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Self-Injurious Behavior and Social Media Use by Adolescents

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MSW, University of Southern California, 2009

BA, California State University - Northridge, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

There is a surprising dearth of research related to the phenomenon of self-injurious behavior/nonsuicidal self-injury (SIB/NSSI), such as cutting. Research conducted on SIB has revealed that this maladaptive behavior is more common among adolescents than other populations. The act of posting SIB on social media deserves research attention, as it seems to contradict what had previously been considered a very private behavior. The goal of this qualitative case study was to better understand why adolescents engage in SIB as well as investigate why they post these behaviors on social media. Merton's theory of social strain and anomie, which focuses on impulse control and management being dependent on having social order; Erikson's developmental stages, specifically Identity Versus Role Confusion; and Siegel's research with the adolescent brain were used for the study's theoretical framework. A qualitative observational case study of 30 YouTube videos was conducted to examine what individuals posted about their SIB, why individuals engaged in SIB, and why individuals posted their SIB on social media. Explanations for posting SIB on YouTube ranged from describing the actual objects used for self-harm to expressing shame for engaging in the behavior. The responses for engaging in SIB revealed that the need for self-expression was significant and that the behavior was a means for coping with mental illness or trauma, familial conflict, or some shame related to a failure to conform to social norms. The implications for positive social change include an increased awareness of this behavior for parents, teachers, medical personnel, and mental health providers to better inform treatment and interventions.

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Dedication

You know who you are and where you were in my journey; thank you. I am grateful for you.

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I would like to thank my professors at California State University – Northridge who were part of the one and only Sociology cohort (2007-2009). You gave me an amazing foundation and a quest for knowledge that continues to this day. I would not have ventured into advocacy and social justice if it were not for you. Ben Harper's music encouraged me to challenge myself and apply to the University of Southern California (USC). To my professors at USC, I am eternally grateful for all of the wisdom that you imparted to me, and your patience with my endless inquisitiveness and search for truth. And to all of my professors at Walden University who endured my insecurities to propel me into being a scholar, thank you. "Namaste" to all strong women whom I have encountered who have pushed me to achieve more; I celebrate you. Shauna, thank you for saving my life; Dr. Piferi and Dr. Bigatti, thank you for believing in my research and giving me the opportunity to grow.

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Chapter 1: Introduction to the Study

Introduction

Research conducted on self-injurious behavior/nonsuicidal self-injury (SIB/NSSI) has revealed that this maladaptive behavior is more common among adolescents than other populations including young children, adults, and older adults (DeRiggi, Lewis, & Heath, 2018; Whitlock, Powers, & Eckenrode, 2006; Whitlock, Prussien, & Pietrusza, 2015). SIB is defined as an intentional act of self-inflicted injury that is considered socially unacceptable; and is believed to be a deliberate action of self-harm that is not accidental (Borges, Anthony, & Garrison, 1995; DeRiggi et al., 2018; Heath, 2008; Herpetz, 1995). Common forms of this behavior included cutting, burning, biting one's skin, punching oneself in the head, slamming one's head against objects such as walls, and intentionally breaking one's bones (Laye-Gindhu & Schonert-Reichl, 2005; Orlando, Broman-Fulks, Whitlock, Curtin, & Michael, 2015).

Social media is increasingly a part of our cultural norm, some individuals have chosen to establish an online identity and engage in the public posting of their SIB (American Psychological Association (APA), 2009). This both challenges what was previously a private behavior, and hidden from others, to actual accounts of self-harm placed in a public and permanent setting. Posters discuss a variety of topics ranging from the nature of their intentions to the deliberate/intentional masking of the behavior(s) (APA, 2009).

In the present study, I sought to understand the relationship between self-harm and social media. YouTube was the social media platform I chose for observation. The

focus of the study was on examining what individuals posted about their SIB/NSSI, why individuals engaged in SIB/NSSI, and why individuals were posting their SIB/NSSI.

I discuss the study's theoretical foundation in Chapter 2. I drew from Merton's (1938) theory of social strain and anomie, which focuses on impulse control and management being dependent on having social order, and Erikson's developmental stages, specifically Identity Versus Role Confusion (as cited in Berk, 1998), to guide my understanding of SIB behavior. In addition, I examined Siegel's (2013) research on the adolescent brain to provide a biological framework for the impulsivity at this stage of brain development. Additionally, issues of expression related to injuring one's self, without the intent of suicide (Hollander, 2008), are discussed further in the paper.

Background

SIB is the deliberate infliction of injury to the skin without the intention of suicide; it is also referred to as "deliberate self-harm, self-injury, self-mutilation" (Laye-Gindhu et al., 2005; Whitlock et al., 2006, p. 2). Whitlock et al. (2006) stated that self-injury is more common among adolescents than other age groups and can become habitual once started (see, also, Simeon & Favazza, 2001; van der Kolk, Perry & Herman, 1991). Research conducted by Paul, Tsypes, Eidlitz, Ernhout, & Whitlock (2014) posited that people who engage in SIB experience an inability to cope with self-hatred and seek relief from negative emotions (Paul, Tsypes, Eidlitz, Ernhout, & Whitlock, 2014). Still, little is known about the relationship between online behaviors and SIB (DeRiggi et al., 2018). Purington and Whitlock (2010) wrote that adolescents had become the major "consumers of media" (p. 11), which expert's note are a powerful

means for acquiring knowledge, attitudes, and behaviors (DeRiggi et al., 2018; Whitlock et al., 2010).

According to some experts, social media plays a role in the introduction and normalization of SIB in general (Memon, Sharma, Mohite, & Jain, 2018; Whitlock et al., 2010). Whitlock et al. (2006) found that more than 50% of this adolescent population used social media in which Internet-based bulletin boards were available for anyone who engaged in SIB/NSSI. In a study conducted by Lenhart et al. (2015) for the Pew Research Center, results revealed that up to 92% of adolescents are online and connect with one another several times per day. Adolescents have different needs and motivations for their online activity, according to DeRiggi et al. (2018), and often use the online environment to address issues that are socially sensitive, such as SIB (DeRiggi et al, 2018; Memon et al., 2018). For this reason, they may find online media an amenable platform for disclosing their SIB status. Whitlock et al. found that most postings of SIB are truth-based accounts, as there is an implicit sense of trust within this population that may not otherwise exist in face-to-face encounters with parents, teachers, therapists, and clergy. Some individuals may minimize their problems when engaging with others face to face, as they may perceive judgment and feel uncomfortable with self-disclosing the exact nature of their injuries. Therefore, Internet sites or social media provide the opportunity for individuals to share these previously hidden self-harming behaviors. Analysis of these technologies may therefore give insight into the habits of and reasons for self-harm of individuals who have engaged in SBI/NSSI, especially adolescents, who are increasingly spending key parts of their daily lives online.

Problem Statement

There is a surprising lack of research related to the phenomena of SIB such as cutting (Laye-Gindhu et al., 2005; Medina, 2011). Medina (2011) suggested that researchers had not fully understood cutting as it had been at times considered a suicidal gesture, rather than an expression of distress or a means of self-soothing. Suyemoto (1998) wrote that the psychological functions that SIB serve needed further research. This sentiment was supported by research conducted by DeRiggi et al. (2018). An additional issue is that there are individuals who now use social media to post their injuries, via pictures and stories. Previously, individuals engaged in SIB in private settings and surreptitiously (Suyemoto, 1998); with the increase in the use of social media, more individuals are now posting graphic images of their injuries and discussing their personal stories in very public forums (Memon et al., 2018; Pew Research, 2015). According to research conducted by DeRiggi et al. (2018), little is known about the relationship between social media and SIB within the adolescent population. In a Google search I conducted on September 21, 2016, the term *blogs for cutters* displayed 692,000 results. The prevalence of SIB among adolescents is quite high; Whitlock et al. (2015) wrote in their research that SIB was found in 18% of adolescents. Memon et al. discovered that adolescents who self-harmed were more likely to be active online, rather than those who did not. Many in this population have posted their behavior on multiple social media sites--a phenomenon that is still yet fully understood in the research (APA, 2008; DeRiggi et al., 2018).

Studying the recent trend of posting SIB on social media may deepen researchers' understanding of why individuals post this behavior, as well as perhaps why they engage in SIBs at all, and ultimately lead to interventions designed to address these problems. Some researchers have suggested that digital forms of communication can be advantageous for individuals who are shy, socially anxious, and/or marginalized, as they can provide a safe setting for them to express themselves without the fear of judgment, seek information, and view other postings exclusive to any type of participation (Suzuki & Calzo, 2004; Whitlock et al., 2006). Other research has shown that it is easier to discuss items of a personal nature online, rather than in a face-to-face situation, and most individuals feel more comfortable using pseudonyms rather than their actual names (Kummervold et al., 2002). Therefore, it may be that people engaging in SIB feel more comfortable posting this behavior than talking about it. Investigating posting behavior in the self-injurious population could help mental health professionals to better understand the behavior and provide more effective treatments. Therefore, a study of posting behaviors among those who engage in SIB was warranted.

