‘Care’ Beyond Reducing Harm: (Non-)Recovery and the Regulation of Online Self-Harm Content

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Abstract

Self-harm content on social media is increasingly discussed as in need of regulation, yet proposed policy centres only one narrative – that of recovery. This is a practice-based thesis organised into two complimentary parts: a textual analysis of online content, and a collaborative zine. Together, these argue for an understanding of self-harm on social media that goes beyond the lens of recovery to engage with the varied range of affects and embodied lived experiences online. Recovery, here, is understood as a complex term that has been flattened under neoliberal healthcare to become focused on individual autonomy and the need to judge techniques by their efficacy in producing 'positive' outcomes.

I engage in a close reading of the Online Safety Act and surrounding discourse. This analysis demonstrates the ways in which self-harm content ends up being divided between *good* posts that follow a specific recovery-oriented narrative and *bad* posts that 'encourage' self-harm. Through contrasting the range of affects online to language contemporary regulation, I contest the boundaries between *good* and *bad* content, as well as the binary of active users furthering their own health, versus passive victims in need of support. I do this by utilising a range of digital methods, in-depth interviews, and the production of a "more than harm-reduction" zine.

These findings then lead to a questioning of the divide between *health* and *harm* embedded in the response to self-harm content. I propose that, instead of regulation based on reducing harm, there should be a shift to "more-than-harm-reduction", which involves understanding how different affects online are flattened if viewed only through the lens of recovery. The co-created zine forms part of this analysis, and it, jointly with my written conclusion, argues for the need for localised care beyond the large scale of government and big tech.

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List of Abbreviations

Application Programming Interface (API)

Attention Deficit Hyperactivity Disorder (ADHD)

Borderline Personality Disorder (BPD)

British Sociological Association (BSA)

Campaign Against Psychiatric Oppression (CAPO)

Child and Adolescent Mental Health Services (CAMHS)

Cognitive Behavioural Therapy (CBT)

Community-Based Participatory Research (CBPR).

Community Organisation for Psychiatric Emergencies (COPE)

Culture Bound Syndromes (CBSs)

Diagnostic and Statistical Manual of Mental Disorders (DSM)

Eating Disorder (ED)

High Intensity Network's Serenity Integrated Monitoring model (SIM)

Mentalisation Based Therapy (MBT)

Mental Patients Union (MPU)

National Society for the Prevention of Cruelty to Children (NSPCC)

Non-Governmental Organisation (NGO)

Non-Suicidal Self-Injury (NSSI)

Not Safe for Work (NSFW)

Recovery in the Bin (RITB)

Royal College of Psychiatrists (RCPsych)

Selective Serotonin Reuptake Inhibitors (SSRIs)

U.K. Council for Psychotherapy (UKCP)

Chapter 1

Introduction: Research Aims and Thesis Structure

I. Introduction

Social media and its use structures much of contemporary everyday life. Its use is intertwined inexorably with individuals' work, rest, communication, politics and much more. Consequently, the ways it is used, and the acceptability of its use, are at the centre of much debate. This thesis focuses on one of the key ongoing discussions on social media use in the U.K.: that of self-harm content online. My thesis aims to add nuance to limiting discourse and explore how care for individuals and affects beyond those that are easily placed within a narrative of recovery can be enhanced.

My research combines in-depth discussion with individuals who have self-harmed and viewed related content online; content analysis of posts on Tumblr; a narrative journey through a range of online platforms; alongside the production of a collaborative zine.

The chapters which review and analyse existing U.K. government regulation and technology companies' moderation systems set out the ethical and practical basis used to underpin and justify such approaches. After focusing on a specific theme arising from these discourses, I introduce the participants voices and the range of content found online to argue that contemporary framing flattens self-harm and the range of experiences and affects that accompany it.

In concluding that a shift from the prioritisation of a duty to reduce self-harm, to a principle of care based in increasing users' capacities to act, I argue for a localised and nuanced discussion of online content. Vital moments exist where harm *is* health – an act that causes individuals to self-harm more, and more individuals to self-harm, may also increase individuals' abilities to see themselves as beautiful, vent an emotion and move on, or express their pain without fear of negative offline consequence.

This does not mean my thesis argues against regulation: content moderation is still necessary. However, contemporary legislation and discourse functions to only support those who communicate their experiences of self-harm in legitimised and acceptable ways. Where moderation of the enormous quantity of online content is impossible presently in any localised way, we need to find new methods of caring for each other and ways to create space for a wider range of affects. Small acts, from zines that share guidance and help individuals build their own plans, as my practice piece does, to building communities based in local solidarity and organising for change, all help achieve the care required as online spaces become increasingly restricted.

Taking from the language of psychiatric survivor movements, I end with a demand for the world to become madder. The variety of acceptable presentations of affect and experience must be allowed to flourish for our relations and communities to collectively do the work to “make bodies better” (Dennis, 2019).

II. Why This Research?

Online user generated content began to arise with the development of Web 2.0 in the 1990s. However, mass global use arose primarily with the development of major social media platforms such as MySpace, Facebook, and Tumblr in the mid-2000s. User generated content, here, refers to any online content that has been posted by the user of a service voluntarily, rather than by the owner of the platform or as a paid for business marketing tool (Krumm et al., 2008). Historically, this form of content has been cited as a grassroots space, with a range of possible uses due to its freedom from government legislation (Lobato et al., 2012). However, since the early 2010s, discussion has begun to focus on the need for regulation, to protect individuals using the platforms, and more broadly, to protect society from the negatives of its ‘misuse’ (Grygiel and Brown, 2019).

With the mass integration of social media into our everyday lives, the ability to select what content is acceptable for viewing and posting, and what is not, comes with significant power. “More recently … debates have opened up about not only a company’s responsibility to effectively moderate, but also questions around how they determine moderation standards” (Grygiel and Brown, 2019: 447). Government legislation and public scrutiny of technology companies has increased, and discourse surrounding this issue lies at the centre of topics from electoral conduct, radicalisation, gender-based violence, racial discrimination, AI, global relations, and much more. The phrase ‘information is power’ is simplistic in its analysis, yet certainly, the ability to decide what can be viewed and who can post in a world dominated by the flow of online communication is a major responsibility.

Being a teenager in the 2000s and 2010s, alongside the development of social media platforms, meant I signed up to platforms such as MySpace, Reddit, and Facebook in the early years of their creation. Resultingly, my experience of growing up is tightly interwoven with online content. Many nostalgic experiences are about watching certain YouTube videos, seeing my first memes, and finding new hobbies to explore on the internet. Moreover, my identity, in many ways, has been formed together with communities and information online. My explorations of gender identity, mental health, queerness, and more often first occurred through related Reddit forums, Tumblr blogs, and on Facebook.

These personal experiences led me to this research through the reactions I had to hearing discussions over content regulation in the news. As I write this introduction, laws are being passed across the U.S. that require I.D to access sites that include “material harmful to minors” (Adamczeski, 2024) and calls to ban social media for under-16s have become relatively common in the U.K. (Stewart, 2024). These discussions are all framed through the language of harm, and a focus on the detrimental impact social media has on young people. The experiences I had of online content growing up certainly were not free from problems. Yet, before I even knew the extent to which homophobic bullying was affecting me, and whilst I was confused and scared at my self-harm, social media afforded a relative space of safety.

The power provided by the ability to determine the moderation standards of online content is most visible through many of the laws passing in the U.S. that restrict social media use. One example being a bill recently introduced in Kansas in which ‘harmful content’ includes posts which display “acts of homosexuality” (Adamczeski, 2024). On top of this, the Online Safety Act (2023), the primary piece of legislation regulating user-generated content in the U.K., has been criticised for criminalising sex workers’ online adverts (English Collective of Prostitutes, 2022). Online platforms serve as a relatively safe space to advertise through the ability to ‘vet’ customers and remain off the streets. With the Online Safety Act placing “causing or inciting prostitution for gain” as a “harmful”, “priority offence”, sex workers become more at risk of violence through having to find other, less safe, spaces for advertisement.

The language of harm, here, is political. It functions to suggest certain communities, in particular queer people and sex workers, are risky, and that children need to be protected from them.

At the same time, many of the harmful consequences of governmental policy are, instead, being blamed on social media. The murder of Brianna Ghey, a 16 year old transgender girl, by two other teenagers in 2023 has been at the core of many calls for the restrictions on social media use for those under-16 (Stewart, 2024). However, whilst the judge ruled that Brianna’s murderers were, in part, motivated by her transgender identity, little has been done to counter the rise in transphobia in the U.K. In fact, the opposite has occurred and transphobic policy and rhetoric have been defended and supported by government ministers from across the political spectrum (Awcock and Rosenberg, 2023; Connolly and Muschialli, 2024; Horton, 2024).

Through policy and calls for regulation, the language of ‘harm’ is often deployed to render certain topics as apolitical, and any violence is perceived as the fault of social media. At the same time, I argue that choices to restrict ‘harmful’ content follow political decision making that frames certain identities and communities as unacceptable for children to view.

Since 2017, following the death of teenager Molly Russell and subsequent inquest into the cause of her dying, self-harm content online has become a key issue regarding young people’s social media use in the U.K. The Online Safety Act (2023) introduced new legislation to criminalise those “encouraging or assisting the serious self-harm of another person”, and introduced a new duty for platforms containing user-generated content to “prevent children of any age from encountering, by means of the service, primary priority content that is harmful to children". 'The Act defines 'primary priority content that is harmful to children' as "content which encourages, promotes or provides instructions for an act of deliberate self-injury".

Once again, the language of potential harm to children is used to restrict and criminalise – in the case of self-harm content, the focus is on posts that "encourage", "promote" or "provide instruction". With the coroner's report citing social media use as the major factor contributing to Molly Russell's death (Walker, 2022), are debates over the 'harms' of online self-harm content as politically complex as those relating to trans and queer individuals? Or can we simply categorise relevant posts as problematic, and children as vulnerable and in need of safeguarding?

It is these discourses of 'harm' that led to my research questions, which are:

1. What affects and experiences are visible in self-harm content on social media, and how do consumers and producers of these posts narrate their experiences of self-harm and going online?
2. The Online Safety Act (2023) introduced a duty to "prevent children of any age from encountering … content which encourages, promotes, or provides instructions for an act of deliberate self-harm". What are the stated concerns which led to this regulation?
3. In comparing contemporary legislation and associated discourse to the lived experiences of those who engage with online self-harm content, what different concepts and practices of care are narrated? How should these different conceptualisations inform regulation?
4. How do participatory multimodal methods engage online cultures of self-harm, and what are the methodological challenges of researching this topic?

I use 'self-harm' here, rather than other terms such as 'self-injury' or 'non-suicidal self-injury' (NSSI), as it is the phrase used in online spaces. Communities on Tumblr are focused on hashtags such as "#self harm", the largest Reddit forum discussing the topic is "r/selfharm", and the main search terms used on TikTok and Instagram prior to being blocked, were "#selfharm" and "#sh". Self-injury is also used, though less, and NSSI, as a term more associated with clinical texts and diagnosis, is rarely mentioned. When posting, users do write about 'injuries', however, when discussing the act itself, it is more common to see individuals talk of a desire to 'harm', or about the specific form an injury might take, i.e a 'cut'.

Amy Chandler, in her book *Self-Injury Medicine and Society* (2016), writes that she uses the term 'self-injury' because 'self-harm', within U.K. medical practice, refers to a wide range of acts including self-poisoning. Wishing to focus on acts of cutting, burning, and hitting, all on the outside of the body, rather than self-poisoning, she chose 'self-injury' instead. Due to most content online depicting or referring to cutting, I too am restricted to acts more related to the term 'self-injury'. However, rather than moving away from the language of social media use, I wish to remain with the term ‘self-harm’, but with the clarification that this phrase has its limitations and covers a variety of acts beyond the subject of my research.

III. Conceptualising Self-Harm and Care

The notion that self-harm content online can be considered unproblematically ‘harmful’ relies on a number of underlying assumptions, each arising from the socio-historical context of the act of self-harm. An understanding of this context is essential before undertaking further analysis.

Across the course of the 20th Century, self-harm, and our caring response to individuals harming, developed to become contained within the discipline of medicine. Alongside other mental health issues, biomedical explanations for symptoms were provided, and treatment was prescribed in the form of anti-depressants and clinically informed therapy (Chaney, 2019). The socially and medically accepted narrative around self-harm was that it resulted from biological brain chemistry, and was therefore something which could be resolved through the re-adjustment of serotonin levels.

Responding to this, psychiatric survivor groups in the 1970s and 80s, such as the Mental Patients Union (MPU) and the Campaign Against Psychiatric Oppression (CAPO), began to demand that the power to govern mentally ill bodies be placed in the hands of mental health patients. Alongside this, and arising from the mistreatment individuals had faced in inpatient care, they developed a form of the social model of disability, stating:

> We … assert that “patients” are not crippled by anxiety or depression or confusion; but on the contrary they are anxious or depressed or confused because they are crippled – by circumstances over which they have little or no control, circumstance which thwart, which threaten, which confuse … Psychiatric institutions and psychiatry do nothing to change this situation, but rather they serve to perpetuate it by forcing the person to accept and adjust to it (CAPO, 1985: 1)

Here, the concept of ‘self-harm’ is contested. As a biomedical problem the act does not fall within the realm of politics (beyond technocratic debates over the funding of mental healthcare). Psychiatric survivors, instead, conceptualise mental health as social, and, as a direct consequence, self-harm is so categorised too. Individuals, here, see self-harm as a legitimate response to a violent society. Anxiety and depression occur as a consequence of societal circumstances that psychiatry then forces patients to accept, rather than attempting to improve their life position. The discourse developed by these activist groups gradually made its way into social research. Academics such as Patricia Adler and Peter Adler, writing in 2007, argue that self-harm was shifting towards a demedicalised conceptualisation, that it was becoming seen as an action done by ‘social deviants’ rather than as a result of psychopathology.

At the same time as the social model of mental health began to develop, psychiatric survivor groups were being integrated into medical practice. Across the 1990s survivor-led groups began to work closer with mental health charities, and, through “the civilising influence of campaigning organisations such as Mind and other groups, had successfully engaged professionals” to collaborate in service design (Turner et al., 2015: 613). The ‘civilising’ influence, expressed by Janette Turner and colleagues, amounted to a depoliticisation. Where campaign groups’ demands were possible to be subsumed into a neoliberal ‘recovery’ focused care service, they were often done so, but without the corresponding demands for economic change (Rose and Rose, 2023).

Contemporary self-harm sits at this binary – between social accounts of mental health and biomedical and clinical understanding. Following Chandler (2016), I do not attempt to resolve the question of what self-harm *is*. Instead, I examine the ways narrations and experiences of the act are both medical and social. Participants spoke of cravings, coping, anti-depressants, and community. These, collectively, cannot be reduced to medical or social symptoms or reactions.

From this history, I posit that the language of ‘harm’ serves to flatten and depoliticise. Within the U.K., increasing numbers of young people are self-harming year by year (Trafford et al., 2023). Studies have begun to attempt to analyse the economic and social factors that have led to this increase, for example examining why the majority increase in cases of first self-harm episodes since the Coronavirus pandemic have come from girls aged 13 to 16 in “less deprived communities” (Trafford et al., 2023). By positing harm as arising from the vulnerability of children to social media, rather than engaging in discussions over the mental health effects of pandemic lockdowns, gendered body image issues, loneliness, and more, self-harm becomes depoliticised. Instead, through the prioritisation of neoliberal recovery, stopping self-harming through coming to “accept and adjust” to society is the goal.

Just as it is important to sit with both the social and biomedical models of self-harm, nuance can be taken regarding online content. It is possible to note that the centring of social media depoliticises our care response, and, at the same time, that engagement with digital media may cause harm. Arguing that we need a broader conceptualisation of self-harm than the one forwarded through contemporary legislation does not mean online content should be unregulated. Instead, while regulation is necessary, the language of ‘harm’ cannot be allowed to flatten online content to the realm of apolitical safeguarding measures.

In critiquing the predominance of neoliberal recovery through the lived experience of the participants of my research, the ways in which online use is narrated as both ‘rational’ and ‘agential’, and, at the same time, as harmful, restrictive, and addictive, are important to highlight. ‘Rational’ and ‘agential’, here, are used in reference to situations where participants posited themselves as making legitimate decisions as individual actors. Relatedly, Fay Dennis notes that the language of “pleasure is associated with the ‘free’ world of subjects”, whereas “addiction is associated with the realm of objects and the ‘determined brain’” (2017: 150). Individuals narrating their actions as chosen placed themselves as ‘free’ subjects, able to make their own choices. In using the language of having an ‘urge’ or a ‘craving’ to harm, they placed themselves as objects, determined to act as a direct result of their brain chemistry.

Where I engage with these narrations, I oppose the binary of care as arising from the ‘free’ choice to go online, versus harms occurring because of addiction and vulnerability. Through examining aesthetic and affective genres, such as the prevalence of ‘#vent’, as well as the ways affects of self-harm are collectively shared, I theorise a notion of care based in users’ relationality. Users are enmeshed within a network of others, with the platforms themselves, with AI moderation tools and community guidelines, and with the content of the digital space. This builds upon care literature from Annemarie Mol (2008) who suggests ‘care’ is not about increasing ‘patient choice’, rather that it arises out of ongoing collaboration between patient, practitioner, and the surrounding medical technologies and knowledges. It also builds on the work of Maria Puig de la Bellacasa, who argues that care ”is about doings required by living communities to live as well as possible” (2017: 167).

Practices of care are built alongside our everyday relations with others, human and non-human, which, instead of being about abstinence from harm, involve making life more liveable.

IV. Methodology

One of my research questions specifically deals with methodology. It asks: How do participatory multimodal methods engage online cultures of self-harm, and what are the methodological challenges of researching this topic?

This question arose through literature on “sensitive topics” (Lee, 1993) – ones which carry certain risks to the researcher or participants through associated discussion. Indeed, originally, the question asked “ … what are the methodological challenges of researching this *sensitive topic*”. I intended to place particular emphasis in my methods design on considerations of the “psycho-social space” (Gunaratnam, 2003) and intimacies (Fraser and Puwar, 2008) of the interaction. However, as I began to deliberate further, I began to distance myself from the framing of discussions of self-harm as carrying ‘risk’. Certainly, harms can arise, and these need to be addressed. However, I did not want these to frame my research interactions. With one of my aims being to critique the discourse of individuals who self-harm as vulnerable, retaining the term “sensitive” in my research questions would have been antithetical. Resultingly, while still ensuring I address concerns surrounding “psycho-social space”, I directed my focus away from sensitive methods to participatory methods.

Conducting a participatory method became more and more important to my work as I began to examine the history of mental health activism and the role of contemporary sociology. With the trend since the 1990s towards service-user involvement (Cresswell, 2005; Millard, 2015), users are framed as “experts by experience” (National Self-Harm Network, 2014). Yet, where “experts by experience” are important for the improvement of healthcare through the collection of higher quality data, the demands of psychiatric survivor movements go beyond this. Instead, more political claims are made over who has the right to manage disabled bodies (Survivors History Group, n.d). As Sarah Chaney (2020) notes, from the discipline of history, a rising consensus within the survivor/service-user community is an expectation that research on self-harm ‘ought’ to be done by those with a personal connection to the topic. This ‘ought’ arises from a long history of research undertaken on patients, rather than with, and for the benefit of them.

Given these changes in medical and social research I was drawn towards literature on participatory methods, specifically to community-based participatory research (CBPR). Karen Hacker states that: “The goal of CBPR is to create an effective translational process that will increase bidirectional connections between academics and the communities they study” (2013: 2). Resultingly, the aim is not merely to include communities in academia, but also to include academia in the community. Knowledge and methodological practice should be shared across different areas of expertise. The push for greater academic inclusion in community work leads CBPR to often be practice-based.

The need for a practice based ‘doing’ of community research is reinforced through Les Back and Nirmal Puwar’s *Live Methods* (2012), a response to earlier work from Mike Savage and Roger Burrows (2007). Savage and Burrows note that empirical sociology is approaching a situation of crisis, where large technology companies can gather and analyse data more rapidly, more efficiently and with significantly more influence. Individual social researchers, therefore, need to consider what they have to offer that is distinct. *Live Methods* (2012) responds by demanding a sociology that is lively, that works with multimedia tools, the digital, and participants to craft the world we want to see, rather than be content with old, dry and dead methods that do nothing to critique the status quo.

Following this, my intent was to conduct a participatory method involving creative elements, one where the research questions and specifics of the practice would be decided collectively. However, as I began to recruit participants, the Coronavirus pandemic lead to imposed lockdowns with severe restrictions on interpersonal interaction. Resultingly, my method became complex and ‘messy’ (Law, 2004). By losing the ability to conduct my research in the manner I had desired, I was required to investigate alternate methods to enable the continuation of the participatory ethic. While this investigation was hampered by underfunding, limited time, and fewer participant numbers than I had hoped, these restrictions led to methodological innovation that embedded a participatory ethic regardless.

My continued attempts at recruitment, concluded with six participants: Delia, Diana, Ray, Maya, Ruth, and Lily. Three of these individuals I met online, solely over Zoom, and three I met in person. I met with each individually, with the ensuing discussions progressing in a variety of ways. As part of the recruitment process, I framed the meetings, not as interviews, but as conversations, with the aim initially of discovering the reasons these individuals had volunteered their involvement, and through this, a collective structuring of the research method. However, for each of the three participants I met solely online, my engagement was limited to a single meeting, and these discussions ended up becoming unstructured interviews. For the three participants I met in person, conversations were livelier. Resultingly, I met Ray and Diana twice, and continued my discussion with Lily over voice notes on WhatsApp even though we only met once in person. Again, unexpected limitation impacted my research method, yet, as a result of these online and offline discussions, I was able to obtain a significant amount of relevant and useful data.

Discussion with participants was not my sole methodological approach, however. Due to the limitations of Coronavirus and whilst struggling to recruit participants, I commenced a quantitative digital method. Here, I ‘scraped’ 600 posts from three different hashtags on Tumblr: “#self harm”, “#self h@rm” and “#mental health”. I then conducted a content analysis of these posts, categorising each by its form – video, picture, solely text, etc. – the affect contained within – hopefulness, regret, depictions of the act, etc. – and by the other coexisting hashtags with which each post had been tagged. Following this, more quantitative, work, I adopted a method from literature on walking as a method (Back, 2008; Bates and Rhys-Taylor, 2018; Lyon, 2021) to conduct a journey across different platforms and along feeds. Adoption of this method was crucial to my research, allowing identification of the temporal and dynamic aspects of online space, as content appears, moves, is deleted, reposted, commented upon, and is otherwise structured around metrics of engagement.

Where my digital methods and discussions ended up being participatory in a manner different to that I had envisioned, my practice piece, submitted alongside this written work, attempts to build on the stories of participants to enable the return of academia to the community. Several of the participants of my research highlighted zines of personal importance. Delia, for example, spoke of psychiatric survivor harm-reduction workbooks and guides from the 1990s, and Maya detailed a variety of zines encompassing topics of crip theory and neurodivergent bodies. This led me to consider the localised caring work archived by zines – the importance lying in the individuals who create and read them. Zines, as self-published, cheap to produce, and often single author or close-knit community products are created to share a specific knowledge or practice or geography. Resultingly, they allow communities to speak beyond dominant narratives, publishing stories of their own bodies and affects in desired formats that otherwise may go unheard.

Moreover, during our second meetings, undertaken after my decision to produce a zine, Diana and Ray had both offered objects to me related to their self-harm. Ray had handed me empty pill packets and first aid equipment, and Diana a set of razor blade earrings and a necklace that they had constructed. In producing the zine, I created collages using the materials participants had provided, as well as taken from health magazines, card, ribbons, paint, and chalk to craft a selection of the locations and practices of care and harm mentioned in our discussions. These collages then formed the background of the zine, with the overlying text updating the design, and to a lesser extent, the content of the psychiatric survivor zines from 1990s mentioned by Delia.

As mentioned, whilst my original intent became limited, restrictions on the possibilities of my methodology led to the development of this innovative three-pronged approach – interviews with participants; digital methods, both scraping content and walking through platforms; and zine production. These each became part of the data collection and analysis process. Beyond just broadening the scope of data received, each of these methods was an attempt to reclaim the participatory intent I began with.

Though not the form of co-production I had wished for, the resulting participatory-ness returns to de la Bellacasa's conceptualisation of care. De la Bellacasa theorises care as "an active process of intervening in the count of whom and what is ratified as concerned" (2017: 52). Through using "neglected things", the objects of medicalised harm and care offered by participants, stories of past social media use before 'recovery', and online affects of self-harm considered unacceptable, I foster care through the "speculative commitment to think how things could be different" (2017: 17).

V. Structure of Thesis

To finish this introduction to my research, I now outline the structure of the remainder of this thesis:

Chris Millard (2013) states that a historical approach to the study of self-harm can reveal its "relatively recent invention" and allow critique of its "transcendental, ever-present status". Resultingly, Chapter 2, which details existing literature and how my research is placed within the socio-historical context of self-harm, begins with a brief history of the act from the asylum up to the 1980s. The chapter then moves on introduce three main themes that have occurred from the 1980s to the present day. These are: media discourse and contagion, psychiatric survivor groups critique of recovery, and the move of self-harm from biomedical to social. These three themes are then extended to self-harm's existence on social media. Digital platforms are, resultingly, framed as a space where genres of lived experience and affects form within and against a broader context of the prioritisation of a specific narrative of recovery.

Chapter 3 and Chapter 4, my methodology chapters, are, together, split into three sections. Chapter 3 looks at my discussions with participants and how these developed within the context of the Coronavirus pandemic and underfunded mental health services. I then explain my digital methods: the 'scraping' of content from Tumblr and the resulting content analysis, accompanied by a journey through posts and across platforms. The third section, the focus of Chapter 4, covers the practice element of my research, the self-harm ‘handbook’ produced as a result of the range of interactions with participants, online content, and personal experience. I conclude with a discussion of the ‘messiness’ of participatory methods and how their underlying ethic can be achieved, or at least aimed for, even when methods do not go to plan.

Chapter 5 is the first of three substantive chapters to analyse the collected data. This chapter outlines my digital methods, commencing with a discussion of technology companies moderation systems, and how they assume a divide can be made between beneficial and harmful content. Platforms’ community guidelines, providing an outline to users of acceptable content, frame harmful content in the language of “normalised”, “depicted”, and “encouraged”. Following this analysis, the chapter moves on to detail my content and affective analysis of the 600 posts on three different hashtags on Tumblr (“#self harm”, “#self h@rm”, and “#mental health”). A qualitative narrativized journey across different platforms is then added to the quantitative content analysis – aiming to evaluate the temporal and dynamic aspects of social media use. Following these digital methods, the chapter concludes by examining whether a divide can actually be witnessed in practice between beneficial and harmful content.

Chapter 6 focuses on the language of ‘victim’ dominant in parliamentary proceedings and news media discourse surrounding the passing of the Online Safety Act (2023). Here, social media users are framed as ‘passive’ and ‘vulnerable’, as at risk of harm from malicious actors, and, seemingly of greater concern to commentators, from the act of viewing content itself. Resultingly, the chapter grapples with ‘contagion theory’, the suggestion that young people might ‘copycat’ self-harm as a result of witnessing or viewing the act online. To oppose this discourse, I introduce participants’ narrations of why they went online. Their stories frame themselves as actively choosing to engage online to find support within their experience of an offline world that offers none. Chapter 6 concludes by examining the complexity of the accounts of the participants I spoke to, and the divide created between the language of passive victims and active users.

Chapter 7 is the final substantive chapter, focusing on the prioritisation of a specific narrative of ‘recovery’ within mental health care. When government policy, charities’ best practice guidelines, and much academic literature, attempt to decide whether social media use is beneficial or harmful, they all do so with the same underlying ethical duty. This duty is one that Veronica Heney (2019) notes as: self-harm is bad, therefore, we have an overwhelming responsibility not to be true or nuanced, but to reduce its occurrence. Noting this responsibility as forming the basis of contemporary legislation, Chapter 7 moves on to discuss the range of affects visible online. Just as self-harm itself “resists easy categorisation” (Chandler, 2016: 5), posts online do not fall neatly into the framing of content that is either beneficial or harmful. This chapter concludes with a discussion of how, if regulation is to grapple with the wide variety of affects, experiences, and actions that make up self-harm and users social media use, then legislation should be moved beyond the present sole focus on making bodies free from harm.

Chapter 8 is the overall conclusion to the thesis. It grapples with the question of how localised and nuanced understandings of care and harm can be enacted within the context of big data and mass media. Moreover, where regulation does demand a universal principle of abstention, this chapter concludes by discussing how necessary community support can be introduced on a small scale in our everyday lives to make life more liveable.

Chapter 2

Self-Harm as Medicalized, Self-Harm as De-Medicalised: Contextualising Online Content

I. Introduction

Millard (2013) states that a historical approach to the study of self-harm can reveal its “relatively recent invention” and allow critique of its “transcendental, ever-present status”. What self-harm is, its social position, and the literature on the topic, have all changed drastically over the course of the 20th and 21st centuries. My experience of reviewing relevant literature, which I discuss here as a research method in itself, echoes Millard’s comments.

In this chapter I outline a brief history of self-harm from the Victorian asylum to the 1980s, which saw the development of the biomedical model of mental health. Here, self-harm is taken as explainable by brain chemistry, and is responded to through medication and clinical practice. As I move on from the 1980s, I detail three major themes arising that have been crucial in defining contemporary context. The first theme I cover is public and media discourse surrounding self-harm. I then move on to look at psychiatric survivor movements and the gradual inclusion of service-user movements into the NHS. Finally, I examine the increase in sociological accounts of self-harm within academia.

Each of these themes complexifies explanations of self-harm as biomedical and are detailed to provide an account of where my research is positioned. My research arises from the politics of psychiatric survivor movements and their rejection of ‘recovery’, attempts to examine the ways those who self-helm harm respond to dominant discourse, and is influenced by the affective turn in social research that attempts to combine the biomedical and social.

In concluding this chapter, I focus on social media, and how, with the development of Web 2.0 and user-generated content, discourse around self-harm has increasingly been about its depiction online. Since mid-2010, moderation systems have started to be developed by technology companies, and the U.K. government has passed legislation to regulate social media. This study of literatures of survivor lived experience and deviance lead to my research questions, which ask: what should the basis of this regulation be?

II. Methodology

Literature reviews are systematic endeavours in the sense that they intend to give an accurate overview of an area of study. To do this, however, requires a process of selection, synthesis, and evaluation. Geoff Wong and colleagues (2013) note that when doing a scoping review of a topic there is often more literature than is possible to read and include. As researchers we must make choices to include and exclude certain materials for reasons that are not self-evident. Moreover, once we have gathered our data, we then have to bring together a narrative that makes the most sense to the target audience of the literature review. This is an interpretive, creative, and subjective process, and one that will vary given the context of the review and reviewer. As a result, I do not intend for this to be a precise and totalising account of literature of self-harm, in fact quite the opposite. I am using literature to make an argument – synthesising and pulling together in a subjective manner to persuade rather than to lay out an objective pattern.

Whilst noting the subjective nature of literature reviews, I follow Michelle Bastian (2014) in starting my search for relevant prior studies in the themes at the core of my research questions – which are outlined on page 13. From this, I took several key terms and searched for them in large electronic literature databases – mainly Google Scholar, Web of Science, and PubMed. However, I began with the smaller database of the Goldsmiths, University of London library, inputting terms related to "self-harm" and "scar" into the website. The earliest search date possible was 1500, so the date range at the time of the initial search was 1500-2021. Beyond this qualification, I applied no filters. The search term "self-harm" brough forward 34,531 results, "self-injury" had 14,277 results, and "self-mutilation" had 8,254 results. "self harm" with no hyphen brought forward 351,205 responses, however many only included the word "self" rather than a reference to self-harm so I excluded this search.

Even after narrowing down these results with further modifiers, there were multiple thousand texts that would have been impossible to read within the time constraints of a PhD. Beyond just the quantity, there was also an issue that the searches almost entirely brought back literature from the disciplines of psychiatry and psychology. Whilst the dominance of psychological and medical disciplinary perspectives is key to understanding the discourse surrounding self-harm, I wished to review literature from a range of disciplines, as well as from lived experience led activism.

Following this concern, instead of beginning with a large-scale generalised scoping study of query responses in literature databases, I began with a specific selection of sociological and historical texts. These often focused on the relationship between self-harm and issues more traditionally understood as social: body modification or tattooing (DeMello and Rubin, 2000; Pitts, 1999; Taylor and Ibañez, 2015), masochistic practices in performance art (O'Dell, 1998; Schechner, 2009), religion (Borrill et al., 2010; Buser et al., 2017; Dale, 2015; Wilson, 2013), and "deviancy" (Adler and Adler, 2007, 2005; Favazza, 1987).

Whist I started with these texts, something felt missing from many of the sociological accounts of self-harm – they opposed accounts provided by participants, my own experience, and activism on the topic which has historically been closely tied to clinical practice. This led me to see necessity in returning to psychological and psychiatric accounts as counter narratives to those from social studies, even though my research questions originate from a critical perspective towards clinical disciplines.

In line with this movement through literature, I conclude this chapter with a discussion of a contemporary thought in social studies that is critical of making a clear distinction between social and (neuro-)biomedical literature when considering self-harm (Broer and Chandler, 2020; Chandler, 2016). It is within, and responding to, this literature that I place my theoretical contribution.

In order to outline the difference between these perspectives on self-harm, and its broader placement in the context of psychiatric and medical literature, I decided to frame my account through the lens of a history of the topic. The early history, up until the 1980s, is mostly based on a synthesis of the only two major critical historical studies of self-harm in the U.K.: from Chaney (2019); and Millard (2015), though with the inclusion of other authors where relevant. After briefly covering the period up until the 1980s, I then narrate certain themes arising after – social vs. individual, political vs. biomedical, and recovery vs. unrecovered. Through my development of these themes, I detail how I have ended up considering self-harm in the ways I have, and the resulting placement of my research.

III. Self-Harm: From Social to Medical

With the significant influence Michel Foucault's *Madness and Civilisation* (1988) had on the development of critical psychiatry, it seems as though it has become an unspoken intellectual convention to start every social and historical account of mental health with a mention of the asylum (Bracken and Thomas, 2010). Certainly, this history is important, though I start with it only briefly. Instead of focusing on the development of the asylum, more important to this account is the move of self-harm from the asylum to the early NHS, and then in the 1970s and 80s, to becoming synonymous with cutting and the psychiatric clinic. This shift courses the movement of self-harm to its ending up as an individual and biological phenomenon.

Prior to the development of the asylum system in the 1800s, mentions of harming or injuring one's own body most predominantly arise in religious texts, as a spiritual and ritual practice. Potentially the most famous example in Europe being self-flagellation in Christianity. Self-flagellation has held multiple meanings across history, from punishment to protest to self-control and discipline (Dale, 2015; Abbott, 2016; Vandermeersch, 2002). These ritualistic, religious, and spiritual practices still occur today. In Mahāyāna Buddhism self-immolation and hunger striking are performed as acts of devotion and as protest (Wilson, 2013). In Taiwan, some spirit-mediums enact self-mortifying rituals to signal possession and their status as a representative of a community (Sutton, 1990). Self-flagellation is also still performed in some parts of Christianity (Vandermeersch, 2002). Whilst contemporary accounts of these practices view them through a lens of psychiatry, and, resultingly, as socially unacceptable, their enaction is and was largely done in ways that were socially and religiously acceptable – if not encouraged (Sutton, 1990).

It wasn't until the late 18th and 19th centuries that "self-mutilation" began to arise as the "modern concept of … a specific category of abnormal individual behaviour" (Chaney, 2019: 51). 'Madness' had been separated from society as undesirable and morally flawed throughout the 17th century, with 'mad' individuals being placed in confinement. Over time, these institutions of confinement shifted from just separating 'mad' people from society to also include the aim of 'curing' (Foucault, 1987). It is here that 'madness' became an 'illness', and, in these asylum systems, psychiatry began to arise as a discipline with rigid theoretical and methodological foundations (Millard, 2015).

Chaney (2019) argues that it was within the asylum that self-harm became distinguished from suicide. One of the major reasons given for this division is that, at the time, the Commissioners in Lunacy (the official asylum inspectors in the U.K.) and the popular press perceived suicide in an asylum as the fault of the institution. It was, therefore, legally useful for asylums to create a distinction between 'self-mutilation' and suicide to protect against claims of neglect. For Chaney this is the start of 'self-harm' coming to be its own independent subject of interest, as well as, in essence, a placing of the blame of harm on the individual instead of organisational failure (2011).

The *Lunacy Act* of 1845 officially designated people in asylums as "patients", and multiple professional bodies were set up around the same time. One of these, the Association of Medical Officers of Asylums and Hospitals for the Insane, set up in 1841, has changed its name multiple times over the preceding centuries, becoming the Royal College of Psychiatrists in 1971 (RCPsych) (RCPsych, 2024). It was here that psychiatry's founding as a disciple was solidified, and, by the early 20th century, it had become boundaried around two main divergent traditions.

One of these traditions followed psychoanalytic thought, pioneered by Sigmund Freud. Whilst these accounts arose largely in the U.S. and continental Europe, they had significant influence on writing in the U.K. too (Millard, 2015, 2013). In these accounts, the physical act of self-harm became something 'more' in its revealing of meaning and motivation. This meaning was often related to an important pathological feature of the specific individual and was used as an explanatory tool for social commentary. Self-harm could reflect, for example, unfulfilled sexual desires or 'partial suicide' as 'unconscious self-preservation' to postpone the 'death drive'[1] (Chaney, 2019; Shorter, 1998).

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[1] Freudian terms that arise through studies such as Karl Menninger's *Man Against Himself* (1956), published in 1938 – the best selling book on self-harm until Armando Favazza's *Bodies Under Siege* (1996) published in 1987. For Menninger, acts of self-harm were 'purposive accidents' – those that, whilst being genuine accidents, served an unconscious purpose. The unconscious purpose in the case of self-harm was to stave away the 'death drive', the Freudian tendency towards self-destruction, through partially giving in to it.

Where psychoanalysis had taken psychiatry out of the asylum and into the psychoanalyst's office, an alternative form of psychiatry began to develop through engagement with soldiers in and after World War One and Two, and with the foundation of the NHS. With mental hospitals being incorporated into the state-run system in 1948, Millard argues that: "As part of this shift towards collective provision, the connection between mental and physical medicine [was] strengthened" (Millard, 2015: 194). Whilst the NHS was not focused on mental health at its outset, across the 1950s the number of psychiatric wards began to increase, and in 1959, the *Mental Health Act* attempted to unify services into one system. Further to this, the *Suicide Act* of 1961 decriminalised suicide and the government began to push patients away from asylums and towards general hospitals (Turner et al., 2015).

This period saw the rise of psycho-surgery. With the "connection between mental and physical medicine" strengthening, mental distress began to be seen as resolvable through electroconvulsive therapy, the sending of an electric current through a patient's brain, and leucotomy, more commonly referred to as lobotomy, which involved the drilling of two holes in the skull and dividing the white matter of the frontal lobes (Crossley, 1993). These surgeries, developed in the mid-1930s in the U.S., started to be introduced in medical practice in the U.K. in the 1940s. By 1954 upwards of 12,000 leucotomies had been conducted. This irreversible procedure was never subject to a controlled clinical trial (Crossley, 1993), and a significantly disproportionate amount were conducted on women (Tone and Koziol, 2018).

In the 1950s and early 1960s, within the context of mental hospitals and clinical practice, "attempted suicide", including self-harm, was mainly framed as a social phenomenon. Research focused on childhood emotional deprivation - the prevalent 'broken homes' theory positing self-harm as resulting from problems in an individual's upbringing (Millard, 2015). There was also a focus on self-poisoning (rather than other forms of self-harm) due to this being the most common form of self-inflicted injury with which members of the public presented at A&E. Millard argues that this focus on self-poisoning led to social rather than medicalised account of harm, self-poisoning, here, understood as being more easily explainable by problems arising from interpersonal difficulties in people's lives than the later focus on cutting (Millard, 2015).

Through these accounts it is possible to trace, to some extent, the influence of early psychiatry, institutionalised medical care, and psychoanalysis on constructions of self-harm as a social phenomenon. It was thought to reflect childhood issues, the trauma of war, or broader societal neuroses. However, as the 20th century unfolded, the rising critique of certain psychiatric methods, such as leucotomy and electroconvulsive therapy, were gradually leading to a prioritisation of 'rigorous' scientific methods in order to claim psychiatry as a credible and responsible discipline (Deacon, 2013). This meant a move away from 'unscientific' psychoanalysis, and a shift to clinical research. Through the 1960s to 1980s several developments reinforced this shift, and, in turn, the understanding of self-harm moved, once again, from being a social phenomenon to a biomedical condition.

The first of these developments was the increasing influence of U.S. psychiatric inpatient literature, as opposed to that arising out of general hospitals in the U.K. Where literature from the U.K. focused on self-poisoning, studies from the U.S. often focused on self-harm as cutting. Millard argues that: “as the 1960s pass into the 1970s, a sense emerges from these inpatient studies that self-cutting is motivated by internal, emotional psychopathology … to relive tension, to provide distraction from painful feelings, to decrease dissociative symptoms, to block upsetting memories, and to communicate distress” (Millard, 2015: 196). This separation, between social self-poisoning and internal self-cutting, as the 1970s progressed, was slowly imported into U.K. A&Es, and “the idea that self-cutting and self-poisoning are differently motivated behaviours begins to gain traction” (Millard, 2015: 196). In turn, the assessment and treatment of self-poisoning in A&E is slowly transitioned away from psychiatrists and into generalised medicine, whilst self-cutting becomes prioritised in psychiatric clinics and psychological counselling services.

Alongside this, self-harm appeared for the first time in a biomedical classificatory system in the 3rd edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published in 1980. In this, Borderline Personality Disorder (BPD) had been separated from schizophrenia, and it was as a symptom of BPD that the only discussion of ‘self-injury’ was included (Chaney, 2019). Indeed, until 2013, with the publication of DSM-5 and categorisation of ‘NSSI’, this remained the only place that ‘self-injury’ was mentioned in the DSM (Hooley et al., 2020; Zetterqvist, 2015). Through the linking of self-harm and BPD, as well as a set of prominent inpatient studies from the U.S. in the 1970s conducted on young female patients that used the term “delicate cutters” to describe the act, a widely accepted ‘typical’ profile for someone who self-harms began to develop (Brickman, 2004). Broadly, by the late 1980s, clinical literature on self-harm focused on self-harm as cutting, and within this, conceptualised as something done by manipulative young women. ‘Manipulative’, here, arising from the notion that people with BPD were difficult long-term service users who were “resistant” to intervention. The focus on ‘young women’ was on account of the “delicate cutter” studies, as well as the social fact that “BPD [was] viewed by clinicians as a female-specific disorder” (Brickman, 2004; Chaney, 2019; Millard, 2013; Qian et al., 2022; Shaw, 2002).

In the 1970s and 80s, further pharma-medical developments were shifting mental health more generally from the pathological and social to the biomedical (Deacon, 2013; Hillhouse and Porter, 2015; Millard, 2015; Moyer and Nguyen, 2016). Biomedical, here, refers to an increased focus on individual’s biological makeup as the reasoning for their mental health. In particular:

> The biomedical model assumes that mental disorders like schizophrenia, major depressive disorder, attention deficit/hyperactivity disorder (ADHD), and substance use disorders are biologically-based brain diseases. Core tenets of this approach include: (a) mental disorders

> are caused by biological abnormalities principally located in the brain, (b) there is no meaningful distinction between mental diseases and physical diseases, and (c) biological treatment is emphasised. (Deacon, 2013: 847)

One major factor in this shift was the development of the Monoamine Hypothesis – that people have depression because of depleted levels of serotonin, norepinephrine, and dopamine. In turn, this hypothesis led to the creation of anti-depressant medication, in specific, Selective Serotonin Reuptake Inhibitors (SSRIs), with Prozac (Fluoxetine) being released for market retail in 1988 (Deacon, 2013; Hillhouse and Porter, 2015). Both Chaney and Millard argue that the rise of the biomedical model of mental health and shift of self-harm to the individual and internal mirrors the neoliberalisation of medical care under Prime Minister Margaret Thatcher (1979-1990) more generally (Chaney, 2019; Millard, 2015, 2013). At this time, care was shifting away from a collective social responsibility, towards becoming individual, pharmaceutical, and market driven.

By the 1980s, self-harm had become, in psychiatric literature and medical care, something individual and to be treated in the clinic, with a combination of medication and counselling services. Following on from the 1980s to today this understanding has only become more entrenched. This context is crucial to my research. With the dominance of the biomedical, individuals lived experience becomes narrated through the clinic – either in opposition or reinforcement, and sociological accounts of self-harm have to begin from this perspective (Adler and Adler, 2007; Chandler, 2016). I will return to post-1980s academic and medical literature later in this chapter, however, before I do so, alongside biomedical developments multiple other interlinked histories of self-harm have transpired that are worth noting. These, in multiple ways, complexify the biomedical – returning self-harm to 'the social'; moving away from inpatient services; and redefining the purpose of care, all at a historical moment when self-harm has become a key focus of public discourse, representation, and media coverage.

IV. Public Discourse, Self-Harm's Normalisation, and Contagion

Armando Favazza (1998), writing at the end of the 1990s, suggested that, in the last decade, self-harm had "come of age". By this, he was referencing the huge increase in coverage of the topic in academia and medicine, but more than that, also in popular and news media. As self-harm shifted to outpatient settings it became normalised – more individuals began speaking of their self-harm: in art and music, from celebrities, and even royalty with Princess Diana discussing her experiences. Film and TV depictions skyrocketed as well. A combination of these factors led to the popular discourse of self-harm as 'contagious', a fear that has transferred through to today's focus on social media (Walsh, 2020).

With the continued rise in use of Prozac – having the fastest growth in use in the history of psychotropic drugs and being the second biggest selling drug in the world by 1994 (Pereira and Hiroaki-Sato, 2018) – and the Care in the Community policies under Thatcher's government in the 1980s, self-harm gradually became accepted as something that occurred outside the asylum and long-stay psychiatric institutions. Moreover, as Millard points out, the types of self-harm that are responded to in inpatient psychiatric hospitals differ to those that are discussed in community support policies. The act of wrist cutting appears "trivial" in comparison to other medical emergencies at A&E, resultingly being pushed through to outpatient services (Morgan, 1979: 116 in Millard, 2015: 188). Through these shifts, mental health began to be less and less associated with "the other" of the psychotic patient and more and more associated with mild depression (Chaney, 2019). Where the predominant public discourse for mental health becomes tied to mild depression, in turn, cutting is further reinforced as *the* act of self-harm.

With the 'normalisation' of self-harm came popular representation and discussion. Artistic movements had already begun to engage with self-harm in multiple ways throughout the 1970s, with the proliferation of masochistic performance art pieces (O'Dell, 1998). These pieces often involved the performer smashing mirrors with their fists, or cutting, piercing, burning, and biting themselves in front of an audience (Chaney, 2019; O'Dell, 1998). Works did not necessarily reference self-harm directly, often being about other medical issues such as HIV or cystic fibrosis, but certainly were influenced by representations of self-injurious acts. Through the 1980s and 1990s, self-harm moved beyond art to music, literature, and film, with these being the main sites of public discourse – as I now come on to discuss (Chaney, 2019; Whitlock et al., 2009).

With regards to literature, certain non-fiction texts were beginning to be read beyond the clinic and university. Favazza's (1987) *Bodies Under Siege* became the best-selling book on self-harm since the 1930s, and this was then followed by another widely read book in the 1990s, Marilee Strong's *A Bright Red Scream* (1998). Both texts were not purely from psychiatry, rather contained elements from cultural studies, anthropology, and journalism. They both examined certain social elements of self-harm, though their focus remained on self-harm as an undesirable symptom of biology or individual pathology. These pieces of popular academic literature, as well as others in the 1980s and 90s, followed a general trend of sensationalising the act of self-harm, describing it, as Jane Kilby remarks: as "speak[ing] with a 'voice' so sheer that it is virtually impossible for anyone to bear witness to it" (2001: 124).

The framing of self-harm as undesirable, problematic, and, returning to its gendering and linking to BPD, manipulative, truly came to the fore in discourse surrounding musical subcultures. Metal and rock genres were hit with public backlash in the U.K. and U.S. in the late 1980s and early 1990s. Ozzy Osbourne, for example, was taken to court in 1985 by the parents of a 19-year-old who had died by suicide, claiming that his music was responsible. Judas Priest were later taken to court by the parents of an 18-year-old and 20-year-old who had attempted to die by suicide in 1985 whilst listening to their songs. These scares suggested that listening to rock music led to an increased acceptability for suicide and self-harm, particularly in children, who, it was suggested, were more vulnerable to emotional distress (Baker and Brown, 2016; Chaney, 2019; Lacourse et al., 2001; Stack, 1998; Stack et al., 1994). This discourse came to be centred on emo music in the 1990s. Rosemary Hill (2011), suggests that this focus revolved specifically around emo due to the genre being seen as something listened to predominantly by, and often featuring, young white woman. Partially as a response this popular perception, emo subcultural fashion in turn came to include many themes related to self-harm, such as the wearing of razorblades.

Moreover, music videos in the genre featured individuals cutting themselves, or with bloody wounds on their wrists – almost exclusively depicted through the bodies of young white women. The most famous example of this is the video for Linkin Park's *Numb*, released in the early 2000s. At the time of writing, the official music video on YouTube has over 2.1 billion views (Linkin Park, 2007), with it being one of the first songs to reach 1 billion views on the platform after fans organised to increase its view count after the bands lead vocalist died by suicide in 2017 (Aniftos, 2023). The music video features the life of a suburban teen girl struggling with feelings of loneliness at school and family pressures at home, interspersed with shots of the all-male band playing in a church. The link to self-harm is made most explicit in another of the band's music videos for the song *Crawling* (Linkin Park, 2009). Here, once again, the focus is on a slim, young, white woman, this time explicitly including multiple shots of her crying while blood drips into a sink as she holds her wrists.

Film, as well as music, tended to portray a similar image of the type of person who self-harms. Barbara Brickman states that, writing in 2004, "the white, suburban, attractive teenage girl persists as the face of self-mutilation" (2004: 87). Key examples offered by Brickman include episodes of *Beverly Hills 90210* ('Skin Deep', 1998) and *7th Heaven* ('Cutters', 1998), as well as a news report from The New York Times Magazine highlighting the issue next to a large image of a school cheerleader. Brickman (2004) and Chaney (2019) both mention the film *Girl, Interrupted*, released in 1999, with similar gendered aesthetics being seen in earlier teen movies such as *Heathers* (1988) and *The Craft* (1996). Through these films, self-harm is often intertwined with eating disorders, another gendered mental health issue. Alongside emo fashion, certain aesthetics are highlighted as related to self-harm in these shows – tattoos, piercings, and other body modification are common co-occurrences.

