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Digital Catharsis or Harmful Exposure? A Thematic Analysis of Self-Directed Violence Reddit Posts

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Abstract

Many feel uncomfortable discussing self-directed violence with individuals in their social circle, often leading to concerned posts on social media. Previous studies address self-harm, suicide, and nonsuicidal self-injury; however, minimal literature combines suicide and nonsuicidal self-injury to explore common themes representing self-directed violence. This study identified themes from suicide and self-harm subreddit communities, with themes common to each subreddit comprising themes of self-directed violence. Using 1,989 Reddit posts from suicide and self-harm communities, we employed an inductive thematic analysis to explore how users discussed self-directed violence within anonymous online communities. Ultimately, the impact of using Reddit for discussion of self-directed violence depends on the individual. We generated six themes, with two from self-harm data (i.e., graphic descriptions of self-harm behavior and continued self-harm to manage emotions), two from suicide data (i.e., support-seeking to replace social connections and triggering moments initiating suicide-related thoughts, plans, and behavior), and two themes embodying self-directed violence (i.e., prevention through creative expression and safety for discussion mainly exists online). Despite attempts to provide help-seeking resources, the use of Reddit for connection and inquiry about coping skills for self-directed violence cessation could increase users' risk for detrimental mental health impacts from the inclusion of detailed descriptions of self-harm, suicide plans, past attempts, suicide or nonsuicidal self-injury means, and suicide notes left for loved ones. Given the delicate balance of seeking support and increasing exposure to graphic content, it is crucial to discuss the nuances of Reddit exchanges with Reddit users, practitioners, moderators, and developers.

Keywords

self-directed violence, nonsuicidal self-injury, suicide, Reddit, social media

Frequencies of self-harm and suicide engagement continually increase. Globally, the World Health Organization (WHO, 2023) noted more than 700,000 individuals died by suicide in 2019. In 2021, the Centers for Disease Control and Prevention (CDC, 2023a) reported one person in the United States (U.S.) died by suicide every 11 minutes. In the same year, an estimated 12.3 million American adults experienced thoughts of suicide, 3.5 million planned for suicide behavior, 1.7 million attempted suicide, and 48,183 individuals died by suicide (CDC, 2023a). Deaths by suicide increased by 36% over the past 20 years (CDC, 2023a), including a potential 7.6% increase in deaths by suicide since 2019 (with 5% stemming from the 2022 to 2023 provisional report; CDC, 2023b). Concurrently, Wester et al. (2018) reported rising rates of *nonsuicidal self-injury* (NSSI; i.e., intentional damaging of bodily tissue without the intent to die). These rates are highest among adolescents and young adults, as prevalence rates can occur around 17.2% (Swannell et al., 2014) with the occurrence typically decreasing with age (De Luca et al., 2023). These rates are consistently demonstrated in scholarly literature (Franklin et al., 2017; Joiner, 2005; Klonsky et al., 2014; Van Orden et al., 2010; Wester et al., 2018). Researchers

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may also assess suicide and NSSI under an umbrella term called *self-directed violence* (SDV).

In 2011, the CDC jointly categorized suicide and NSSI under the surveillance definition of SDV (i.e., intentional harm enacted to cause bodily injury to oneself regardless of accompanying suicide intent). Despite the combined classification, literature addressing Reddit discussions of suicide and NSSI (Ambalavan et al., 2019; Corcoran & Andover, 2019; Giorgi et al., 2023; Himelein-Wachowiak et al., 2022; Lewis & Seko, 2016; Mason et al., 2021) assesses the concepts independent from each other. This study used an inductive thematic analysis to identify themes from two subreddit communities (i.e., one suicide and one self-harm community), while also determining themes present across each subreddit community, to encompass themes of SDV.

Defining SDV

Researchers interchangeably use the terms *self-harm* and *SDV* as well as self-harm and NSSI. Potentially resulting from a lack of permanent diagnostic criteria, fluctuating terminology can create confusion when categorizing types of SDV and harm severity. In this article, we follow the CDC's (2011) description of SDV, highlighting two aspects: suicide and NSSI.

