that you CAN make it (Trans Pulse Cope, Feb 7, 19).

Another alternative that was shared within the context of attempting to stop self-harm was shared in a post that read,

i’ve [sic] had times where i’ve [sic] gotten really close to starting to scratch and/or hurt myself, but i had one of my best friends tell me, ‘hey no, talk to me, let’s talk about something and do this instead.’, which was really, really helpful (Self Harm Free, Jan 12, 7).

This user noted that the use of a friend was helpful when they were experiencing the urge to self-harm again, after being clean for a duration of time. Based on postings online, it became apparent that individuals advised, and experienced, responses to self-harm within the context of both their maintenance and desistance from self-harm.

Users talked about times that they had relapsed, and they recognized that anticipating and experiencing relapse was part of the self-harm desistance process. For example, one posting read, “Like all addictions, it can take a long, long time to overcome and there’ll be relapses. But it is possible to stop” (Trans Pulse, Feb 10, 7). In the same way, another user commented, “Recovery is something you need to wake up and do every single day. You have a choice to relapse or keep
going. There are definitely some fall downs, but it is possible” (Warrior Insight, Jan 30, 1). As evidenced in the words of these users, what may be viewed as a failed response to urges initially, may prompt another response of trying again and getting back up after a relapse. Even when individuals shared the length of time they had been clean before relapsing, they recognized that they would have to try again by articulating, “…the plus is that is the longest I [sic] have ever made it. hoping to make it even longer this time…” (7 Cups Forum Goals, Jan 12, 4) and reassuring themselves that, “I know I can do it because I was a year and a half clean before I relapsed but I’m trying to get back to where I was” (Self Harm Free, Jan 12, 2). The discussions about relapse and responding to urges throughout the desistance process point to users’ beliefs that self-harm is a process – it is not something that has a ‘quick fix.’ As such, users believed that just because various responses have been tried, or it has been difficult to respond to self-harm, it does not mean that desistance progress is not being made. The subsequent chapters delve deeper into the support that individuals seek and offer through their engagement in online forums, as they hope for greater progress in their desistance processes.
Seeking support

Introduction

Unlike the immediate suggestions outlined in the previous chapter, the current chapter discusses longer-term responses to self-harm. The support that is discussed herein is support that was simply advised—that is, to go external to the forum for support—as opposed to being offered by the individuals themselves. Discussions about why individuals seek support, types of support that were offered and technicalities that people identified as hindering their ability to access support sheds light on how individuals perceived self-harm support forums as helping them progress further in their desistance process.

Emphasizing the difficulty in stopping self-harm and seeking support

There was a prevalent sentiment among users that desistance from self-harm was not an easy feat, and some users directly stated that they wanted to access support. When users explained the difficulty they experienced at the commencement of their desistance process, postings read, “It’s hard to quit but I know I need to” (Self Harm Free, Jan 12, 2), or “…the plus is that is the longest i [sic] have ever made it, hoping to make it even longer this time, but this beging [sic] time is the hardest time im [sic] finding” (7 Cups Forum Goals, Jan 12, 4). There were also some individuals who reassured others that they were able to relate to these beginning stages of difficulty by noting, “The first few weeks are always the hardest!” (Self Harm Free, Jan 12, 1) and “I know how challenging it is, but we all have to start at square one” (Self Harm Free, Jan 12, 2).

Some users explicitly indicated that acknowledging their need for support was the most difficult part of their desistance process by noting, “Being willing to repair the problem is the largest challenge to face” (Trans Forum, Feb 7, 11). A similar posting articulated the difficulty in
dealing with the desire to continue self-harming: “Still, I’m struggling. One part of me wants it” (Positive Achievements Cutting, Feb 7, 4). Postings such as these also allude to the necessity of wanting support and wanting to stop self-harm activities in order to seek support throughout exiting processes. Some postings were explicit in asking for support, which otherwise could be characterized as a plea for help. An illustrative posting read, “I’m in the same situation, though. I just need someone to talk to about the cutting” (Advice Needed, Feb 7, 4). This user’s “need” to talk with someone about self-harm activities signals the importance that they place on not dealing with self-harm desistance by themselves.

Suggestions for offline support

There were some users who advocated for the use of non-emergency, professional, offline supports for those who were in the process of desisting from self-harm. In these posts, it was recognized that the support that individuals required was beyond the scope of what could be addressed online. One such posting stated: “If you [sic] currently suicidal at the time of a chat, listeners encourage you to go to professional resources to get help since we are not trained to help in times of crisis” (7 Cups Gentle Waves, Jan 26, 2). Some postings did not provide a specific reason why an individual should pursue professional help, but instead specified the types of professional help individuals could access. For example:

Get a referral to a mental health professional- a therapist, psychologist, or psychiatrist. You can safely discuss your SH with them. They have heard this before, aren’t going to judge you, and will know how to help you (Advice Needed, Feb 7, 5).

Another user advocated specifically for counselling services to deal with potential difficult feelings and behaviours by stating,

If you are struggling with an eating disorder, depression, self-harm, suicidal thoughts, or just need to talk to someone, please reach out to counsellors at one of the services listed below. They are ready to help and want to hear from you (Counselling and Prevention Resources, Feb 3, 1).
While some users made general recommendations to seek professional help, other users made specific referrals to professional, offline services that individuals could access. One posting provided referrals to numerous professional services listed, “S.A.F.E. CLINIC SERVICES/INDIVIDUAL AND FAMILY THERAPY/WEEKLY GROUP PSYCHOTHERAPY/FAMILY EDUCATION AND SUPPORT GROUP (SERVING ADULTS AND ADOLESCENTS)” (Safe Alternatives, Feb 3, 2). Both the general and specific referrals to offline, professional support are discussed in the self-harm support forum and are available to users if they wish to access these services in an emergency or at any point during their self-harm desistance processes.

Despite the push for professional support, users also advocated for the use of non-professional, offline supports during an individual’s self-harm desistance process. The most common recommendation involved talking to family or friends about self-harm activities. As one user said: “…Call a friend or family member, ask for company” (Alternatives, Feb 7, 5). One post advocated to talking to family members: by saying: “So talk to your parents…” (Trans Pulse Cope, Feb 7, 16-17). Another suggestion noted to talk to family as well as other adults by stating, “…telling another safe adult such as a family member, teacher or someone from your place of worship…” (Alternatives, Feb 7, 6) and “call[ing] up your best friend and vent[ing]” (Trans Pulse Cope, Feb 7, 11-12). Instead of simply offering these solutions during a relapse or urge, these individuals more broadly promoted the use of trusted individuals as a means of support during desistance processes. These types of postings reassured individuals that engaging in these activities would make “you feel better” (Trans Pulse Cope, Feb 7, 4) and in turn, reduce the negative emotions that had caused the self-harm.
When these suggestions were offered, the individuals did not simply state these as a means to overcoming an urge. A last non-professional means of support that was advised was to get involved with organizations that helped individuals stop their self-harm. One of the postings read: “Learn More and Get Involved/- To Write Love on Her Arms/-Half of us/-Love is Louder/-Self Injury Foundation” (Counselling and Prevention Resources, Feb 3, 2). In sum, users are encouraged to recognize the multitude of offline, non-professional points of support that are available to them during their self-harm desistance processes.

More generally, there were suggestions from users to “talk to someone” throughout their self-harm desistance process. In these recommendations, users did not distinguish between professional or non-professional means of offline support. Postings such as, “You might want to talk to someone about it. Stay strong” (Self Harm 7 Cups, Jan 12, 9) and “I hope you could find someone to help you through those urges…” (Self Harm Free, Jan 12, 5) demonstrate the encouragement to reach out to anyone, regardless of their categorization as either a professional or non-professional means of support. There were also postings that were meant for individuals who knew of someone who wanted to stop self-harming. These postings encouraged users to support the self harmer by telling them to talk to someone for support. Illustrative of this encouragement was a posting that read, “If you know someone who is struggling, please encourage them to use these services. Expressing how much you care can make a huge different in that person’s life” (Counselling and Prevention Resources, Feb 3, 2).

Encouraging both professional and non-professional means of support was discussed in ways similar to, “Remember only you can stop yourself self harming but it is good to have professional and non professional support around you” (Alternatives, Feb 7, 6). Another posting buttressed this perspective by saying, “Remember that as well as telling a professional, it is good
to have a support structure in your life eg [sic] comprising family and friends. It is important to use this support structure healthily” (Alternatives, Feb 7, 8).

Suggestions for online support

Postings also shed light on online types of both professional and non-professional support that individuals could access if wanting to stop their self-harm activities. The forums themselves offered an opportunity for individuals to browse different types of online supports, and the postings within provided specific referrals to online resources that provided an opportunity for individuals to browse different types of online supports.