Echoing Victorian English sensibilities, tattoos and piercings have a long history of being positioned, by those in post industrialised societies, alongside self-injury. Chaney cites a Victorian account from 1896 that relates "the ludicrous custom of piercing the ears for the wearing of ornaments" to practices of self-injury "prevalent among our own people" (2019). This view finds its way into Favazza's *Bodies Under Siege* (1996), which had the subheading *Self-Mutilation and Body Modification in Culture and Society*. In this book, piercings are classified as socially acceptable forms of self-harm. Soon after its publication however, Favazza's typology of self-harm received significant critique, with articles re-classifying piercings and tattoos as self-care rather than self-harm, though still bringing the topics together in conversation (Claes et al., 2005). Favazza's text also states that: "full doses of antipsychotic [medication] should be used in psychotic patients who … dramatically and suddenly change their appearance by cutting off their hair, engaging in extreme body modification practices, or wearing bizarre clothing" (Di Cioccio, 2012). Here, aesthetic practices, such as hair changes, clothing choices, and body modification, are again tied to diagnoses.

Where psychiatric and clinical literature, through the 1980s and 90s alongside the publication of DSM-3 and DSM-4, had been attempting to classify self-harm along increasingly rigorous biological lines, popular discourse had been furthering early inpatient studies gendering the act and reinforcing it as cutting. More so, through the formation of aesthetic genres, the act of cutting seemingly becomes linked to deviance and otherness – drastic haircuts, piercings, "bizarre clothing", and tattoos all signalling an immorality parents should be concerned about. Arising from this linking of self-harm, subcultures, and aesthetic choices, news-media displayed increasing concern across the 1990s and 2000s that self-harm was something that could be spread peer-to-peer, specifically in the teenage years because, it was reasoned, teenagers were especially susceptible to copy-cat cutting from 'malicious' self-harming individuals (Blackman and Walkerdine, 2001). This became known as "peer contagion", that seeing or being around others who self-harm results in the spread of the behaviour.

Psychiatric and clinical papers exist from before 1990 on the topic of self-harm contagion, though as Chaney (2019) notes, these are mostly looking at inpatient settings (Rosen and Walsh 1989; Ross and McKay, 1979; Walsh and Rosen, 1985). However, just as public depiction had reproduced early inpatient studies gendering and reducing the act to cutting alone, by the 2000s there was popular knowledge of a self-harm "epidemic". In fact, this extended beyond news media. Academia, across psychiatry and the social sciences, began to report on the spread of self-harm beyond the bounded space of the clinic (Baker and Fortune, 2008; Cawthorpe et al., 2003; Claes et al., 2010; Gross, 2004; Heilbron and Prinstein, 2008; Hilt et al., 2008; Jarvi et al., 2013; Lewis et al., 2012; Prinstein et al., 2010; Heath et al., 2009; Ross and Heath, 2002; Taiminen et al., 1998; Whitlock et al., 2006; Ybarra et al., 2005; You et al., 2013). 'Contagion' was now being discussed as happening in friendship groups, through film and TV, in subcultures, and, with the development of the digital, in online forums.

A few studies have attempted to engage with the mechanisms by which contagion occurs, rather than just noting that 'clusters' exist around certain social groups. This research is largely contemporary and arises from sociological literature on suicide more than self-harm, i.e. Anna Mueller and Seth Abrutyn's 2024 book *Life Under Pressure: The Social Roots of Youth Suicide and What to do About Them*.

In each of the articles written in the lead up to the publication of their book, Mueller and Abrutyn start from Durkheim's structural account of suicide – notable for its early intervention highlighting suicide as social rather than purely individual (Abrutyn and Mueller, 2014; Mueller and Abrutyn, 2024, 2016, 2015). They note that, while Durkheim's analysis is particularly helpful when considering deaths by suicide resulting from limited social integration, it falls short when explaining how tight social ties might also lead to an increase. Here, Mueller and Abrutyn add a cultural, "social-psychological", element to the traditional functionalist account, noting that:

> "integration and regulation are not in and of themselves helpful or harmful; instead they are context-specific conditions that can be either positive or negative based on the content of the social ties and an individual's characteristics" (2016: 891)

Abrutyn and Mueller are determined to note that when mentioning "individual's characteristics" they are not reducing suicide to the purely personal. They repeat across multiple articles that "solidarity [is] a product of a shared, collective conscience that spreads through ritualized, emotion-laden interaction" (2014: 225). Social ties certainly can provide support and care, yet also can lead to pressure to achieve and feelings of alienation. Where prior sociological research on suicide had tended to focus on whether there existed social relationships, it is suggested we need to also examine the qualities and content of these connections too.

It is here that I engage with analysis of 'contagion' – in the emphasis on evaluating the "emotions, behaviours, and values that inhere in those social relations" (Abrutyn and Mueller, 2014: 225). Where such analysis has been undertaken, for example over how media reports of other's deaths has led to 'suicide suggestion', memorialisation procedures are analysed (Mueller and Abrutyn, 2024) and best practice guidelines from mental health charities have been developed (Samaritans, 2020a).

Yet, as I come to expand on in Chapters 5, 6, and 7 analysis of 'self-harm suggestion' has remained limited. Psychological and sociological research on self-harm depiction, especially regarding its existence in online content, tends to take one of two positions: articles noting increased self-harm as a result of viewing (Baker and Lewis, 2013; Brown et al., 2017; Jarvi et al., 2013; Lewis et al., 2012; Lewis and Baker, 2011; Lupariello et al., 2019; Whitlock et al., 2009, 2006); or articles noting social media's ability to act as peer support and thus reduce self-harm (Brennan et al., 2022; Lavis and Winter, 2020; Carlyle et al., 2018; Arendt et al., 2019; Thorn et al., 2023). In turn, these articles frame online self-harm content as bad or good respectively.

These articles can be understood through a similar lens as Heney's (2019) comments on self-harm in children's literature. Regarding depictions of self-harm, Heney highlights "a much-repeated belief": that we have "a responsibility not to be thoughtful, or to be sensitive, or to be interesting, or to be true but rather simply have a responsibility to dissuade people from self-harming" (2019).

Self-harm and social media are consistently framed as spaces of contagion, and judged on their effectiveness in reducing, or increasing, harm.

Responding to these trends in prior research, I take Abrutyn and Mueller's requirement to examine the "emotions, behaviours, and values" (2014: 225) visible in online posts, rather than flattening their existence as carrying risk.

Whilst I have been highlighting the focus on emotion, Amy Chandler and Sarah Wright (2024) note that Abrutyn and Mueller do important work to engage with culture beyond a purely structural account, yet through starting with Durkheim, they are still tied somewhat to functionalism. Instead, Chandler and Wright wish to expand on Abrutyn and Mueller's work to further focus on "the smaller, embodied, intimate affects endured or resisted by those caught up in, or coping with, these processes" (2024: 1042). It is this framing through which I wish to use and expand on the positioning of "emotions, behaviours, and values" (2014: 225) as important – the localised and nuanced affect and materialities of self-harm available through the particulars of the relationship between specific users and different platforms.

V. Psychiatric Survivors, Service User Inclusion, and the NHS

Alongside popular discourse, grassroots responses to problematic medical services were gaining traction. Biomedical accounts of self-harm were still predominant, however, through psychiatric survivor-led movements and service-user involvement, alternate forms of care were coming into existence. This inclusion of lived experience expertise into the NHS took multiple forms, with it being possible to make a separation between two broad, yet heavily interlinked, areas of work – depoliticised service-user involvement, and survivor led critical mad studies.

As mentioned already, the 1990s saw a drastic rise in extra-institutional forms of medical care. The overcrowding of asylums and inpatient units, development of anti-psychotic medication, and increasing scrutiny on long-term stay institutions had already led to an exponential increase in outpatient attendances from "virtually zero in 1930 to 144,000 in 1959" (Gilburt and Peck, 2014: 3). This only continued in the 1970s and 80s (Turner et al., 2015). In 1985, S.A.F.E Alternatives was set up in the U.S., "described as the "first outpatient support group for those who engage in repetitive self-harm behaviour"" (Chaney, 2019: 212). In the U.K., 1980s community care programs resulted in a broadening of referrals and diagnoses, moving from psychiatrists to GPs, and then, after the Increasing Access to Psychological Therapies programme in 2006, individuals could refer themselves to certain support programmes without going through their GP at all (Turner et al., 2015).

Whilst mental health care deinstitutionalisation was partly an attempt to reduce government spending on overcrowded services, it also arose from serious activism on behalf of those who had gone through psychiatric wards and come out fighting to tell their stories. MPU was formed in England in 1973, a group of current and ex-patients who advocated for the end of compulsory psychiatric treatment, alongside other groups such as the Community Organisation for Psychiatric Emergencies (COPE), and People Not Psychiatrists (Crossley, 2005; Turner et al., 2015). In one pamphlet, CAPO called for “the eventual TOTAL ABOLITION of psychiatry, as we know it, to be replaced with community care and understanding based on the demands listed above” (CAPO, 1985, capitalisation theirs). These groups all pushed for an end to psychiatry as it was currently practiced – each espousing a form of the Social Model of Disability, which was developing in relation to physical disability around the same time (Hunt, 2019).

Part of the tactics of these groups involved creating media attention over patient treatment, and through this, advocating for an aim for care beyond long term internment (Crossley, 1999). Psychiatric survivor activists in their manifestos and declarations of intent, often “deny[ed] there is any such thing as ‘incurable’ mental illness” (Survivors History Group, n.d). Instead of being medicated and kept in extended stay institutions, ‘recovery’ was posited as the goal. Through the late 1980s and 1990s these survivor-led groups began to work closer with mental health charities, and, through “the civilising influence of campaigning organisations such as Mind and other groups, had successfully engaged professionals” to collaborate in service design (Turner et al., 2015: 613). Indeed, in 2000 the National Health Service Plan was introduced “offer[ing] the first opportunity to play a key role in the design, delivery, planning, monitoring and evaluation of health services” (Social Exclusion Unit, 2004: 44, in Survivors History Group, n.d). Then, in 2001, the *Health and Social Care Act* was enacted, conferring “each Health Authority, Primary Care Trust and NHS trust a new statutory duty to make arrangements with the aim of involving patients and the public in the planning and decision making processes of that body …” ('*Health and Social Care Act, 2001'*: Section 11).

This inclusion in service design was furthered again in 2002 through the *NHS Reform and Health Care Professions Act* and the white paper titled *Our Health, Our Care, Our Say* in 2006 (U.K. Government and Department of Health, 2006). With these changes survivors began to produce “survivor knowledge” (Cresswell, 2005: 1668) and attempted to gain more control over the re-production of understandings of mental health – taking it away from the totalising dominant biomedical framework. Nikolas Rose, writing in 1996, wrote of this period of change that:

> The asylum conferred a certain unity upon the subjects of psychiatry and upon the project to underpin that institutional and moral unity with a unified system of knowledge. Whole libraries of psychiatric taxonomies are the legacy of that quest. The unity conferred by the territory of the community and the rationales of risk is less accessible to such utopian dreams of a totalised theory or taxonomies of madness, and to the claims for a single source of authority which go along with them. (1996: 18-19)

Medical professionals no longer had complete say over self-harm, with grassroots lived experience placing itself as an equal authority on the topic. Through the gradual integration of “survivor knowledge” into medical practice, recovery came to the fore in the U.K. in the 1990s (Swords and Houston, 2023). A commonly used definition of recovery was published in 1993 as: a “way of living a satisfying, hopeful and contributing life, even with limitations caused by illness” (Swords and Houston, 2023: 6460). Under this definition, recovery was about the individual changing to their situation – that no illness was ‘incurable’. Everyone and anyone could still have a “satisfying, hopeful and contributing life” regardless of who they were.

Where survivor led groups had arisen through radical community organising, the “civilising influence” of charities that had facilitated the collaboration with medical services, as well as neoliberal health policies, led to certain elements of grassroots groups’ demands being left out (Turner et al., 2015). Where the stance of groups such as MPU and CAPO had followed the development of the Social Model of Disability, their manifestos and asks had included, and often prioritised, responding to the lack of housing, poverty, and other material issues. One of MPU’s main campaign demands was: “That local authorities should provide housing for patients wishing to leave hospital and that adequate security benefits should be provided. We will support … any person who is at risk of becoming a mental patient because of inadequate accommodation, financial support, social pressures, etc” (Survivors History Group, n.d).

Where campaign groups’ demands were possible to be subsumed into a neoliberal ‘recovery’ focused care service, they were often done so, but without the corresponding demand for economic change (Rose and Rose, 2023). This created a split in psychiatric survivor inclusion. On the one hand there were those advocating for substantial change to the U.K. welfare system beyond healthcare, seeing the economy and other institutionalised violence as linked to mental health. On the other hand, what came to be most commonly referred to as ‘service-user’ inclusion, was integrated into NHS mental health systems. Here, people with lived experience, are included in discussions around care provision, but only with regards to specific scheme delivery, rather than broader change.

Moreover, though recovery was an incredibly useful and, in many ways, radical inclusion in care provision, multiple activist groups today oppose ‘recovery’. One of these groups, Recovery in the Bin (RITB), have 10 key principles, including: “Unrecovered is a valid-self-definition” and “We want a robust ‘Social Model of Madness & Distress’ … not perpetual pressure towards unattainable self-sufficiency. Capitalism and inequality can be bad for your mental health!” (RITB, 2016). Recovery had been formed as radical survivor knowledge, moving away from ‘incurable’ illnesses and towards a commitment to allowing everyone access to “satisfying, hopeful and contributing life”. Within neoliberal healthcare, however, recovery is seen by RITB as requiring people with mental health issues to change to come to be satisfied with a flawed society. Instead, ‘unrecovery’ is advocated for, that people should not have to change, society should (Braslow, 2013).

This critique of service-user involvement is not mentioned here out of any desire to scrap related schemes, much good has arisen through them. The majority of articles I came across on service-user involvement are evaluation studies of specific schemes, or academic reviews of different methods of inclusion (i.e Chamberlin, 2005; Faulkner, 2004; Service User Research Group England, 2005; Swords and Houston, 2023). Attempts are being made to improve service-user led systems, and these are important to note. Certain considerations need to be made however if service-user inclusion is to achieve more substantial change.

Turner and colleagues (2015) mention that in some instances when service-user led research had come into conflict with institutional practice, guidance was resisted – for example where users had highlighted concerns with individuals' ability to consent to electro-convulsive therapy in 2017, they were met with hostility and rejection from the RCPsych. Lucy Costa and colleagues, (2012) discuss a related issue, where service-users' stories and knowledge are often only included as "patient porn". Here, psychiatric survivors' voices are not "agents of changes", rather they constitute a form of tourism where clinicians sit and shake their heads uttering 'how terrible', at the same time as doing nothing to change the circumstances that gave rise to the stories they were hearing. An instance of this I personally observed followed the circulation of an RCPsych event in 2022 describing people diagnosed with BPD as "thorns in the flesh of clinicians". This was widely decried by survivors, service-users, and some clinicians, and RCPsych organised, as an apology, an event where someone with lived experience of BPD came to share their story (RCPsych Website, 2022). However, at the end of this event, when asked, multiple times, why this had occurred in the first place, and if RCPsych thought it represented a broader issue with the way clinicians consider BPD, they quickly moved on – preferring statements expressing audience members' sincere sorrow at the survivor having faced such a hard time.

Through examples like these it becomes clear that "survivor knowledge" is often not considered as important as that of psychiatrists and academics. Diana Rose and Nikolas Rose (2023) state that, for any possibility of an alternate psychiatry, there needs to be a fundamental shift over what is considered expertise and who is heard and acted on. Moreover, this expertise needs to include a broader range of individuals speaking. Whilst there are some user-led initiatives run by racialised groups (Kalathil, 2009, 2008), the majority are overwhelmingly white (Rose, 2022). As well as this, whilst lesbian, gay and bisexual perspectives are increasingly considered (Carr, 2010), there is a serious lack of transgender representation. Healthcare is increasingly inaccessible for trans people, with bodies such as the U.K. Council for Psychotherapy (UKCP) expressing the need to protect 'gender-critical' beliefs and stating they do not require therapists to follow "an affirming-only approach" (UKCP Website, 2023). This would mean 'gender-critical' therapists could, as part of their strategy, chose to be non-affirming of a patient's transness.

It is here that social media comes to the fore, with Instagram pages such as "@decolonizingtherapy" and "@therapistsagainsttransphobia" creating space for service-users and survivors to speak and be heard.

Notwithstanding my critique above, I end this section with one example of service-user inclusion that, while limited in its implementation, is an important development. Harm-reduction is a concept that arises from substance abuse referring to "interventions aimed at reducing the negative effects of health behaviours without necessarily extinguishing the problematic health behaviours completely" (Hawk et al., 2017). In the 1990s, psychiatric survivors were producing zines, with the support of charities such as the National Self-Harm Network, titled *the Hurt Yourself Less Workbook* and *Cutting the Risk*. These detailed ways to harm that were more sterile and less likely to require hospitalisation, first aid advice, and questions to work through about how the reader could implement safer practice personally. The point, here, was that not everyone 'recovers' in a linear fashion, many people return to self-harming after a period of stopping, and some people may never 'recover' at all. As such, making sure people know how to harm in a safer manner is beneficial. Slowly, harm-reduction began to make its way into mental health guidelines, with a NICE review in 2004 and a Royal College of Nursing debate in 2006 on how to promote "safe self-harm" (Millard, 2015).

The 1990s zines are overtly political, positing non-recovery as an acceptable place to be, and self-harm as a legitimate response to a flawed society. The implementation of harm-reduction interventions in practice, however, have been limited, and, where it has been done outside of smaller trials, it has been a tool to further neoliberal recovery – a stepping stone on the path to 'getting better'. Despite this, pushing for the concept to be developed and applied further is possible, and research is still happening for operationalisation in medical care settings (i.e Hawk et al., 2017).

While self-harm content on social media is not overtly political, in the sense of not organising or advocating for specific intervention strategies, if we are to demand a shift in what is considered expertise then online space should be taken as a site of survivor knowledge too. It is a specific kind of contextualised knowledge, one we need to critically analyse, but as this chapter has pointed to so far, so is the knowledge arising from psychiatry, service-user involvement, and survivor-led activism. Currently, the predominant lens through which social media is critically appraised in existing literature is that of 'recovery'. It is important, moving forward, to think beyond recovery, and as I discuss in Chapter 7, bring in frameworks arising from harm-reduction literature.

VI. Self-Harm: From Medical to Social

The timeline earlier in this chapter laid out self-harm's transference, in psychiatric literature and medical care, to becoming individual and biomedical. The narrative ended in the 1980s, as, moving on from there, public perception and survivor/service-user involvement began to produce alternate (through interlinked) understandings. If we return to academic and medical literature, self-harm's positioning is also not fixed. From the late 1980s onwards, social research on self-harm accelerated, and, by the 2010s, concerns surrounding the over medicalisation of everyday life began to gain traction in psychiatry too.

As already mentioned, Favazza, writing from the discipline of psychiatry, wrote the best-selling text *Bodies Under Siege* in 1987. Whilst starting from psychopathology and biomedicine, the book also takes from earlier psychoanalytic understandings, as well as introducing methods from sociology, history, and anthropology. This led to a definition of self-harm very distinct from the increasingly restrictive focus on cutting, instead, distinguishing between two theorised categories of self-harm behaviours – those that are "culturally sanctioned", and those that are "deviant". This distinction became the core framing for social research on the topic in the 1990s.

Where Favazza had discussed the concept of culturally acceptable self-harm practices, they still largely understood the act to be individual pathology. Texts arising in 1990s took this separation, but began to examine in more detail the social forces leading to the act (Babiker and Arnold, 1997; Hewitt, 1997; Mascia-Lees, 1992; McLane, 1996; Pitts, 1999, 1998; Solomon and Farrand, 1996). Just as Favazza had, a large proportion of these examine self-harm alongside practices of body modification and tattooing. Here, however, these acts are not opposed to each other, rather, the similarities are analysed. Resultingly, and with influence from feminist literature on body modification, self-harm comes to be posited as an attempt at reclaiming the body, and a justifiable response to objectification and intrusion (Hewitt, 1997; Mascia-Lees, 1992; Pitts, 1999, 1998; Solomon and Farrand, 1996). Partially as a result of the application of a feminist lens, and partially causing its application in the first place, self-harm's gendering and reduction to cutting is furthered through these texts – for example with Sarah Shaw writing: "I propose that self-injury reflects girls' and women's experiences of relational and cultural violations, silencing and objectification" (2002).

A key debate in feminist literature was occurring over body modification and cosmetic surgery at the time – whether to understand the practices as resulting from individual agency or from social norms (i.e Davis, 1997; Negrin, 2002). These discussions became mirrored in feminist and sociological self-harm literature. By the late 2000s self-harm had a large core of sociological knowledge framing it as social "deviance" rather than psychopathology. Adler and Adler, key proponents of self-harm being seen as a form of social deviance, wrote in 2007:

> Although sociologists have more often documented the shift toward increasingly medicalised views of phenomena, the populations and behaviours discussed here invoke a demedicalized interpretation. Self-injury thus joins homosexuality, gambling, eating

> disorders, and drug use as a behaviour increasingly defined as characterised by voluntary choice. (2007: 560)

In this quote, self-harm is posited as something done with individual agency – a justified response to social pressures, a communication of pain, a release of overwhelming emotions. These accounts are significant in their difference to psychiatric writings which were, as mentioned in the last section, by the 2000s, increasingly focused on recovery as the goal of care. A large section of the Adler and Alder's article cited above focuses on "pro-self-injury" attitudes, spending time complexifying the notion that being in support of someone self-harming is necessarily negative.

On top of an increase in sociological accounts, psychiatric research was also not homogenous. Whilst biomedical and psychopathological models predominated, alongside the development of DSM-5 in the late 2000s and early 2010s, critique started to arise. Multiple conflicts of interest between clinical medicine, scientific journal publishing, and the pharmaceutical industry were cited as occurring through the development of the new DSM (Cosgrove et al., 2006; Healy, 2006). In 2005, even the President of the American Psychiatric Association, the creators of the DSM, wrote: "As we address these Big Pharma issues, we must examine the fact that as a profession, we have allowed the biopsychosocial model to become the bio-bio-bio model" (Sharfstein, 2005). British Psychological Society feedback to a DSM-5 draft in 2011 stated: "The Society is concerned that clients and the general public are negatively affected by the continued and continuous medicalisation of their natural and normal responses to their experiences" (2011: 2). The development of DSM-5 did not significantly shift however, and continued to prioritise the biomedical model (Frances, 2010; Pickersgill, 2014).

The DSM, being written by the U.S. centric American Psychiatric Association, is dominated by narratives of health and self-harm from the Global North. This is gradually changing however, as more studies are starting to occur from and regarding the Global South (i.e Aggarwal et al., 2021, 2020; Lang and Yao, 2018; Quarshie et al., 2020). There has also been a sharp increase in the number of articles about asylum seeker, refugee, and migrant mental health and self-harm (Chang et al., 2015; Gargiulo et al., 2020.; Hedrick et al., 2020; Saunders et al., 2017). These studies further analyse social factors that contribute to mental health: whether mental health services are accessible to undocumented migrants; the impact of border policies; and consequences of detention centres. Yet, as Sunil Bhatia and Kumar Priya note, these studies, by demanding psychiatric change and not broader reform, all highlight how the 'Euro-American' biomedical framework is colonial – through its pressure for medicalised 'recovery' but not social change (2018).

Alongside these developments, positive changes are starting to occur in the range of social research methods used in studies surrounding self-harm. Reflexive statements and the openness of writers discussing their own self-harm have become common (i.e Pembroke, 2004; Broer and

Chandler, 2020; Chaney, 2020; Jago, 2002; Land, 2021; Millard, 2020; Stirling and Chandler, 2021). The turn to lived experience, both as a topic of study and methodological tool, has expanded research areas to include self-care (Motz, 2010; Pembroke, 2002; Rao, 2006) and stigma management (Hodgson, 2004). However, beyond this, quantitative methods and interviews are still predominant, with limited engagement with creative methods beyond art-therapy in psychiatry (though art therapy appears here as a therapeutic modality as opposed to a research method) and the beginnings of participatory methods from sociology (i.e., Edmondson et al., 2018). I come on to cover methods and their use more in Chapters 3 and 4.

Recent innovation in sociological accounts of self-harm have been based around the tools of analysis, with the explicit application of embodiment and affect theory (Chandler, 2016, 2012a, 2012b, 2010; Gurung, 2018; Heney, 2020). Chandler is a key proponent of the concept of ‘embodiment’ in their book *Self-Injury, Medicine, and Society* (2016), discussing how self-harm is situated within the complex socio-historical context of the body. Through this, it becomes important to critically engage with the ways self-harm is narrated in relation to the body. For example, sociological explanations of self-harm often point to the limits of biomedical accounts’ abilities to discuss social factors (i.e the legitimacy of being ‘unrecovered’ and the social model of disability). However, biomedical accounts note that sociological explanations of self-harm as a socially constructed phenomenon are unable to grapple with the importance of the physical body – the material ways self-harm is enacted, potential first aid or hospitalisation required as response, and the scarring that occurs after. The ways we narrate our experience of self-harm, our bodies, and our lives are crucial to understanding the ways we give meaning to our actions – and it is this meaning that literature on embodiment attempts to analyse.

At the basis of literature on embodiment is the turn towards the affective in social research (Clough and Halley, 2007). Affect suggests a need to focus on the bodily and felt responses of our relations to others, beyond just the rational and biomedical. For example, at a right-wing political rally, the emotions of anger or hope are as important as the contents of what is said, and it is through these non-linguistic emotive forces we connect to others at the demonstration. In fact, as Sara Ahmed (2004) notes, there is not a separation of the rational – what is spoken – and the emotional – what is felt. Instead, what is spoken helps create the affect, as well as the words being spoken into an already existing affective context. What connects us and divides us, according to affect theory, is not rational thought or biological difference, but felt relation.

I have found Lauren Berlant’s deployment of the concept of ‘genre’ useful for understanding what affect theory can bring to social research methodology. In literature, genres, such as ‘science fiction’, provide an expectation of what is about to be read, and enable the reader to make sense of the text as it unfolds. In everyday life, and with reference to affect, genres “provide an affective expectation of the experience of watching something unfold” (Berlant, 2011) – structuring feeling, desire, and bodily response. For example, when witnessing a self-harm wound, genres structure our response – whether we wince and look away, or look closer with fascination.

This becomes particularly relevant in Lewis Goodings' analysis of trigger warnings on social media, noting that they are "laden with affective content" (2018, 33). Our immersion in affective relationships to others, and the genres that form surrounding this, play a role in shaping our action – to post a trigger warning to protect others form seeing what was posted. Posting to social media is to enter a space of affect, and requires contributing to the unfolding relational connections on the platform being used. This isn't just to simply say that feelings matter, rather "the idea that trigger warnings are able to signal to others the nature of the content in the post is only the start of their affective power. As mentioned, they include something of the way that people come to know their bodies through the affective content in the posts" (2018, 33). Trigger warnings do not just warn viewers about content but also work to frame content as 'triggering'.

Affective analyses of social media posit that, through the relations and genres online we come to signal and share our affect, and in turn, can come to know our own bodies in different ways. This understanding of affect theory becomes particularly key to my research in Chapters 6 and 7.

In Chapter 6, I examine how regulatory bodies and the participants of this study discuss online self-harm content differently to each other. Regulatory discourse contains the language of contagion, placing viewers of content as passive victims. On the other hand, participants place their engagement with posts as 'rational', cognitively made decisions to care for themselves where other options were not available. However, instead of focusing on whether viewing self-harm content is 'passive' or 'rational', using Paasonen (2021), Chandler (2016), and Dennis's (2017) analysis of the language of pleasure and addiction, I discuss the need to hold onto the tensions in the ways use is narrated – participants' accounts themselves containing seemingly contradictory explanations of social media being necessary, but also harmful and potentially having the desire to have never gone online at all.

In Chapter 7, I discuss how the range of affects online relate to the concept of recovery. Social media was discussed by participants as a space where people could 'vent', share experiences without consequence, and make light of their pain. Following Chandler's (2016) application of the concept of "emotion work", I detail these accounts and how individuals are not just sharing affect, but changing themselves through 'making light', and 'venting'. Using Dennis (2019), I develop the notion of "more-than-harm-reduction" to suggest the need to broaden the conceptualisation of care that forms the basis for contemporary regulation. Instead of aiming to make bodies free from self-harm as the dominant recovery narrative does, we should be paying attention to affective work online and how acts that might lead individuals to harm more or for longer than they would have otherwise can still increase users capacity to act.

Whilst crucial to my theorisation, these affective analyses are limited in scope with regards to studies of self-harm content online. The biomedical and individual psychopathological have remained dominant as understandings of self-harm on social media. Yet, the above shows alternative sociological accounts do exist. Indeed, embodied and affective accounts of self-harm and suicide are becoming more prominent (Chandler 2016; Chandler et al. 2024), yet their application to online space remains untheorised. Concluding this section with a discussion of embodiment and affect theory is crucial, as narratives surrounding self-harm on social media are complex. Online discourse includes the clinical, contagion, individuals venting about events that have occurred, depictions of tools and wounds, therapy tips, and people expressing their pain and desires – all of these genres are meaningful and are important to consider. Instead of recognising self-harm as medical or social, we need to focus on the ways individuals navigate and narrate their journey and their bodies.

VII. Self-Harm and Social Media

Following from the above theorisations, I now focus in on the literature surrounding self-harm and social media that have had significant influence over my method and analysis, and that I, in turn, speak back to.

Since the early 2000s and the development of Web 2.0, online spaces have become a key explanatory tool in new media and regulatory discourse to explain perceived societal failings (Walsh, 2020). This has often focused on mental health, and in specific, self-harm and suicide – especially after the death of teenager Molly Russell in 2017. Technology companies began to implement moderation systems in the mid-2010s, and the U.K. government has increasingly discussed the regulation of user-generated content, leading to the Online Safety Act passing in 2023. The Act covers more than just online self-harm content, looking to suppress and moderate a wide range of content labelled harmful from child pornography to radicalisation. In fact, self-harm only features in a limited scope, mostly listed in sections dedicated to discussing the broader concern of suicide. This legislation, however, has broad consequences regardless, and the ways that self-harm is considered in the document, and in the discourse that surrounds it, are crucial to any understanding of self-harm today.

Technology companies' community guidelines and moderation systems pre-date the Online Safety Act, for example in 2012, both Tumblr and Instagram restricted certain hashtags and began to attempt to remove content promoting self-harm and eating disorders (Murphy, 2012). However, moderation of online content only really started to take off in the late 2010s, particularly in 2017 post Molly Russell's death, and again in 2022 when the coroner' report into her death was published. With increasing public scrutiny and new legal duties surrounding who is liable for user-generated content, the number of platforms cracking down on 'risky' content is only increasing.

This increase in desire to regulate led the Samaritans, a U.K.-based charity working on mental health, to produce a set of guidelines which Facebook, Instagram, Google, YouTube, Twitter, and Pinterest all agreed to sign by September 2020 (Samaritans, 2021).

The barriers enforced through these regulations and guidelines have faced criticism. For a start, the mechanisms put in place to stop people posting or viewing content are often very easy to get around – for example hashtag flagging systems are avoided by utilising spelling mistakes or alternate phrasing such as “#selfharmmm” or “#cvt” (to mean ‘cut’) (Moreno et al., 2016; Picardo et al., 2020). This ease of escaping algorithmic detection, alongside the potential fines for not clamping down on ‘harmful’ content, has led to platforms taking an increasingly heavy-handed approach.

With harsher methods of regulation comes the censoring of significant quantities of digital content related to self-harm, regardless of the potential for it to cause harm. One issue has been that individuals who have scars from self-harm have had images of their bodies highlighted as “sensitive content” and deleted from platforms. In 2015, Seaneen Molly-Vaughan published a blog post on the mental health charity Mind’s website titled *My Body Comes with a Trigger Warning*. Here she says:

> How do you say people who self harm should be treated with kindness when their bodies are seen as attacks on others, to say that self harm shouldn’t be a problem hidden in the dark, when we do exactly that by not allowing representations of self harm? (Molly-Vaughan, 2015)

This message is repeated by Brigit McWade (2019) where they write about the need to protect online space as a site of peer support, self-determination, and as forming alternate genres to self-harm’s depiction in mainstream media:

> Whilst it is not my intent to characterise mediations of self-harm as benign or easy to engage with, I do strongly assert that to erase self-harm from sight, and to remove the opportunity of self-determination and peer support in a media that mostly young people use is a violence of its own. (McWade, 2019)

Defences of online content often follow a similar pattern to this, based on the grounds that it is a space that can facilitate recovery – through peer support when no other space is available (Biddle et al., 2016; Dyson et al., 2016; Lavis and Winter, 2020; Lewis and Seko, 2015; Logrieco et al., 2021).

Where academia, policy and grey literature consistently prioritise recovery, it is through my engagement with the activism of anti-recovery groups that my analytical position arises. Within the discipline of sociology, some contemporary research has begun to depart from a focus on social media’s ability to support or oppose recovery. Here, articles examine the language and meaning created within self-harm communities, visual and affective content, and the narratives individuals express regarding their own harm. However, each of these have their own limitations.

Adler and Adler's 2011 text *The Cyber Worlds of Self-Injurers: Deviant Communities*, and the subsequent analysis of Taylor and Ibañez's 2015 article *Sociological Approaches to Self-Injury*, radically departs from the language of the clinic. Instead, as already mentioned this chapter, both refer to people who self-harm as 'social deviants':

> "As with eating disorders and obesity, self-injury scars reflect deviance from mainstream norms about "healthy" bodies. Just as pro-anorexia and fat acceptance communities help members manage the stigma they experience in the real world, self-injury forums provide a venue to share narratives, confessions, and encouragement" (Taylor and Ibañez, 2015: 1010)

Whilst crucial in positioning self-harm as something not necessarily problematic, rather than as in need of recovering from, these accounts are uncritical in the ways they understand the language of self-harm online. Instead, as I expand on more in Chapter 5, self-harm's existence on platforms like Tumblr is one surrounded by support hotlines and posts from NGOs, with users posting pathologising language about their pain and 'getting better', and content being mediated by safeguarding tools. Self-harm's narration online follows Chandler's account far closer, in that "understandings of self-injury continue to be strongly shaped by medical knowledge, and that, simultaneously, self-injury has never been entirely securely medicalised" (2016: 152). Through this, I wish to move away from the language of 'deviancy', it being only one of many narrations of harm online.

Indeed, the lack of critical engagement with participants statements and social media content in Adler and Adler (2011) leads to a flattening of online communities' existence. In many ways Adler and Adler (2011) and Taylor and Ibañez (2015) are far more concerned with the fact there are communities than the actuality of the content in them. This can certainly be seen through the conflation in the above quote of online self-harm, pro-anorexia and fat acceptance communities – each of which have exceedingly different materialities to each other and are not homogenous in themselves. This is not to say that these articles are wholly wrong, just that, in moving on, there is a need to engage with a broader range of narrative and affect, and that this needs to be done so critically.

In beginning to engage with affect, Nina Jacob, Rhiannon Evans, and Jonathan Scourfield (2017) highlight the important role pictures of self-harm play online. Noting that "images invoke a physical reaction and inspire behavioural enactment" (2017: 140), they cite photography as the "primary reason" individuals go online for self-harm content. Depictions of self-harm certainly play an important role, with social media being structured around the intertwining of text and image (Chen et al., 2023). Jacob, Evans, and Scourfield's article is particularly important in that it moves beyond mere content and semiotic analysis, as prior authors have done of self-harm pictures (Sternudd, 2014). Instead, they place the role of analysis as attempting to understand how and why photos are produced, and what the pictures produce themselves in turn.

I certainly follow Jacob, Evans, and Scourfield's thought here, however their conclusions are limited in scope by their focus solely on supporting "prevention and intervention approaches" (2017: 146). Where Adler and Adler (2011) and Taylor and Ibañez (2015) are limited by their focus on 'deviancy', Jacob, Evans, and Scourfield (2017) can only view self-harm and online content through the narrow lens of recovery. This leads to a conclusion discussing only the "negative aspects …, notably [the] normalisation of behavioural enactment and sharing of techniques" (2017: 146).

It is unclear to me, as it also is to Simopoulou and Chandler (2020) and many of the activist groups mentioned earlier in this chapter, that "behavioural enactment" (here only meaning the enactment of self-harm), and the "sharing of techniques" are necessarily negative. More so, in weighing up positives and negatives while restricted to the language of recovery, once again, a flattening of self-harm on online space occurs.

Seko and Lewis (2018) also focus on imagery online. Here, however, instead of attempting to draw conclusions about whether social media is 'good' or 'bad' they examine the varieties of narrations of self-harm viewable on Tumblr. They state:

> "We understand the images of SI on Tumblr as fragmentary, yet collective narratives of those bloggers with an SI history or interest, exploring, adopting, and rejecting the various discourse and cultural artifacts available to them." (Seko and Lewis, 2018: 194)

Through an analysis of 294 photos of self-harm posted to Tumblr, Seko and Lewis break down the range of visual grammar, i.e "black and white", "first person", "close-up shot" etc; and narrative theme, i.e "pro-recovery", "hopeless", "sarcastic", etc (Seko and Lewis, 2018: 187-188). Instead of forming a conclusion attempting to support or oppose regulation, they use the range of aesthetics and narrations, as well as the surrounding context, to inform nuanced suggestions for future actions Tumblr could take.

Ultimately, however, Seko and Lewis are still limited – especially in their analysis of "hopeless" and normalising posts. Only briefly mentioning three non-social media related issues individuals might be facing that could bring them online: bullying; substance abuse; and suicidal ideation, they fail to consider 'negative' content as much more than something that leads to self-harm. It is beyond their consideration that 'negative' content might be a response to life, rather than a harm to be avoided. This limitation arises from the method of the study, which, while appropriate to the restricted aim of purely identifying narratives on Tumblr, does not provide a framework for analysing said narratives. The authors themselves note at the end of the article that further work should be done to more fully examine content, highlighting the need to combine their study with interviewing to “untangle what constitutes mutually meaningful content within the network and how Tumblr is important to those who self-injure” (2018: 194).

Within this context, it is Elizabeth McDermott and Katrina Roen’s (2015; 2012) work that excels. McDermott and Roen focus on LGBT youth and self-harm, using online content as their data. Whilst not interviewing any individuals, they take an important step in noting that “evidence on LGBT youth and self-harm is dominated by “risk factor” paradigms which do not include the perspectives of LGBT youth themselves” (2015: 882). Framing their method in opposition to prior studies, they place their data as containing the perspectives of LGBT youth. This is crucial as, where Seko and Lewis’s ‘hopeless’ posts are analysed through their effect (increasing harm), content instead becomes a narration by an individual of their personal self-harm. For McDermott and Roen, online posts become: “evidence of young people managing and negotiating pathologization, marginalization, and stigmatization, while finding ways to articulate LGBT identities” (2015: 884). Rather than framing their analysis around an effect – i.e improving or hindering recovery – content is understood as part of a story to sit with, allowing it to be understood as more than purely a ‘negative’ to be avoided.

Alongside McDermott and Roen, there is a small, but increasing, body of sociology and health studies work on self-harm that prioritises critical engagement with the narrations of lived experience and their relationship to biomedicine (see Chandler (2016) and Heney (2024) for examples from medical sociology, and the Keynote address from the 25th International Mental Health Nursing Research Conference (RITB et al. 2019) for nursing studies). My research is placed here, in what might be called ‘Critical Self-harm Studies’[2] – an extension of the more developed, yet still nascent, field of Critical Suicide Studies (Cesar Riani Costa and White, 2024; Chandler, Cover and Fitzpatrick, 2022; Jaworski and Marsh, 2024).

Within Critical Suicide Studies, Amy Chandler, Rob Cover and Scott Fitzpatrick state that:

> “The qualitative turn and the ethical commitment to the centrality of lived experience obligates an ethical framework focussed on moving the field beyond medically reductionist, technological, ahistorical accounts of suicide towards complex, locally situated, historically and politically informed moral engagement” (2022: 5)

McDermott and Roen (2012), whilst discussing online content, only do so as data for their focus on queerness and self-harm. My research extends the “qualitative turn” and “ethical commitment” to the study of user generated self-harm content itself. As this chapter has argued, prior research in this area has failed to move beyond the framework of medicalised recovery, where I instead

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[2] See page 13 for my explanation regarding why I use the term ‘self-harm’. If any area of study were to be named, there would need to be a broader discussion of whether ‘self-harm’, ‘self-injury’, or other language was used.

highlight the “complex, locally situated” landscape of the affects, materialities, and narrations of self-harm online.

With regards to the “qualitative turn”, I now move on to discuss my methodology.

Chapter 3

Mixing Methods and Messy-ness: The Difficulties of Participatory Research

I. Introduction

Sybille Lammes notes that “Methods only come into being as part of complex and dynamic assemblages that can at times confuse us” (2018: 149). Starting in 2019, the Coronavirus pandemic began only five months into my studies. Attempts to work with organisations as part of a participatory collaborative project become impossible in a context of underfunding, isolation, and limited capacity. Yet, through engaging with the complexities of the world, this ‘mess’ (Law, 2004) led to an innovative, multimodal, caring method that, while certainly is not linear in approach, managed to answer my research questions and engage in a crucial participatory ethic.

My continued attempts at recruitment led to six participants enlisted through social media: Delia, Diana, Ray, Maya, Ruth, and Lily. Three of these individuals I met online, solely over Zoom, and three I met in person. I had not framed these meetings as interviews, but as conversations, with the aim initially of discovering the reasons these individuals had volunteered their involvement. Through this, I wished to work out what collective goals and methodological processes we could take forward to further participatory work. Whilst this occurred in part, each of these discussions ended up being more similar to a one-off in-depth interview - each participant mentioning capacity issues with further participatory work.

Due to these capacity related issues, as well as Covid-19 restrictions and wishing to remain with the ethos of participation, I decided to undertake two digital methods. The first of these was a quantitative digital method. Here, I ‘scraped’ 600 posts from three different hashtags on Tumblr: “#self harm”, “#self h@rm” and “#mental health”. This led to a thematic and content analysis categorisation of posts by their form – text, video, etc – the affect contained within them – hopefulness, loneliness, desire to self-harm, etc – and by the other coexisting hashtags with which each post had been tagged. This method, based on content at a snapshot in time and on only one platform, does have use, but is limited in its ability to show the dynamism and temporal aspects of social media interaction. Taking from literature on walking as a research method (Back, 2008; Bates and Rhys-Taylor, 2018), “rhythmanalysis” (Lyon, 2021), and movement methods (Büscher's, 2018), I theorise a second digital approach, that of journeying through online space in an embodied and affective manner.

With the broad range of methods undertaken, this chapter is split into multiple parts. Section two covers my methodological influences, and resulting requirement for practice-based participatory research. Sections three through seven detail work done with participants, covering recruitment methods, my sample, and the discussions that occurred. Sections eight to ten cover my two digital methods: scraping and the subsequent content analysis, and a journey across platforms and hashtags. This chapter does not focus in on the zine or the process of analysis, another key part of any methodology, these forming the centre of Chapter 4.

II. Mental Health and the Need for Participatory Methods

As covered extensively in Chapter 2, there has been a trend towards psychiatric survivor/service-user involvement since the 1990s in the health sciences (Cresswell, 2005; Millard, 2015). This inclusion into care practice is explained in a briefing from the National Survivor User Network as: "Service user involvement is about making sure mental health services, organisations and policies are led and shaped by the people best placed to know what works: people who use mental health services. They are experts by experience" (2014). Within this explanation, service-user involvement is framed as necessary because of its use in improving healthcare. Users are "experts by experience", and, as such, have much needed knowledge, that psychiatrists and clinicians do not, on how best to run mental health systems.

This reasoning shifts knowledge creation towards something based in lived experience, placing it as at least as useful as scientific research in establishing healthcare policy. However, whilst lived experience is posited as important to improving practice, the argument for service user involvement does not necessarily justify the case that users *lead* research, just that there should be *involvement* in otherwise scientific processes.

Broadening our knowledge basis towards one based in lived experience is certainly crucial. However, a different, more political, element of the move to psychiatric survivor/service-user involved research has been more influential in determining my methodology. Instead of focusing on the more limited concern of how inclusion could improve data, psychiatric survivors' arguments are often based in a discussion of who has the right to the management of disabled bodies. The MPU declaration of intent from 1973, for example, lists a number of demands focused on giving choice back to people otherwise deemed too mentally unwell to make their own decisions (Survivors History Group, n.d). The reasoning given for these demands does not arise solely from a need to improve care, though this does feature, it also being about returning decision making back to those who will face the potential consequences.

This ethical and politicised shift of power has consequence for social research as well as medical sciences. Chaney (2020) notes, from the discipline of history, there is rising consensus within the survivor/service-user community that to do research on self-harm you 'ought' to have a personal connection to the topic. This 'ought' arises from a long history of research being done on patients, rather than with, and for the benefit of them.

Given these changes in medical and social research I was drawn towards literature on participatory methods, specifically to CBPR. CBPR is a methodology based in communities' demands to have more say over research aims, analysis of data, and action resulting from studies. At the same time as being based in a desire for increased survivor/service-user inclusion, Hacker states that: "The goal of CBPR is to create an effective translational process that will increase bidirectional connections between academics and the communities they study" (2013: 2). The aim is not just to include communities in academia, but also to include academia in the community. The push for greater academic inclusion in community work leads CBPR to often be practice-based.

Hacker explains the relationship between researcher and researched as: "there is a close linkage between the academic pursuit of generalizable knowledge and the use of that knowledge for action at the local level" (Hacker, 2013: 2). Where traditionally it was understood that methods were tools social scientists used to explore what was happening *out there* – with the researcher being a neutral observer – modern theorisation positions the researcher and their interlocutors as constructing the data in the specificities of their local interaction. Savage (2013) frames this relationship as a 'double social life' of methods: the interactions we have with our participants are socially and temporally constructed; and in turn, our use of methods, analysis, and dissemination play a role in producing the issue we are studying.

Importantly then, whilst participatory research is about community inclusion in academia, it also requires us to think about the worlds we wish to build through our methodologies. It is crucial we think about both how the broader socio-historical context produces our data, and how our research, in turn, contributes to the socio-historical present and future.

To explain this further it is useful to return to a distinction made in Chapter 2 where I frame psychiatric survivor groups as distinct from service-user inclusion movements. Psychiatric survivor groups are posited as being political movements aiming for some version of the social model of disability, where service-users focus on efficiency improvement and welfare schemes within care practice. The difference in the claims made and worlds aimed at also reveals itself through method. Psychiatric survivor groups act outside the clinic, are run as unions or grassroots groups, and push for change through demonstrations and self-published zines. Service-user inclusion, alternatively, occurs within the process of rigorous clinical trial alongside professional expertise. This relationship between aim and method is key.

With regards to the aims of my study and its focus on content on social media, Burrows and Savage (2014) highlight how empirical sociology appears to be losing ground to large technology companies who can gather and analyse data much faster and who have significantly more influence. Individual social researchers, therefore, need to consider what they can offer that is distinct. Do we wish to add to the increasing dominance of big data and technology companies through our sociological work (Burrows and Savage, 2014; Savage and Burrows, 2007)? Or do we wish to “take up [our] pens (and cameras, paintbrushes, bodies and voices)” to conduct “ground-level guerrilla warfare against the oppressive structures of our everyday lives” (Finley 2005: 689)?

The language of “paintbrushes, cameras, bodies and voices”, is furthered by Back and Puwar (2012) who argue that to “craft” an alternate future requires the liveliness of multimedia tools, the digital, and participatory practice external to the confines of the university.

Whilst “ground-level guerrilla warfare” is perhaps hyperbole with regards to my practice, the framing of the researcher as acting at the grassroots fits my intent. As is discussed further in Chapters 6 and 7, regulation often begins with an assumption of contagion. Even where users’ perspectives are taken into account, this lens prioritises an analysis of self-harm as risky. For example, it is reported in a Samaritans paper that 76% of respondents “had self-harmed more severely, “sometimes” or “often” because of viewing self-harm content online” (2022a: 4). Beginning the report with this statistic frames the increase in severity as *the* significant problem in need of being resolved. The resulting conclusions, therefore, are also framed in this manner – content is bad and is only beneficial where it supports recovery. Whilst making an important contribution, this framework ends up being unable to grapple with the wide range of affects available online. Instead, I begin with these affects, and read them against existing regulation.

Resultingly, I specified my eligibility criteria for participants as those who use or have used social media to view or post about self-harm, and who have, or are currently, self-harming. Having self-harmed and viewing related social media content is not a homogenous experience, and my intent is not to suggest lived experience necessarily goes against dominant framings as found in the Samaritans article. Instead, it is an attempt to start by listening, as Back (2007) suggests we should, to the complex ways life is narrated. As I come on to discuss in Chapters 6 and 7, participants did reinforce the language of harm and risk, but did so at the same time as moving beyond, critiquing, and temporally situating the singular dominant narrative.

III. Recruitment and Challenges to Participatory Research

Whilst my intent at the outset was to carry out a method where I, as researcher, was in as equal a position to participants as possible, the realities of practice were more complex. I started recruiting participants in 2020, the same year Coronavirus lockdowns occurred in the U.K. With none of the 2021 national recovery funding being allocated to mental health (Mind, 2023), a lack of individual capacity, as well as limited willingness from grassroots groups to work with academics, significant changes to the original plan had to occur.

I started recruitment with the aim of working with a mental health organisation. The intent here was to follow a suggestion, mentioned by Yasmin Gunaratnam and Carrie Hamilton (2017), to provide support through a non-governmental organisation (NGO), charity, or community group that would benefit participants directly, but also further a broader policy or campaign goal. Resultingly, my research questions and method would be decided together with participants, who would be recruited with help from the organisation, and with the organisation itself. This would ensure my research would be collaborative rather than extractive. In practice, just as in the case discussed by Gunaratnam and Hamilton (2017), I faced barriers that arose from the everyday realities of participatory research. I have categorised the hurdles I faced into three main practical and ethical issues.

The first was the impact of Coronavirus and lack of organisational funding.

I began my recruitment by emailing organisations with offers to support their current research and practice using my institutional funding. The most common response I received when emailing organisations was silence. I never heard back from c. 40 groups.

The next largest grouping of emails were ones stating that resources were being stretched due to Coronavirus – charities and NGOs having less funding while needing to provide more care. As a result, these organisations all mentioned being unable to collaborate on research. I received 5 of these emails.

I received one email from a charity that conducted weekly arts and crafts workshops for anyone under 25 with mental health problems, who stated that they would like to work together. My original email had suggested that I could help by providing crafting materials and running sessions, as well as discussing with them what else would be useful. In turn I would record the workshops and artworks made to use as data. The email exchanges we had were positive, though slow. However, after a few months of discussion I received an email stating that they had lost all funding after attendance dropped off with the move online following the Coronavirus lockdowns, therefore they were shutting down.

Recruitment issues posed by overworked and underfunded charity and NGO staff limited the possibilities of my participatory research. None of these groups expressed opposition to my project, rather had to spend the limited resources they had on trying to survive and provide a baseline standard of care.

The second barrier to my desire for participatory work went beyond a generalised lack of capacity, instead consisting of a lack of capacity for my specific critical topic of study.