Purpose of the Study

The goal of this qualitative case study was to understand why individuals engage in SIB and post these behaviors on social media. Researchers who have attempted to understand the function of SIB agree that little is known about such behaviors (Whitlock et al., 2006); some researchers have suggested that the need for a novel and sensational release may be the reason while others contend that this may be an attention-seeking behavior for engaging in self harm (Medina, 2011; Suyemoto, 1998). In the present

study I analyzed a sample of video postings of SIB on social media to better understand the function of SIB, as well as the function of posting these behaviors. The scope of this research was limited to the observation of YouTube videos that depicted the deliberate infliction of injury to the skin. Experts do not consider this purposeful action to be socially sanctioned or conducted with the intent of suicide; they refer to it as "deliberate self-harm, self-injury, self-mutilation*"* (Whitlock, et al., 2006, p. 2) as well as NSSI and/or SIB (Orlando et al., 2015).

I used a qualitative observational case study approach. Using observational methodology, I selected "cutting" videos that had been posted on YouTube and that I found by using the search term *cutting* for observation. From the search results, I made my selection decisions based on the self-harm content in the videos. I selected 10 individuals who posted at least three times for observation. Three videos for each individual were selected for analysis, for a total of 30 videos that were then coded for themes. In addition to coding the substance of the videos, the comments under each video were also coded. I did not interact with any of the individuals I observed. In her study, Whitlock (2004) wrote that, because postings are made in a public environment, the use of an observational approach for research is not an infringement of personal privacy and that "active consent was not required" (p. 4). I treated the information I gathered as naturalistic observational data, which I thematically coded for all participants and their respective "followers" (i.e., individuals who subscribe to or comment on social media).

Research Questions

I sought to answer three research questions (RQs):

RQ 1: For individuals who use social media for posting their injuries and stories, what are they posting about their SIB/NSSI?

RQ 2: For individuals who use social media for posting their injuries and stories, what do their posts reveal about why they are engaging in SIB/NSSI?

RQ 3: For individuals who use social media for posting their injuries and stories, what do their posts reveal about why they are posting about their SIB/NSSI?

Theoretical Framework

Theories used for the present study included Merton's (1938) theory of social strain which focuses on the inclusion of a "set of laws" to which society must adhere to and holds that impulse control and management is dependent on having social order, and Erikson's psychosocial theories of developmental stages, specifically Identity Versus Role Confusion which occurs during adolescence (as cited in Berk, 1998). Applying Merton's theory as a frame of reference, individuals who post and comment on their self-harming behavior on social media are challenging an institutionally prescribed set of conduct and laws. Furthermore, society has not provided sufficient moral guidance to assist in their mastery of Erikson's Identity Versus Role Confusion developmental stage (as cited in Berk, 1998).

Intentional self-inflicted harm contradicts what society expects from its members: that they will conform to societal norms and master the developmental stage of Identity Versus Role Confusion that can be difficult for the emerging adolescent (as cited in Berk,

1998). Identity Versus Role Confusion focuses on the adolescent making the connection between themselves and the world, and their place or particular function in it (as cited Berk, 1998). When the adolescent discovers his or her identity and has made peace with this choice, he or she has then "mastered" this development stage and moves on to the next stage, according to Erikson's psychoanalytic theory of human developmental stages (as cited Berk, 1998). When an adolescent is unable to discern him or her self's identity in society and be accepted, role confusion ensues, which is problematic in him or hers development (as cited Berk, 1998). For example, adolescents who struggle with their sexual orientation and do not feel supported to "come out" are more likely to engage in SIB (Pittman, Keiley, Kerpelman, & Vaughn, 2011). Because adolescents have high rates of social media use (Memon, et al., 2018) and often engage in impulsive behavior (Siegel, 2013), they are likely to post their injuries on the Internet. Society has imposed more demands upon youth, and their identity has become more important to recognize from within according to research conducted by White (2002); exploration for personal identity is now being sought in the digital landscape.

I also drew from Seigel's (2013) research to understand the biological aspects of adolescent brain development. I wanted to deepen my understanding of the brain, which might be another potential contributor to adolescents' posting of SIB on social media. In the brain of the adolescent, the prefrontal cortex has not yet fully developed which increases the risk of impulsive behavior on the part of the adolescent (Siegel, 2013). Siegel discovered that dopamine levels are more dominant during the adolescent period and that increased dopamine levels are highly influential in their behavior(s), as

dopamine has been shown to increase levels of pleasure that reinforces behavior(s)

(Siegel, 2013); which then becomes habituated.

Definitions

The following operational definitions are used in the study:

Cutter: Common language referring to an individual who engages in the act of self-harm, specifically cutting one's skin (Favazza, 1998) A cutter is "one who cuts" (Merriam-Webster, 2017, n. p.).

Cutting: A deliberate behavior that an individual engages in that is considered to serve the purpose of self-soothing and self-punishment (Straker, 2006).

Deliberate self-harm/Self-injurious behavior (SIB): Common language referring to socially unacceptable, direct, deliberate destruction of one's body tissue without suicidal intentions (Heath et al., 2008).

Social media: "Websites and applications that enable users to create and share content or to participate in social networking" (Chandler & Munday, 2016, n. p.).

Social strain: "A" set of laws to which society must adhere to; social order (Merton, 1938).

Assumptions, Scope and Delimitations, and Limitations

It is assumed that the individuals posting on YouTube were authentic in their accounts of cutting behavior. Limitations of the present study included the lack of ability to discern an accurate age of the posters, and in some cases the gender of the poster. The scope of the study was intended to shed more light on the reasoning behind intentional social media postings of SIB. Delimitations included using observational methods for

research as the focus was on adolescent behavior; the most likely to use social media (Pew Research, 2015). As adolescents are considered a protected population, the researcher became aware of ethical issues and how to inform the overall issue (Lloyd-Richardson, et al., 2015); without engagement of the participants by the researcher.

Significance of the Study

The present study sought to understand the function of SIB and the connection to posting on social media. By examining how this behavior is described in social media, the present study provided additional information on the function of the behavior and the function of sharing it on social media. Additionally, observing how this behavior was discussed on social media facilitated a better understanding of the perspective of the individual who engaged in both. This knowledge will lead to improved treatments and intervention for people engaging in SIB and their interaction with social media.

Summary

The behavior(s) of the person who engaged in SIB are often confusing, as it is sometimes perceived as an act of suicide. Adolescents are more often in the majority of people who engage in SIB. Concern has arisen that SIB images are now being posted on social media, and often more than just one site. As adolescents are considered the demographic most identified as engaging in Internet usage, this becomes a concern as adolescents are now posting their images and stories. The present study sought to understand what connection lied between SIB and social media within an adolescent population. The implications for positive social change included an increased awareness of this behavior for parents, teachers, and mental health providers. A Review of

Literature in Chapter Two follows Chapter One. A description of the chosen study

design and the interpretation of observational gathered are discussed in Chapter Three.

Chapter 2: Literature Review

Introduction

People often are confused by the behaviors of individuals who actively engage in SIB because they perceive such behaviors to be an act of attempted suicide rather than an expression of intense emotion that a person is unable to control (Hollander, 2008). Hollander (2013) wrote that the purpose of self-harm is to control painful and frightening experience(s) as well as create feelings of escape that some might describe as being empty or numb. Understanding the function of self-harm from the perspective of the individual is necessary to realize that it is a coping strategy for emotional distress (Hollander, 2008). Intentional injury takes many forms, is more prevalent in males, includes punching oneself and other objects, such as windows and walls, and is a violent act of public self-harm (Laye-Gindhu & Schonert-Reichl, 2005).

As of 2014, no researchers studying SIB had attempted to objectively assess the interpersonal stress among the adolescent population; clinical samples using adolescents as research participants had been the norm due to the lack of access to a larger population (Paul et al., 2014). Prior studies had been limited to clinical research using an interview or questionnaire strategy using caution with the adolescent population (Kim et al., 2015; Laye-Gindhu & Schonert-Reichl, 2005). Previous research has included psychiatric profiles of adolescents who engage in SIB; the researchers conducting these studies identified these adolescents as having high rates of major depression, anxiety, and substance use disorders, as well as impulsive behaviors (Kim et al., 2015). Erikson (as cited Berk, 1998) wrote that the adolescent is still in the developmental stage of Identity

Versus Role Confusion, with the intent of finding belonging and avoiding feelings of being a burden; Kim et al., (2015) agreed as well in their research findings.