There was also advice provided to individuals about utilizing professional means of support in online settings during self-harm desistance processes. Most of these offerings of online, professional support were done through the appearance of ads. Most commonly, these types of suggestions involved specific referrals to professional online services that routinely provided support to those who were attempting to stop self-harm or dealing with other difficult feelings. On one support forum, there was an advertisement that appeared, which allowed individuals to register with an expert therapist online in order to seek help for their self-harm or difficult feelings. A sample of this advertisement is pictured below.
In other cases, referrals to online, professional support services were made during discussions that occurred in the forums. For example, one such discussion listed referrals by country, which allowed for individuals to receive support in their respective language. A section of this discussion read,

“In the United States:

…
- Live Chats: crisischat.org (2pm-2am ET) or imalive.org
- National Eating Disorders Association or 1–800–931–2237
- S.A.F.E. Alternatives for Stopping Self Abuse or 1–800-DONT-CUT (366–8288)
- National Suicide Prevention Lifeline or 1–800–273–TALK (8255) or en Español
- The Trevor Project (LGBT crisis intervention) or 1-866-488-7386
- Rape Abuse & Incest National Network or 800-656-HOPE (4673)

Australia
- Lifeline Australia or 13 11 14
- beyondblue or 1300 22 4939
- Suicide Call Back Service or 1300 659 467

Brazil
- CVV or 141

Chile
- Teléfono de la Esperanza or (00 56 42) 22 12 00

France
- S.O.S Amitié…” (Alternatives, Feb 7, 6-7).

These online support services allow individuals to get help without having to visit a professional face-to-face, and without having to be within geographical proximity of the service provider.

Furthermore, non-professional resources that could be accessed through online means were advocated by users to those who were wanting to stop their self-harm activities.

Comparatively, while recommendations for offline, non-professional support suggested talking
with family, friends and other understanding individuals, users that promoted online means of non-professional support most commonly pointed to forums. These forums often included individuals who were not trained professionals but who were willing to listen to individuals and offer help during their self-harm desistance process. One posting that demonstrated this perspective stated, “Talking is almost always good therapy so I applaud your new feature in chat” (Trans Forum, Feb 7, 3). Similarly, another user commented, “If you join this site you can get free, anonymous support from trained listeners and a huge support community” (7 Cups Gentle Waves, Jan 26, 3; Self Harm 7 Cups, Jan 12, 2).

In addition to users pointing to the online forum in which they were present as a means of non-professional support, individuals also made specific referrals to other non-professional supports that exist in online contexts to help individuals through their desistance processes. One posting listed various non-professional online services such as, “Chat anonymously with an Active Listener: 7 Cups of Tea…” (Alternatives, Feb 7, 6). 7 Cups of Tea is classified as a non-professional service because it is unknown to which degree others have been trained—and if it is clinically recognized training—to listen to others’ and their self-harm processes. Recommendations to use non-professional, online resources were fairly restricted to online forums and chatrooms.

When discussing online, non-professional support, instead of a user providing specific referrals to such resources, a “browse for listeners” feature was on a forum. Through this feature, users could select who they wanted to talk to. Consider the following few usernames and related details that can be found in this browsing feature.
In this browsing feature, individuals were able to view “listeners” who identified themselves as willing to listen to those who required extra support during desistance. Information on this browsing function included the rank of the listener, the demographic of who they had experience with talking to, their biography, and why they decided to join the online forum as a source of support. This search feature allows individuals to identify who they would like to seek out for online support based on preference and suitability. Overall, the online, non-professional means of support that were suggested predominantly pointed to interacting with other individuals or services on various forums and websites, as opposed to offline, non-professional means of support that suggested face to face engagement with family, friends and trusted adults.

**Advisable criteria for support**

Users also provided insight into the technicalities and potential difficulties that individuals may face when attempting to access support during their self-harm desistance processes. First, users were adamant in suggesting to other individuals that they should consider certain qualities when looking into supports that would be suitable to them and their needs. Included in each of these subsequent postings was the word “trust.” One individual
recommended, “And so I would suggest you try and talk it through with someone you trust, see if you can work on healthier ways to cope besides self-harm” (Self Harm 7 Cups, Jan 12, 14).

Another posting read, “In which case, telling another safe adult such as a family member, teacher or someone from your place of worship who you trust is an option” (Alternatives, Feb 7, 6).

Another criterion that users advised when accessing support was that of competency. The discussion around seeking a competent level of support promoted finding professionals who understood the scope of self-harm and how certain self-harm activities have evolved. As one user noted, incompetence should be avoided: “I’ve had some [doctors] that come from the older generation and aren’t up to date with new methods, issues and scientific findings” (Self Harm 7 Cups, Jan 12, 2). A similar posting suggested, “If you’re in doubt, make sure you see a competent doctor” (Self Harm 7 Cups, Jan 12, 2).

Lastly, users recognized that there was not a one-size-fits-all approach to selecting appropriate support. One user commented, “A nice remedy if it would work for everyone, but as we all know, everyone has different levels and it takes different ways to squash the urge” (Trans Forum, Feb 7, 4). The subjectivity around what constituted appropriate support was recognized by this user: “This is just my personal opinion, but I think you should find you own help. I think you’ll feel more comfortable about it if you do” (Advice Needed, Feb 7, 5). The theme of “comfort” is seen in this, and other, posts. For example, another comment suggested, “…feel free to message me, if you’re comfortable with that” (Trans Pulse, Feb 10, 7). This user only wanted someone to reach out to them if it was comfortable, emphasizing not only the importance of accessing support, but accessing support that puts an individual most at ease during an already difficult desistance process.

*Difficulties in accessing support*
Users cautioned against certain barriers that may hinder an adequate level of support. Barriers to accessing adequate support were discussed online at social and institutional levels. Social barriers were experienced within the context of individuals wanting to hide their self-harm or being hesitant to disclose these acts to family, friends or professionals due to their anticipated responses. For instance, one user wrote, “I cut a tiny bit about six years ago, hiding it, since I didn’t want to hurt anyone…since, I had finally understood that it was bothering people” (Advice Needed, Feb 7, 4). In line with this desire to keep self-harm acts hidden, another user noted, “My husband also does not know but I am not sure how much longer I can hide it from him…I don’t know if I can handle his reaction” (Advice Needed, Feb 7, 3). Some users specifically alluded to their fear of judgement if they were to disclose their self-harm, evidence of their awareness of the view that self-harm is not seen as a conventional activity. One of these postings read, “I am not able to talk to friends and family because I am afraid of judgement” (Advice Needed, Feb 7, 3). Another user stated, “I know this might not be something you want to discuss with your friends or family…” (7 Cups Gentle Waves, Jan 26, 3; Self Harm 7 Cups, Jan 12, 2). There does not appear to be explicit mention of why an individual may choose to hide their self-harm, however the statement, “I know…” indicates an assumption that there are social repercussions which may cause an individual to withhold information and ultimately seek support.

These postings not only point to the desire for these users to withhold their self-harm activities, but they specifically refer to the worry of responses and anticipated effects on the individual if disclosure of self-harm activities were to occur. In the above postings, the worry about inflicting “hurt”, worry about soliciting a “reaction” and understanding that self-harm
“bother[s] people” are barriers, personal to an individual, that have restricted the ability of individuals to disclose their self-harm acts and access support.

Lastly, individuals describe institutional barriers that have limited their desire to access support during the desistance processes of their self-harm. In addressing these institutional barriers, individuals pointed to possible differences in healthcare systems for those wishing to seek support. As one posting read, “In terms of seeking further help, this will depend on the healthcare system where you live” (Alternatives, Feb 7, 6). Further, some postings noted specific details about the health care system, and the implications for those who access support. This posting noted, “I don’t know the medical system in your country, in my country there is no problem for a young man of 16 to visit a doctor without permission of the parents” (Relapsed, Feb 8, 3). A subsequent posting buttressed the concern of possible age restrictions by noting, 

If you are a minor then it may be that you don’t have immediate access to a medical professional. In which case telling another safe adult such as a family member, teacher or someone from your place of worship who you trust is an option (Alternatives, Feb 7, 6).

The institutional barriers, such as policy, surrounding the age of consent, were possible hindrances discussed online to individuals accessing support.