With one charity, I had a significant email exchange that resulted in a Zoom call. Yet, this relationship also did not result in research collaboration. This was partially because of increased pressure from Coronavirus, as with the other organisations, but, more than this, the lack of capacity was specific to my research framing. As mentioned, part of my intent was to decide my research questions alongside the groups I was working with. However, the underlying ethic of my research, examining online space as a site of affect and care beyond recovery, was not open to change. This organisation had online self-harm content as a focus of their research, which led to an informative discussion and useful signposting to resources, yet, in concluding the call, the staff members I spoke to mentioned that the charity’s focus was on reducing risk and preventing possible harm – the exact discourses I was attempting to critique. The staff members I spoke to had personal interest in my work, but with research and training on ways to reduce harm being a major income source for the organisation, they did not have capacity to broaden their scope.

The work the charity does is important, I am not attempting to critique them here. Instead, I mention this situation to note that research with a critical positioning potentially faces issues beyond the general lack of capacity within mental health care.

The third and final limitation I faced in my attempts to run participatory research with pre-existing organisations came from my exchanges with grassroots psychiatric survivor groups.

As well as contacting funded groups with charitable status, I also reached out to grassroots campaigns. As with the charities I contacted, I mostly received no response. The two messages I did receive back both contained a similar sentiment to each other. As grassroots campaigns positioning themselves as psychiatric survivor led, they did not work with researchers. Both campaigns made clear that mental health workers were not welcome at their events in any capacity. They did not take the same absolute stance with researchers, and I was told that, whilst I was not welcome as an academic, I could attend meetings and demonstrations as someone with lived experience.

The justification given for this followed a similar reasoning to that mentioned at the beginning of this chapter. The campaign groups wished to be spaces of shared lived experience and resistance, rather than simply another space where individuals with mental illnesses were ‘studied’. I had attempted to convey in my original messaging that, with my participatory intent, I was not aiming to ‘study’ people in any traditional sense. Instead, I mentioned my desire to work with the group to decide how best to funnel resources from my institutional position to campaigns they were working on. However, as the responses I received correctly noted, these institutional resources came with strings attached. Regardless of my participatory intent, I would still have to collect data and conduct some form of research to gain my PhD.

For these grassroots campaigns, participatory research with an academic who is looking to gain some form of personal benefit – in my case, my PhD – had the potential to replicate the power dynamics of mental health services. Certain bodies would be studied, and someone would be doing the studying[3]. This position is repeated in multiple articles in Asylum, a magazine based in

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[3] I have since run an event as part of the Sociological Review Seminar Series 2024 titled *Activist Research: Methods Beyond Academia*, in collaboration with some of the organisers in one of these groups. It led to a productive discussion about how institutional researchers might best funnel resources into grassroots campaigning.

the U.K. that focuses on critique and the lived experience of “sufferers and professionals” (Asylum, 2020). A recent article discussing the rise of Mad Studies in universities, for example, states:

> “I don’t want to see just enough change so that institutions include the more palatable Mad people in their existing spaces. I want radical, transformational change so that angry activists, and those who don’t fit into tidy societal boxes, are not repeatedly left behind. To effectively challenge harmful and oppressive institutions we need to be wary of becoming deeply embedded in them ourselves.” (Archibald, 2024)

After two years of attempting to reach out to organisations, and significant delay to my work, these challenges meant I had to change my method. I mention this not just to account for the delay in my research process, but also because this shift in method defined the practice that ended up occurring. As John Law (2004) notes, the world is messy, and attempts to engage with it cannot ignore this. Part of conducting a participatory method is realising the impracticalities of doing so in a world burdened by monetary concerns, global health crises, extractive relations, and limited time. This is not to say that I intended to move away from participatory research, rather, I had to find a new way of recruiting participants.

It was here that I decided to recruit participants directly rather than through an organisation. Where a large part of the participatory nature of my study originally centred around helping an organisation, this change required me to find ways of collaborating on research questions and methodological process more directly with those who met my eligibility criteria. Ultimately, if a pre-existing organisation is not involved, research practice must be smaller and more localised. This is not a negative however, as, returning to my discussion in Chapter 2, it is the local and everyday I am intending to study.

IV. Recruiting through Social Media

Given my topic of study involved social media users, I decided to recruit through the online platforms that participants would be using. This approach proved to be relatively effective. With more time, the potential for outreach provided by online spaces could be of significant benefit to participatory research.

Whilst I intended to contact participants directly instead of through an organisation, I did not want to send individual messages to users’ blogs. Many bloggers appeared only to use their accounts in moments of crisis – posting about their strong desire to harm, venting about their life, and posting pictures of cuts. Therefore, I was concerned that if I directly messaged someone, there was the possibility that they would next log on in a moment of anger or sadness, and instead of receiving support, be faced with a request to help with a research project. In addition, I recognised that as I am not a trained therapist, it would not be possible to open a conversation with an offer of support.

Although I could help direct people to other services, I was not sure how useful this would be, with crisis-lines are already signposted across the platforms, as detailed in Chapter 5.

There were three instances where I messaged users directly. Each of these instances were to blogs run by mental health ‘influencers’ with a significant number of followers. Of these three messages, I received one response. After a brief exchange, I decided the individual would not fit the sample I was aiming for. Their online engagement, as someone who posted daily to over 100 thousand followers from a recovery-oriented perspective, and had previously been interviewed by newspapers, was not the experience of social media use I was aiming to study.

As a result of these ethical and practical concerns, I decided to recruit by posting from new accounts which I set up as part of my research project. Accordingly, these posts would be seen by people on their timelines and feeds, but would not be direct messages to anyone. Therefore, people could choose to be involved if interested, and if they were not, the post would just be one amongst many to scroll past. I set up new accounts on Twitter, TikTok, and Tumblr. I had originally intended to post to Instagram as well, but content on this platform functions around following specific blogs rather than public hashtags, therefore this would not have worked for my intended use. On TikTok and Tumblr these hashtags included: “#self-harm”, “#self harm”, “#mental health”, “#sh”, “#BPD”, “#vent”, “#cut” and “#self h@rm”. On Twitter I did not use hashtags, rather messaged a range of other users on the platform asking them to share the posts.

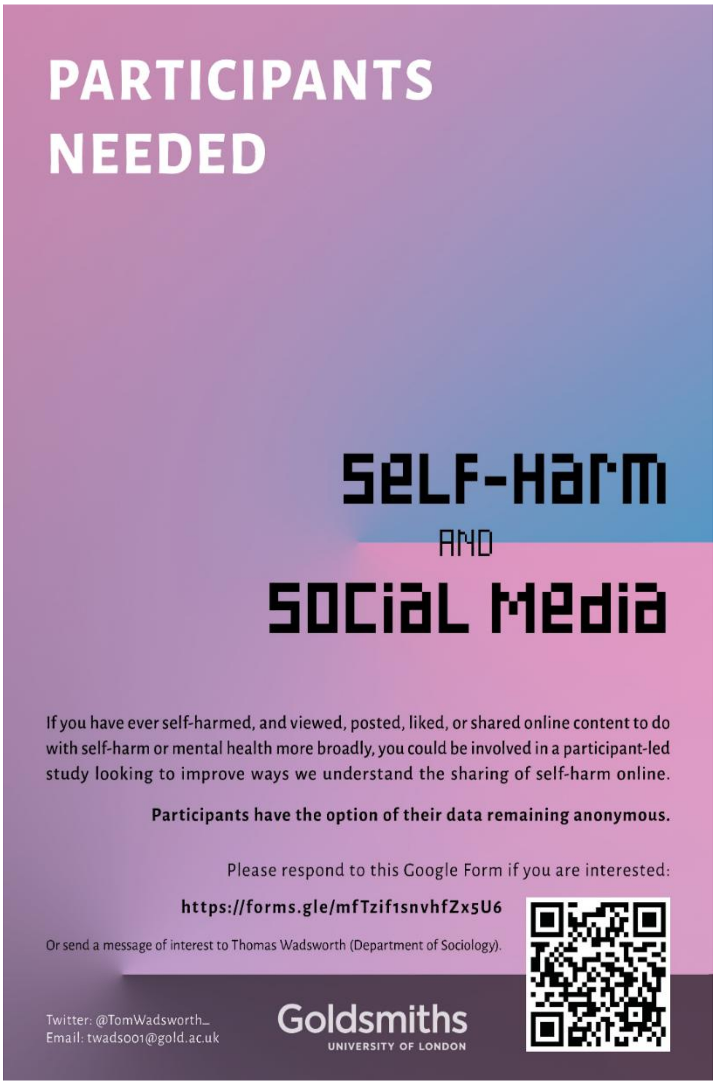
The new accounts I set up were linked to my university email address so I could clearly separate my personal and work social media accounts. From searching “#self harm” on my personal accounts as part of early research, my ‘recommended for you’ pages were already becoming dominated by self-harm and eating disorder content, and I did not want this to continue.

I posted content for a month before advertising my research on each platform, in order to make the new accounts seem more legitimate to potential users. I hired a graphic designer using funding I received from the British Sociological Association (BSA) *Phil Strong Memorial Prize* to create a poster (see Fig. 1).

This poster was shared on each platform, with a linked Google Form for people to complete if interested in participating.

The linked Google Form began with a short explanation of who I was, and what the research project consisted of. Beyond this, I noted that filling in the form was not a commitment to taking part, but, if it was completed, I would be in contact. I also detailed my GDPR compliance measures and stated that all information on the Google Form would be deleted once contact had been made.

The form required: names, stating that people could use a pseudonym if desired; ages; preferred form of contact; and whether they had viewed or posted about mental health on social media. I also left an optional box, labelled ‘any other comments’. I shared the call for participants multiple times across the course of three months and asked friends and colleagues to share it further.



PARTICIPANTS
NEEDED

Self-Harm
and
Social Media

If you have ever self-harmed, and viewed, posted, liked, or shared online content to do with self-harm or mental health more broadly, you could be involved in a participant-led study looking to improve ways we understand the sharing of self-harm online.

Participants have the option of their data remaining anonymous.

Please respond to this Google Form if you are interested:

https://forms.gle/mfTzif1snvhfZx5U6

Or send a message of interest to Thomas Wadsworth (Department of Sociology).

Twitter: @TomWadsworth_
Email: twads001@gold.ac.uk

Goldsmiths
UNIVERSITY OF LONDON

Figure 1. Call for Participants Poster Used on Social Media

I received 32 responses to the form. Of these, 4 people asked to be contacted by phone, and the other 28 by email. The ages of those who filled in their details ranged between 13 and 45. With a median of 26 and interquartile range of 21 to 29, the ages were mostly grouped in the mid to late 20s. In response to the question of if people had viewed, posted, or shared content about mental health, 29 people said yes and three said no. Most people left the ‘any other comment’ box unanswered, though 10 people wrote a few sentences detailing their mental health and social media use histories.

Given my eligibility criteria involved working with people who had self-harmed and engaged with related content on social media, those who said no to viewing, posting, and sharing were ineligible as participants. Moreover, I did not have ethical approval to work with under 18-year-olds. One of the people who was eligible was someone I knew and did not feel comfortable discussing the topic with. Removing these individuals left 25 people to contact.

Whilst 25 individuals would have been a large sample, there was a high drop off rate between those who filled in the form and those who answered once contacted. Most individuals never responded at all, and 3 people responded initially but stopped after one or two messages. I ended up having conversations with only seven people.

If I were to do this form again, I would add a section asking how individuals came across the call for participants. It is difficult to evaluate its effectiveness without this information.

All seven individuals were based in the U.K. This suggests that calls for participants on social media do not necessarily have an extensive reach beyond the geographical placement of the researcher. I imagine this restriction was reinforced by my colleagues and friends sharing the poster, all of whom are also based in the U.K. The specificity of participants geographic location was beneficial to my research however, as the regulation and media discourse I wanted to respond to arose from the U.K. Due to all seven individuals being easily reachable for an in-person meeting, I offered the choice of a Zoom call or a one-to-one meeting in a location of their choice. 4 people decided to proceed with a call online, and 3 in person. The 3 people who I met in person were all based in London.

When sending over the Zoom link or confirming the time and location for us to meet in person I also attached an Information Sheet and Consent Form, noting that these could be read beforehand but that we would go through them further at the start of our recorded discussion.

Before moving on to outline the participants, it is important to note that one of these seven individuals refused to sign the Consent Form as they took issue with the following paragraph:

> I understand that all data collected from me will be kept entirely confidential between me and the researcher, however that there are exceptions to this. If I notify the researcher that someone else is at risk of harm, that I am in serious danger or risk of suicide or ending my life, or that I provide information of sexual, physical, or other abuse they may have to notify relevant authorities. If this occurs, I understand that the researcher will, in the first instance, discuss this with me, but may also be required to notify relevant authorities even without my permission.

I felt that the inclusion of this statement, which required a yes or no response, was necessary given the nature of my research, however, I wanted to be as clear as possible over what would lead me to break the confidentiality of the discussions. The intent here was that, through being clear over what could lead to a breach of confidentiality, conversations of suicide ideation and desire to self-harm would remain open, while at the same time giving participants power to navigate the choice of what to reveal to me. After reading a number of sources, I based the wording of this paragraph on a suggestion from Elizabeth Lloyd-Richardson and colleagues (2015).

The individual who did not sign the consent form was concerned that, if someone raised an issue that led to me having to break confidentiality, this paragraph was suggesting I would “notify relevant authorities” potentially “even without … permission”. It was noted that, in many cases, contacting “relevant authorities” could cause more harm than benefit, and that if someone asked for medical services, the police, or otherwise to not be contacted, they could be doing so for important reasons. As such, the individual felt that if these topics were brought up, and participants did not want any authority to be contacted, I could not provide support without causing further harm.

This is a relevant critique. While the specific authorities I had planned to contact would have varied depending on the circumstances, I certainly was not prepared well enough for if this had occurred. If I were to repeat this research, I would prioritise working with a therapist or support worker to make sure they are available to direct people to during and after our conversations.

The person who raised this issue initially agreed that I could store a recording of our conversation and that I would get back to them with an amended version of the consent form. However, I ultimately decided that the inclusion of this clause was necessary to protect myself and others. Moreover, the individual in question only had limited experience with social media use, and many of the resources we discussed were subsequently raised by other participants. Resultingly, I deleted the recording of our conversation, and, after continuing contact for three emails after our call, our conversation went silent.

In my ethical approval application to the university, as well as throughout the research process, I try to resist the idea that people who self-harm are “vulnerable”, as per the wording of Goldsmiths Research Ethics and Integrity Sub-Committee. The topic is certainly a “sensitive topic” (Lee, 1993), in that conversations pose a potential risk to me and the participants, however, discussing harm does not necessarily produce further harm. As I come on to discuss later in this chapter, self-harm can be humorous and full of laughter. Regardless, the risk is still there and further research should do more to grapple with what a beneficial response in an instance of needing to break confidentiality might entail.

V. The Participants

After deleting the recording of the person who refused to sign the Consent Form, I was left with six participants. I asked each individual if they would like to use a pseudonym to allow for anonymity, and all six provided one for me to use. Pseudonyms were not a requirement as, with my intent to conduct an arts-based method, I wished to let participants navigate for themselves any statement of ownership over artefacts created if publicly disseminated. Potential risks of non-anonymisation would have been discussed with anyone who preferred to use their actual name, but this did not occur.

The six participants were: Ruth, Ray, Lily, Diana, Delia, and Maya. Their information is summarised in the table below:

	Age	Gender	Race/Ethnicity	Met Over Zoom or In Person	Platforms Used
Ruth	27	Cis Woman	White Irish	Zoom	Tumblr, TikTok, Instagram, Twitter
Ray	24	Non-Binary	Indian	In Person	Tumblr, TikTok, Instagram
Lily	25	Cis Woman	White British	In Person	Tumblr, TikTok, Instagram
Diana	29	Non-Binary	White British	In Person	Tumblr, Instagram, Twitter
Delia	30	Cis Woman	White British	Zoom	Tumblr, Instagram, Twitter
Maya	27	Trans Woman	Punjabi	Zoom	Tumblr, Instagram, Twitter

Table 1. Table of Participants

Although this sample is limited, six participants being less than I had hoped for, the in-depth conversations, combined with my other digital methods and practice piece, still resulted in a significant amount of data.

All six individuals are either women or non-binary. Whilst this represents visible content online, also mostly being from women or individuals with ‘they’ pronouns in their bios, I had wished for a broader sample to not reinforce the gendering further. The same is true for queerness, all the participants mentioned being queer or questioning. Especially on Tumblr and TikTok a significant proportion of self-harm content is about queer and trans lived experience, as detailed in Chapter 5. Whilst, again, my sample appears to represent the population being studied, I acknowledge that having no representation from individuals who are not queer is a limitation.

Furthermore, four of my six participants described themselves as white, one as Indian, and one as Punjabi. As mentioned in Chapter 2, mental health research has historically been dominated by white participants, and this research does not do much to counter that. Ray, the individual who described themselves as Indian, was the participant I spent the most time with, however this does not make up for two thirds of my sample being white. Especially important is the lack of participants racialised as black, who are significantly overrepresented in mental health detentions under the Mental Health Act, as opposed to five of my six participants identities making up three of the four least detained groups - white Irish, white British, and Indian (U.K. Government, 2023). Forcible detention will not have been the only lived experience absent from my research. With papers from the discipline of Critical Race Theory stating the need to focus on black joy rather than just the violence of oppression (Steele and Lu, 2018), important communities of care and support beyond ones framed around imagery of white skin will be missing.

There was a good range of social media usage, covering TikTok, Instagram, Tumblr, and Twitter. However, due to the decline of Tumblr and rise of TikTok across the late 2010s, I suspect the age range of participants being 24-30 had an impact on our focus. Ray was the only person to speak about TikTok at length, and they were the youngest person in my sample. Each individuals' age was particularly significant as each participant spoke of a past, rather than present, of engaging with content. Tumblr is still used and has historically been the centre of self-harm content, but more people in their early 20s, and more TikTok users, would have been beneficial.

The sample consisting of people who mostly viewed content they considered "self-harm content" in the past and "recovery" content in the present is another issue. However, this is a restriction that is difficult to get around. In later chapters I frame many online spaces as those where users are often in moments of crisis, have not spoken about their mental health with anyone extensively, and are not receiving external support. Recruiting this group as an individual researcher would not only be extremely hard, but also ethically problematic. As already mentioned, I am not confident I have the required skills to help someone in a crisis.

My categorisation of users as 'in crisis' and 'in private' certainly does not cover everyone. Moreover, I recognise that classifying the population I am studying as 'risky' and stating that I would need a 'professional' for safeguarding support potentially goes against the aim of this research. To clarify, I am not stating that every participant would be 'risky', rather, that due to the intense affect being presented in posts, if an issue were to occur, I would like to be able to handle the situation safely and effectively for the benefit of participants. The 'risky-ness' is not a claim of the population being too 'vulnerable' and 'emotional', rather, that due to the ethical duties that would arise through my role a researcher, I would want to be working closely with an organisation who could help provide support or care. I set out earlier in this Chapter why I was not able to secure this necessary level of professional support.

Examining my sample further, when discussing the nature of self-harm, participants mostly mentioned self-cutting. Every individual spoke of wrist, arm, or thigh cuts, combined with gestures or looks towards the area they had harmed whilst speaking about it. Every participant also mentioned having received medical support regarding an eating disorder. The focus on cutting and link to eating disorders, once more, represents the visible population online, but is not varied. Most content online is to do with cutting, and, as I discuss in Chapter 5, a large percentage of the posts I viewed were also hash-tagged with some variant of "#eatingdisorder", "#anorexia", or similar.

To conclude, I acknowledge that my sample is limited. Whilst it represents the visible population of the online content I am studying – mostly women, images of scars from cuts on white skin, queer, with eating disorders – this is not necessarily a positive. The lack of variety in the sample only reinforces the dominance of one visible group of individuals within self-harm discourse. Clinical research has historically been conducted with white participants, media depiction is of concerned parents for their young daughters, and self-harm is reduced to cutting. With my research positioning itself as moving beyond dominant discourse, my sample does little to help in this aim.

However, the data gathered did still lead to important conclusions. Having a sample that represents those who are dominant in self-harm discourse results in it being possible to show that, even within this limited group, 'recovery' and regulation flatten the wide range of affect and experience. Yet, generalisation is certainly not possible until more work is done.

VI. Discussions with Participants Over Zoom

After contacting all six participants, I met them individually for an introductory discussion. This was not framed as an interview. I was not, in these first meetings, attempting to collect data and answer research questions. Instead, I was trying to work out why people wanted to be involved, and through this, come to decide on the research questions and next steps of the method.

In Table 1 I note whether I met someone in person or via Zoom. This became a key split in the ways I interacted with each participant. I gave everyone the option of meeting in person or online, and Ruth, Delia, and Maya all decided on a Zoom call. Delia stated this was because she was worried about Coronavirus, and the other two individuals gave no reason. Each of these 3 people I ended up only seeing once, and these interactions became interviews rather than the intended introductory discussions.

The Zoom calls all started with me asking if I could begin the recording, with us then moving on to the information sheet and the Consent Form. After this, my first question was to ask each participant why they had filled in the Google Form and wanted to be involved in the study. This question was intended to lead to further discussion of what individuals wanted to do as part of the research, however, the open-ended line of questioning had drawbacks within the video call format.

It was difficult, through online video call discussions, to be able to discern non-verbal forms of communication. Consequently, for the most part, the video calls were relatively flat and formal. Through a close-up of a face on my screen, the range of body movements and tonal elements possible to discern were limited, resulting in difficulties gauging how participants were feeling. These difficulties led me to become more reserved myself, leading to me rushing into questions instead of allowing time for silences and small talk, both crucial to qualitative methods (Kawabata and Gastaldo, 2015). Yet, the medium is also to blame. I am not the first person to cite the difficulties of silences in online video calls (Clark, 2020). Where in-person meetings require the process of greeting each other, video calls suddenly thrust you into close one-to-one calls – an experience mostly associated with work and, at the time, the Coronavirus lockdowns.

The calls occasionally also lagged and froze, though not for extended periods of time. Whilst I had made sure to be in a building with good internet connection, the quality of the video also relied on participants' technology. Even though the freezing was minor, it occurred on all 3 calls.

Freezing videos and limited ability to see and interpret body movements are not major issues. However, they impact the "psycho-social space" of the research interaction. This concept, theorised by Gunaratnam (2003), posits that our research interactions are co-created by the researcher and participants, but also through the physical space and broader social context of the meeting. Gunaratnam mentions four main qualities that effect the research encounter: the social context, embodied activities, subjective processes, and the physical research environment. Working on 'sensitive methods' she discusses these four areas as guiding each individual's navigation of their sense of "'safety' and 'danger', and [where] power relations can be multiple and shifting" (2003: 157). That is to say, the psychological and social space created by the research interaction can restrict or open conversation through feelings of comfort, safety, danger, boredom, and so on – especially when it comes to topics of a sensitive and difficult nature.

In the case of the meetings I had with participants online, 'embodied activities' were hidden out of frame and silences were difficult to sit with. Whilst I would not say any participant necessarily felt the space was one that entailed 'risk', the psycho-social space was certainly not conducive to participatory work – I asked questions, and participants answered, but that was all.

I kept in contact with Ruth, Delia, and Maya after each call ended, however none of them wished to be involved in further work. None of them cited any annoyance or failure from the calls, rather just that time constraints meant they were limited in how much they could be involved. I suspect, however, if a different relationship had been built and the conversation had felt less like a standard formal interview they might have been more excited and willing to participate further.

This is not to say the calls were a failure. They lasted 30 to 45 minutes each, and participants spoke about their self-harm and social media use in ways that were important and relevant to my analysis. However, as can be seen in a comparison of the number of times each participant is cited throughout this text, far more data was generated from the in-person interactions.

With my research being on digital interactions I had hoped that holding discussions online would add to the method rather than detract. This certainly could have been the case, with many methodological reflections being published towards the end of the Coronavirus lockdowns in 2022 (just after I had finished conducting Zoom calls), reflecting on the pros and cons of online approaches. Claudia Sattler and colleagues (2022) specifically discuss participatory research and the Coronavirus pandemic, noting many potential benefits, such as the ability to reach a broader network.

Reflecting on my practice, there was one instance where the Zoom calls supported this research in a manner in-person discussions could not. Sattler et al. (2022) mention that to do online participatory research effectively you need to make use of the multi-media toolkit available to you through the medium of the computer and internet. One method they propose involves sharing screens and drawing on digital canvasses together. In my discussion with Delia we started talking about zines, which came up in multiple participants discussions, and, using the medium available to us, she screenshared with me and showed me a number resources she had found throughout her social media use. This would not have been possible offline, and the resulting discussion was influential in the practice I finally settled on.

Following from these problems and benefits, if I were to attempt qualitative research online again, I would adjust my approach. If possible, I would attempt to meet face to face to build some rapport before a later move online. If not, then the format of any discussion would have to consider the psycho-social space, my facilitation abilities, and creative approaches more seriously. Just as Sattler and colleagues (2022) suggest drawing on digital canvasses together, I, for a different project that occurred after I had finished conducting these calls, co-facilitated online group discussions using Miro, a website that allows users to collectively create mood boards. These interactions were far more engaging. The multi-media possibilities of technology need to be carefully incorporated into method if online research is to allow for participatory-ness and not just default to the formalities of researcher and researched.

VII. Discussions with Participants In Person

Moving to the offline conversations with Diana, Lily, and Ray, each felt less formal. I asked them where they wished to meet, and ended up seeing Diana and Ray in their houses, and Lily at a café near their workplace. When meeting Diana and Ray I turned up with food, and, for Lily, I paid for our lunches. This noticeably set a different tone to the conversations that occurred online.

Where online conversation had been more restrictive, discussion offline contained laughter and humour and appeared to do more to bridge the separation between researcher and researched. In person I was able to conduct small talk for 10 to 15 minutes with each participant before asking if I could start recording. Whilst this began with some awkwardness, the extra time to become comfortable resulted in longer and more detailed responses from the outset. On top of this, the ability to recognise non-verbal cues, such as nodding and hand gestures when speaking, helped ease me into the interaction.

The humour involved in our conversation reminded me of Chandler's (2016) analysis of her research. The light-heartedness of discourse when discussing the topic of self-harm might, at first, appear problematic through the normalising of a harmful action. However, as Chandler notes, humour can be an important way to cope with discussion of a distressing topic, as well as "mark our status as an insider" (2016: 4). In Chapter 7, I examine the discourse of 'normalisation' in relation to coping and making light of self-harm, as much content online consists of memes and jokes. Relevant to my methodology is the notion of being an 'insider'. Through sharing laughter, the participants and I were noting shared experience, especially important when many accounts place self-harm as something "so sheer that it is virtually impossible for anyone to bear witness to it" (Kilby, 2001: 124).

Yet, as multiple researchers who have self-harmed note, description of the self as an insider, and the use of personal lived experience, are complicated. Chandler states that, whilst they do share some experiences with others who have self-harmed, "self-injury encompasses a hugely diverse range of practices and positions" and "resists easy categorisation" (2016: 4-5). Moreover, Chaney (2020), in their article titled *Am I a Researcher or a Self-Harmer*, discusses how, as a researcher, the deployment of their personal lived experience comes with the danger of universalising one particular biography. Millard repeats this, noting that "when 'personal experience' is used in academic work, we should be aware of how implicated it is in a set of contingent histories, and how through these histories, it comes with a tendency towards naturalising difference" (2020: 196).

My history of self-harm could be significantly different to others, for example, Ray and Diana both spoke of extended inpatient care, something I had not experienced. Resultingly, collective laughter at the ridiculousness of certain affects of crisis or at memes we found online could end up assuming shared experience and flatten our differences.

However, as already mentioned, Chaney points out that due to a long history of research being done on, rather than with, individuals who self-harm: "there is the expectation that [researchers] ought to have" a personal connection with the topic. Further to this, "if this connection is not made explicit, it detracts from the research in some way, or is a personal failing on the researcher" (2020: 163-164). Whether this pressure was intended or not by participants, I certainly felt the need to mention my own personal experience. I did not do so outwardly at the beginning of discussion, rather, waited for a moment near the start of conversation where it felt natural to mention I had experienced what the participant was discussing, or had felt differently with regards to my own use. Chaney notes this "ought" as a negative, demanding personal experience forcibly outing researchers, and homogenising through flattening the variety of experiences of self-harm.

Whilst discussions of personal experience are undoubtably complex, I ensured participants explained their statements further after we laughed together, so as to not assume shared understanding, and, where I did have common experience, it benefitted discussion. For example, Lily and I spoke for over 10 minutes about our experience of secondary school, and how we both had historically downplayed our self-harm.

On top of humour, the physical presence of recording equipment when in person affected the research interaction. I used my phone. Back (2010) examines the history of the interview, and how this is entangled with the development of tape recorders and microphones. The concern he raises is that the recording device has affected our listening, only preserving a purified account of talk and hiding important ‘background’ noise. Yet, Back does not want to abandon his device, he states: “I think my tape-recorder has also been my protector, a kind of sociological shield in situations when I felt at risk or under attack” (2010: 13). The presence of the tape recorder reminds the far-right racists he interviews that they are being recorded, and if he is threatened with legal action for libel later on, he has a recording as proof.

Back’s desire to preserve the tape recorder, yet consider its function critically, is important. The application of this to my research interactions takes on a different manner, however. Where, for Back, the recorder was a shield, for me, instead of the device restricting and shielding, it reduced tension. Early small talk was slightly awkward, though not uncomfortable, but, once my phone was placed on the table and I asked if I could begin recording, the nature of the interaction – no longer as acquaintances but with a purpose and topic – became far smoother.

Moreover, when listening to my recordings, there is a significant amount of background noise. For Back, just tracking the conversation flattens our understanding of the research interaction, which also involves numerous non-verbal gestures and a surrounding environment that can be a “repository for what often remains unsaid” (Back, 2010: 25). During my conversation with Ray, we were still eating the lunch I had brought when I began recording, and part of the way through, we started doing the dishes. This left the sounds full of chewing, and pausing, and me having to pick up the phone and walk around the kitchen with it to make sure the microphone was placed in a way that could still pick up our discussion. It is through these noises that the intensity of our conversation appears. Whilst often containing laughter, this did not mean we both considered the topic not serious. In the non-verbal noise you can hear Ray put down cutlery or splash as they turned around from the washing up to gesture, or extended periods of chewing as an answer was considered without speaking.

In Chapter 6 I discuss Ray’s comment: “Part of it was definitely like, to your followers who you go like, look at this thing I can do, look at this thing I can endure – look at me, like, yeah”. I specifically note the “look at me, like, yeah” is said as an excited ‘look at what I can do!’. This affect partially arises through the tone of their voice, though also from the audio background with a difference between an earlier pause to eat towards a more rapid gesturing with cutlery laid down.

Where the flat and corporate recording device of Zoom hindered discussion, the presence of my phone shifted the offline interaction from awkward small talk to professional and purposeful.

Importantly, the constant reminder to participants that they were being recorded also meant both Lily and Ray, just after stating something they did not wish to be on record, asked for certain comments to be deleted and not repeated.

However, just as with the online calls, my intent for these first meetings was to be open discussions leading to further participatory work. Again, this did not occur. Even with good rapport, the interactions became similar to that of an unstructured interview. I did meet Ray and Diana a second time and had further conversation with Lily through voice notes on WhatsApp, but these interactions were more along the lines of follow-up interviews than any co-production of research. This was, again, as a result of a lack of capacity on behalf of the participants. While very willing to discuss the topic within a limited timeframe, they did not want to commit to further work.

Before moving on to detail my digital methods, it is important to comment on the broader theme of the difficulties of participatory-ness that arose through my work with participants. A large part of the problem occurred due to the restrictions of the Coronavirus pandemic, as I have already detailed. Beyond this, however, when considering that I ended up having to work with individuals directly, rather than through an organisation, I struggled to find exactly what I could offer participants that would lead to them wanting to have a larger role in the work. My opening question in each interview, “Why did you want to be involved in this research?”, received a variety of answers, but each with a common theme of: “I think this research is important”. The motivating factor for meeting me was that each participant wanted to have an input in discourse and research on a topic that was significant to them. This is a major incentive for voluntary participation in research, however, it has its limits.

Where I am an individual researcher, doing a PhD with little institutional support from my university, let alone any metal health organisations or grassroots campaigns, any impact my output could have would be limited and would take a large amount of time and effort to be realised. As a result, I had chosen to locate my research method and output as working on a local and interpersonal scale, in line with my overall thesis conclusions about care and self-harm more broadly. However, whilst participants agreed with the work I was doing, and, as I come on to detail later in this chapter, my practice arose out of the objects and stories they had offered me, putting more time and work in was not something they wished to do.

Local and interpersonal research is a crucial part of CBPR (Hacker, 2013), however, I suggest here that it functions best when a community exists prior to research. Part of my theorising in Chapter 7 details how online self-harm spaces function through aesthetic and affective genres and users following other blogs they specifically relate to, yet I also note that limited interaction occurs in the sense of active communication. Resultingly, while I theorise a community, whether posters consider themselves as part of a community or solely as an individual using social media is a different question. Certainly, grassroots psychiatric survivor groups do exist, but I have mentioned the difficulties I had in collaborating with these campaigns.

When working with individual social media users, the lack of pre-existing structure or unity in experience beyond having self-harmed and gone online, meant finding a collective aim for research and methodological process became difficult. Moreover, whilst I frame online space as a site of resistance, this is not one of having an organised politics or ethic. Whilst I attempted to bring individuals together to create this organisational and political ethic, the labour this required ended up being more than the participants or I could manage.

This critique is not aimed at participants, recruitment is consistently mentioned as an issue in public health research more generally (Hope, 2019; Yancey et al., 2006), and the labour of participatory research is often cited as a limitation (Brown, 2022; Cornish et al., 2023; Hacker, 2013; McTaggart et al., 2017). Where participatory research is discussed within the context of the internet, it is framed as occurring through more tightly knit online communities, such as specific subreddits or forums (Glassman, 2020). I would suggest, for future research, contacting the moderators of “r/selfharm” or other online spaces. Though, here, I would also caution that many online forums, such as the National Self-Harm Network’s website, have created a separate space for research requests due receiving a large quantity. Here, contact with online forums risks contributing to the same problem I faced with grassroots groups – where a space intended for mutual support risks becoming a site of research.

VIII. Online Scraping and Content Analysis

In 2020, as lockdowns resulting from the Coronavirus pandemic lengthened and I struggled to find an organisation to work with, I began to collect data from social media platforms directly. This was originally an attempt to guarantee I had some data in case no participants volunteered their time. However, as I began to conduct the discussions outlined above, I continued with these digital methods as they were returning useful information. Several past studies on self-harm content on social media have combined an analysis of online posts and qualitative interviews (Seko et al., 2015; Lavis and Winter, 2020), and a number of others have operated solely through digital methods (Seko and Lewis, 2018; Shanahan et al., 2019; Lavis and Winter, 2020; Moreno et al., 2016).

I conducted two digital methods: scraping online information followed by a content analysis, and a journey across social media platforms and hashtags. I focus on the data gathered from these methods in Chapter 5.

The first of the digital methods, scraping content from Tumblr, arose from past social research studies on online self-harm content. These used a range of search tools to return the visual and textual content of posts (Seko and Lewis, 2018; Shanahan et al., 2019; Lavis and Winter, 2020) or hashtags (Moreno et al., 2016). Some research worked with large datasets, examining thousands (Cavazos-Rehg et al., 2017) or tens of thousands (Lavis and Winter, 2020) of posts and comments, others worked with a more limited range, focusing on 200-300 posts (Moreno et al., 2016; Seko and Lewis, 2018). The methods that worked with large datasets analysed content using computational tools, with a programme quantifying the number of times certain hashtags appeared, the amount of engagement posts got, and the 'themes' of the content. Posts were categorised into each theme through 'key terms' the programme had been told were expressions of a specified affect. (Cavazos-Rehg et al., 2017). In the smaller scale studies, analysis was conducted by hand rather than computationally.

On top of these past studies, 'scraping' has begun to be introduced into sociology more broadly (Brooker et al., 2018; Marres and Weltevrede, 2013). 'Scraping' refers to the process of 'fetching' a web page – downloading the page through searching for and viewing it – and then capturing certain information on it. It is one of the more "prominent" tools for the automated capture of online data (Marres and Weltevrede, 2013). Phillip Brooker and colleagues (2018), for example, used the 'Beautiful Soup' Python library, a tool for the programming language Python, to automatically fetch and capture data from comments under a Guardian article to do with obesity. They collected data on 1452 comments, including every comments': "comment ID number, parent ID number, author ID number identifying unique comment posters, timestamp detailing the time and data the comment was posted, number of times individual comments were upvoted, and comment text" (Brooker, 2018: 3207). Brooker and colleagues (2018) use the data to map comment interactions and theorise how they operate.

After my attempts to rapidly learn to use Python, I asked a student on the MA Computational Arts course to use the Tumblr Application Programming Interface (API) – the interface that governs how content is searched and returned – and 'Beautiful Soup' Python library to compile data on three hashtags "#self harm", "#self h@rm", and "#mental health" on Tumblr. "#Self harm" was chosen as it is the search on which Tumblr adds a pop-up warning message (see Chapter 5 for more details). "#Self h@rm" and "#mental health" were selected as examples of two hashtags with opposite types of content, "#self h@rm" being largely non-recovery oriented, and "#mental health" containing more hopeful and recovery-based posts. The scraping occurred on 10th December 2022 and returned: the timestamp detailing the date and time of posting, the author ID, the text content if there was any, a HTML link to the post if there was an image so I could search for it, the number of comments, number of reblogs, and number of likes. The first 100 posts on each hashtag's feed when ordered both by "top" most engaged with of all time and "latest" post were then compiled into an Excel document. This resulted in a document containing information on 600 posts, 100 from each of the two feed orderings ('top' and 'latest') for each of the three hashtags.

Scraping is often cited as a useful tool for social research as it allows the researcher to record 'live' information, the programme continuing to return and record fresh data (Marres and Weltevrede, 2013). In my study, however, I used the tool for a different purpose. On Tumblr, posts are constantly being deleted, and new posts taking their place. Resultingly, I wished to map content at a snapshot in time to make sure I accounted for posts that might otherwise disappear. Scraping and compiling the information into an Excel folder provided this archive, allowing me to return to certain posts later in the research process after their potential deletion. This did not apply to images however, as I did not store these on my personal computer, only a link to the post to view if desired.

The BSA (2017) *Ethics Guidelines and Collated Resources for Digital Research* goes into detail about a range of ethical issues regarding digital research. Within this, important points are raised regarding the 'public' nature of posts online and how to navigate issues of consent. Social media posts, while available for anyone to view, have a complex relationship toward visibility. Content might have been posted when an account was set to 'private', which then later was set to 'public' without considering old posts becoming visible. Moreover, individuals, when posting to their personal blogs, might not necessarily be considering the public nature of posting in the same way as someone on the street might. When posting online, content is, mostly, sent to a specific community – friends, others who follow a hashtag, followers – without consideration that anyone can view. These concerns are especially relevant to self-harm content, where, for example, posters on TikTok create videos containing their face, stating how they do not feel able to mention their self-harm to their parents. Yet, by posting to a public platform, their parents can see the content. It is assumed, however, that 'parents' are not part of the TikTok viewership so there is no risk in posting.

These ethical considerations relate to my research as I did not ask users for consent to use their posts. Asking consent for all 600 posts would have taken a long time, and, to some extent, was not necessary. However, this lack of direct consent requires researchers to strictly maintain the anonymity of users and consider broader issues surrounding data storage and information use. Following this, I did not store images to ensure I would have no identifiable data. Moreover, I felt especially uneasy about retaining photographs of users' wounds on my personal computer after they had potentially been removed, for whatever reason, from public access.

Following my scraping and storage of data, I conducted a content analysis. The results of this analysis have been retained as they are anonymised, with the original Excel document deleted. The content analysis focused on three main themes: the form the post took, e.g text only, image, or cartoon; the affect contained within, e.g 'Suicide Ideation', 'Desire to Harm' or 'Hopefulness/Recovery'; and the hashtags other than the one searched for, e.g eight of the posts on "#self harm" when ordered by 'top' also had the hashtag "#recovery". The complete set of categories and related hashtags the content analysis resulted in are detailed in Fig. 3, 4, and 5. in

Chapter 5. Instead of listing the categories here as well, I wish to detail the process through which they arose.

Whilst the scraping had been done computationally, I conducted the content analysis by hand. Where prior studies had attempted to categorise the tone of posts, they had done so through searching for specific terms that the researchers had highlighted as signifying certain affect (Cavazos-Rehg et al., 2017). Whilst beneficial in allowing a large amount of data to be analysed, this process does not generate a comprehensive account of affect contained within. Where users are often being ironic or humorous, posting contrasting images and text and sharing a complex mixture of affects within a single sentence, it was my opinion that I could categorise posts with more care through a closer personal analysis.

Care, here, refers to accuracy, in that I would be able to understand posters intent ‘better’ than a computational process would. However, care is also understood as an ethic towards the posts. I wished to read and view each one myself. The posts contained individuals’ moments of crisis, pain, anger, joy, and more, and were intimate snapshots into users’ lives. Instead of extracting data, running a programme, and moving on, I felt I needed to witness these moments and be affected by them in turn.

Resultingly, I analysed each post in the Excel sheet individually – noting the form, summarising the affect, and listing all the hashtags. I did so all in one sitting, with pauses for rest, over the course of ~50 working hours to guarantee that no post would be deleted, and therefore the image be unavailable, before I could categorise it. I then tallied the results and created pie charts for form and affect, and a histogram for the hashtags, as can be seen in Figs 1, 2, and 3.

The categories for form are self-explanatory, posts consisting of just text are placed under ‘Only Text’ and so on. Where the post contained an image, but the image consisted only of, or the focus was, text, I categorised it as “Text Based Picture/Infographic”. Related hashtags are also relatively self-explanatory. There was no limit on the number of hashtags a post could have, resulting in the data presentation as a histogram rather than pie chart – it represents the frequency of hashtags rather than a percentage of posts. As I discuss further in Chapter 5, certain hashtags were grouped together in the histogram as they served similar purposes for this research, and combining improved the readability of the data.

More complex in my categorisation is the affect contained within each post. This was not a simple process of having a post listed as text only in the Excel file, therefore tallying it as text only. Instead, I viewed each post directly on Tumblr and, through examining the image and caption in context, came to a categorisation. This process was subjective, I as the researcher was attempting to determine the affect, not based on any key terms, rather, through my personal viewing of the posts. Each category is discussed in more detail in Chapter 5, but as an example, the theme ‘Hopefulness/Recovery’ arose through my viewing of posts containing uplifting messages, belief in a better future, or reassurance to others that recovery was possible. An example of a caption on these posts, changed slightly for anonymisation, is: “You are worthy even if you have bad days <3”. Whilst I did this with care, there is the potential for me to have misunderstood a posters intent or have required crucial missing context.

On reflection, as I reviewed all content in one sitting, and did so by hand, it would have been possible to conduct this method without scraping and storing the data in an Excel sheet. I could have searched each hashtag on Tumblr and viewed the posts directly there. There were two benefits provided by scraping however: time saved, and recording data for later. Whilst I conducted my content analysis by hand, having the related hashtags and number of reblogs and comments already listed in a document sped up the process. Moreover, whilst I did not store images, having text and author ID stored for future access allowed me to return to individual posts when finalising my thesis.

IX. Journeying Through Online Space

The second digital method I conducted involved a journey through online space, and a narrativization of the data collected, detailed in Chapter 5. This process builds on sociological literature surrounding the use of walking and movement in research (Back, 2008; Bates and Rhys-Taylor, 2018; Lyon, 2021), applying the method to a digital environment.

Dawn Lyon (2021) details her concept of “rhythmanalysis” as a method that examines the temporal and spatial aspects of a location. One example she raises is that of a fish market. To understand the market, we cannot examine an individual moment of time, or look through the ledgers of which traders were selling on certain days. We must attend the market and hear the shouting, become part of the crowd as it moves, smell the fish, and notice the busy and quiet moments that occur. Researchers’ bodies must be deployed as part of their studies in order to sense the dynamism and affect if we are to create an account of the space. This is true of online platforms as much as it is offline space.

For Lyon (2021), and for Lefebvre (2004) who originally proposed the concept of rhythmanalysis, rhythm is something that is both organised by societal norms, as well as something that arises in response. Rhythm is a feature of social life and the ways we move through it, constructing space and time. Lefebvre (2004) is concerned with, for example, the ways in which capitalism and the city structure the standard workday in a predictable linear fashion to maximise productivity, yet, as individuals move through their day, space for creativity and flourishing beyond their output exist and resist. It is here that the rhythms of social media are important to engage with. Spaces are structured by algorithms and moderation tools, posts are prioritised or deprioritised depending on engagement, and different platforms allow different media types – TikTok being short video based, where Tumblr revolving around text and image. My analysis examines these rhythms yet also pays attention to the movement of non-recovery, of venting, and of hopelessness to engage with dynamisms of resistance to the biomedical and regulatory norms.

I conducted my scraping prior to my journey through online content. The data provided from the content analysis was useful, however, posts were limited to one platform and contained no temporal and dynamic information. Users spend time on multiple platforms, content frequently crosses between TikTok and Tumblr, and posts are deleted with new ones taking their place. Some blogs contain a range of content beyond self-harm, others are focused solely on self-harm. All this information and more constitutes the “rhythm” of online use, important to analyse, yet missed from the more quantitative scraping.

I also found Monika Büscher's (2018) analysis of movement as method useful when conceptualising my approach. She states:

> Moving researchers might ‘prioritise “being there” … to understand phenomena’, but this does not have to be conceived as an exercise in finding more ‘authentic’ ways of ‘bringing back the data’. Instead, it can be developed as a way of creating deeper understanding of ‘how places, spaces and subjectivities are constituted in and through motion’ (2018: 177)

Here, Büscher is stating that, through the researcher’s body attending to the space being studied, the “being there”, we are not claiming to extract more ‘accurate’ data. Instead, it is an attempt to prioritise the processes of making and remaking that occur at the site of research. Applied to online self-harm content, I wished to focus on the affective and aesthetic genres of each platform, how they related to each other, were created, how notions of recovery and non-recovery circulated and were responded to, and in turn, how users and their content were connected and opposed to each other, the platforms, and their offline lives.

To conduct my journey, on 13th December 2023 I opened Tumblr on my laptop. I proceeded to do the whole journey in one day alone in my room, and with the door shut. I felt this would help me become immersed in the content. My room at the time had no window, resultingly the space was dark and lit only by a white LED bulb. I had made myself a coffee and was excited to conduct the research. This is outlined as part of the experience of online content arises from the offline environment the viewer and poster are placed in.

Following Federica Guccini and Gerald McKinley's (2022) attempt to outline the experience a new user would have on Tumblr when searching for self-harm content, I began by searching “#self harm”, and then followed blogs and hashtags as I came across them. Where Guccini and McKinley (2022) restrict their research to Tumblr, I move across to TikTok and Instagram alongside content copied over from them to Tumblr feeds. If allowed more time, repeating this process on Reddit and

Twitter would be beneficial as many related hashtags appear there, such as “#vent”. Though with these being less mentioned by participants, I chose to avoid them.

As I explored, I scribbled rough fieldnotes in a notepad next to my laptop, attempting to detail the structure of the platform, the affect of content, the comments in response, who blogs were run by, the content of blogs and how long they had existed for, and more.

Büscher notes that: “In doing mobilities research, many researchers find themselves moved – by atmospheres, affects and injustices” (2018: 178). This was certainly the case for me. As mentioned, when discussing ‘humour’ earlier in this chapter, self-harm is often considered distressing, yet, having personal experience and having engaged with online content before, I did not view posts in this manner. Instead, I laughed at memes and the absurdity of some of the comments being made, relating my self-harm to the experience’s others were going through. Yet, importantly, my viewing experience was not as a user, but as a researcher. I viewed each image that appeared, for the most part, with a flat and distant affect. In only one instance did I have to pause and take a break due to not being able to view the content – the post consisting of a video on TikTok of an individual crying and claiming they would never be able to look beautiful. In most other instances, my affect was excitement at finding ‘useful data’, or laughter.

I attempted to resist the excitement I gained from finding ‘useful data’, partially as I did not wish to limit myself to a preconceived notion of what information would be beneficial. I therefore wrote detailed field notes and “thick description” (Geertz, 1977) on a wide range of topics, many of which were not covered in the final narrative. Moreover, I gradually began to feel ‘weird’ at searching people’s personal blogs and attempting to find self-harm content. At one point, I was scrolling though a users’ blog and almost cheered when I came across an image of them with a bleeding wound, as this was the data I had been looking for. This was not the caring process I had aimed for, nor was it a useful embedding of my body in the space to analyse the movement of subjectivities and affects. When this occurred, I realised my reaction and stopped to take a break. Resultingly, whilst this method did allow me to capture important information about the rhythms of affect online, I do not frame my narrative as similar to a user experience as Guccini and McKinley (2022) do.

As I explored, I scribbled rough fieldnotes in a notepad next to my laptop, attempting to detail the structure of the platform, the affect of content, the comments in response, who blogs were run by, blogs’ content, and how long they had existed for. These were then tidied into a neat narrative and written up in Chapter 5.

In theorising a different method, that of issuecrawling where the researcher builds a list of website URLs and maps their connections, Richard Rogers describes the process as: “an exploratory step that provides leads for further in-depth analysis” (2018: 169). The same too could be expressed about this journey and the narrative I built arising from it. Just as geographical maps are not intended to be one-to-one recreations of a space but summarisations with a specific goal, my tidying process mapped certain affects and genres – the “linear” rhythms of the platform and the “cyclical” rhythms of user interaction (Lyon, 2021). This was a subjective process based in leading readers to a specific conclusion and should be read in combination with the earlier quantitative scraping, as well as the discussions that occurred with participants.

The concepts of “linear” and “cyclical”, borrowed from Lefebvre (2004) and Lyon (2021), are used here to convey the way platforms impose a relatively predictable, one directional flow of content. On Tik Tok and Tumblr algorithmic suggestion is designed to keep you engaged whilst moving you from one post to the next. They decide what you see and when you see it, based on unknowable factors involving engagement metrics, data collected on your past behaviour, and the time of posting and viewing. This creates a consistent and structured experience: you see posts, you scroll, you see more, you scroll, and so on. In this sense, “linear” rhythms are a platform’s way of organising our attention.

Alternatively, I use “cyclical” rhythms to describe the loops, returns, and exchanges that emerge between users and space. These are based on certain habits we develop, having favourite blogs, attachment to and the re-watching of specific videos, replying to comments, or sharing across platforms. In our return to the same content again and again we form communities around hashtags, users, and aesthetics. Unlike the linear pushing of content, a somewhat mindless exercise of scrolling, as we move cyclically both in line with and against a platform’s drive to view more, our affective state cycles through hope, hopelessness, joy, desire to harm, and more.

It is in this comparison of these concepts that I find the concept of rhythmanalysis most useful. I come on to discuss algorithmic governance and user engagement more in Chapter 5, but for now, it is important to highlight how journeying through online content is a key part of any examination of online space. Online self-harm content is shaped by both the “linear” rhythms of algorithms and the “cyclical” ones of human interaction and community – my journey and narrative summary are an attempt to convey these processes.