Suicidality. Due to the wide reach of suicide across the globe, suicide receives frequent attention among scholars in mental, physical, and public health communities. As *suicide* is defined as a fatality ensuing from self-wounding carried out with the intent to die from injuries (CDC, 2023a), multiple aspects comprise suicidality. *Suicidality* can entail thoughts (i.e., ideation) and actions, with determinations based on suicide attempts or deaths by suicide, while also describing acute (i.e., short term) or chronic (i.e., lifetime) frequencies. Impacting individuals across the lifespan, suicide ranked ninth in the leading cause of deaths among individuals between 10 and 64 years, second for individuals between 10 and 14 years, and between 20 and 34 years (CDC, 2023a). Given the impact of suicide on individuals worldwide, it is critical to understand what may predict and reduce suicidality.

Risk factors increasing the potential for suicide include multiple forms of SDV, ranging from substance use (CDC, 2024) to NSSI (Van Orden et al., 2010). However, one suicide risk factor can be misclassified as suicidality: NSSI (Teismann et al., 2023). Past scholars detailed significant relationships between NSSI and suicide behaviors, with engagement in NSSI-related behaviors substantially increasing one's likelihood for future suicide-related behavior (Franklin et al., 2017; Joiner, 2005; Klonsky et al., 2014; Van Orden et al., 2010; Wester et al., 2018).

NSSI. Mental health researchers typically refer to self-harm as NSSI. Yet, governing bodies are still creating concrete diagnostic criteria for NSSI behaviors. For instance, the American Psychiatric Association (APA, 2022) described *NSSI disorder* as a condition requiring additional study within the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; *DSM-5-TR*). Multiple criteria exist for diagnosis, including repetitive, intentional, physically painful, and detrimental behaviors. Furthermore, the individual must employ behavior to escape emotional discomfort, relieve interpersonal pain, or experience increased positive emotions, without intent to die (APA, 2022). Meanwhile, scholars define NSSI as an intentional act of destruction to one's own body without lethal intent (Favazza, 1992; Nock, 2010) including cutting, burning, scratching, and self-hitting (Kleiman et al., 2015; Klonsky & Muehlenkamp, 2007). Impacts of NSSI include potential for chronic engagement and an increase in severity of behaviors, including suicide attempts (Hawton et al., 2012).

Concrete diagnostic criteria aside, mental health terminology shifts as new research emerges. Examples of former NSSI vernacular include *deliberate self-harm* and *self-mutilation*, while past diagnostic criteria labeled any sort of self-wounding as suicide-related (Hooley et al., 2020). Changes in clinical jargon and diagnostic criteria can be both beneficial and detrimental, as fluctuating terminology could cause misidentification despite familiarity or education level (Cwik & Teismann, 2017; Teismann et al., 2023). Opposite to the clinical jargon of NSSI, subreddits for self-harm classify *self-harm* as cutting or burning, pulling out hair, hitting oneself until bleeding, excoriation, disordered eating, and substance use (Reddit, 2024c). Therefore, although NSSI and suicide are important to study, combining suicide and NSSI to identify SDV themes can promote a furthered understanding of distinct features of each categorization, as well as specificity surrounding similarities found in each group.

SDV. Defined as intentional self-harm of any type, despite resulting injuries (CDC, 2011), SDV literature focuses on NSSI and suicidality, with little consideration of additional behaviors. Although NSSI can contribute to increased impulsivity (Gonzalez & Neander, 2018) and suicide behavior (Hadzic et al., 2020; Picou et al., 2024) from an acquired capability for suicide and diminished fear of pain or death from repeated exposure (Moseley et al., 2022), suicide and NSSI do not fully encompass SDV. Past researchers argue SDV can also include disordered eating and addiction (Hooley et al., 2020) and *self-mutilation* (i.e., extreme self-inflicted wounding with potential for permanent damage; Gandhi et al., 2016; Klonsky et al., 2014).

When investigating themes of suicide, NSSI and SDV can initiate a conversation about the impacts of two interrelated SDV behaviors. Since speaking about suicide and NSSI with social supports (e.g., friends, family members) can increase stigma (Burke et al., 2019) and exposing behaviors to clinicians can induce trauma from hospitalization (Holt et al., 2024), many individuals turn to anonymous forums for

expression without potential social repercussions. As self-harm can be an uncomfortable topic for some, individuals continue moving to social media and online forums to exchange stories and attempt to cope with SDV (Redondo-Sama et al., 2021). Such movements away from clinical help-seeking requires further examination to conceptualize SDV outside of clinical understandings. Importantly, despite the interchangeable use of NSSI and self-harm, we speak of NSSI from our positionality as counseling professionals. However, due to the name of the subreddit community we sampled from, we will list NSSI themes as "self-harm" themes.