In some instances, the online forums themselves made access to support unachievable, because the online links they provided for support failed. During my virtual ethnography, I experienced broken links a total of 27 times, with 16 of these broken links coming from one forum. When attempting to connect to these support services, the following error message appeared. Again, this occurred numerous times on one single forum:
If as a researcher this experience was frustrating, the broken links would also serve as a barrier to those attempting to access further support online for their self-harm desistance processes.
Offering Support

Introduction

This chapter illustrates how self-harm support forums offer a platform for individuals to make personal offerings of support to fellow users who are seeking help during self-harm desistance processes. Contrary to the advising of support that was discussed in the previous chapter, the focus now centres on how individuals presented themselves as points of support for individuals who were seeking aid while they were attempting to stop their self-harm activities. Most often, individuals drew on their experiences of receiving psycho-centric, longer-term responses for their self-harm desistance as a way of offering support and guidance.

Technological advancements and mediums allowing for online support

To begin, some supportive individuals encouraged those trying to desist to view the online support being offered, as similar to support that would be experienced in offline, face-to-face contexts. To illustrate, one user noted,

Think of us as the knowing nod. You’ve seen it – a slight bob of the head, often accompanied by a smile. A little movement that says, ‘I understand’, ‘I’m listening’ and ‘I’m here for you’. That’s us” (Blurt Foundation, Feb 3, 4).

As the comment suggests, the person posting reassures users that the forums that provide sincere and caring support, by referencing an orientation that offline would be signalled by non-verbal gestures. Not only has the emergence of the Internet allowed individuals to offer and access support online, but it has also introduced new ways of acquiring and providing support that was once unavailable in online settings. For example, one comment read, “Find information here on self-harm in schools and at home, how self harmers should be treated in hospitals and peer support for you, the carers of self-harm” (Scar Tissue A Long Way to go, Jan 20, 1). As
articulated by this user, the Internet has allowed information that was once only available in offline settings, and less accessible, to be present in an open and accessible online platform.

One forum in particular allowed users to search for an online therapist that would be suitable for their individual needs. A user who entered the forum would be asked if they would like to answer a few questions that would allow the system to match them to another individual who was deemed to be a trained listener or therapist. A trained individual is referred to as a “friendly bot” or “therapy request bot” (Self Harm 7 Cups, Mar 3, 1). From there, the user seeking the support is able to browse a list of “friendly bots”, those who have been suggested as suitable listeners. Once the user connects with a friendly bot, they can then begin the support process through a chat feature, which has the potential of offering continuous support for the user, if they so desire. In this way, the Internet has allowed support for self-harm desistance in the online forums on a consistent basis, with a professional who they may not have direct access to in offline contexts.

Of course, the availability of online supports for individuals involved in the self-harm desistance process is not only restricted to platforms that are solely designated for offering this type of support. Instead, the Internet has allowed alternative online websites, notably social media pages, to deliver self-harm support. One posting articulated how support networks have transcended into social media platforms by noting, “Scar Tissue can now be found online. Check us out on MySpace, Facebook, Bebo, Deviant Art, All Poetry, Blogspot, feedburner and Twitter” (Scar Tissue Long Way to Go, Jan 20, 1). The image below captures the promotion of social media by self-harm support forums:
The above posting provides the options for users to connect with the support forum on Facebook, Twitter, Tumblr, Pinterest or Instagram, which are all classified as social media websites. Since the support forum has provided direct links to the social media websites, users are more easily able to access the support they desire. For this reason, users may appreciate the more informal, or comfortable, nature of social media websites, compared to the possible intimidation that may be associated with online forums that specifically focus on self-harm support.

Further, some forums advocated for the use of cell phones by users so that there would be greater convenience to access the forums whenever necessary. Cell phones would allow individuals to have such support at their fingertips and not be bound by bulky mediums which provide Internet capabilities. One of the forums promoted the use of cell phones as mediums for online support by stating, “Don’t miss a message! The 7 Cups app is available on iOS and Android” (7 Cups Gentle Waves, Jan 26, 3; Experimented, Jan 12, 5). Some promotions like this one included direct links to the downloadable app on both the Google Play Store and Apple App Store. Upon navigating through a more professional support platform, there was an included
promotion for the use of cell phones to gain access to support by stating, “GET THE APP,” again, with icons that would lead a user directly to the page where they could download the app (Counselling and Prevention Resources, Feb 3, 3). Online encouragement of downloading apps demonstrates how cell phones, as a technological medium, allow for the portability and increased accessibility of self-harm support forums.

Users of the forums praised the existence of online support. One user shared congratulatory remarks to the forum stating, “Congrats on the addition of the new room — fantastic idea! (Trans Forum, Feb 7, 7). Echoing this congratulatory remark, some users praised the forums by stating, “I applaud this idea. (a rare occasion)” (Trans Forum, Feb 7, 7) and “Glad we have a chat starting up” (Trans Forum, Feb 7, 8). While these types of comments pertain to the forums, other comments praised the involvement of individuals in the forums. For example, one user wrote, “Yay! Glad that you are here and are a therapist here, great to see ya [sic] here! <3” (7 Cups Forum Goals, Feb 22, 2). The praise that users articulated in the forums to denote their excitement and gratitude for the forums and its users speaks to the Internet’s far-reaching capabilities and individuals’ eagerness to support one another through self-harm desistance stages. The following section will now examine how individuals position themselves within the self-harm support forums to provide offerings of support.

**Positioning oneself as a point of support**

Prior to individuals offering support and guidance to fellow users in the forums, they often identified themselves as being in a particular position to offer such support, allowing for individuals to assess their ability to offer guidance. Supportive users tended to position themselves as either noting that they were ready to make personal offerings of support as a
fellow self-harmer; or by indicating that they were individuals who hadn’t self-harmed but were seeking advice on how to help others.

First, supportive individuals utilized certain language to identify that they were solely one individual within a greater community that was ready to offer support to those who were desisting from self-harm activities. References to “us” and “we” were commonly used by an individual to denote membership in an online community of support. For example, one posting read, “We here at 7 Cups of Tea are also here for you if you feel connecting with one of our listeners could help you as well” (Self Harm 7 Cups, Jan 30, 9). Similarly, users utilized the word “us” to denote their position within a community of support, as evidenced in comments such as, “Please talk to any of us to seek help” (Self Harm 7 Cups, Jan 12, 7). These comments identified support as being available within an online community as opposed to elsewhere, and those making these comments do not identify themselves personally as a sole, or primary, point of support for those seeking to desist from self-harm activities.

Some individuals indicated that there should be parameters to the online community such that those who opted-in to the online community should be prepared to offer support to others, within the confines of this online community itself. As one user stated, “this addition to the room has been long needed we have discussed this before laura [sic] and I’m glad that we have a mod for it and the room is now open hugs karen [sic]” (Trans Forum, Feb 7, 7). This individual who described the online community identifies herself as part of the community and explains the online space of the community as a “room,” paralleling this online space to offline occupancy of a similar community. Moreover, there were also some users who noted that the parameters of the community of support were not necessarily physical boundaries, but also could be understood as boundaries of intentionality. For example, one comment stated,
This [the addition of the room] is a great addition to the site. We now have to try and get the people that cut, to open up enough to come join in. Just maybe we can reduce the amount of cutting. Count me in on trying to help on this (Trans Forum, Feb 7, 5).

This user has not only situated themselves within the online community of support, but they have also aligned themselves within the community’s pursuits of providing support to those who wish to access such help. Emphasizing a more obligatory duty of the online community of support, one individual wrote, “…it’s up to our community to help ourselves, as no one is going to do it for us” (Trans Forum, Feb 7, 2). In this instance, the user has noted that the supportive community needs to do more than exist (in a passive sense); it needs also to intentionally provide support for desistance (in an active sense).

In addition to some users recognizing their offerings of assistance within the greater community of support, there were also some individuals who made personal offerings of support to fellow users who wanted to desist from self-harm. In these instances, users identified themselves as sole providers of assistance and did not allude to their relationship within the broader online community of support. Some users who offered themselves as a point of support were very brief in their gesture, and said things like: “Message me if you need to chat xxx” (Self Harm 7 Cups, Jan 12, 3), “We can talk. I would love that <3” (Advice Needed, Feb 7, 4) and “Please remember that, and feel free to talk to me about anything” (Just try to get up, Feb 1, 2). Some individuals offered their willingness to listen by commenting, “If your day or night isn’t going so well, i’m [sic] here to listen” (Browsing Listeners, April 1, 3) and “I am 15, I really love listening, so if you ever want to rant etc., come to me” (Browsing Listeners, April 1, 10). Individuals were able to offer themselves as a point of support through both their willingness to talk with and listen to those who wished to have the assistance during their time of self-harm desistance.
Some users provided more personal details when making offerings of support, noting that they could be trusted and were a comfortable person to approach. One posting noted, “I’m a trusting person. If you’d like to reach through to me via Whatsapp, please message me on this forum” (Advice Needed, Feb 7, 4). Another user reassured individuals that they wouldn’t judge an individual’s situation by commenting, “You can message me and tell me anything. I will not judge…” (Now I am a Warrior, Jan 30, 1).

