

## E-Message Boards for those who Self-Injure: Implications for E-Health

Genevieve Marie Johnson, Ph.D.

Sylvia Zastawny, B.A.

Department of Psychology, and

Anastasia Kulpa, Ph.M.

Department of Sociology,

Grant MacEwan College

Edmonton, AB, Canada T6J 4S2

johnsong@macewan.ca

## Abstract

### Background

Virtual communities for those who self-injure (SI) are increasingly popular and involve Internet communication technologies including e-message boards. The social and emotional support of an accepting virtual community may facilitate individual recovery from SI.

### Aims

Via self-report data, this study describes individuals who participate in virtual communities for those who SI and implications for e-health communities.

### Method

Sixty-seven individuals who participate in virtual communities responded to ten open-ended questionnaire items posted on two e-message boards for those who SI.

### Results

Participants reported a variety of strategies of self-harm. The majority indicated that they SI in response to emotional distress. Almost half reported visiting the boards at least once a day. More than half indicated that their SI decreased in frequency since joining virtual communities.

### Conclusions

Virtual communities for those who SI provide information on recovery, emotional support, and a sense of community to individuals isolated by their behavior. Improved community e-health services may include peer-to-peer online support.

### E-Message Boards for those who Self-Injure: Implications for E-Health

Yahoo!Groups (<http://groups.yahoo.com>) currently listed almost 150 000 electronic support groups in health and wellness. Eysenbach, Powell, Englesakis, Rizo, and Stern (2004) reviewed 38 studies on the health and social effects of Internet-based support groups. Reportedly, “there is little evidence regarding the efficiency of non-healthcare professional led electronic support groups and virtual communities” (p. 352). Tierney (2006) noted that virtually communities encourage active involvement in personal wellness but also “reinforce dysfunctional or unhealthy practices and isolate individuals from society” (p.182). In 2006, Whitlock, Powers, and Eckenrode reported over 500 active self-injury-focused e-message boards.

Sixty-seven individuals responded to opened-ended questions posted on two e-message boards for those who SI. Respondents ranged in age from 16 to 60 years (mean age = 26.5 years). Almost 15% of the sample indicated that they were male, one respondent indicated transgender, and 83.6% noted that they were female. Participants ranged in duration of self-injurious behavior from one month to 35 years; average duration was 9 years and 5 months.

More than half of participants indicated that SI helped to regulate their emotions, 29.9% indicated they SI to cope with life stresses, and 25.4% claimed that SI allowed them to feel something (e.g., “I just feel that I am dead. I’m not alive. I cut to see if I bleed”). Almost 24% of the sample interpreted their SI behavior as self-punishment. Ten respondents mentioned that they SI to calm themselves. Another 13.4% of the respondents stated that they SI to control something (e.g., “hurt myself more than others would”) and almost 12% indicated that their SI was a form of emotional expression (e.g., “to make the pain inside visible on the outside”). Seven

respondents reported that they SI because of past or present abuse and five respondents expressed the perception that SI was due to their mental illness (i.e. depression).

Responses varied with respect to the query *when did you first start using message boards for those who self-injure?* Four individuals indicated that they had started using the e-boards within the past month, 11.9% stated that they had been participating for less than six months, 2.9% reported 6 to 12 months, 19.4% reported 1 to 2 years, 46.2% reported 2 to 5 years, and 8.9% indicated 5 to 10 years (Mean = 2.1 years). Reportedly, 28.4% of participants visited the message board multiple times each day, 47.8% daily, 19.4% a few times a week, and 4.5% a few times a month.

In response to the question, *why do you visit this message board*, a variety of reasons were posted. In many cases, multiple reasons were listed for visiting the e-message board. For example, one respondent wrote: “before I was alone. When I came to this board, I was now suddenly part of a group where before I was even isolated from my own friends back home ... I felt safer to be with people who knew what I was about and understood.” As summarized in Table 1, reasons for accessing the e-message board overwhelmingly revolved around social interaction, including helping and learning from others, being part of a community, feeling safe in a non-judgemental environment, and sharing SI recovery experiences.

