The Cutting-Edge of Clinical Psychology?: The Internet, Mental Health & Self-Harm Support Groups

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Table of Contents:

Tables:

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Declaration:

This thesis has not been submitted for a degree to any other university. It was completed with the supervision of Dr Ian Hume, Dr Jacky Knibbs and Dr David Giles. Supervisors provided guidance and feedback towards the design of the online questionnaire, as well as the analysis of the data. They also checked drafts of the individual papers included within this thesis. Apart from these collaborations, the thesis is my own work. Authorship from any published papers from this work will be shared with the above collaborators.

Authorship & Publication:

Notes for contributors are detailed within appendix four.

Chapter One: Psychology.com?: A Review of Psychological Interventions, Virtual Support and the Internet.

This chapter is being prepared for submission to Computers in Human Behavior (Baker, J. G. R., Hume, I., Knibbs, J. & Giles, D.).

Chapter Two: Self-help, Self-harm & the Internet: Experiences of using online self-harm forums & responses to the disclosure of self-harming behaviour.

This chapter is being prepared for submission to Computers in Human Behavior (Baker, J. G. R., Hume, I., Knibbs, J. & Giles, D.).

Summary:

The aim of this study is to investigate the role of the internet within the area of mental health support. The first paper reviews the current literature surrounding the use of the internet for self-help and intervention purposes. It highlights investigations into the outcomes, benefits and disadvantages in using this medium for support and therapeutic input. It also highlights the implications within clinical psychology for future research and service development. This is presented in terms of on-going interventions and support, as well as for use within a 'stepped-care' model of service delivery.

The second paper presents an empirical investigation into users' experiences of using online support groups concerned with self-harming behaviour. The literature surrounding this area was noted as particularly sparse. The study uses a mixed method incorporating both quantitative and qualitative analysis. Exploration into the responses towards individuals who disclose self-harming behaviour is also performed using a simulated online forum post to which participants 'role-played' replies.

The third paper presents a reflective account of the research process. It includes reflection around the area of using the internet as a research tool. It also specifically highlights a methodological critique of the empirical methods with reference to online ethical research guidelines presented by the British Psychological Society (BPS, 2007). Personal reflections on the process, and dealing with a potentially distressing subject matter are also discussed.

Chapter One: Literature Review.

Psychology.com?: A review of Psychological Interventions, Virtual Support and the Internet.

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1.: Abstract:

In recent years there has been a significant increase in the numbers of people who have gained access to the internet and online resources (Richards, Foster & Kiedrowski, 2007). There has been much debate as to the potential benefits and dangers of using the internet for discussion, social networking, self-help and intervention purposes (Cummings, Butler & Kraut, 2002; Kraut, Patterson, Lundmark, Kiesler, Mukopadhyay & Scherlis, 1998; Shapiro, 1999; Silverman, 1999). Current evidence provides an uncertain picture regarding the efficacy of many online resources and intervention methods. Evidence suggests that a variety of different forms of online intervention may be of use as individual or adjunctive interventions. At present the scale of research performed, small sample sizes and varying methods have made comparisons and conclusions difficult. The paper attempts to review the current information available concerned with a variety of online interventions. This incorporates computerised cognitive behavioural therapy, the use of messenger and email technology as well as self-help forums and the quality of online information sources. Discussions focus upon the current directions of online interventions. The benefits and disadvantages are also reviewed in terms of a technology that cannot be ignored but must be engaged with and the potential advantages used to improve service provision and access.

2: General Background Information:

Internet use in the United Kingdom (UK) has risen substantially in recent years. The office for national statistics (Pollard, 2006) notes that the number of households in the UK who have home internet access increased from 11 million in 2002 to 13.9 million in 2006. This is shown to represent 57 percent of households. This statistic only represents households that have access; it does not take into account the percentage of the population who have other means of accessing the internet such as through the workplace, university or other public access centres. This increased accessibility and use of the internet has provided a wealth of information to be accessed online. It is noted as being a useful and increasingly popular environment where people can exchange and discuss topics with others (Christopherson, 2007; Eastin & LaRose, 2005; Van Uden- Kraan, Van Lankveld, Leusink, Slob & Gijs, 2007; Walther & Boyd, 2002).

3: Effects of Internet Use:

There has been much interest in the general effects of internet use. Many studies originate from the United States (US) where internet use has been established among the general population for 10 years or more compared to the relatively recent popularity of the internet in the United Kingdom (UK). The Office of Communications (OFCOM) noted a dramatic increased use of the internet in the UK (Richards et al., 2007). They note that people are spending longer online and that there is more of an equal usage by men and women. In the age range of 24- 34, 55% of users are noted as being female.

Studies have found that use of the internet can have a positive impact upon the learning of new skills, sourcing a variety of information and development of social networks (Clark, Frith & Demi, 2004) as well as enhancing 'face-to-face' meetings (Dietz- Uhler & Bishop- Clark, 2001). The dangers of this are that it depends upon how genuine an individual is on the internet.

Further investigation showed that significant results were found in terms of increased time online and a reduction in 'real world' contacts. It was found that people who used the internet more frequently were developing online relationships in preference to contacts in their daily lives. Some users noted that their internet use had been a source of conflict between close friends due to their online contacts taking preference (Chou & Hsiao, 2000).

When the internet was becoming more widely used in the US it was found to have further detrimental effects upon family and other close relationships (Kraut et al., 1998) although a subsequent follow up provided no support for this. The initial study was criticised in its methodology due to effects being explained by variables not connected with internet use (Rierdan, 1999; Shapiro, 1999). The noted bias was produced due to factors such as; teenagers moving to college and thus experiencing reduced social contact with their families as well as using groups that were seen as having social contacts/ networks that were reported as notably higher than 'average' (Shapiro, 1999). Additional evidence questioned measures used to measure depression and loneliness (Rierdan, 1999).

Cummings et al. (2002) suggest people have less close relationships online and this is why negative effects of loneliness or depression are increased. The

opposite was suggested by Silverman (1999) who noted strong positive effects of an online discussion group for mental health practitioners.

It appears that there are a variety of positive and negative effects suggested in terms of general use of online resources. With a significant increased use within the UK it appears that the internet is becoming an important force in terms of social interaction and communication. With relation to clinical psychology the internet must therefore be seen as a significant development for the provision of mental health interventions. The noted positive and negative effects could have profound ethical implications for professional interventions as well as individuals' help-seeking behaviour.

The aim of this literature review will be to explore previous studies concerning the internet in terms of use within mental health services and professional intervention.

A review of the current literature can be seen as particularly important in terms of intervention as well as risk management and legislation regarding the internet.

4: Search Criteria:

A literature search was performed using 'PSYCHINFO', 'Web of Knowledge', 'OVID' and 'Google Scholar'. The search terms 'internet psychology', 'internet therapy', 'online therapy', 'e-therapy' and 'online support' were used and filtered for relevance to clinical psychology. Relevant articles used a variety of

keywords to identify themselves and as such made the more general terms above necessary to facilitate inclusion.

5: Online Interventions:

What makes online interventions viable compared to more traditional methods? A search of the current literature shows an increase in interest around computer and web based interventions particularly in relation to Computerised Cognitive Behavioural Therapy (cCBT). Interest within these areas has been strengthened in the UK particularly due to the government's plans for improving access to psychological therapies (IAPT). This involves providing a 'stepped care' approach ensuring that individuals receive an intervention at an appropriate intensity for mental health issues as soon as possible (Department of Health (DOH), 2008). Following a technology appraisal (Kaltenthaler, Shackley, Stevens, Beverley, Parry & Chilcott, 2002; Kaltenthaler, Parry & Beverley, 2004; Kaltenthaler, Brazier, de Nigris, Tumur, Ferriter, Beverley et al., 2006) the National Institute for Clinical Excellence (NICE) only recommended two particular interventions following trials (NICE, 2006). These were noted as 'Beating the Blues' for people with mild and moderate depression and 'FearFighter' for people with panic and phobia (NICE, 2006). 'Beating the Blues' and 'treatment as usual' (TAU: defined as GP prescription) groups were compared. Their effectiveness was measured in terms of outcome ratings from the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI) and work and social adjustment scales (WSA). Effect sizes were calculated by comparing corresponding standard deviations of change. Effects sizes were noted as

being within the medium-large range for BDI results; small for the BAI and small-medium for the WSA. No participant 'drop-out' was noted. The trials for 'FearFighter' compared the test group with therapist led CBT. Significant improvements were noted within both groups. After three months the effect sizes were measured using outcome results for the categories: 'Main Problems'(small), 'Goals' (small), 'Global Phobia' (large) and 'WSA' (small). It must also be taken into consideration that the effect sizes for these trials are biased by a 39% participant 'drop-out' rate. Many other computer/ web-based interventions are subject to ongoing trials and as yet are not formally recommended by NICE such as 'OCFighter' for obsessive- compulsive disorder (NICE, 2006).

A recent study by Ludman, Simon, Tutty & Von Korff (2007) found that patients diagnosed with depression who received telephone-based cognitive behavioural interventions showed significant improvement when compared to individuals who received only medication and brief consultation with a health professional. If additional support from more traditional means can provide positive effects then why change? In terms of the statistics provided for the UK, as well as general increase in worldwide use, it is necessary to include the internet as an essential resource to promote best practice especially in terms of access to services.

In recent years the literature surrounding positive online interventions provides an encouraging picture (Riterband, Gonder- Frederick, Cox, Clifton, West & Borowitz, 2003). Evaluations of internet based cognitive behavioural interventions have shown positive effects for traumatic stress with therapist assistance (Litz, Williams, Wang, Bryant & Engel, 2004). Their initial results found

that the approach was very useful for providing an 'individualised' programme for users but this was only shown to be cost and time effective for self-motivated individuals. Other observations found that contrary to the initial expectations it actually increased therapist contact for some users who were unsure or unmotivated about the approach. Other evaluations have supported the positive effects for depression and anxiety (Proudfoot, 2004), eating disorders (Winzelberg, Eppstein, Eldredge, Wilfley, Dasmahapatra, Dev et al., 2000) as well as panic disorder (Carlbring, Milsson- Ihrfelt, Waara, Kollenstam, Buhrman, Kaldo et al., 2005).

Further positive outcomes have been noted in terms of information, support and other online interventions relating to smoking cessation (Woodruff, Conway, Edwards, Elliott & Crittenden, 2007), obsessive compulsive disorder (Mataix-Cols & Marks, 2006), physical activity promotion (Steele, Mummery & Dwyer, 2007), as well as obsessive hair pulling (Mouton- Odum, Keuthen, Wagener & Stanley, 2006) and insomnia (Strom, Pettersson & Andersson, 2004).

The evaluations show positive effects for people who are willing to engage with professional services for a structured intervention they can access online**.** One of the main difficulties appears to be the acceptability of such approaches for service users. A recent review into cCBT for depression highlighted that although research data appeared to show successful outcomes it was biased by factors such as participant recruitment and 'drop-out' (Kaltenthaler, Parry, Beverley & Ferriter, 2008). An analysis of the review highlights an average attrition rate of around 31%. It is suggested that further investigation needs to be completed to assess the reasons for 'drop-out'. It appears as though results can be positive if service users are suited

to the methods involved. These can be highlighted as clients being motivated to use self-help methods and to be confident in accessing and using computer or internet based materials. Questions were raised regarding the bias of results, highlighting the need for further investigations concerning attitudes towards these approaches and determining how to improve uptake and socialise participants to these methods (Kaltenthaler et al., 2008). This issue of acceptability should be viewed as an important factor with regard to the introduction of IAPT programmes within the UK. One of the key recommendations of low intensity input within primary care is the use of cCBT. Detailed consideration will need to be employed to accurately facilitate the technological inclination of individuals accessing services to reduce drop out. For the IAPT process to be accessed correctly and most appropriately at the correct level these issues must be considered to accurately implement interventions and reduce unnecessary elevation of input to a higher intensity than required. The use of training, supervision and mindful assessment should sufficiently highlight when a self-help or computer based intervention is likely to be unsuccessful.