Some individuals who offered support noted that they were individuals who had not self-harmed. For example, one user noted, “I’ll listen, and I’ll try to help. I can’t pretend to know what you’re dealing with, but I will try to understand to” (Just try to get up, Feb 1, 2). Other times, individuals who had never self-harmed shared experiences with how they supported someone who self-harmed in an offline setting. As one user commented, “I’ve gone out of my way to be extra nice to her, nobody at work likes to deal with her at all” (Trans Forum, Feb 7, 14).

Most notably, the presence of individuals in the support forums who had not self-harmed represented a new user group who at times sought help on how best to help others. As such they became the recipients of online support that was provided by those who had had prior experience in supporting desistance from self-harm. When individuals articulated that they were seeking help on how to best aid someone who self-harmed, they usually asked a question, allowing other users to respond. For example, one non self-harmer asked, “How can you help somebody who you really have nothing to do with” (Trans Forum, Feb 7, 14). In response to this question, a user provided necessary advice by saying, “Try to talk to the person, sit with the person. Even if she pushes you away, she will know that someone does somewhat care about her. Just try. That’s all I can say” (Trans Forum, Feb 7, 18). Having individuals active in the forums who had never self-
harmed demonstrated a willingness to understand others’ situations and provided the chance for others in the forum to provide alternative types of support, beyond those directed specifically to people who were involved in self-harming.

*Utilizing personal experience to offer support*

As per the aforementioned discussion, individuals on the support forums offered themselves as a point of support for those who were seeking to desist from self-harm activities. These types of offerings—made by those who had previously self-harmed or still engaged in self-harm—allowed individuals to share their experiences to provide personalized support to fellow users who were seeking the help. Specifically, the experiences that individuals shared included involvement with self-harm support, the desire to talk, worries, and insights on a variety of inquiries pertaining to engagement in self-harm activities.

First, the individuals who shared personal experiences with self-harm support discussed the use of prescribed medicine and professional therapy. When individuals talked about their use of prescription medication while stopping self-harm, they were clear to articulate the type of medication they used and how they felt it helped them overcome difficult feelings. One user stated, “I am on Apo-Sertraline (Zoloft) 100 mg right now” (Admin Warrior, Jan 30, 1). Normally, the reference to medication was done in conjunction with a reference to therapeutic aid. For instance, one user stated, “I was put in therapy for a few months and on antidepressants” (Trans Forum, Feb 7, 8).

Some posts pointed to problematic experiences with therapy and medicine during the desistance. As one user posits, “I feel like after seeing multiple therapists and pdocs and having been on more antidepressants than I can remember I should have somehow developed better coping skills by now” (Trans Forum, Feb 7, 3). At other times, therapy seemed to help individuals
throughout their desistance process, as described by one user who wrote, “I shared some difficult stuff with my doctor this afternoon. And allowed myself to get a little bit upset rather than just pushing it away” (Positive Achievements Cutting, Feb 7, 3). Descriptions of various supports during desistance processes elicited questions and engaged in others in conversation with the creators of the postings.

Individuals related to other users by articulating they were aware of what it was like to want to talk to someone throughout the desistance process. For example, one posting read, “I know how it is when you need someone to talk to and that is exactly why I am here!” (Browsing Listeners, April 1, 4). Other users related to the difficulty of the self-harm desistance process by noting, “I especially know what it’s like to be under great pressure and simply feel burned out” (Browsing Listeners, April 1, 8). Occasionally, some users explicitly noted that their understanding of others’ positions in desistance processes was a way for people to know they should not feel isolated in their attempts at stopping self-harm activities. These types of postings resembled the following: “for me, being able to relate to people’s problems is the best way to be there for them as it makes them feel as though they’re not along [sic] or feel alienated as there is someone else going through the same pain” (Online Support Group, Jan 26, 1). Within the comment itself, this user promotes relating to forum users so that they do not feel alone.

Specific insights into support were also able to be offered when comments were made about the difficulty in the desistance process or when asked about suitable resources. When individuals talked about the difficult feelings they were experiencing at the commencement of their desistance process, or difficulties they had in reaching out for support, fellow users provided insight into how they overcame such struggles. One user assured, “I am more than happy and very, very grateful I did not commit suicide at the time I was feeling as desperate as
you are now” (Relapsed, Feb 8, 2). Users also talked about overcoming difficult feelings by recommending how to approach self-harm desistance: For example, one user stated, “My personal experience has been that the best way to get a handle on your SH is to deal with what is causing you to want to cut in the first place” (Advice Needed, Feb 7, 5). In addition, users also provided encouragement to overcome these feelings associated with self-harm. For example, one user stated, “My personal experience has been that the best way to get a handle on your SH is to deal with what is causing you to want to cut in the first place” (Advice Needed, Feb 5, 7).

Another user commented on the importance of therapy for desistance:

Generally I am not a big fan of therapy, but I will say it did help somewhat for my anxiety so it may be something you might want to consider trying. At a minimum they can at least teach you some coping skills that you can try before resorting to SH to control your anxiety (Advice Needed, Feb 7, 5).

These testaments of previous experiences represent another way for users to relate to one another throughout self-harm desistance processes.

One of the main ways that supporters used their personal experiences of self-harm was by reassuring those who were worried about beginning the desistance process. Some comments made by users reassured individuals who were concerned about pursuing a particular type of support. As one user reassured:

Don’t worry, they very rarely lock people away for self harming and they can’t force you to take drugs either. That’s your choice. I know because I’ve been told all this by a professional myself. Hope this helps. =) (Self Harm 7 Cups, Jan 12, 2).

Some supportive individuals took a more optimistic approach to their reassurance, by noting that the medical treatments sought would more than likely help the individual. This individual noted “Or he will give you some antidepressiva [sic] which may bring some relief. Biting and cutting yourself is no solution” (Relapsed, Feb 8, 3). Some comments reassured self-harmers who were worried about the anticipated judgement they would encounter from others if
they reached out for support. One individual who wanted to seek help, but was concerned about what their family and friends might think about their self-harm was reassured by a supportive individual: “Maybe the doctor himself will inform your family in a way they may understand” (Relapsed, Feb 8, 3). Similarly, when an individual was worried about the personal feelings they might experience when reaching out for help during their desistance process, another user wrote in reference to a medical professional, “He can assist you with the shame” (Advice Needed, Feb 7, 4). The utilization of personal experience in users’ offerings of support demonstrates another way in which support is offered to those who are trying to desist from self-harm.

Other ways that individuals showed their support to individuals who were amidst their self-harm desistance processes was through praising progress and encouraging resilience. Many users on the forums were interested in the progress individuals made throughout their desistance process and offered encouragement to continue. Within some comments, individuals commented on the progress of individuals who were on their desistance trajectory for a great length of time. A few examples of these types of comments include, “You’ve done fantastically well to last for this long. That’s pretty amazing @kpoplover003eb” (Self Harm Free, Jan 12, 4); “You’ve done incredibly well for this last year. That’s pretty awesome if I’m honest with you. Keep it going : )” (Self Harm Free, Jan 12, 6); and, “Woohoo, so proud of the progress you made so far this month, you still have a little under half a month to succeed even more! Great job and keep up the great work <3” (7 Cups Forum Goals, Jan 12, 3). Other users alluded to the absence of self-harm in their praising of long-term progress by speaking words such as, “Well done on being SH free for so long Jade” (Positive Achievements Cutting, Feb 7, 3). These offerings of support demonstrate a willingness of forum users to support others during their self-harm desistance process. Another way that individuals in forums showed their support for others who were
attempting to stop their self-harm was through encouraging resilience. Such comments included, “You managed through for 7 days last time which is really great so let’s start again” (Self Harm Free, Jan 12, 3). Individuals who articulated that they remembered an individual’s progress demonstrates an interest in providing support throughout the desistance process, not just when inquiries were made as to when and how to access relevant supports.

*Idealistic claims of support*

Some online postings from users were more idealistic in nature, in comparison to the aforementioned offerings of support. These types of postings involved inspirational, or motivational messages. Affirmations were common in this type of post, and some centred on revealing the beauty within each individual who was attempting to stop self-harming. For example: “Take care of yourself, you are beautiful” (Self Harm 7 Cups, Jan 12, 3) and, “You’re beautiful, keep that in mind” (Self Harm 7 Cups, Jan 12, 3). Similarly, some postings referred to the strength of individuals as a way of affirming their progress in the self-harm desistance process: “Tough battles are fought by great and tough soldiers. You are a great and tough soldier” (Relapsed, Feb 8, 5). Other types of affirmations pointed to the value of life as reason to continue through the difficult desistance process. For example, “Life can be very, very worth-living” (Relapsed, Feb 8, 2), and “Your life is very, very precious” (Relapsed, Feb 8, 2).