With nine sections, this chapter has covered a significant variety of methods. Whilst I have touched on analysis – specifically my thematic content analysis, and my process of journeying through online space to create a narrative story – I have yet to focus on how I brought this disparate range of data together. The process of integrating the discussions I had with participants; digital methods; and reading of grey literature, into the narrative I present in this study are discussed through the lens of my arts-based zine production. Not only does Chapter 4 come on to discuss the zine as analysis, but also, importantly, returns to highlight how the participatory intent of this research was put into practice.

Chapter 4

Collaging as Analysis: The Output and Process of Zine Creation

I. Introduction

Alongside the interviews and digital methods, I produced a zine with materials provided by participants and from my own self-harm. The focus on zines arose out of the interviews I conducted. I chose to focus in on one in specific titled *The 'Hurt Yourself Less' Workbook* (Pembroke et al., 1998), which had been mentioned by Delia. I frame participants stories and offered materials, when detailing razor blades, bandages and hopelessness, as rarely being "ratified as concerned" (de la Bellacasa, 2017). Only certain lived experience is legitimised, and care practices not oriented towards recovery and done without 'professional' oversight are traditionally labelled as 'risky'. The language of risk, in turn, makes said experiences and materials invisible through framing individuals and events as needing to be responded to with 'safeguarding' measures, rather than sat with and listened to (one could say that certain lived experiences are ratified as 'concerning' rather than as 'concerned'). Resultingly, "attending to and assembling neglected things" (Dennis, 2019: 196), theorised as a form of care, becomes a key focus of my methods participatory practice.

Care, here, functions as a process of "mattering" (Dennis, 2019: 196) – both as raising (mattering) users' voices and as the process of assembling the material zine (the matter). The process of production, involving extensive sitting with and craft, were a key part of my analysis. The cutting, sticking, re-arranging, writing and scanning were all done with the intent to prioritise certain elements raised in the interviews and digital methods. I use Christos Varvantakis and Sevasti-Melissa Nolas' (2019) notion of 'metaphors' to describe my process of analysis, one that involved the bringing together of a variety of materials, stories, and affects into one document.

I finish this chapter with a discussion of the politics of the final output of the zine. The zine, and this written part of my PhD, both follow from psychiatric-survivor groups demands that: "Unrecovered is a valid-self-definition" (RITB, 2016). Yet, through listening to participants, and attempting to bring their varied narratives together into one document, I was required to consider that all of them had now recovered and saw great positive in this. This was not to say they rejected 'un-recovery' indeed, participants' stories contained a wide relationship to harm across time: seeing online content as necessary, yet as entrapping them, and self-harm as valid and important, yet were glad to no longer be harming. In considering what to collage, and the text for the zine, these dichotomies in participants statements and content online led to the formation of a more nuanced analysis.

II. The Analysis of Multimodal Methods

When analysing the range of data collected across the multiple methods, I referred to Varvantakis and Nolas' (2019) work on metaphors used when working with multimodal ethnographies. ‘Multimodal’ refers to the range of types of data, in my instance: video recordings of Zoom calls, voice recordings of in person conversations, objects participants had offered me, 600 scraped and categorised posts, and a narrative journey across platforms and hashtags.

Instead of “triangulating”, where multiple methods are used to research an issue to provide multiple sources of data and improve reliability, the metaphor of “meandering” is used by Varvantakis and Nolas. They posit that analysis is an embodied practice where: “metaphors are key for communicating what happens to *us* in the course of the research and our subsequent sense-making practices” (2019: 365). Within this conceptualisation of analysis, metaphors, such as ‘meandering’, are less a process of arising at a positive ‘reliability’, but a journey through the data where the researcher uses their senses to hear the “stories of contestation as well as the embodied rhythms” (Varvantakis and Nolas, 2018).

As I went through the processes of conducting my research, and then sitting with the data, I built relationships with the stories I encountered, I was affected by contradictions in discourse, and I noted the rhythms and temporalities of past non-recovery versus present recovery in participants' accounts.

Varvantakis and Nolas' (2019) sate that using metaphors such as “meandering” can help detail the process of becoming stuck or lost. At points, the relationship I had built with self-harm stories became difficult to grapple with and I became ‘stuck’. I found Chapter 6 the hardest to write. In this chapter I oppose participants' accounts to the coroner's report into the death of Molly Russell. Across the course of my research, I had become closely acquainted with the story of Molly Russell, and critiquing a document detailing her death became hard to do in a manner that felt sensitive. It is here that the nuance of my argument developed. Through struggling, deleting, returning to data and news reports, and re-writing, I shifted from adamantly in defence of social media, to realising the necessity of some form of moderation.

Whilst Varvantakis and Nolas (2019) use the metaphor of “meandering”, I feel ‘collaging’ better represents the process that I undertook. I listened to the audio of my interviews whilst looking through the excel spreadsheet of online content, I wrote and re-wrote the narrative of my journey as I re-listened to participants voices, I collaged with materials provided and wrote the content while flicking through past zines online. This was not linear, rather a process of cutting from one source, sticking in another, ripping old zines apart and framing next to new materials, and, importantly, change within myself as I listened, framed, stuck, and scanned.

I now move on to detail the zine production process. It is through the creation of the zine based in participants stories and materials, and the collected digital content, that I illustrate how my analysis took place in practice.

III. Zine Production and Participatory Practice

Throughout my methods, I continually attempted to find ways to introduce participatory practice. Yet, with limited capacity from participants, and scraping being an extractive method, the ethic I intended to implement from the outset was struggling to be realised. However, it is through crafting with participants' stories and the objects they offered me that I became led by, and sensitive to, the narratives of participants.

I engage with de la Bellacasa's conceptualisation of care as a process of mattering, where you are "attending to and assembling neglected things" (Dennis, 2019: 196). This mattering refers to both ensuring something matters – in the ethical and political sense of it becoming cared about – and making sure to care about the material practice – the matter – of the act.

Care, as both ensuring something is considered and heard, and as concerning oneself with material practice, occurs through the zine submitted alongside my written thesis. Here, I engage in "an active process of intervening in the count of whom and what is ratified as concerned" (de la Bellacasa, 2017: 52). As mentioned earlier in this chapter, participants expressed their interest in volunteering their time through their desire to intervene in research on self-harm and social media. Each, whilst not part of an organised politics, had lived experience they wished to share, and, through being affected by legislation and media surrounding self-harm, posed their experience as important but unheard. Several participants, as well as social media users posting to the hashtag "#youcantcensormyskin", and other authors (McWade, 2019; Molly-Vaughan, 2015), mention images of their body being deleted or hidden behind trigger warnings. Through this, their bodies are not "ratified as concerned" – care practices are delegitimised, and knowledge becomes political rather than scientific-medical. As I discuss further in Chapter 6, regulation, through framing social media users as 'victims', render participants imperceptible (de la Bellacasa, 2011). As such, through working with the research participants' stories, and remaining with the complexities involved within them, I am attempting to 'matter' what was spoken.

Moreover, this mattering occurs through the material practice of crafting. Luke Sark writes that we need to make visceral the "sea of disembodied information we struggle to interpret" (2018: 42). Online self-harm content becomes invisible, not solely through the language of harm and risk, but also as a result of being just another post on a platform of millions of users. Where this occurs, the process of "mattering" requires us to make content "more materially appreciable" (Sark 2018: 42), through turning data from a hidden online, into something that can be seen and felt.

While crafted by me as the researcher, both the content and material practice arise through sitting with my discussions with participants. As Gunaratnam notes, researchers have an “ethical, methodological and fleshy role … as ‘mediators’”, who “transform, translate, distort, and modify the meaning or the elements they are supposed to carry” (Gunaratnam, 2019: 2). Whilst I am “attending to … neglected things” (Dennis, 2019: 196), ‘attending to’ is not a neutral process, but one of embodied translation into a legitimised and listened to ‘knowledge’.

It is here that my research becomes participatory again, though certainly not in the sense I would have conceptualised at the outset. Through the process of sitting with the full range of affect online and in participants interviews, I was led by and became sensitive to their narratives. In turn, the zine production “attends to” and “matters” stories, listening and crafting with them to bring them beyond this academic text and into the realm of craft.

Multiple participants mentioned zines that they owned, and that were important to understanding their own self-harm, neurodivergence, and bodies. These included harm reduction workbooks, such as *The ‘Hurt Yourself Less’ Workbook* and *Cutting the Risk*, both edited by Louise Pembroke (2002; 1998), a prominent psychiatric survivor author writing mostly in 1990s and early 2000s. These two zines were both mentioned by Delia and cited as allowing her to respond to a greater range of affects than those of sanitised discussion that hid “graphic” content (see Chapter 7 for more detail). Other zines, raised by Maya, were political treatises, such as: *Disability Against Civilisation* (Various Authors, 2017), and *A Personality Disorder? Seriously?* (MAD Women Talking, n.d). Ray also showed me a zine, titled *(this) body matters* (Various Authors, n.d.) containing guidance, cartoons, poetry, and writing on eating disorders and mental health. Diana also mentioned a zine on the topic of eating disorders titled *Hinger Strike* (Anonymous, n.d.), and Lily multiple on the topic of queerness.

Zines, as defined by the Mad Zine research project blog, are “noncommercial, nonprofessional, small-circulation magazines which their creators produce, publish, and distribute by themselves”. Resultingly, “they are often created, circulated and read by people who feel disaffected from mainstream society”, and can be a “rich source of grassroots knowledge” (Mad Zine, 2021). In particular, the Mad Zine blog places zines as exemplifying the slogan ‘the personal is the political’. With individual or small group authorship, focus on lived experience, and being created in response to a dominant narrative, they function as a political expression of an otherwise “neglected”, personal topic. Mental health related zines have a long history. One of the larger ones still in publication, *Asylum,* began in 1986 around the anti-psychiatry movement (Asylum, 2020). Functioning on a small scale and local level, most are lost unless archived, as Pembroke’s have been, or become larger publications, as with *Asylum*. The majority of those that participants mentioned are unable to be searched for, originally being found at independent book fairs and other similar events.

These zines serve a range of purposes, from peer support (Patton-Lyons, 2024), to humour, to engaging in critical conversation (Stenning, 2022), to workbooks. Meg-John Barker makes an important point however: the majority of contemporary publications, through single authorship, end up providing prescriptive self-care tips based in an individual biography (Spandler, 2021). *The 'Hurt Yourself Less' Workbook*, published in 1998, avoids this critique. Instead of restricting possible support through prescriptive harm minimisation tips, it poses a list of questions for the reader to answer. Examples of these questions are: "If you have been self-harming for a while, has it changed? Has it evolved? Have you developed rituals? Do you do different things? Are there times when you have not harmed?" (Pembroke et al., 1998: 13).

Since being published in 1998, 'workbooks' have become dominated by therapy resources rather than small scale zines (i.e Cardiff and the Vale Emotional Wellbeing Service, 2018). Whilst CBT resources do ask questions to encourage the reader to consider their own circumstances, they do so whilst prioritising one narrative, that of recovery. Where, CBT workbooks focus on traditional harm reduction, not requiring abstention but still having the ultimate aim of stopping, *The 'Hurt Yourself Less' Workbook,* espouses a form of 'more-than-harm-reduction' (Dennis, 2019). The zine does not have the goal of stopping self-harm, rather, it asks the reader to consider ways they can build new relations: to others, to the act of harming, to their own body, and more. The aim is not to make bodies free from self-harm, but to build new habits that could involve stopping, but could also involve moving away from a problematic relationship to harm.

While *The 'Hurt Yourself Less' Workbook* was shown to me by Delia as an important tool in allowing her to engage with a range of affects, its presentation is not the easiest to engage with. The zine, in opening the possibility for new relationships to harm rather than restricting through prescriptive guidance, fits with the complexities of participants' statements. What it does not do, however, is work creatively with its materiality to engage an affective presentation. It consists of plain text on a white background, is 78 pages long, and has essay content throughout. These factors do not make it an approachable document.

Returning to the concept of "visceral data", my creative practice, then, partially involves making *The 'Hurt Yourself Less' Workbook* "more materially appreciable" (2018: 42). Nerea Calvillo, in discussing the role of their collaboratively designed pollution visualisation platform, states:

> We did not produce counter-evidence or additional data, as citizen scientists do. That was not the goal. What we did was … "less a matter of collecting or extracting something from the world than of making the variations of the world palpable and potentially actionable" … to provoke thought that requires no other verification than the way in which it is able to 'slow down' reasoning and create an opportunity to arouse a slightly different awareness of the problems and situations mobilising us (2020: 135)

My ’raising’ of voices and experiences is not intended to be the creation of completely ‘new’ and original data. Instead, through visualising Pembroke and colleagues (1998) zine using the materials and stories of the participants of this research, I ‘matter’, ‘slow down’, and ‘arouse a slightly different awareness of the problem’. Zine and self-harm resources have existed since before the 1990s, what is needed is not their invention, but their circulation within the current context.

At the outset of my research, I had no fixed idea of which craft I intended to conduct, I just knew that I wished my method to be arts-based. Whilst trying different recruitment strategies, I considered a broad range of creative practices. This resulted in me purchasing tools from glue, to knitting needles, to carving tools for making lino prints, and even a load of fabric for protest banner making workshops. Coming to finalise the practice as a zine arose inductively through my discussions with participants. There are multiple other crafts I wished to conduct, yet, with participants mentioning zines, and with the highlighting of multiple anti-recovery and harm reduction ones, the practice element was guided in this direction.

Discussion of the zine so far has focused on it as a participatory and caring process due to its output. Stories and materials are “mattered” through the updating and refreshing of content and affect the participants mentioned as important. However, crafting practice as “mattering” is about far more than just the final product. Instead, the process of creation, of attending to and trying to produce a coherent narration of voices, affect, stories and more, is crucial. Rebecca Coleman writes:

> A focus on imaging enables a consideration of the ways in which images might be the subject or outcome of a research project, and also an integral part of doing it … that involves processes of making, assembling and circulating (2018: 61)

These practical processes of making and assembling were an integral part of my method. Resultingly, I now move on to detail how I collaged the stories and materials of participants.

Here, two competing aims regarding my crafting practice begin to arise. Above, I discuss how I desired the output to follow in the legacy of harm-reduction workbooks mentioned by participants. Yet, I now come on to discuss the process of creation as key to my analysis through requiring me to attend to, rearrange, and combine participants voices. Whilst theoretically possible for the final output to be a radical continuation of prior self-harm workbooks, as well as the process of crafting be based in participants voices, this relies on there being a singular narrative from participants in line with my desired output.

Even though my focus on a zine, and specifically on a self-harm workbook, arose inductively through participatory discussions, participants stories and the data I found online were too varied for my output to be framed neatly as continuing a singular legacy. The intent of the zine at the outset, to re-politicise self-harm and display a madder form of care, came up against participants who often supported charities such as Mind and social media posts encouraging others to engage with medicalised recovery. This contention, between participants and digital content as both opposing but also supporting recovery, often within the same statement, was a major theme in my process of analysis.

Where I began from a rejection of recovery based in psychiatric-survivor zines, online content and participants made the refutation of the biomedical narrative complex through wanting to, and having had, recovered in ways I had not expected. Resultingly, I now come on to discuss the process of crafting and collage of the zine as a method of analysis.

IV. The Processes of Craft and Collage and the Practicalities of Analysis

Having framed the zine as at the centre of my participatory practice, I wish to also place it at the core of my analysis. It consists of 42 pages. 12 of these are made up of coloured card or abstract paint or chalk. These 12 pages are focused on the text, as the image in the background is covered extensively by the information prioritised in front. I reference the backgrounds of these pages as ‘fillers’, existing solely to provide an aesthetically pleasing space for the overlaying written content.

The other 30 pages, however, all are produced in relation to participants’ stories and content found online. Ray, in our second meeting, after I had already decided to produce this zine, offered me their empty pill packets to craft with, as well as some used, though not unsanitary, first aid equipment. Diana gave me a set of earrings and a necklace in the shape of a razorblade, one of which can be found on the front page of the zine next to the title. The pill packets appear as the background to page 23 and 25, alongside some of my personal medication, as I realised we took the same anti-depressants. This was included as a background due to multiple participants mentioning medication, positively and negatively, as an important part of their recovery journey. The side-effects leaflet for Ray’s Citalopram appears on page 7, covered in five pink bows stapled to the page. This arose from discussions I had with Diana and Ray about the romanticisation of self-harm.

Pink bows and clothing are a common occurrence on Tumblr, with ‘cuteness’, coming from Japanese ‘Kawaii’ culture, prominent on the platform. This aesthetic is prominent on self-harm hashtags and relies on the juxtaposition of a tool for self-harm with a ‘cute’ item, such as a ‘Hello Kitty’ branded knife. It is important to note that these ‘kawaii’ posts were often deleted by online moderation systems during my research. The image of anti-depressant side effects with pink bows stapled on was a humorous reference to this content. When I sent a picture of the collage I made to Ray on WhatsApp, they responded stating: “*laughing emoji* very tumblrcore”. I asked Ray about a few of the backgrounds to get a sense of their appropriateness, though the pages were largely crafted by me with participants stories, rather than actively co-produced.

The first aid equipment Ray provided appears throughout the zine. Pages 1, 14, and 18 have bandages on them, and other apparatus appears on pages 6, 24, 30, and 31. Some of these pages, such as page 6 and page 14 consist of bandages and foil blankets cut out or tied up to represent elements of stories. Each of the participants spoke of cutting as their most common form of self-harm. Razor blades are culturally linked to the practice of cutting, and one also appears on the front cover of *The 'Hurt Yourself Less' Workbook* (1998). Delia mentioned wanting discussion of self-harm to include reference to the more "graphic" elements of the act. She felt that, when discussing harm reduction, services should discuss methods of cutting or burning directly. A large quantity of content posted by professional services to Tumblr consists of bland infographics that avoid mentioning self-harm, referring to it as "when shit hits the fan".

It is through working to translate participants stories and materials, and digital content, into visual form that my analysis occurred. As, whilst comments such as Delia's demanded engagement with the materiality and "graphic" nature of self-harm, the process of collaging a variety of narratives into a singular zine highlighted a key contention. Each participant I spoke to had 'recovered' from self-harm – in the sense that they were no longer self-harming, and as I come on to mention in later chapters, now chose to engage with wellness and therapist content rather than direct depiction on Tumblr. Participants also spoke of online content as a legitimate space of coping they had chosen to engage with, while at the same time as framing spaces as places they felt "trapped" by. This divergence, between elements of online content and participants' pasts wishing for a highlighting of the more "graphic" affects and materialities of self-harm and their present of wellness and recovery, as well as online space being framed as a legitimate coping strategy at the same time as a site of 'addiction', became complex with the visuality of the zine not being able to do both at once.

Collage has been highlighted as a useful tool for analysis in qualitative research by several authors already (de Rijke, 2024; Gerstenblatt, 2013; Holbrook and Pourchier, 2014). The process is framed in each of these similarly as "piecing together fragments to form a whole" (Gerstenblatt, 2013: 305), and the researcher as "one who pieces together a close-knit set of practices that work towards a "solution"" (de Rijke, 2024: 308). In line with this, when producing the zine, I sat with the data I had gathered so far: a thematic content analysis of 600 Tumblr posts; a narrative analysis and story of journeying through online space; and the interviews with participants and attempted to form a "whole". This process involved practices similar to that of using NVivo or other such analysis software. I drew information from different sources together, writing down certain key themes that arose. Examples of such topics were: the need for first-aid harm reduction tips to be shared more accessibly, posting online as 'venting', self-harm being done for politicised reasons such as housing precarity or queerphobia, sharing online as a it was the only space people felt able to do so, and being ‘trapped’ online as a cycle of not receiving external support.

These themes were scribbled on a notepad as I read through the narrative journey whilst listening to participants stories on my headphones. They were added to as I looked through the Excel document of Tumblr posts and read through Hansard transcripts of the proceedings of the Online Safety Act. And they were further changed around as I re-listened to the discussions with participants as I read and re-read the coroners report into Molly Russell’s death. Whilst this process of drawing together ‘codes’ from disparate sources is like that of using NVivo, there were several key differences with the zine collaging.

NVivo, and the process of writing up post ‘coding’, results in a clear list of themes and a numerical result of how many times these themes have been used across which documents. I, however, was not purely using a notepad to write themes down, but also cutting, tearing, sticking, and throwing out materials collected as part of the process of analysis. As key themes began to develop, I switched to a creative process of representing these issues in visual form. The visual nature of the output was a major productive difference between collaging as a process of drawing together, and ‘coding’ for writing up.

Having to craft with the conflicting themes mentioned above – of wishing to engage with the more graphic affects and materialities, and the contemporary choice of interview participants to avoid these representations – highlights a difference between the visual nature of collaging a zine and that of writing an academic thesis. In this written element to my research, I advocate for a ‘madder’ form of care, that frames the prioritisation of the duty to reduce self-harm above all else as a limiting form of support and regulation. This felt possible, and far easier, in the form of a written text. It is possible to write about the videos and images depicting self-harm cuts and tools, and cite participants and social media posts intense affects, whilst keeping some distance from the reality of the act. Yet, visual content was specifically mentioned by participants as “triggering”, with imagery of cuts and wounds being a key target for deletion by social media companies’ moderation tools. For me too, when journeying through online content, it was the visual posts that led to moments of greater affect and bodily response: laughter, feeling like I needed to take a break, intense fascination.

When writing about the need for alternate spaces of support that allow for the realities of individuals’ negative affect in a text intended for academic audiences, rather than broader public use, I was not confronted with a requirement to be ‘careful’.

By ‘careful’ here, I do not mean ‘care’ in the madder sense I wish to highlight through my writing. Instead, I am talking about a care more like the form technology companies consider, of being safe from consequence in case content on their platform leads to harm. I felt a requirement to be careful that I was not ‘triggering’ anyone who picked up the zine expecting a wellness, self-help, or ‘soft’ publication which turned out to be full of graphic depiction and description. When considering how I would present methods of self-harm in the zine, I could no longer demand graphic content without consequence. I had to consider individuals, like the participants of this research, who actively searched for self-harm zines, yet wished to avoid 'triggering' and 'graphic' content. This 'care' placed me far more in the position of a social media company, which, whilst important in opening me up to the serious consideration of arguments in support of removing "triggering" content, also led to compromise. Instead of writing as the mad activist I wished to be, I became the institutionalised researcher crafting a zine as part of analysis for a PhD where I had to draw a range of voices together.

Certainly, different practices would have led to alternate positionalities. At one stage I considered writing a manifesto, however this felt more relevant to work conducted with an organised grassroots group. Similarly, externally to this piece of research, I ran banner making workshops with a psychiatric survivor led group. Both creative practices would have allowed for greater engagement with the politicised position that is highlighted in my written text yet is only gestured towards in the zine.

I chose zines because of their politicised history and ability to "arouse a slightly different awareness of the problem" (Calvillo, 2020: 135). Yet, here, we see how my second reasoning for arts-based methods – to highlight the importance of the *doing* of craft, the process of collage as "piecing together" (Gerstenblatt, 2013: 305) disparate sources – brings certain conflicts in participants' sentiments to the fore.

In having to sit with these conflicts, as I cut and stuck and re-listened to participants stories, the final form of the zine became more akin to a document that would be acceptable within an outpatient support programme. This is a significant divergence from my intent to politicise and demand for a 'madder' form of care. This 'failure' is not completely a flaw though. The process was productive in its requirement to engage with disparate narratives in an alternate form. Michael Guggenheim (2015) theorises that sociologists have extensively relied on translation of the social world to the written form, rather than to the visual, due to a notion that the written is somehow more objective. I posit that my process of collaging, as a subjective translation of the social world distinct from my writing, took me out of my comfortable position of 'commenter' and 'critic' and placed me into the role of creator.

Guggenheim, being focused more on output than process, fails to recognise the importance of the embodied nature of craft – the "fleshy role … as 'mediators'" who "transform, translate, distort, and modify the meaning or the elements they are supposed to carry" (Gunaratnam, 2019: 2). I have mentioned a few of the actual practical steps I took to produce the zine: listening to participants stories and noting down key events; comparing these to prior analysis on 600 Tumblr posts; writing the narrative journey I took through various platforms; and re-listening to the interviews during the process of cutting a sticking multiple times to listen for spoken and non-spoken content I had missed. Whilst certainly not as ‘rigorous’ as a thematic coding in NVivo, I posit that the variety of crafts I ended up producing and collaging with led to a wider possibility for listening and being affected.

In discussing the process of creating ‘collage portraits’, Paula Gerstenblatt notes the utilisation of:

> the researcher’s creativity and emotional responses in the analysis process through the placement of photographs, archival documents, text, and colour to suggest how the events and feelings represented by these choices are connected, yet cannot be reduced, into a logical, linear narrative (2013: 306)

I have noted how the general process of collaging a zine led to encounters with affects I might otherwise not have had, and the ways this played a role in my analysis. There were, however, numerous specific forms of craft that ended up in the final zine that engaged me as a researcher in differing ways.

Collaging using materials participants had provided me, as well as other found objects, was often a quick process. On multiple pages medical apparatus appears in conjunction with pages cut out from fashion and health magazines, a safety pin, a small section of the union jack, and an arrestee support information card. These were all pre-owned or provided items. Whilst listening back to participants recordings to find themes to craft, I walked around my room picking up objects from shelves and drawers when I believed they would be useful. These resources were then cut up, ripped apart, and stuck down for re-purposing – though more consideration was taken with objects participants had provided as I wanted to make sure they were used on pages I ended up keeping. Indeed, many of the backgrounds I collaged were eventually thrown out as I felt they did not convey the message I wished, or, when re-listening to participants statements, I changed my mind about the form the zine should take.

Other than the multimedia collages, lino prints can be found on pages 2, 3, 15, and 32. The prints on pages 3 and 32 are both representations of nature, with Ray and Ruth both mentioning specific moments where nature had been healing. Page 15 is an attempt at a self-portrait as body image issues arose throughout discussion with participants. Where collage was a relatively quick process, involving me listening to participants interviews over headphones whilst wandering around my room to find materials to cut and stick, lino printing was much slower. Once I had decided a theme, I was committed to drawing and cutting – each print taking above 10 hours to produce. During this time, instead of rushing through participants narratives, I sat slowly with the recordings, listening from start to end.

Collaging provided a sense of freedom in my expression – I had more materials, more experience, and could produce more within the time I had. On the other hand, lino prints were restrictive in their output due to slowing me down and committing me to the consideration of one specific topic. Through this slowing down and restriction, however, lino prints created a space of freedom and possibility to think with greater depth. Nora Wuttke (2024) theorised a similar position, stating that, when drawing the hospital she was conducting her ethnography in, she was required to remain still. This slowing down necessitated fostering a different engagement with the space than if she had just been observing.

Collage and lino printing are both key features within the final product, and both played separate roles within the process of analysis.

Differently again, pages 33, 34, and 35 are drawings of rooms. These are spaces that participants felt, to some extent, comfortable in. I did not do the drawings, instead, I wrote detailed descriptions of rooms mentioned in participants' narratives and gave these to multiple colleagues on my PhD Sociology programme. I did not do the drawings myself as I wished to receive a range of different styles of illustration to create a varied aesthetic. Page 35, for example, is an attempt to depict Ruth's bedroom from a written description I gave to a peer. This process required me to pay attention to specific information in my discussions with participants: the offline locations; surroundings; and events undertaken in each place, with me then having to choose which characteristics I felt important to pass on to my colleagues for art-creation. Again, this form of analysis, of needing to select and highlight key features, is distinct from the prior lino and collage processes.

The process of analysis took multiple forms across the process of this study: thematic content analysis of 600 online posts; a narrative journey through digital space; and a loose drawing out of themes from the stories of participants. Yet, I return to the use of metaphors by Varvantakis and Nolas (2019) to describe the process of bringing these disparate forms of data together into a total. Instead of triangulating across each result to form a more rigorous conclusion, I went through a process of cutting and sticking; jumping up to grab objects; keeping a notepad of arising topics; throwing crafted pages away; asking participants for feedback; slowly carving and listening; and more, to 'collage' an output.

As per Coleman (2018), my focus here has focused on the process of crafting, and how the doing of collaging a zine led to a range of ways of attending to participants' narratives. Whilst I have focused on the imagery, this theorisation applies to the textual elements of the zine too, which I now come on to discuss.

V. Self-Help, Outpatient Support Resources, and the Politics of the Zine

After completing the set of collages for the background of the zine, I scanned them and printed off a copy. On top of these printed pages, I then cut up, rearranged, and stuck down the text. The sections are heavily based on Pembroke and colleagues' *The 'Hurt Yourself Less' Workbook* (1998). I summarised Pembroke and colleagues extensively, the zine produced as part of this research being 36 pages less. I also added extra exercises such as the flowchart on pages 22 and 23 which comes from CBT (Cardiff and the Vale Emotional Wellbeing Service, 2018). The body mapping on page 21, while similar to page 29 of *The 'Hurt Yourself Less' Workbook*, is cut and stuck directly from an MBT session I went to in the middle of crafting. I also added a section on accessing 'material' support, as well as a new introduction and afterword, 'Trigger Warning', and support hotline number.

At the end of the zine, in the afterword, there is a statement of intent and small description of how the zine came to be realised. One of the final paragraphs is:

> "This zine is not doing something new – many of the questions are from therapy workbooks and psychiatric survivor texts. It is, however, updating past zines, and attempting to re-politicise many of the skills from therapy workbooks by noting that many of the questions we need to ask ourselves are tied up with our relationships to others and the way the state treats us"

This leads back to a comment from earlier in this chapter about the intent of the zine as: "less a matter of collecting or extracting something from the world than of making the variations of the world palpable and potentially actionable" (Calvillo, 2020: 135). In this paragraph in the afterword, it is being made clear exactly where a lot of the content originates from, with the zine being framed as re-presenting and re-wording these prior resources to make the information more accessible.

Yet, just as with the imagery, there appears an issue with the claim of "re-politicisation". As mentioned, in many ways the final form the zine takes could be considered as fitting in neatly within certain outpatient support groups. This is certainly the case with the inclusion of work from charities such as Mind and the Samaritans, both of whom I am otherwise critical of within the main written portion of the PhD. I have discussed the complexities of the zine's politics as resulting from it being a form of analysis, and as such needing to combine a range of complex narratives surrounding harm reduction into one document. Whilst this remains true as the text also arose out of participants statements, there is another reason the 'politicisation' of the words appears flat.

The 'Hurt Yourself Less' Workbook (Pembroke et al., 1998) posed important questions surrounding self-harm and harm-reduction in the 1990s, when self-harm was in the early stages of entering outpatient support settings, and most care was clinical. However, in the years since, there have been multiple developments that have shifted the way self-harm has been viewed and treated – for example a NICE review into harm-reduction in 2004 and a Royal College of Nursing debate in 2006 on how to promote "safe self-harm" (Millard, 2015) (discussed in more detail in Chapter 2). Self-harm is now commonly considered an issue that occurs, and should be dealt with, outside clinical practice, with support helplines being set up, alongside crisis cafés and peer group meet-ups (Millard, 2015). Alongside the ability to self-refer to NHS mental health support and a rise in private therapy, these shifts have also brought about an increase in self-help workbooks.

Self-help books can sometimes read similarly to the zine produced as part of this PhD, as well as to *The ‘Hurt Yourself Less’ Workbook* (Pembroke et al., 1998). Grappling with issues such as trauma (van der Kolk, 2014), anxiety (Brotheridge, 2017), and burnout (Nagoski and Nagoski, 2019), they discuss psychological theory, weaving it together with personal story and questions you are meant to think through yourself. In many ways, the final output of the zine does exactly this, asking individuals to think through their personal experience and how they can put precautions in place to make their lives more like they wish them to be.

This appearance of similarity between the zine and self-help texts poses an issue for the intended politicisation, as self-help literature is consistently critiqued for requiring individuals, as opposed to society, to change. Maria Adamson and Suvi Salmenniemi write of self-help texts: “the bottom line is that the problem is you” (2017: 301). Self-harm texts are placed as a form of “cruel optimism” (Berlant, 2011), where any aim for structural change is lost under the “ceaseless trying and self-improving” which “do not lead to any positive outcomes” (Koivunen, 2022: 473). The optimism of self-help, as the possibility to improve your life through changing your routines and mindset, is one of a demand to fit in and strive within the current system, rather than to change the system that we have.

The placement of the individual as the one in need of changing, as opposed to society, is directly in opposition to the stated aims of the zine as re-politicising self-harm. The ‘politics’ here refers back to psychiatric survivor led groups statements such as: “We want a robust ‘Social Model of Madness & Distress’ … not perpetual pressure towards unattainable self-sufficiency. Capitalism and inequality can be bad for your mental health!” (RITB, 2016). These demands clearly frame society as at fault, and a need for it to shift rather than the individual.

However, whilst this linking of the zine to contemporary self-help literature appears an issue, there is a distinction to be made. Where self-help books generally deal with more broad mental health topics, they do not directly provide harm-reduction strategies or focus on issues like self-harm. As discussed in Chapter 2, whilst self-harm certainly exists and is seen outside of the clinic, it is still perceived as risky and tied to biological and pathological framings – where self-help literature, for the most part, tends to avoid providing bio-medical guidance. Whilst pages 24 to 27 of the zine deal with the topic of ‘care’ in certain ways a self-help guide might – asking the user to think through what kinds of care they wish for and how it could be provided – other pages provide details of physical and emotional first aid strategies to directly respond to wounds. Moreover, self-help books have titles such as *The Secret to Solving the Stress Cycle* (Nagoski and Nagoski, 2019), or *A Quieter Mind, A Calmer You* (Brotheridge, 2017). Attitudes of ‘solving’ involved in these titles are distinct from the contents of the zine, which, whilst containing questions aimed at creating a care plan, does not propose any strategy of recovery and solution.

Whilst self-harm and harm-reduction do not form the contents of self-help literature, these topics certainly are engaged with in resources found in peer support groups and mental health crisis cafés. Indeed, the zine crafted as part of this research uses the helpful resources of Cardiff and the Vale Emotional Wellbeing Service, as well as those already mentioned from Mind, the National Self-Harm Network, and the Samaritans. This distinction between self-help literature and outpatient support service resources is important, as here, discourse around self-harm is brought back into a space of medical oversight. Self-help books have gained mass readership beyond psychological or psychiatric space, with, for example, Bessel van der Kolk's *The Body Keeps the Score: Brain, Mind, and the Body in the Healing of Trauma* (2014) spending 27 weeks in the New York Times Bestseller list. They are written to be read at home or on the train. Whilst outpatient support is, by its nature, outside of the psychiatric clinic, it is not free of medical oversight. Instead, it is a space where topics deemed 'risky' are allowed to be engaged with because they can be done so with medical support close at hand.

The zine might appear as a resource at home within a crisis centre, yet it is not intended for that space. This is crucial to its analysis. The zine produced in this research, as with those mentioned by the participants that it was based on, was created to be distributed in bookshops, at zine fairs, and at protests and gatherings. While certainly not having the same audience as self-help literature, it also was written to be read and thought through at home, on the train, or wherever else someone might want to. It is in this bringing of self-harm care out from spaces of medicalised oversight, and into public sharing and distribution, that the zine takes on its more politicised form. Through this move, self-harm is framed less as 'risky', but rather as something that occurs, and, therefore, as needing to be thought about. The introduction to the zine states:

> Unlike some materials that propose a firm stance against self-harming, this zine, created through discussions between people who currently self-harm and have self-harmed, understands that for many of us, self-harm is sometimes an essential coping mechanism for our current circumstances. These essential coping mechanisms need to be reflected on however.

Certainly, the zine is not politicised in the same way as the psychiatric survivor led groups' manifestos discussed in Chapter 2. The zine is not a manifesto for change and does not reject medical practice or recovery. Returning to the idea of collage as a form of analysis, whilst I may have intended for the zine to reject in the manner activist groups do, the textual elements were also a process of listening and combining a variety of narratives into one document – and, as such, retain a form of politics.

When I began my PhD, coming from mental health activism, the knowledges of psychiatric-survivor manifestos, and personal experience, I took self-harm in line with Adler and Adler's "social deviants". Self-harm, to me, was best understood as "de-medicalised" and "characterised by voluntary choice" (2007: 560). Yet, as I listened to participants statements and wrote down different themes that arose, I had to contend with the fact that medicalised recovery and clinical practice were not necessarily negatives. Instead, participants wove a more nuanced and complicated story where self-harm was, at the same time, both a medical and non-medical practice. They highlighted that they had recovered and did not want to view content on Tumblr, yet that their viewing of online content was important, and the prioritisation of recovery was problematic. Self-harm and online space were framed both as being trapped, and as a necessary space for support. It was in the bringing of these conflicting accounts together into one zine, where I had to consider what text to highlight and what to leave out, that my nuanced account developed.

Lammes states: "Methodologies are tangibly dependant on what we encounter – and how that invites us to develop new strategies. We need to think on our feet, constantly translating methods from where we stand and what we (unpredictably) touch and engage with" (2018: 146). When beginning this research in 2019, no plans could have predicted the range of interactions that ended up actually occurring. Coronavirus and my role as an institutional researcher resulted in working with different organisations being difficult, leading to my shift towards working with individuals directly. Meeting with individuals online was a struggle, and conversations in person did not lead to the participatory work I had wished for. Digital methods were useful, but only functioned as extra data, as I feel both methods alone are, essentially, extractive.

In many ways, the development of this zine into one that served as a form of analysis, rather than one focused on representation and audience, has made me consider whether it too is extractive. I now believe I would need to do a serious amount more work on the zine for it to be distributed. As mentioned, my original intent, in line with politics derived from grassroots activists fighting against limiting medical systems, was to share the zine as a resource for others. Whilst some of the politics I desired remains, the output itself has been decentred, with the process of creation becoming framed as the site of its importance. This process, as one conducted by me, and for my work, limits the readability of any message. There are multiple flaws with its representation – the lack of the direct inclusion of any quotes from participants being a key example.

The zine created as an output for the Suicide in/as Politics research project does something similar to what I was aiming to do, but in a manner that cares more about participants and audience. It focuses on suicide rather than self-harm (Suicide in/as Politics, 2023) and largely quotes participants rather than crafting any original visual components. As such, the politics of the artefact arise mainly through the ways the designers have chosen to curate the quotes to persuade the audience of certain themes. There are differences here, but certainly ones that can be learnt from for future work.

The focus of creative methods as useful through their process rather than their output can be beneficial. Yet, I do not wish to leave artefacts as useless after analysis is complete. However, beyond considering any output purely in terms of its depoliticised aesthetics, a focus on what the object's representation does, and can do, would require tools to consider the meaning of a non-written or linguistic medium (e.g. a painting, or the tones of an instrumental song). I often find attempts at this to be inconsistent with my participatory goals – i.e. a researcher reading into potential signs and symbols as in semiotics. More recent texts have begun to attempt to grapple with this topic (Abrahams et al., 2021) but further research is needed.

These last two chapters have detailed the non-linear path my research ended up taking. Each method that ended up occurring had its own issues, but also its own benefits, and would not have occurred if I had managed to do what I had planned from the outset.

Through these disparate methods: quantitative, qualitative, participatory, non-participatory, creative, and non-creative, I gathered a significant amount of data. While my sample is limited in many ways, it has still managed to answer my research questions. Coleman (2020: 203) writes: "Research … may loop back on itself at various points, and may generate more questions than it answers". Certainly, the research questions I ended with were not the same as the ones at the outset. In 2019 and 2020, I had planned to co-create my research questions with an organisation. Later, I planned to develop these alongside individuals. Only when ending my scraping and content analysis did I begin to realise what I was researching.

My methods were not the only relations to change. I too was transformed. The research process has certainly been an embodied one, the mess as much mine as it is the topics. The final output of the zine is not as I wished it to be originally. I had desired for a more participatory process, where the zine would be created alongside participants, and include more of their artwork and quotes inside. However, the production of the zine myself ended up becoming the centre of my analysis. My study arose from a firm anti-recovery stance and belief in the benefit of online space and "graphic" content. However, as the process of collaging the variety of data progressed, I was required to build and maintain affective relations with participants stories that spoke of the benefits of recovery, read about individuals who had died, and content that was more complex that I had originally pictured.

Throughout this range of relations and methods, I struggled to ensure a participatory ethic remained. However, by enacting a practice of care through centring participants' voices in a process of "mattering", the final project has been led by their experiences and stories.

Chapter 5

What Does Self-Harm Content Look Like? Sampling and Journeying Through Online Affect

I. Introduction

How to effectively regulate self-harm content on social media is a major contemporary topic, especially since the death of teenager Molly Russell in 2017 and the subsequent passing of the Online Safety Act into law in the U.K. in 2023. In this Chapter I explore the approaches used by technology companies and digital platforms to regulate content. Each company has its own 'community guidelines' that detail acceptable use of their sites, often made in collaboration with charities who provide training on content moderation best practice. These recommendations focus on the need to remove harmful content, whilst at the same time, protect beneficial peer support and discussion of recovery.

Whilst moderation tools might be built around the separation of online content into the two categories of harmful and in need of deletion, opposed to beneficial and in need of protecting, I examined if this split occurs in practice. To do this I undertook a quantitative scraping of content from three different hashtags on Tumblr. I viewed 600 different posts and categorised them by their format – whether they were videos, photos, just text, or otherwise – and, separately, by their affective content. I focus on Tumblr as the platform mentioned most by participants. However, after detailing this content analysis, I broaden analysis out through narrating the flows of content across Tumblr, TikTok, and Instagram, as well as the temporal qualities of algorithmic content suggestion and moderation systems blog deletion.

Following this analysis, I posit that there is some separation between different forms of content. There is little cross over between hashtags such as "#mental health", with its mostly hopeful and recovery focused content, and "#self h@rm", which is the opposite. However, I problematise this division. Regulation, community guidelines, and best practice recommendations do not only create a division between content, but also categorise one type as harmful and risky and the other as beneficial and positive. Where both the *acceptable* recovery content, and *unacceptable* risky content are both expressions of individuals lived experience and affect, more needs to be done to examine why users continue to consume and produce content despite its supposed potential for harm, as well as what ethical duties we believe underpin online regulation.

To conclude this chapter, I note that the limited interaction between harmful and beneficial content potentially arises from the creation of the binary of acceptable and unacceptable. Charities, therapists, and support services only engage with hashtags such as "self h@rm" in very limited ways. If we wished to support those who post and view supposedly 'risky' content, we should be working to cross this divide instead of entrenching it.

II. Regulation and Moderation of Online Content

When logging in to Tumblr and searching “self harm”, the first thing that pops up is a safeguarding message you have to click through to reveal the posts. Instagram responds to searching the tag “self-harm” as having no results available, and if searching for “self harm”, without the hyphen, you are instead directed to other hashtags along the lines of “self harm recovery”. TikTok blocks the search “self harm” entirely, with no suggestions for other searches, linking to the Samaritans’ hotline in place of the content. A large factor in the shaping of content online, and the experience of viewing and searching for posts, is the experience of government regulation and content moderation systems. I am starting the description of content that exists online with a discussion of regulation, not because I believe it to be the predominant factor in the production of online posts – in fact posts happen often despite regulation – but because it is the first thing encountered when exploring self-harm on social media.

Each research participant described a shift from the ‘wild west’ early days of user-generated content platforms to the more moderated experience of today. In the 2000s and early 2010s limited regulation was in place. In my discussion with Diana, one of the participants I spoke with who started using Tumblr in 2009, they remembered being in secondary school with a significant number of their friends watching “gorecore” content involving beheadings and murder. Ruth, another participant who started using Omegle, an online video call platform where users are placed randomly into a one-to-one chat room with a stranger, in 2011, mentioned the commonplace occurrence of paedophilia and content involving kidnappings and gender-based violence. Since the mid-2010s, increasing pressure has been placed on online platforms to moderate and delete content with some of the largest sites sharing ‘gorecore’ being closed. The Reddit forum /r/WatchPeopleDie, where users shared videos of murder, was banned in 2018 after reaching 425,000 subscribers, and many more unregistered viewers, over its 6 year existence (Dahl, 2018).

Tumblr’s content moderation today quickly deletes posts containing murder and physical violence. Searching #gorecore on Tumblr is still possible however, though the responses are no longer pictures of real people with real wounds, instead showing women in sexually suggestive pictures covered in fake blood, or anime style drawings, mostly of nude women in the act of self-harming. Whilst the content is different, and under significantly greater moderation, posts that appear are still controversial. Tech companies, governments, charities, parent activist groups, and users are still trying to grapple with the correct balance of regulation, each under differing legal, social, and ethical pressures.

For self-harm specifically, the primary piece of current governmental regulation is the Online Safety Act (2023). The Act, adopted on 26th October 2023, created a new offence of “encouraging or assisting the serious self-harm of another person”. The creation of this offence was suggested by the Law Commission through a set of recommendations for inclusion into the Act following consultation with multiple stakeholders. The wording of the offence suggested by the Law Commission is a “narrow” one, attempting to be limited in scope to only criminalise acts having intent to encourage or assist. The Commission’s report details a range of content online, and notes how the “vagueness of the term “glorification” in the context of NSSI”, as well as the existence of “content representing NSSI without endorsement” (2021: 197) means nuance has to occur with regards to any criminalisation. The report details, for instance, how “many children and young adults, including preteens, discuss their self-harm on social media as a coping mechanism” and that “some harms are recommended as a safer alternative to more serious forms of self-harm” (2021: 218). Resultingly, the suggestion, and eventual offence included in the Act, requires a case by case consideration of motive and intent to “ensur[e] that only those offenders with a particular intention are captured” (2021: 219).

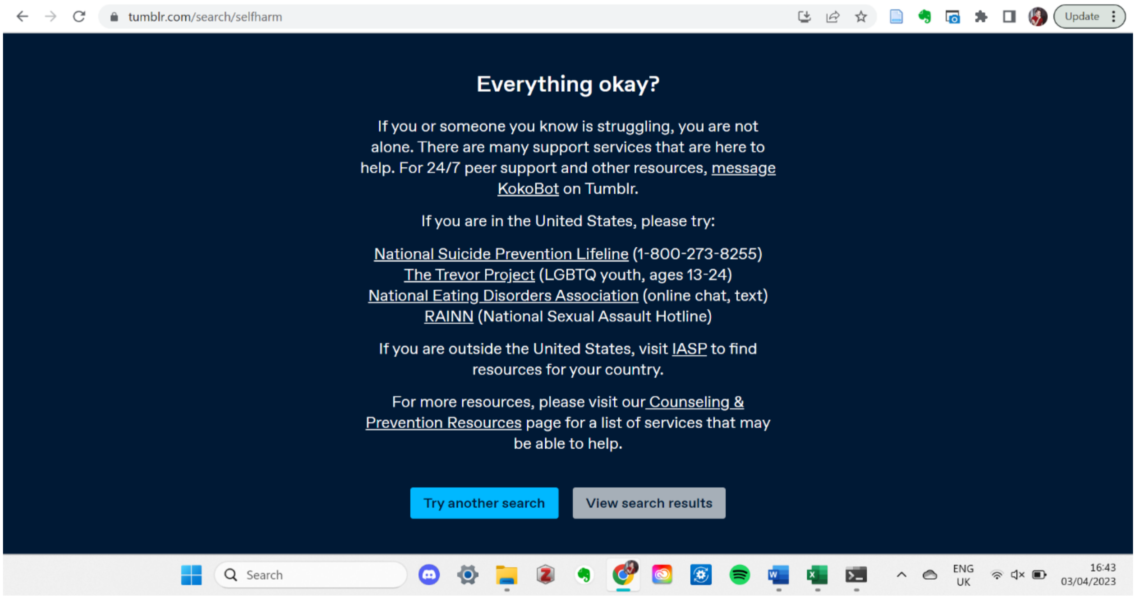
Beyond the new offence targeted towards users of social media, a new legal duty is introduced for those running digital platforms that contain user-generated content: to “prevent children of any age from encountering, by means of the service, primary priority content that is harmful to children”. The Act defines ‘primary priority content that is harmful to children’ as “content which encourages, promotes or provides instructions for an act of deliberate self-injury” (*'Online Safety Act, 2023*'). This further duty has the largest impact on existing content moderation, due to its targeting of, and the resulting requirements placed on, the owners of platforms. In a statement on the Samaritans blog in 2022, their Head of Policy, Public Affairs and Campaigns supported the creation of this legal duty to “ensure users do not actually come across content that promoted it in the first place” – including content “that provides instructions on how to hurt yourself, or that portrays self-harm as positive or desirable”. This blog post, however, also asks the question: “Can we also be confident that helpful suicide content won’t inadvertently be over-regulated?” (Samaritans, 2022b).

Whilst the wording of the Act, and many statements made prior to its enactment, might lead us to consider online content as solely leading to serious self-harm, the Law Commission recommendations underlying the Act, and charities responses to the new duty, consider greater nuance. Technology companies, in their uptake of regulation, took guidance from these charities, and utilised this development as an attempt to regain public trust after extensive questioning and media coverage following the death of teenager Molly Russell in 2017, in which social media was said to have “contributed … in a more than minimal way” (Walker, 2022: 2). The Samaritans, the main body in the U.K. offering this guidance, in the opening to their “world’s first” advisory document state their aim to: “provide a framework of best practice principles to support platforms to manage self-harm and suicide content in a safe and sensitive way, allowing users to access the benefits from the online environment whilst minimising potential for harm” (Samaritans, 2020b: 3).

The Commissioner’s report and the best practice training include: the need for accountability; a clear and friendly process for reporting content; signposting to further support elsewhere;

sensitively responding to those in distress; and a safe an empathetic approach to the removal of content that breaches guidelines. Ideas for the implementation of effective moderation are provided in the form of “ensuring site algorithms don’t push self-harm and suicide content towards users”, “blocking harmful site searches”, “reviewing autocomplete searches for terms and phrases relating to self-harm and suicide”, “using age and sensitivity warnings”, and “embedding safety functions, allowing users to have more control over the content that they see” (Samaritans, 2020b). Ultimately the report suggests posts that break, what are supposed to be, clearly laid out community guidelines should be removed, and an explanation should be provided to those who have had their content deleted. Only as a “last resort” should individuals’ entire accounts be deleted.

Looking through these suggestions, we can see that each has been adopted in different ways by each platform and with varying effect. This is important, as while the document cited above lists “best practice principles”, ‘best practice’ is an ideal that does not transfer over to real practice easily alongside the complexities of self-harm. As a consequence, examination is required of the extent to which regulation ends up occurring in actuality through online moderation systems. In addition, consideration should be given to whether this reality manages to “ensure users do not actually come across content that promoted it in the first place” yet does not “inadvertently … over-regulate” (Samaritans, 2020b).



Everything okay?

If you or someone you know is struggling, you are not alone. There are many support services that are here to help. For 24/7 peer support and other resources, message KokoBot on Tumblr.

If you are in the United States, please try:

National Suicide Prevention Lifeline (1-800-273-8255)
The Trevor Project (LGBTQ youth, ages 13-24)
National Eating Disorders Association (online chat, text)
RAINN (National Sexual Assault Hotline)

If you are outside the United States, visit IASP to find resources for your country.

For more resources, please visit our Counseling & Prevention Resources page for a list of services that may be able to help.