6: Online Therapy:

The previous section reviewed some of the research into structured cCBT that can be accessed through computer workstations or online. It can also be self or therapist guided and used as a standalone intervention or as an adjunct to face-to-face therapy. Other dimensions of online therapy that have received more limited appraisal are those of synchronous communication (use of real time 'chat' software

such as Microsoft messenger, Yahoo messenger, ICQ messenger or similar) and asynchronous communication (use of message boards or e-mail where reply may not be immediate and users do not have to be online at the same times to use). Whilst approaches are discussed within the literature there appears to be no specific comparable outcome studies for stand-alone online messenger-based therapy without other contact for example. As such, none are reviewed. This section will examine some of the guidelines, development and ethical issues concerned with online therapy.

The British Psychological Society (BPS) currently has guidelines for online research (BPS, 2007) and for general professional practice (BPS, 2008). The specific Division of Clinical Psychology guidelines note that interventions must not be carried out just using correspondence (BPS, 1995). It can be assumed that the reference to correspondence can encompass internet contact, but as yet no specific guidelines for clinical psychologists are available. Within the UK the British Association for Counselling and Psychotherapy (BACP) has published guidelines highlighting ethical, legal and assessment information for practitioners (Goss, Anthony, Jamieson & Palmer, 2001; Anthony, 2005).

The International Society for Mental Health Online (ISMHO, 1997: www.ismho.org) aims to develop and explore the use of online technology for use within mental health services. The society's mission statement also notes that it strives to provide support and guidance for practitioners and professional bodies worldwide. Their objective is to help coordinate and develop resources, understanding and development of the knowledge base and necessary skills. The

American Psychological Association (APA) released ethical guidelines for online therapy during the relative infancy of the internet within the UK (APA, 1999).

The popularity of online counselling has increased significantly in recent years, being noted as an area of significant development in the UK many years ago by the BACP (Anthony, 2000). The BACP appears to have taken a significant interest in this area of direct client contact through the development of practice guidelines as noted above. Interest within clinical psychology appears to be growing at a more cautious rate in terms of recommendations for practice that currently focus upon cCBT methods.

This focus upon cognitive behavioural methods has been highlighted by reviews into trials of online methods (Riterband et al., 2003; Reger & Gahm, 2009). The research around the use of synchronous and asynchronous computer communication appears to be much less prominent especially in relation to the apparent increasing popularity of online counselling (Chester & Glass, 2006). It was suggested during the relative infancy of the internet within the UK that mental health service providers worldwide were not prepared for the potential upsurge of internet therapy and related issues (Alleman, 2002). Even prior to this researchers were warning practitioners of important issues around training and providing interventions online (Maheu & Gordon, 2000).

7: E-Mail and Messaging:

E-mail interaction has been implicated as having positive beneficial effects for the survivors of abuse (Constantino, Crane, Noll, Doswell & Braxter, 2007). The

positive effects were noted in terms of ongoing contact, guidance, quicker disclosure of further difficulties and abuse for women and children survivors. There have been noted improvements in symptoms for anorexia nervosa with patients using e-mail contact with therapists as an adjunct to face-to-face interventions (Yager, 2001). Using e-mail alone has also been used successfully for the assessment, identification and treatment of bulimia nervosa (Robinson & Safarty, 2001).

Within the UK, the Samaritans have recently introduced an anonymous e-mail service called 'e-mail Jo' (www.samaritans.org). Feedback responses from users appear to suggest that the support received is beneficial, although there is little empirical analysis due to the nature of the service. Users are invited to leave feedback on the main website and as such could lead to potentially biased results.

In terms of comparisons to face-to-face therapy, the use of e-mail has been shown to compare favourably (D'Arcy, Reynolds, Stiles & Grohol, 2006). E-mail was seen to be rated more highly than face-to-face in terms of positive session impact as well as confidence in the therapeutic alliance. Results appear promising, although the sample was drawn from therapists and participants already using e-mail. This could obviously lead to bias in terms of the general effectiveness, but raises interesting questions for acceptability. Further similar results had been previously reported with the use of e-mail and other messaging software (Cohen & Kerr, 1998; Day & Schneider, 2002). Other positive outcomes have been reported for panic disorder (Klein & Richards, 2001), marital therapy (Jedlicka & Jennings, 2001) and sexual dysfunction (Van Diest et al., 2007). The efficacy of online methods has also indicated strong therapeutic alliances being quickly established and

used to predict positive therapeutic outcomes (Cook & Doyle, 2002; Knaevelsrud & Maercker, 2006).

The use of e-mail to provide 'follow-up' and ongoing support has also been noted as having positive results following discharge of psychotherapy inpatients (Wolf, Maurer, Dogs & Kordy, 2006). This has been highlighted within the area of psychiatry (Gadit & Muhammed, 2006).

The research surrounding the use of e-mail and other methods of messaging still appears relatively sparse as highlighted by previous investigations (Chester & Glass, 2006). Within the research that is available, it is difficult to discern the sole effect of the internet intervention upon outcomes for users. Much of the research is limited due to e-mail or other messaging being used in conjunction with other input, such as more traditional face-to-face meetings. In addition to this, the acceptability of e-therapy can be highlighted as a major factor for engagement. Studies will often use people already socialised to electronic communication and thus interventions will automatically be more acceptable. As computers and the internet are becoming more widely used, such methods could potentially become more acceptable generally and thus more useful for interventions.

The main negative therapy factors have surrounded issues of difficulties due to lack of practitioners' skill in online communication. This has encompassed misunderstanding and problems around knowledge of internet communication subtleties and norms (referred to as internet etiquette or 'netiquette') (Beel & Court, 2000; Gollings & Paxton, 2006). Questions regarding ethical and legal issues are also highlighted that will be addressed later. The evidence reviewed so far suggests a

promising but as yet unclear future for the use of professionally led online-interventions. The question is then raised of the general use of the internet for support and self-help without professional support.

8: Mental Health/ Self-Help Mediating Behaviours:

Naughton (2007) describes the internet as a 'pull' medium. It provides a more active choice as to what is discovered or investigated, whether this be information or social interaction. It has been suggested that people will use the internet actively with the aim to mediate difficulties or mental health issues; as highlighted in terms of social anxiety and depression (Shepherd & Edelman, 2005) as well as schizotypal personality disorder (Mittal, Tessner &Walker, 2007). Morahan- Martin & Schumacher (2003) note that the internet can be used productively as an active coping mechanism to help moderate loneliness and increase social contact. The control of the individual over what information is disclosed and the aspect of anonymity is noted as being particularly useful for mediating social contacts. They also highlight that the main negative implication was that people who reported high levels of loneliness in the 'real world' would often enhance their online persona to the detriment to their 'offline' social contacts. This has been further supported in terms of perceived physical attractiveness and using the internet to boost self-esteem and confidence, but with impaired close friend and family relationships (Ando & Sakamoto, 2008).

9: Quality of Information Available Online:

As access to the internet increases, the access to information does also. Access to detailed information regarding a wide range of physical and mental health issues is no longer just the realm of the professional (Christensen & Griffiths, 2000; Fleisher, Buzalgo, Collins, Millard, Miller & Egleston, 2008; Bell, 2007). Following investigation into medical and health information, it has been discovered that accurate information is available but combined with much that is misleading (Borzekowski, Fobil & Asante, 2006): This has been highlighted for cancer (Matthews, Camacho, Mills & Dimsdale, 2003), medication (Peterson, Alsani & Williams, 2003), smoking cessation (Cheh, Ribisl & Wildemuth, 2003), HIV/ AIDS (Benotsch et al., 2004) and medical treatment concerns (Fleisher et al., 2008).

There are many comparisons for information regarding mental health issues and treatment (Bell, 2007). The general consensus is that of concern regarding the amount of poor and/ or misleading information available alongside evidence- based literature/ support (Christensen & Griffiths, 2000; Tang & Helmeste, 2000; Bell, 2007). This message is repeated across specific issues such as Schizophrenia and Attention Deficit Hyperactivity Disorder (ADHD) (Kisely, Ong & Takyar, 2003), Chronic Fatigue Syndrome (Kisely, 2002), Depression (Christensen & Griffiths, 2000), self-help online-assessment (Ercan, Kevern & Kroll, 2006) and Trauma (Bremner, Quinn, Quinn & Veledar, 2006).

The concerns and recommendations from professionals is centred around improving access to evidence- based and professionally endorsed information websites (Christensen & Griffiths, 2000; Tang & Helmeste, 2000; Bell, 2007).

Further conflicting evidence surrounds the evaluation of available information online. Reviews have suggested that individuals will more positively evaluate the quality of information by factors such as: Presentation by an established professional organisation as well as ease of presentation and comprehension (Bell, 2007). Others have suggested that individuals are likely to believe information they read on the internet, often in preference to a health professional (Tam, Tang & Fernando, 2007).

10: Support Forums

On the internet one of the main sources of information and discussion can be seen to be that of support forums/ groups (Ybarra & Easton, 2005). The predominant areas of social contact can be seen to be electronic mail (e-mail), instant messaging, 'chat rooms', forums and journals ('blogs'). Within support forums and journals there can be found a wide array of online communities concerned with a variety of subject or interest topics. Are online support groups providing a safe environment for individuals who are attempting to self-help or discover information about a specific health/ mental health concern?

In addition to therapist interventions, professionally moderated online groups have provided useful support and information within such areas as eating disorders (Leiberich, Medoschill, Nickel, Tritt, Laahman & Loew, 2004), Parkinson's disease (Lieberman, Wizlenberg, Golant & DiMinno, 2005), breast cancer (Fogel, Albert, Schnabel, Ditkoff & Neugut, 2002), HIV/ AIDS (Kalichman, Benotsch, Weinhardt, Austin, Luke & Cherry, 2003), fibromyalgia and arthritis (Van Uden- Kraan, Drossaert, Taal, Lebrun, Drossaers- Bakker, Smit et al., 2007) suicide and self-harm

(Barak, 2005) and schizophrenia (Haker, Lauber & Rossler, 2005). A recent review suggested that the specific overriding positive effect of participation within support groups is that of empowerment (Barak, Bonniel- Nissim & Suler, 2008). Factors influencing this are noted as developing from areas such as problem solving, information, normalising, interaction and discussion.