Another idealistic approach involved telling individuals they were worthy of seeking support. For example, one user commented: “…you deserve help regardless of how bad your scratches are?” (Self Harm 7 Cups, Jan 12, 4). Another user noted, “Any idea why you just posted here? Because there is hope inside of you that help may come. Good!” (Relapsed, Feb 8, 2). These offerings of support encourage self-harmers to realize that they are capable of receiving necessary support, even if they feel as though there is no help.
Another way that users offered inspirational messages was through visual photos. It would seem that these inspirational messages had a broader relevance, and were applicable also to individuals who were not going through desistance from self-harm. A couple of the images are pictured below:

(Just try to get up, Feb 1, 1)

(Just breathe, Jan 30, 1).

As can be seen, there is no explicit mention of self-harm or the difficulty in stopping self-harm. Instead, these images provide inspirational messages for thinking about, and living, life in a particular way.

Advertisements as Support
There were advertisements in the support forums that promoted professional services. Although this offering of support may seem to be benevolent at first, it is important to take into consideration the vested interests that are at stake at the other end of the promotion. Some of these ulterior goals may include financial or marketing motives, whereas others may be not-for-profit. For example, the following image was a promotion for a self-help hotline.

(Support Group, Jan 28, 1).

There is a good chance that this hotline is not-for-profit, as the “Take Back Your Life” text seems to be primarily concerned with the individuals who may need to access such a service. On the other hand, consider the following image, as it may be familiar based on its presence in the previous chapter regarding users’ attempts to advise support.

This advertisement, however, seems to be for profit, as the emphasis is on talking to an expert therapist, in which such an expert therapist is in a professional position where they are expected to be paid for the services that they provide. The inclusion of these advertisements on
self-harm support forums also demonstrates that there are professional postings within support forums that are deemed to be non-professional or established by a lay person.
Analysis

To reiterate, the main objective of this research project is to gain insight into individuals’ perceptions, understandings and described experiences of self-harm and its desistance within online self-harm support forums. Specifically, the four main research questions guiding this line of inquiry are: (a) how do individuals describe self-harm and their related experiences (b) how do individuals describe their attempts to stop self-harm (c) how do individuals use self-harm related forums, and (d) what is the significance of these online interactions for our traditional notions of desistance in offline contexts. First, the data suggest that there is evidence of interaction within the online self-harm support forums, indicating that users were interacting with one another in order to better understand self-harm, its desistance processes and their described experiences with self-harm and its support during desistance stages. Further, discussions about the significance of an online space and recognition of desistance as a process of interaction demonstrate the importance of understanding and researching desistance in consideration of its related online interactions.

Evidence of Interaction

Although the Internet may, at first glance, appear to be an impersonal, distant and ambiguous space for individuals to connect, previous research and the findings of this present study rather indicate that the online world fosters interaction that helps individuals understand social phenomena and experiences. Research conducted that examines interactions within online support groups is particularly relevant for this current study. Kodatt, Shenk, Williams and Horvath (2014) found that online interactions were helpful for people who were struggling with long-term illness and required emotional support. In a similar way, Paskewitz & Beck (2018) specifically examined the behaviours of support group leaders and found that leaders were
responsible for promoting and maintaining group interaction, as this was the only way that support and care could be facilitated. These studies, although not exhaustive, demonstrate the importance of interactions in online settings in order to meet certain goals and engage in social life.

There has also been research conducted in a variety of disciplines that has noted the importance of online interactions in offline social development, relationship building and understanding of certain phenomena. In their study examining social media and its role in facilitating and maintaining social networks, Sutcliffe, Binder and Dunbar (2018) found that social friends and networks are reflective of social networking and formation of relationships in offline settings. Similarly, recent research has pointed to the importance of online interactions in learning and collaborating within educational contexts. Education scholar Gabriel (2004) looked at how students interacted with each other throughout the duration of an online course in order to learn and meet academic requirements. She found that students noted they learned more through their online interactions and were able to work more collaboratively during times of group work than if they were in an offline classroom setting. Examining online interactions from teachers’ perspectives, Robson (2018) found that instructors can utilize their online interactions to increase their professional development.

Similar to the research that was conducted in these aforementioned studies, this current study helps to understand how users within online self-harm support forums interact in order to share experiences, insights and support regarding desistance processes. The specific findings that will be addressed in this section include the different patterns of interaction based on the position of the user, the way that individuals inquired about related self-harm desistance topics and the sharing of experiences with self-harm, relevant support and its desistance processes.
Individuals who accessed and participated in the self-harm support forums used their interactions with other users to gain insight into their own self-harm and desistance processes. Interactions could be seen online through the question and answer format of some message threads. The explicit asking of how to do something or inquiring about individuals’ experiences with certain situations during the self-harm desistance process allowed for direct feedback from fellow users. Even in situations where individuals did not mention that they were seeking feedback or input on a particular self-harm issue, individuals used the postings to prompt their replies to messages in the forums. In some instances, individuals may not have posted a new perception about an issue or experience, but instead would acknowledge, compliment, encourage or congratulate information that was put forward by fellow users. The messages that individuals posted were not made or observed in isolation; the messages were always connected to a trail of other messages that were related to an initial posting. The continuation and reciprocation of conversation within the self-harm support forums demonstrated that these online spaces allowed for interaction through which individuals could gain further insight into their self-harm desistance processes.

In describing her approach to analyzing participant discussions in online forums, Herring (2004) describes the criteria of defining features of a virtual space which constitute online communities. Specifically, the components of participation and reciprocity are of particular importance. When discussing participation, Herring (2004) notes that the participating users may vary in their level of engagement within the forum, as their level of observation can range from observation through to actively responding. Participants of an online forum are able to interact with other users and maintain the communication that preserves the presence of an online forum and sustains the opportunity for the shared information to be operationalized by users. The
second criterion set out by Herring (2004) that helps to understand the importance of interaction within an online community is that of reciprocity. Reciprocity of communication in online communities can be seen through direct responses and initiation of conversation, such as the question-asking mentioned above. The participation and reciprocity of conversation that was present in the self-harm support forums seemingly allowed the individuals to feel better supported, heard, and responded to. Of course, not all online communities may be present to provide information that can be used in offline settings. I argue, in this case, that the participation and reciprocity that occurs within the self-harm support forums has even more of a significant role to play in the users’ lives because of the underlying difficult emotionality and need to feel supported during self-harm desistance processes.

It is imperative to acknowledge the interactional component of support forums in allowing for necessary information and support to be shared. It is also important to highlight that there are also differing levels of interaction depending on the associations and positions to which an individual has affiliated themselves online. For example, in chapter one, discussion mentioned that both lay and psycho-centric perspectives of definitions of self-harm were shared. As also mentioned, there was much more interaction between users when lay perspectives of self-harm were suggested. When these lay definitions were shared, there was a significant amount of further discussion and input by other users in the forum. On the other hand, when individuals shared psycho-centric perspectives of self-harm by associating themselves with the discipline of psychology or used clinical jargon in their definitions, there was no subsequent interaction or discussion by individuals. I speculate that there was this differential level in interaction because of the association to the field of psychology, which could have resulted in individuals feeling that these definitions were intimidating, more credible, or simply not appreciated. While it is not
known why individuals did not engage in subsequent discussion after a clinical or psychological perspective of self-harm was offered, it was apparent that there was more interaction when lay perspectives of self-harm were shared. Because the lay perspectives were not grounded in a broader, more professional field, the individuals may have believed that there was more flexibility and interpretation of definitions, thereby warranting greater interaction and input of individual perspectives on the definitional parameters of self-harm.

Positioning theory helps understand human interaction by acknowledging that the position that an individual occupies in society influences respective action and behaviours based on the social expectations associated with the position (van Langenhove & Harre, 1999). Harre (2012) stated that the concept of positions and positioning is “…based on the principle that not everyone involved in a social episode has equal access to rights and duties to perform particular kinds of meaningful actions at that moment and with those people” (193). Further, Harre’s (1999) positioning theory, and its extension to micro-level analyses, can help to better understand the differential level of interaction. In the self-harm support forums, there were only certain individuals that could derive their definitions of self-harm from a clinical field; solely those who had knowledge or experience in a psychology-related field could put forward these types of definitions. Due to the differential access to certain positions that can acquire specific information—in this case, access to psycho-centric definitions of self-harm—there was a resulting difference in the way that people interacted with these types of definitional postings as opposed to other lay perspectives which are more available and accessible to the general public.