I conducted a review of the literature to understand the SIB and individuals' documenting the act on social media. This chapter begins with an overview of my literature search strategy and theoretical foundation. Then, I describe how I operationalized this behavior to create a consistent understanding of the behavior of self-harm. The remaining content of the literature review includes discussion of the causes of self-harm and the connection between self-harm and social media. This review illustrates the necessity dispelling the perception of suicidal behavior, rather than understanding the actual purpose that the actions serve for the individual. Finally, I briefly review the chosen research method.

Literature Search Strategy

I conducted the literature search using multiple sources of information, which I obtained from the multidatabase Thoreau. I searched Thoreau using the general search terms *cutting or self-harm* and *self-mutilation* as the root of all inquiries. I used other search words such as *adolescents*, *Internet*, *blogs for cutters*, and *social media* in combination to further refine the search. In addition to journal articles located using these search terms, several books were used for reference: *Sharp: A Memoir* (Fitzpatrick, 2012), *Helping Teens Who Hurt* (Hollander, 2008), and *The Adolescent Brain* (Siegel, 2013).

Theoretical Foundation

From a Freudian perspective, the combined actions of engaging in SIB and posting on social media would be more aligned with the id; there are little to no filters, and it is the more difficult primitive element of the brain (Berk, 1998). "It is likely that contemporary media may be playing a role" (p. 13), according to Purington and Whitlock (2010), in the increase of SIB, and may be contributing to the normalization of this behavior. Purington and Whitlock further posited adolescents and young adults were more susceptible to trends that are displayed in social media. One reason for this susceptibility may be the amount of time spent online; in their study Roberts, Foehr, and Rideout (2005) found that an average adolescent in the United States had exposure to approximately 8.5 hours of media messages on a daily basis. I was curious about the potential relationship between Erikson's stages of development supported the maturation of the adolescent during the stage of Identity Versus Role Confusion that delineates the years from 15-18 (as cited in Berk, 1998), the engagement of social media, along with self harming behavior in the adolescent.

Erikson's stages (1993) covered the lifespan of the individual; however, for this research, the adolescent years were the focus. Erikson (1993) focused on the influence of external factors, parents, and society on individual development. During the adolescent period (12-18 years of age), Erikson stated that identity and role confusion compete within the individual; the adolescent is looking for his or her identity and how her or she fits into their community as well as a sense of their own morality. Strong bonds with peers are often forged during this period if the individual achieves their sense of identity;

when this does not occur, a perception of upheaval is experienced which then further complicates who he or she perceive themselves to be. An excellent example of Erikson's development stage of fidelity not being met or mastered is Fitzpatrick's explanation in his memoir of his desire to "rip, rip, rip into my guts" (Fitzpatrick, 2012, p. 224). Fitzpatrick's perception of self was to engage in destructive behavior towards his body in a manner that demonstrated his own self-loathing, resulting in confusion amongst the confines of social order/expectations.

Merton's theories are based on the idea that all deviance is the result of the common strain that he or she experiences when he or she cannot achieve legitimate means to obtain a specific goal (Merton, 1938). In the developing adolescent, it is important to express his or her unique identity, yet there is still the desire to be accepted by others; when that becomes incongruent, distress is experienced (as cited in Berk, 1998). Aims and means are not congruent, which then causes the person to experience a cognitive dissonance or anomie; people will attempt to adapt to strain by incorporating conformity and innovations met through legitimate means.   Merton (1938) based his theory on the idea that anomie is a macro-level focus, whereas social strain theory has a micro-level emphasis; this study looks at social strain at the micro-level, and "yelling" at the macro-level on YouTube.

Siegel (2013) focused on the adolescent's developing brain from a biological perspective; the brain, using neurotransmitters for communication, and neural circuits responsible for dopamine, increases in size during the adolescent years. Increased dopamine, which provides a sensation of reward, is evident during the teenage years

when individuals are more prone to or needing a novel or stimulating activity (Siegel, 2013). Siegel further wrote that the adolescent mind, seeking an increase in reward, will utilize impulsiveness which translates into increased dopamine responsible for addiction and/or addicting habits such as cutting or engaging in SIB (Siegel, 2013). An additional component of this behavior is identified as "hyperrationality," which was described as thinking in concrete terms (Siegel, 2013). Siegel suggested that hyperrational thinking is not conditional on positive or negative outcomes; rather the importance is focused on the potential benefits of engaging in this behavior. Where prior beliefs had centered on the hormonal balance and imbalance of the adolescent brain, Siegel firmly stated that dopamine levels are more dominant at this level of development and were highly influential in their behavior(s). When one considers SIB as potentially associated with the need for increased dopamine, it is, thus, not surprising that these become an addictive behavior that is biologically based and not entirely environmental.

Hollander (2008) wrote that in the thirty years of his clinical practice, some of the most troubling issues for parents included the knowledge that their children were deliberately injuring themselves, by cutting, scratching, or burning their skin. He went on to write that parents are often completely confused when they encounter this behavior with their child; Hollander reinforced that there is a soothing effect that the individual feels when engaging in SIB (2008). To illustrate this further, Hollander made reference to one of his patients who disclosed that the reason she cut was due to feeling "emotionally overwhelmed" (Hollander, 2008, p. 3). His patient reported that she felt relieved after cutting and that it had calmed her down, with the resulting effect lasting

anywhere from several minutes to a few days after each episode (Hollander, 2008). The self-destruction of her body has explained that it was helpful in managing extreme emotions; something that she had been doing since middle school (Hollander, 2008). Hollander gives his opinion that two reasons may explain the reasoning behind SIB during the adolescent years; to control "extremely painful" experiences of emotions that feel overwhelming and as an escape from feelings of emptiness or numbness (2008). He said that the importance of understanding SIB, especially during adolescence, was that it served a purpose as an emotional strategy for a coping mechanism. It was important to note that these are theories that have explained why teens engaged in this behavior, but more is still needed, as the function of it is not clear. Perhaps the present study will help show the function through the analysis of their postings.

Literature Review Related to Key Variables and/or Concepts

SIB takes many forms besides the act of cutting; it also includes scab picking, biting one's nails, head banging as well as deliberately embedding objects under skin (Favazza, 1992; Moreno, Ton, Selkie, & Evans, 2016; Orlando et al., 2015). This behavior more often than not is present during the adolescent years and is frequently misunderstood as a type of suicidal gesture (Favazza, 1992; Whitlock et al., 2006). Merton's social strain theory was incorporated as a potential answer for the research questions surrounding SIB. Erikson's developmental stage of role confusion during the adolescent years was studied; where he postulated that teenagers tend to engage in impulsive behavior (as cited in Berk, 1998). Finally in researching the connection between SIB and social media, the studies of Whitlock et al., (2015, 2006; Bazarova,

Choi, Sosik, Cosley, & Whitlock, 2015; Moreno, Ton, Selkie, & Evans, 2015; Moreno,

Grant, Kacvinsky, Moreno, & Fleming, 2012; Suzuki & Calzo, 2004) were reviewed for

potential answers as to why an adolescent may engage in SIB and make the decision to

post their injuries on a very public platform for social media.

Describing Self-Harm

As of 2006, studies conducted on self-harming behavior concluded that there is no

particular profile related to a chosen method of SIB, of who these individuals are with the

exception that this is more common during adolescence (Kim, Cushman, Weissman,

Puzia, Wegbreit, Tone, Spirito, Dickstein, 2015; Laye-Gindhu & Schonert-Reichl, 2005;

Whitlock et al., 2006). Initially, the belief was that individuals who engaged in this

behavior were considered to be making suicidal gestures and attempts at suicide

(Favazza, 1992). In his research, Favazza (1992) stated that the act of self-harm was

usually a private act, although occasionally to obtain a favorable response, conducted in a

public environment. Earlier studies carried out by Alderman, (1997) and Favazza (1996),

developed terms to operationalize what describes self-harm, and a general agreement of

what self-harm behavior is, indicated that it is not behaviors such as piercing and tattoos,

but rather a variety of actions where there is a purposeful intent to inflict harm on the

body without the obvious intent of committing suicide. It is an intentional act of

destruction directed inwards, which corresponds with Merton's theory of social strain

wherein people engage in deviant behavior(s) when they are unable to achieve goals by

legitimate means (1938).

Whitlock et al. (2006) referenced terms such as "deliberate self-harm, self-injury, self-mutilation, or cutting" when describing this phenomenon (p. 2). These actions are referred to as Self-Injurious Behavior (SIB) and Non-Suicidal Self-Injury, (NSSI), which propose to assist in relief from unwanted negative feelings such as depression and/or anxiety (Lloyd-Richard, Lewis, Whitlock, Rodham, Schatten, 2015; Orlando, Broman-Fulks, Whitlock, Curtin, & Michael, 2015). For further reference, these acronyms were used interchangeably throughout this article.