The main concerns appear when groups are not professionally moderated or guided. These types of groups account for the majority of groups on the internet that can be organised and set up by any individual who chooses. The main dangers highlighted by both professionally and non-professionally run groups are concerned with malicious posts from certain individuals or misleading/ inaccurate information (Barak, 2005; Becker, El- Faddagh & Smidt, 2004; Van Uden- Kraan et al., 2007.). The advantages of groups noted previously, such as reduced isolation and interacting with others with similar difficulties, have also raised concerns around 'normalisation' of risky behaviours such as self-harm (Becker et al., 2004). This can thus reduce an individual's desire to seek professional help. There is also noted to be a strong element of potential 'copycat' behaviours or increased risk of suicide (Becker et al., 2004; Lebow, 1998). Communities supporting and promoting eating disorders (i.e. anorexia- 'pro-ana' and bulimia- 'pro-mia') have also been cited as dangerous threats (Brotsky & Giles, 2007; Bell, 2007). Mitchell & Ybarra (2007) noted that children who self-harmed were likely to discuss it on the internet. They highlight that use of the forums could also be seen to potentially increase risky behaviour, as supported by Tam et al. (2007). Other noted risks are concerned with

non- legitimate forum members who use the online environment to target vulnerable users for solicitation and harassment (Mitchell & Ybarra, 2007).

11: Advantages and Ethical Concerns:

The advantages of online access to information and therapy have fuelled growth within this area (Finn & Bruce, 2008). Factors identified include disinhibition to talk about difficulties in an apparently anonymous environment (Suler, 2004). Other influencing components include access to service and information from remote or rural areas, convenience, available information and support to reduce stigmatisation (Finn & Bruce, 2008).

Due to the global nature of the internet there are many legal and ethical issues that are raised. These are concerned with access to accurate and useful information (Barak, 1999; Palmiter Jr & Renjilian, 2003) as well as risk management (Humphreys, Winzelberg & Klaw, 2000) and general practice issues (Maheu & Gordon, 2000; Ragusea & Van de Creek, 2003). Other dilemmas have been raised with reference to the advantages and regulation concerned with a widely accessed and rapidly expanding medium (Smith & Senior; 2001). Despite lack of consensus regarding the use of the internet to provide therapy there are many practitioners offering their services world- wide (Kraus, Zack & Stricker, 2003).

12: Conclusions:

Significant benefits as well as potential disadvantages of using online resources for help with mental health issues are highlighted. To date there appears to

have been relatively little work conducted within the UK. Perhaps this can be explained in terms of the relative infancy of internet use compared to the US for example. The research has also focused primarily upon cognitive behavioural self-help techniques particularly to accentuate and develop therapist-led interventions. This appears to be a relatively 'safe' option as many applications are therapist guided and can be completed on computer equipment at health centres. There currently appears to be more limited research focused upon the outcome of online personal synchronous ‘chat’ therapy for a variety of problems. There also appears to have been relatively little evaluation of the experiences of users of ‘chat rooms’, forums and journals designed for discussion and support that are not necessarily professionally led. The attitudes towards users and the motivations of people who comment has also not been highlighted. Discussion focused around participants' reactions to disclosure of difficulties appears to have received limited study. Another area which has received limited consideration is the use of personal journals or 'blogs' that can be used as another forum for discussion of potentially sensitive personal information. This raises questions such as confidentiality and the susceptibility to personal attack from potentially malicious contributors, especially if the journal was 'public'. The current literature reviewed in this paper would suggest that it is necessary, as with any intervention, to individualise treatment for service users. This should be noted as important from the levels of initial information-seeking to more high-intensity interventions. The evidence base can be viewed as relatively sparse when considering further factors including gender and culturally appropriate information and interventions. Many other factors need to be highlighted

and reflected upon as within more traditional therapies. This review identifies the need for greater information and research regarding general issues of the internet in terms of the advantages and potential dangers. Factors include quality of information, use of professional collaboration and guidance for online interventions . The increased use of the internet for a variety of therapeutic interventions also allows clinical psychology and other disciplines to reflect upon their own experiences. Review and reflections upon therapists' relationship with technology could be facilitated for interventions. Necessary training could be provided as appropriate to facilitate potential future work and support. These can be seen as strong factors that would need to be considered to successfully implement online interventions. As with more traditional therapeutic methods it may be necessary to combine a number of different approaches to facilitate change, healing and support for individuals. This may include direction to relevant information sources or recommending particular support networks utilising both online and 'real world' contacts. Without assessing and highlighting evidenced-based information and support that is available, there is the potential for essentially 'blind-firing' and 'hoping for the best'. Luckily the evidence base appears to be improving, and assessment and research into developing these resources for use is essential for the needs of a society in the 'era of the internet'. If people have access to the internet, the positives need to outweigh the disadvantages. An analogy can be made in terms of telling a person with mental health difficulties to walk along a busy city street and ask for help and guidance. They may stumble serendipitously upon someone who has specialist knowledge or they may find someone who helps but they are not quite

sure why. Conversely they may also find people willing to help but who ultimately make their situation worse. They could find individuals who actively target people to mock, or who are wanting to cause harm. These are factors we are aware of in 'real world' experience, especially for vulnerable people. Mental health professionals need to be just as wary in relation to peoples' online interactions.

Are online and web based interventions being embraced? The answer is a definite 'yes', with the main empirical evidence currently supporting cCBT. The reported popularity of more traditional therapy being performed online suggests that provision is being provided by experienced professionals (Chester & Glass, 2006). Obvious risks can be identified by untrained fraudsters who may attempt to set up unregulated websites advertising 'therapy'. Other investigations into mental health professionals' opinions and provision of services produced a different picture. Wells , Mitchell, Finkelhor & Becker- Blease (2007) reported that many were unlikely to venture into online therapy. Primary reasons for this were surrounding the variety of ethical considerations such as confidentiality and risk assessment.

The main consideration in all aspects on online therapy has to be the ethical dilemma posed by the nature of the internet and parallels with life in the ‘real world’**.** The potential risk and dangers involved have recently been highlighted in the media**;** including legislation regarding ‘cyber-bullying’ as well as the promotion of pro- anorexia (‘pro- ana’) websites (Head, 2007) and online suicide (Pemberton, 2007).

It appears that with the growth of internet use in the UK, it must be evaluated in terms of use within the areas of; accurate information promotion, therapeutic

interventions, ‘stepped care’ objectives as well as risk management. In order to progress and utilise a medium that has many potential advantages for mental health management it must be evidence-based. At present the evidence is relatively scarce which could lead to uncertainty and heightened risk in interventions. Only by further embracing professional collaboration and regulation can the internet be fully harnessed for its benefits and not its risks.

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Chapter Two: Empirical Paper:

Self-help, Self-harm & the Internet: Experiences of using online self-harm forums & responses to the disclosure of self-harming behaviour.

Word Count	
(Excluding Abstract, Tables & References):	7455
Abstract:	137

1: Abstract:

Introduction: There has been much debate as to the potential benefits and dangers of using the internet-based support groups for a variety of mental health difficulties (Bell, 2007). At present the available evidence provides an uncertain picture particularly concerning self-harming behaviour. **Aims:** The aim of this study is to evaluate participants' experiences of using online support groups for self-harm. Attitudes and responses towards people who disclose self-harming behaviour within these groups are also collected. **Method:** An online questionnaire was utilised to collect responses to simulated online forum entries. Information was also collected about users' experiences of using online support groups for individuals who deliberately self-harm. 51 participants were recruited from a number of self-harm support groups. A web-link leading users towards the online questionnaire was posted within the groups following gatekeeper permission. **Results:** The results were analysed using a mixed method incorporating both quantitative and qualitative methods. **Discussion:** The results highlighted that for the majority of users, the self-harm support groups they used provided a supportive and empowering environment in which to discuss difficulties. A significant minority of responses indicated that, even within a biased sample of group users, many potential dangers and risks were present. The implications for further research into self-harm online support groups are discussed in terms of benefits, disadvantages, and empowerment.

2: Introduction:

2.1: self-harm:

Statistics from the Office of National Statistics (ONS: Meltzer, Lader & Corbin, 2002) note that 2.4% of the population of Great Britain engage in deliberate self-harm behaviours (destruction of body tissue through acts such as cutting) without suicidal intent. It is reported that these values are underestimated due to the taboo nature of self-harm.

It has been proposed that self-harm is a highly stigmatising disorder (Law, Urquart, Rostill- Brookes & Goodman, 2009). Investigations have suggested that it is used as a coping strategy to moderate and alleviate negative emotional states for the individual as they experience them (Rodham, Hawton & Evans, 2004).

This study aims to investigate users' experiences of online support groups for individuals who deliberately self-harm and explore their evaluations of using the groups as well as their attitudes to the disclosure of this behaviour within an online environment.

2.2: Online Groups and Support Forums

At the time of writing, typing 'support group' into a 'Google' search produces 316, 000, 000 results. Using the criteria highlights around 373, 000, 000 pages referencing these search words. This shows that there is a lot of information referencing this area using a general search. If a person was looking for help, the results could appear understandably overwhelming. Once search results are complete, how then would a person decide what group to join, or use? Within support forums and journals there can be found a wide array of online communities

concerned with a variety of subject or interest topics. If an individual decides to join a group and use it to aid support for their difficulties (in this case self-harm), what are their evaluations of the group? How also do they respond to others experiencing similar difficulties? The following sections will attempt to review some important relevant factors, effects and processes connected with online interactions and groups.

2.3: Online Communication:

Evaluations of computer mediated communication have noted that the intricacies of emotional states are very difficult to judge (Derks, Bos & Grumbkow, 2007). Heightened sensitivity to subtle cues and inferences to responses has been associated with strong emotional reactions in terms of ostracism (Zadro, Williams & Richardson, 2004). Ostracising communications through computers are also shown to have significant negative effects even when individuals were informed that there was no 'real' respondent (Zadro et al, 2004).

2.4: Online 'Anonymity':

A fear of social ostracism has been noted as a major fear of speaking out within a group (Ho & McLeod, 2008). This factor of communication apprehension has been noted as a predictor of interaction and appears reduced within the online environment (Ho & McLeod, 2008).

Online anonymity has been shown to alleviate anxieties and allow views to be expressed more honestly (Brunet & Smidt, 2007; Joinson, Woodley & Reips, 2004.). This has been supported by further findings that suggest that interactional

confidence is increased due to the aspects of perceived anonymity and control over information disclosure (Galanxhi & Nah, 2007).

Personal disclosure is potentially moderated by the perceived 'genuineness' of interactions and information disclosed within interactions (Lai- Yee & Leung, 2006). This highlights the importance of the actual truthfulness of disclosed information and how the nature of information used could be used for anonymity, expression of extreme views without identification or indeed malicious intent.

2.5: Social Desirability:

The studies noted within the previous section suggest that people will express views more openly when they feel more anonymous. (e.g. Brunet and Smidt, 2007; Joinson et al, 2004.). In terms of social desirability and 'online disinhibition', some people are often seen to self-disclose and express less socially desirable views online than they would do in person (Suler, 2004).

2.6: Normalisation of Difficulties:

McKenna & Bargh (1998) found that in a variety of specialised newsgroups, concerned with difficulties that could be concealed online, people would modify their views to align themselves with the majority of members. The same effect was not shown for people who had disabilities that could not be concealed or other relatively 'mainstream' groups (i.e. sports etc). The results suggested that, within groups concerned with more marginalised identities (sexual fetishism, for example), aligning with the group led to greater self-acceptance and self-esteem.

2.7: Gender Effects within Groups:

Men have been seen as significantly under- represented within online cancer support groups (Lieberman, 2008). Typically men who do access these groups are noted as seeking specific information in contrast to women who appear to focus upon emotional support (Klemm, Hurst, Dearholt & Trone, 1999). Women were also shown to express more negative emotions within groups and as a potential result of this, report less anxiety and fear of their condition (Lieberman, 2008).