Further, van Langenhove and Harre (1999) discuss how positions may not only be pre-existing, but rather they can emerge through the social context and interaction itself. These scholars provide the example that a teacher and student have differential ways of speaking to
each other; the teacher may not explicitly explain their position over the student, but the way that they talk and the student’s expected and actual response can help us understand that the teacher is in a role that is more authoritative and superior. Comparably, the way that individuals share information or converse online is particularly notable to the emergence of different positions within the self-harm support forums. Specifically, when individuals would share definitions of self-harm that were derived from the field of psychology or a clinical perspective, other users who may not have this psycho-centric knowledge of self-harm were involuntarily placed in a position in which they could not respond with the same expertise. The hierarchical positions that these types of definitions created had resulted in subsequent lack of interaction and the establishment of inferior positions, absent of the ability to respond with such psycho-centric insights.

The concept of “footing” as discussed by Harre, Moghaddam, Cairnie, Rothbart and Sabat (2009) may further help to understand why there may be a lack of interaction from fellow users when psycho-centric definitions of self-harm are shared. Footing provides individuals grounds to feel that they have a right, or are in an appropriate position, to contribute to social situations and interactions. In acknowledging that some individuals may be hesitant to interact with others because of their position in which they do not feel is their place, there is also an implicit assumption that “someone with ‘footing’ is listened to” (Harre et al., 2009). In self-harm desistance forums, it can be inferred that when individuals shared their definitions of self-harm by alluding to the field of psychology, other users in the forum did not feel that they were in the position to put forward their opinion or input, because those original posters unintentionally established their “footing” in the forum by referring to the psycho-centric and foundational definitions.
As can be seen, the inclusion of conversations in an application of positioning theory is important in understanding how discussions can create and maintain certain positions in social realms, including online spaces. Formally, conversation analysis is a recognized methodology that provides tools for understanding how individuals’ positions influence their interactions. Harre, et al (2009) and Day and Kjaerbeck (2013) discuss positioning within a conversation analytic approach, ultimately extending this theory to become more applicable to online-level analyses. Conversation analysis focuses on the linguistics of interactions and how language itself can denote positioning. Although positioning theory and conversation analysis may sometimes be addressed synonymously, the two have distinct purposes in which the latter methodological approach guides the theoretical application of the former. In contrast to previous discussion that has examined how the utilization of positioning theory can help to understand the positions that users occupied when discussing their definitions of self-harm, the differential positioning of support by users can be better understood through conversation analysis as it contextualizes interactions as means of support.

Stommel (2007) looked at interactions between users in a German forum on eating disorders. He found, in one particular conversation, that the individuals used the word “here” when demonstrating that individuals were welcomed to the forum and to denote that there were parameters within support to be found within the forum. As Stommel (2007) notes, using the word “here” denotes that there are boundaries within the forum and there is a world that exists outside of the forum. I extend this analysis to better understand how individuals locate their offerings of support. In chapters three and four, there is a contrast between how individuals offer external support and take themselves out of the offering of support, and there are ways that individuals provide support through their own personal offerings. For example, one posting
stated, “Please don’t hurt yourself, darling. I’m here for you” (Self Harm 7 Cups, Jan 12, 5). Since this individual denotes that support is found “here”, they are allowing individuals to continue interaction with them directly in the forum.

Alternatively, if the user does not use the term “here” in their offering of support, individuals may be more hesitant to interact with this user within the forum itself, thereby limiting the resulting amount of interaction that occurs within. For instance, one posting read, “Also, check out these amazing people. They are always up for talking and listening, and are always there to help (Just try to get up, Feb 1, 2).” The user who made this post was not offering themselves or the online support forum as a source of support, but instead was pointing fellow users elsewhere—outside of the forum—where they could access help. In the same way that Stommel (2007) dissects interactions online, I too have outlined how individuals within the self-harm support forums articulated that support could be found “here”, however I demonstrated how it meant that the person was ready to show support as opposed to the location and parameters of the forum. This application demonstrates the importance of looking at the interational component of utilizing certain language within offerings of support, as there are implications for how such interactions would take place when an individual wishes to offer, or access, support for desistance from self-harm.

Significance of an online space

Research has suggested that the most notable and defining feature of the Internet is its anonymity (Adler & Adler, 2011; Goldsmith & Brewer, 2014). The anonymity that the Internet offers its users has been said to either be beneficial or damaging with respect to its effects on interactions, forming of social relationships and disclosing of one’s identity and other information. There has been other literature which argues that – especially for vulnerable
populations - the Internet actually allows individuals to be more open and genuine in their nature because they can remain anonymous. In a study conducted by Best, Manktelow & Taylor (2014), it was found that self-disclosure was higher and more genuine by adolescents when they participated and interacted in social media sites. These authors specifically highlighted that their study speaks not only to the possibility that online technologies could be less stigmatizing, but also that an analysis of online spaces may allow for access to communities of individuals that would be hard to access in offline settings.

Similarly, Reisner et al. (2017) conducted a study that examined the experiences of individuals who identified themselves as being part of the LGBTQ population and their interactions while participating in an online health-related focus groups. They found that the anonymous environment provided by the Internet allowed these individuals to more openly discuss sensitive topics that they may otherwise have felt uncomfortable or unable to have disclosed in offline settings. These two studies are certainly not reflective of an exhaustive list of studies that examine the impact of the Internet in providing users the choice to exist anonymously online. However, they demonstrate the importance of examining the online presence of vulnerable populations to acquire information about their communities, identities and social experiences, as the anonymity that the Internet offers may allow insight into communities that have transcended their presence and social understandings into online spaces.

As Adler & Adler (2011) outline, individuals who self-harm can be considered vulnerable individuals who participate in activities that are socially taboo in today’s culture. Because of this vulnerability, the Internet can provide a space where these individuals genuinely share their experiences with self-harm, make inquiries related to their self-harm, discuss their self-harm desistance experiences and acquire support through these online interactions. It may be
that individuals who are wanting to stop their self-harm, or have made attempts to stop, may be more hesitant to reach out for support and insight in offline contexts because of the stigma attached to the activity of self-harm. Further, asking for help through face-to-face interactions or through more formal means, like professional counselling services, does not allow for anonymity, thereby possibly making individuals feel that much more vulnerable to unreceptive responses to their self-harm activities. The self-harm support forums that were analyzed in this study illustrate a specific facet of the Internet which individuals could engage in to seek advice, help and insight into their desistance processes.

Turkle’s (1984) primary conceptualization of an “evocative object”, and her more recent applications of this concept within her research on online forums, helps to understand the significance of an online space for users in the self-harm support forums during their time of desistance. Turkle (1984) explains that evocative objects are objects that individuals interact with that elicit emotions and feelings and ultimately influence the way that they think about experiences and social life. Evocative objects are “expressive medium[s]” (15) which allow individuals to communicate, understand and interact with other individuals and social phenomena (Turkle, 1984). She believes that objects are not simply stagnant and meaningless, but instead help individuals think, feel and understand the world. She founds this concept on the premise that thoughts, feelings and interactions in social lives are truly inseparable. In her more mediated approach of discussing evocative objects, Turkle explains that the computer is an evocative object, as it affects the way that we think about ourselves and others around us. She perceives the computer as “an evocative object, an object that fascinates, disturbs equanimity, and precipitates thought” (13). Turkle’s (1984) concept of an “evocative object” helps to recognize the Internet, and more specifically the self-harm support forums, as less tangible
objects that not only evoke emotions for users who are amidst their self-harm desistance process, but also provide a medium through which users can make sense of, and think through, their experiences. The computer has power over individuals, and in turn, sparks emotion and ideas.

In her more recent work, Turkle (2015) notes the importance of social networking and online dialogue, demonstrating an extension of the concept of ‘evocative objects’ to include objects that are less concrete, materialized and boundless. Because the methodology of this current study did not allow for interviews with the individuals, as a researcher I can only speculate about the emotions and feelings that are evoked in the individuals who are active in the forums. My data suggest that the individuals who are active in the self-harm support forums are experiencing emotions and feelings that are helpful to them during their desistance process, otherwise they would not continue to be present in the forums and engage in discussions. Feelings of help, support and motivation are a few of the experienced emotions that have been cited by users of the forums, as noted in chapters six and seven which focus on responses to self-harm and types of support that are offered.

There were specific instances derived from the data that point to the appropriateness of online self-harm support forums being classified as evocative objects. One reassuring post from a user, and introduced in chapter seven, was a posting that read,

Think of us as the knowing nod. You’ve seen it – a slight bob of the head, often accompanied by a smile. A little movement that says, ‘I understand’, ‘I’m listening’ and ‘I’m here for you’. That’s us. (Blurt Foundation, Feb 3, 4).