Multiple methods utilized in SIB included cutting with razor blades, glass, plastic forks, the carving of words and symbols into the skin; intentional burning of skin with objects such as rubber erasers, lighters, and lit cigarettes are other methods of self-harm. Biting one's own skin, intent to break a bone, torn and/or ripped skin, intent for strangulation, punching one's self in the head repeatedly, resulting in broken bones, excessive bleeding of the head, and insertion of objects into or under the skin have been identified as other ways to self-harm (Orlando et al., 2015). On the website, self-injury.net, there was a reference list of how an individual might self-harm; these methods included slapping, hair pulling, skin picking, the interference of a wound's healing, stabbing and the insertion of "foreign objects into orifices" (Malfoy, 2015). Favazza (1992) wrote that most stereotypical forms of SIB are repetitive acts involving superficial injuries; primitive or infrequent types of SIB have included self-castration and eye enucleation, however this recent behavior(s) is more likely associated with an individual experiencing a state of psychosis.

Function of Self-Harm

In attempting to understand the functions of SIB, it became important what meaning was given to this behavior; an increased awareness of this phenomenon could inform future treatment by clinicians including preventative measures. For example, adolescents who had historically engaged in SIB viewed their actions as difficult to prevent (Fortune, Sinclair, & Hawton, 2008, as cited by Berger, Hasking, & Martin, 2013).   In research conducted by Berger (et al., 2013) participants felt that SIB was linked to familial conflict, feelings of decreased love directed towards them, limited family time and separation/divorce within the family unit.

 SIB is still a relatively new area of research, which seemed to have been a focus of attention during the early part of the 21st century (Laye-Gindhu & Schonert-Reichl, 2005; Whitlock et al., 2006). In 2006, Whitlock et al. stated that there was no current information as to the statistical numbers of individuals who engaged in SIB, specifically within the adolescent population. Historically samples studied have been small clinical populations, which Whitlock et al., (2006) stated required larger samples and longer time periods for studying their behavior(s) to further understand the behavior(s).

Recently university programs, such as Cornell and Harvard have reflected resurgence in research dedicated to the comprehensive study of SIB. Cornell University's studies have looked at frequency and functions of SIB (Paul et al., 2014), while Harvard has devoted research towards feelings of SIB as a behavioral reinforcement within the adolescent population (Selby, Nock, & Kranzler, 2013).

Cornell University's Self-Injury Research and Recovery Resources program discovered that many people who engaged in SIB reported that they experienced an overwhelming sense of sadness, anxiety and "emotional numbness" which became a common trigger and provided a function in managing "intolerable feelings" or a way to experience feelings, as well as a coping mechanism to assist in the relief of stress/pressure (Cornell, 2017). This behavior was also a way to achieve control of their body or mind, for purification of themselves and a way to communicate their unmet needs which became a technique to distract them from other issues (Cornell, 2017). Harvard University's Nock Lab (Harvard, 2017) has been conducting studies on "electronic diaries", in order to understand the thoughts behind SIB as they occur in real-time. In addition, they have been testing various theoretical models in order to further understand the function of self-harm (Harvard, 2017).

From an individual perspective, former self-harmer Fitzpatrick (2012) described that when he was engaging in SIB, the mere sight of blood would ease his levels of self-hatred, self-loathing, and fears of re-experiencing extreme inner psychological pain. Favazza (1992) wrote that individuals experience pleasure and gratification before engaging in SIB/NSSI, and suggested that it may be impulsive or planned. Afterward, this may be related to feelings of self-regret, guilt, and a sense of shame, even though the actions themselves eased their perceived tension that needed expressing. In a study conducted by Berger, Hasking and Graham (2013), they found that adolescents experienced feelings of guilt, worthlessness, leading to SIB as a coping mechanism and felt that their peers and friends would be more supportive than teachers or parents.

Connection Between Self-Harm and Social Media

Social media may be perceived as a collection of internet-based applications that are constructed on the ideology/technology foundations of the early World Wide Web for exchanges of content generated by users (van Dijck & Poell, 2013). A quick influx of social media platforms were actually part of a generalized culture of networks grew and became defined by various browsers and search engines (van Dijck & Poell, 2013). In the last ten years or so, various social media platforms have penetrated into most people's lives which are affected through interpersonal relationships that can be perceived as a mediated conversation through computers (van Dijck & Poell, 2013). The growth of adaptability varied as a new reality has become a social construct that is available in mere seconds (van Dijck et al., 2013). Prior research (van Dijck et al., 2013, p. 3) found that "the cultural and commercial dynamics determining social media blend with existing commercial and advertising practices, while also changing them. Far from being neutral platforms, social media are affecting the conditions and rules of social interaction".

As of 2015, Pew Research discovered that "92% of teens report going online daily" and "more than half (56%) of teens — defined in this report as those ages 13 to 17 — go online several times a day" (Lenhart, 2015, p. 2). This suggested that adolescents used social media much more so than adults and were at a greater risk of placing SIB on a social media platform, especially when considering their level of development. Onset for SIB is between the years of twelve to fourteen, with a prevalence of 15% to 45% in a community and clinical sample; this continues to a significant concern for the health of adolescents (Kim, Cushman, Weissman, Puzia, Wegbreit, Tone, Spirito, & Dickstein,

2015). Research conducted by Lew and Baker (2011, as cited by DeRiggi, Lewis, & Heath, 2018), found that individuals who posted their SIB online, may have multiple reasons for posting, different motivations, and different needs that are unmet. This became relevant when considering whether or not peer support was more evident online, making professional interactions more informed and immediate.

People who engage in SIB have used social media and posted their stories and injuries in a digital environment (Purington & Whitlock, 2010). As posting or bulletin boards are considered to be "dynamic entities" the previous nature of a private and often ritualistic experience has turned decidedly global, with the vast nature of social media available in an almost infinite universe (Suzuki & Castro, 2004). Suzuki et al., (2004) called for future research to understand the personal perception of benefits accrued by not only engaging in SIB but also posting their various experiences in a digital world. Some sites are devoted to the provision of educational and informational for the increase of awareness and prevention, where others encourage the continued SIB and provide platforms for the individual to post their experience(s). Suzuki et al., (2004) further called for the expansion of awareness regarding causes of this behavior to assist in the future awareness and planning of treatment.

As of this date, there are few if any articles or large bodies of research that have explored a connection between self-harm and social media posting, with the exception of previous studies conducted on message boards, Facebook and Instagram (Bazarova, Choi, Sosik, Cosley, & Whitlock, 2015; Moreno, Grant, Kacvinsky, Moreno, & Fleming, 2012; Moreno, Ton, Selkie, & Evans, 2015; Suzuki & Calzo, 2004; Whitlock et al.,

2006). Whitlock et al., (2015) have been working on a more thorough understanding of both behaviors at Cornell University. As a variety of social media sites have been studied, YouTube specifically has not been examined and observed for their content on SIB; thus providing the impetus for this proposed research on that specific site.

Research Methodology

Several research methods were used to understand the connection between SIB and social media. Previous research had been conducted using both qualitative and quantitative approaches. These methods were helpful for quantifying the population, and sorting out what seemed to be the overall problem of SIB including the fact that it was and is most prevalent within the adolescent population (Bonenberger, Plener, Groschwitz, Grön & Albler, 2015). In the proposed research, an observational case study or "data mining approach" using the Internet was chosen as the method for gathering data. As an observer of the social media platform YouTube, the goal was established to have a more thorough understanding of the individual's posted personal story within a real-life context (Cresswell, 2013). A case study provided more in-depth data, using detailed personal stories for analysis into potential thematic data (Cresswell, 2013).

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Summary

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People who engaged in SIB are using social media and posting their stories and injuries in a digital environment (Purington & Whitlock, 2010). The behaviors of an individual who actively engages in SIB often confuses society as it is perceived as an act of attempted suicide, rather than an expression of intense emotion that a person is unable to control (Hollander, 2008). A review of the previous literature was conducted to

understand the behavior of self-injurious behavior and any potential link to documenting the act on social media. Literature research was conducted using multiple sources of information. From the various articles identified through Thoreau (which accesses multiple databases), a literature review was conducted. SIB takes many forms besides the act of cutting; it also includes scab picking, biting one's nails, head banging as well as deliberately embedding objects under skin (Favazza, 1992; Moreno, Ton, Selkie, & Evans, 2016; Orlando et al., 2015).   Multiple methods utilized in SIB included cutting with razor blades, glass, plastic forks, and the carving of words and symbols into skin. Suzuki et al., (2004) called for future research to understand the personal perception of benefits accrued by not only engaging in SIB but also posting their various experiences in a digital world.