2.8: Actively Participating within Online Groups:

The idea of engagement within an online group has also been investigated in terms of 'lurking' behaviour. 'Lurking' is a term used online for members who view posts and content but do not actively engage within a group. It has been suggested than 'lurkers' do benefit from reading content and information exchanged, but experience a less satisfying experience and this is linked with lower social and psychological well being (van Uden- Kraan Drossaert, Taal, Shaw, Seydel & Van De Laar, 2008(b)).

Individuals can become involved in online support through discussion with other members of specific groups. It has been suggested that individuals are more likely to follow health advice if it is made more relevant through the use of personally pertinent information and discussion (Wang et al., 2008).

2.9: 'Online' versus 'Offline' Groups:

The previous sections have reviewed some of the literature concerned with phenomena associated with online interactions. Are there similarities with 'real world' groups? A recent study compared the effects of professionally led online versus face-to-face support groups for college students with psychological difficulties. The comparison found improvements for both modalities in subjective well being, psychological difficulties, general functioning and life satisfaction.

Another study compared analysis of online, group text transcripts and video footage of breast cancer support groups. It was found that within the text based analysis, positive effects were significantly over-estimated compared to defensive or hostile themes (Liess, Simon, Yutsis, Piemme, Owen, Golant et al., 2008).

2.10: Positive Effects of Online Support Groups:

Positive effects and experiences are noted from using online support groups within such areas as: Eating disorders (Leiberich, Medoschill, Nickel, Tritt, Laahman & Loew, 2004), Parkinson's disease (Lieberman, Wizlenberg, Golant & DiMonno, 2005), general patient support (Van Uden -Kraan, Drossaert, Taal, Shaw, Seydel & Van De Laar, 2008(a)), cancer (Fogel, Albert, Schnabel, Ditkoff & Neugut, 2002; Klemm, 2008; Klemm et al., 1999; Shaw et al., 2008), HIV/ AIDS (Bar- Lev, 2008; Kalichman, Benotsch, Weinhardt, Austin, Luke & Cherry, 2003; Mo & Coulson, 2008; Rier, 2007.), fibromyalgia and arthritis (Van Uden- Kraan, Drossaert, Taal, Shaw, Seydel & Van De Laar, 2007), suicide (Barak, 2005) self-

harm (Adler & Adler, 2008), schizophrenia (Haker et al, 2005), and bi-polar disorder (Schielein, Schmid & Spiessl, 2007).

2.11: Empowerment:

A recent review of the literature surrounding online support groups found that, although specific outcome measures varied or showed little effect, the important factor of being a member of an online support group is that of empowerment (Barak, Bonniel-Nissim & Suler, 2008). This theme of empowerment was highlighted through individuals' experiences of a variety of support groups. The use of groups provided environments where individuals could discuss problems, gain information and improve self-esteem.

2.12: Group Processes Online:

The internet and computer communications can be viewed in a similar context to past research concerned with potentially dangerous group processes such as polarisation (Brauer, Judd & Glinerc, 1995; Isenberga, 1986; Moscovicia & Zavalloni, 1969) conformity, bystander apathy as well as the expression of extreme views and de-individuation (Christopherson, 2007; Colman, 1991; McKenna & Bargh,1998).

2.13: Online Group Risks:

The main risk concerns appear when groups are not professionally moderated or guided. This accounts for the majority of groups on the internet that can be

organised and set up by any individual who chooses. The main dangers highlighted by both professionally and non- professionally run groups are concerned with malicious posts from certain individuals or misleading/ inaccurate information (Barak, 2005; Becker, Ei-Faddagh & Smidt, 2004;Van Uden- Kraan et al, 2007). With reference to self-harming behaviour, it appears that the use of the online environment can reduce isolation but also cause a 'normalisation' of the behaviour (Becker et al, 2004). This can thus reduce an individuals desire to seek professional help. There may be a strong element of 'copycat' behaviours or increased risk of suicide (Becker et al, 2004; Lebow, 1998). Mitchell & Ybarra (2007) noted that children who self-harmed were likely to discuss it on the internet. They highlight that use of the forums could also be seen to potentially increase risky behaviour, also suggested by Tam, Tang & Fernando (2007). Another concern raised is the suggestion that individuals are likely to believe information they read on the internet, often in preference to a health professional (Tam et al, 2007). An alternate view has recently been provided that professionally endorsed information is more likely to appeal (Bell, 2007).

2.14: Online Self-harm Support Groups:

In relation to self-harm, it has been suggested that essential social support is provided by online groups especially with regard to reduced social contact and 'real world' isolation due to the taboo nature of the subject matter (Adler & Adler, 2008). Members see the group as providing a place to vent frustrations and feel validated by other users (Rodham et al., 2007). It has also been proposed that negative or harmful

behaviours are legitimised or normalised by other responders (Rodham et al., 2007). This 'normalising' effect is also viewed as having negative consequences in terms of delaying further professional help and the 'self-harmer' identity being strengthened (Becker et al, 2004; Whitlock, Powers & Eckenrode, 2006). The use of online communications concerned with self-harm has also been associated with a potential increased risk of self-harming as well as escalation of methods and suicidal ideation (Becker et al, 2004; Lebow et al, 1998; Tam et al, 2007; Ybarra & Surman, 2007).

At present the use of online support groups for people who self-harm appears unclear. A variety of findings described above, highlight the benefits and risks of both support groups in general, as well as those concerned with self-harming behaviour. The research evaluating online groups in terms of self-harm appears particularly sparse when compared to other areas such as cancer support (e.g. Shaw, Han, Hawkins, Pingree, McTavish & Gustafson, 2008) or health related support (Van Uden- Kraan et al., 2008(a)). Further research is also lacking, in terms of how individuals experience self-harm support groups, as well as how they react and respond to the disclosure of the behaviour.

3: Aims:

The present paper will build upon previous research concerned with the use of the internet to provide support and intervention for people who self-harm. It will attempt an initial investigation into the responses and attitudes towards individuals who disclose self-harming behaviour within specific support groups. Information will be also be gathered regarding participants' views and feelings about online

groups for self-harm support they have used. The results will be discussed in terms of the implications for users of these groups and further research.

3.1: Hypotheses:

'Roleplay' Task:

It is hypothesised that as users are using these groups they will find them helpful. The general support and empowerment provided within the group will predict that people will respond in a positive, helpful and supportive way towards the poster.

Questions Regarding Groups:

It is hypothesised that participants will find groups and the internet useful for themselves and others. In comparison to previous research it can be hypothesised that members who actively engage will find the groups more useful than members who do not. In addition to this it can be hypothesised that members will aim to provide support for other members.

Reflections/ Comments:

The proposed hypothesis is that themes will be based around help/ support and other means of empowerment as described by similar studies (e.g. Barak et al., 2008).

4: Methodology:

4.1: Design and Materials:

A mixed quantitative and qualitative design was used within this study. All participants were required to respond to every item of the questionnaire.

4.2: Description and Structure of the Questionnaire:

The questionnaire was accessed by a web-link following information about the research posted on the participating websites (See appendix one for questionnaire). It was noted that clicking on the link and completing the survey was taken as permission for informed consent to participate within the research.

Participants were asked to provide details regarding their age, sex and location. Following this they were asked to read two simulated forum posts. Screenshots of a simulated forum was used within the survey showing two initial forum posts concerned with self-harming behaviour. Both posts contained similar content. Post one (see table one) was categorised as the positive/ helpful response thread. It showed two comments in reply, focusing upon signposting the individual towards professional help. The second simulated post (see table one) was categorised as the negative/ unhelpful response thread. Post number two featured two comments in reply which were be more disregarding and invalidating of the original post. Participants were asked to roleplay and respond to both of the posts as if they were within a forum.

Table one: Structure of simulated forum posts.

POST 1: Everything is just too overwhelming atm. I cut my legs again today. I feel so alone ☹	POST 2: I feel worthless. No one cares about me. No one cares about what I do….i cut myself bad last night….i've got to stop but cutting lets me know I'm alive
REPLY 1: I think if you want help you should go a see your gp. They can probably help you from there. ☺	REPLY 1: I think you're just getting stressed about nothing. Just think about all the people who've got much worse stuff going on like illness or war…..
REPLY2: *hugs* I agree….best to get some help before things get any worse.	REPLY 2: You should just go and get some help rather than moaning about it on here all the time…

Participants were also asked about:

1/ Their reflections upon their replies to the previous posts.

2/ How useful they found online support groups themselves.

3/ How useful they thought they were for other users.

4/ How useful the internet was in terms of self-harm support.

(Areas 2/- 4/ were measured using similar five- point Likert- type scales).

5/ Whether they actively engaged with the group and posted as opposed to just viewing the content.

6/ Whether they would self censor or post in a way which conflicted with their own feelings to protect another person's feelings.

7/ How they felt about people disclosing self-harming behaviour online.

4.3: Social Desirability Effects:

To attempt to reduce potential effects of socially desirable responses within an online environment (Risko, Quilty & Oakman, 2006), participants were asked to complete a 10- item social desirability scale (Crowne & Marlowe, 1960; validated by Fabroni & Cooper, 1989: See appendix two for scale and scoring algorithm). This uses participants' responses to compile a 0- 10 score to detect the extent to which a respondent aims to be viewed more favourably by others. It must be noted that this scale has not been developed using clinical samples and as such is used as an approximate tool for mediating for potential effects within this population.

4.4: Participants:

A 'Google' search was performed using the keywords 'self-harm', 'support' and 'group'. This enabled identification of easy access to online support for self-harm. Identified websites were then viewed to ensure they provided an active discussion forum as opposed to just presenting information. The 'gatekeepers', 'moderators' or 'webmasters' for each of the sites were contacted via e-mail using contact information on the respective sites. An enquiry was sent as to whether they

would allow a link to an online questionnaire regarding self-harm and the use of support groups to be posted on their forum. The majority of sites approached refused permission to post any links or stated that they did not participate in any form of research. Gateway permission was received from the following sites: The National Self-Harm Network (www.nshn.co.uk), Virtual Teen Support Forums (www.virtualteen.org), Self-Harm and Related Issues Support (www.siari.co.uk), First Signs Support (www.firstsigns.org.uk (previously www.lifesigns.org.uk), The Site/ YouthNet UK (www.thesite.org), Livejournal community 'The Cutters' (community.livejournal.com/the_cutters), and Livejournal community 'Recover Your Life (community.livejournal.com/recoveryourlife). The websites then posted a link to an online survey designed using Survey Monkey online design software (www.surveymonkey.com).

Sample Representativeness:

It must be highlighted that participant population will be inherently biased. This can be viewed in terms of the self-selecting nature of participants as well as their involvement within the online groups from which they were referred. The study also does not take into account the length of time members have used the online groups. Results should therefore be considered in this context. The aim of the study is to provide an initial 'snapshot' investigation with regards to individuals' evaluations of these online groups as well as their responses towards the disclosure of self-harming behaviour within them.

4.5: Ethical Issues:

The main ethical issues highlighted by the research were concerned with individuals' responses to the presented material. It was ensured that:

1/ The aim of the study was explained thoroughly to all participants and that they were aware that they are responding to a simulated journal.

2/ Participants' identities remained anonymous. No personally identifying data such as name or address were collected.

3/ Information signposting to relevant agencies was suggested for individuals if they found any area of the study to be distressing or to have raised any personal issues.