SDV and Social Media

Prior research suggests potential negative impacts associated with social media usage, including a relationship between increased social media or internet use, suicide attempts (Marchant et al., 2017) and the development of behavioral addictions (Bányai et al., 2017), as well as trauma from desensitization, such as vicarious trauma (VT) or secondary traumatic stress (STS; Spence et al., 2024). Indeed, in a study with adolescents, 47% of Malaysian students met the criteria for problematic social media engagement (Jafarkarimi et al., 2016). Social media use can lead to perceptions of ostracism in one's virtual world, decreasing perceived belongingness, overall well-being, and self-esteem (Schneider et al., 2017). However, not all using social media experience mental health concerns or harassment. Social media can foster a sense of community to otherwise isolated individuals (Shabahang et al., 2023) and serve as a conduit for self-expression, emotional support (Buehler, 2017), and positive coping strategies (Luxton et al., 2012).

Online spaces also serve as support systems for individuals seeking connection around additional types of self-harm, such as NSSI. Among individuals engaging in excoriation, anonymity on Reddit provided the ability to share without concerns of judgment (Anderson & Clarke, 2019). As belongingness can correspond with suicidality (Joiner, 2005; Van Orden et al., 2008) and social media communities continue to flourish (Record et al., 2018; Shabahang et al., 2023), it is essential to continue assessing user interactions within online spaces. Although many online spaces provide users with opportunities to communicate about stigmatized topics, one platform provides a layer of anonymity within a moderated context (Seering et al., 2019): Reddit.

SDV and Reddit. Social media users trust health information gleaned from other Reddit users, compared to accessing information from other online avenues (e.g., Facebook, X; Record et al., 2018). With Reddit's former slogan deeming itself *the front page of the internet* (Kharpal, 2016), trust arises from the anonymous aspect of the platform. In fact, nearly one third of Reddit users actively exchange, evaluate, and act on information obtained from subreddit forums (Record et al., 2018). Disinhibition increases as individuals spend excess time in specific online forums, attaching to other members and quickly detaching from protective mechanisms shown in daily life (Corcoran & Andover, 2019). Although activity on Reddit can provide formerly isolated users with a sense of community around sensitive topics, engagement also can accelerate the sharing of personal information not disclosed immediately upon meeting someone in-person (Bell, 2014).

Prior studies of SDV on Reddit address NSSI (Giorgi et al., 2023; Lewis & Seko, 2016) and suicide (Ambalavan et al., 2019; Mason et al., 2021), albeit independently. Topics of study include self-harm support-seeking (Corcoran & Andover, 2019; Himelein-Wachowiak et al., 2022), examinations of suicide notes (Leenaars et al., 2010), and the impact of replies to posts about suicide (Low et al., 2021). Minimal literature explores collective SDV on Reddit, despite appearances in mental health research (Chhatre et al., 2023; Hooley et al., 2020; Wachter Morris & Wester, 2020). When referring to SDV themes, we describe posts from both suicide and NSSI communities. We also present themes from each community (i.e., suicide and NSSI) when themes only fit within one topic (i.e., suicide or NSSI) and do not apply collectively (i.e., SDV). Although studies assessing suicide and NSSI on Reddit are popular, there is a lack of research examining themes of SDV, whether independently or concurrently.

Purpose of the Study

The purpose of this study was to answer the following research question: How did users discuss SDV within targeted self-harm and suicide communities on Reddit? We employed a thematic analysis research design (TA; Braun & Clarke, 2006, 2022), using a social constructivist lens to produce results based on "bringing reality into being" (Braun & Clarke, 2022, p. 179) rather than identifying surface-level interpretation. Specifically, we aimed to understand how individuals experience SDV by creating themes to identify the collective meaning of posts within each community and themes appearing within each community, espousing SDV.