In the above instance, the user has explicitly described the emotions that should be elicited from the self-harm support forums to their users. Instead of the self-harm forums simply offering a space for meaningless conversation, this posting reassures that individuals can feel understood, listened to and accompanied through their self-harm desistance processes. Another posting which
speaks to the interactional component of Turkle’s conceptualization states, “talking is almost always good therapy so I applaud your new feature in chat” (Trans Forum, Feb 7, 3). Similar to the former posting, this latter post articulates that there is an interactional activity that is taking place within the forums; that is, the act of talking. Normally, talking is an activity that is associated with offline interaction, however it is now being extended to include interaction in these online settings. This online interaction embodies the nature of Turkle’s evocative objects, as users are able to interact with the forums and ultimately derive meanings and understandings from fellow participants that could prove useful in their desistance process.

The extension of Turkle’s concept of ‘evocative objects’ to include self-harm support forums has significant implications on the way that desistance is understood in the literature that addresses desistance processes offline. As noted in the literature review portion of this paper, research that has examined desistance trajectories has focused on elements such as turning points, individual and contextual factors that influence desistance and treatment options, all within offline settings. Literature that has focused on the different components within desistance processes highlights these offline elements as having either contributing or hindering effects on the individuals involved in such processes. Similarly, the Internet, and more specifically the self-harm support forums, provide another platform in which individuals can acquire information that plays a role in their desistance process from self-harm. The data suggest that the involvement in online support forums can also help individuals in their desistance processes from self-harm. An analysis of the online content that occur within online self-harm support forums allows for a reconceptualization of desistance as a process that does not solely occur in offline contexts.

Lastly, Turkle (1984) discussed that evocative objects help to create meaning within certain cultures and social spheres, which was evident within the online self-harm support
forums. Specifically, users made sense of their identities during their self-harm desistance process through the interactions with fellow users. In chapter 4, there is a discussion about how users did not identify themselves as a self-harmer, but rather engaged in self-harm activities. Individuals would not have been able to separate their activities of self-harm and overall identity, arguably as easily, if they were not subject to this separation by other users as well. There seemed to be a collective identity that was created which alluded to the individuals merely engaging in acts of self-harm, as opposed to having this act encompass their whole identity as a self-harmer. Turkle (2017), in focusing on the student demographic, notes that individuals see more than the mere content that exists on computer screens; instead, “[t]hey are learning new ways to think about what it means to know and understand” (257). This also speaks to the idea that the forums provided a platform for individuals to share and create shared meanings of their identities as individuals who self-harmed, but were not seen to be self-harmers by each other.

Characterizing desistance as a process

The contents of postings by individuals in the self-harm support forums indicated that these users understood their desistance from self-harm as a process, instead of emphasizing the state of complete omission from self-harm. When desistance research first began to be a prominent area of inquiry, desistance was seen as a state of being and was examined as the complete elimination of the criminal or deviant activity (Bushway et al., 2001). This static and quantitative approach to desistance research continues to be the focus in more recent studies. Empirical research has continued to research desistance as a state, in which researchers are concerned with how many years an individual has been absent from deviant or criminal activities, what age this state was achieved and certain likelihoods that may prompt individuals to engage in these acts again. Bushway et al. (2001) claim that there is value in extending
desistance to be defined also as the process by which individuals engage to eventually reach a state of complete desistance. This statement is an important highlight, as these scholars do not advocate for the complete dismissal of researching desistance as a state, but rather believe in complementing such research with an analysis of the process and, I would argue, through more qualitative means. In Rex’s (1999) and Chamberlain, et al (2018) research studies, it is apparent that there is importance and value in approaching desistance through the perspectives and experiences of those within their studied community. In this current study, individuals spoke of their desistance in three ways that suggested that they recognized their desistance as a process, instead of a state of being clean from self-harm. These three ways of discussing their desistance process included the use of small steps, hopeful recovery and anticipation of relapse within the desistance process.

When individuals spoke of their desistance, they spoke of their process in steps, and were open to sharing what types of steps they were seeking. In the second findings chapter of this piece, we see that individuals engaged in various methods to assess their progress. Not only did individuals share their accomplishments throughout their desistance process, but they were also enthusiastic to praise milestones of other individuals. There was acknowledgement that the individuals were making progress through these steps, and the sense that just because they had not achieved a complete state of desistance at the time of the post did not mean that they had failed or that they were not advancing in their desistance process. It is also significant to note that in addition to the praise of the steps, there was also encouragement to keep persevering toward a greater goal. Notably, however, the final goal was not mentioned. Instead, the individuals encouraged each other to keep going on the path toward complete desistance. Although it can be assumed that the users of the forums were striving toward a goal of complete desistance from
self-harm activities, they also acknowledged that every little step along the way was just as important. Therefore, future research on desistance, and an evaluation of current desistance literature, should take into consideration that individuals within the self-harm community are seeing desistance as a process.

Further, individuals talked about hopeful recovery in their postings online. When individuals talked about recovery, they did not talk about being in a state of recovery, but instead talked about recovering and how they were slowly recovering from their self-harm activities. Though the explicit mention of “recovering” was not mentioned, the context in which users discussed their recovery implied that they perceived desistance as a process. For example, one user noted, “…the road to recovery is not a straight one. There are many curves” (Support Group Relapse, Jan 26, 1). As described by this user, their “road” to recovery indicates that recovery does not just happen, but indeed there is a process to reach this state. In a similar way, another user wrote, “Recovery is something you need to wake up and do every single day. You have a choice to relapse or keep going” (Warrior Insight, Jan 30, 1). Again, recovery is seen to only be achieved through a process that can be deemed as difficult and non-linear.

The mere usage of the term “recovery” is consistent with individuals’ perceptions of their self-harm as an addiction, and the subsequent process of recovery in order to have a complete elimination of such acts. The fact that individuals kept posting and seeking insight throughout their recovery process was evidence that they believe in the importance of recovering, as opposed to solely documenting their success when they considered themselves to be fully recovered. The mention of recovery by these individuals also has implications for the way that relevant research is undertaken in the future. For example, in Wemmers (2013) research, recovery of victims was tracked and analyzed after their secondary victimization of being
involved in the criminal justice system after the commission of a crime. Through interviews, individuals articulated their experiences with PTSD symptoms and their perceptions of victimization. In the same way, and because the individuals within the self-harm community itself had identified themselves as being in a process of recovery, future researchers on desistance may wish to look at the way that individuals understand their desistance processes also as a means of recovering.

Lastly, it was clear that individuals in the self-harm support forums believed relapse was a “normal” part of the desistance process. When individuals said that they had relapsed online, there were no users who were discouraging or told the individual to give up on their desistance trajectory. Instead, they were encouraging, and were clear to explain that relapse and mistakes were all part of the process. They encouraged the individual to try again and challenge themselves with how much time they could be “clean” again. Users who received this type of encouragement were normally receptive to these offerings of support by indicating that they were willing to try again and they would not let the setback stop them from persisting forward through their desistance process. Individuals who sought advice during their desistance from self-harm were expressing that relapse was part of a desistance process and did not dismiss a state of desistance or failure to desist simply because of an experience of relapse. The reconceptualization of desistance to include the process of returning to a certain act would inspire greater qualitative analysis that captures the experiences and perceptions of individuals undergoing these processes. In acknowledging the complexity and non-linearity of desistance through this more inclusive definition, relapse could be examined as part of desistance, ultimately providing insight into how desistance is experienced as a process.

Desistance as an interactive process
As noted in the literature review portion of this paper, criminal career research was established during a time when criminologists were recognizing that the exiting of a criminal career was to be researched with the same attentiveness as the examination of factors that prompted its onset. Research that has adopted a criminal career approach has primarily examined individuals’ desistance trajectories from crime and deviance, with less attention to the collective. A collective approach of analysis would not only consider the situations that individuals were experiencing simultaneously, but would instead look at the dynamics and interactions between these individuals that exist while these experiences take place.

There are, of course, elements of these desistance processes that have been researched beyond the individual level that add to this literature base, however, these analyses do not serve to constitute a collective level of analysis. For example, and to briefly restate aspects of the literature review, there are some studies that examine how engaging with more conventional individuals or experiencing conventional activities has an influence on individuals' desistance from criminal or deviant tendencies. In this context, conventionality refers to those individuals or activities that fall within the socially accepted norms, as opposed to deviant acts, which are said to diverge from social expectation. These factors, which may increase the likelihood of an individual’s desistance from criminal or deviant activities, include marriage, friends that are unfavourable to deviant definitions and values, employment, parenthood and cohabitation. In addition to these types of studies, there has also been research conducted on group-level therapy and its effectiveness in helping individuals desist from their criminal or deviant lifestyles. Again, however, this type of analysis does not examine desistance trajectories through a collective perspective, as a group focus solely looks at a collection of individuals who are going through
desistance. More consistent with the symbolic interactionist approach, however, is the qualitative analysis of interactions among individuals during desistance processes.