See appendix three for the completed university ethics monitoring and permission form.

5: Results:

5.1: Quantitative Analysis:

The ages of participants (n = 51) ranged from 14 to 50 years of age with a mean age of 23.67 (S.D. 8.34 years). The gender of participants was predominantly female (n = 49) accounting for 96.1% of the sample compared to males (n = 2) accounting for 3.9 %. The highest number of participants were based within the UK, followed by USA, Ireland, Canada and Australia. Single participant responses were received from Spain, Sweden and Israel respectively.

How helpful participants found online support groups for self-harm:

Five reply options were available for responses. The observed frequencies and percentages were:

'Extremely Unhelpful': n=0 (0%); 'Unhelpful': n=7 (13.73%); 'Unsure': n=10 (19.61%); 'Helpful': n=19 (37.25%); 'Extremely Helpful': n=15 (29.41%).

How useful participants felt online support groups for self-harm were for others:

Five reply options were available for responses. The observed frequencies and percentages were:

'Not at all useful': n=0 (0%); 'Not very useful': n=3 (5.88%); 'Not sure': n=11 (21.57%); 'Useful': n=30 (58.82%); 'Very Useful': n=7 (13.73%).

How useful participants found the internet for self-harm support:

Five reply options were available for responses. The observed frequencies and percentages were:

'Not at all useful': n=2 (3.92%); 'Not very useful': n=8 (15.67%); 'Not sure': n=9 (17.65%); 'Useful': n=21 (41.18%); 'Very useful': n=11 (21.57%).

Would participants self moderate their own views to protect another forum user?:

Responses were coded into four reply categories. The observed frequencies and percentages were:

'Yes': n=14 (27.45%); 'No': n=25 (49.02%); 'Sometimes': n=4 (7.84%); and 'Unsure/ No response: n=8 (15.67%).

Do the participants actively engage and 'post' within the support groups they use?

Two reply options were available. The observed frequencies and percentages were:

'Yes': n=34 (66.67%) and 'No': n=17 (33.33%).

Effects of actively engaging within groups:

A one way repeated measures ANOVA was used to explore any significant effects of whether a participant posted upon their views of how helpful they thought groups and the internet were for themselves and their views on how they thought others experienced them. The results found that participants were more likely to experience the groups as helpful if they posted ($F (1, 49) = 6.05$, $p < 0.05$) as well as the internet ($F (1, 49) = 4.05$, $p < 0.05$). There was no significant effects upon how useful they predicted other peoples' experiences ($F (1, 49) = 1.12$, $p > 0.05$).

A Pearson's chi- squared test was performed to explore any interactions between the effects of engaging within the group upon whether participants would self moderate. No significant effect was found ($x^2 (3, n = 51) = 2.71$, $p > 0.05$).

Effect of Social Desirability:

Using a Pearson's correlation, no significant effects were found for the effects of social desirability upon: How helpful participants found support groups ($r = -0.003$, $n = 51$, $p > 0.05$); how useful they found the internet for self-harm support ($r = -0.117$, $n = 51$, $p > 0.05$); or how useful participants felt support groups were for others ($r = 0.154$, $n = 51$, $p > 0.05$). It should be borne in mind the social desirability scale used has not been normed using a comparable clinical sample.

5.2: Qualitative Analysis:

A thematic analysis was used to identify the main themes emerging from participants' responses. Three sections of the questionnaire were identified to be analysed:

1/Responses to both of the simulated posts

2/ Reflections on comments made about the posts.

3/ Feelings about the disclosure of self-harming behaviour online.

The responses were coded utilising the thematic analysis methodology described by Braun & Clarke (2006). The internal validity of the coding was strengthened by having the coding performed by another person familiar with qualitative analysis. A frequency analysis was then conducted to identify the number of responses that included the identified themes (Frequency counts are noted within theme categories throughout). To clarify, the codes were noted once only regardless of the number of references to them within a post.

The responses to both post one and post two were coded as to whether they were positive/ helpful/ supportive or negative/ unhelpful/ unsupportive. After coding the responses for post one, it was found that all participants responded in a positive or helpful way.

'Roleplay' Themes:

The main themes that emerged from the data within post one (Positive/ Helpful/ Supportive) were bracketed within three main areas of: 1/ Showing empathy/ sympathy/ emotional support, 2/ Specific advice/ coping strategies and 3/ Specific information regarding professional support and signposting. Within post two (Negative/ Unhelpful/ Unsupportive) another theme emerged which was concerned with group members commenting upon the more negative comments, discounting them and offering protective statements for the original poster.

Showing Empathy/ Sympathy/ Support:

The most frequently recorded theme (Post 1: n=44; Post 2: n=50) within responses to both roleplay posts was that of showing empathy, sympathy and support. Participants appeared to want to show their support in a number of ways. It could be observed that some individuals attempted to show a 'common bond' referencing their own feelings in an attempt to normalise the poster's feelings. This could be considered as 'de- stigmatising' and providing a 'safe environment' to discuss difficult issues:

"*I know how you feel and it sucks- however don't beat yourself up about cutting".*

"I'm sorry that you feel everything is so overwhelming for you at the moment and you feel so alone".

"You are not alone. I've felt like that too".

Advice and Coping Strategies:

The next most frequently noted theme (Post 1: n=41; Post 2: n=40) within responses involved providing specific advice and coping strategies. These were noted as providing more anecdotal evidence of methods of help not concerned with a professional organisation such as a Doctor or other health professional:

"Do you have anyone that you could talk to around you? A trusted friend or relative?"

"..Speak to someone you trust if you think this could be a problem. You can always post here as to what is going on which will help you offload".

"..Just delaying hurting yourself can be a big step if you let it".

"..If your cuts are really bad it may be an idea to get them checked out".

"I'd advise you to get those wounds from last night dressed properly, make sure they're clean, and use an antiseptic cream before you put on the bandages".

"If you've got a friend write down 10 things they like about you and look at it every time you feel low I guarantee it would help..."

"Is there anything you feel you could do to make you feel better right now..?"

Information and Professional Signposting:

This theme emerged (Post 1: n=22; Post 2: n=12) through the identification that as well as general empathy and coping advice, some replies included specific professional signposting information. This provides the poster with information available from a professional source:

"...Have you tried the Samaritans?"

"Do you currently have any contact with psychiatric services in your area?"

"Also, there's loads of online support groups other than this one. You could try FirstSIGNS or TheSite.org for info on getting help. If you need someone to talk to, try the Samaritans. Stay safe."

"I urge you to call NHS direct, or present yourself at A+E."

"You shouldn't have to feel like that, you need to get some help, maybe go to your GP."

References to the negative comments and 'protection' of the poster:

In addition to the themes that were noted within responses to post one, post two produced a further theme (n=27). This was generated through participants attempting to offer protection from the previous more negative and dismissive replies. Respondents often referenced how they found the comments unhelpful and hurtful as well as providing further 'shielding' and 'protective' comments. In addition to this further validating comments are also made:

"The above posters were seriously out of line. Cutting is your way of expressing yourself at the moment- ur [sic] problems are as valid as the next person and no one has the right to tell u [sic] that they're not."

"Do not listen to the two posts above; they are extremely insensitive."

"It's really unhelpful to devalue someone and say they're not going through a tough time. You have no idea what someone else is going through."

"I disagree with the people above: If you feel bad, that's reason enough to ask for help and support."

"Ignore these two posters. Just because some people may have more things going on, doesn't make what you are going through any easier."

Participants' Reflections about the Roleplay Posts and their Comments:

Within this section participants replied about their thoughts and comments about responding to the roleplay forum comment. The most frequent theme emerging was concerned with the participants feelings about how unhelpful they found the 'negative' roleplay responses in post two (n=31). It was also noted within this area that it made the participants feel angry that the previous posters were invalidating the feelings of a group member who was posting their experiences and feelings:

"*Bleh. People like that drive me nuts. Usually they prove just how uneducated they are. Seriously, the first reply uses a trite phrase that's really ridiculous and the second is insulting and gives semi- bad advice."*

"[I am] Annoyed by the two responses in the second post...they are insensitive and very unhelpful comments that make problems worse...those sort of comments irritate me."

"The second lot of responses would be very unhelpful to the individual and possibly prevent them from seeking appropriate help."

"Those stupid idiots have really annoyed me, how can anyone say that!?"

"I found the comments in post two negative and unhelpful."

Identifying with posters' feelings:

A less frequent theme that emerged was that some participants commented on how they could identify with the feelings that were used by the roleplay examples (n=7):

"Sounds like I do sometimes."

"I used to do this."

"Sounds a lot like me but without the need to kill themselves."

"Sounds like stuff I've said and read before."

Common posts:

Another less frequent theme was (n=6):

"The above [roleplay posts] are very common examples of posts you see on forums about self-injury."

"The two original comments are quite common from individuals who self-harm."

Knowing what to say:

Another area that was much less frequently referenced (n=3) was the idea of wanting to help but being uncertain as to what would be most helpful for the poster to hear:

"It was hard to know what to say that would make the person feel better."

"It's difficult to judge how to respond when you know nothing about that person."

Other Comments:

Other much less frequent comments were associated with:

1/ Aiming to provide information and support (n=2)**:**

"I like to try and help people and advise them the best I can. If I know what area they are in I would also add some websites and phone numbers that would be useful to them."

2/ Group moderators needing to intervene for the negative comments (n=2)**:**

"I think the moderator should delete the two replies above as they invalidate the poster's feelings."

3/ Wanting to be 'genuine' with replies (n=1)**:**

"I think it is important to be real."

4/ Original posts being 'over dramatic' (n=1)**:**

"..It [the posts] all seems to open and a bit over dramatic"

5/ Reply was based upon the replies that they would hope and expect if they had posted similar (n=1)**:**

"Just helping someone the way I would like to be helped"

Participants' feelings about the disclosure of self-harming behaviour online:

The main themes that emerged here can be ordered into both positive and negative comment themes. The 'negative' category can be further ordered into 'concerns regarding the use of forums and difficulties/ distress increasing' and 'concerns regarding discussing difficulties within a 'public' forum'.

Positive Themes:

The most frequently noted theme is that disclosing self-harming behaviour online is helpful (n=18):

"I think it is useful, you can't often disclose in real life."

"I think it's a good idea, as people live with it alone, and it can be the first step to telling others."

"It can help a lot!."

"If it is helpful for them to get to the recovery point then it's a fantastic tool."

"For people who want to recover, and who want help I think it's excellent."

Safe place to discuss stigmatising issues (n=9)**:**

"There is such a stigma associated with self-harm and can be a really difficult thing to talk about."

Release of emotions (n=8)**:**

"I think it's an easier way for people to communicate their pain..."

"Sometimes just talking about it can act as a release rather than doing the act itself."

"I think it's a good outlet."

Gaining support/ advice/ help (n=8)**:**

"It can be helpful if it allows them to find support and hope."

"I believe that this is good because people are not suffering in silence and they are receiving support from others."

"It doesn't make me feel so alone reading wot [sic] other people are going through."

Anonymity (n=7)**:**

"Anonymous posting when no one knows who or where I am is a place where I would not feel as judged and it would be easier to deal with the shame of cutting."

"Disclosure online is easier because of the anonymity aspect."

"It's easier that way [Disclosing online]. For some reason it's less of a difficulty to throw yourself open to the attacks of strangers than to confront people in real life."

"With a taboo behaviour it is understandable that people would seek refuge and understanding in an anonymous environment."