-- Insert Table 1 here --

Individuals were queried with respect to their perception of the effect of visiting e-message boards on level of SI. As presented in Figure 1, 13.1% of respondents indicated that the frequency and/or severity of their SI behavior had increased since they began visiting the e-message board, 31.1% expressed the perception that their level of SI was unchanged, and 55.8% stated that their SI had decreased (among these, 14.8% indicated that their SI increased initially

but decreased over time). When further queried regarding the reasons for such perceptions, only respondents who claimed that their SI had decreased primarily reiterated their reasons for visiting the e-message boards. Specifically, three respondents stated the reason for the decrease in the level of SI since visiting the e-boards was realizing that they were not alone; 12 noted the benefits of communicating with others who SI; and five indicated that the boards had changed their thinking about SI. Two respondents wrote that the e-boards met emotional needs; three attributed a decrease in SI to a sense of community; three mentioned keeping busy by visiting the boards; and 18 stated that having support from those who visit the boards reduced the likelihood of SI.

-- Insert Figure 1 here --

#### Implications for E-Health

A surprising finding was the frequency with which individuals visited SI virtual communities. Almost 30% reported visiting the e-message boards multiple times each day, almost half reported visiting the boards at least once a day. Such patterns of use may be interpreted as confirming the extreme social isolation experienced by individuals who SI or may confirm the extent to which individuals in early adulthood use the Internet for social networking. The extreme emotional needs of those who SI may be more easily addressed online, as opposed to face-to-face, where support is available anytime, anywhere. Jadad, Enkin, Glouberman, Groff, and Stern (2006) argued that virtual communities may be the agoras of the 21<sup>st</sup> century, “electronic meeting places fuelled by the inexhaustible energy that exists at the edge of chaos” (p. 926). In a comprehensive review of the literature, Eysenback and colleagues (2004) found no evidence of any negative effects associated with accessing e-health communities.

The Internet is a tool for expressing feelings and connecting with others. Because self-expression and healthy social interaction are critical components of SI recovery, virtual support groups may have a productive and effective place in treatment and prevention (Whitlock et al., 2007). Only a small minority of respondents claimed that their SI behavior had increased since first visiting virtual communities, approximately one-third reported no change in SI behavior, and more than half indicated that their SI behavior had decreased. Many respondents (37.3%) in the current investigation participated in virtual communities at least in part because they hoped to help others deal with SI behavior. Peer-to-peer support is a basic preventive practice in community mental health. Peer-to-peer online support in virtual communities for those who SI appears to have the capacity to provide effective therapeutic support to otherwise isolated individuals.

## References

- Eysenbach, G., Powell, J., Englesakis, M., Rizo, C., & Stern, A. (2004). Health related virtual communities and electronic support groups: Systematic review of the effects of online peer to peer interactions. *Evidence-Based Healthcare & Public Health*, 8, 352-354.
- Jadad, A. R., Enkin, M. W., Glouberman, S., Groff, P., & Stern, A. (2006). Are virtual communities good for our health? *British Medical Journal*, 332, 925-926.
- Tierney, S. (2006). The dangers and draws of online communication: Pro-anorexia websites and their implications for users, practitioners, and researchers. *Eating Disorders*, 14, 181-190.
- Whitlock, J. L., Laden, W., & Conterio, K. (2007). The Internet and self-injury: What psychotherapists should know. *Journal of Clinical Psychology: In Session*, 63, 1135-1143.
- Whitlock, J. L., Powers, J., & Eckenrode, J. (2006). The Virtual cutting edge: The Internet and adolescent self-injury. *Developmental Psychology*, 42, 407-417.

Table 1

Proportion of Responses Indicating Reason for accessing E-message Boards for those who Self-Injure

Reason	Sample Response Phrase	Proportion Indicating
Community	<i>connected to others ... so I don't feel so isolated</i>	77.6%
Help self	<i>a place where I can get support 24/7</i>	46.3%
Help others	<i>I can really understand their pain</i>	37.3%
Non-judgemental	<i>I can be myself, I don't have to hide</i>	35.8%
Learning	<i>I get lots of information</i>	13.4%
Emotional outlet	<i>vent frustration ... difficult in real life</i>	10.4%
Coping mechanism	<i>distraction when I'm bored, because that's when I cut</i>	9.0%

*NOTE.* Individual responses often included multiple reasons for accessing e-message boards.



Figure 1

Percentage of Responses to the Questionnaire Item, *Do you feel that your level of self-injury has increased, decreased or stayed the same since you started using this board?*