A few studies that have been conducted examining individual versus collective processes can help shed light on the importance of understanding desistance as a collective process. In their work on the benefits of online user communities in entrepreneurial work, Shah & Tripsas (2007) note that the interactions that occur online foster a “collective creative activity” (123) that strengthens the process and result of entrepreneurial ideas. These scholars note two specific ways that the online interactions created a collective process, which have parallels to the findings of this study. First, the online forums allowed individuals to acquire information firsthand regarding the entrepreneurial process, which allowed them to confirm the effectiveness or areas of improvement for the items and processes that they were proposing. Second, there were higher levels of novelty, and guaranteed success of a product, that would emerge due to the collective process of brainstorming and integration of ideas. Specifically, Hargadon and Bechky (2006) believe that this achievement of novelty and increased likelihood of success of a proposed project is the result of four elements of interaction within a collective setting: help-seeking, help-giving, reflective reframing - in which the individuals are forced to think of alternate perspectives - and reinforcing of ideas. Hargadon and Bechky’s (2006) work offers important insights and context to this study’s findings and understanding of desistance as a collective process.

In the self-harm support forums, the individuals were able to acquire information from others about how to respond to their self-harm in a variety of ways. There were short-term, long-term, lay methods and psycho-centric means to acquiring support that were suggested. When these suggestions were made online, it offered the opportunity for fellow users to confirm the
effectiveness and offer their perspectives on the type of support that was offered, based on their experiences. This is similar to the collective element from Shah and Tripsas’s (2007) study that identified the ability of individuals to share information about an entrepreneurial idea and gain insight into its foreseen success or failure.

Another parallel between Shah and Tripsas’ (2007) collective approach to the entrepreneurial process and findings of this current study, was the ability of individuals to acquire a higher level of success with the suggestions of support that were offered. In the entrepreneurial context, the level of novelty, or success with a proposed product, was said to be increased by the conversations that occurred in the related user communities. This heightened success was said to be due to the four aforementioned characteristics as outlined by Hargadon and Bechky (2006), which are also evident in the collective approach to desistance within this study. For example, the same type of help-seeking and giving that was outlined by these scholars was evidently utilized by individuals in self-harm support forums during their time of desistance from self-harming behaviour. Individuals who were active in the self-harm support forums were actively requesting for suggestions, illustrating that they were open to alternative forms of support than the ones that they were aware of or wanting to pursue. As a result, the self-harm support forums offered the reflective reframing, as articulated in the entrepreneurial context, by which individuals were encouraged, or guided, into attempting different types of desistance support. They also were positively reinforced of their progress along their desistance process because of the praise, encouragement and ongoing dedication to resilience. Current desistance literature that focused on group processes of desistance from self-harm, again, does not take into account interactive components and the way that individuals acquire information during these processes. The findings of this current study demonstrate the importance of focusing on the
interactions that are present during desistance processes of individuals. Individuals remain interactive during their desistance, thereby warranting a qualitative approach to analysis of its processes and related online interactions.
Conclusion

Limitations

Limitations of this study must be addressed in order to better contextualize the findings and highlight areas for methodological development and research avenues for future studies. As Noyes et al. (2018) state, strengths and limitations of methods within qualitative research must be assessed in order to produce more “synthesized findings” (4). Four limitations of this methodology and the implications that these limitations have on the overall data collection, analysis and understanding of the findings of this study will be discussed.

First, a methodological gap still exists, in that there is still an absence of the method of conducting qualitative, semi-structured interviews with individuals who identify themselves as former, or ceasing, self-harmers in this research area. Hine (2000), in discussing her virtual ethnographic method, states that the Internet is a place in which culture is formed, however “…the settings where we might observe Internet culture are different from the ones in which we would observe the Internet in use” (40). That is, information from a virtual online source compared with acquiring data through face-to-face means is in all likelihood different and may result in a differential depth of findings and analyses.

Next, as a researcher, I did not create user accounts for the self-harm support forums that were studied. Considering the lengthy process with the ethics review board in reference to the initial project, I was concerned that if another ethics application needed to be submitted that it would further delay the commencement of the data collection process. Therefore, data were gathered through observation of online interactions within the self-harm support forums. The main limitation by being an observer was that there may have been some conversations or directions to other online pages that I did not have access to because I was not formally part of
those online communities. Hine (2000) states that active engagement by the researcher in an online community may make observations appear more valid, however this is only true for those members who are active in the online communities. If I were to create an account on the forums, although I may have been able to see more conversations and interactions, there still may have been individuals, or “lurkers” (Hine, 2000, 24) who would remain invisible to the active, participating researcher.

Further, this research examined online self-harm support forums and did not analyse newer, upcoming and other social media sites that were known primarily for their social networking capabilities. Websites such as Facebook, Twitter, Instagram, or social media apps such as Snapchat, were not analyzed because their inclusion would have resulted in a data set that would have been too large to analyze within the timeframe of this project. Including these various social media sites and apps would add complexity and deeper insights for future self-harm desistance literature, as there could be both a focus on how individuals are using these online platforms, as well as the different interactions that are present depending on the type of communication present.

Lastly, the virtual ethnography in this current study limited the level of analysis that could take place with respect to demographic information. Individual characteristics such as race, religion, gender, age, and social class could not be considered in the present analysis because this information was not available or accessible via the online self-harm support forums. For example, usernames could not convey the age or gender of an individual. Even if there was a name that was more likely associated with a male or female gender, or if there was a year that could have been a birth year, this information could not be seen as accurate representations of the individuals’ characteristics.
Contributions

This research project has contributed to self-harm and desistance literature in a number of ways. First, this project has added to the minimal literature base of desistance and self-harm research. Substantively, this research complements the predominant area of self-harm research which looks at the maintenance of self-harm practices and pro-self-harm ideology through psychological and clinical perspectives. This study has contributed to filling a gap in self-harm research that has yet to investigate the specific self-harm desistance trajectories of individuals and the influence of related online interactions. As Schroeder, Giordano & Cernkovich (2007) note in their research, desistance from drug use and alcohol use looks significantly different. Based on this claim, the research that has been conducted in this study helps to understand how self-harm desistance processes are different from those of other activities, while also incorporating an online component into the analysis.

This research project also helped to fill a methodological gap that exists within self-harm and desistance literature by adding a qualitative analysis, as most studies in this area are quantitative in nature and conducted through content analyses. However, in this current study, the methodology of a virtual ethnography was much more fluid and boundless, ultimately allowing for important theories and concepts to emerge from the data itself, as opposed to the researcher having preconceived, and more restrictive notions about which content to include in analysis. This study also provides a method that helps to bypass contentious issues in desistance research. For example, there is debate regarding when a cut off point should be deemed as the commencement of a desistance phase, or if after a relapse the desistance phase has to formally begin again for research purposes (Bushway, Thornberry & Krohn, 2003).

Future Directions
Future research in this area should seek to conduct qualitative interviews with individuals who are part of the self-harm community. If interviews were completed, there would be a deeper level of analysis that could be considered which would look at gender, socio-economic status, religion, or age and the implications of this demographical information in self-harm desistance processes. Ryan, Heath, Fischer & Young (2008) note that it is important to include various ethnic groups in research on self-harm, because the impact of the self-harm may be different among cultures.

Future research in this area of desistance may wish to look at specific experiences that individuals encounter during their self-harm desistance processes. For example, future researchers may want to look at how individuals had changes in their identity and self-perception before, during and after their self-harm, or perhaps look at their perceptions of scars. In Motz’s (2010) research, there is discussion about the importance of skin in self-harm research, so it would be interesting to research perceptions of individuals’ skin at different stages of their experiences with self-harm.

Lastly, research that looks at desistance literature may wish to examine perceptions of support, as it should not just be taken for granted that individuals want others to help them during their self-harm desistance processes. This focus may also mean asking individuals about how support changes during a relapse and their perceptions of support after experiencing relapse. The approach would allow for insight into what types of responses individuals feel is most helpful, which would also have implications for the type of support that these individuals would like to experience in online capacities as well.
References


Of Gambling Studies, 33(3), 993-1010.


Fields, D. A. & Kafai, Y. B. (2009). A connective ethnography of peer knowledge sharing and
diffusion in a tween virtual world. *International Journal of Computer Supported Collaborative Learning, 4*(1), 47-68.


132


Rodham, K., Gavin, J., & Miles, M. (2007). I Hear, I Listen and I Care: A Qualitative


Schott, N. (2014). Pro-anorexia/bulimia interactions online: Problematizing complex cultural phenomena. *Theses and Dissertations (Comprehensive).*