"It is safe, anonymous and can be a valuable resource."

Gaining information (n=2)**:**

"It's important so that they can get more information about the whole thing."

Only place able to talk (n=2)**:**

"Sometimes is the only resource we have to talk about self-harm [sic]."

"For some people it may be the only place they feel free to talk."

Not being judged (n=1)**:**

"I am often offended when people instantly judge those who self-harm. I don't feel judged in the forums."

Creating a saved on line record (n=1)**:**

"Conversations are there and can't be removed. When you want to look back at it you can."

Negative Themes:

Concerns regarding the use of forums and difficulties/ distress increasing:

'Pro' or boasting comments unhelpful (n=4)**:**

"There is a certain element of glorification and 'competition' among those who self-harm, I feel, which can be exacerbated by online disclosure."

"If someone is boasting about their self-harm online then this is bad as it creates bad stigma for other genuine sufferers."

"If it is 'pro' then I usually avoid it because of the risk of triggers."

Graphic descriptions of self-harm can be triggering for members

"I dislike it if people make overt comments on scarring/ methods etc as it triggers me."

"Personally, I would find it very difficult if there were very graphic descriptions."

Behaviour can escalate (n=3)**:**

"Sometimes I find it counterproductive....It can make people who view their self-harming as insignificant [compared to other users] resort to more extreme methods."

"It can be harmful if they develop an affinity for the support and increase their destructive behaviour."

Ideas on learning new techniques to harm (n=3)**:**

"If they [users disclosing self-harming behaviour] are just using it to find other ways to injury [sic] then it is damaging."

Content can be triggering in general (n=1)**:**

"*Sometimes I wonder if it excerbates [sic] the behaviour. When I am feeling weak I avoid forums because it increases my desire to self-harm."*

Can be abused (n=1)**:**

"I think it can be abused, like for tips and stuff like that."

"I think it can be abused but that's true of anything."

Some members attention seeking (n=1)**:**

"I feel like they're seeking attention through their self-harming behaviour."

Concerns regarding discussing difficulties within a 'public' forum:

Being wary or awkward to discuss issues with strangers (n=2)**:**

"It feels weird to me. It's not at all like talking to a friend."

Concerns about whether people are genuine (n=1)**:**

"How much is genuine, you can never tell."

6: Discussion:

6.1: Support and Empowerment:

The analysis suggests that the majority of participants using the support groups generally find them and the internet helpful for dealing with issues related to self-harming behaviour. They also feel that the groups are generally helpful for other members. Replies to both roleplay examples were 100% positive. Constituent elements of replies show that information is concerned with support, information and advice, all noted as elements for empowerment of individuals (Barak et al., 2008). The evidence supports the initial expectations proposed within this study.

Another important finding, is that members of the self-harm groups used within this study would protect and cushion an individual from multiple potentially malicious replies. This would suggest that the nature of the group wanting support creates a cohesion that aids protection of individuals within the group. The common bond of wanting support for their similar experiences and behaviours appears to strengthen this. Although within the presented 'negative' post there were two already dismissive posts, no conformity effects (e.g. Christopherson, 2007; Colman, 1991) could be seen. This can potentially be understood in terms of previous suggestions

that strong bonds can be formed within online relationships and particularly within groups for stigmatising difficulties (McKenna & Bargh, 1998). As the group is already polarised (e.g. Isenberga, 1986) in its decision to gain and provide support, invalidating or unhelpful comments are viewed as the exact opposite of what the group is aiming for and rejected.

Potentially Harmful Reactions:

In contrast to this, the majority of participants believed that they would not moderate their views to protect the feelings of another member. This presents a result that could introduce potential distress or allow more extreme or negative views to be expressed, as highlighted by other studies (e.g. Tam et al, 2007; Ybarra & Surman, 2007; Becker et al, 2004; Lebow et al, 1998). It also suggests that the anonymity afforded by the internet reduces socially desirable responding as previously suggested by Suler (2004).

There were a number of positive and negative elements of people's attitudes towards the disclosure of self-harm within an online environment. The positive themes that emerged are focused around the groups being helpful, providing a place to offload, a place to find information and to discuss difficult issues, and offering an anonymous and supportive online environment. The majority of participants described the groups as helpful for themselves and believed they were useful for others. The majority of users felt that the internet was also useful. These elements support the ideas that, regardless of a formalised specific outcome measure, online

groups promote empowerment through knowledge, support, common experience and goals (Barak et al. 2008).

Significant Minority Responses:

In contrast to the many positive majority views detailed previously, a significant minority of responses were concerned with more negative elements of the self-harm groups. Within a biased group of people who are choosing to use these groups for support there still appear to be significant negative results. Around 33% of participants were either unsure or felt that self-harm groups they used were unhelpful. In addition to this around 27% of respondents were unsure or thought that these groups were unhelpful for other users. In reference to how useful participants found the internet around 37% felt that it was either not at all useful, not very useful or were unsure. When analysing participants' reflections about the disclosure of slf-harming behaviour online, around 22% of comment content was concerned with the use of groups potentially causing increased distress and difficulties.

It is important to note that even within an apparently support focused environment, some users still feel that there is a potential for harm and risk for themselves and other users. This further supports the findings concerned with the potential risks involved within online support groups (e.g. Becker et al, 2004; Lebow et al, 1998 ;Tam et al, 2007; Ybarra & Surman, 2007).

6.2: Gender:

The noted significant gender imbalance within the study favours female participants. A question to be asked is whether this also reflects the female bias of online support groups found within other studies (Klemm et al., 1999; Lieberman, 2008) or whether it was a bias towards participating in the study. This also raises questions regarding the number of males who report self-harming behaviour and whether they are accurately represented within these online groups.

6.3: Active Participation within Group:

The results showed that participants found the groups more helpful and useful if they were actively engaging and posting within the forum. They also found the internet in general more useful, but there was no predictor of how useful they thought other users experienced groups. This supports similar effects found for other studies (Shaw et al., 2008; van Uden Kraan, 2008b; Wang et al., 2008). This again suggests that a more active approach and discussing issues with others leads to a more beneficial outcome.

6.4: Awareness of Potential Dangers:

The greatest frequency of comments referenced positive aspects of support groups. As noted previously there was significant minority reference to negative factors regarding malicious or self-harm 'triggering' content. Although this was noted much less frequency than positive factors, this highlights that certainly some users of these groups are aware of potential disadvantages. This knowledge could help protect users if they did experience negative comments within the group,

knowing that the majority of members were supportive. Lack of awareness could lead some users to disclose too much or too personal information that could cause them harm. It was also noted by some members that they would expect moderators to decide what was acceptable and remove inappropriate or harmful material. The groups that were used within this study are all moderated and all have group 'rules' to guide interaction. Some replies noted that negative or unhelpful comments were rare within groups. This is an area that appears difficult to control. Once a comment is posted it may not be moderated for some time, leading to potential distress for users. This appears to be one of the main disadvantages of the online group communication along with anonymity that could aid negative posts. It appears that other group members will provide support and attempt to protect other users from distress. This does not stop it happening, however quickly the material is removed. Additional safeguards and support need to be highlighted to allow individuals to access appropriate professional help if and when distress occurs. No method of support or intervention is guaranteed to be 100% safe, certainly in terms of the potential for risk within self-harm. This is why professional services need to embrace online resources to assess and guide them to ensure reduced risk as much as possible. This could certainly be seen as essential for individuals who are using risky techniques or experimenting with new ways to self-harm. Professionally run crisis or ongoing online group interventions could help monitor and actively reduce risk, especially as a useful adjunct to face-to-face methods following a professional assessment if appropriate.

6.5: Limitations:

A number of limitations can be highlighted within this study. The sites that were used all gave consent for a link regarding the study to be posted within their forums. Although once posted, the link to the questionnaire could have be placed elsewhere or passed on to members of other forums, it is not known whether members of other groups would have accessed and completed the link. As other groups were not included it can be suggested that a different sample may have produced differing results.

The majority of respondents were female. This gender imbalance could have influenced results. There may have been a large number of men accessing the forums but who chose not to complete the questionnaire.

The sample of participants was predominantly from the UK and to a lesser extent the USA. This could have potentially skewed results.

Knowing that the study was connected with clinical psychology may possibly have influenced users' responses to be more supportive and empathic.

6.6: Implications for Further Study:

This study highlights some of the the potential benefits and disadvantages of using online support groups for people who self-harm.

An outcome of this study supports previous findings into online 'lurking' within groups (e.g. Shaw et al., 2008) which suggested that individuals who actively engage will gain a more rewarding experience. Further research could be focused

around finding ways to encourage members to interact or to guide them to more appropriate professional services if necessary.

Replications or similar investigations from a wider range of groups and locations would be necessary to strengthen or refute the findings the present study.

Another area of study that would provide useful information is surrounding more specific characteristics of people who constitute the membership of these online groups. Information around factors such as personality, experiences and cultural background could help identify specific 'at-risk' groups who would find online interventions more accessible and acceptable. This information could also be utilised in compiling profiles of people who are not using online resources and finding more acceptable ways for them to gain support and services.

This study has further suggested the benefits and disadvantages of being involved within these groups. It has highlighted areas of benefit around empowerment, support, having a 'safe' and anonymous environment to discuss sensitive issues with people looking for support. Other highlighted areas include concerns regarding safety and exacerbation of existing difficulties. Implications not identified within this study are concerned with individuals' experiences within groups where more members actively or solely promote self-harm.

The aspect of gender bias for self-harm groups needs to be further investigated. This could provide useful information on how to involve males who self-harm and integrate them more successfully into these groups to provide more beneficial and satisfying experiences of online support.

Further investigation needs to be focused on developing professionally led and/ or guided groups for ongoing intervention and support. This could be developed and specific outcomes measured within a stepped care framework (e.g. controlling access to previously assessed individuals).

7: Conclusion:

In the age of the internet and increasing demand upon already stretched services it is necessary to co- ordinate efforts between professionals, volunteers and support organisations to help develop online resources. This will help increase access to the latest evidence-based information and interventions to aid successful support for individuals who self-harm. Professionally led or guided support forums are a necessity to reduce negative effects from unhelpful users as well as misguided and incorrect information. Only if professional services embrace, help to co-ordinate and regulate these resources will the advantages outweigh the dangers within a seemingly daunting online environment.

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Chapter Three: Reflective Paper.

Using the Internet for Psychological Research: Methodological & Personal Reflections.

Word Count	
(Excluding Abstract & References):	2775
Abstract:	94

1: Abstract:

There are ongoing discussions regarding conducting research on the internet in terms of validity (e.g. Gosling, Vazire, Srivastava & John, 2004; Kraut, Olsen, Banaji, Bruckman, Cohen & Cooper., 2004) and ethical guidance (British Psychological Society, 2007). This paper aims to reflect upon using the internet for research, as well as providing a detailed appraisal of research methods used within the empirical section of this thesis in terms of ethical practice (BPS, 2007). Themes from the research as well as personal reflection are discussed. Further implications are also described in terms of future research and the profession of clinical psychology.

2: Introduction:

Within this paper I aim to reflect upon conducting research on the internet and highlight specific issues relating to my research utilising a 'web- based' study. I will broadly review the noted advantages and disadvantages of using online research methods as related to my study and the subject of psychology in more general terms. I will also attempt to review and justify my research methodology following the specific ethical guidelines as specified by the British Psychological Society (BPS, 2007).