Try another search

View search results

Figure 2. Screenshot of Pop-Up on Tumblr When Searching “Self Harm”

Starting with Tumblr, on searching for “self harm”, the user is directed to a page stating: “If you or someone you know is struggling, you are not alone. There are many support services that are here to help.” The page states the user can contact their support bot, and provides a list of services in the U.S., and a link to a list of services in other countries (see Fig. 2). Whilst the “Try Another Search” button is highlighted, signposting the user away from the search, the user is, nonetheless, still able to click through to see content tagged “#self harm”. When arriving at these pages, the content is automatically displayed in order of the most engaged-with posts of all time, rather than listing the latest posts first. This ordering occurs on all searches, not simply those related to self-harm, however, it is important here as many self-harm related posts are deleted after 24 hours by Tumblr’s content moderation. Resultingly, this ordering acts as a form of moderation itself as the posts seen are not the ‘latest’ entries that Tumblr moderation systems have yet to review, but are those that have the most engagement and, as such, have been on the platform for a while.

Whilst Tumblr allows relatively easy access to content tagged “#self harm”, other platforms impose much tighter regulation. TikTok blocks the search term “self harm”. When searched for, users are re-directed to a page stating “You are not alone: If you or someone you know is having a hard time, help is always available”, with a link to the Samaritans hotline (if based in the U.K.) and a list of suggestions such as “Talk to someone you trust”, “Take time out” and “Connect with the world around you”. Instagram also blocks the search “self-harm”. When searching for posts tagged “#self-harm” users receive the response “No results found for #self-harm” and when searching “#selfharm”, without the hyphen, the option to search for hashtags such as “#selfharmrecovery” and “#selfharmprevention” appear instead. A banner at the top of the page also appears saying: “Words that you’re searching for are often associated with sensitive content. If you are going through a difficult time, we’ve gathered some resources from experts that we hope can help.”, and provides a link to a list of support services[4].

From this brief examination of different platforms, each site appears to have implemented the advice to signpost users to support services, although this is achieved in different ways. Tumblr has implemented a process similar to nudging practices that are becoming more popular in online safeguarding. As such, pop ups listing support hotlines; default search settings that deprioritise recent content that has yet to be moderated; and a highlighted button to take users to a different search, as opposed to a greyed-out continue button, all act as nudges away from self-harm content. Mariana Veretilnykova and Layla Dogruel write that online nudging occurs where a choice needs to be made, changing “the presentation of those choices in a way that makes it more likely that people will choose the option that benefits them” (2021: 129). ‘Choosing the option that benefits them’, in this instance, is to move away from viewing self-harm content and towards a different search or finding help elsewhere.

Nudging users away from viewing certain pages but nonetheless enabling such views if desired, is distinct from the response TikTok and Instagram have taken where certain search terms have been blocked entirely. This blocking also follows the best practice guidance however, with the Samaritans suggesting blocking harmful site searches entirely. Instagram also takes on the

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[4] I conducted the searches to find out how each platform blocks or responds to different searches on 3rd April 2023. I undertook` the same searches on 24th March 2024 and found similar results. TikTok had blocked more search terms however, with, for example, #sh now linking to the Samaritans hotline where before videos appeared.

proposal to review autocompleted terms, directing users toward recovery focused posts. Whilst the implementation of best practice has been attempted, this has been done only on a surface level. On all platforms self-harm content considered ‘harmful’ appears irrespective of these attempts. Instagram and TikTok only block certain searches, and others such as “#sh” or “#cutting” are still accessible. This is true of Tumblr as well where the separate pop-up page only appears when searching “self harm”. However, if you add a hyphen to search “self-harm”, the pop up does not appear. The same helpline contact information is tagged top the top of the feed as the first post when searching “self-harm”, but this contact information does not link to a separate page you have to click through first. Moreover, if searching “#self h@rm”, a common amending of the word ‘harm’ to try to avoid AI moderation systems, this contact information does not appear at all.

Beyond hashtags attempting to avoid moderation such as “#s3lfharm”; “#cvtting”; “#sewerslide” and others, self-harm content can also be viewed on the more general search of “#mental health”. This hashtag is not blocked on any platform. Content accessed through “#mental health” has a wider variety of content than would appear when accessed through more specific self-harm related terms, including posts about other mental health related issues, therapists providing tips, charities offering support, as well as wellness influencers’ blogs. This divide in content between hashtags such as “#self h@rm” and “#mental health” is important, as it closely mirrors the differentiation being made between content that is harmful to view and that which is helpful. In not blocking “#mental health”, platforms are attempting to not “inadvertently … over-regulate”, whilst seeking to “ensure users do not actually come across content that promoted [self-harm] in the first place” on other hashtags (Samaritans, 2020b).

While each social media platform has a different approach to let users search specific terms, they all have very similar community guidelines. Community guidelines are the policies users of the sites have to follow regarding what is allowed on the platforms, with content, or potentially even entire accounts, facing deletion if found to have broken the terms. TikTok, Tumblr, and Instagram community guidelines all begin with similar phrases. On Instagram’s ‘*Community Guidelines*’ page the section on self-injury starts with: “Maintain our supportive environment by not glorifying self-injury” (2023). Tumblr’s page begins the discussion of their rules surrounding self-harm content with “Don’t post content that actively promotes or glorifies self-harm” (2022). TikTok has a similar sentence stating: “We do not allow content depicting, promoting, normalizing, or glorifying activities that could lead to suicide, self-harm, or disordered eating” (2023). The wording of these policies seems to arise from charities’ guidance, with the word ‘glorification’ appearing prominently in each, whilst also including a statement on the importance of discussion and dialogue surrounding personal experience.

Each of the community guidelines, while arising out of ‘best practice’ suggestions for a clear and accountable system allowing users to know why posts are being removed, face the same issues as those mentioned in the Law Commission report. Platform guidance wording contains a large amount of ambiguity over “content representing NSSI without endorsement”, as well as a lack of clarification of terms such as “glorification”, raising the portent concern of the “vagueness” of the term with regards to self-harm (Law Commission, 2021: 197). No examples are provided of the limits of acceptable discussions surrounding personal experience that users may engage in. Moreover, statements that user accounts will be deleted and content removed if self-harm is “normalised”, “depicted” (TikTok, 2023), or “encouraged” (Instagram, 2023) do not help with such clarification. Multiple concerns have been raised about guidelines such as these, potentially risking sensitivity warning being placed on any body image that shows scarring. In 2019 Instagram updated its guidelines and regulations whilst an inquest was underway into the responsibility social media played in the death of Molly Russell. After this, however, individuals who had posted images with self-harm scars found posts being deleted or blurred if the scars were in view, resulting in users posting with the hashtag “#youcantcensormyskin” (McWade, 2019).

When asked for comment by the BBC, Instagram stated they did allow content relating to self-harm if it was for the purpose of recovery, including images exhibiting healed scars. Instagram mentioned a need to balance the duty to remove harmful content quickly, whilst supporting users who engaged with the platform in a “positive” way. Through the duty to quickly remove problematic content, Instagram stated mistakes were sometimes made, but that they worked to restore the content deleted inadvertently where necessary (Bramwell, 2019). The misapplication of content moderation to remove or censor certain bodies is an issue faced by many individuals. Trans bodies are also consistently reported and deleted by Instagram, and in this instance their response is also to say they work to restore content mistakenly deleted similarly (Parsons, 2021). Yet for users with self-harm scars, trans people, and others, content is often not restored, and the act of deletion in the first place is a problem.

Beyond just the accidental deletion of bodies with scars, the application of “normalisation”, “glorification”, “promotion” to the act of moderation, especially in a world of large-scale AI moderation, leads to ‘best practice’ being impossible to achieve in reality. Where the Samaritans’ guidelines highlight the need for sensitivity and accountability, the experiences of many include the deletion of posts, blurring of bodies, and limited recourse to the restoration of censored content. Mark Brown (2019) likens the response to self-harm content to that of Tumblr’s crackdown on sex-work content in 2018 after the U.S. congress passed the *Fight Online Sex Trafficking Act* and the *Stop Online Sex Trafficking Ac*t. The Acts, passed with the justification of halting sex trafficking online, resulted in the lives of sex-workers becoming significantly less safe after major social media platforms blocked and deleted all sex related content. Brown notes an important point here:

> The popular consciousness assumes that it’s possible to draw a very clear distinction between self-harm promoting material and material that is constructively autobiographical or supportive. This is problematic where the nature of self-harm is that it is an embodied experience. (Brown, 2019: para. 6)

I will return to this quote, and the consequences of this problematic distinction in more detail in Chapters 6 and 7. However, to start with, an examination is necessary of what content online looks like. Having considered government regulation and platform moderation, and having seen a divide being drawn between ‘good’ content in need of protecting and ‘bad’ content in need of deletion, is this divide clear in practice? Or, as Brown (2019) states, does the nature of self-harm as embodied complexify any possible distinction?

III. Visual, Thematic and Content Analysis

I took a multimodal approach to the examination of content on different platforms, using a variety of methods each containing different forms of visual, audio, and non-verbal data (see chapters 3 and 4 for more information on my approach to analysing this range of data). This approach was utilised to understand not just the content of a post as it exists within its individual composition, but also to note the surrounding context; different genres that appear; and viewers’ reactions.

I commenced by scraping 600 posts from Tumblr using the Tumblr API and ‘Beautiful Soup’ Python library to search a variety of hashtags and feed orderings (see Chapter 3 for more detail). I focused on Tumblr at first as it was the platform most mentioned by participants. It also, usefully, did not block the search “#self harm”, where other major platforms such as TikTok and Instagram did. This meant I did not have to begin with adjacent hashtags, such as the ones that later arose shown in Fig. 5. Instead, I could begin with the term “self harm” itself, then move onto scraping from other relevant hashtags and language that arose through this process.

My method followed a similar process to that utilised in past studies of online self-harm content. Taking from Yukari Seko and Stephen Lewis (2018), Nicola Shanahan and colleagues (2019), and Anna Lavis and Rachel Winter (2020) I engaged in a visual, affective and thematic analysis of textual, photographic, and artistic content. The results of this can be seen in Figs. 3. and 4. Taking from Megan Moreno and colleagues (2016) I also engaged in an analysis of hashtags and the meanings of the language used in the context of Tumblr self-harm posts. This can be seen in Figs. 3. and 4. where the differing visual forms and themes are shown across three different hashtags: “#self harm”, “#self h@rm”, and “#Mental Health”, and in Fig. 5. where the range of interactions other hashtags had with the three searched is detailed. Beyond any of these studies I also detail how the ordering of posts, whether by latest, or most engaged with of all time, changes the types of content that become available.

This analysis is developed further through a narrative account, below, where I detail the journey I took whilst following individual posts as they travelled through and across platforms. This analysis examines Instagram, TikTok and Tumblr, to follows posts’ journeys from the blogs from which they originated, along re-blogs and shares to the locations where the content ends up, and notes the variety of comments and interactions differing posts receive along the way. This reflects the ethnographic approach to online self-harm content seen in Guccini and McKinley (2022). Taking from rhythmanalysis (Lyon, 2021) my exploration attempts to detail a story of the tempos of feeds as posts are shared and reposted, the tones of the creators and commentors, and where self-harm content fits into the variety of videos, pictures, and text on individuals' personal blogs. This is complemented later in my analysis with content from interviews, as per the methods of Seko and colleagues (2015) and Lavis and Winter (2020). As mentioned, for more detail on any of the specifics of the methods used, refer to Chapter 3.

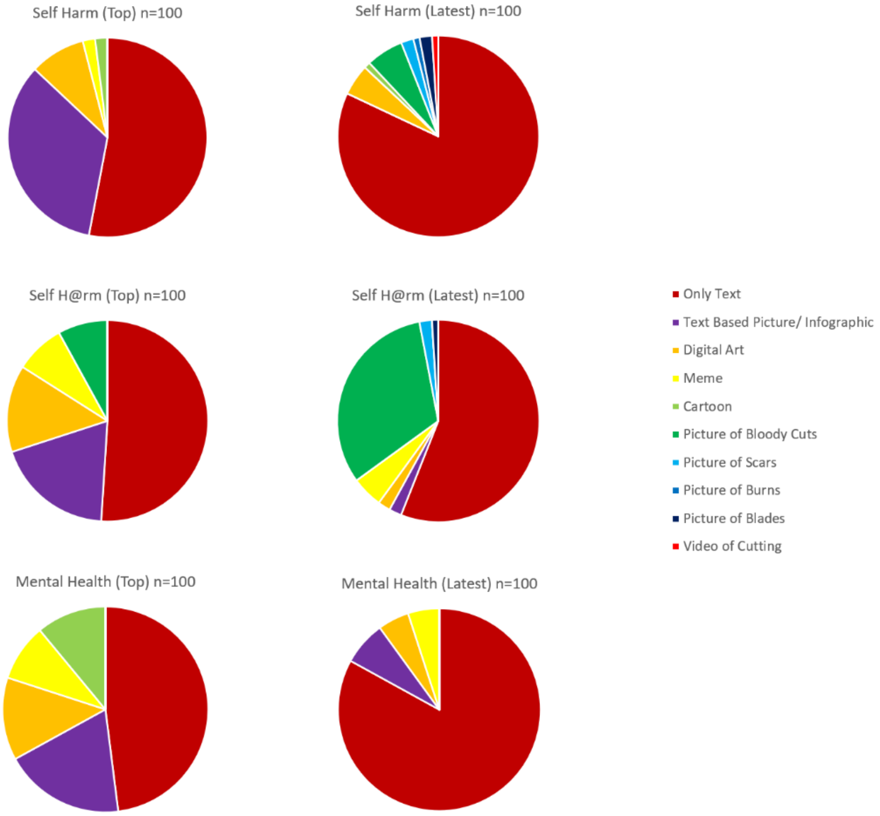

Figure 3. Form of Content on Different Hashtags (For Data See Appendix)

Figs. 3, 4, and 5 each detail the content analysis of 600 posts across the three different search terms on Tumblr: "self harm", "self h@rm" and "mental health". Within each of these search terms I viewed the first 100 posts that appeared on the feed for both the ordering of posts by "top, all time" and by "latest". These search terms were chosen after preliminary research conducted on the hashtag "#self harm", with "#self h@rm" and "mental health" being two examples of feeds that were engaged with frequently and had a significant variety of content between them. "Self harm" was chosen as a term for examination as this example is one for which Tumblr provides a warning page when entered (see Fig. 2). I counted the number of posts per day across two weeks, finding 92-140 posts with "#self harm" per day, with 48-67 different blogs posting original content per day.

When ordered by “top all time” the post most interacted with was from 2014 and had 290,619 re-blogs and 238,352 likes. As a significant amount of engagement occurs with “#self harm”, this became a useful starting point for the content analysis.

Following from this, I chose “self h@rm” and “mental health” as the subsequent two search terms for examination, as I noticed each engages with very different types of content. This became apparent while conducting the analysis for “self harm” and from spending time on Tumblr. The term “self h@rm” is a hashtag employed by users attempting to avoid detection by Tumblr’s moderators, and as one of the participants of my research, Ray, mentioned in our discussions, this term is utilised in particular by users attempting to see more “triggering” content. When “self h@rm” is entered, no pop-up content warning page is displayed, and more photos of self-harm wounds appear compared to the conventionally spelled term. The search term “self h@rm” has less engagement with only 54-73 posts per day across the two weeks examined, originating from only 28-41 different blogs posting original content per day. However, whilst having less engagement than “self harm”, this term is included to detail content that is potentially more *unacceptable*.

The search term “mental health” provides content that is considered more *acceptable* for viewing as per regulation and ‘best practice’. When examining the feed for “self harm”, posts tagged with “#mental health” were noticeably more likely to co-exist with other more recovery-oriented hashtags than with hashtags such as “#self h@rm” or “#cvtting”. The content resulting from searches using “mental health” was also more likely to feature uplifting messages of hope for the future or detail a path through recovery experienced by the posting user. As mentioned, searching for “mental health” do not generate a pop-up content-warning webpage. This is most likely for a different reason than searches utilising “self h@rm”, the result of which also omits a pop-up warning, since the resultant posts are considered to be far more hopeful and recovery focused. This search term “mental health” has far more content engagement than the other two chosen search terms with 489-565 posts per day across the two weeks of study, with 291-333 blogs posting original content per day.

Fig. 3. details the form of content of each of the 600 posts. Each of the categories is broad. ‘Digital Art’ included content such as: drawings; photoshopped pictures; and animations, while ‘Only Text’ included: poems; people venting their feelings via long-form streams of consciousness; single sentence messages; and still more. ‘Text Based Picture/Infographic’ refers to posts that were either embedded images that containing solely text, or infographics including text, often on a background of a sunset or silhouette of a person. ‘Memes’ refers to any image intended to be comedic, and ‘Cartoon’ any set of images displayed in a cartoon strip format. I will discuss the content of these categories and the variety of content within the more direct pictures of self-harm within this chapter and in later chapters.

Fig. 4. displays the results of my affective and thematic analysis of the content within each of the 600 posts. A number of the themes are similar to those in Seko and Lewis (2018), however I have added further themes and changed the wording to others, since the themes in their paper best suit their more restricted analysis limited solely to photos, whereas I also consider also drawings, memes, text-only posts, and so on. I following paragraphs now consider each of these themes and provide examples of posts contained in each category.

To start with, content categorised as ‘Support Hotline’ comprised posts containing the phone numbers of organisations users could reach out to if support was required. For the search term “self harm” one of these entries came from Tumblr in both the ordering of “top” and “latest” posts. This was positioned as the first post in both instances, tagged to the top of the page, providing the information presented in the pop-up in Fig. 2.

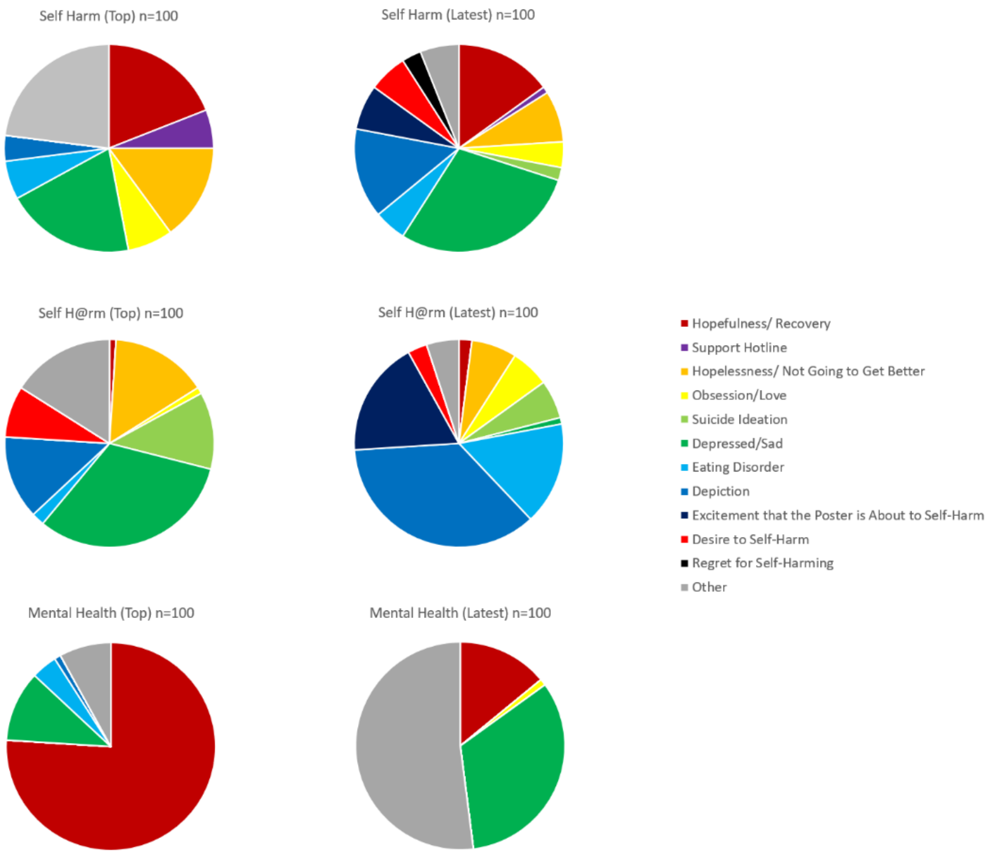

Figure 4. Theme of Content on Different Hashtags (For Data See Appendix)

The theme ‘Hopefulness/Recovery’ is characterised by posts considered to be uplifting, containing messages of belief in a better future, or reassurance to others that recovery was possible, and reassurance the viewer will achieve this aim. ‘Hopelessness/Not Going to Get Better’ has the opposite effect. Representative examples of this category are posts stating: “You are worthy even if you have bad days <3” versus “You don’t get it, this pain never goes away”. As can be seen from the figures, ‘Hopefulness/Recovery’ posts were found most often in “mental health” ranked by ‘top’ engaged with of all time, with a significant drop off when swapping to ‘latest’. This category occurred least when searching “self h@rm” with only one and two occurrences in ‘top ranked’ and ‘latest’, respectively. Alternatively, ‘Hopelessness/Not Going to Get Better’ posts were almost completely absent when searching ‘mental health’.

The ‘Suicide Ideation’ category contained posts expressing a desire to be dead, or a statement the poster had been dreaming of dying by suicide. Such an example of this content is: “I just don’t know what the point of living is anymore, what’s the point if I’m never gonna be skinny, cis, straight or normal for fucks sake. This is It for me I just want this to end”. These posts differentiated from the next category; ‘Depressed/Sad’, where posts often expressed similar thoughts and feelings but without any reference to suicide, such as: “Today is my birthday but I haven’t felt more alone”. ‘Depressed/Sad’ is considered distinct from ‘Hopelessness/Not Going to Get Better’ as the posts did not contain elements of a lack of change in the future.

Notwithstanding the above, the distinctions between ‘Hopelessness/Not Going to Get Better’, ‘Depressed/Sad’, and ‘Suicide Ideation’ are heavily blurred. Posts that contained phrases such as “the pain never goes away”, “that’s never going to change”, or “nothing’s going to get better” are categorised as ‘Hopelessness/Not Going to Get Better’, in comparison with ‘Depressed/Sad’ content being more based in the present than the future. I made this distinction as the difference in temporality between the two was noticeable on the searches utilising “mental health”, where, when the content had a negative affect, the result was based in the present to a greater extent than conveying future harm. Also notable is that the only resulting set of 100 posts where ‘Hopelessness/Not Going to Get Better’ is more prevalent than ‘Depressed/Sad’ is when “self h@rm” is searched and ordered by latest post first. Certain content, such as: “everyones healing and im not”, containing elements of fear for the future as well as a present sadness, had their categorisation decided on a case-by-case basis. Whilst a quantitative set of data, the process of classification was certainly highly subjective and in no way an attempt at scientific rigour. Instead, this was an attempt to draw brief starting conclusions from content for later qualitative analysis.

Briefly moving on to the other groupings, ‘Obsession/Love’ is based around content relating mainly about mental health in relation to a partner, friend, or someone in whom the poster had a love interest and was consequently self-harming. This mostly occurred in tandem with the hashtag “#BPD”, with the relationship between BPD and self-harm discussed in more detail in Chapter 2. The themes ‘Eating Disorder’ and ‘Depiction’ refer, respectively, to posts where the main content related to eating disorders and body image issues, and posts which solely depicted self-harm, with little other context except maybe a trigger warning or description of the photo or drawing.

The final three themes into which I categorised posts were ‘Excitement that the Poster is About to Self-Harm’, ‘Desire to Self-Harm’ and ‘Regret for Self-Harming’. These topics all share a commonality in that the content relates to a present moment. Content with the theme ‘Excitement that the Poster is About to Self-Harm’ is based around a statement of present joy that the person is going to self-harm in the near future, i.e “Make a cut watch it bleed; This sweet pain is all I need; TONIGHT 😍”. ‘Desire to Self-Harm’ is, instead, content expressing a desire to self-harm but with no expression of joy from an expectation of imminent harm. A representative example of this is: “i want to //// all over my body till i can’t see my skin”. Finally, the theme ‘Regret for Self-Harming’ contains content that expresses an element of regret or guilt that the person has just self-harmed. I discuss the relationship between ‘pleasure’, desire, and self-harm in Chapter 6.

Fig. 5. presents the hashtags tagged alongside the primary search term. For example, reading the chart shows searching “self harm” on Tumblr, and ordering the feed by top ranked of all time, 26 of the first 100 posts at that point in time were also tagged with “#BPD”. There are no limits to the number of hashtags posts may have on Tumblr – some had no tags, others had tens of tags. For each of the hashtags variations were placed into the same category. For example, I grouped together terms with spaces and no spaces in the hashtag i.e “#mental health” and “#mentalhealth”. I also treated certain shortenings of hashtags or rephrasing as the same, for example: “#cvt”, “#cvtting” were treated as the same, and “#depression” and “#depressed” were combined. This was done to present the data gathered in a more readable manner, rather than requiring a row for every distinct spelling. Some tags with spelling differences were treated as distinct, however. As already mentioned, “#self harm” and “#self h@rm” have distinct related content, so were maintained separately. Different variations on these spellings, such as “#s3lf h@rm” were combined within the most logical category according to the content appearing on that hashtag. This is also true for “#cutting” and “#cvtting” which are similarly maintained separately.

In the case of “#suicide”, I grouped this term together with tags such as “#sewerslide” and “#su1cide”, these being attempts to avoid Tumblr’s content moderation in the same way as “#self h@rm”. This was not because the resultant content was the same on each term, but rather, because the work I am doing does not focus on suicide specifically, so it was more crucial to note a reference to suicide than examine the specifics of each hashtag. This is also true of “#eating disorder”, “#queer”, and “#BPD”, where hashtags such as “#EDbutnotsheeran” and “#anorex14” were bundled into the “#eating disorder” category, and “#actually borderline” and “#cluster b” into “#BPD”. Once again, the graph, while presented as quantitative data, is intended to be a subjective rendering of online content in a form readable for this research rather than as universally applicable. One example of a distinction I would make if undertaking different research is that, if paying attention specifically to the LGBTQIA+ community, 32 of the 41 occurrences of “#queer” were in reference to issues facing trans people specifically. I do not focus on this in detail, but this result certainly points towards the impact of the further implementation of transphobic legislation across the U.S. and U.K.

I examine in detail the conclusions of these findings in later chapters. I focus on ‘Excitement’, ‘Desire’ and ‘Regret’ in Chapter 6, and in Chapter 7 I examine “#vent” in more depth. The main conclusion I will draw now, before moving on to the narrative of my journey following content in context, is that, from this sample of 600 posts, we can see a clear division in content.

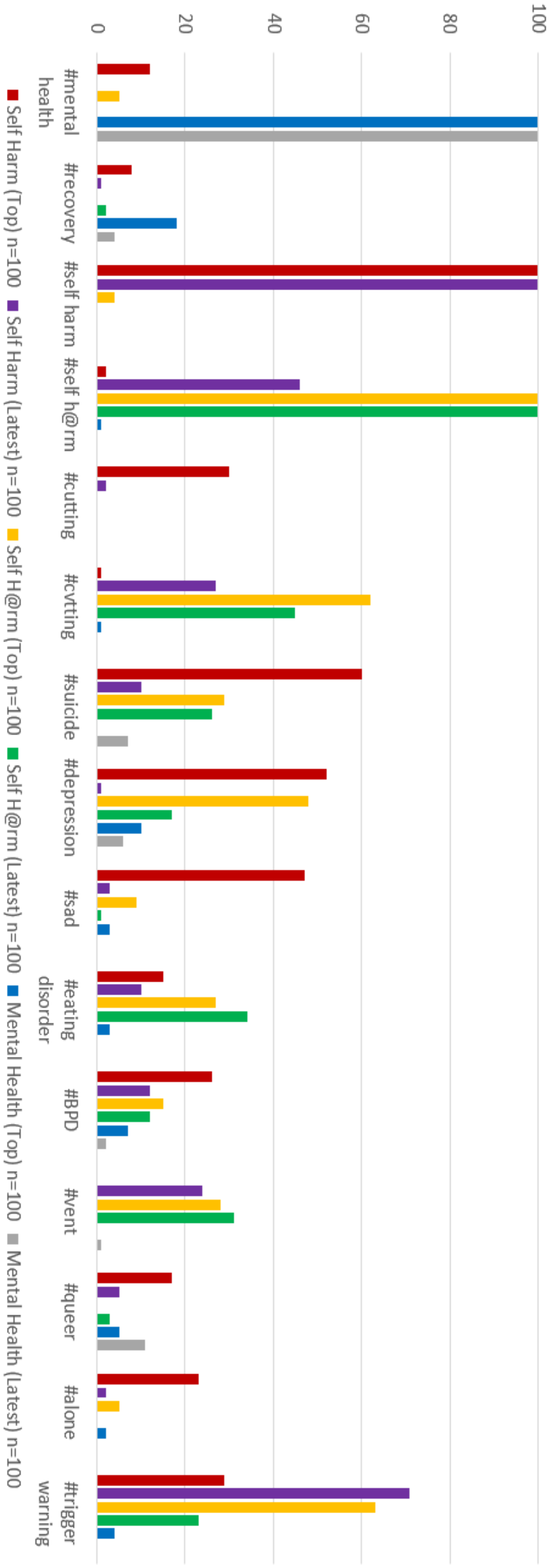

Figure 5. Histogram of Related Hashtags (For Data See Appendix)

When considering the content resulting from searching “mental health”, far more recovery-oriented posts are observed with hope for the future. Moreover, when posts with negative affect do appear, particularly when ordered by latest, these are more focussed on the present rather than a hopelessness for the future. This is distinct from “self harm” and “self h@rm” where a much greater variety of themes and affects are visible, from hopelessness, to excitement, to regret – though also still, occasionally, hopefulness. From the analysis presented so far, the extent to which the broader spectrum of affects fit into the binary of ‘beneficial’ content versus ‘harmful’ content is less clear.

The clearest divide in search terms is between ‘mental health’ ordered by top post of all time, and “self h@rm” ordered by latest post. With 36 out of the latest 100 posts on “self h@rm” being some form of depiction of a wound, and 18 being an expression of excitement that the poster is about to self-harm, this is in stark contrast to “mental health” having one depiction and zero expressions of excitement. The search term “self harm” appears to be a middle ground between the two other chosen primary terms. There were still a broad range of affects present, as well as depictions of wounds, though in markedly lower numbers at four of the top posts and 14 of the latest featuring an image of a wound. However, a greater quantity of hopeful posts were noted, 19 of the top and 15 of the latest posts, as opposed to one of the top and two of the latest resulting from “self h@rm”.

To draw a spectrum between “mental health” and “self h@rm”, with “self harm” in the middle, needs more consideration. It is unsurprising that a spectrum like this can be drawn, as I began with “#self harm” and chose the other two hashtags specifically as ones that existed on the feed of “#self harm” and had opposing content to each other. Whilst this trend of certain hashtags being dominated by recovery content and others containing more ‘Hopelessness’ content exists beyond the specifics of my search, I imagine the exact patterns that can be drawn arise from the decisions made over which search terms and platform were analysed.

As well as being able to distinguish between hashtags, the ordering of content on a feed internally, by ‘latest’ post or ‘top of all time’, makes considerable difference. If “self harm” is ordered by most engaged with post of all time, only four depictions of self-harm are observed, compared to 14 when ordered by latest. Moreover, 30 posts had the related hashtag “#cutting” and only one had “#cvtting” for top posts, compared to latest posts having two for “#cutting” and 27 for “#cvtting”. To examine the importance of this difference, as well as the extent to which each of these search terms is related, we need to move beyond this content analysis of an out of context set of posts gained at a singular snapshot in time.

IV. Following the Thread of Individual Posts

To complement the above quantitative analysis, for the rest of this chapter I present a narrative based on the exploration of self-harm content that follows individual posts, genres, and hashtags as they move between blogs and platforms. The account does not replicate a usual user experience, but instead draws a story together by combining my own personal following of posts with the multiple ways in which the participants of this study detailed they engaged with content. The narrative starts from the above conclusions drawn out of the content analysis, and then continues by forming an affective description of the flows and rhythms of content as a result of traveling through the digital space (see Chapter 3 for more detail on my approach to this method). The composition of this tidy story is not intended to be a complete description or analysis, rather an attempt to pull out and convey certain key themes.

Where the quantitative analysis above helps detail the range of content on Tumblr, a snapshot of content at one moment in time does not allow us to examine the full effects of content moderation. I came across many posts and blogs that disappeared after refreshing my browser the following day. Also important are the effects of algorithmic content pushing. Where certain platforms have a ‘suggested’ content feature, the content viewed in the present affects the content pushed to the viewer later. This journey partially expands upon what has already been said, but does so by focusing on this temporal and dynamic experience.

Lavis and Winter write that, in their review of the existing literature on self-harm content online, contradictions in differing papers are partly the result of methodological issues. “Scholars have often explored one social media site or online space without comparing content both within and between these. Or, they have analysed images without attending to the accompanying comments.” (2020: 843). Moving beyond these more restricted accounts, this narrative crosses between platforms, hashtags, blogs, and examines imagery and text within their contextual genres that form through differing communities. This situation allows me to observe the extent to which different genres form on each platform, as well as how they interlink. Focusing on Instagram, and the dominance of recovery influencers and therapists on the platform, provides a very different picture to that of Tumblr. As I discuss in Chapter 7, the range of genres available across different platforms each serve their own purpose, with participants mentioning past use of Tumblr prior to accessing support services, and the present use of Instagram now they were on a path to ending self-harming.

The Journey[5]

a. Starting With “#self harm”

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[5] The journey taken that is detailed in this section was done on 13th December 2023. It was done in one sitting. The route detailed is not exactly what occurred, rather a summarised version of events intended to provide a clear narrative.

My journey through self-harm content began on Tumblr, as this is where I had spent much of my time viewing self-harm related content during my school years in the 2000s and 2010s. Tumblr was also the platform every participant I interviewed mentioned as a site of interest. Notably, each participant mentioned a past of using Tumblr, rather than a present use at the time of the interview. With the participants of this study aged from 24 to 30, it is notable that Tumblr had declined markedly in usage subsequent to the platform's ban on pornographic content in 2018, around the time participants each mentioned their search for offline support. The decline of Tumblr was supported by the fact that many of the posts I saw being screenshots originating from Twitter or of videos copied over from TikTok.

For this research I created a new account on each social media platform rather than continuing to use my personal ones. As a consequence, my interactions started without the impact of my previous following of any blogs. As these new accounts did not follow any blogs, I opted to begin with a search for the term "self harm" within the Tumblr search bar. This search first generated a pop-up page asking if everything was OK, and stating that if I was struggling or alone many support services were available. Although the button labelled 'Try another search' was highlighted in blue and in larger text, I instead clicked on the smaller grey button labelled 'View search results'. Doing so, resulted in the top two posts appearing, the first of which was a bland infographic from a charity based in the U.S. – a silhouette of a hand on a sunset background with superimposed text stating "when the shit hits the fan, reach out 2 me". Throughout my time on Tumblr posts of this type were common in that they repeated similar motivational quotes with a caption along the lines of 'Support makes a huge difference, remember to speak to your friends and that help is always at hand'. The second of the top two posts appearing was from Tumblr's support team, being a repeat from the pop-up page with information on different hotlines available, all based in the U.S. with a link to a separate page detailing contacts in other countries.

I then scrolled down the page and three other infographics appeared. Each of these three were abstract colour backgrounds in dark reds and blues, with two from another U.S. based charity containing the text "Talk To Me" alongside their support number, and the third stating "life is way too short to spend another day at war with yourself" alongside the contact number for the National Suicide Prevention Hotline. After these initial posts, content from personal blogs began appearing. The names of most of these accounts are common across Tumblr self-harm content, containing references to depression, suicide, sadness, pain, and other common themes. An example of these might be, 'depression-took-over-my-life' or 'MiseryAndWorthlessness' – these are slightly adjusted from the real accounts I viewed so as not to link user's personal blogs. The content of these top posts originating from personal blogs were purely text based and positive, reflecting a sense that recovery was possible and not far away.

Scrolling further down this page of listed posts, in amongst the text-based posts, digital art started to appear. The first of these digital art posts was a drawing of a person with scribbles and cartoon explosions over the face captioned “Is that making you feel better?”, with the second being a black and white silhouette of a person with the text “Sometimes sad is very big. Its everywhere. All over me.” Black and white imagery, dark colour schemes, and scribbles over human forms appeared to be common themes across digital art in this context. This appeared, in my interpretation, to be an attempt to draw depression in line with generic representations of sadness in film, TV, art and other media. Indeed, when accessing Deviant Art, a website dedicated to digital artwork, a search for “self harm” resulted solely in these types of images. People are depicted either in black and white covered partially with red scribbles to abstractly represent cutting, or surrounded with explosions of colour conveying some kind of emotional explosion or feelings of being overwhelmed.

This mix of content continued as I scrolled further down the page. The combination of positive posts and infographics combined with a few examples of digital art changed at the 21st listed post. Here, a post containing a screenshot of a poster’s phone notepad with a poem detailing how they consider themselves to be a burden and hide their emotions. Beyond this, a greater proportion of posts appeared containing themes of anger, hopelessness, and sadness. Post of this content become more common as I scrolled further, with the infographics from charities stopping entirely past the initial 30 posts. From this ordering, I interpreted that posts from charities have a significantly greater interaction than those of personal blogs, and so were pushed to the top of the ‘most engaged with’ ordering. Furthermore, I interpreted that posts with mostly positive content generated more interaction with site users.

b. Reblogs and Comments

User ‘engagement’ on Tumblr can be divided into “reblogs”, “likes”, and “comments”. The first post resulting from my search using “self harm”, from the Tumblr support team, had 440,346 interactions at the time of viewing on 31st May 2023. This post had comments turned off so these were all reblogs and likes. The reblogs to people’s personal accounts were mostly captioned with jokes about how the post containing hotline numbers had appeared while they were searching for content un-related to mental health. For example, the algorithm that pushed this post higher up the page had highlighted search terms such as “Lion King Scar”, as in the character Scar from Lion King, as a feed in need of receiving this message. Looking at the infographics from NGO accounts that made up a significant quantity of the other top posts, these also contained jokes, though in a much smaller quantity. More so than jokes were two other categories of comment: people responding with messages saying they could also be reached out to for a chat, and, the most common form of comment, people being annoyed at the poster. Some examples of these irritated responses, slightly modified so they are unsearchable, are:

> “Shut the fuck up. Please fuck yourself and your stupid efforts, you don’t care your just a meaningless fucking bot and nobody cares about you just like how nobody cares about me.

> Nobody cares about me, no one – there’s no one left anymore. I’m worthless and I want to die, I deserve to die, I should die so please please please I’m begging you fuck off.”
>
> “I just wanted to search for my condition and this comes up. You can be mentally ill and not suicidal you know. Stop making my scars a problem.”
>
> “People can’t vent anymore huh? Since when was depression considered ‘taboo’ or ‘NSFW’?”

These comments were, in turn, responded to by others attempting to help by messaging encouragement to keep going, such as “because if we died when we want to we wouldn’t get to see the amazing things that happen when we don’t give up, keep fighting I know it’s hard but I believe in you”. People also responded with links to suicide hotlines.

c. Individual Blogs

Clicking off the feed for “self harm” and onto some of the personal blogs from the users who had been posting it became clear that, for most people, self-harm posts made up only a portion of the content individuals produced. Among text and digital art about mental health more generally, there was a significant amount of writing about peoples’ favourite TV shows and anime, video games, updates on life events, and more. These blogs had been around for a while, the first posts dating back multiple years with content being posted regularly.

Several blogs were dedicated entirely to self-harm and mental health related content. These took a variety of forms, from blogs that posted uplifting poems, stories, and memes, to a smaller number of users who posted single sentence updates once or twice a week relating their condition. Most of the single sentence posts explained the extent to which the poster was tired, sad, or lonely, though with the occasional hopeful message or comment in support of another blogger managing to push through and stay alive. Multiple participants mentioned having ‘burner’ accounts on Tumblr. They had a main account where they would not post or reblog content to do with self-harm, and a second anonymous account from which they would engage with the topic. These blogs that only posted self-harm and depression related content, especially the ones that posted mostly sad content looked similar to participants’ descriptions of their burner accounts.

d. Ordering Searches By ‘Latest’

Going back to the feed for “#self harm” I changed the ordering from the most engaged with posts to the content that was posted most recently. On this ordering, other than the first post which was from Tumblr detailing support hotlines, there were no posts from NGOs and the content was all from individual’s personal blogs. The second and third posts were from users expressing their sadness, both also hashtagged with “#vent” – the second post being a drawing and the third solely text. Beyond these initial three posts, the following four were images of poster’s recent self-harm wounds. Images of poster’s self-harm had not appeared when ordering content by most engaged with, and looking at the posts it was clear this was partially because other users rarely liked, reblogged, or commented on these images. However, when I refreshed this feed the next day, it was evident that most of the images of poster's self-harm from the day before had been deleted whilst new images of self-harm had subsequently been posted. There appeared to be a cycle where Tumblr's content moderation system deleted images of self-harm wounds, which were then, with an hour, replaced with fresh images.

Almost all the images of self-harm had trigger warnings. It is unclear how useful these were, however, as the pictures self-harm appeared at the same time as the warnings, meaning you had no option but to see a wound or scar by the time you saw the caution. In a few instances the image was hidden behind the option to click to "see more", in these instances the trigger warning was clearly more helpful. Almost all the images also had text stating that the picture was "SFX", an attempt to get around content moderation by listing real self-harm wounds as special effects and not real harm. Most of the images of self-harm I analysed were of recent and bleeding wounds, almost all surface cuts on people's thighs or arms. None of the images I came across were of deep wounds, yet a lot of the cuts were bleeding heavily. Scrolling further down the feed I also came across a number of pictures of scars rather than recent wounds, though it was more common to see cuts and blood. Only one image was observed showing burn wounds, and no instances of depictions of self-poisoning, even though text related to alcohol and drugs was noted occasionally. It was not always possible to tell, but, from the judgements I could make, the subject of every image I came across was white and female. All the images were close ups of the subject wounds with bad lighting, seemingly taken in the poster's bedroom or some other private space.

Clicking onto the blogs from which these images were posted, it was clear these were also burner accounts. Most of the time the only content on the blogs were images of self-harm lacking any personal information, and all were new blogs, having been created within the previous three days. This recent creation was a result of Tumblr rapidly banning these accounts as they were created – when I returned to search for these accounts a few days later they had disappeared. Without any associated personal information listed, it was unclear whether the blogs were posting images of the user themselves, or if they were re-posting images from other users. While viewing this content I began to question the motivation and intent of the bloggers. I only found two accounts that posted images of self-harm alongside other content. Both of these accounts were over a year old and both contained personal information. It was much clearer from common features across the images that these individuals were posting pictures of their own self-harm wounds and scars, though again the intent behind posting was hard to tell from the image and caption alone.

e. "#Self h@rm", and Other Related Hashtags

Returning to the feed for "#self harm" ordered by most recent, approximately a quarter of the content was hashtagged with some variety of "#vent", "#BPD vent", "#vent post", and similar tags.

These posts were usually longer text-based posts, where posters described their life circumstances, how they felt and either apologised to the users reading their blog or expressing anger about a situation. More so than “#vent”, around half of the posts on this feed were also hashtagged with a version of the word “self-harm” with one or more of the characters changed. These hashtags included “#selfh@rm”, “#s3lfharm”, “#slefharm”, as well of a number of similarly modified hashtags related to the word “suicide”, such as “#sewerslide” and “#suicid3”.

Some of these modifications, as well as much of the slang used throughout the posts, were humorous in nature. “#sewerslide”, for instance, was clearly intended as both a reference to suicide but also as a play on words. Many of the posts using this hashtag included text-based jokes such as “I’m queer and I self harm, you could call me a fruity ninja”, in reference to the popular video game Fruit Ninja. From my review, I identified the frequent use of memes which joked about individuals who advise people who self-harm to use ‘coping mechanisms’, such as snapping an elastic band on your wrist, to help stop self-harming. There was also clear evidence of humour with posters referencing amusing situations that had occurred in the poster’s life as a result of their scars.

Following the path of self-harm content further I clicked through onto the feed for “#self h@rm”, being the most common modification of “#self harm” used. On this feed, no Tumblr pop-up content warning appeared, and no posts were observed linking users to support hotlines. While this hashtag could be located readily, Tumblr’s safeguarding content does not seem to extend here. This lack of moderation was immediately obvious in the type of content appearing. Where “#self harm” ordered by ‘top’ engaged with of all time had no images of self-harm wounds, four of the top ten posts here were of bleeding cuts, and one was of recently healed scars. These images had all existed for a number of months, and each had a total of 60-70 likes, comments, and reblogs. Most of these interactions were likes, with each receiving only one of two comments and one or two reblogs. The comments could be split into two types: users commenting “beautiful” and “omg so pretty”; or “I DO THIS TOO” and “YES the rubber band is my favourite”. The first group of users were commenting in support of the poster, expressing their view the poster had cut in a way that was aesthetically pleasing. The second group were noting a similarity to their own harm, often in capitals that came across as excitement for finding content to which they could relate.

Whilst these posts were at the top of the most engaged with on this hashtag, the level of engagement received was still significantly less than on “#self harm” where the top three posts had ~530,900, ~441,300, and ~187,200 engagements respectively, as opposed to the 60-70 engagements from “#self h@rm”.

f. Eating Disorder Content and Algorithmically Generated Suggestions

Content on “#self h@rm” also had more eating disorder related content than on “#self harm”. This increased further when sorting “#self h@rm” by latest post rather than most engaged with, posts also being hashtaged with other terms such as “#thinspo” and “#anorex14”. A significant quantity of the eating disorder related content was reposted from TikTok. This made sense as, whilst me and the participants of this study mostly used Tumblr when self-harming, the platform had drastically decreased in user numbers after sexual content was banned in 2018, and TikTok had become a new major platform.

Unlike Tumblr which offers a pop-up content warning when searching “#self harm” but still allows users to view the posts, TikTok redirects users to a page with the Samaritans Hotline number and a sentence saying “You’re Not Alone” with no option to click through to videos. Consequently, my research on TikTok necessitated beginning my investigation through the content on individuals’ accounts rather than on hashtags. Some videos copied to Tumblr had the original TikTok posters’ account names included, allowing me to search for these users.

The first account I identified was a user whose video was a slideshow autobiography of moments from their life with superimposed text stating “If it ever ends up happening … Just remember … I tried my hardest”. Whilst this video had received only one comment on Tumblr, the original post on TikTok had 2,496 likes, 23 comments, and had been saved to rewatch by 618 users. Each of the TikTok comments took a different tone to most of the comments I had seen on Tumblr, making statements such as: “stay strong <3”; “I need you to stay”; and “here for you”. The other videos on this poster’s account followed a related theme, with almost all the associated comments being similar as well. The account was not anonymous, with both the poster’s name in the account username, and their face and other identifying features in all the videos. The account had ~53,800 followers and the posts had ~630,800 likes in total. The blog’s profile had a subheading stating “safe place <3, you are not alone”. A few comments varied from those supporting the poster, one of which said, “Finally a vent account! I don’t know if anyone is listening but I have so much I want to say”. The account holder had responded to this with “I’m so sorry sending <3”. Similar to Tumblr, the language of “vent” was used. Clicking through to the user who had posted the excited comment at finding a ‘vent account’, their account did not have any content related to self-harm: consisting primarily of self-filmed recordings playing video games.

TikTok largely functions around the “For You Page” where the platform’s algorithm pushes videos to users that it thinks they will enjoy. TikTok in particular has faced criticism for the content of these pushed videos (Maheshwari, 2022; Milmo, 2023; Paul, 2021). Ray, one of the participants of this research, highlighted how, within two hours of downloading the app and creating an account, they were sent eating disorder related content. Ray suggested this was because they had been searching for fashion and modelling videos and the algorithm had worked its way from there to “thinspo” videos. A researcher writing for the Guardian newspaper had a similar experience: when looking into dieting content on social media, they received posts with hashtags such as “#IWillBeSkinny” and “#thinspoa” pushed to them within 24 hours of searching the more popular health and fitness hashtag “#WhatIEatInADay” (Paul, 2021). Criticism of TikTok’s algorithm extends beyond posts about eating disorders, with focus also on self-harm, and right-wing content which are also both often prioritised and pushed to users' For You Pages even though individuals had not necessarily been searching directly related hashtags. My own experience corroborates these findings: the For You Page of the TikTok account I used for this research, consisted primarily of pushed self-harm content. This made it easy to remain stuck in a loop of related posts.

Examining the accounts pushed to me through my For You Page showed most were similar to the 'vent account' detailed above. Again, as with Tumblr, a clear gendering was noted with all the users being women. However, with TikTok's user base being younger, the average age of the posters appeared, from what I could tell, to be lower – every poster I came across appearing to be in the 14-18 year old range. The defining feature of these accounts was the content focussing solely on the user's mental health and not other parts of their life. These pages were not anonymous and many of the videos identified the users' faces. Almost all the videos contained a negative affect with captions highlighting the user's struggles, self-harming again after a period of abstinence, or that they were unable to converse with anyone outside of TikTok. Whilst limited interaction between users was noted, in the sense of full-scale conversation, the comments on these TikTok videos followed a pattern whereby followers would respond with supportive messages such as "keep going" and "not give up".

The videos on these accounts were hashtagged with similar modifications to the word "self harm" as had occurred on Tumblr – "#selfh@rm", "#selfhrm", and more. While TikTok blocked showing "#self harm" these other terms were visible, although I noted these are also gradually being blocked. When I commenced this research in 2019 "#sh" was the main place for self-harm content on TikTok, but by 2024 this hashtag had been blocked.

g. Difference Between Tumblr and TikTok Self-Harm Genres

On TikTok I clicked through onto "#self h@rm" in the same manner as I had done on Tumblr, although the content here on TikTok was significantly different. In my extensive research on TikTok I only identified one video of a bleeding wound, and this was deleted within an hour of my viewing. To some extent, this suggests TikTok has implemented an effective moderation system with regards to this particular genre of imagery. Many pictures of scars could be found on TikTok, but these were framed differently to the images on Tumblr. Where images of scars on Tumblr are zoomed in to exclude everything but the wound, on TikTok the scars are visible only as part of a wider body image. Additionally, on TikTok, the videos discussed the impact the scars had on the video poster's life rather than being solely an uncaptioned and uncontextualised image. A range of messages were observed including: users discussing the extent to which they were recovering and coming to terms with their scars; their wish for bigger scars and a desire to self-harm again; and, the content I found hardest to watch, videos of people crying over feelings that they were never going to be beautiful because of the quantity of self-harm scars they had.

h. Therapists and Recovery Bloggers

My research identified a significant number of therapists and recovery bloggers on TikTok, as opposed to Tumblr where I mostly came across content from charities. The exceptions to this were content with links to “#mental health”. On TikTok more users shared their personal journey towards recovery, with these user accounts have a very different ‘feel’ to the ‘vent accounts’. These accounts often had self-harm content posted amongst other videos of their life, and the posts about mental health were all framed in hopeful terms with positive affect. Occasionally I came across a post on one of these accounts stating the poster had self-harmed again, but these posts were still framed in the language of recovery with captions such as “recovery isn’t linear, just remember you are enough”. These recovery blogs had far more followers than the vent blogs, including one account with 2.1 million followers with their associated posts totalling 131.6 million likes. The comments on these blogs remained similar to the comments on the ‘vent accounts’, with most from users stating things like “I can’t anymore” with numerous responses telling the user they ‘can do it’ and should ‘keep going’. Many users thanked the video poster and gave supportive comments such as “you are doing amazing, push through this”.