Methods

Data Collection and Sample

Data collection took place in late 2023 via web scraping using the website apify.com to extract Reddit metadata from public posts within two of the largest suicide ($N > 100{,}000$) and self-harm ($N > 50{,}000$) communities on Reddit, compiled into two separate Microsoft Excel spreadsheets. Although the self-harm community did not specify posts that could not describe suicide, most self-harm posts fit criteria for NSSI, with suicide posts housed in a separate subreddit. Due to the posting frequency within these communities,

we scraped the most recent 1,000 posts from each subreddit community. Importantly, posts derived from the same 30-day period. We used purposive sampling to ensure the results provided depth and knowledge of SDV representative of the current point in time (Schreier, 2012), through collection of posts within active subreddit communities. We did not include comments associated with posts, solely focusing on initial posts from users. To ensure clarity when creating themes, self-harm and suicide datasheets remained separate. SDV themes occurred through assessment of themes identified in each community.

Before assessing the data, the first author removed 11 posts from the data due to repeated posts or topics unrelated to SDV: 3 posts from self-harm and 8 posts from suicide, resulting in a total of 1,989 coded posts. The first author also anonymized and cleaned the spreadsheets through the provision of an assigned number for posts, only keeping titles, posts, *flair* (i.e., Reddit's terminology for a label), and not safe for work (NSFW) identification. As we obtained the data from a public source, de-identified, paraphrased posts in a broad discussion of topics in results, and posts were publicly available without membership requirements, this study did not require Institutional Review Board (IRB) oversight. The researchers provide additional detail regarding research ethics and web scraping in the next section.

Ethics of Using Reddit Data. Gliniecka (2023) described the need for an ethical framework specifically used for working with Reddit data. As Reddit thread analysis stems from text-based review, the author purported researchers do not require IRB review. Text-based research can be connected to Reddit usernames and identified via web search, depending on posting frequency of users. Therefore, Gliniecka's (2023) ethical framework comprised three aspects, providing suggestions for anonymity in data collection and dissemination of results. Accordingly, researchers must consider "post context, user' views, and project specificity" (p. 4), as collected data stem from an ever-changing online world with content posted by individuals under a cyber pseudonym. Further care for individuals included navigating expectations and biases presented when working with Reddit data (Gliniecka, 2023).

Correspondingly, the International Committee of Medical Journal Editors (ICMJE, 2024) (code 2.E.) described the necessity of removing information with potential to identify participants. Ayers et al. (2018) expanded on the ethical codes, reporting the detriment caused by disclosure of information from vulnerable individuals can lead to individuals experiencing societal implications. As publication permanently memorializes individuals' information online and removes their ability to delete posts or leave communities, we chose to not identify subreddit communities sampled. SDV can receive stigma when spoken about in social circles, thus naming specific communities could highlight musings which members may not want future connection with. When determining sample descriptions, we kept participant autonomy and safety in mind, providing the level of specificity necessary for scientific reasoning (Ayers et al., 2018; Benton et al., 2017), without extraneous information.

In keeping with the American Counseling Association's (ACA, 2014) code of ethics, we aimed to maintain the organization's fundamental principles when creating this work. *Nonmaleficence* through attempting to eliminate identifying information from the article and accompanying datasets, *beneficence* by creating this study for the good of our general society, and *autonomy*, with a lack of direct quoting or identification of usernames to provide users an opportunity to delete posts without information tied to them (ACA, 2014).

Procedure

Our research question guided the creation of this study. Our coding team consisted of two crisis counselors with clinical experience in school and clinical mental health counseling settings and one doctoral student with suicide prevention and risk assessment clinical training. Before coding, we reflected on potential biases and pre-existing knowledge of SDV to remain ethically and professionally aligned. When coding, datasets remained separate, to establish resulting themes for suicide and self-harm. Keeping subreddit data separate decreased confusion around themes and data collected. Once we identified candidate themes from each dataset (Braun & Clarke, 2006), we assessed for themes occurring within each dataset to encompass SDV themes.

Coding and Thematic Analysis

After cleaning the data and removing unrelated items, the first author noted specific patterns relating to graphic nature and posts featuring lengthy content within the initial viewing. The coding team reviewed posts before coding to achieve consensus on coding processes. During the first coding round, the first author used open, inductive coding to observe content appearing within self-harm posts, taking note of specific wording to examine (Braun & Clarke, 2006, 2022). At this point, the first author began journaling arising emotions and initiated a 10-min break from coding every hour to decrease the emotional gravity of posts and potential coding bias. Sample codes included "graphic, description of cutting," or "perceived shame." The first author performed a second pass over the self-harm data to recode items of overlap and coded the first 300 posts in the suicide data sheet with the same process.