3: Using an Internet-based Study:

My research was concerned with individuals' experiences using online self-harm support forums. When designing the study I felt that it was particularly important to utilise a method that would be accessible and acceptable to individuals who were accessing online resources. An online questionnaire to collect data appeared to be the most applicable approach. In addition to this there were minimal costs involved in the set up and design. This was performed using an internet based service provided by Surveymonkey (www.surveymonkey.com). This provided an interactive environment in which a specific questionnaire could be designed quickly and easily using the available design tool. Once the survey design was completed the user is provided with a secure internet hyper-link that can be placed upon a web page or forum to direct users to the study. Another advantage of using the internet for research is that it is potentially accessible worldwide. Within this study I felt that it was particularly important to specifically target online communities who were using online self-harm support forums. This helps to provide additional information such as age, gender and location. The main limitation within the design of this survey is that it was presented using English language. A justification for this is that I had searched for these support forums using a Google search and English language.

4: Using the Internet for Research:

It has been highlighted that the internet provides a new medium in which to study human behaviour and associated phenomena (Kraut et al, 2004). In terms of

groups it can be seen to provide access to observation of interactions and activities from more common difficulties, such as cancer (Lieberman, 2008) as well as more marginalised or taboo areas such as self-harm (Baker & Fortune, 2008) and sexual fetishism (McKenna & Bargh, 1998). The numbers available due to increased accessibility can be viewed as far higher than could be dealt with in a traditional face- to- face group (Kraut et al, 2004). Further advantages have been highlighted in terms of cost and time (Kraut et al, 2004).

4.1: Debate Surrounding Internet Research:

There has been much debate as to the disadvantages of internet research. These have included drop out rates, lack of diverse samples, difficulties with non-serious responses, multiple responses from a single participant and inconsistent results with more traditional methods (Kraut et al, 2004). Other findings have shown internet methods as being comparable to more traditional ones, such as personality testing (Buchanan & Smith, 1999) or questionnaires (Naglieri, Drasgow, Schmit, Handler, Prifitera, Margolis et al., 2004). The increased dissemination has highlighted how more traditional methods can be accessed by individuals who would not be able to in more traditional settings due to disability or linguistic differences (Naglieri et al., 2004). There is also the suggestion that internet methodologies are fully comparable, even when controlling for bias due to non-serious responses (Gosling et al, 2004).

There has been a recent massive growth within internet usage with people incorporating the internet increasingly into their everyday lives (Richards, Foster & Kiedrowski, 2007). I feel that this will increase the diversity of people available as potential participants within web-based studies. What once was felt to be a more male dominated or mal-adjusted individuals' environment (Azar, 2000; Kraut, Patterson, Lundmark, Kiesler, Mukopadhyay & Scerlis, 1998) is increasingly more mainstream. Therefore I feel that further investigation, detecting the feasibility and validity of research conducted on the internet, is essential for psychology as a continually developing discipline. I also feel that it is essential as researchers and practitioners that psychologists remain at the cutting edge of evidence-based research techniques. This will enable monitoring and regulation of new technologies and methods to ensure safe practice for both participants and researchers and to embrace a potentially invaluable resource within the study of human behaviour and interactions.

5: Ethical Guidelines:

Whilst developing the online questionnaire guidance was referenced using current internet research guidelines for psychologists (British Psychological Society: BPS), 2007). During every step of the research process it was ensured that guidelines were followed to protect the individuals taking part. I feel that this vigorous testing of the design and methodology is essential.

Using the guidelines set out by the BPS (2007) I have broken down the essential elements of the study. The specific headings from these guidelines have been used to divide the various sections.

5.1: Informed Consent and Withdrawal:

No deception was used within the study. Thus there was no need for retrospective consent to be obtained. The participants were presented with an information post detailing the study in which they could chose whether or not to engage with (See appendix one). It was also stated that clicking the hyper-link provided at the bottom of the information page would be taken as informed consent to have submitted data included within the study. In addition to this, it was possible for participants to exit the questionnaire at any point. If a questionnaire was not fully completed then data was not submitted to the compiling server and as such no details already entered by a participant were recorded or saved.

5.2: Levels of Control:

Participants were asked to complete all items on the questionnaire which remained identical for every respondent. It is highlighted that it must be taken into consideration that the actual conditions in which the survey is being completed may differ (BPS, 2007). I feel that this is certainly an important consideration for online studies. I also feel that the effects of differing environments would have introduced minimal effects upon responses within this type of study. When reviewing the data it appeared that the majority of responses were detailed and referenced the survey

appropriately. This would support the idea that participants were not concerned about factor such as confidentiality or being rushed.

Within the study there was no guarantee as to whether the replies were genuine or not. This can be noted for any study. I feel that the factor of targeting support groups specific to self-harm helps control for this factor in terms of a specific sample completing the questionnaire. Also, a filter was introduced to attempt to ensure that multiple submissions were not submitted by the same individual.

5.3: Monitoring/ Debriefing:

Due to the subject matter of self-harming behaviour, it was essential to provide a balance between gaining accurate and useful information for this area as well as protecting individuals from harm. To achieve this, a simulated journal post was used within the questionnaire (See appendix one). Participants were informed that they were not responding to a 'real' post from a 'real' user. Even though this was noted, the material could still be 'triggering' for certain individuals. A section of the participant information also highlighted the nature of the content within the study and as such 'pre- warned' individuals as part of the information provided. In addition to this, it was noted that if individuals were in anyway adversely affected that they should contact a professional, or follow links within their support group to access appropriate help within their country. This information was also presented when participants had completed the study. The contact details at the university were provided for further correspondence if necessary. To further reduce harm, the

questionnaire was reviewed by the university ethics committee (see appendix three). It was also pre-screened by all moderators who were in control of reviewing the material before it was posted within their forums.

I feel that in using these precautions the individuals completing the survey would not have been exposed to any more distressing material than they would accessing the support groups in their everyday lives.

5.4: Anonymity/ Confidentiality:

No personally identifiable information was collected within the study, only data concerning age, gender and location. A filter was used, as noted previously, to attempt to control for multiple submissions. This Internet Protocol (I.P.) address was monitored with relation to this survey. The data was encrypted, secure and never made visible to me. To clarify, I.P. addresses are collected by all website servers that anyone would visit on the internet. All data was submitted using a secure server. Following this all data was collected onto password protected computers. Also, as a simulated roleplay was used and not posted within a forum, no individual could be identified by examples used within the study through a keyword search.

5.5: Level of Identifiability/ Code of Conduct:

I feel that at all times during the study, from design to correspondence with group moderators, I maintained a high level of professionalism. This aimed to protect participants and myself as well as not bringing the universities or the BPS into disrepute. Further precautions were also followed to meet with BPS conduct

guidelines as well as legal issues regarding 'spam' e-mails. When approaching support groups about permission, I used my university contact details and e- mail. If the request was not answered or denied, no further contact was made.

5.6: Limitations/ Validity of Data:

To avoid missing data variables, participants were required to complete all sections of the online questionnaire. The questionnaire was designed to not allow participants to submit their responses if field were left empty. A minority of respondents typed in random characters to avoid answering certain 'free response' items in detail and yet submit their other answers. Although frustrating, it did not appear to affect the overall validity or significance of data collected.

6: Personal Reflections:

While reviewing the process of completing my research, I have found that it has helped me further develop my skills. I was aware, from previous experiences, that I had skills within this area and that I could successfully complete research projects to a high degree of proficiency. I feel as though the course has helped me refine and develop techniques and approaches to my work. In addition to this, supervision and discussion with my supervisors has aided further fine-tuning of ideas and methods. This has also helped moderate personal stress throughout the process, including such delays as administrative error with regard to ethical approval. The use of supervision has allowed the development of a collaborative and

reflective environment where my confidence has increased in terms of my research practice.

Another factor that I felt was particularly important to focus upon, was my own reactions towards the workload in general. I also felt, that it was essential for me to reflect upon my personal and emotional responses to the information and content I had viewed whilst reviewing the subject of self-harm.

In terms of the workload, I found that I was immersing myself within the process of background research and literature review. This certainly engaged my perfectionism, but I became aware that it was necessary for me to manage my time in a more effective way to reduce the effects of overwork and further stress. Throughout completing the research, I was mindful of attempting to ensure a balance between work, relaxation and reflection.

When reviewing the subject area of self-harming behaviour, I was aware that the information and content had the potential to be distressing. When viewing content related to self-harm I felt that is was essential to reflect upon my own reactions to it. I ensured that I was aware of any emotional discomfort when accessing material and ensured that I was able to maintain my own well-being.

I see reflecting upon my own experiences and emotional reactions important, for not only research purposes, but also for my ongoing career and development within clinical psychology. I believe this process aids me in becoming a more sensitive practitioner as well as safe-guarding my own self and emotions. It allows me to make a divide between work and leisure as well as being able to evaluate my responses to a number of research and client situations.

Reflecting upon the process has demonstrated the numerous frustrations as well as advantages of designing an internet based study. The journey from initial ideas to design and analysis has allowed me to further develop skills within this area. It has also highlighted the importance of designing an online study that produces valid and relevant results but at the same time assesses and minimises risk. I feel that this research also helps contribute towards the knowledge base for implementing internet designed studies (e.g. Gosling et al, 2004; Kraut et al, 2004).

7: Summary:

When reviewing the literature around internet research, it certainly provided compelling evidence that internet based studies could be as viable as more traditional methods. Through my experiences of engaging with this method it has highlighted both the advantages and potential disadvantages.

When reflecting upon my experiences I feel that it demonstrates the necessity for researchers and practitioners to continually develop skills. Growth of use of the internet and related technologies provides a wide range of new experiences as well as challenges to develop new methods of investigation.

8: Themes Emerging from Research:

The major findings emerging from my research have highlighted that the majority of individuals found the online groups helpful and the internet useful for self-help, support and information. I would hope that this would provide additional

evidence towards the helpful role that they can play for individuals' support and well-being. From the online support groups used within the empirical paper, and feedback from individuals who access them, it appears that they are being used in a safe and supportive way. Individuals aim to gain and receive help. One area that did stand out was that the majority of participants noted that they would not moderate their views to protect the feelings of another. This result provides an interesting question. What would people do if they felt strongly about a topic or circumstance? Would they just not post? Would they attack? Would they post their own view and thus invalidate the individual? This is certainly an area for further investigation and discussion. This highlights concerns surrounding the idea of a group being supportive and providing a service to individuals contrasted against a group where people have opinions that they will not moderate.

9: Implications for Clinical Psychology:

This review has highlighted the variety of advantages as well as concerns with using the internet for research. The study was developed, as detailed above, using the specific available guidelines for research (BPS, 2007). The results of my main empirical study identified the many potential benefits of providing professional support and interventions within an online setting. The BPS website provides very vague and non specific guidelines regarding the provision of interventions over the internet as opposed to research (BPS, 1995; 2008). It feels as though opportunities are being wasted due to the lack of regulation and guidance concerning online support groups. Without professional intervention I feel that there is a significant

risk of individuals 'dabbling' with potentially dangerous groups. Guidelines/ rules for posters within the groups used aimed to stop difficulties before they occur. Viewing the responses of users, as well as viewing the statements from moderators on the sites used, appeared very mindful, supportive and protective. I feel that the extent to which all online groups follow professional guidance should be monitored and is essential for the well being of people accessing them.

