A Content Analysis of Italian NSSI Web-Sites

Nicola Luigi Bragazzi1,*, Debora Parigi2, Franca Pezzoni2, Giovanni Del Puente2

1School of Public Health, Department of Health Sciences (DISSAL), University of Genoa, Via Antonio Pastore 1, 16132 Genoa (Italy)
Telephone: (0039)0103537664; fax: (0039)0103537669;
2DINOGMI, Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health, Section of Psychiatry, University of Genoa, Genoa (Italy)

ABSTRACT

Non-Suicidal Self-Injury (NSSI) is a complex behavior. Many Web-sites devoted to NSSI are available and in this manuscript we have performed a content analysis, analyzing how NSSI is portrayed. From a clinical point of view, as suggested by Lewis and collaborators, the clinician while interviewing the patient should inquire about his/her online activities. More quantitative-based research is needed to shed light on this topic.

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Key words: Internet; Non-Suicidal Self-Injury (NSSI); YouTube.

* Corresponding author. Tel.: +0-000-000-0000 ; fax: +0-000-000-0000 .
E-mail address: robertobragazzi@gmail.com
1. INTRODUCTION

Non-Suicidal Self-Injury (NSSI) is a deliberate, direct, reiterate and socially deprecable behavior resulting in destruction of one's own body tissue with no intention of committing suicide, even though it is associated with a high risk of considered or attempted suicide [1].

Even if there is a lack of an ambiguous and consistent terminology and NSSI remains an “umbrella term” rather than a precise self-defined nosological entity [2], despite many efforts of providing a systematic and comprehensive consensus (it is noteworthy mentioning the “Classification of Self-Injurious thoughts and behaviors”) [3], interest in exploring NSSI is increasing in the scientific community, a growing body of evidence is accumulating and proposals for including NSSI in the forthcoming Diagnostic Statistic Manual (DSM) V version have been put forward [4-8].

Currently, according to the DSM-IV TR and ICD-10, a description of NSSI-like behaviors constitutes one of the items of Borderline Personality Disorder (BPD). However, NSSI has peculiar characteristics that enables to distinguish it from other mental disorders. From an epidemiological point of view, subjects affected by NSSI are usually in the 12/14-24 years range and the most common ways of self-injuring are self-cutting (generally on the inside part of the arms), head banging/punching and hitting walls, pinching, skin picking, scratching, and hair pulling [9]. The precise aetiology of NSSI is unknown, but a genetic background and biological impairments, such as alterations of brain morphology, of lipid plasma levels, of neurotransmitters (in particular, serotonergic, dopaminergic and opioid systems) [10-12], as well as a story of child trauma and sexual abuse have been reported.

Experimental studies have shown how people suffering from NSSI are likely to use more online sites as a preferential platform for conveying their feelings and emotions, and moreover, the onset age of NSSI coincides with the peak of the Internet use and accessing [13]. Therefore, it is of vital clinical importance and relevance that the psychiatrists become aware of the NSSI-related online material, check their reliability [14-16], in order to be able to react to it and to discuss it with their patients. The new media can have a dangerous epidemic and “viral”, contagious effect on vulnerable subjects [17-23], and some scholars talk about a so-called “Werther effect”, a “cybersuicide phenomenon” or a “virtual cutting edge”.

Undoubtedly, NSSI 2.0 is a complex reality where web-sites can have a negative effect of reinforcement, or on the contrary can be used for healthier purposes, such as health education, self-managing and coping strategy.

In this preliminary report, we introduce the concept of “NSSI 2.0”, that is to say the study of the Internet usage by subjects with NSSI, and its related representations. We have transcribed the YouTube videos related to NSSI and used content-analysis in order to analyze them and extract pertinent information. YouTube is having an emerging and clinically relevant role in the field of suicidology. Ad hoc web portals and surveys could be designed at the light of the reported results, for helping people with NSSI, while monitoring the extant online sites and videos.

2. MATERIALS AND METHODS

YouTube is an online platform that enables users to freely download, share videos and even to upload their own created videos. YouTube videos related to “autolesionismo” (Italian for NSSI) were mined, downloaded, transcribed, after removing duplicates or non-pertinent material. Content-analysis or textual analysis was performed using T-LAB® software. Content analysis is a scholarly methodology widely used in the social sciences for studying the content of communication – articles from journals and magazine, books, or videos, websites, etc. – from a qualitative point of view.

3. RESULTS

Most videos showed crude and dramatic images (Figure 1). The conceptual map showed that NSSI is strictly related to suffering, having problems, having ambivalent emotions (a sense of hate and of self-destruction), being alone, a strong need to talk with others, to share one's own feelings and being understood (Figure 2). Figures 3-5 show how these concepts related
to NSSI cluster together (Figure 3 Sammon's stress technique, Figure 4 co-occurrence graph, Figure 5 map of the main themes and semantic categories).

4. DISCUSSION

Being anonymous, NSSI subjects accept to use the Internet (forum, blogs, chat), easily speaking about their difficulties and problems, without experiencing stigma, marginalization. and however, according to a research carried out by Lewis and collaborators, even though promising and apparently helpful, these sites should be carefully monitored and validated by physicians and practitioners [24]. These sites are usually run by peers who, in some cases, have not succeeded to stop self-injuring. Moreover, the quality of the information about NSSI and the content itself are not always of high quality or corresponding to the truth: some videos of YouTube that we analyzed tried to deny that NSSI is disease and there is a need of a proper treatment, by normalizing it. This is clinically relevant since the spreading of not reliable, misleading and even dangerous information could lead the users to imitate this kind of behaviors.

5. CONCLUSION

Despite its limitations, this preliminary exploration showed that monitoring and checking the Web-based material concerning NSSI is of crucial importance. NSSI is an increasing phenomenon, probably due also to the reinforcement provided by the same digital technologies. From a clinical point of view, as suggested by Lewis and collaborators, the clinician while interviewing the patient should inquire about his/her online activities. More quantitative-based research is needed to shed light on this topic.

REFERENCES


FIGURES CAPTIONS.

Figure 1: some of the images present in the videos uploaded on YouTube and concerning NSSI. Most of them are crude and dramatic.
Figure 2: conceptual map of terms and words strictly related to NSSI.
Figure 3: Sammon's stress graph, showing how NSSI-related concepts and representations cluster together.
Figure 4: co-occurrence graph of the most important terms and words related to NSSI.
Figure 5: map of the main themes and categories related to NSSI, as shown from the content analysis.
Figure 2.
Figure 3.
Figure 4.
Figure 5.