The therapists posting on TikTok all had linked Instagram accounts on which they would post the same content on both platforms. I followed this content over to Instagram and searched for the therapists who I had found on TikTok. The content included wellness and mindfulness infographics, as well as videos setting out tips for self-care and motivational quotes. Where on Tumblr the infographics from NGOs had largely been received with negative comments, and even hate, these posts on Instagram received positive responses, with users seriously engaging with the content and thanking the poster for their help. The therapists also involved themselves in discussions in the comments, unlike the charities on Tumblr who posted and did not follow up to engage further.

It was noticeable that Instagram felt significantly different to the other platforms: for example, searches for “#selfharm” were not possible, with the user instead directed to “#selfharmrecovey”. Consequently, all the content I came across was recovery oriented, with none of the variety of personal accounts found on TikTok or Tumblr outside of recovery blogs. One of the participants of this research project, Diana, noted that, on Instagram, they followed several private accounts from friends and people they had met whilst in hospital. Within our discussion of these accounts, and considering the structure of Instagram as based around following other users, it became clear to me that ‘venting’ and individuals posting their recent bleeding wounds might exist on Instagram, however if it did, it occurred privately in a way others could not merely stumble across.

V. Algorithms and Resisting ‘Helpful’ Versus ‘Harmful’

The narrative and quantitative analysis above raise major questions about the nature of self-harm content on social media platforms. There appears to be an ambiguity over the classification of material as either ‘helpful’ or ‘harmful’. Returning to the quote from Brown:

> The popular consciousness assumes that it’s possible to draw a very clear distinction between self-harm promoting material and material that is constructively autobiographical or supportive. This is problematic where the nature of self-harm is that it is an embodied experience. (2019: para. 6)

Where Brown suggests the embodied nature of self-harm resists neat categorisation, I might, at first, respond that separation does actually appear to occur in practice between content that is recovery-oriented and content that is not. Indeed, search terms like “mental health” and “self h@rm” have significantly different content and limited cross interaction with regards to common hashtags. Therapists and recovery influencers tend to confine themselves to Instagram and TikTok, and have little cross over with ‘vent accounts’ found on TikTok and Tumblr. Clinicians rarely appear on Tumblr, and charities post on “#self harm” and “#mental health”, but do not post on “#self h@rm” alongside this hashtag’s more ‘graphic’ content. Aesthetic and affective genres form along platform and hashtag lines and although cutting is prioritised across all platforms, the ways in which this is photographed and engaged with varies considerably.

This clear divide would only be a valid conclusion, however, if we focused solely on a surface level account of the extreme cases of “#self h@rm” on Tumblr ordered by latest posts versus “#mental health” ordered by those which had the most engagement. Content on “#self h@rm” appears to fit neatly into the category falling foul of community guidelines and best practice advice to not “promote”, “normalise”, “encourage”, or “depict”. “#mental health”, on the other hand, is hopeful about the future, does not directly depict or talk of methods of harm, and where sad, is not framed in terms of an impossibility of recovery, just a negative present. Yet, to demand only the benefits of “#mental health” flattens the wide variety of affects available to us on “#self h@rm”, TikTok’s ‘vent accounts’, and Instagram’s private blogs, into one category of ‘harmful’.

This is where Brown’s quote is illuminating. Although some separation between content is apparent, it would be erroneous to conclude that a user ‘venting’, or shared memes about self-harm, are “promoting material” as opposed to “constructively autobiographical”. These are just as much embodied affects of self-harm as hopeful, recovery-oriented content is. Regardless of whether sharing a desire to self-harm online is harmful or beneficial, or whether making light of the act is helpful, individuals structure their understanding of their self-harm and their ability to care for themselves through such experiences. To demand their removal is to demand that individuals cannot express ‘harmful’ feelings in this space, and frames certain forms of affect and experience as ‘too risky’.

The removal of some content might be justified, even if this would flatten which affects can legitimately be expressed online, for example if we believe the resultant harm outweighs any benefits. The approach must be nuanced, however. Indeed, to conclude that certain expressions of lived experience are more harmful than beneficial requires a more extensive discussion of the role social media plays in supporting users, and the duties which legitimately underpin regulation and the safeguarding of those who self-harm.

Molly Russell's death in 2017, with the Prevention of Future Deaths Report highlighting the fault of self-harm content on social media, had wide reaching consequences on the regulation of online space. The coroner's report stated: "The sites normalised her condition focusing on a limited and irrational view without any counterbalance of normality" (Walker, 2022: 2). To make such a claim, that there was only a limited view available with no "counterbalance of normality", is again to draw a clear divide between 'acceptable' spaces such as "#mental health", and feeds such as "#self h@rm". Statements such as those from the coroner, which take no account of variation in self-harm communities considered harmful, miss the immense variety of affects displayed, even within just one hashtag. To flatten this range down to a "limited and irrational view" again makes clear that affects and embodiments of self-harm are to be hidden unless focused on a limited perspective of recovery.

In making the above, and similar, claims, certain online spaces, narratives, and communities are perceived and labelled as illegitimate to engage with, furthering any divide between the types of content on "#mental health" and on "#self h@rm". Charities do not post on "#self h@rm", instead, they post a restricted kind of content to "#self harm" on Tumblr, largely unwanted given the subsequent comments responding to them. Many reasons can be given for charities' restriction to a certain kind of engagement with social media, as discussed further in Chapter 7, however, it is clear that though acting in this manner charities are not just theorising a divide in content, but actively creating it in practice.

Highlighting spaces as singular and harmful makes sense if perceiving those going online as only 'victims' of malicious actors or algorithms pushing content to vulnerable users, rather than as users actively searching for and producing the content available. Potentially, if users and viewers are considered more 'active' and able to participate, we might prioritise discussion over deletion – this being a deletion that often serves to further isolation as users move off broader hashtags like "#self harm" and onto "#self h@rm" to avoid moderation systems.

If the objective is to help and support users viewing content considered 'harmful', I argue there needs to be a better understanding of how users move between hashtags, blogs, and platforms, and work out how to intervene in the spaces which need to be improved rather than simply deleting disliked content. Within this discussion of the patterns of movement through online content, moderation, and user agency, it is key to return to a theme that has run through this chapter – that of the rhythms of online space, which I now come on to discuss in terms of ‘algorithmic governance’.

Where I have written about algorithms so far, I have done so in two seemingly conflicting manners. At once they are spoken of as tools developed by technology companies that operate as per safeguarding and community guidelines defined by teams of coders. Yet, algorithms are also discussed as functioning with their own agency – as deleting and suggesting content of their own accord. Alongside my writing, others write of algorithms as agential: Samaritans guidance for effective content moderation states the need to ensure “algorithms don’t push self-harm and suicide content towards users” (Samaritans, 2020b), and writing about eating disorder content on TikTok often raises concerns of algorithms promoting ‘harmful’ content on users’ For You Pages (Paul, 2021). The emphasis of these concerns being that algorithms appear to act beyond the apparent intent of technology companies, resulting in the promotion of ‘harm’.

This follows a broader trend in Science and Technology Studies and Sociology, where algorithms have “developed into somewhat of a modern myth” (Ziewitz, 2015: 3). They are written of as entities that rule, sort, and classify (Striphas, 2015; Coletta and Kitchen, 2017; Burrell and Fourcade, 2021), as well as being obscure, inscrutable, and difficult to analyse (Ziewitz, 2015; Introna 2015; Neyland, 2015). When using the term ‘algorithmic governance’, I am thus referring to the use of algorithms and automated decision-making systems by companies to regulate and manage processes on social media platforms, but also as computational systems that make complex decisions where both inputs and outputs are neither transparent nor obvious (Tufekci, 2015). It is within this context that Zeynep Tufekci states that it “may be best to conceptualise of algorithms as “actants … in that they are computational agents that are not alive, but that act with agency in the world” (2015: 207).

In discussing the subjective decision-making processes of social media moderation tools choosing which content to prioritise and which content to delete, algorithms appear to be, in part, determined by pre-defined regulatory and safeguarding processes, yet also functioning agentially within the broader socio-technical space of user engagement, consumption, and production. Moderation algorithms sometimes delete posts and profiles determined to be ‘encouraging’ or ‘normalising’ as per community guidelines, but the same content may be promoted depending on hashtag, ordering, platform, time, users’ socio-historical identity, and many other factors.

As mentioned in Chapter 3, as well as early in this chapter, these patterns of deletion and promotion can be understood alongside Lefebvre’s conception of ‘rhythm’. The concept of ‘rhythm’ attempts to theorise how repetitions occurring in time and space create “a sense of the familiar, a sense of place”, yet that these repetitions always unfold in an “imperfect form, or might be ‘punctured, disrupted or curtailed by moments and periods of arrhythmia” (Coletta and Kitchen, 2017: 3). In noting the importance of ‘rhythms’ to the functioning of algorithms, Shintaro Miyazaki coined the term ‘algorhythm’ to challenge the notion that algorithms are purely mathematical step-by-step instructions - instead, noting the importance of the rhythmic, temporal and affective impact of their decision making (Hartong et al., 2024).

If theorising social media and their governing algorithms as functioning to create particular affective spaces, we can then analyse the spaces produced – hashtags, platforms, users’ profiles – to “unpack the ways in which time, space, and lived experience are folded into, conditioned by, and produced through various rhythms” (Coletta and Kitchen, 2017: 3). This has been the focus of this chapter. Through beginning with an outline of top-down governance enforced through moderation systems, and safeguarding and community guidelines – the “linear” rhythms of digital space – I have moved on to outline the forms in which ‘harmful’ content exists regardless. Certainly, there are areas dominated by recovery and wellness content, therapists’ profiles, and support services, yet multiple affects of self-harm continue to exist as the intended repetitions are “punctured, disrupted [and] curtailed” by users grappling with their own lived experiences of cutting, scars, and hopelessness. It is in these moments of “cyclical” rhythm, where content is deleted, reposted, shared, commented on, and returned to, that shared communities come to produce and resist the dominant narratives of harm and health.

It would be easy to suggest that any problems resulting from self-harm content are purely a problem of technology companies not thinking carefully enough about their algorithmic moderation and suggestion tools. Whilst true in part, this top-down view of the rhythms of social media fails to engage with the fact that, regardless of risk and content removal, users continue to consume, engage, and post a wide range of affects and experiences of self-harm. Indeed, if we understand algorithms as designed to promote content to keep users scrolling and engaged, it is in the cyclical rhythms of users continuing to post, like, and comment on self-harm content that algorithms are led to suggest posts that go against platforms community guidelines.

The rhythms produced by algorithmically governed platforms are multiple and contested and attempts to improve the regulation of online space cannot be contained within technical discussion and the improving of safeguarding systems. Instead, there is a need to examine in more detail users’ choice to go online, the reasons given for doing so, and the ways users discuss their actions as agential or not.

This is what I move onto in the next chapter.

Chapter 6

Why Online? Agency and Rationality in Reasons Given for Viewing and Posting

I. Introduction

The most significant article of legislation governing the regulation of self-harm content on social media in the U.K., though enacted with global consequence, is the Online Safety Act, 2023. The passing of this Act into legislation came alongside nuanced suggestions from the Law Commission and the charities sector, who attempted to protect ‘beneficial’ content whilst blocking access to harmful posts. Where some recommendations do contain nuance, the broader discourse surrounding parliamentary proceedings tended to reduce viewers of online self-harm content to ‘victims’.

This chapter commences with an analysis of statements placing users as victims. The Online Safety Act criminalisation of those who “intended to encourage” another individual to self-harm poses this victimhood as arising from the threat of malicious actors. However, media accounts, as well as the legal duty also introduced by the Act to prevent children from “encountering” harmful content, suggest that individuals are victims of the act of ‘viewing’ itself. This language mirrors that of ‘contagion’ – that purely by viewing content, by being in its presence, the viewer then begins to self-harm. Through critiquing ‘contagion’ and its presentation of social media users as passive viewers, I respond that individuals who are viewing are often also posting and making an active choice to go online.

I posit that the predominance of passive victimhood in explanations of social media use partially arises from regulatory discourse often ignoring the voice of the young people who are supposedly being protected. This position is supported by the reasons participants give for why they went online. In summary, all explain that going online was necessary, being the only space available for them to engage with their self-harm. Where the coroner’s report into the death of the teenager Molly Russell places the social media posts she viewed as “irrational”, the participants of this study place their use as a “rational” attempt to cope and care for themselves. The ‘rationality’ of self-harm being narrated here is like that in Chandler’s (2012) article *Self-Injury as Embodied Emotion Work* – as purposeful, means-end reasoning adopted to manage one’s emotions and the world around us.

However, in concluding this chapter, I also note that participants’ accounts are not simple in their application of ‘rationality’. Each participant expressed multiple harms that arose from their use of social media and spoke of their present engagement with recovery focused content as more “intentional” and “aware” than their past interactions. This left viewing and posting on social media as at once passive and harmful, while also being ‘rational’, active and caring. Using Dennis (2017), I examine how participants’ narrations resist a neat binary of content as rational or irrational. Where accounts discuss pleasure and desire at the same time as a craving and sense of being trapped, a productive tension occurs allowing us to disrupt notions of what policy and regulation considers ‘legitimate’ suffering, and how platforms and online communities mediate wants to self-harm.

I, therefore, place self-harm content on social media as neither only a rational response to everyday struggles, nor entirely a space where passive individuals are at risk of harm. Instead, I conclude that, where current regulation flattens use to victimhood, we need to broaden our basis of understanding to include the full range of affects online. These include explanations of the necessity and importance of the space, but also the consequential harms and the expressed desires to have avoided online use in the first place.

II. The Online Safety Act: Contagion and Passivity

The new offence introduced in the Online Safety Act addresses “encouraging or assisting the serious self-harm of another person”, with the act being criminal if it had “intended to encourage or assist”. The Act also introduced a new legal duty for platforms containing user-generated content to “prevent children of any age from encountering, by means of the service, primary priority content that is harmful to children”. The Act defines ‘primary priority content that is harmful to children’ as “content which encourages, promotes or provides instructions for an act of deliberate self-injury” ('*Online Safety Act, 2023*'). The inclusion of these duties followed recommendations from the Law Commission, in a report titled *Modernising Communications Offences*. The document states that, if the recommendations it suggests are followed: “We are now confident that, in serious cases, the criminal law can offer protection to victims of self-harm” (2021: 11).

“Victims of self-harm”, the term being used to describe users online, is significant. The language of victimhood, in relation to self-harm and online content, is repeated throughout government documents. ‘Victim’ also appears throughout news media: individuals are victims of social media, of viewing self-harm related content, and of online trolls and cyberbullying – in each case these interactions leading the individual to self-harm to a greater extent than they would have otherwise (i.e in Lester, 2023; Sellgren, 2018; Malik 2019). The fear of online trolls and cyberbullying repeated through news reports is certainly a key concern of the Online Safety Act. The new offence of “encouraging or assisting the serious self-harm of another person” is a response to this, whereby users of social media platforms are posited as at risk from others who maliciously post content, intending to manipulate people into increased self-harming.

In situations where individuals are pressured or persuaded to self-harm by malicious users who “intended” to make another’s life worse, a response is certainly needed. However, the situation is not as clear as the framing above suggests. From the content scraped from Tumblr, and my journey through online self-harm content, detailed in Chapter 5, malicious intent is a rare occurrence. Occasionally, I noted blogs containing images of self-harm on a wide range of bodies, implying these were images of injuries beyond merely those of the poster's own body. A possible conclusion is that these users are malicious individuals who are not themselves self-harming but are posting others' bodies to maximise the number of 'triggering' images online. Alternatively, the blogs could equally be from individuals who do self-harm and want an outlet to 'vent' their feelings, but, for whatever reason, do not merely post images of their own self-harm. I leave the question of the intent of these blogs undecided as I was not able to contact the individuals running them for clarification. In Chapter 7, I return to examine "#vent", and 'vent accounts', more, but the case can be made that venting personal lived experience is distinct from, or at least more complex than, merely posting with the malicious intent to encourage others.

Moreover, the posting of a range of images of different bodies, combined with a lack of clarity over the identity of the bloggers, is largely an issue limited to Tumblr and Twitter where anonymity is easier. On TikTok and Instagram, far more popular platforms, anonymous posting of other bodies is more difficult due to the structure of the sites. On TikTok, content is required to be in video form with the majority of posts including the account owner's face. In addition, on Tumblr and Twitter, blogs that post only images of self-harm are quickly deleted by content moderation systems, a situation that has prevailed since content moderation was introduced more thoroughly in the mid-2010s. Many accounts I opened, and later came back to, were blocked – all within a few hours or days of posting the first post. The blogs on Tumblr containing pictures of self-harm that managed to stay 'live' for longer contained a range of posts beyond just these images, from: posts about different 'fandoms'; the account owner's relationships; school life and homework; and more. These accounts are almost certainly not malicious actors in the sense referred to in the Online Safety Act, instead likely being run by individuals who wish to share aspects of their life.

The way in which site 'trolls' appeared primarily was in direct messages. My review of different hashtags on Tumblr, outlined in Chapter 5, identified three instances of users sharing a screenshot of a message received telling them their pain was deserved, or that the receiver should kill themselves. These messages are clearly malicious cyberbullying and are a problem. However, the issue with these messages arises from their nature as cyberbullying, rather than the larger issue with self-harm content the new offence resulting from the Online Safety Act (2003) suggests. Indeed, the Law Commission report agrees with this, stating:

> However, being an area of complex public health policy, this is a difficult area in which to introduce criminal offences: the risk of criminalising vulnerable or young people is acute. We therefore recommend a narrow offence based on the intentional encouragement or assistance of self-harm amounting to grievous bodily harm (whether or not that harm resulted) (2021: 11)

The Law Commission suggestion of a ‘narrow’ framing follows their analysis suggesting a potential risk of online peer support and expert advice being criminalised. As a result, the Commission proposed only a ‘narrow’, limited offence where intent must be taken into consideration. This is vastly different to the broader framing of individuals as “victims of self-harm” or as victims because they viewed content on social media. It is instead more akin to the framing of individuals as victims of trolls and cyberbullying. As such, in the translation of these Law Commission suggestions into the Online Safety Act there seems to have been an expansion of the framing from ‘narrow’ intent to a broader victimhood. Consequently, an understanding of how this widening occurred is important.

A significant influence on the U.K. Government during this time was the media outcry following the death of Molly Russell in 2017 and the subsequent coroner’s report following the resultant inquest which concluded in 2022. The predominant discourse here framed online content in its entirety as problematic.

The coroner’s report into the death of Molly Russell was cited by U.K. media outlets frequently during parliament proceedings. In the report, content online is framed as problematic in and of itself, beyond interactions with trolls and cyberbullying. The report commences the details of the circumstances of Molly Russell’s death by stating: “Molly appeared a normal healthy girl who was flourishing at school” and moves on, three sentences later, into an extended critique of online content:

> Molly subscribed to a number of online sites. At the time these sites were viewed by Molly some of these sites were not safe ... The way that the platform operated meant Molly had access to images, video clips and text concerning or concerned with self-harm, suicide or that were otherwise negative or depressing in nature … Some of this content romanticised acts of self-harm by young people on themselves. Other content sought to isolate and discourage discussion with those who may have been able to help … In some cases, the content was particularly graphic, tending to portray self-harm and suicide as an inevitable consequence of a condition that could not be recovered from. The sites normalised her condition focusing on a limited and irrational view without any counterbalance of normality. It is likely that the above material viewed by Molly, already suffering with a depressive illness and vulnerable due to her age, affected her mental health in a negative way and contributed to her death in a more than minimal way (Walker, 2022: 2)

Given the report’s impact on policy and regulation it is necessary to critically examine the language used in its drafting. Before coming onto the contents of the report itself, however, I first look at how surrounding discourse largely flattened any nuance.

Newspapers and other media focused on the summary statement given at the top of the report: “Molly Rose Russell died from an act of self-harm whilst suffering from depression and the negative effects of on-line content” (Walker, 2022: 2). This statement, through translation into news articles, became: “The 14-year-old schoolgirl from Harrow, northwest London, was found dead in her bedroom after viewing content related to suicide, depression and anxiety online” (Sky News, 2022); “[The coroner] said the images of self-harm and suicide she viewed “shouldn’t have been available for a child to see” (Crawford and Bell 2022); and “Molly, 14, from Harrow, north-west London, killed herself in November 2017 after viewing extensive amounts of content online” (Milmo, 2022). This reporting places the *viewing* as leading to Molly’s death, that the viewing of content online was itself the mechanism that led her to further self-harm and ultimately to her death.

Explanations of viewing itself as the problem follow a long trend of self-harm being seen as “contagious”. The language of contagion is multiplied here with its history of use to explain broader perceived problems with digital media in society, from violence in video games, to social media ‘radicalisation’. Chaney (2019) notes that, from the 1980s, multiple clinical papers exist theorising how, in inpatient settings, seeing or being around others who self-harm resulted in the spread of the behaviour. Chaney goes on to state how, through the 1990s and 2000s, this idea then began to be applied to media depictions of the act – with the language of “epidemic” and “contagion” coming to the fore. Here, self-harm is likened to a disease, in the sense that just being around someone who self-harms can lead to its transference, the ‘being around’ in the case of digital media consisting of viewing an image of self-harm. These papers are no longer merely looking at inpatient settings, but instead are examining contagion as a factor in friendship groups, in subcultures, and, alongside the development of the digital, online forums.

Contagion theory has, however, been criticised by multiple individuals from critical social-psychology and suicide studies, especially when it has been brought outside the clinic.

In a *Psychological Review* article describing his work as the principal investigator on the *Beyond Contagion* ESRC funded project, John Drury critiques a simplistic version of contagion theory. This version, where behaviour spreads “essentially through exposure or contact (whether literal or metaphorical)” (2018: 2), is similar to the explanation given within statements that suggest people self-harm to a greater extent merely from viewing online content. The mechanism provided in this contagion reasoning is a simplistic transmission of self-harm, from the social media content to the act of doing – that purely through exposure to self-harm images or text a viewer will self-harm more. Drury points out this theory “serves to imply that spread is unthinking, automatic, passive and primitive” (2018: 3).

Drawing upon his research examining rioting and group behaviour, Drury goes on to detail the extent to which the framing of ‘unthinking contagion’ serves only to denote the act of rioting as bad. Individuals are discussed as acting without thought, conceptualised as swept up in a mob or crowd. This point holds similarly in examples of news media explanations of online self-harm content. Almost all news media around the time of the inquiry into Molly Russell’s death framed online self-harm content as purely bad, based on the ‘contagion’ understanding of those viewing as “passive”. When news reports talk of “social media’s young victims” (Lester, 2023), the language leads the reader to understand the young people in question in a specific way, with Oxford Language’s definitions of ‘victim’ highlighting this clearly as: “someone who has come to feel helpless and passive in the face of misfortune”.

That news media highlighted online content as negative is unsurprising in the context of reporting Molly Russell’s death. However, these articles did not suggest a universal homogenous response to viewing. Multiple reports mentioned a psychologist who testified during the inquiry into Molly’s death. This psychologist described viewing the content that Molly had seen, mentioning it as “distressing” (Milmo, 2022), yet this viewing was not taken as something which would lead the psychologist to personally self-harm. Indeed, it would be absurd to suggest that anyone who happens to view an image of self-harm or enters a discussion about it necessarily then starts self-harming. Yet, if an action is done unthinkingly by passive reactors, how do differences in response occur?

Here, it is useful to examine Mueller and Abrutyn’s (2016) theorisation surrounding the occurrence of ‘suicide clusters’. Like the language of contagion surrounding self-harm, instances of multiple suicide are often noted as occurring in close geographical and temporal proximity. Where traditionally sociological accounts, following Durkheim, have posited a lack of social connection as a major cause of suicide, the idea of intra-community ‘clustering’ appears to pose challenge. It is here that Mueller and Abrutyn state:

> “integration and regulation are not in and of themselves helpful or harmful; instead they are context-specific conditions that can be either positive or negative based on the content of the social ties and an individual’s characteristics” (2016: 891)

Instead of just focusing on whether individuals are integrated into a community or not, sociological accounts need to examine the content and characteristics of the community’s social ties. Clusters, then, occur because of the specifics of communities’ norms and interactions and how they lead individuals to respond in certain ways. As Abrutyn and Mueller note: “solidarity [is] a product of a shared, collective conscience that spreads through ritualized, emotion-laden interaction” (2014: 225) – and different interaction may involve and produce a wide range of affects and embodiments.

Taking this theorisation from critical suicide studies into the context of online self-harm, we can then see that a distinction might clearly be made between discussion of the psychologist’s viewing and of Molly’s viewing. The psychologist who testified at the inquiry into Molly Russell’s death was part of a community that had a different “ritualized, emotion-laden interaction” – that of disgust at witnessing expressions of self-harm – and thus was not affected in the way Molly was. Whilst this might seem an obvious consideration, it is an important one. Through noting different reactions, we shift the debate away from the ‘viewing’ itself as a harm, and towards a need to consider the specifics of the interaction, or as Mueller and Abrutyn put it: “the content of the social ties and an individual’s characteristics” (2016: 891).

Where news articles and the coroner’s report do engage with the details of the “individual’s characteristics”, it is often through the highlighting of the age of Molly as one of “social media’s young victims”. Molly Russell and those like her are posed as children, with content then framed as negative through language of “depressing”, “graphic”, “normalising”, and “irrational” (Walker, 2022: 2). Heney (2019) notes a similar pattern surrounding self-harm and young people when discussing a Guardian newspaper interview with children’s author Jaqueline Wilson. Here, Wilson talks about her reluctance to include self-harm in her stories for fear that young people would then be led to act in the same way. Children are figured as particularly at risk from ‘copycat’ acts of self-harm. Heney notes that: “this articulates a much-repeated belief regarding depictions of self-harm; that such depictions have a responsibility not to be thoughtful, or to be sensitive, or to be interesting, or to be true but rather simply have a responsibility to dissuade people from self-harming” (2019).

Headlines such as *Online Images of Self-Harm Encourage Copycat Behaviour* (Sellman, 2023) are not just making a factual claim about self-harm transferring person to person, rather, a moral judgement is being made about the existence of self-harm content in itself. The responsibility to dissuade individuals from self-harming means copycat behaviour needs to be avoided at all costs. With young people being considered particularly vulnerable, Molly Russell’s age when she died, 14, is highlighted throughout the inquest report. Government policy around self-harm is also overwhelmingly targeted towards children. Adults are almost entirely left out of the Online Safety Act due to the wariness of members of the House of Commons to extend legal duties to over-18s that could be a restriction on ‘freedom of speech’. Risk to adults is so underrepresented that the Samaritans (2023) published a press release stating the U.K. Government was “failing the public” by this omission.

Within policy a distinction begins to appear between adults at risk of having their “freedom of speech” removed, thus being rendered as agential, whilst young people become ‘passive’ ‘victims’. This difference could arise, in part, from the distinct methodologies employed when approaching young people and adults – accounts highlighting ‘contagion’ as the key risk, rarely, if ever, include the voice of those who view or have viewed content. Research is cited in each case stating that, for example, “77% said they had self-harmed in the same or similar ways “sometimes” or “often” after viewing self-harm imagery” (Samaritans, 2022a: 4). However, quantitative responses to the question of why individuals go online, and the effect this has, do not allow individuals to express why it is they chose to view and post content. Children are, however, posting, sharing, producing, editing, and creating online content. Inevitably, ‘passivity’ will be a highlight of explanatory accounts when the individuals that regulation is supposed to be protecting are not consulted.

Following from this, it is necessary to move away from regulatory documents and media discourse and begin to examine the reasons individuals give for their own social media use and behaviour. Looking to the accounts of the research participants, all of whom viewed self-harm content on social media platforms when under 18, a complex range of reasons were given for going online. The next section moves on to examine these reasons, and the framing of the choice to view content as one made by actors rationally choosing to do so in response to the circumstances of their life. Certainly, participants still frame the viewing of online content as doing *something*, but what that thing is cannot be reduced to merely increasing negative affect and individuals increased self-harming.

III. Participants' Narrations of Use as Rational Actors

Where this chapter started its analysis of online self-harm content from the perspective of government policy, a very different picture appears in the accounts given by participants. Regulation perceives those going online only as consumers of content, with individuals who create content rarely being mentioned. As already noted, a wide range of reasons exist for social media use that cannot be flattened into desire to cause harm to others. On top of missing accounts from users producing content, explanations of consumption largely focus solely on algorithms pushing unwanted posts to users. Algorithmically suggested content is important to consider, however the reasons for viewing mentioned by participants extend far beyond this.

When narrating their own use, participants of this research often spoke of doing so as actively chosen and legitimate given their life circumstances – a framing oppositional to regulation's "passivity". I now come on to analyse these narrations, and then critically engage with them in the next section.

The most common explanation given by participants for their online use was that social media provided a place to discuss and engage with self-harm where, for a variety of reasons, they felt unable to do so elsewhere. Diana mentioned this as: "I think I was aware of the real-life consequences that come from sharing with people in my life who cared about me directly, so I was able to like have that … discharge that need of sharing my experience, without having to deal with any real-life consequences". Much can be discerned from this statement, but for now I wish only to highlight the proposed threat of consequences offline as a key issue in the move to an online presence. Similar comments were made by all the participants of the research I have undertaken here, although differences were noted in each account as to why this fear of 'real-life consequences' was the case.

Participants detailed their experiences of self-harming as something that was (partially) hidden. Indeed, this is a common account of self-harm, as something that occurs in bedrooms, behind shut doors, and with attempts to cover up the resultant wounds and scars. Social stigma surrounding self-harm has received significant attention, with multiple mental health charities' campaigns focusing on stigma reduction as a key element in improving mental health care. Academic literature, mostly from psychiatry and nursing studies, has focused on stigma from medical and clinical staff (Gibson et al., 2019; Law et al., 2009; Mitten et al., 2016) and from the general public (Lloyd et al., 2018; Newton and Bale, 2012; Nielsen and Townsend, 2018). Charities' campaigns focus on the extent to which this fear of response from others leads individuals to non-disclosure of their self-harm, either to friends, family, or with regards to seeking medical support. One of the preeminent campaigns was Mind and Rethink Mental Illness's *Time To Change* campaign which ran from 2007 to 2021. Throughout this period, multiple U.K. governments published mental health strategies, most of which also contained commitments to reducing stigma and discrimination.

Related to this discussion of stigma is both Ray and Diana's mentioning of their parents as lacking knowledge of how to respond to their self-harm. Ray mentioned that they always tried to hide their actions from their parents, though were often "found out". They stated: "A lot of older people and my parents and people like that tend to not be very good at validating emotions and their own emotional regulation, so it becomes quite hard to turn to them for support sometimes, so I guess there was the online for connection and security and stuff". Stigma from family, here, resulted in Ray feeling like they had to go online for security when speaking about self-harm due to their parent's inability to "emotionally regulate". Ray spoke of being shouted at a number of times. Importantly though, Ray's comments, and similar ones from Diana, go beyond merely fear of response when "found out". Indeed, both Diana and Ray mention their parents did continue to notice scars and wounds however much they tried to hide them, but that, whilst these did elicit a (negative) reply occasionally, the predominant response was silence.

Instead of fearing the consequences of visibility offline, both Ray and Diana's experiences suggest the online forum was, for them, a space where communication could occur. A dual reasoning is clear in Ray and Diana's responses: on one hand they go online because of their fear of the consequences of visibility offline; and on the other they go online as, when self-harm does become visible offline, their parents often lack an ability to discuss the situation.

Having a space in which speaking about their experiences could take place was especially true for Ray and Diana with regards to affects they considered less socially acceptable. Ray stated that being online was important to enable expression of their "intense feelings" and for Diana this was phrased as their "especially harmful desires". Where both felt it was not easy to speak about their feelings of sadness with their parents, they felt especially unable to speak to anyone in instances when their feelings were coupled with a desire to self-harm further. For Lily, the lack of social acceptability surrounding her queerness played a major role in her school and family life. Resultingly, Lily was not open about her bisexuality to many people, with the blogs she followed on social media being a space to explore this subject. Ruth mentioned having "favourite depression blogs", and when asked what made certain blogs her favourites, she explained these were the ones she related to the most. The accounts Ruth followed were run by other queer teenagers who self-harmed and posted associated content online. As can be seen in the content I found existing online, outlined in Chapter 5, queer and trans issues appear frequently on self-harm hashtags.

For Ray, Lily, Ruth, and Diana going online acted as a space where communication could occur amongst others who understood their situation and what they were going through. Lily remarked: "validation was part of it, and like, hey look, it's not just me". Ray spoke of something similar, mentioning how: "everyone had those feelings, but now I've found the people who also like dealt with them in the same way as me". There is importance in the commonality of reoccurring phrases like "it's not just me" and "found the people who also dealt with them in the same way". Individuals, through shared experience, express the importance of seeing themselves as not alone or abnormal for self-harming. Self-harm becomes something individuals do, and individuals in similar situations to the viewer do. This certainly could be viewed through the lens of the "normalisation" of self-harm, that self-harming was a common response to the life they had, and as such seen as negative in regulatory discourse. However, for Lily and Ray, a nuance existed to this normalisation, with a key driver being finding individuals who understood what they were going through to allow a space of reflection on what it meant for them to be self-harming.

Returning to the language of "normalisation" in the coroner's report into Molly Russell's death, it states:

> Some of this content romanticised acts of self-harm by young people on themselves. Other content sought to isolate and discourage discussion with those who may have been able to help … In some cases, the content was particularly graphic, tending to portray self-harm and suicide as an inevitable consequence of a condition that could not be recovered from. The sites normalised her condition focusing on a limited and irrational view without any counterbalance of normality (Walker, 2022: 2)

Social media community guidelines do not grapple with the nuances of "normalisation", often just stating posts that 'normalise self-harm' will be removed, without any clarification or examples of how this might look. These sentences from the inquiry, however, do have some depth. Here, normalisation is framed as bad specifically in response to the content "romanticising", "isolating", and "portraying self-harm and suicide as an inevitable consequence of a condition that could not be recovered from". Many of the participants I spoke to said things in agreement with these claims when speaking from the present day of having stopped self-harming. Diana, speaking about Tumblr but also referencing Instagram, stated communities that form around self-harm content, whilst offering an important space, also "trap people in" as a consequence of the group being "their only source of validation or power or desirability". Ray mentioned a previous situation that made them realise self-harm had become 'normalised' to them through social media use: when speaking to their GP after reaching out for support, they casually referred to self-harm as something everyone did and felt some surprise when their GP responded that it was not. Maya, using the language of “glorification” rather than “romanticisation”, mentioned that some of the images did glorify scars, and that sometimes she would feel worse when her scars began to fade, and as a result would self-harm again.

Whilst participants did agree that negative consequences do arise from online content, an important difference can be observed between their framing of social media and the phrasing of the inquiry report. In the report, normalisation is considered to be a negative consequence with the views being presented online framed as “irrational”, as opposed to “normality”. Posts online to which these claims appear to be referring include comments from individuals who are themselves self-harming stating, for example: “You don’t get it, this pain never goes away”. There are also occasionally posts from individuals mentioning their experience of speaking to professionals or their family had resulted in a negative impact. The inquiry report considers such comments “irrational” and harmful as they lead others, the viewers, to believe they will never recover and seek help. The participants of this research project, however, considered these comments as actively produced by individuals in similar positions to their own. Through this they opposed the language of “irrationality”. Delia specifically spoke of a dislike of professionals only listening to individuals who self-harm when they are viewed as “respectable”. She stated:

> And like even in supposed advocacy for understanding around these issues it’s always done around trying to get respectability and acceptance, and like the figure of the good self-harmer who does it privately in their room as a coping mechanism and doesn’t bother anyone with it and isn’t otherwise, in quotation marks, “mad”, and the way that the standard narratives kind of throw people under the bus

Here Delia is making an important point. When discussing self-harm, it is important to note that a variety of ways exist in which this can be embodied. Even though stigma exists around self-harm in general, the range of ways it is carried out are of differing social acceptability. For some individuals self-harm may occur alone in their room accompanied by a wish to hide scars and wounds. For many, however, the act may be more public and involve individuals beyond themselves. For Kilby (2001), amongst others, self-harm can be understood as a form of testimony, a way of speaking about trauma that demands recognition when no other language of expressing pain could be found. Posts online, such as “You don’t get it, this pain never goes away” could be understood more clearly through this lens – as individuals’ expressions of pain to others, an extension of the expression from the act of self-harm itself. Whilst Delia is not specifically stating that self-harm acts as testimony, and neither did my other participants, they did all highlight the importance of communication – whether that be the need for a space to express their “intense feelings” or for “validation” or finding a community who share similar experiences. Chandler, when talking about self-harm becoming visible, suggests that existing “wider cultural narratives … discourage negative emotional expression” (2016: 111) and that the “continued valorisation of privacy and secrecy maintains a cultural account where … visible self-injury is subject to negative readings: ‘manipulation’, ‘attention-seeking’ – ‘inauthentic’” (2016: 198). Following this, certain acts of self-harm, those done in private, are recognised as legitimate, where those communicating pain to others through sharing or showing self-harm become framed as “manipulative”, “attention-seeking”, or “mad”.

The varying ‘acceptability' of certain forms of mental illness can be further seen through two recent examples from different areas of the medical system in the U.K. As also discussed in Chapter 2, the first is a, now infamous, advert for a training event for psychiatrists on individuals diagnosed as having BPD posted by RCPsych. The promotional materials for this event described individuals diagnosed with BPD as a “thorn in the flesh of many clinicians” due to their supposed resistance to psychiatry and manipulative behaviour. Prior to publication of this advert, mental health activists had campaigned against Personality Disorders as diagnoses, partially due to the way the medical system treats people with BPD diagnoses. This description further evidences these claims. To consider someone a ‘thorn in the flesh’ and ‘manipulative’ is not to consider someone from a caring perspective, but one that frames people diagnosed with BPD as at fault, as a less “respectable” version of ‘madness’.

On top of this, the former use of High Intensity Network’s SIM model by the NHS is another example where certain individuals were seen as beyond care. Under this scheme, individuals who are ‘high intensity’ repeat service users, who repeatedly attempt to access emergency services, were refused care by A&E, ambulance workers, mental health services, and more. This was due to the SIM model’s logic that this care would serve to positively reinforce “attention seeking” behaviour. The provision of care was perceived as causing people to continue returning to use NHS resources required elsewhere. Instead of medical services, police officers, renamed High Intensity Officers, were awarded NHS contracts to respond, supposedly saving the health-care system from individuals considered financial burdens. This scheme was thankfully placed under review in 2021 following an extensive campaign by activist group *StopSIM Coalition* (StopSIM, 2023).

In both cases mentioned, only certain people are viewed as legitimately asking for and worthy of care. The others, who are a “thorn in the flesh of many clinicians”, are considered *bad* patients, acting irrationally through ‘failing’ to recover and harming others as a result. I talk more about how the legitimisation and delegitimisation of voices relates to the concept of ‘recovery’ in Chapter 7. Whilst the self-harm related posts on social media I am examining are not overtly politicised, in the sense that they are not organising and responding to specific NHS legislation in the manner of the StopSIM Coalition, the responses to their posts follow a similar trend.

Whilst some communities online, such as those on “#mental health” on Tumblr, and therapists and recovery influencers on Instagram, mostly contain “good” self-harmers, those on “#self harm” on Tumblr or on TikTok are often considered not “respectable”. These platform spaces contain blogs, posts and videos of individuals crying and stating that they will never recover, and comments and captions about the pain they feel and bad experiences they have had with sharing their thoughts. To frame these voices as “irrational”, as opposed to the “rational” recovery influencers, is to, again in Delia’s words, “throw people under the bus”. Viewing and describing online self-harm spaces as “irrational” and bad may be reasonable if taken as constructed by malicious actors, as the Online Safety Act does to some extent, or as facilitated by uncaring, profit driven social media platforms, as is often done by news media. However, whilst malicious actors and technology companies are an element of digital media, it is also crucial to see the spaces as crafted, maintained, and reproduced by those communicating their personal lived experiences of self-harm.

For Ray and Diana the importance of being able to express their “intense feelings” and “especially harmful desires”, and for Lily and Ruth the need to explore their queer identity, does not easily fall within a framing as “irrational”. Instead, the posts, shares, likes, and community are a space for individuals to work through their affects of loneliness, sadness, confusion, and more to arrive at some understanding of what it means for them to self-harm. As Ray explains, they only began searching for this content after self-harming “for a long time”, coming across it while looking for “mental health sort of things and trying to like, yeah, understand and put together what I was dealing with”.

Here, participants frame online content use as an agential coping mechanism. They emphasise that seeking out this content is a necessity, not as ‘passive’ or ‘irrational’. Indeed, through participants highlighting their self-harm as something to be hidden, broader structures upholding stigma are revealed. Hiding self-harm is not simply an individual choice, but, rather, a necessity given the positioning of self-harm as ‘attention-seeking’, ‘irrational’ and ‘risky’. Participants’ embodied and affective negotiations of confusion, fear, and loneliness are tied up with the social meanings of ‘acceptable’ distress they must traverse.

This relationship between participants ‘agential’ decisions to seek out self-harm content, and the broader social meanings that constrain those decisions, links to recent critical theorisations of ‘stigma’. Traditional anti-stigma campaigns, like those of the charities mentioned earlier in this section, typically focus on making individuals’ attitudes to self-harm more ‘compassionate’. In response, critical scholars highlight how stigma is not just about a few ‘ignorant’ individuals, i.e. ‘bad’ parents or teachers, rather that it is deeply embedded in, and produced by, broader social structures and meanings. Tyler and Slater (2018) note how anti-stigma campaigns that focus solely on personal attitudes, without addressing austerity measures or broader neoliberal health governance, risk reinforcing the inequalities they claim to combat. Indeed, these campaigns potentially act to legitimise existing power structures rather than challenge them – the government is seen to be tackling the “mental health crisis” whilst being able to push ahead with disability benefits cuts.

In many ways the coroner’s report in Molly Russell’s death acts as part of the maintenance of the structural invisibility it wishes to campaign against. Fears of normalisation reproduce a binary between ‘rational’ and ‘irrational’ acts, and entrench an idea of “acceptable” self-harm – as hopeful discussion of one off instances quietly managed in an outpatient setting – versus “particularly graphic” (Walker, 2022: 2) instances that must be pathologised and censored. Rather than opposing stigma, such campaigns reinforce ideas of self-harm as “dangerous” and to be criticised, leading to further hiding from view.

Such attempts to respond to self-harm through online content regulation mirror the broader depoliticisation and medicalisation of distress. As discussed in Chapter 2, biomedical and psychological accounts largely frame self-harm as a matter of personal responsibility, to be managed through therapy and medication (Rose, 2007; 1999). By locating the problem within the individual, these frames deflect attention from the social determinants of health: austerity, discrimination, housing problems, or other structural factors. Where the social and material conditions that surround and produce self-harm are left out of the frame, participants’ recourse to online spaces to express ‘hidden’ experiences go beyond simple personalised coping strategies. Instead, I posit that online content use should be understood as part of an embodied navigation of a system that makes the highly politicised roots of mental health invisible and that renders suffering unspeakable.

On top of my above critique, the coroner’s report into Molly Russell’s death is severely limited when stating content has no “counterbalance of normality”. Even on “#self h@rm” on Tumblr, noted in Chapter 5 as being a hashtag consisting primarily of content considered not “respectable”, posts are not hegemonic. Comments exist responding to individuals saying, for example: “because if we died when we want to we wouldn’t get to see the amazing things that happen when we don’t give up, keep fighting I know it’s hard but I believe in you”, as well as others linking to support hotlines. Comments such as these are exactly the “counterbalance of normality” desired by the coroner’s report, and while they are not on every post, they are not infrequent.

Regardless of comments that might provide a “counterbalance of normality”, the coroner’s report into Molly Russell’s death is correct to point out that feeds like “#self h@rm” do end up prioritising a certain genre of post – that of non-recovery and hopelessness. Yet, as discussed, the report’s framing of these genres and affects as “irrational” are heavily countered by the participants of this research who highlight these spaces as necessary to find validation, communicate affect, and explore why they have been self-harming. Crucially however, whilst important to highlight reasoned decision in response to the ‘passivity’ of the logics of contagion, many elements of going and staying online are not as clearly agential as some statements make them out to be. In the next section, I come on to contest these binaries of active/passive and rational/irrational to show how engagement with online self-harm content unfolds in a more complex manner.

IV. Problematising Rationality

Whilst true that many of the reasons given for going online were framed as ‘rational’ responses to their life situations, all the participants of this research made these explanations in the context of a shift from their past of viewing ‘graphic’ content, to a present they considered more helpful for supporting their current life.

After commencing our initial interview, Lily, responding to an opening question on whether she viewed content related to mental health online, detailed the extent to which she used to spend time on Tumblr aged 13 to 16 years. Whilst positive outcomes existed, she also thought:

> In hindsight it was just me looking at a lot of graphic images and things about eating disorders. Now I would never, I would actively try and avoid that content. Now I’m more like intentional and like constructive about things, much more focus on psychologists, therapists, or groups that are supportive on Instagram

Lily also framed the content she viewed whilst self-harming as “easier” to look at than the content from therapists. This was not because the content was more appealing to view, in the sense one might say it is easier to look at a picture of a cute cat than of someone in pain, but rather because she did not need to “engage her brain” whilst scrolling. The content from psychologists she looked at today, she explained, required her to stop and read the posts – an act requiring “more thought”. Diana, another participant, stated:

> I had Tumblr in like 2012, and the content I look at now is very different to the content is on those platforms. I’m much more aware and careful of what I’m viewing

Whilst multiple interviewees were critical of terms like “normalisation” and “irrational”, they nonetheless still used this language to draw a divide between the past and present content viewed. Participants position prior viewing as passive, contrasting it with present engagement that demands “more thought” and is more “aware”. My research will now consider more closely the way past use is, at the same time, narrated as active and rational, yet as in opposition to present “intentional” consumption.

Before moving on, it is crucial to note that these comments are

A key area where this divide between viewing content as a rational coping mechanism or as irrational and less aware, was around descriptions of pleasure and positive affect. Ray stated:

> I think it's very transgressive yeah I think there's an element of transgression to it, like even along the lines of an attention-seeking, but I'm saying that in a way that's, like, attention-seeking can be fine. Part of it was definitely like, to your followers who you go like, look at this thing I can do, look at this thing I can endure – look at me, like, yeah

Accounts of self-harm as an act of 'enduring' link back to the view of harming oneself as a rational coping mechanism – as in Adler and Adler's explanation of self-harm: "It provides a sense of control … and converts unbearable emotional pain into manageable physical pain" (2007: 540). Self-harm allows someone to 'control' their otherwise 'overwhelming emotions' and continue onwards with their life thereafter. I come back to the explanation of 'control' and its relevance to online posts when looking at "#vent" posts in Chapter 7. However, I suggest this does not fully encapsulate the way "endure" is used in Ray's statement here. The "look at this thing I can endure – look at me, like, yeah" statement was less about converting unbearable emotional pain into manageable physical pain, as in Adler and Adler's "grounding technique", and, in its tone, instead came across more as a statement of elation. The testimony was more one of an excited "Yes! Look at what I can do!", than a statement with flat affect about the ability to endure another day.

Whilst "enduring" pain is certainly not equivalent to elation, Ray's statement of excitement seems to be gesturing towards a performative form of pleasure. The potential for others to be witnessing their 'endurance' felt "transgressive", which led to their delight. The pleasure is not necessarily derived from the harm itself, rather, in the ability to cope combined with the potential of this capacity to be witnessed. In this context, the "look at me" contains many of the elements of my prior theorisation of self-harm content online as an embodied navigation of a system that renders suffering unspeakable. Certainly, it contrasts with readings of self-harm as silent suffering – reframing the importance of the act through its ability to be communicative and affectively charged.

This testimony – of elation – is in opposition to other statements Ray made about self-harm and online content however:

> its like when people say taking heroin is a valid coping mechanism, its another addiction that you are using to fill a need, and its like, ugh, I remember how much it hurt and I felt so selfish about doing it and the way it affected people around me, like everyone online actually seemed very alone

From Ray's present perspective, self-harm was not a "valid" coping mechanism in the long term. Instead, self-harm was framed as an addiction. This "addiction" was reinforced through their viewing of online content: "I do wonder if all I had seen was how shameful and horrible it was, I wonder if that would have made me stop sooner". Whilst Ray does, overall, frame self-harm and online content as a necessary space given their circumstances at the time, this is not mentioned as a positive. That such a space was necessary was 'bad' – content was hopeless and lonely, and individuals continued to view and post beyond the point it was helpful. This explanation appears to leave no room for pleasure, as “injuries, wounds and illnesses are framed in the popular imagination, and in academic writing, [and in Ray’s own narration], as clearly associated with pain; and pain is in turn clearly marked as unwanted, negative and damaging” (Chandler, 2016: 50).

There appears to be a duality here – at once self-harm is negative and painful, and on the other, returning to Ray’s “look at me, like, yeah”, there is a sense of enjoyment gained from transgressing social boundaries and sharing their ability to endure with others.

The divide between self-harm’s harm and its ability to cause forms of positive affect appeared also in other participants statements. Ruth mentioned she sometimes had a “desire” to self-harm and an excitement at returning to bed at night as a time where she could scroll her “favourite depression blogs”. The desire to self-harm is mentioned in online posts frequently as well – with 13 out of the 100 posts I viewed on Tumblr’s “#self harm” ordered by latest, and 21 out of 100 on “#self h@rm” also ordered by latest, containing elements of excitement around being about to or thinking about self-harming. Yet, just as in Ray’s statements, Ruth and many of the social media posts also frame self-harm as negative, lonely, hidden, and in the language of “craving”. Where Ray uses the term “addiction”, “craving” similarly arises to deny the ‘pleasure’ of positive affect, framing it instead as bodily need. This is similar to Dennis’s (2017) work on injecting drug users, where the ‘pleasure’ of heroin is subsumed into the language of addiction. In the same way someone might ask “do you actually enjoy it, or is it just an addiction?”, we might take Ruth to be stating that they do not have a ‘genuine’ desire, but rather a bodily “craving”.

On top of Ray and Ruth’s phrasing, Diana also mentions that online content is used for “validation or power or desirability”, whilst at the same time denying this as positive as it can “trap people in”. The conceptualisation of self-harm posts as addictive in each of these statements reflects findings from prior research – for example the language of ‘addiction’ was found to appear frequently in a study of 500 posts on the Reddit forum r/selfharm (Himelein-Wachowiak et al., 2022). Similar themes are also examined in psychiatric literature, which often explore the relationship between self-harm and addiction in order to inform clinical responses (Blasco-Fontecilla et al., 2016).

This duality between pleasure and addiction is not a sign of inconsistency in participants’ testimonies, however. Instead, it is revealing of a broader societal framing regarding how pain and pleasure are conceptualised. Participants descriptions of social media are narrated within broader discourses that frame certain affects of self-harm as dangerous and pathological. What is narrated as acceptable or unacceptable thus depends not only on the content of a post, but also on who is viewing, when and how the experiences are narrated, and the surrounding socio-historical context.