After coding the initial 300 suicide posts, the first author provided the spreadsheet to the second and fifth authors with a suggested codebook. The second and fifth authors confirmed the codebook, then coded the remaining suicide-related posts, reviewed previously coded posts, and provided feedback on potential secondary SDV codes not fitting within the codebook. As such, the coding team used inductive coding to freely code without pretenses (Braun & Clarke,

2006, 2022). Each coding team member journaled to explore emotions arising while coding and decrease potential development of VT or introduction of bias. The team confirmed the accuracy of the combined 1,989 posts and began inductive thematic analysis to determine themes.

Results

Inductive Thematic Analysis

Through the utilization of inductive thematic analysis, we generated six themes. The coding team produced two themes from the self-harm data (i.e., graphic descriptions of self-harm behavior and continued self-harm to manage emotions), two themes from suicide data (i.e., support-seeking to replace social connections and triggering moments initiating suicide-related thoughts, plans, and behaviors), and two themes identified throughout each subreddit, embodying themes of SDV (i.e., prevention through creative expression and safety for discussion mainly exists online). The following subsections detail self-harm themes (i.e., themes from posts in the self-harm subreddit), suicide-specific themes (i.e., themes from the suicide subreddit), and common themes among SDV communities.

Self-Harm Themes

Graphic Descriptions of Self-Harm Behavior. Individuals in the self-harm community discussed graphic content more frequently than those within the suicide community, often describing the depth of cuts (e.g., "styrofoam," meaning cutting through to the dermis or "beans," noting the individual cut to the fatty layer beneath the skin). Exposure to detailed graphic posting could lead to VT resulting from repeated exposure. Multiple posts mentioned cutting through to the beans with a desire to cut deeper to determine how much it would hurt and which layer of skin they might see the most blood emerging from.

Other posts described methods used, wound care strategies, and scarring, with a few posts mentioning using rusted razors or blades to cut themselves. They inquired about ways to acquire new razors if family members or friends caught on and prevented users from buying new items. Others discussed wound care strategies, depth of cuts, inquired about self-harm severity, and how to keep self-harm scars from looking strange. Of note, among self-harm posts, users only flagged 4.5% ($n=45$) of posts as "NSFW," despite many posts mentioning graphic depictions of self-harm.

Continued Self-Harm to Manage Emotions. When describing self-harm, users discussed the drive to continue engaging in the behavior despite initially employing behaviors to cope with emotional dysregulation. Posts noted a readiness to cut themselves, where users inquired about excuses for wounds and a plan for discussing wounds with caregivers. Posts wanted others to see their pain and expressed an unwillingness to stop self-harm, despite multiple hospitalizations or financial repercussions. Other posts discussed emotional dysregulation and an inability to cease rumination on the desire to harm themselves in that moment.

One post described frequent ruminations regarding pain from cutting themselves, while also expressing shame from informing others of relapses. The post described fears of cutting for self-mutilation, ultimately requiring medical attention. Additional posts stated types of self-harm aside from cutting, including hitting themselves with a hard object or scratching until seeing bloodshed. Multiple posts reported extensive experience with self-harm, relapsing multiple times, and changing methods from cutting or scraping to hitting themselves with objects until bleeding. However, once viewing blood, emotion regulation seemingly occurred, as the individuals noted ceasing attempts to cope with difficult emotions.

Suicide-Specific Themes

Support-Seeking to Replace Social Connections. Posts in the suicide subreddit discussed perceived lack of support in their daily lives, resulting in the need to post online. Similar to self-harm posts, suicide posts noted attempting emotion regulation. Yet, emotion regulation surrounded the topic of prevention from acting on intrusive thoughts of suicide-related actions. Some asked for reassurance, others asked for coping skills, and a few asked for community presence to decrease perceived isolation. A few posts noted an upcoming birthday, holiday, or anniversary where they felt alone. Others noted grief and anniversaries surrounding the death of a family member or friend, requesting support in hopes someone else might care about their lost loved one.

When inquiring about coping skills, the suicide subreddit provided a space for users to unite and discuss tactics suggested by former or current therapists, friends, or family. Support posts ranged from anxiety relief techniques to distraction coping skills, using apps, or coloring books to separate the individual from their thoughts. Posts inquired about finding therapists and therapeutic frameworks helping others, noting they valued others' opinions over personal insights despite having researched local therapists on their own. Other posts mentioned safety plans and provided links for others to create their own. Post instructions included when to create the plan, how to use the intervention without a therapist, and the importance of keeping the plan where one could view it in times of distress.