Chapter 3: Research Method

Introduction

In Chapters 1 and 2, I defined SIB, discussed the function of SIB and the developmental stages of adolescents, and offered a theoretical hypothesis as to why someone would engage in self-harm behavior and then place it in a digital environment. A request to study the social media site, YouTube was requested from the Walden University's Institutional Board of Review (IRB) In reviewing the literature, I found that adolescents who typically engage in SIB were more likely to engage in a high usage of the Internet (Lenhart et al., 2015).

In this chapter, I outline the qualitative method and design I used for the study. I selected qualitative methodology to study this topic, specifically the observational technique, which allowed for thematic exploration. In analyzing data, I explored if there were any themes that were consistent for the observed participants. Researchers often conduct qualitative studies when variables are unable to be quantified (Creswell, 1998). Due to the limited amount of information and research on the study population (see Kim, et al, 2015), it seemed prudent to examine reasons for the behavior and to use a qualitative approach. I selected patterns and/or themes of behavior as areas of observation for the present study. Patton (2002) wrote that qualitative research assists readers in making sense of the world and turning observations into findings.

In addition to a rationale for my research design and approach, this chapter includes a profile of the participants and an overview of the methods used for selecting them and the videos that I analyzed. I describe the IRB approval I successfully went

through to demonstrate that the observational role I assumed would not interfere with the observees and would not extend into a nonobserver role. In addition, I describe the procedures used for collecting and analyzing data and verifying findings, and I review ethical protections.

Research Design and Rationale

I analyzed the activity of posting messages and/or photographs on social media sites, specifically YouTube. As YouTube is a public forum, observing postings did not infringe upon the privacy of the individuals posting. A preliminary consultation with Walden's IRB indicated that observation in this way would not be an ethical problem. Whitlock et al (2006) found that the information was placed in a public form, and therefore posited that it was not protected. Whitlock's (2004) study wrote that posting in a public environment, and the use of an observational approach is not an infringement of personal privacy; she noted that since this method was used, "active consent was not required"(p. 4).

Using a convenience method, I chose 10 cases; the first 10 individuals who emerged from my search using the terms *self-harm* and *cutting* were chosen for analysis. Three videos for each of these 10 individuals were included in the analysis for a total of 30 videos. I made an attempt to include gender-balanced viewpoints in the videos selected; it cannot be guaranteed that this was accomplished, as gender was not always disclosed. Both the content of the video and the comments were analyzed for themes to answer the research questions.

Analyzing comments and/or video that had been posted and that was related to the act of SIB and/or NSSI provided an intimate view of posters' cutting behaviors and stories. YouTube is considered to be one of the more prominent social media platforms as well as a search engine, second only to Google (Rivera, 2016), which contains elements of messaging, user-submitted content, sharing, "liking" personal messages, and groups or lists.

Use of the observational method allowed me to gather relevant data. As my literature review in Chapter 2 revealed, little is known about the reasons and/or motivations for SIB, as it is often considered a suicidal gesture (Medina, 2011). I found that even less is known about the relationship between SIB and social media, specifically YouTube. Using an observational technique provided more insight on the subject, and assisted in understanding the narrative thread of SIB (see Creswell, 2013). Coding included videos and related comments following the original posting. When saturation was met, additional participants were not selected. The observation focused on attempting to understand the function or purpose of SIB for each individual, as well as investigating the connection with posting on social media. The intent of this research was to uncover what a self-harming individual does, and the reasoning behind posting this behavior(s) in a very public and permanent setting. Given that many behaviors have specific purposes (see Hollander, 2008), I sought to determine what purpose is served when placing SIB subject matter on a social media platform. The gathered data were coded using thematic elements for overall analytical purposes.

Research Questions

RQ 1 - Qualitative: For individuals who use social media for posting their injuries and/or stories, what are they posting about their SIB/NSSI?

RQ 2 - Qualitative: For individuals who use social media for posting their injuries and/or stories, what do their posts reveal about why they are engaging in SIB/NSSI?

RQ 3 - Qualitative: For individuals who use social media for posting their injuries and/or stories, what do their posts reveal about why they are posting about their SIB/NSSI?

Methodology

Participant Selection Logic

As I noted in the "Research Design and Rationale" section, I used a convenience method to select cases. I used the terms *self-harm* and *cutting* in a search of videos on YouTube.com (December 2, 2017); the first 10 individuals who emerged in the search were chosen, with the understanding that the video must be a minimum of 5 or more minutes in length to ensure enough content for analysis. In a trial conducted on August 1, 2017, and using these search terms, I found that the first three videos posted were between 40 seconds to 59.47 minutes in length. Three videos for each of the 10 individuals were included in the analysis for a total of 30 videos. I made an attempt to include gender-balanced viewpoints; assumptions were not made on physical presentation of posters, or pseudonyms. Both the content of the video and the transcripts were analyzed for themes to answer the research questions. Within the background of

social media, specifically YouTube, comments and/or video that have been posted and

are related to the act of SIB provided a more informed view of the posted relatedness this

behavior and the act of placing their injuries/stories in a digital platform. According to

Rivera (2016), YouTube was considered to be one of the more prominent social media

platforms as well as a search engine, second only to Google; as it contains elements of

messaging, user submitted content, sharing, "liking" personal messages, and groups or

lists. Posters comments were coded; an analysis and triangulation of data were conducted

using classic content study.

Procedures for Recruitment, Participation, and Data Collection

Selections of "cutting" videos that have been posted on YouTube specifically

using the search term "cutting" were chosen for analysis. The videos that came up on

this search term were selected based on the content of self-harm. Ten individuals who

posted at least three times were selected from the search of YouTube videos. Three

videos from each individual were chosen for analysis, for a total of thirty videos that were

coded for themes. In addition to coding the substance of the videos, the comments under

each video were coded. No interaction occurred between the researcher and the

individuals who posted. This information was treated as naturalistic observational data

and was thematically coded for all participants and their respective followers.

Data collection consisted of ten individuals who had posted at least three times

selected from the search of YouTube videos with a search term of "cutting". Three

videos from each individual were chosen for analysis, for a total of thirty videos that were

coded for themes. In addition to coding the substance of the videos, the comments under

each video were coded. Only the comments from the individual "poster" were coded for

additional information in an attempt to answer the research questions. Transcripts that

are available of or for the video were utilized for further clarity of thematic patterns, and

were cited using a pseudonym for each poster in order as an additional measure to ensure

their anonymity and protection. Further, the actual links to the posters were identified in

the main document, in order to add another layer of protection for the individuals

identified for observation in the present study.

Data Analysis Plan

As the data was organized and coded the researcher looked for overall themes in

the posted videos by using the observational checklist. Each transcript, if available, was

reviewed in it's entirety to assist in answering the original research questions of what was

being posted about their SIB, what the posts revealed about their engagement of SIB, and

finally did the posts reveal a connection between the use of social media and SIB?

Highlighting frequently used words, assisted in the extraction of relevant references for a

better understanding whether there was a possible connection between the person's

perception of social strain (anomie), whether this was an act of impulsivity, or inability to

master developmental stages that resulted in the posting of SIB on social media.

Identifying specific words or statements became an additional method to better

understand the experience of the individual who engaged in SIB and then posted this

information on YouTube. With a contrast of certain words that are in the diagnostic

criteria of the Diagnostic Statistical Manual 5 (DSM-5), an extrapolation was useful in

potential diagnosis of mental health issues which then further educates healthcare

providers and educators in indicators of SIB. The thematic connections of each participant were organized to provide a more thorough picture of this behavior. In addition, comments were coded with the further intent of answering the research questions.

Issues of Trustworthiness

As credibility, transferability, dependability, and confirmability are the foundations upon which qualitative research is founded (socialresearchmethods, 2017), the research findings were verified by using documenting the time/date of each posting and printing a hard copy of the transcripts.

The committee chair and member were involved in validating the information submitted by receiving copies of the transcripts if requested.

Credibility consisted of documenting the perspective within the research as posted and captured as a transcript of the video. Will the information be able to be transferred to other contexts where a preventative or awareness program can be developed? On-going observation/research will be responsible for describing the changes that may occur within the posting. In order to establish the unique perspective that has been brought to the present study, the observer did strive for conformability by careful documentation of the data and ensuring that checking and re-checking procedures were in place.

The researcher in the present study is a clinical social worker and clinical psychologist (PhD Candidate), who currently works in a community-based outpatient mental health practice as a psychotherapist. Previous clients of the researcher were utilized as a point of interest for the origin of the study. At no time was the researcher

involved in active treatment with any individuals who engaged or currently engage in SIB, where their stories or experiences were used for the present study. Various books written by psychologists, medical doctors and personal accounts (published by the author), as well as peer reviewed journal articles were used for the present study in addition to the observational accounts of the YouTube videos for this research.