Dennis explores this thoroughly in the context of injecting drug users. For Dennis, this duality arises from “the separation of nature and culture, that is, where pleasure is associated with the ‘free’ world of subjects, addiction is associated with the realm of objects and the ‘determined brain’. The two become antithetical” (2017: 150). This appears to align with participant’s statements, where pleasure arises in instances of rationality, and is rejected through the language of ‘addiction’. For Ray, their pleasure came through “transgression” and the sharing of their ability to “endure” – both instances where an individual is framed as an acting subject, rather than object. Narratives of self-injury as an act of ‘deviance’, similar to ‘transgression’, rather than as medicalised or as ‘madness’ are not uncommon (Adler and Adler, 2007). These accounts imply an individual who is rejecting a society that does not include them. Endurance also implies an individual overcoming a barrier and containing the strength to get through.

Ray later brought pleasure back into the discussion when mentioning their feelings resulting from involvement in the London kink community and engaging in “consensual blood play” allowing their exploration of similar feelings in the present in a much “safer and healthier” way. Once again, pleasure is framed in the context of agency, through “safer”, “consensual” actions.

Pleasure is then, in opposition, rejected through self-harm and going online being considered “invalid”, as they are both a form of “addiction” causing pain and reinforcing loneliness. Here, with the language of addiction, an individual’s ability to act is reduced and denied, the body and bodily demands take precedent as opposed to any mental consideration of whether the act is *actually* desired.

This, in turn, links to Chandler’s discussion of how “embodied feelings of pleasure” in discussions of self-harm are situated “in terms of a biomedical body – one effected by a ‘rush’ or ‘endorphin release’”. Chandler states that “endorphins especially, but more broadly, biomedical framings of self-injured bodies, are becoming more entrenched as an acceptable and reasonable way of accounting for the sensations associated with self-injury”. Endorphins, here, are the biomedical mechanism through which self-harm is linked to “addiction”, with Chandler citing one example of an advice website that states: “Endorphins can also cause a pleasant physical sensation and can become addictive” (2016: 53). Once again, feelings of pleasure within the act of self-harm become delegitimised, this time through the uncritical reproduction of biomedical framings of the act. The pleasure felt is as a result of endorphins, and therefore linked to addiction, and, as in Ruth’s language of her desire and excitement, “craving”. Self-harm and related social media use, through this explanation, becomes seen as bodily, “is associated with the realm of objects and the ‘determined brain’” (Dennis, 2017: 150), and is linked back to ‘contagion’ explanations of passive actors.

The lack of “intentional” use of social media related to self-harm was also brought up in participants’ discussions of algorithms and received pushed content. The issue of algorithmic content suggestion pushing undesired posts to users is often raised as a concern. Research conducted by the Samaritans and researchers at Swansea University found that 83% of their survey’s respondents had seen self-harm or suicide content even though these topics had not been searched (Samaritans, 2022a). In my interview with Ray, they mentioned that within the first hour of downloading TikTok their “For You” page, where videos considered appealing to the user are pushed by the platform’s algorithm, contained eating disorder content despite their searches having been unrelated. Ray highlighted the pushing of self-harm and suicide posts when undesired as an issue, with the potential for such content to be “triggering”. The issue of algorithmic content suggestion is a topic the Online Safety Act does attempt to tackle through the legal duty to “prevent children of any age from encountering, by means of the service, primary priority content that is harmful to children” (2023). However, the general perception is that more needs to be done, with multiple charities, including the National Society for Prevention of Cruelty to Children (NSPCC) and Molly Rose Foundation, recently writing to TikTok after research suggested that eating disorder content was still being pushed to users “within minutes” of their expression of interest in certain topics (Milmo, 2023).

In their article for the National Survivor User Network titled *Self-Harm and the Internet: A user-led critique of the proposed Online Safety Bill*, Courteney Buckler and Veronica Heney suggest algorithmic content pushing is the primary problem of self-harm content on social media: “We do not see anything inherently wrong about searching for content on self-harm or creating it. It is however, non-consensual and dangerous for people to end up in cycles of self-harm related content consumption promoted by algorithms” (2023). I am in agreement with Buckler and Heney about the importance of the danger of algorithms, and that self-harm content online is not inherently wrong. However, once again, the acceptableness of content when individuals have agency, when “searching” or “creating”, and a rejection of content when linked to passivity, when falling into “non-consensual” “cycles” of viewing.

The complexity arising from the testimonials of those who do or have viewed, posted, shared, or otherwise engaged with self-harm content is important to sit with. In any rejection of current regulation, it is crucial that the accessing of self-harm content online must not be considered as purely rational and active. Narratives of online use interweave stories of transgression and survival with a rejection of social media use due to a its ability to trap people in. Pleasure is both claimed and denied, caring and coping are at once celebrated and framed as addictive. Individuals do consider self-harm content to be harmful, in many ways rejecting it as valid to view and asking themselves whether their life would have been better had they never come across it in the first place.

In interpreting these narratives, I have sought to recognise the ways in which participants stories reflect ongoing negotiations with their self-harm within existing discourses of pleasure and injury. Approaching accounts with care, yet remaining critical, allows for a nuanced explanation of online use – one that notes its function beyond the act of cutting and posting, but as part of broader temporal and embodied processes of meaning making within constrained and marginalising circumstances.

I now return to regulation, and the impacts of this theorisation on how we should respond to online self-harm and social media use.

V. Regulation Beyond Binaries of Agency and Non-Agency

In starting with the major governmental reports that led to the Online Safety Act and the surrounding media discourse, I have shown how the language of passivity was predominant. Individuals are spoken of as “victims” of self-harm, social media, and malicious actors. Through interrogating the framing of the harms arising from online content as occurring due to a simplistic ‘contagion’ effect, where those that go online are self-harming purely as a response to viewing, I have argued for the highlighting of the voices of those who use the platforms.

Statements from participants, combined with data gathered from my journey through online content, lead to a problematising of content considered only in terms of irrationality and non-normality. Participants often highlighted their going online as rational: as a coping mechanism that helped them manage their life situations and find validation and community. This is crucial to recognise. However, if we only consider these statements then we might ask why we are discussing the regulation of content at all. If the online is a space of support for those who have no other forum, limiting its existence would only be negative.

The divide between agential accounts, from users and a number of sociological papers (i.e Adler and Adler, 2007), and passive ones, arising in government legislation and biomedical accounts of self-harm, lead to a seemingly impossible divide in the wider opinion of what is to be done that cannot be overcome. Returning to Dennis’ work on pleasure and addiction is useful in this situation. She states:

> A more complicated conception of pleasure allows for the ambivalence and ambiguity people often find in their using, both wanting to and not wanting to use. Rather than trying to purify these tensions, for example, in cost/benefit analysis typical of the Cognitive Behavioural Therapy informed techniques employed in U.K. drug services, workers can learn to hold onto them at the same time (2017: 157-158)

This mirrors the analysis of social media use I describe in this thesis, though one not focusing on self-harm content. Similarly, Paasonen (2021) responds to the narrative that, as a society, we are addicted to the internet and our phones. Whilst we may be dependent on technology, the language of addiction flattens the range of affects of our use – which also include pleasure, a sense of possibility, boredom, ambivalence and more. The complexity found here cannot be reduced to a claim of lives being more ‘authentic’ for past generations who lived without such technology, instead, our authenticity and agency are tied up with our dependency and addiction. Instead of suggesting that a better world is one without social media, we should sit with the complexity of our use and start our analysis from the duality of addiction and possibility.

The same is necessary when considering the regulation of online self-harm content. Participants mentioned both the necessity of using, and excitement at the thought of going online; as well as wondering if their life would have been better without it. Depending on whether the question I had asked or the answer they had provided contained a conceptualisation of use as rational, each individual’s response was different. Framings of self-harm and going online as irrational and harmful within regulation annoyed the participants of my research, in some sense, similar to that in Paasonen’s study (2021), whereby claims that young people are addicted to their phones are frustrating. However, just as this annoyance does not remove the fact we are dependent on technology, the participants I spoke with, at times, were the ones to suggest their, and others’, use was irrational and harmful. Instead of attempting to “purify these tensions”, regulation would only be improved through acknowledging and working with the range of affects that exist regarding self-harm online.

There are a range of reasons why individuals self-harm, a range ways individuals engage with digital content, and a range of emotions felt whilst online. Sometimes this variety leads to instances of serious harm. However, other individuals, and sometimes those who are facing serious harm themselves, find care through their going online. If regulation wishes to protect the children it claims to, it needs to broaden its scope to hold onto the realities of complexity.

One significant conclusion arising from holding on to the tensions in accounts of social media use is that the duty contained in the Online Safety Act: to “prevent children of any age from encountering, by means of the service, primary priority content that is harmful to children”, should not be interpreted as an abstention from discussions of self-harm online. I am not the first to make this claim. Many charities and academics before me have highlighted and attempted to support the important positives of online use and interactions. However, examining these actions and claims requires the introduction of the concept of “recovery”, and the ways it is linked in discourse to the language of “harm”. Indeed, the crux of any interpretation of the new duty in the Online Safety Act seems to be how one might interpret the phrase “content that is harmful to children”.

I move on to analyse this in the next chapter.

Chapter 7

What Should be the Basis of Regulation?: Recovery, Harm Reduction, or Something More

I. Introduction

Having argued that regulation in its current form flattens the wide range of affects and experiences existing online, this chapter grapples with the question of what content moderation should consist of if not abstinence and deletion. Through the analysis of participants' accounts, placed in conversation with policy and content found online, I conclude that a singular recovery narrative is flawed. I suggest instead that there is a need for broadening our understanding of care.

Parliamentary proceedings, charities' statements, and psychiatric and sociological literature all have different opinions over whether social media does more harm or good. However, regardless of the final decision made over whether self-harm content online should be allowed to be viewed or not, the arguments follow a similar pattern. They ask the question: does social media cause more people to self-harm or is it an effective tool for helping recovery? The underlying premise of this question is accepted across most reporting – that self-harm is bad, and we need to do all we can to reduce its occurrence.

However, this underlying emphasis on the need to reduce self-harm conflicts with other responsibilities in the public health arena. Harm-reduction measures, such as advice on how to cut more safely, or first aid information on how to treat burns, could be considered to "encourage" self-harm through the sharing of information detailing methods to of self-harm. Yet, whilst these measures break the community guidelines of all major social media platforms, they are an important part of our response to self-harm.

In addition, the analysis of my research demonstrates how the supposed main benefits of online content, its ability to provide access to experts and peer support, are more complex than originally detailed. Access to expert advice is certainly a crucial part of social media use, yet it is limited in scope. In practice, charities and therapists only post a specific form of apolitical recovery-based content, and, resultingly, their posts only engage a specific audience of individuals. The participants of my study, and comments under many posts on Tumblr, reveal the need for a much broader opportunity to share their wide variety of affects and experiences of self-harm.

Moreover, while digital platforms meet many of the criterion listed by the NHS (2023) as being the foundations of effective peer support, once again, recovery is foregrounded as a necessary element. Whilst most content online is not recovery-oriented, digital platforms were still spoken of as important by participants. 'Vent' posts allow individuals a controlled release of emotion and then a return to normal, platforms allow users to share without the fear of potentially harmful consequences, and the romanticising of scars allows users to see themselves as beautiful even when society tells them they are not.

Where peer support and expert advice are limited by the narrow lens of recovery, they restrict our ability to care. Using Dennis' (2019) concept of 'more-than-harm-reduction' I conclude this chapter by positing that, instead of focusing solely on making bodies free from self-harm, we should be attempting to increase users' 'capacities to act'. In the face of proposed policy and best practice guidelines that prioritise only one reality of self-harm, a greater acceptance of the wider range of affects and embodiments expressed and realised through engagement with online content is required. The conceptualisation of care that forms the basis of regulation in my account is no longer focused merely on reduced social media use and less self-harm. Rather, where venting, romanticising, witnessing, and making pain visible helps increase our capacity to act, even when it causes us to self-harm more, I argue that harm can be a form of health and care.

II. Responsibility in Existing Regulation

Justifications for the form regulation of online content should take are divided around the perceived role social media plays in promoting or dissuading self-harm. The perceptions of digital media are divided between it leading to more self-harm and an increased risk of suicide, or, alternatively, as creating an important space for engagement with experts and peer support.

As discussed extensively in Chapter 6, the primary piece of legislation in the U.K. guiding social media regulation, the Online Safety Act, contains a legal duty on technology companies to "prevent children of any age from encountering, by means of the service, primary priority content that is harmful to children". "Primary priority content that is harmful to children" is, in turn, defined as "content which encourages, promotes, or provides instructions for an act of deliberate self-injury" (2023). The narrative here is clear: significant harms arise from online content and children need to be protected.

Beyond just the wording of the Online Safety Act itself, the discourse surrounding the Act as it travelled through parliament prioritised the language of harm over benefit. Occasionally, individuals made statements such as: "There has rightly been much talk about how children are affected by self-harm content online. *However, it should be stressed they do not exclusively suffer because of that content*" (John Nicolson (SNP), Public Bill Committee, 14th June 2022, italics mine). Whilst gestures towards greater nuance do appear, the mentioning of any benefits of online content were always placed in a broader debate that had already framed viewing as possibly leading to death. The majority of John Nicolson's statement was about the need for further regulation, and, the next speaker, Kim Leadbeater (Lab), jumped in immediately after with: "Does he agree that one life lost to suicide is one life too many? We must do everything we can in the Bill to prevent every single life being lost through suicide, which is the aim of his amendment.” (Public Bill Committee, 14th June 2022).

During government proceedings, the problem was often framed around specific cases where online content was highlighted as leading to suicide (notably, where it was argued it had not played a part in, but led directly to suicide). Alternatively, charities’ working in mental health and child protection tend to take slightly less polarised views. Though, once again, when looking at research outputs and guidance, it is often the harms that are in focus. One Samaritans report into the effects of user-generated content highlights a key concern as:

> Worryingly, of those that responded to the survey, 77% said they had self-harmed in the same or similar ways “sometimes” or “often” after viewing self-harm imagery, while 76% had self-harmed more severely, “sometimes” or “often” because of viewing self-harm content online (2022a: 4)

The fact that online content is reported to have led to more self-harm is the priority concern for the Samaritans’ paper, and used to justify the extension of online regulation. Another charity, NSPCC, have a campaign titled *Wild West Web,* aiming to further the regulatory control the government would place over technology companies. The NSPCC webpage on online safety has a major section detailing advice on what harmful content may look like (NSPCC, 2023). This NSPCC website, along with the Samaritans’ and another from Mind, make up three of the top five responses when I searched “self-harm online” and two of the top five for “self-harm social media”. The target audience of these pages are parents who are concerned their child is viewing self-harm content – questions being answered along the lines of ‘what to do if I think my child is self-harming’, and ‘how do I keep my child from viewing these posts’. These websites have an important role, and do mention benefits can exist for individuals viewing content online. However, due to their specific intent to engage concerned parents, self-harm and self-harm content online are highlighted as topics requiring safeguarding and regulation. Healthy use is seen, ultimately, as less use rather than different use, through seeking offline medical and clinical support.

The Samaritans, along with other charities based in the U.S., sell their services to technology companies, providing ‘best practice’ training in an attempt to improve platforms’ moderation systems. Within the guidelines on posting content these companies provide their users, several terms are often repeated: ‘encourage’, ‘promote’, ‘normalise’, and ‘glorify’. Instagram’s *Community Guidelines* section on “self-injury” starts with: “Maintain our supportive environment by not glorifying self-injury” (2023); Tumblr’s page states: “Don’t post content that actively promotes or glorifies self-harm” (Tumblr, 2022); and TikTok’s declares: “We do not allow content depicting, promoting, normalizing, or glorifying activities that could lead to suicide, self-harm, or disordered eating” (TikTok, 2023).

The best practice training charities provide includes similar wording to these guidelines, the Samaritans' main guidance document opening with:

> The internet can be an invaluable resource for individuals experiencing self-harm and suicidal feelings. It provides opportunities to access information, find options for support and provides a platform to speak openly about difficult feelings that can be hard to discuss face to face. However, it can also carry potential risks by presenting opportunities to access graphic content, details around methods of harm and content that glorifies or promotes self-harm and suicide (Samaritans, 2020b)

Platforms' community guidelines as well as charities' advice documents both highlight that harm can occur, through "encouragement" and "normalisation", but do so in a more balanced manner than existing U.K. Government regulation. The Samaritans' report attempts to aid technology companies in creating an accountable system allowing content that "glorifies" or "promotes" to be deleted, whilst retaining the ability for people to "find options for support" and "speak openly about difficult feelings". Though, once again, there is a focus on the problems that arise from digital media with the body at Samaritans that deals with this content being called the *Online Harms* team.

The concern that viewing content online might lead to more individuals self-harming, and ultimately to their death, is a major concern across academic papers arising from the disciplines of psychiatry, psychology, and health sciences. Florian Arendt and colleagues write that, in the limited quantity of papers published prior to theirs, the "detrimental consequences" of viewing self-harm related posts are "typically emphasized" (2019: 2422). Another paper, a systematic review of research published prior to January 2022 in *The Journal of Child Psychology and Psychiatry*, concludes that a focus on "harmful effects predominated" throughout existing articles (Susi and colleagues, 2023: 1115). While papers mention positives exist for individuals, the fear of a "contagion effect", discussed in Chapter 6; normalisation of the act of self-harm; and users being triggered, are highlighted as priority concerns (Baker and Lewis, 2013; Brown et al., 2017; Jarvi et al., 2013; Lewis et al., 2012; Lewis and Baker, 2011; Lupariello et al., 2019; Whitlock et al., 2009, 2006).

More recent papers have tended to move towards weighing up the positives and negatives of online space. Here, social media platforms are conceptualised in similar terms to the Samaritans' guidance document above – as providing necessary sites of peer support and helping individuals access expert advice. The titles of these papers are often expressed as a cost benefit analysis, including phrases such as: "Harmful or Helpful?" (Brennan et al., 2022); "Harm or Benefit?" (Lavis and Winter, 2020); and "Contagion or Caring?" (Carlyle et al., 2018), amongst others (Arendt et al., 2019; Thorn et al., 2023). These later papers largely arise from different disciplines to the earlier ones. Most of the pre-2020's articles arise from psychology and psychiatry while those weighing up the costs and benefits of online content more often do so from the interdisciplinary fields of digital health, health communication, and suicidology. These aim to combine biological and psychiatric sciences with social and cultural studies. This shift follows a more general trend, where social research literature has started to pay attention to self-harm, and has done so as more than a purely biomedical phenomenon. The broadening of disciplinary context has brought forward the importance of considering social factors that might lead to self-harm – for example, isolation, poverty, a lack of access to support – and, resultingly, has adjusted views surrounding the required regulation of online space.

Whilst a change in disciplinary context and an increased recognition of the benefits online space might provide has occurred, these articles, alongside the government, technology company, and charities discourse mentioned so far, all have a similar underlying premise. Problems with digital media are framed around the idea that allowing individuals to view content might result in a greater numbers of individuals self-harming, and further individuals self-harming more than previously. The benefits social media platforms provide are discussed in terms of the potential online spaces provide to assist individuals in reducing their frequency of self-harm. A common assumption to both these judgements, is that self-harm is bad and we need to reduce its occurrence.

Heney found a similar premise underlying judgements around the acceptability of discussing self-harm when she examined narratives found in children's literature and fiction: "depictions have a responsibility not to be thoughtful, or to be sensitive, or to be interesting, or to be true (whatever that might mean) but rather simply have a responsibility to dissuade people from self-harming" (2019). Similarly, whether highlighting the negatives of online content, or recognising potential benefits, the main priority of research is the reduction of self-harm. Anything that leads to more self-harm needs to be stopped, and resources that help reduce the occurrence of self-harm should be supported.

Yet, in following the logic of the prioritisation of this responsibility, significant complexities arise in the practical application of regulation. During the proceedings of the Online Safety Act, the Law Commission wrote a report, titled *Modernising Communications Offences*, that intended to grapple with how new offences should be worded. This report works through multiple problem case studies, one of which was raised in a statement sent in by the Samaritans. The case study details the specific instance of Self-Injury Support's resources on harm minimisation, where guidance is provided on the importance of clean implements and the areas with lowest risk to injure when self-harming (Law Commission, 2021: 209). Here, a concern is highlighted that 'legitimised' guidance, in the sense that the advice comes from a recognised professional body, could be considered as 'encouragement'. Informing an individual how to self-harm, even if the message focuses on how to self-harm in a safer manner, would fall foul of charities' advice and social media platforms community guidelines that state users should not discuss methods of self-harming because such discussion could encourage the individual to self-harm. Harm reduction techniques, like those mentioned in Self-Injury Support's resources, are complex since they do not fit neatly into a category of *bad* "normalisation" of self-harm or *good* promotion of stopping harm.

Prioritising the responsibility to reduce self-harm, is, in the above instance of harm reduction advice, in opposition to a separate responsibility we might have to care for those who are presently self-harming. The basis of regulation as making sure individuals do not have access to content that might lead to them to self-harm, and only supporting content that might help an individual stop self-harming, itself ends up restricting access to important information. With this being the case, further examination is necessary to consider how regulation, policy, and guidelines based only in reducing self-harm end up, in practice, constraining support. More than this, through an examination of the restrictions of professional expertise, we can start to consider issues raised by users who view and produce online content, and the broad spectrum of self-harm practices in which they engage.

III. Experts and the Prioritisation of Recovery

As already mentioned, the main positives cited for social media fall into two categories: increasing engagement with experts, and peer-to-peer support. By studying the way these benefits function in practice, looking at how individuals actually end up engaging with experts and other users, we can examine if our "responsibility to dissuade people from self-harming" (Heney, 2019) ends up being an uncomplex basis for regulation, or if any other duties might arise.

I start this examination by looking at the proposed benefit of increased engagement with experts. Here, young people's frequent social media use is highlighted as enabling physicians to gain an increased capability to connect with patients and share resources. For example, a Royal Society for Public Health report states:

> Those in their teens and early twenties are traditionally difficult to engage with health issues, particularly mental health, and are low healthcare utilisers. However, taking health messages to the interactive spaces young people frequent on social media may be one way to ensure they are receiving expert health information that other demographics may receive through more conventional channels. This information may come in the form of signposting to health services or even physicians making themselves available online for young people to communicate with (2017: 13)

The Society goes on to mention that risks to online health information are apparent however:

> Information shared on social media is not always reliable. Expert information is easily mixed with information that may not be credible or correct (2017: 13).

This line, that health information can reach a broader audience through social media, yet that any advice needs to be considered with caution due to issues of reliability, is taken by the Samaritans in their consultation response to the Law Commission's examination of online content (Law Commission, 2021), as well as by the NSPCC on their webpage on guidance on online mental health content (NSPCC, 2023). One of the participants of my study, Lily, also mentioned access to expert advice as one of the reasons she considered social media as important. She mentioned that, since she stopped regularly self-harming, the only self-harm related content she views is Instagram posts from therapists and trained professionals. When I then asked whether she views any influencers who share their own lived experience, she cited a lack of trust in the reliability of their information and potential for them to accidently mention something triggering. It is clear that expert opinion is beneficial to some users online. For Lily, it was useful to find advice on actions to take in the event of a rising panic attack.

Whilst Lily did not look at content created by influencers, their posts do have a huge reach. Instagram is the primary platform on which influencers and experts share content, and a large number of users post positive comments below each post. Some of the larger Instagram accounts have millions of followers and can reach over 100,000 likes on each post. These individuals mostly post inspirational quotes and videos, such as "@the.holistic.psychologist", a doctor and psychologist who has gained a recent book deal as a result of achieving an online following of 6.9 million people, posting quotes on colourful backgrounds such as "I wish more people knew healing the nervous system is about being still. Laying in the sun. Being present while you eat your food. Listening to the sounds of nature. Letting your imagination run wild. Instead of more routine, the body needs less." (2023). This trend, of experts posting inspirational quotes and colourful informatics, whilst predominant on Instagram, can be seen across all platforms. On Tumblr, positivity infographics and links to support services come up first when searching "#self harm", and these also achieve the most engagement.

Coleman notes that: "In small ways that can nevertheless be transformative for people, mindfulness might be understood as an affective response to their encounters with the world" (2022: 146). The demand for a temporality of slowness and stillness, a being in the present, can certainly help many, especially, as Coleman goes on to state, at a time of speed and a burning future. However, whilst these posts gain the most engagement, the comments received are not always supportive.

Posts on Instagram do largely receive positive responses. However, on Tumblr, comments under posts are far more mixed. One of the top posts that come up when searching "#self harm" on Tumblr is a quote from a U.S. charity saying: "when the shit hits the fan reach out to me". Under this post most of the comments are along the lines of "?????????? stop"; "shut up <3" or "who will have my back, its not you". These kinds of comments, critiquing inspirational quotes and messages of support from charities and NGOs, were repeated by one of the participants of my study, Ray. They stated: "self-harm needs to have, like, harm reduction, and like snapping a rubber band on your wrist isn't harm reduction, and being told "oh I'm here to help" and then goodbye or "go lie down", like that's not gonna go help anyone". Here, Ray was noting that, when self-harming, helpful content was not empty inspiration, but, instead, harm-reduction tips advising on reducing risk while self-cutting and burning, or a space in which they felt they could actually converse with other users.

When considering the consequences of this distinction in types of content, Ray makes another useful comment. They stated that now they have stopped self-harming they, like Lily, try to only look at content from recovery-based influencers. However, when they were self-harming, the content they viewed was very different. Tumblr in particular, and TikTok in one case, were mentioned by participants as spaces where users had looked when they were self-harming, and every participant mentioned a move over to Instagram for mental health related content they view now. Whilst this may be a result of many factors, including Instagram having a higher average user age, the difference in response may also be a function of the medium. On Instagram users are less regularly 'pushed' content that they do not already follow, whereas Tumblr and TikTok function more around feeds that allow for less control over viewed content. With individuals expressing a desire for different content at different moments in their lives (now they are recovered versus when they were self-harming; when they feel a panic attack coming versus when they do not; when they have access to a community offline versus when they do not), the ability to choose to view inspirational quotes rather than receiving pushed content at a time of crisis could be key. This certainly matches with my personal experience of panic attacks, self-harm and BPD diagnosis. When I feel the onset of a panic attack, being advised to breathe can be incredibly useful, yet other times, such as when the panic attack has already arrived, I can become increasingly aggravated by people telling me things will be okay if I just breathe.

Likewise, Delia, another of the participants of my study, mentioned the need for harm-reduction content similar to that proposed by Ray. Delia stated that "graphic" self-harm content was particularly important to her in combination with information about harm-reduction. She introduced me to a zine co-ordinated by Pembroke, written by a group of individuals identifying as self-harmers, and published by The National Self-Harm Network. This zine, from 1998, titled *The 'Hurt Yourself Less' Workbook*, has a front cover containing a large picture of a razor. The content inside comprises of many exercises for the reader to perform, alongside personal experience from the writers, to help readers develop their own harm-reduction techniques. This zine grapples directly with many methods of self-harm; basic first aid for resulting self-harm wounds; and the complexity of emotions individuals have before, during and after harming. For Delia, this workbook was particularly useful as a form of harm-reduction because it asked her to recognise the "graphic" reality of her self-harm, and as a result formulate a plan that would assist her when she desired to harm.

In light of these comments made by Ray and Delia, alongside the annoyance expressed by commentators as a result of motivational quotes posted on Tumblr, what is considered acceptable content to desire to view, and when this content can and should be viewed, needs to be broadened out. While content that engages with the "graphic" embodied experience of self-harm is difficult viewing for some individuals, it may be of considerable importance for others. Online content from charities, psychologists, and other experts often ends up being merely an inspirational quote designed to help the user through a difficult moment. These circumvent negative affect and the practical elements of self-harm, for example avoiding direct engaging with feelings of depression, how to use razors, and the sensation of being burned.

Certainly, therapists, psychologists, mental health charities, and recovery influencers all post important content that is useful to a wide range of individuals. However, the posts are designed to not be "triggering", as Lily explains when detailing why she only views content from experts. As a result, such content does not mention methods of self-harm, but instead uses hopeful and positive language, such as "one day this pain will all make sense to you", and converses in idioms when describing negative affect, such as "when the shit hits the fan".

The participants of my study's and social media users' critique of the bland positivity of these posts reflects Barbara Ehrenreich's (2010) analysis of the culture of toxic positivity in the U.S. When Ehrenreich was diagnosed with breast cancer, she found health professionals saw her anger at her illness as unhealthy, instead of accepting this as a legitimate response to a horrific situation. Whilst accepting that anger is not always the most beneficial response, she argues the demand to be cheerful or to accept ones' situation results in an inward focus and self-blame for any issues arising. This can be seen in the charities' posts about self-harm online I have mentioned. "One day this pain will all make sense to you" does nothing to respond to the immediate situation individuals are in. Instead, it appears to individualise the issue, expressing that life is only painful right now because the reader has yet to accept and make sense of their situation.

The Samaritans do mention the need to protect content along the lines of Ray and Delia's preferences when discussing the necessity of protecting the availability of resources on reducing risk while self-harming from Self-Injury Support (Law Commission, 2021: 209). The National Self-Harm Network have incredible resources, produced alongside the Red Cross, providing necessary first aid information to individuals cutting, burning, overdosing, or have a potential to break a bone or go into shock (2009). However, when searching on social media platforms, I found no examples of charities, psychologists, or other experts sharing this information.

Charities posts online, and their beliefs about the benefit of online space, are framed around the support of young people. This is significant as, in the U.K., Child and Adolescent Mental Health Services (CAMHS) have over time become reframed as an individualised biomedical problem. Rose and Rose state: "the 'Recovery' approach, started by service users … as a collective endeavour has been turned into an individual 'treatment' by workers ... And it is a normalising journey, that is to say, one that has as its aim the restoration of the client to a particular version of normal life not set by the 'client, but by the professionals involved" (2023: 47). Mental health services, and again CAMHS in particular, have also faced significant funding cuts (Callaghan et al., 2016). This has followed the larger shift towards the medicalisation of mental health (Conrad and Slodden, 2013; Irvine and Haggar, 2023; Moyer and Nguyen, 2016; Neresini et al., 2019) and the reduction in support services for people with disabilities more broadly through austerity measures (Ryan, 2020). Resultingly, charities provide key support to the NHS so services that are already in crisis can continue to function: running hotlines; counselling and therapy; outreach support; and more. This is true beyond the U.K. as well, with mental health support in the US, the country from which I found most posts from charities online, costing more than many individuals can afford.

The consequence of the situation described above is that charities largely must promote recovery-oriented content. This arises partially from their position of delivering recovery services to support national health systems that do not have enough funding to provide necessary care. More than this, however, is the shift towards biomedicalisation in government policy within the context of a long history of the de-politicisation of mental health, as discussed in Chapter 2, with a shift away from examining social and economic factors as influences upon health – particularly for CAMHS (Callaghan et al., 2016). In combination with this medicalised de-politicisation of mental health, charities are, in turn, expressly forbidden from politicising issues, to do so causing the loss of their charity status. Altogether, this results in the prioritisation of recovery-oriented content, and a particular kind of individualised *Recovery Narrative* (Rose and Rose, 2023). Woods et al. examine 'recovery' as it currently functions, and conclude that it is "materialised and enabled through only a very particular type of story: the Recovery Narrative". This narrative being a genre that "restricts which experiences can be shared" (Woods et al., 2019: 18-19). Here, recovery becomes a series of fixed stages in a process of individual growth – not allowing for different experiences of madness, distress, ambiguity, and confusion. This is especially true with charities' funding often relying on the evaluation of effective 'outcomes' rather than broader understandings of care provision (Woods et al., 2019).

With only a specific recovery-oriented narrative being shared from charities, and psychologists, subject to similar restrictions and incentives to promote their own recovery work, their posts online only engage a specific audience of individuals following one prescribed recovery path and at a certain stage on that journey. These recovery posts are useful to Lily and Ray now, but have not been so previously; partially useful to Delia, though only in combination with other more "graphic" content; and were not useful to me when already in a panic attack, only to help avert one. I agree with Angela Woods and colleagues (2019) when they note the importance of diverse spaces that afford different opportunities for storytelling – listing publications such as *Asylum*, and *Mad Pride*, as well as exhibitions and documentaries. Another recent example has been the exhibition, *Sophisticated Insult*, held at the No Format Gallery in London from 18th to 19th July 2023. Here, zine workshops, textile making, and discussion spaces were held surrounded by art critiquing personality disorders as a diagnosis and clinical practice that pushes towards a specific form of recovery. Alongside these creative endeavours requiring significant time investment, physical and in-person community, and often some monetary support, user-created online content also acts as a site for expressing difference.

Posts online, while not overtly framing expression in the political terms of *Asylum* and *Mad Pride*, grapple with failure to recover. Many posters expressed their return to self-harming following periods of abstinence; others wrote about fears that life will never be better and that scars will never fade; or alternatively, some commenters worried that while scars will fade, they require the scars to provide comfort. Posters express anger, confusion, desires to self-harm, and show imagery of cuts and blood. All of these are affects of self-harm. Whether considered good or bad or temporary or permanent, they are expressions of individuals' feeling, aspects of their life, and what they believe needs to be done. These affects and stories do not fit into a singular narrative, let alone the dominant recovery narrative that prioritises effective outcome tracking through fixed stages of individualised growth. Tehseen Noorani and colleagues (2019) note how healthcare markets increasingly operationalise service-user involvement and patient centred care in 'measurable' ways. The authors oppose these practices to the more heterogenous cultivation of experiential knowledge in self-help and mutual aid groups. While less organised, and with a less obvious 'community' being formed, online spaces reflect the differences of embodied self-harm knowledges, and through this does important work in expressing and framing madness and health outside of the current genre of recovery.

User-generated online content takes a diverse array of forms, details multiple contrasting affects, and relates to individuals in different ways. Considering this range of desires and expressions, focusing in on a few examples gives a clearer image of the functioning of these posts existing in opposition to the dominant recovery narrative. Thinking about the extent to which charities and academic literature have often framed a benefit of online content as the provision of peer support, I will now detail how these posts, while not traditionally understood as providing effective support, can and should be taken, in many ways, as a form of care.

IV. Peer-Support Beyond Recovery

Moving on from increased engagement with experts, I now examine the other main supposed benefit of online content: peer support. Peer support takes many forms, however, some common elements underly good practice throughout all: "people with lived experience [should be] involved in co-producing … purpose and values"; "people [should] feel they have a safe space to be authentic and to share experiences/expertise; the space being "reciprocal"; "people [should be] supported to use their strengths and skills, find solutions, manage challenges, and meet their personal goals"; and "people [should be] encouraged to access clinical advice and support when they have an unmet medical need”. The NHS report containing these points details how peer support is valuable as it provides individuals the power to self-manage and address issues themselves, but also because it “can help reduce pressure on the health and care system” (NHS, 2023).

For this NHS definition, peer support groups act alongside clinical practice, often facilitated by care workers who attend sessions themselves. Peer support groups have long existed beyond a relationship to clinical practice however, with activist groups rejecting medical institutions to provide self-administered services. The Alleged Lunatics’ Friend Society, founded in 1845, was the precursor to later anti-psychiatry groups founded on community support in the 1900s, such as MPU and COPE (Crossley, 2005; Turner et al., 2015). Since the 1990s, the community support developed by these groups, labelling themselves as ‘psychiatric survivors’, has largely been integrated into NHS clinical practice under the label of ‘service user’ led peer support, as covered in more detail in Chapter 2. This does imply peer support without direct medical institutional intervention has declined, but, with the rise of digital technology, this support has changed form.

One article from a medical science journal in 2014, titled *Naturally Occurring Peer Support Through Social Media*, notes that academic literature up to the time of writing had largely focused on formal peer support “provided in conjunction with existing evidence-based practices”. The article aims to place attention on “informal peer-to-peer relationships spanning an individual’s community, surroundings, personal life, and social network” (Naslund et al., 2014: 1). Centring in on YouTube, John Naslund and colleagues state:

> We found peer support across four themes: minimizing a sense of isolation and providing hope; finding support through peer exchange and reciprocity; sharing strategies for coping with day-to-day challenges of severe mental illness; and learning from shared experiences of medication use and seeking mental health care (Naslund et al., 2014: 1)

These findings largely match up with the NHS’s list of qualities good practice peer support should contain. While the article focuses on “individuals with severe mental illness”, these findings can be easily matched up against recovery-oriented self-harm content on social media. These posts, the ones praised as ‘good’ content by charities and psychiatric, psychological, and medical literature, are characterised as sharing “strategies for coping”; are reciprocal with comments, shares, and other engagement; and push individuals to seek care from medical professionals, with clinicians and trained therapists often being the primary posters. Returning to Lily’s comments on the content she currently views, she also lists similar reasons for following therapists. She cites a main reason for engaging with self-harm related content as its provision of important coping mechanisms for when she feels a panic attack coming on – exactly the kind of self-management the NHS praised peer support for providing.

The existence of a peer support 'community' is more difficult to discern around those who post about lived experience on Tumblr and TikTok, as opposed to therapists' blogs. Many accounts are anonymous, many followers never engage with posters, with users often moving rapidly on to the next post in their feed. In theorising community in the digital age, Barry Wellman, building on network theory, suggests that society has shifted to a position where:

> Communities are far flung, loosely-bounded, sparsely-knit and fragmentary. Most people operate in multiple, thinly-connected, partial communities as they deal with networks of kin, neighbours, friends, workmates and oraganizational ties. Rather than fitting into the same group as those around them, each person has his/her own 'personal community' (Wellman, 2001: 227)

While not the same form of community being suggested by the NHS, without the space, desire, or resources to facilitate in-person meetings, user-generated online communities surrounding self-harm content are networked, "loosely-bounded", and "thinly-connected" as Wellman puts it. While many accounts are anonymous, in my journey through online content, I was able, nonetheless, to observe the same blogs returning to visit and comment repeatedly on the same profiles. Ruth mentioned that blogs "posted text blocks about their life, and like, there was a sense of community even though I didn't speak to most of them directly. Like I started on hashtags, and then found my like *laughs* favourite depression blogs". Lily and Ray also both mentioned following only a few specific blogs when they viewed non-recovery-oriented content while self-harming, and spoke about their familiarisation with the posters' content despite the accounts anonymity. Guccini and McKinley (2022) describe these connections as "imagined communities of practice" (2022: 1) – spaces where users, whilst not sharing location, produce affective attachments through imagined shared similarities in their self-harm practice. These communities allow shared meaning to develop, and, as I detailed in Chapter 5, genres form between content on feeds, with certain patterns emerging in the aesthetics.

However, how does non-recovery content hold-up with reference to these definitions of peer support? Looking online, most self-harm related content is not recovery oriented. While public profiles of influencers and therapists on Instagram and TikTok, and certain hashtags on Tumblr such as "#mental health", do contain recovery-oriented content, across TikTok and Tumblr more generally, and within private groups on Instagram, this is not the case. Instead, content posted consists of users conveying their personal experience in a range of other expressions: negative affects of hopelessness, desire to harm, anger at a situation or person, and more. These posts are not necessarily anti-recovery, though a few are, they are, rather, individuals engaged in storytelling beyond the frameworks of the 'Recovery-Narrative' made explicit in Woods et al. (2019).

Personal experience, here, is not taken as direct and uncomplicated. As discussed in Chapter 6, individuals engaging with self-harm content do not fit easily into a binary of *active* recovery-oriented users, and *passive* victims being manipulated by other content. The case can certainly be made that the medium, the aesthetic and narrative genres created across hashtags and platforms, social histories in the understanding of self-harm, and the embodied experiences of individuals, all impact created and shared content. However, regardless of the reasons lived experience becomes communicated in the manner it does, the user still makes a choice to post, and the viewer to like, comment, and share. This complexification of individuals' agency over content and its form allows us to examine why some individuals consider non-recovery content to also be important support – while remaining critically aware of the structures that led to it occurring in the manner it does. I will now examine some key examples through bringing participants' comments, content found online, charities guidance, and government policy together. These examples will be: #vent content; videos and pictures containing wounds and scars; and posts containing humour or where users describe themselves as pretty and/or cute while showing cuts.

i. Vent Posts

As detailed in Chapter 5, on the hashtags "#self harm" (when ordered by latest posts, n=100) and "#self h@rm" (when ordered by top post, n=100, and latest post, n=100) on Tumblr, one of the most common hashtags people also tagged their posts with was "#vent" – at around 25-30% of content also having this tag. The phrase 'vent' also appeared on TikTok, both as a hashtag, but also in comments describing content, with one user stating "Finally a vent account! I don't know if anyone is listening but I have so much I want to say." Similarly, comments under posts from charities on Tumblr often mention venting: "People cant vent anymore huh? Since when was depression considered 'taboo' or 'NSFW'?". On Tumblr, the posts comprised mainly of text, ranging in length from a couple of sentences to four or five paragraphs. On TikTok to content took two main forms: close up videos of an individual's face speaking; or videos of a silent individual with superimposed text similar in content to the text on Tumblr's "#vent". In each of these examples, individuals were expressing affects such as anger, sadness, and hopelessness in relation to an event that had occurred. These events ranged from recommencing self-harming, feeling isolated, to a relationship break-up.

These posts are not recovery-oriented. Instead, they are individual expressions of a perceived inability of their life situation to change, of a sense of failing, their desire to self-harm, and excitement at the expectation of self-harming. Returning to the outlines of effective peer support from the NHS and from Naslund et al., a crucial requirement exists for the network to "provide hope", for people to be "supported to use their strengths and skills, find solutions, manage their challenges, and meet their personal goals". Whilst occasional comments of support encouraging individuals to "keep going" exist, more so on TikTok then Tumblr, vent accounts exist irrespective of the level of user interaction. An account I came across on Tumblr with limited interaction on any posted content was from a poster with a biography reading "this is a vent blog cuz why not – im a cis female, bisexual and use she/her pronouns. I don't have any diagnosed illnesses but I am selfdiagnosing my depression and anxiety". This blog had existed for eight months at the time of viewing, avoiding Tumblr's account deletion that hit a large percentage of users posting on "#self harm". I presumed this evasion was a result of the posts all consisting of text only, with no image content, and ~30% venting anger about K-pop rather than self-harm. The remaining ~70% of posts comprised paragraphs such as: "I can't wait to kill myself. I'm so deeply sensitive to everything and I just can't take it anymore. I either feel too much or nothing at all, and recently I've been feeling too much and it's driving me insane. I'm not fit for this world. I hate this world and I hate everyone in it. Idk what to do." This content was interspersed with comments relaying an inability to discuss their situation with their parents, and the occasional post informing of a temporary cessation of self-cutting for a few months. Most posts had zero likes, comments, or reblogs, though approximately one in ten had single digit likes. None had received comments from other users.

Examining the definition of peer support, the posts potentially also do not fit a standard definition of reciprocity, being more a shout into the void of "I WANT TO CUT SO BADLY RIGHT NOW". This expression of heightened negative affect might be better understood as related to understandings of why individuals self-harm as an emotional outpouring. Under this theorising, the analogy is often used: if the pressure gets too high in a pressure cooker, some steam needs to be let off to make sure it doesn't explode.

Under this conceptualisation of why people self-harm, it is seen as a coping mechanism, a valid response to the build-up of everyday traumas and hardships that needs to be let out somehow, somewhere. Chandler, drawing on Deborah Lupton, refers to this as a "controlled release" (2016: 77). Moving beyond an understanding of the rules that govern how we process emotions as universal, Chandler uses Arlie Hochschild's theory of 'emotion work': "Hochschild developed the concept of emotion work, or emotional management to describe the conscious process engaged in by individuals to ensure their emotions are appropriate to the 'feeling rules' of a given social context" (2016: 93). Here, self-harm can be understood as 'emotion work' as it is often described as a mechanism to change an individual's feelings, and it is, in line with Hochschild's description, an embodied action done in private, allowing individuals to return to being around others in line with the expectations of how they should be. Indeed, multiple participants described their self-harm in this way. Ray mentioned their self-harming as a release in response to abuse in their family, feeling unable to talk about or express their negative emotions while supporting their sister. Moreover, Maya and I, when discussing together why we self-harmed, found similarity in that sometimes a feeling of calmness or focus came alongside the process of cutting.

Following this theorisation, "#vent" content on self-harm hashtags could be understood in terms of 'emotion work', as a release enabling individuals to cope with their situation, and return to feeling and acting as societal expectation dictates. Indeed, this is an almost exact definition of 'vent' given by the Merriam Webster Dictionary: to "discharge, expel … to relieve by means of a vent" (2023). Where someone desires to self-harm, 'venting' that desire online allows them to cope with those desires, the post acting to ‘work’ as a release through typing, clicking send, and bringing the poster to a state of not needing to self-harm. This is in line with psychology literature observing that individuals expressing their anger on “rant-sites” become “relaxed immediately after posting” (Martin et al., 2013: 119). Whilst true, the same article goes on to mention how, whilst there may be a moment of relaxation immediately after posting, the individuals who ‘ranted’ online “experience more anger than most and express their anger in more maladaptive ways” (Martin et al., 2013: 119). In line with this, I am not arguing that venting online acts as an effective means of recovery; indeed this content should not be framed in terms of providing longer term support or benefit. However, returning to an earlier point made in this chapter, different individuals may require different support to each other and across a range of temporalities and affective states. Recovery content can be incredibly helpful, and may improve longer term responses and strategies for self-managing. However other posting practices might be necessary for situations where an individual’s ability is limited to attempts at maintenance.

I am not, here, stating that vent posts necessarily serve this sole function. Indeed, if this was a theorisation that were to be continued further, Chandler (2016) notes how the narrativisation of self-harm as a ‘rational’ act in the face of trauma needs to be critically engaged with. Stories of self-harm as emotional regulation legitimise the person speaking as reasonably dealing with their situation, in response to clinical interpretations of individuals as pathological and out of control. This resonates with my argument in Chapter 6 over the need to move beyond the rational versus passive binary categorisation found in reasons given for viewing self-harm content online. Instead of fleshing this out fully, this limited description is an attempt to posit that there might be more to non-recovery-oriented content that needs to be explored before regulation inhibits individuals’ ability to express these affects online. There are certainly multiple other ways ‘vent accounts’, and other content online, might be understood. One of these follows another common theorising of self-harm as a desire to be heard.

ii. Negotiating Visibility

A common explanation for why individuals self-harm, from both those with lived experience and in social studies literature, is as a “cry for help”. That through harming, an individual is providing a language to express to others how they feel – that they are making an internal pain externally visible – and through doing so, calling to others their need for care. This is rightly complexified by Chandler, pointing out that when individuals’ injuries become visible, associated harms become apparent: “Thus, while self-injury is frequently explained as being a way of ‘showing’ how bad someone feels, … the act of ‘revealing’ can call into question the very feelings that self-injury is argued to be ‘proving’.” (2016: 144). Just as in many of the interviews conducted by Chandler, Lily spoke about how in school, when individuals who cut themselves had their scars or wounds seen by others, they were labelled as “attention-seekers”. This was in the context of a discussion over the extent to which we both have historically downplayed our self-harm, and as Lily said, we were not “real self-harmers” as neither of us had been hospitalised, and both tended to cut lots, but shallow rather than deep. Lily concluded that we had both internalised the comment of “attention seeking” through considering ourselves as different to those who ‘really’ self-harm. Delia repeated a similar comment, speaking of how she resonated heavily with the experiences mentioned in the zine *Self-Harm: Perspectives from Personal Experience*, edited by Pembroke (1994), where medical professionals had passed over people’s harm as a form of attention seeking rather than expressions of pain.

Through this analysis, Chandler is making clear that the language of ‘attention seeking’ acts in a way to invalidate the supposed authenticity of an individual’s pain – that true self-harmers, those who are actually feeling pain, would not be doing it for attention, for others to see. A tension is apparent therefore between self-harm as the making visible of an internal pain in a call for help, and that if self-harm does become visible, any call for help becomes subsumed into the accusation of “attention-seeking”. This is an important point to mention as self-harm on social media is visible, with posters talking or writing in detail about their desires to self-harm, alongside photos and videos of self-harm, and much more. Yet this visibility is complex. Lily, when talking about posting and viewing self-harm content on Tumblr when she was 13-16 years old, stated: “Tumblr was blocked and I would use, like, all my 3G every month under my bedsheets after we had been sent to bed, like looking at these depression blogs in the dark”. This sentiment is replicated throughout my interviews, where use of online content was hidden from others, as well as on blogs where users remained anonymous or mentioned posting in fear that their parents would find out. The embodied experience of posting and viewing is very much in a manner that attempts to hide use, even though the harm itself is being publicised and spread to a wider community.

Returning to the definition of peer support provided by the NHS, two crucial elements are “people with lived experience [being] involved in co-producing … its purpose and values” and “people feel[ing] they have a safe space to be authentic and to share experience/expertise” (NHS, 2023). The mentioning of authenticity in this definition is key to understanding supportive communities, where individuals feel uncomfortable speaking about their experience, a result of which means peer support can only be limited. Yet for the individuals hiding their identity through anonymous blogs, posting from under their bedsheets, and afraid they will be labelled as attention seeking (and thus a ‘non-authentic’ self-harmer), online space might be the first occasion they have felt able to navigate visibility and felt able to express themselves in a way that feels more authentic to their lived experience.

For Lily, while she is currently glad she has moved on from the kind of content she viewed earlier in her life, she did mention the space was crucial for her at the time when she had no friends with whom she could discuss mental health, and a school environment that bullied those who had been seen to have self-harmed. For Diana, their Tumblr account explicitly trod this line between public and hidden, describing their blog as their “public diary”, stating: “I think I was aware of the real life consequences that come from sharing with people in my life who cared about me directly, so I was able to like have that … discharge that need of sharing my experience, without having to deal with any real life consequences.” As per the definition of community from Wellman (2001) above, the far-flung nature of online communities allows users to feel safe from consequence in their offline life, yet the personal nature and affective relations formed allow shared meaning and expression, potentially otherwise unavailable.

Once again, however, I do not wish to posit this as a full conceptualisation of the functioning of content online. That it is more socially acceptable to post images of self-harm, and express feelings of pain, does not necessarily make the description of someone’s lived experience more ‘authentic’. Different social media platforms have different genres that guide the way expression occurs and limits it in other ways, and the technologies of the sites function to ‘reward’ individuals who share, especially when some accounts posting non-recovery content on TikTok could be seen as having micro-influencer levels of popularity. Instead, what I am attempting to get across through these examples, is that many affects exist within the space of non-recovery which are crucial to individuals. These affects cannot so easily be framed as “bad”, nor is their expression necessarily “bad” when coming from and being spoken to individuals who are not healthcare professionals.

iii. Romanticising and Making Light of Self-Harm

The final case I wish to cover before moving on to examine what is important across each of these instances of non-recovery content, is that of posts that could be considered to “normalise” self-harm. Two versions of this came up commonly throughout discussion with participants and my journey through digital content: individuals joking and making light of their self-harm, and individuals who posted and spoke about their scars and wounds as beautiful.