Other results from the study highlight another important area for clinical psychology. This is concerned with gender and accessing services. Significantly more females than males participated within this study. The main issue this raises is whether this is representative of the membership of online groups or is it just that more females completed the survey? If there is a female bias within online support groups, how can males be attracted and included? This is certainly an area for further analysis and debate. The results certainly suggest that awareness needs to be raised within this area.

10: Conclusions:

I feel that it has been important to reflect upon issues arising from the research process. The review of this area has allowed me to further develop my knowledge within online research as well as build upon more traditional methods. It has also highlighted how researchers are transferring skills using within a continually developing medium. I also feel that this discussion has highlighted areas of development needed for using the internet to provide a therapeutic and supportive intervention within clinical psychology as a whole.

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Appendices:

Appendix One:

Online Questionnaire.

Online Thesis Survey

1. Default Section

Participant Information Sheet: Online Survey.

You have been invited to participate in this postgraduate research project which will be submitted as part of the thesis for a Doctorate qualification in Clinical Psychology at the Universities of Coventry and Warwick.

You should only participate if you want to. Please take time to read the following information before starting the questionnaire. If you have any further questions please contact me through the Clinical Psychology Doctorate Course office at Coventry University.

Self Harm Internet Survey (JB)
CLINICAL PSYCHOLOGY DOCTORATE PROGRAMME
COVENTRY UNIVERSITY
ROOM JSG24, JAMES STARLEY BUILDING
PRIORY STREET
COVENTRY
CV1 5FB
UK

Tel No. 024 7688 8328

What is the purpose of the study?
The main aim of this study is to investigate peoples' attitudes regarding the use of online groups/ forums/ journals concerning self harming behaviour and the function they serve.

What do I have to do and how long will it take?
If you decide that you would like to participate in the research please follow the internet link below and complete the online questionnaire. The survey should take around 15mins to complete and your participation is greatly appreciated.

Will you know who I am?
No. Once you have completed the online survey your participation in the research ends. As part of the survey you will be asked details about your age, gender, and global location but nothing that would be able to identify you.

Are there any disadvantages of taking part?
As the research is concerned with self harming behaviour it may raise some uncomfortable or difficult issues. You can choose to discontinue the questionnaire at any point. You may feel that you require additional support. This can be provided by appropriate groups and professionals such as your doctor or by following links from the support site through which you accessed this survey.

Has this study been approved?
Yes. It has been cleared by the Clinical Psychology Doctorate team at Coventry University and the ethics board.

What about the information you collect?
All information will be stored on security protected servers. No personally identifiable information about you will be collected. The only people who will view the information will be the supervisory team at the university and myself.

If you would like to participate please continue and complete the survey below.Completing the survey will be taken as your informed consent to participate.

Thank you in advance for your help with this study.

*** 1. Please enter your age**

*** 2. Please indicate your gender (Male/ Female?)**

- Male
- Female

*** 3. Please enter your location**

Country:

Online Thesis Survey

Please read this sample.

POST 1

everything is just too overwhelming atm. I cut my legs again today. I feel so alone :(

(Post a new comment)

REPLY 1:
(Anonymous)
2008-04-03 02:02 pm UTC (link)

i think if you want help you should probably go and see your gp. they can probably help you from there. :)

(Reply to this)

REPLY 2:
(Anonymous)
2008-04-03 02:12 pm UTC (link)

hugs i agree. best to get some help before things get any worse.

(Reply to this)

*** 4. Imagine that you read the above post within a group/ forum/ journal. Please 'roleplay' and write a response to the above post as though you were the next person to reply to the thread.**

Please read the sample below.

POST 2:

i feel worthless. no one cares about me. no one cares about what i do. i cut myself bad last night. i've got to

(Post a new comment)

(Anonymous)
2008-04-03 02:06 pm UTC (link)

you're just getting stressed about nothing. just think about all the people who've got much worse stuff going on

(Reply to this)

REPLY 2:
(Anonymous)
2008-04-03 02:10 pm UTC (link)

you should go and get help rather than moaning about it on here all the time.

(Reply to this)

*** 5. Imagine that you read the above post within a group/ forum/ journal. Please 'roleplay' and write a response to the above post as though you were the next person to reply to the thread.**

*** 6. Please use this space to note any thoughts/ feelings about commenting on the above two journal posts.**

*** 7. Thinking about your own experience, how useful have you found online groups/ forums/ journals to be?**

- Extremely Helpful
- Helpful
- Unsure
- unhelpful
- Extremely Unhelpful

Online Thesis Survey

*** 8. Thinking about your views of the experience of other members of online groups/ forums/ journals: How useful do you think the it is for others?**

Extremely Helpful | Helpful | Unsure | Unhelpful | Extremely Unhelpful

*** 9. How useful do you feel the internet is in terms of help for self harming behaviour?**

Not at all useful | Not very useful | Not sure | Useful | Very useful

*** 10. Do you post or comment within online groups/ forums/ journals that you access? (As opposed to just viewing content.)**

Yes

No

*** 11. Do you feel that you would ever post or reply to a post in a way that was different to or conflicted with your actual feelings or beliefs? (i.e you self censored to protect someone's feelings...)**

*** 12. How do you feel about people disclosing self harming behaviour online?**

ALMOST FINISHED HERE IS THE LAST SECTION!

*** 13. FINALLY: Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.**

	True	False
I never hesitate to go out of my way to help someone in trouble		
I have never intensely disliked someone		
There have been times when I was quite jealous of the good fortune of others		
I would never think of letting someone else be punished for my wrong doings		
I sometimes feel resentful when I don't get my way		
There have been times when I felt like rebelling against people in authority even though I knew they were right		
I am courteous, even to people who are disagreeable		
When I don't know something I don't mind admitting it		
I can remember 'playing sick' to get out of something		
I am sometimes irritated by people who ask favours of me		

Thank you very much for your participation!

Appendix Two:

Social Desirability Scale & Scoring Algorithm.

Marlowe-Crowne 2(10) Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.

1. I never hesitate to go out of my way to help someone in trouble. (T)
2. I have never intensely disliked anyone. (T)
3. There have been times when I was quite jealous of the good fortune of others. (F)
4. I would never think of letting someone else be punished for my wrong doings. (T)
5. I sometimes feel resentful when I don't get my way. (F)
6. There have been times when I felt like rebelling against people in authority even though I knew they were right. (F)
7. I am always courteous, even to people who are disagreeable. (T)
8. When I don't know something I don't at all mind admitting it. (T)
9. I can remember "playing sick" to get out of something. (F)
10. I am sometimes irritated by people who ask favors of me. (F)

Scoring Algorithm

For each answer the respondent provides that matches the response given above (i.e., T=T or F=F) assign a value of 1. For each discordant response (i.e., the respondent provides a T in place of an F or an F in place of a T) assign a value of 0. Total score can range from 10 (when all responses "match") to 0 (when no responses "match").

Appendix Three:

Ethical Approval Documentation.

COVENTRY UNIVERSITY ETHICS COMMITTEE *(CU Ethics Form 1)*

POSTGRADUATE STUDENT & STAFF APPLICATION FOR ETHICAL APPROVAL

Name John Baker

E-mail bakerj4@coventry.ac.uk

Designation / Subject & Faculty

Trainee Clinical Psychologist/ Doctorate in Clinical Psychology/ Clinical Psychology Health and Life Sciences.

Title of Study

Self help, self harm and the internet: Views and responses to the disclosure of self harming behaviour within online support groups.

1. Summary of proposal

In recent years there has been a significant increase in the numbers of people who have gained access to the internet and online resources (Richards et al, 2007). There has been much debate as to the potential benefits and dangers of using the internet for discussion, social networking, self help and intervention purposes (Cummings et al., 1999; Kraut et al., 1998; Shapiro, 1999; Silverman, 1999.. At present the available evidence provides an uncertain picture particularly concerning self harming behaviour (Tam et al., 2007). The aim of this study is to evaluate participants' attitudes and responses towards people who disclose self harming behaviour online. This will be measured in terms of their responses to simulated online journal entries. In addition to this information regarding users' own experiences of online support groups will be collected. The implications for further research into self harm, managing mental health difficulties online as well as interventions will be discussed.

2. **Sample of participants**

Following approval from the university an online questionnaire will be posted within the online groups noted below. Participants will be recruited through these groups and invited to participate in the study through completion of the questionnaire.

3. **Site/s location**

A number of gatekeepers from the internet sites noted below has provided permission for a link and information regarding the study to be posted on their sites. Permission is subject to university approval.

1/ National Self Harm Network (www.nshn.co.uk)
2/ Virtual Teen Support (www.virtualteen.org)
3/ Self Harm and Related Issues (www.siari.co.uk)
4/ Life Signs (www.lifesigns.org)
5/ The Site (www.thesite.org)
6/ Recover Your Life Support Group (community.livejournal.com/recoveryourlife)
7/ 'The Cutters' Support Group (community.livejournal.com/thecutters)

*Tick / Cross. *Where answered 'NO', please give reasons on separate page.*	Yes	No*
4. Scientific background, design, method and conduct of the study. a) Have you given a justification for the research?	Y	
b) Have you commented on the appropriateness of the design, the perceived benefits, risks and inconveniences to participants?	Y	
5. Recruitment of participants. Have you provided a comprehensive account of the characteristics of the population including the process for obtaining access as well as the inclusion and exclusion criteria?	Y	
6. Care and protection of research participants and researcher. Have you given an account of any interventions, situations and risks which have the potential to cause harm to the participants and researchers?	Y	
7. Access, storage, security and protection of participants' confidentiality. Have you identified who will have access to the data and what measures have been taken to ensure confidentiality and compliance with the Data Protection Act?	Y	
8. Informed Consent. Have you given a full description of the process for requesting and obtaining informed consent?	Y	

9. Community considerations. Have you considered how this study will benefit the participants or the community from which they have been drawn?	Y	
10. Participant information Sheet and consent form. Are these attached?	Y	

11. Source of External Funding if any N/A		
Signature of student / staff	Address	Date
Signature of Supervisor	Print Name Internal Address	Date
Signature of Chair IM-Cull	☑ Approved. ☐ Approved with the conditions below:	Date 19/11/08
Conditions / Comments:		

Please complete in full and return to: **Research Manager, CU Ethics Committee, Richard Crossman RCG 17, Coventry University.**
This form should be accompanied by the full research study proposal, or the COREC form if applicable. Further help & information can be found on W / HLS / Student / Ethics or call Satwant Sandhu on 024 7679 5813, or e-mail s.sandhu@coventry.ac.uk.

Appendix Four:

Notes for Contributors:

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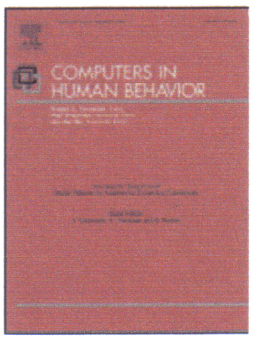

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Miller, D. (1981). The depth/breadth trade-off in hierarchical computer menus. *Proceedings of the Human Factors and Ergonomics Society 25th Annual Meeting* (pp. 140-200) Santa Monica, CA.

Paap, K.A., and Roske-Hofstrand, R.J. (1988). Design of menus. In M. Helander. *Handbook of human-computer interaction* (pp. 205-235). New York: Elsevier.

Wu, A.K.W., and Lee, M.C. (1998). Intelligent training systems as design. *Computers in Human Behavior* 14 (2), 209B220.

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