Ethical Procedures

The participants in the present study are adolescents who have posted videos that were placed in the public social media platform YouTube. There was no foreseen risk of harm associated with participating in the present study, as it was an observational study and the participants had willingly placed the content in a community setting. Whitlock's (2004) study wrote that posting in a public environment, and the use of an observational approach is not an infringement of personal privacy; she noted that since this method was used, "active consent was not required"(p. 4). To further ensure the safety of each participant prior approval for the present study was sought through Walden University's IRB (approval number 11-06-17-0382504). Their response(s) did not indicate any potential harm or ethical difficulty when gathering data. Video transcripts were downloaded and included with observational "field notes" used by the researcher. Field notes, transcripts and digital files were stored on an encrypted computer and each participant was assigned a pseudonym to ensure additional anonymity.

Summary

An observational case study or "data mining approach" using the Internet was chosen as the method for gathering data. As an observer of the social media platform YouTube, the goal was to have a more thorough understanding of the individual's posted personal story within a real-life context (Cresswell, 2013). A case study provided more in-depth data, using detailed personal stories for analysis into potential thematic data (Cresswell, 2013). Participants selected the present study were chosen based on the use of "cutting" related to the YouTube video, with a minimum of three different postings and then observed for a period of thirty days, with the expectation of having a final sample of thirty videos for analysis. In addition, comments that were posted related to the specific video were documented for thematic purposes. Chapter 4 provides rationale for the specifics of the recruitment, profiles of the participants, a thorough explanation of data collection, analysis and research findings. It also provides answers to the research questions and the relationship to the posited theories of the behavior.

Chapter 4: Results

Introduction

The purpose of this qualitative, observational case study was to understand the experiences of individuals who engaged in SIB and posted their stories on YouTube. I sought to understand these individuals' motivations for self-harm and their reasons for posting their SIB behaviors online. Use of the search terms *self-harm* and *cutting* on YouTube yielded 318 videos for analysis. I analyzed the videos and their respective transcripts for themes. The research questions were

RQ 1: For individuals who use social media for posting their injuries and stories, what are they posting about their SIB/NSSI?

RQ 2: For individuals who use social media for posting their injuries and stories, what do their posts reveal about why they are engaging in SIB/NSSI?

RQ 3: For individuals who use social media for posting their injuries and stories, what do their posts reveal about why they are posting about their SIB/NSSI?

In this chapter, I present the findings and discuss them in relation to the three research questions. The chapter also includes discussion of the research setting, type of data collected, and the trustworthiness of the data. In addition, I present key themes that emerged from the analysis. Findings will be further discussed in Chapter 5.

Setting

After obtaining approval from IRB, I downloaded transcripts of posted "self-harm" videos from YouTube on December 2, 2017. To capture data that could be

removed from the site at any time, and to obtain the most consistent information, I

downloaded video transcripts in one sitting. Videos that originated from this search were

selected based on the content of self-harm. As YouTube is a public forum, the

observation of videos did not infringe upon privacy issues of the individuals posting. Ten

cases were chosen, using a convenience method; the first ten individuals who emerged in

a search using the terms *self-harm* and *cutting* were chosen for analysis. I selected three

videos for each of these 10 individuals for a total of 30 videos. In an attempt to identify

gender-balanced viewpoints; both the content of the video and the comments were

analyzed for themes to answer the research questions. To ensure privacy and protection

of the posters, as well as accuracy in my analysis, no interactions occurred between the

posters and myself, as the present study was strictly observational.

Demographics

I selected a total of 30 videos for analysis, three each from 10 individuals who had

posted a minimum of three self-harming videos on YouTube. No guarantees were made

to specifics such as gender, age, or orientation when the postings were chosen for

analysis. The demographics for the study were determined by who had posted by the

date that the information was downloaded for analysis, December 2, 2017. I assigned a

pseudonym to their posted identity to ensure that each participant's safety and privacy

were maintained.

Data Collection

As noted, I selected 30 videos for analysis based on my searches using three

individual terms and phrases: *self-harm and cutting*, *self-harm*, and *cutting*. In

consideration of posters who had placed videos and transcripts in the social media platform YouTube, expecting that they would have privacy or confidentiality, I assigned a pseudonym to ensure privacy during the data collection and analysis process. I eliminated some search results from further considered because they referenced topics such as "magic," "squishy things," "cutting an anvil open," "carving soap," "cutting your own bangs and others," "cutting your own wig," "dress cutting," "vets cutting matted hair off of stray dogs," and "fruit cutting" and were unrelated to the research purpose. The videos and transcripts chosen for analysis met the time criteria of at least 5 minutes in running length, were postings from actual accounts of self-harm, and had at least two or more additional videos related to self-harm by the same poster.

Data Analysis

In this qualitative observational study, the YouTube video postings and transcripts of individuals who engaged in SIB constituted my data sources. I saved video transcripts and printed them out for coding, with title only. I read the transcripts in no particular order; they were not identified by the poster, but by title on the first pass. Each video posting selected met criteria for the minimum time limit and was organized by the research questions. The research questions were further identified by a color-coding method, to assist in data analysis within the transcripts. Codes were defined after a review of the transcripts, which were distilled down into themes to assist in answering the original research questions. The following codes are listed with brief explanations taken from the collected data.

- o Code 1: Adolescent Behavior Myth. The code of adolescent behavior emerged when the participants described that SIB is a problem during adolescence.

- o Code 2: Gender-Specific/Ethnic Bias Behavior. The code of gender-specific and ethnic-biased behavior attributed to those who engage in SIB was discovered in the analysis of the transcripts.

- o Code 3: Common Forms of SIB. The forms of SIB were listed in the postings of individuals on YouTube. The transcripts revealed that there are more types of injuries than just cutting.

- o Code 4: Hiding Self-Harm. The code of how to hide self-harm and recommendations on how to "hide" self-harming objects became a thematic code in the transcripts.

- o Code 5: Mental Illness. The code of mental illness as a cause for SIB was referenced by several individuals and eluded to a lack of stability both in childhood and present-day functioning.

- o Code 6: Objects Used in SIB. The code of objects used in SIB was identified by several posters and included more than the typical razor or blades that are used.

- o Code 7: Childhood Trauma. The code of childhood trauma was evident with several posters referencing their personal stories.

- o Code 8: Shame. The code of shame was present as both shaming those who engaged in SIB, and those who posted their injuries on YouTube.

- o Code 9: Social Acceptance/Rationalization of Behavior. The code of social

  acceptance was varied, with some posters indicating that they sought

  acceptance by family, friends, significant others, and even celebrities.

- o Code 10: Education. The code of education was reflected in several posters,

  who revealed some reasons why they posted their stories on YouTube.

Evidence of Trustworthiness

Credibility

Credibility is established with the use of validation strategies, such as those

mentioned by Creswell (2007), and which have been identified in Chapter 3. The

purpose of this observational case study was an exploration to increase an understanding

of the personal experiences of those who have self-harmed and utilized social media as a

platform. Whether the intent of the poster was to assist those who self-harm, by

providing educational information, or those who needed a place to communicate their

distress, the data was publicly available for examination and was considered to be

credible. To further ensure credibility, each video with their transcript was downloaded

and printed out for future analysis.

Transferability

Transferability is the ability of results that can be "transferred" from one

population to another, or from one or more settings to another. In this research study, the

observational approach used social media; specifically data mining information that was

readily available for collection and analysis. It was discovered that social media is an

ever-changing landscape of ideas, thoughts, and concepts, which provided rich data to

review. However, due to the frequency of information from hour to hour, an "in the moment" observational approach analysis was chosen, This method can be used with other social media platforms, and become "snapshots in time" of a person's overall status of functioning. Although social media can be an ever-changing platform, with some used more than others, or altogether discontinued, (think MySpace), the information was placed in the digital environment, serving as a social artifact available for future statistical analysis.

Confirmability

Establishing confirmability was accomplished by the documentation of how data was checked and re-checked. The first phase of collecting data included identifying the posters meeting the minimum time, as well as the endorsement of engaging in self-harm. The download of video transcripts provided tangible documentation of participants experiences; each transcript was read multiple times and coded according to the research questions. The impetus for the study resulted from this researcher's prior experience with a client who self-harmed, and placed photographs of her injuries on social media.

Results

The findings in the analysis of YouTube transcripts revealed prominent themes: the common forms of SIB, hiding self-harm, mental illness, objects used in SIB, childhood trauma, shame, social acceptance/rationalization of the behavior, and education about the behavior. The following themes were identified and explained using the comments obtained from video transcripts.