Multiple posts online contained jokes such as “I am queer and self-harm, I am a fruity ninja” with a picture from the mobile game Fruit Ninja, or were visual memes in a common meme format “me when Hello Kitty knife ///” – the /// in this case referring to cutting themselves. A large percentage of the posts that could be considered humorous were self-deprecating, joking that the individual’s response to a minor inconvenience was to self-harm, and pointing to the supposed ridiculousness of this. This content is mainly not recovery oriented. It is not an attempt by the poster to stop themselves self-harming, rather just a means to laugh at their situation. These posts, while not as frequently deleted by social media platforms as the next case describe, were nonetheless occasionally removed by content moderation systems. Deletion, here, occurred through the logic of “normalisation”, with trivialisation supposedly enabling individuals to self-harm more.

Yet, the importance of humour within healthcare has a long history of study and research. In the context of palliative care humour was noted as having several key functions for patients, carers, and families, the main themes being: “building relationships, contending with circumstances, and expressing sensibilities” (Dean and Gregory, 2004: 139). Humour, in such stressful circumstances, helps manage situations and builds community, important in helping humanise those in the process of dying. Beyond healthcare however, humour extends across social media serving a variety of crucial functions. Jenny Sundén and Susanna Paasonen highlight how humour acts as a form of resistance in the face of online sexism. Through appropriating terms originally applied as insults, tactical retweeting and commenting, and sharing and rating unsolicited dick pics, the act of shaming is taken away from the harasser and re-distributed (2020). Humour, in these instances, is not something that limits and trivialises, harassment and death are not considered less as a result of memes and inappropriate jokes, rather the possibility of living and dying within the hardships of their existence is made easier.

For the second instance of posts being considered ‘normalisation’, and one where a greater number of posts were deleted by content moderation, a significant quantity of images were observed of individuals with new wounds and cuts, or scars, with captions referring to the subject of the image as looking cute or beautiful. These posts were either images or short videos of an individual’s body, or drawings or illustrations of an individual, with every instance being a photograph or depiction of a young white woman. On TikTok, these posts were clearly individuals’ photographs or videos of the poster, though on Tumblr where the aesthetic of pictures was more zoomed in to the wound itself rather than showing the whole body, this was sometimes more difficult to discern. On recovery-oriented Instagram and TikTok accounts multiple posts were observed that at first might seem related: posters’ selfies expressing love for themselves and belief in their beauty no matter the circumstance. These recovery-oriented, body positive posts, are framed as the poster accepting their body and themselves. The difference between these recovery posts and the ones potentially classified as ‘normalisation’ is that the non-recovery posts are not necessarily an acceptance that the posts body is beautiful no matter what. These non-recovery oriented posts feature recent wounds or body parts with a large number of scars, with captions describing the body *with* wounds as beautiful. Relatedly, several posts comprised of images of old scars, accompanied by fears the scars are fading and so they need to cut again. Such posts are deleted rapidly from Tumblr. Often, I would locate a post, and return an hour later to find it had disappeared. The content disappeared less quickly on TikTok, though TikTok had no images of recent wounds, and a greater number of posts with individuals showing and talking about older scars.

In both these instances, of posts containing humour and content where people discuss their body as beautiful, content moderation deletes with reference to “normalisation” and “glorification”. A large number of studies have shown that such content does cause individuals to self-harm more, and more individuals to self-harm (Arendt et al., 2019; Susi et al., 2023). However, Diana, one of the participants of my research saw this as crucial to understanding self-harm content online. In response to a question on their thoughts of the term “glorification” arising in regulation and community guidelines, they said:

> OK *laughs* I actually have really strong views on this. More specifically I would call it romanticisation as that's slightly more the discourse I was in, and like for me it really comes down to a couple of different things, like I never want to take away people's ability to find a space where they do not feel ashamed, where they are able to feel beautiful or valuable in the body that they have and like for some people that is intensely scarred, and you spend the rest of your life living with the impact of, you know, how people respond to your body. And to be honest across most mental health … I think most romanticisation is targeted deliberately to help yourself love parts of yourself that others don't find lovable. I find it very difficult to me the idea that that should be taken away, umm, like it was very important to me, and like self-romanticisation, even self-glorification, is a really important part of being able to move past stigmas and the way that people have negative perceptions of you and the way you navigate the world. That being said they can, like these spaces, it can be used as a way to trap people in, that their only source of validation or power or desirability is in the aspects of how they hurt themselves and that is also really negative

Here, Diana is making clear that, whilst problems exist with the content, and that it can lead to individuals continuing to self-harm longer than they otherwise would, there is also crucial importance in allowing individuals who do not and are not otherwise allowed to, to see themselves as beautiful. Gallows humour, and the beautification of individual's wounds and scars allow individuals who do not feel able to engage fully with recovery content, to continue on.

Returning to Brown, as quoted in Chapter 5: "The popular consciousness assumes that it's possible to draw a very clear distinction between self-harm promoting material and material that is constructively autobiographical and supportive. This is problematic where the nature of self-harm is that it is an embodied experience" (2019: para. 6). Rather than create a complete framework to understand the functioning of online content, it is this problematic that I am attempting to draw out with these examples. Content exists online which fits the definition of peer support as provided by the medical profession more easily than these examples, however, due to self-harm being different to different people, across a range of temporalities and affects, and within a variety of material contexts, the spaces available also need to be broad. As Diana stated at the end of our first interview: "These are spaces that meet the needs people have, but that don't promote people to take the choices to, to progress their wellbeing". This statement frames online content as neither "good" or "bad", but rather a space of nuance. Staying with this nuance, what, then, should be our basis for judging content and contemporary regulation?

V. Care as the Guiding Principle of Regulation

My analysis, above, does not suggest that due to the wide range of affects, embodiments, and meanings, self-harm content is only beneficial and that regulation should be ended. Just as Debra

Ferreday states: “While it would be absurd to claim that websites celebrating anorexia are subversive, I have demonstrated that pro-ana communities have been widely read as subverting particular sets of values” (2003: 292), I am not claiming self-harm communities are subversive, and that through this radicalism should be given complete freedom. There is still a necessity for oversight, and the structure of platforms such as TikTok still require algorithms to decide what content to push and what not to. My argument so far is not a slide into an inability to judge content at all. Rather, it is a response to proposed policy and best practice guidelines that prioritise only one reality of self-harm. Given this, what, then, might be a more suitable basis for regulation?

In my interview with Ray, they compare self-harm to heroin, stating that, in the long term, neither are sustainable coping mechanisms, whereas in the short term the situation is more complex. This mention of heroin led me to Dennis’ work *Injecting Bodies in More-Than-Human Worlds* (2019). Here, Dennis theorises the term “more-than-harm-reduction” with reference to individuals who inject drugs. More-than-harm-reduction, for Dennis, is:

> not dependent on making bodies free from drugs or injecting, but more loosely based on increasing their power to act, or what I now see as a collaborative effort to *make bodies better*. However, this is not about making them better from a distance – built on a normative idea of health, through a series of carefully measured and tested intervention. Instead, they were made better in participants’ connection *with* such bodies – substances, paraphernalia, policy, concepts, biotechnologies, etc (2019: 189)

Dennis, whist analysing addiction and drug use, notes three major models of care response. The first is abstinence, where users stop taking the drug. The second is a more traditional harm reduction scheme, where needle exchanges and alternate medication are provided whilst habits are undone. This differs from abstinence as, whilst the focus remains on undoing habits and stopping drug use, the user is provided safe means for drugs use whilst going through recovery. The third is what she calls ‘more-than-harm-reduction’. Instead of working to undo habits and eventually separate the user from the drug, as in abstinence and traditional harm-reduction schemes, treatment providers focus on forming new habits. This entails the production of new relations to paraphernalia, people, substances, and so on, rather than emphasis on how far along the path to stopping use the user finds themself. It is then hoped that as these new relations form, the old, problematic habits begin reduce, or at least, potentially, arise in ways that are not harmful. As such, as these new habits and relations form, so does the capacity to act.

Transposing this term from drugs research to online self-harm content provides a useful framework for establishing judgement – that the aim should not be to produce bodies *free from self-harm*, but more loosely to *increasing their power to act*. This theoretical approach applies to my arguments in this chapter in multiple ways. Affect on social media does not merely involve the sharing of users life and feelings, but, more than this, ‘venting’ and ‘normalising’ are part of the process of building new relationships to oneself and others. This goes back to Goodings’ analysis of trigger warnings covered in Chapter 2. Online interactions “include something of the way that people come to know their bodies through the affective content in the posts” (2018, 33). Our posting into a space of affective relations and genres, helps us ‘form new habits’ – for example, allowing ourselves to be seen as beautiful through the romanticisation of scars.

Whilst not rejecting recovery as a legitimate goal, a broader set of aims and actions beyond working solely towards this goal should become acceptable. Recovery is still important for many, and potentially the aim for many more in the longer term who currently do not have access to it, are not considering it, or presently reject it as their goal. Recovery, taken as a pathway to stopping harming, within this framing, would only be seen as one of many ways to increase an individual’s power to act – with multiple other affects, embodiments, desires, and realities potentially being crucial to differing individuals. More-than-harm-reduction still allows us to talk of *making bodies better*, but shifts the requirements of judgement to the local level of specific situations. Instead of applying one universal idea of tested and evidence based health, that of the Recovery-Narrative (Woods et al., 2019), we have to examine how interactions between bodies, affects, technologies, and materialities allow the formation of new relations.

I suggest at the start of this chapter that certain statements from the NSPCC and Samaritans seem to suggest healthy social media use is, ultimately, less use. Under this conceptualisation of care and self-harm, the focus in no longer solely on less use and less self-harm, rather, also includes different use. Where venting, romanticising, and making our pain visible online help increase our capacity to act, they are important.

Through a consideration of ‘more-than-harm reduction’, an entangling of harm and health is apparent. The separation between an evaluation of online space as risky due to the potential for causing further harm versus a positive space of peer-support and promotion of recovery, which was outlined at the outset of this chapter, is problematised. Vital moments exist where harm *is* health, is the doing of *making bodies better* – an act that causes individuals to self-harm more, and more individuals to self-harm, may also increase individuals’ capacities to act in certain moments. Where for Diana, the “romanticising” of their self-harm in the past had enabled their navigation of the world and love parts of themselves that “others didn’t find lovable”, they also reflect that doing so prolonged their self-harming. This event should not be judged through a lens of increasing harm versus harm-reduction or recovery, just as Diana states that the spaces are neither good or bad. Instead, the specific materialities of the body, ideas of beauty, the work done to make the self beautiful, all must be attended to beyond narratives of health as opposed to harm.

In writing this chapter I am readily critical of proposals from charities, technology companies moderation systems, and government policy. Through this, I do not wish to state that all professionals would be opposed to any theorisation of self-harm as a form of self-care – indeed, many are currently not. There are a wide range of perspectives on self-harm between and within charity staff, nurses, psychologists, psychiatrists, and more. What is being responded to, however, is the way this range becomes flattened when applied to online content. Discourse in the UK after the passing of the Online Safety Act has only demanded regulation go further and content be more restricted. In one prominent example, the Molly Rose Foundation, a charity set up by Molly Russell's father to campaign on children's mental health, stated "we do not have confidence that the Online Safety Act will prevent a repeat of Molly's death" (Molly Rose Foundation, 2025: 1). The policy briefing with this heading posits Ofcom as "timid" and that regulation "fail[s] to go far enough to require platforms to provide safe and age-appropriate experiences" (Molly Rose Foundation, 2025: 2-3).

As discussed in Chapter 6, discourse surrounding online content is almost universally framed in terms of children's lives being at stake – i.e "we currently lose a young life aged 10-19 to suicide where technology plays a role every single week" (Molly Rose Foundation, 2025: 2). Within this, seemingly with no alternate understanding of self-harm is possible to be spoken of. It is a demand in line with the duty noted by Heney: "depictions have a responsibility not to be thoughtful, or to be sensitive, or to be interesting, or to be true (whatever that might mean) but rather simply have a responsibility to dissuade people from self-harming" (2019). It is in response to the affective positioning of regulation as 'saving children's lives' that more-than-harm-reduction becomes a critical opposition.

Importantly though, this critical opposition is not a total rejection. The conceptualisation of more-than-harm-reduction, similar to my reasoning in Chapter 6, is critical of rational/irrational and active/passive binaries. There are complex times where individuals narrate their experiences as ones of "being trapped" – of desiring content but also rejecting these desires. Returning to the opening statements of this section, and to reiterate it once again, I am not making an argument for the ending of regulation. The focus on 'increasing one's capacity to act', rather than on the reduction of self-harm, should not be taken as a statement for the removal of all online moderation. It is, instead, a positioning of online content within broader care practices that require us to engage with the bodies, affects, technologies, and materialities of self-harm in a more nuanced manner.

Through arguing for nuanced engagement, more-than-harm-reduction potentially posits the need for a case-by-case judgement to be made on whether content would increase or decrease one's capacity to act. Beyond just the difficulty of arguing for this within a debate so dominated by abstentionism, a problem arises. The regulation of content on a localised and situational basis would be extremely hard. Such a large volume of posts exist online that the ability for a moderation system to view all of them and respond in a nuanced and personalised manner becomes impossible. This becomes particularly difficult when case-by-case judgements would require decisions that depend not only on who is viewing, but also the time and affective state of each individual, and in a manner that cannot be reduced to agentially “consenting” to viewing.

As discussed, multiple participants wished that they had never viewed self-harm content. This needs to be taken seriously. Yet, the same participants also note online space as crucial to their care. This brings us to my final question asked in the concluding chapter. Beyond being just an academic point, how should ‘more-than-harm reduction’ actually guide practice? If it does not argue for no regulation, but also asks for regulation beyond contemporary possibility, what is the use in it beyond an abstract theory? Within my answer, I return to a string that has been running throughout my PhD – the complexity in narratives around self-harm, and the ways the focus on self-harm as an online phenomenon reduces care to depoliticised “safeguarding”. In proposing a basis for the regulation of online content, I now posit that if we are serious about care, about needing to navigate the range of bodies, affects, technologies, and materialities of self-harm, then we must move beyond the privileging of online content as *the* problem of self-harm.

Chapter 8

Conclusion

I. Introduction

In comparing the language of the Online Safety Act to the narratives of participants, this this has wholly criticised contemporary regulation. Yet, with my perspective originally arising from psychiatric survivor activism, I expected making this critique to be easier than it was. The DSM is often ridiculed, the NHS is collapsing, and RCPsych are infamous for rejecting service-user recommendations when they come into conflict with institutional practice (Turner and colleagues, 2015). Moreover, after RCPsych referred to people diagnosed with BPD as "thorns in the flesh of clinicians" (RCPsych, 2022), and then 'apologised' by holding an event that could be best described as "patient porn" (Costa et al., 2012), I had thought that raising users' stories would lead to a simple answer. This was not the case.

The experience of going online to view and post content is complex. Individuals express a range of affects, go online for different purposes, engage in a variety of communities depending on hashtag and platform, and narrate their experiences in contradictory ways. This thesis has attempted to grapple with these features, noting how rhythms, affects, bodies, and genres come face-to-face with moderation and regulation. In turn, as I began to be affected by content, participants, the death of Molly Russell, and more, I began to realise that the desire for a simple solution was, in fact, a significant part of the issue with regulation. Binaries formed between *passive victims* and *active users*, between spaces of *recovery* and spaces of *normalisation,* and between *acceptable* and *unacceptable* presentations of affect.

Within this conclusion, instead of bringing together an argument to finalise my stance on social media – coming down on the side of either beneficial or harmful – I develop the work I have done in previous chapters to sit with the complexities of these binaries and suggest how to move forwards.

At the start of the thesis, I laid out my four research questions. These were:

1. What affects and experiences are visible in self-harm content on social media, and how do consumers and producers of these posts narrate their experiences of self-harm and going online?
2. The Online Safety Act (2023) introduced a duty to "prevent children of any age from encountering … content which encourages, promotes, or provides instructions for an act of deliberate self-harm". What are the stated concerns which led to this regulation?

3. In comparing contemporary legislation and associated discourse to the lived experiences of those who engage with online self-harm content, what different concepts and practices of care are narrated? How should these different conceptualisations inform regulation?
4. How do participatory multimodal methods engage online cultures of self-harm, and what are the methodological challenges of researching this topic?

Each of these have been answered in ways that are interlinked. I start my conclusion with a summary of how I have responded to questions one to three throughout the thesis so far.

Following this, I again raise the question asked at the end of the previous chapter. If I do not wish for this thesis to lead only to abstract academic theorisation (which I do not!), I need to consider how my conceptualisations of self-harm and care might guide actual practice. In answering this question, I return to the work of psychiatric-survivor groups, introduced in Chapter 2, who fought and continue to fight for self-harm and mental health to be considered and responded to as fundamentally political experiences. In combining the work of these activist groups, the research I have conducted, and literature arising from the nascent discipline of Critical Suicide Studies, I posit that there is a clear need to move away from the framing of online content as *the* issue of our response to self-harm.

The final section of this conclusion, other than a short endnote, examines my answer to the fourth research question. This question asks about the use of participatory multimodal methods in the context of self-harm research. The methods we use are crucial aspects of our research, and as might be noted by the fact this thesis has two methodology chapters, I have many reflections that could be useful for future studies. While many problems were faced, the methods used were key to the eventual form my argument took, were attempts at a practice of care in and of themselves, and form one of the major contributions of this study.

II. Regulatory Discourse and Users Narrations of Lived Experience: How Should we Understand Self-Harm Online?

My first research question asks how people who view and post content narrate the act of going online. In answering this, I focus on the discussions had with the participants of this research, as well as my scraping of posts on Tumblr and journey through content online. Across each of these methods, complex, and often conflicting, narratives of social media use were woven.

The main discussion of research question one occurs in Chapter 6. Here, I introduce participants statements through highlighting the moments going online was narrated as a rational action undertaken to cope with a world that was otherwise harmful. Participants, as well as comments seen across different digital platforms, spoke of an inability to communicate to parents, carers, or professionals. Social media communities were thus positioned as a major site of support when alternate care was unavailable. Yet, at the same time as citing online use as rational, participants spoke of having cravings to view and post, and mentioned feeling “trapped” with limited other networks available to discuss their affects and experiences. These instances, where use was framed as an “addiction” rather than as an actively made decision, appear to conflict with narratives of going online as a choice made to cope and care.

In attempting to understand the contradictions in participants statements – use as at once active and passive, beneficial and harmful, and rational and irrational – I bring in Dennis’s work with injecting drug users (2017). Dennis notes how, within the narrations of the participants of her study: “pleasure is associated with the ‘free’ world of subjects”, whereas “addiction is associated with the realm of objects and the ‘determined brain’” (2017: 150). Where pleasure was discussed, it was narrated as actively chosen. Addiction, however, was framed as a neurochemical response that the individual was not in control of. This mirrors the language of the participants of my research. The self was highlighted as a ‘free’ subject when discussing the benefits of going online, and as ‘trapped’ when noting any negative consequences. Following Dennis (2017) and Chandler (2016), instead of trying to resolve these contradictions, I chose to sit with them in my analysis.

Just as Chandler (2016) concludes about self-harm more generally, one important conclusion to be drawn from this is that online content does not sit neatly within narratives of pathologisation, but neither can it be taken as existing only outside the clinic. Social media and self-harm are narrated both as a bodily endorphin response (medicalised) and as a deliberate act done in response to an unjust world (demedicalised).

In moving on, I then opposed the complexities of participants narrations with the flattening accounts of government policy, charities’ guidelines, and technology company moderation systems. My second research question, instead of asking about users lived experience and social media content itself, focuses on content regulation and the passing of the Online Safety Act. More precisely, it asks how the duty contained in the final version of the act to: “prevent children of any age from encountering … content which encourages, promotes, or provides instructions for an act of deliberate self-harm” (‘*Online Safety Act 2023')* extends well beyond Law Commission advice to uptake only a “narrow” criminalisation based in intent to harm. In my answer to this question, I propose that the expansion of the legal duty resulted from fears of “copycat” behaviour dominant in government policy discourse, news media, and the coroner’s report into the death of Molly Russell. Within accounts of copycat self-harm, individuals are explained as acting because they had viewed others doing so. I highlight how this reasoning is based in a simplistic account of “contagion” – where children are thought of as passive victims, unthinking in their uptake of self-harm.

Accounts from charities were, thankfully, more nuanced in their analysis of online content than news media headlines and statements made in parliamentary proceedings. Users were still framed as vulnerable, yet, when working with professional supervision, accessing an expert’s opinion, or in regulated peer support spaces, benefits to social media were located. Analysis of the potential benefits of online space can also be found in multiple academic articles, being more common in papers from the 2020s than those from before. Social media is cited as an important way to reach younger audiences, and forums are framed as necessary spaces that allow individuals to reach out to others in similar situations (Brennan et al., 2022; Lavis and Winter, 2020; Carlyle et al., 2018; Arendt et al., 2019; Thorn et al., 2023). Yet, while some accounts are more nuanced, regardless of whether research places online content as harmful or beneficial, the underlying judgements are based on the same principle. Social media is 'good' when it helps reduce how much and how many people self-harm and is 'bad' when it causes more self-harm. Using Woods (2019), I conclude that a singular 'recovery' narrative is prioritised across evaluations of digital media. In each case, the basis for regulation is the need to reduce self-harm and move users to a less 'risky' environment.

Following this, I argue that the practices of care highlighted in government and charities' discourse mirror, respectively, two types of intervention made by drug support services as conceptualised by Dennis (2019). Government legislation that aims to prevent interaction with online content is arguing for abstention. Care is enacted by deleting posts, in the hopes this will reduce interaction with content, and through this, decrease the number of individuals who self-harm. Distinctly, charities guidance, in discussing the potential benefits of online space, follows similar reasoning to traditional harm-reduction schemes. Here, there is not complete abstention from use, yet the ultimate goal and driving force behind any action is still to move individuals away from social media and reduce the number of people self-harming, as well as the amount that individuals harm.

Dennis, importantly, theorises a third type of intervention – that of "more-than-harm-reduction" (2019). This form of care moves away from the focus on stopping use. Instead, the aim is to "increase the capacity to act". Self-harm, here, is no longer conceptualised as *the* harm. Rather, self-harm and social media become part of the broader picture of an individual's life. If reducing engagement with online content is what will lead to a 'better life' (conceptualised of as an increased capacity to act) for an individual, then stopping self-harming could still be a goal to strive for. However, there are also many potential moments when harming oneself, and posting and viewing content about doing so on social media, can help an individual cope or care for themselves. It is this conceptualisation of care I use to answer my third research question.

A significant quantity of content I came across was not recovery oriented. Yet, this content still appears to have the potential to increase an individual's capacity to act. In Chapter 7, I provide multiple examples: 'Vent accounts' on TikTok are theorised as a form of 'emotion work', where short term release allows an individual to scream, then continue back on with life after. However, these posts, while being important, have the potential to lead to users continuing to self-harm for a longer amount of time than they otherwise would. Following several participants discussions of the term "romanticisation", I highlight the importance of people discussing and framing their scars and wounds as hot. While social media community guidelines, and the Online Safety Act, rule these posts as unacceptable due to the potential for them to reinforce self-harming behaviours, Diana frames them instead as allowing users to see themselves as beautiful in a society that does not.

In another instance, I highlight how recovery-oriented content tends towards an empty positivity. Charities, on the Tumblr feed ‘#self harm’, often post pastel-coloured infographics with captions along the lines of: “In time this pain will all make sense”. Comments responding to these posts are almost universal in their expressions of annoyance. I argue that these comments from social media users can be understood as users highlighting how anger, the desire to harm more, hopelessness, and other negative affects, are core to many of their experiences of self-harm. The participants of my research made similar comments, with Delia, for example, citing frustration at the blocking of “graphic” content. For her, the framing of graphic discussions of self-harm as dangerous were part of a broader separation of people who self-harm into those who do it in an acceptable manner, and those who do not. In turn, this leads to the silencing of certain individuals who self-harm, and limits which voices are listenable to within patient centred medical research. Similarly, where the prioritisation of recovery-oriented content limits use to that which is deemed acceptable, the range of affects and experiences individuals can speak of are restricted.

As I conclude in Chapter 5, this does not mean that these affects and experiences stop existing. Instead, when posting about desires to harm, or venting, or expressing hopelessness that anything will change, affects are still embodied, but become hidden. Moreover, instead of agreeing to this silence, users often attempt to circumvent moderation systems by using in-group language to discuss pain and harm. This can take the form of intentional spelling mistakes, such as replacing the ‘a’ with an ‘@’ in ‘#self h@rm’, or the complete replacement of words, such as using ‘beans’ to refer to deep self-harm cuts that go through fat. Affects continue to be expressed but are done so in smaller and more hidden spaces. As detailed in my scraping and subsequent content analysis, hashtags like ‘#self h@rm’ have far fewer interactions with charities’ accounts, and have significantly less posts linking to hotlines or support services. Young people forming their own languages to evade oversight is often cited as a reason to increase parental monitoring (i.e Smoothwall, 2023). I argue instead that the promotion of further surveillance and content deletion only leads to increased hiding and more limited spaces of support. This is not a novel conclusion, abstention and criminalisation are critiqued across drug related interventions, sex work policy, and beyond.

In each of these examples, I argue that posting and viewing non-recovery content can be a form of coping, care, or self-maintenance. Where individuals desire to harm, need to scream, or show off their scars as beautiful, contemporary regulation aims solely for deletion. However, regardless of the level of social unacceptability, these are all still affects of self-harm, and engagement with them can be a crucial part of care.

At the end of Chapter 7 I raise an important concern with any application of ‘more-than-harm-reduction’ to social media regulation. In the requirement to consider the nuances of individuals’ personal situations, moderation tools would have to judge content on a localised and situational basis. This would be extremely hard. It is likely impossible that any contemporary regulatory systems could view every post and respond in a personalised manner. This becomes even more difficult when any such case-by-case judgements would have to depend not only on who is viewing, but also the affective state of each individual at the time of viewing.

This brings us to a question asked in the previous chapter. Beyond being just an academic point, how can ‘more-than-harm reduction’ actually guide practice? I move on to answer this now.

III. Moving Beyond Self-Harm and Online Space

In my conclusion to Chapter 7, I note that my demand for a localised caring practice is potentially impossible within the context of big data. Moderation tools would not only be asked to evaluate how posts should be viewed differently for everyone, but also for the same individual during different affective states and times of day. It is within this context that any conclusions drawn from theorisations of ‘more-than-harm-reduction’ based care need to arise. At first, when encountering this problem, I struggled to find an answer. In many ways, the regulation of online space cannot, and will not, take the nuanced approach I argue for.

Partially as procrastination, though also with hope that it would help me work through this struggle, I decided to return to one of the texts that led me to conduct this research in the first place. A while before starting my PhD, I came across a copy of Campaign Against Psychiatric Oppression’s: Introduction, Manifesto, and Demands (CAPO, 1985). This document was one of the first interactions I had with critique of the discipline of psychiatry. Like multiple other psychiatric survivor groups in the 1980s, the manifesto was an early attempt at communicating a version of the social model of disability as applied to mental health. Each demand was deeply rooted in the politics of anti-capitalism, and through this, mental health was linked to issues far beyond the clinic.

As discussed in Chapter 2, many of these psychiatric survivor groups were later subsumed into service design projects within the NHS. Turner and colleagues when referring to this moment state: “the civilising influence of campaigning organisations such as Mind and other groups, had successfully engaged professionals” (2015: 613). The move to increase service user involvement in medical decision making was an important and beneficial step, yet, as referenced to by Turner and colleagues, it was also a “civilising”. A depoliticisation occurred, with a shift away from care understood as fighting against the inequalities and structures of oppression that lead to mental ill health, and towards care as increasing individual autonomy and choice over medical procedures and practice (Rose, 2006; Mol, 2008).

Whilst the radical politics of these early activists diminished in the late 1990s and early 2000s, there appears to be a contemporary revival of the psychiatry survivor movement. Many groups have sprung up such as Recovery in the Bin, the StopSIM Campaign, and the Campaign for Psychiatric Abolition. London Mad Pride, which ran from 1999 to 2012, was re-organised in 2022 and has occurred each year since. These groups have similar campaigning goals to their predecessors and continue to deny recovery as the goal of care - mental health issues being a legitimate response to a society that causes harm. In the face of genocide, racism, transphobia, and increasingly restrictive policy over the right to protest, we should all be feeling shit. Instead of recovering, it is argued, we should all become mad.

Within CAPO's zine, the last demand of the manifesto states:

> The eventual TOTAL ABOLITION of psychiatry, as we know it, to be replaced with community care and understanding based on the demands listed above, together with others not as yet formulated. (1985: 1)

Care, and its integration into the community, have been at the centre of discussions around mental health and self-harm for decades. With my thesis also calling for a shift in the care we practice, in looking back at the list of demands made by CAPO, many of them similar to mine, it is striking to see how few have been met. Whilst I already knew that most of the demands made by early psychiatric survivor groups never came to be realised, being reminded of this whilst already feeling a sense of hopelessness at the dominance of neoliberal academia (Wadsworth et al., 2025), I wondered if perhaps I should not be concluding with 'statements for further research'. Potentially, the only way the care I argue for could come into practice would be outside academia, in the re-emergence of grassroots community groups and collective action.

Yet, whilst I consistently find it tempting to completely deny the usefulness of academia, this is not the actual position I wish to take to conclude this thesis. Instead, I am brought back to Back and Puwar's *Live Methods* (2012) and their attempts to revitalise sociological practice in the face of a technical, distant, and dead methodological standard. I focus on my methodology in more detail in the next section, but importantly, the concept of sociological liveliness, for me, extends far beyond a discussion of methods. Liveliness, especially within contemporary academia, demands creative resistance – a reframing of our questions away from those that can be neatly summarised in impact evaluations, REF metrics, and grant funding proposals and towards those that help envision the worlds we wish to build.

Returning to the question I am currently attempting to answer: "beyond being just an academic point, how can 'more-than-harm reduction' actually guide practice?", I now realise I have been approaching this from the wrong angle. In asking the question, I became caught up in trying to provide an answer where I could neatly draw boundaries for new regulation, suggest ways charities could usefully intervene online, and, overall, justify my research through its impact on policy. Legislation, content moderation systems, and best practice guidelines are all relevant to my research. Indeed, I have spent most of the last 80,000 words citing and critiquing many examples of these. Whilst suggestions for amendments to policy would certainly be useful, having now returned to CAPO's zine, and the (potentially misguided) belief that liveliness is still possible within social research, I have realised this focus was never the intent of my thesis. I have never been writing a thesis that would fit nicely within the discipline of Public Health and its 'gold standard' of randomised control trials.

To find answers to technocratic questions over the boundaries of regulation would require significant funding and time. Instead, in bringing forward the concept of 'more-than-harm-reduction', I wish to intervene in self-harm research and practice in a different manner. More-than-harm-reduction, at its core, is an opening up – an ask to consider bodies, affects, experiences, and materialities beyond the restrictions of reduction and abstinence. Instead of judgements based on how effectively we can reduce self-harm, the question of care becomes a broader one of how we can reshape our relations to harm, but also our lives more broadly, to increase our capacity to act. This might involve abstinence for some, but can also, for others, involve continuing to self-harm as a practice of caring and coping.

In many ways I understand Dennis's (2019) "more-than-harm-reduction" through the politics of psychiatric survivor groups. In moving beyond recovery as reduction, we are accepting that self-harm is not itself a negative. Instead, self-harm can be understood through CAPO's statement:

> that "patients" are not crippled by anxiety or depression or confusion; but on the contrary they are anxious or depressed or confused because they are crippled – by circumstances over which they have little or no control, circumstances which thwart, which threaten, which confuse (1985: 1)

Self-harm is not the problem, rather, it is the social structures that lead to self-harm that are. More-than-harm-reduction, in this sense, asks us to fight the structures that cause harm and build relations and communities that allow us to support each other whilst our circumstances continue to "thwart" and "confuse". We may continue to self-harm, but through the reduction in our oppressive circumstances and our solidarity with each other we 'improve our capacity to act'.

To end here would be too simplistic. Understanding "more-than-harm-reduction" as a demand to fight structural oppression does not answer the question of what practical suggestions can be offered by my theorisation. There is no need to do a study if all we are going to conclude is "Marginalisation is bad. Something should be done to stop it". This has been said too many times, and too few concrete steps towards action are then taken. There is, however, one significant development that has occurred in this section so far – the focus of discussion has shifted away from online content and extended to the other aspects of people's lives that are neither defined by social media, nor, necessarily, their self-harm.

Social media has become central to discussions of self-harm in the 20th Century (Chaney, 2019). This is particularly true where, as I discussed in detail in Chapter 2, both are figured in relation to young people. The idea that harm results from social media dominates discourse. The coroner's report into Molly Russell's death only briefly gestures to causes beyond social media. Only one part of one sentence in the whole three pages mentions any factors beyond online content: "already suffering with a depressive illness and vulnerable due to her age" (Walker, 2022: 2). Moreover, the coroner refuses to classify her death as a suicide, rather, as death: "from an act of self-harm whilst suffering from depression and the negative effects of on-line content" (Walker, 2022: 2). These statements pathologise and place young people purely as passive victims in their own fate. I have highlighted throughout this thesis the central role Molly Russell's death and this report have been to the creation of contemporary legislation in the UK.

There are certain spaces where children are given agency over their health, for example, the NSPCC has a 'quick close' button on their webpage for reporting abuse, so young people can rapidly hide the site if someone were to look. Yet, when discussing self-harm, the need for oversight and control, rather than support, are almost universally centred. Two of the six main concluding bullet points in the coroner's report highlight parental monitoring as the answer to children's online use:

> "5. That the parent, guardian or carer did not have access, to the material viewed or any control over that material.
>
> 6. That the child's account was not capable of being separately linked to the parent, guardian or carer's account for monitoring." (Walker 2022: 2)

Affective language predominates: "we currently lose a young life aged 10-19 to suicide where technology plays a role every single week" (Molly Rose Foundation, 2025: 2), or "Does he agree that one life lost to suicide is one life too many? We must do everything we can in the Bill to prevent every single life being lost through suicide" (Public Bill Committee, 14th June 2022). Whether Molly Russell died or not because of social media I cannot conclude, but I certainly can comment that it being the singular point of contention frees others at fault from guilt, silences the voices of young people, and limits our ability to care.

There has only very recently been commentary from within academia over the need to move beyond the centring of parental control when it comes to children's online safety (Akter, 2025). I agree with the suggestions for further research made in this position paper by Mamtaj Akter and colleagues (2025), especially the need to examine how socio-economic factors influence technology use and experiences online.

Where I have so far been discussing more-than-harm-reduction as a call to move beyond online space and frame self-harm as a social problem, it is important to note that I am also critical of this view. Using Chandler's (2016) work on the complex narratives that exist surrounding self-harm, throughout my research I have often repeated that self-harm cannot be entirely contained in either medical or social explanations. This is where I divide from CAPO's statements in their manifesto. I do not mean to critique psychiatric survivor groups here, as sites of resistance their positioning is crucial to build change to the dominance of biomedicine. In examining how those who self-harm and view online content are and are not "ratified as concerned" (de la Bellacasa, 2017: 52), it is crucial to point out how individuals, and young people in particular, are pathologised and framed as in need of safeguarding. We do, therefore, need to highlight how expressions of harm and health are tied to factors beyond narratives of risk and social media use. Yet, it is also necessary to notice that broader socio-economic issues do not encapsulate these concerns.

Dennis states, when discussing drug use services framed around more-than-harm-reduction: "Instead, they were made better in participants' connections *with* such bodies – substances, paraphernalia, policy, concepts, biotechnologies, etc" (2019: 189). Policy is certainly included here, but so is biomedicine, as well as more localised and embodied issues such as personal relationships to paraphernalia. This is true of self-harm as well. When self-harming, an individuals': family situation; ability to bring themselves to book a GP appointment; relationship to razor blades and their wounds; desire to take anti-depressants; the biochemical side effects medication has on them; and more, all play a crucial role in the actions that are taken. Reducing this all to social injustice would limit our ability to care for any person individually.

These local and embodied relationships – to each other, our tools of harming, the spaces we live in, our body, and to our emotional state – are what allow us to stop and reflect on our own personal use. Social media and recovery-oriented services play a role in this reflection. Participants mentioned that social media was a crucial site of coping, yet a space they became trapped in. They were glad they had recovered in the present, but in reflection, moments of non-recovery had also been crucial to their care. In sitting down and reflecting beyond any requirements for reduction and abstinence we can more seriously consider steps we can take to genuinely increase our capacity to act.

Social media use can be harmful, yet it also can be caring. Recovery services can be helpful, yet they can also be problematic. In these positions I might seem to be sitting on the fence, yet in moving beyond the dominance of the narratives of safeguarding, risk, and moderation, they allow a broadening of care – for ourselves and for others. In combination with the earlier suggestion for further research to examine the broader socio-economic factors at play, more needs to be done to centre our embodied, affective, and material relationships to harm. It is crucial to move beyond the binaries of medical/social and individual/structural if we are to focus our personalised relations to self-harming tools, biomedicine, our support networks, yet also understand these as constructed through broader cultural and social meaning.

In many ways, this opening up of care beyond the flattening of contemporary regulation – to involve policy, housing, razor blades, anti-depressants, CBT, and much more – is the positioning of the final output of my zine. This brings me on to my final discussion: my methods and what can be learnt from their application.

IV. Multimodal Methods and their Challenges

My fourth research question focuses solely on method: 'How do participatory multimodal methods engage online cultures of self-harm, and what are the methodological challenges of researching this topic?'

Coleman (2020) makes an important contribution to sociological literature when noting that: "working with the messiness of research lends itself to no easy answers. Asking, "what happens if or when … ?" is not so much a case of producing research findings as it is a questioning of how research is and might be done" (2020: 203). When conducting research that is non-linear, reactive, multimodal, and contains practice-based elements, methodological labour dominates the research process. Resultingly, a significant number of findings arise from my use of method.

I began Chapter 3 with a discussion of the importance of creative, community based, participatory research, the necessity of which arises out of both the history of mental health, and the contemporary problems facing sociological research. Whilst I am still certain of the benefits of each, they come with many limitations.

The difficulty of participatory research is not a new topic (i.e Brown, 2022; Hacker, 2013; Hacker et al., 2012). Just as participant recruitment and capacity are cited as the main issues for Hacker (2013), these were the most significant problems with my method. Charities and NGOs, having their funding and capacity stretched by the Coronavirus pandemic, could not support an unknown researcher. It would have been beneficial to work with a pre-exiting organisation for access to participants, support with ethical concerns, and for conceptualising the benefit I was providing. However, given plans to collaboratively set my research questions and method, it is likely my research would have taken an altogether different direction. This would have been okay, yet I am happy with the direction my research eventually took.

Alongside my suggestion that future research should examine broader socio-economic factors and localised care, further attempts should be made to work with grassroots activists. Within this research I did not manage to, yet this does not mean it is not possible. Indeed, the currently underway Discovering Liveability research project is focusing on community knowledges and interventions into the space of 'suicide prevention'. I agree with comments made by the activists I contacted, that their spaces are ones of shared lived experience, community, and protest planning, rather than of research. Research does not have to be in opposition to spaces of action and care, however. In any future work, far more needs to be done to consider how to funnel institutional resources to grassroots communities in a way that they find beneficial and supportive.

When finally finding participants, they were recruited individually through posts on social media. This led to a dispersed group of people, each with their own ideas as to what the research consisted of. As detailed in Chapter 3, this sample was limited in its representation – it consisted largely of women, queer people, was overwhelmingly white, cutting was the predominant form of self-harm, and it was restricted to people who, largely, no longer posted or viewed content. This certainly renders certain perspectives as invisible in my work. Discourse around self-harm online focuses extensively on white women who cut. My research does little to decentre this group.

Even though future research must have a broader sample, this limitation does not delegitimise my work entirely. My research questions are supposed to act more as an entry point for future work. I ask, does the dominant discourse around regulation encapsulate everyone, or do we need to extend content moderation beyond narratives of recovery and the reduction of self-harm? My answer, even with this limited sample, can provide a definitive answer – contemporary regulation, at least for some, is flawed and flattens our ability to care.

On top of sampling limitations, whilst I had mentioned my wish to conduct a creative method, due to participants time constraints and lack of desire to, I ended up speaking to each more as if we were conducting an unstructured interview. As I discuss in Chapter 3, I had positioned creative methods as necessary due to believing them to be central to participatory practice. On reflection, this is not always the case. Had I demanded we follow my original plan, and made people craft alongside me, I certainly could have manufactured an argument that my research was participatory, but this participation would have only been as an imposition. Creative practice can be extractive, a significant amount of effort, and unethical. Yet, I still believe it is necessary to the work I wish to do. Future studies need to plan around the considerable amount of time and resources it takes to design effective participatory creative practice. Art and craft are situational in their benefit. They can provide amazing tools to support research engagements but must be decided on with participants from the ground-up, and in a manner that is genuinely useful and comfortable for participants.

As Chapter 4 extensively details, I did still produce a zine. However, it was crafted by me, rather than directly alongside participants. This practice retained an attempt at participation through being led by the stories, experiences, and objects from our discussions. The medium arose from many of the participants of my research mentioning mental health and queer zines they owned. The specific zine I based mine on was titled *The 'Hurt Yourself Less' Workbook.* It was introduced to me by Delia, who cited it as allowing her to reflect on a broad range of her affects – including her more "graphic" ones. In wishing to follow on from this zine, whilst making its content "more materially appreciable" (Sark 2018: 42) and combining it with the narratives of participants, I began the process of collaging.

The zine ended up comprising of 42 pages, containing materials participants had provided to me (pill packets, bandages, earrings made from razor blades), collaged health magazines, drawings, and lino prints. This imagery then had text cut out and stuck down on top of it. The process of collage was one of "piecing together fragments to form a whole" (Gerstenblatt, 2013: 305). For further work, crafting as analysis should be expanded on. As mentioned in Chapter 5, academia does exist discussing the usefulness of collaging, drawing and narrative writing for sociology. Yet the concept of creative analysis is still underdeveloped. Importantly, having learnt from this study, I will now be able to conceptualise of craft as my site of analysis from the outset. Within this research, the process of collaging was only later understood as the place where I pieced narratives and materials together. While never allowing the fully 'rigorous' description that tools like NVivo do, I certainly could have taken better notes at the time and, from these, provided a more detailed description of the embodied acts that were actually undertaken.

It is between this process of collaging, as being open to and assembling participants narratives, and my desire to convey a specific politics, that I highlight another challenge posed by my methods. I had wished from the outset, in line with *The 'Hurt Yourself Less' Workbook* and the manifestos of psychiatric survivor groups, for the zine to convey a care that was oppositional to the predominance of recovery-centred practice. Yet, when beginning to collage and craft, in the ripping out and sticking together of the wide variety of, often contradictory, statements from participants, it became clear that no simple politics could be expressed. Instead of holding a clear position, it began to sit more uncomfortably at the intersection of recovery and non-recovery – beginning to look more like a resource you might find in an outpatient support group. However, these conflicting aims became central to my process of analysis, and the shift in perspective required of me as researcher is a key takeaway regarding the benefits of craft as analysis.

Where I started my research with a politics of critique and opposition, I was forced into a position of creator. When collaging the zine, I had to be open to desires to retain graphic depictions and not reduced reduce self-harm to only its "acceptable" moments, yet also had to work with participants desires to avoid "triggering" and highly affective content. In having to produce an output rather than act only as a distanced commentator, craft, as a form of analysis, led to the nuance found throughout the written component of my thesis. However, another problem arises here that needs to be considered further in future research. As the craft was done by me, and, in highlighting process rather than output, only useful for me, I am left wondering what to do with it now. I am not sure the zine should be distributed in its currently form as its creation became centred around it as analysis, rather than an attempt to engage audiences or intervene in the world. Next time, dissemination needs to be central to the discussions of creative method throughout.

Whilst zine production played an important role in my multimodal methods, it was not itself an attempt to engage online cultures of self-harm. This is where scraping and journeying were of use. The combination of the snapshot in time generated by my scraping and content analysis, and the journey undertaken through different hashtags and platforms, created both an in-depth picture of Tumblr posts, and an understanding of how these relate to the broader context.

Scraping and content analysis are relatively common methods used to analyse social media. Large data sets are collected, and general themes can be shown through the quantitative outputs. My method differs slightly from other papers that have scraped self-harm content in a few main ways. Potentially the most beneficial of these is that, in most of the prior papers I examine (Seko and Lewis, 2018; Shanahan et al., 2019), data was collected and analysed as if online platforms were a singular space. Lavis and Winter write: “scholars have often explored one social media site or online space without comparing content both within and between these. Or, they have analysed images without attending to the accompanying comments” (2020: 843). My scraping, on the other hand, involved a comparison of three separate hashtags on Tumblr, with each having two readings taken – when ordered by most engaged with post of all time, and when ordered by latest post. This comparative approach was beneficial for several reasons allowing me to see how certain posts and orderings were more recovery-oriented than others.

I go into more detail on my scraping and content analysis in Chapter 3. Instead of focusing more on it here, I now move onto the more innovative of the two digital methods. Building on sociological literatures on walking and movement-based practices (Back, 2008; Bates and Rhys-Taylor, 2018), as well as Lefebvre’s (2004) and Lyon’s (2021) concepts of ‘rhythmanalysis’, I designed a method intended to journey through online space. Where scraping posts provides a static snapshot of a singular moment in time, rhythmanalysis suggests that social spaces are best understood through their unfolding temporal and spatial rhythms. Indeed, where initial scraping provided a useful cross-section of content, it failed to capture the multi-platform circulation, deletion, and reposting cycles necessary to examine to understand user interaction with platform moderation systems.

By engaging with the rhythms of digital space, my journey across different platforms allowed me to engage with a variety of patterns of content use existing online. As such, I conceptualised algorithmically governed content deletion using the concept of “linear” rhythms – as systems that consistently push users in one direction away from self-harm content. Yet, “cyclical” rhythms also exist – those of having favourite blogs that are returned to; hashtags that are frequented; and posts commented under. Individuals’ affective states, embodied relations to self-harm, and social situations beyond digital media, cannot, therefore, be governed entirely by the linear rhythms of online moderation systems. The utility of applying the tools of rhythmanalysis to social media forms one of my key methodological findings. It is these “cyclical” rhythms, the patterns of relation users have to their selves and their self-harm, that more-than-harm-reduction asks us to pay attention to.

As one final note on methods to conclude, both digital methods were embodied processes of data collection. Scraping and content analysis, as more quantitative methods, are rarely mentioned alongside reflexive commentary. This is true of digital methods in general, where the computer is seen as distinct from the researcher – a screen containing information, not a body that is feeling. Yet, these methods were both affective and embodied processes conducted by me. I chose a date and time to sit down, shut myself alone in room, and searched through posts for multiple hours at a time. I was required to choose paths towards certain hashtags and away from others, select which blogs and accounts I would click through onto, and pick which platforms I would prioritise. Throughout, I was deeply affected by the content: often laughing alongside; occasionally becoming sad; and at times, having to stop as I noticed myself getting excited when coming across images I felt were ‘good data’.

I wish to end my discussion of methods on this note of personal affect: I am not merely attempting to catalogue and detail patterns of use, rather, hope to demonstrate how methods themselves are part of our enactment of “ratifying as concerned” (de la Bellacasa, 2017: 52). Self-harm is too often reduced to flattening clinical data. Only by attending to our own moments of affect, and critically engaging with our own complexities in turn, can we contend with the difficult requirements of listening and building communities of care in moments of harm. Studying self-harm should be an embodied scholarship rather than a distanced discipline, yet we need to be careful our affects do not, in turn, become extractive and flattening.

V. Endnote

As I draw this thesis to a close, I position it firmly within nascent field of the ‘sociology of self-harm’. Specifically, as an offshoot of Critical Suicide Studies, it hopes to disrupt the flattening knowledges of biomedicine, without falling back to the simplistic accounts of demedicalised “social deviance”. My research refuses to confine self-harm to the clinic and reduce it to mere pathology, instead it demands that we attend to the rich cultural meanings, lived experiences, and social contexts that shape our acts and communication of self-harm. By shifting the focus away from impersonal statistics and standardised ‘evidence-based’ interventions, this work highlights how digital, creative, and participatory methods are necessary to raise the voices, affect, and resistances that communities create on and offline.

Whilst not necessarily succeeding in this goal, the thesis also aims to sit beyond the boundaries of academia. It recognises that change does not happen in the business world of the corporate university, increasingly dominated by the impact metrics of REF and TEF. Instead, it aims to bring the work of the institution to the street – alongside the activist groups who are not just imagining a better world but acting to make one a reality. Having detailed multiple limitations to discourse dominated by risk-averse safeguarding metrics, we cannot now let the status quo persist.

At the intersection of sociology and activism, this research is just a starting point. From here it is necessary to work out the communities we can foster and the actions we can take to challenge institutional barriers and build collaboration across disciplines and beyond academia.

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Appendix

Table 2. – Data for Figure 3.

	Self Harm (Top) n=100	Self Harm (Latest) n=100	Self H@rm (Top) n=100	Self H@rm (Latest) n=100	Mental Health (Top) n=100	Mental Health (Latest) n=100
Only Text	53	82	51	56	48	83
Text Based Picture/ Infographic	34	0	19	2	19	7
Digital Art	9	5	14	2	13	5
Meme	2	0	8	5	9	5
Cartoon	2	1	0	0	11	0
Picture of Bloody Cuts	0	6	8	32	0	0
Picture of Scars	0	2	0	2	0	0
Picture of Burns	0	1	0	0	0	0
Picture of Blades	0	2	0	1	0	0
Video of Cutting	0	1	0	0	0	0

Table 3. – Data for Figure 4.

	Self Harm (Top) n=100	Self Harm (Latest) n=100	Self H@rm (Top) n=100	Self H@rm (Latest) n=100	Mental Health (Top) n=100	Mental Health (Latest) n=100
Hopefulness/ Recovery	19	15	1	2	76	14
Support Hotline	6	1	0	0	0	0
Hopelessness/ Not Going to Get Better	15	8	15	7	0	0
Obsession/Love	7	4	1	6	0	1
Suicide Ideation	0	2	12	6	0	0
Depressed/Sad	20	29	32	1	11	33
Eating Disorder	6	5	2	16	4	0
Depiction	4	14	13	36	1	0
Excitement that the Poster is About to Self-Harm	0	7	0	18	0	0
Desire to Self-Harm	0	6	8	3	0	0
Regret for Self-Harming	0	3	0	0	0	0
Other	23	6	16	5	8	52

Table 4. – Data for Figure 5.

	Self Harm (Top) n=100	Self Harm (Latest) n=100	Self H@rm (Top) n=100	Self H@rm (Latest) n=100	Mental Health (Top) n=100	Mental Health (Latest) n=100
#mental health	12	0	5	0	(100)	(100)
#recovery	8	1	0	2	18	4
#self harm	(100)	(100)	4	0	0	0
#self h@rm	2	46	(100)	(100)	1	0
#cutting	30	2	0	0	0	0
#cvtting	1	27	62	45	1	0
#suicide	60	10	29	26	0	7
#depression	52	1	48	17	10	6
#sad	47	3	9	1	3	0
#eating disorder	15	10	27	34	3	0
#BPD	26	12	15	12	7	2
#vent	0	24	28	31	0	1
#queer	17	5	0	3	5	11
#alone	23	2	5	0	2	0
#trigger warning	29	71	63	23	4	0