Triggering Moments Initiating Suicide-Related Thoughts, Plans, and Behaviors. Despite providing support, the suicide datasheet encompassed frequent discussion of events triggering thoughts of suicide behaviors. Triggering events could range from interactions with family members, online disturbances, or the emergence of a new trigger the individual was previously unaware of. Triggers ranged from proximity to suicide, interpersonal relationship struggles, and grief. Some

users wrote lengthy posts, uncertain if others would read the entire post, but specified writing out triggers provided distance from suicidal ideation and their potential to engage in behaviors. Other posts discussed painful events endured, such as job applications, experiences of being unhoused, and abuse at home. A few posts mentioned telling partners about their mental health, resulting in "ghosting," and no longer speaking to the partner, without reasoning or closure. These posts described feelings of abandonment, and psychological or emotional abuse. Numerous posts espoused past abuse encountered, describing child abuse and domestic violence, leading to hopelessness about the future.

Common Themes Among SDV Communities. Despite differences in topics among each community, we identified two themes common in each datasheet: prevention through creative expression and safety for discussion mainly exists online.

Prevention Through Creative Expression. Both communities used Reddit to express emotions. Yet collectively, users described creative aspects of posting to cope with urges to engage in SDV. Posts included poems about self-harm and triggers faced, relating SDV to someone they dated in secret. Poems romanticized SDV, describing poignant features and beautiful aspects, while concurrently discussing the detriment incurred through the relationship with "them." Others described outlets of emotional expression, such as music, as some posts encouraged Reddit users to comment songs for both uplifting and sad playlists, creating community playlists for others' use when feeling isolated.

Safety for Discussion Mainly Exists Online. Although posts described either the graphic nature of self-harm or descriptions of suicide behavior, some discussed the need for a safe space to discuss self-harm without fear of implications. One post noted a discussion of self-harm with their therapist, leaving the author surprised it did not result in hospitalization. Multiple posts mentioned fears of discussing SDV information with therapists, necessitating the need to use Reddit to share without fear of work or social implications. Other posts described fear of discussing self-harm or suicide-related thoughts or behaviors with family or friends due to external stigmas and internalized shame. Multiple posts explained isolation from loved ones, without the ability to discuss suicidality with others due to the fear of being labeled as attention-seeking. Posts described shame around behaviors, noting an appreciation for the community's space to discuss active SDV without additional shame.

Discussion

Despite the abundance of Reddit-related analyses, including suicide or self-harm communities, this study is the first to our knowledge encompassing two aspects of SDV to understand behavioral components concurrently. Through inductive coding and thematic analysis, the authors integrated the topics of suicide and NSSI while also creating meaning to explain lived experiences derived from posts. Findings included themes associated with posts from self-harm and suicide subreddit communities, and themes identified within each community, comprising SDV criteria.

Examining self-harm and suicide subreddits individually, collectively, then reporting similarities and differences detailed the delicate balance of seeking help for SDV on Reddit, while also attempting to heal or bypass urges in a space where graphic depictions of events frequently occurred. Exposure to graphic content can increase the risk for VT (i.e., change in thought processes, such as control or safety from reading posts) or STS (i.e., nightmares or symptoms mimicking others' trauma; Secker & Braithwaite, 2021), and emotional contagion (i.e., emotions passed from one person to another via social media; Ferrara & Yang, 2015). Since users expose themselves to graphic content while in SDV subreddits, they risk psychological safety in exchange for expression and potential connection with others experiencing similar circumstances.

An interesting finding is the seemingly cyclical nature of Reddit engagement. Provided the risks and benefits of Reddit use, individuals may post for connection or catharsis, then subsequently read content with potential to assume others' emotions through emotional contagion. If occurring, members could unintentionally embed themselves in a cycle of emotional pain, possibly triggering additional urges for SDV or thoughts of suicide. Though not exhaustive, since members may not experience negative impacts from Reddit use, with some instead finding refuge sought within the bounds of anonymity (Anderson & Clarke, 2019). With results vastly different per person, the results draw attention to the duplicity of Reddit use. Identification with other members can create connection some may lack, increasing community engagement (Shabahang et al., 2023). Yet simultaneously, engagement can expose users to graphic posts and increase chances of developing VT and STS symptoms. Taken together, individuals could be using SDV-related subreddit communities to gain a support system, without recognizing this support system could be further perpetuating SDV urges.