Findings/Themes

The research questions originally posed for analysis and a greater understanding of SIB asked the following;

RQ 1 - Qualitative: For individuals who use social media for posting their injuries and stories, what are they posting about their SIB/NSSI? RQ1 revealed the most common forms of SIB/NSSI, how to hide self-harming behavior and objects associated with the act(s), mental illness, childhood trauma, shame, and the need for social acceptance/rationalization of the behavior(s). Transcripts revealed five themes related to what was posted by individuals who used social media for posting their injuries and stories. Drilling down further, the more repetitive themes included shame, childhood trauma, and rationalization of the behavior. The dominant theme was shame, which meant that individuals either felt shame or displayed it towards others related to the behavior(s). This was directly in contrast with the expectation at the beginning of research where it was posited that people engaging in SIB feel more comfortable posting this behavior than talking about it in person. "Onion" demonstrated this theme through his reference to people who self-harmed were "unable to think for themselves". In addition, "Onion" posted that people who are bullied are often self-harmers. Rationalization of SIB was demonstrated with reference to being a victim which was mentioned by several posters; this can be connected with an inner sense of loss and the need to reclaim control of their situation. Having been either physically or sexually assaulted as a child was posted by "Onion" to support the theme of childhood trauma.

RQ 2 - Qualitative: For individuals who use social media for posting their injuries and stories, what do their posts reveal about why they are engaging in SIB/NSSI? RQ2 revealed that individuals engaged in SIB for the following reasons; the existence of mental illness, prior childhood trauma, shame, the need for social acceptance, and rationalization of the behavior(s). Transcripts revealed five themes related to what their posts revealed about why they engaged in SIB. The dominant theme was the role of victim, which suggested that posters believed that they had been unable to control their personal exposure to trauma. "Sand" demonstrated the trauma theme through his posting referring to his own abuse as a child (physical and sexual) and provided as explanations for his own SIB. "Onion" (2017) wrote that there was a "pandemic of childhood trauma," and that primary caregivers in a child's early development were to blame for SIB. "Joe" (2017) posted that SIB was a result of several mental illnesses, such as personality disorders, dissociative disorders, and eating disorders. A combination of anxiety and enuresis as a child were listed as reasons why "Irony" (2017) engaged in SIB.

RQ 3 - Qualitative: For individuals who used social media for posting their injuries and stories, what did their posts reveal about why they posted their SIB/NSSI? RQ3 revealed that posting SIB on social media was a myriad of explanations; needing social acceptance, education about the behaviors, objects commonly used in self-harm, and how to "spot" a self-harmer. Transcripts revealed four themes related to social media postings and what explanations were offered for posting their injuries/stories on-line. These themes included the need for social acceptance

(whether at the micro or macro level), provision of education to others, objects used for SIB, and how to identify a self-harmer. The dominant theme was the need for social acceptance, suggesting that posters were unable to feel included in their immediate environment, causing a need to reach out to others via social media. "Onion" demonstrated this theme through his posting that placing self-harm pictures on social media may result in more "likes" on Tumblr, (a social media site dedicated to micro blogging and community). "Joe's (2017) transcript revealed that the goal of posting SIB was to get more subscribers, as evidenced by request to "please like the video content" and to share the video with other social media sites such as Facebook and Twitter.

Theme 1: Common Forms of SIB/NSSI

The forms of SIB were listed in the postings of individuals on YouTube. The transcripts revealed that there are more types of injuries caused than cutting alone. Some of the most frequently listed forms of SIB included; cutting (expected), burning skin, hitting oneself in the head, intentional banging of one's head into hard surfaces such as walls, biting one's self, the prevention of wounds from healing, and consistent scab picking.

Theme 2: Hiding Self-Harm

The theme of how to hide self-harm and recommendations on how to "hide" self-harming objects were discovered in the transcripts. Hiding SIB included wearing long-sleeved clothing or pants on a regular basis, (especially noticeable when the weather did not necessitate it). Caution was given when sharp objects or "cutting instruments" were discovered; this was considered a "red flag" to identify a self-harmer.

Theme 3: Mental Illness

The theme of mental illness as a cause for SIB was referenced by several individuals and eluded to a lack of stability both in childhood and present-day functioning. Symptoms of depression, anxiety, and suicidal ideation were most prominent in reference to mental illness.

Theme 4: Objects Used in SIB/NSSI

The theme of objects used in SIB was identified by several posters and included more than the typical razor or blades that have been commonly associated with SIB. Objects identified as items of SIB included metal rulers, knives, lighters, penknives, paper clips, forks, and even allowing mosquitos to continue biting when discomfort was acknowledged.

Theme 5: Childhood Trauma

The theme of childhood trauma was evident with several posters referencing their personal stories. Examples of physical, sexual, and emotional abuse were the most common types of trauma that were identified in the transcripts as reasons for engaging in SIB.

Theme 6: Shame

The theme of shame was present as both shaming those who engaged in SIB, and those who posted their injuries on YouTube. Shame was evidenced by those who witnessed how others were treated when "outed" for their behavior, belief that they deserved to be harmed at their own hands, and for placing their stories on social media.

Theme 7: Social Acceptance/Rationalization of Behavior

The theme of social acceptance was varied, as some indicated that they sought acceptance by family, friends, and significant others. The need to be accepted by others was reflected as the transcripts revealed that family members, friends, significant others were often unaware of the individual's perceived emotional pain.

Theme 8: Education

The theme of education was reflected in several posters, who provided reasons why they posted their stories on YouTube. Encouraging others to seek help, and validating other's experiences were examples of why people posted their experiences overall.

Summary

The purpose of this qualitative, observational case study was to understand the experiences of individuals who engaged in SIB and posted their stories on social media, specifically YouTube. The three research questions sought to answer what was being posted about SIB on social media, why individuals engaged in SIB and placed it on social media, and finally what was revealed about SIB and the reason for posting on social media.

Once IRB approval was received, and transcripts of posted self-harm videos were downloaded from YouTube, an analysis for explanations for posting SIB on YouTube began. The transcripts ranged from identifying the actual objects used for self-harm, to shame for engaging in the behavior. Responses for engaging in SIB revealed that the need for self-expression was important, that it was a means for coping with mental illness

or trauma, familial conflict, and the perception of nonconformance or shaming. Stories or images placed on social media, provided support, and education about the behavior (including how to find resources). Shame for using social media as a platform to express pain rather than keeping the self-harm secret (conflict over privacy) was also expressed in this area.

The five most prevalent themes addressed assumptions in gender/ethnic identities, acknowledgment of mental illness, endorsement of experiencing childhood trauma, shame for the behavior, and a need for social acceptance. In this chapter, the results of the present study were outlined and presented in the introduction and the original research questions.   Included in this chapter were relevant themes and responses that were obtained from the original video transcripts. They were coded, and thematic trends were identified. In Chapter 5, thematic findings, limitations of the study, recommendations, implications from the study, and conclusions follow.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

I conducted the present study to observe what individuals posted about their SIB, why individuals engaged in SIB, and why individuals posted their SIB on social media, specifically YouTube. Using an observational case study design, I sought to gain greater clarity of the research questions and increased knowledge about the behaviors being analyzed. Findings add to the existing body of research previously conducted on both social media and SIB and discussed in Chapter 2. Since the original proposal of this present study, more research has been undertaken on the use of social media and its effect on society (see DeRiggi et al., 2018).

When coding the data several prominent themes were identified in the process of data analysis, which I list later in the chapter. Explanations for posting SIB on YouTube ranged from describing the actual objects used for self-harm to shame for engaging in the behavior. Objects were not always the same, and, in some cases, the harm was a physical gesture of slamming one's head into a wall. The responses for engaging in SIB revealed that the need for self-expression was significant and that it was a means for coping with mental illness or trauma, familial conflict experienced, or some shame related to a failure in conforming to perceived expectations of social norms. Individuals often did not feel heard or validated within their social circle and therefore looked for acceptance on social media, specifically YouTube. Stories or images were placed on social media to provide support and education about the behavior. Posters also expressed shame about using social media as a platform to express pain rather than keeping the self-harm secret,

emphasizing a conflict over privacy. The discomfort felt by the viewer, as well as by the poster, in response to the publicly placed experiences of harm may have played a role in disclosure. The theme of shaming from a distance using social media was evident with posters, whether they were shaming themselves, or others, for engaging in self-harm.

Interpretation of the Findings

Transcripts revealed six themes related to what was posted by individuals who use social media for posting their injuries and stories: the most common forms of SIB, how to hide self-harming behavior and objects associated with the act(s), mental illness, childhood trauma, shame, and the need for social acceptance or rationalization of the action(s). The dominant theme was shame, which meant that individuals either felt shame or displayed it towards others with their postings or responses.

According to prior research, individuals who engage in SIB also report high rates of major depression, anxiety, and substance use disorders, as well as impulsive behaviors (Cornell University, 2017; DeRiggi et al., 2018; Kim et al., 2015). The data collected from this current study are consistent with these findings. Data analysis related to reasons for engaging in SIB included the following: existence of mental illness, prior childhood trauma, shame, need for social acceptance, and rationalization of the behavior(s). Of the five themes, the most notable was a need for control over situations that one had previously been unable to change; this was evidenced by the endorsement of traumatizing events, whether the discovery of having a mental illness or attempting to recover from prior trauma. Explanations for self-harm and the shame of engaging in the behavior and placing it on YouTube displayed the need for acceptance and a

rationalization of the action(s). "Urban" confirmed this with his postings that "emotional release" and a plea for help, rather than suicide, was a reason for SIB. "Cook" provided an answer that self-punishment used as a means of escape from emotional pain warranted engaging in SIB. Childhood sexual abuse, and self-punishment for not being "good enough," were additional reasons given for self-harm according to "Sand". Both "Onion" and "Urban" blamed a "pandemic of childhood trauma" and primary caregivers in their early childhood for their SIB.

Shame/Social Acceptance

Merton's theory of social strain and anomie, which focuses on impulse control and management being dependent on having social order (Merton, 1938), figured prominently within the research data. The participants all demonstrated a difficulty with feeling a sense of belonging and used social media to engage with others. The transcripts revealed that each felt some type of "strain," whether it was internal or external, which created the need for expressing him or her selves in the only manner that they felt would be heard--social media.

Mental Illness/Social Acceptance

The American Psychological Association (2009) found that an increase in usage of technology contributed to narcissism and a sense of self-orientation that did not rely on any known social support systems. In addition, researchers at Cornell University's Self-Injury Research and Recovery Resources program discovered that many people who engaged in SIB reported that they experienced an overwhelming sense of sadness, anxiety and emotional numbness which became a common trigger and provided a

function in managing intolerable feelings or a way to experience feelings, as well as a

coping mechanism to assist in the relief of stress or pressure; self-harm became

habituated (Cornell University, 2017). In analyzing the data for this study, I found that

having an audience by creating a YouTube video gave the poster the opportunity to

express him or her selves in a manner that was both "safe" and a connection that he or

she otherwise did not believe existed for themselves; lessoning the anxiety experienced

during the adolescent development stage providing them an environment for exploration.

Prior Childhood Trauma/Social Acceptance

Prior childhood trauma can interrupt developmental stages. Erikson's research

with adolescents indicated that the lack of mastery of identity versus role confusion,

forces that often competed with each other, created confusion and a perception of

upheaval (Erikson, 1993). Strong bonds are often forged during adolescence, when the

individual achieves his or her sense of identity, If he or she becomes confused during this

time, and a perception of upheaval is experienced which then further complicates who

they perceive themselves to be, stagnates the normal rate of development, per Erickson's

theory (1992).

The final research question revealed that there were multiple reasons for placing

their SIB on social media: to find social acceptance, receive education about the

behaviors, knowledge about the objects commonly used in self-harm, and how to "spot" a

self-harmer. "Joe" provided helpful tips for getting out of "depression" as a reason for his

posting on social media. Kummervold et al.'s (2002) research had shown that it was

easier to discuss items of a personal nature online rather than in a face-to-face situation;

each video transcript that was studied found that individuals used pseudonyms rather than their actual names; all posters used pseudonyms rather than their actual name. They identified themselves with monikers such as "Onion," "Route 66", "Irony," "Sand," and "Urban."

The overarching theme appeared to be shame-based, whether from the individual poster's perspective or in comments from others online. Shame was attached for engaging in SIB, for not being able to handle life's stressors, and for not conforming to the social expectations of "normal." "Joe" and "Onion" referred to receiving more attention on social media would potentially increase the person's acceptance with others as reasons for why people would place their stories online, among others. As Medina's research (2011) posited there was little understanding regarding cutting, the present study enhanced understanding behind self-harming behaviors including the use of social media as a standard form of communication and provided an outlet for individuals overall, whether positive or negative.

<center>**Limitations of the Study**</center>

Trustworthiness of the posts that arose from the observational case study or "data mining approach" using social media and data gathering were unable to be verified, as there was no interaction between the researcher and participants. Individual transcripts analyzed and linked, to the post were analyzed using the research questions as guidance to better inform the observations. The assumption that each poster had been truthful, and willingly placed their experiences on YouTube with the potential that their identity could be discovered, was a concern for the trustworthiness of the study. The limitation of each

individual analyzed within the context of their posting, did not allow for further

exploration by the researcher to ask additional questions as to their motives; either for

placing their stories online or engaging in self-harming behavior. In addition to this, the

IRB requested that pseudonyms be assigned to the posters, should a member of a

protected population, such as a minor who "participated" and would not have had the

opportunity of informed consent.   This limitation created a lack of more in-depth

understanding of the individual's experience, as their stories were taken at face value,

rather than an in-person interview. A face-to-face interview would have been useful, as

more insight would have been gained by engaging with the individual and receiving

immediate feedback and clarification to questions posed. Having to rely on the

truthfulness of the transcript and associated video posting, required that the research and

data collection became solely based on what was available on YouTube. Also, as some

of the individuals observed may have been part of a protected population, it was essential

to remain adherence to IRB approval and maintain their identities with the use of

pseudonyms, rather than the actual poster's monikers.

Recommendations

YouTube is considered to be one of the more prominent social media platforms

as well as a search engine, second only to Google (DeRiggi, Lewis, & Heath, 2018;

Memon, Sharma, Mohite, & Jain, 2018; Rivera, 2016). It is necessary to engage parents,

teachers, mental health professionals, and pediatricians with data that were collected and

analyzed from the present study to provide an increase in awareness and for the future

prevention of self-harming behavior and the relationship with social media. As SIB was

found to occur at an early age; more intervention at the pre-adolescent level, including greater involvement from parents and mental health providers informing treatment planning, and diminishing shame attached to the behavior need to be provided (DeRiggi, Lewis, & Heath, 2018; Memon, Sharma, Mohite, & Jain, 2018). This should include adding a component on various resources available within a health class or as a community presentation.

Research Recommendations

Future research is needed to address education regarding social media and the intimacy that it lacks. It's use within the adolescent population, and the physiological impact on the adolescent brain should be studied using consenting participants; this may provide additional information of potential long-term biological function of SIB on the developing and highly transitional pre-adult brain. While the acquisition of knowledge is essential and should not imply that social media needs to be pathologized, overlooking the permanence of posting is important for all users of social media platforms. For those who posted graphic stories/images, this may be become problematic for future employment or acceptance into university, as a "character flaw" or indicator of mental instability. While the motives for engaging in SIB varied from individual to individual, as well as the reasoning for placing their stories online, it is important to note that social media has increasingly become a prominent feature in today's communication with others, and has been suggested to increase exposure to SIB (Memon, Sharma, Mohite, & Jain, 2018).

Implications

Practice implication needs to address the reluctance of addressing the issue of self-harm, and use of social media by adolescents. Social media is anonymous and soothing, creating a false sense of security; the message goes out to an unknown audience; creating a false sense of security and creating a false sense of validation in return when "likes" are associated with the posting. It would seem to be the proverbial "message in a bottle"; the distress is expressed out to the digital universe with the expectation that someone will connect with the perceived disconnect that the individual feels. During review of data some individuals expressed that they engaged in SIB due to feelings of disconnection. Others acknowledged that they did not want to experience feelings at all and that SIB provided an outlet for their emotional pain. This research has informed the researcher that when conducting assessments, and providing therapy, it is important to explore whether the individual is feeling connected with their community or not, and their understanding of what being "connected" means.

Conclusion

In conclusion, the findings revealed that individuals who posted their self injurious behavior on social media have varying reasons for not only engaging in the behavior, but also for why they placed it in a digital environment; increased social acceptance that would be "like" or "follow" in social media. This study has added to our understanding of the motives of self-harm and could be used to design educational programs to help individuals affected by this behavior. It further impacts treatment-

planning, referrals, and diminishes the shame attached to the behavior with more information related to the precursors of the behavior(s). The potential impact of positive social change occurring as a result of the present study indicated that direct contact with the posters would have provided a more accurate portrait of the individual who engages in SIB/NSSI. Feelings of disconnect, shame, and need for social acceptance were expressed with posting personal information in a public forum. However taking the knowledge gained from the transcripts provided a better understanding, and ultimately a more informed approach during the initial assessment. Once learning of a self-harmer's potential themes attached to the injury, the therapeutic approach directed towards theoretical orientation will be evident. Dedicating more time towards learning about the relevance of social media and the impact that it has on adolescents should be a constant source of review.

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