In addition, Reddit disclosure can disconnect members from physical supports while increasing Reddit connections. Therefore, it is important to highlight the benefits gleaned from locating social support, with larger emphasis placed on the benefits of building or strengthening collective support rather only focusing on a single source. Importantly, expanding collective support can provide benefit and increase vulnerability simultaneously, since community support and social connection can provide encouragement and limit perceived isolation (Dyson et al., 2016; Redondo-Sama et al., 2021; Slemon et al., 2021), though potentially requiring disclosure about sensitive topics with in-person supports.

One large theme of our study lies in members describing safety on Reddit. Safety resided in a space where posts outlined granular specifics, including plans for suicide, description of methods, pros and cons of self-harm, graphic stories of both suicide attempts and self-harm to the extent of self-mutilation, and narratives of events triggering urges. All of which occurred in subreddit communities without graphic content warnings or required content labels of NSFW, so others could avoid content through account settings. Moreover, since Reddit's upvote feature highlights posts garnering social validity among other members, graphic topics may begin trending despite individuals' ability to cope with consumption of graphic content. A lack of warning or barriers to entry can present dangers for minors or individuals sensitive to related material, resulting in social connection with a hidden potential for psychological harm. With resources located close to posted content, these findings raise the need for concern regarding psychological safety when attempting to find support.

Content warning policies on Reddit differ from other self-help pages, such as Google's algorithm or the Domestic Violence Helpline (National Domestic Violence Hotline [NDVH], 2024). For example, when searching Google for suicide-related content, Google's algorithm directs users to call 988 (Suicide and Crisis Lifeline, 2024). Similarly, the NDVH (2024) provides a method to leave the site safely, thus preventing potential unintentional disclosure to someone entering the room. Likewise, Meta-owned Facebook and Instagram (Meta, 2024) contain algorithm moderation and user reporting, removing explicit self-harm or suicide content, pointing users toward help-seeking resources. Meanwhile, Reddit's policies and self-moderation tactics allow conversations of typically taboo topics (e.g., suicide), in opposition to others' policies, which can leave room for stigma, shame, and hidden conversations under coded language. The "correct" moderation option remains unclear, as each poses risks and benefits. Therefore, it is important for practitioners, Reddit moderators and developers, and the general public to consider implications when considering posting SDV content on Reddit.

Implications

Clinical Implications. The themes generated from our study provided impacts of viewing graphic content, demonstrating important aspects for practitioner consideration. Depending on the extent of client Reddit engagement, practitioners may collaborate with clients to identify avenues affording cathartic posting and whether the client shoulders others' emotions. Encouraging conversation about emotions before, during, and after posting, and how long the individual resides on Reddit and corresponding emotions can provide clients and practitioners insight into patterns, highlight benefits, and expose conscious or subconscious emotions, triggers, or behaviors occurring after posting, reading, or commenting.

Initiating conversation about Reddit or social media use, and experiences with posting can offer curiosity of client experiences without imposing biased negativity. Inquiry about experienced risks and rewards of social media use for SDV discussions may demonstrate practitioner comfort and decrease potential client alienation from perceived stigma. If their client consents, practitioners may benefit from discussion of viewing Reddit posts or engagement in session with the client, to better attune to the client's social media behaviors. Past researchers reported improved clinical outcomes from observing and discussing social media or electronic data (e.g., text messages) use with clients, emphasizing the benefit of attuning to clients' consumption of social media (Hobbs et al., 2019). Accessed collaboratively in session, practitioners can discuss usage habits without violating privacy.

When working with clients engaging in NSSI or disclosing suicidality, practitioners must act with intentionality, ensuring transparency throughout the process. Broaching definitions of safety and level of comfortability with harm-reduction practices can aid clients in choosing who to disclose to in-person. If individuals are from a low socioeconomic status (SES), they may not have access to practitioner choice. However, through early description of policies, ethical decisions, and legal requirements, the individual can still maintain autonomy and choose whether to work with the offered practitioner. Practitioners can mitigate potential fears through a thorough explanation of decision-making processes and mandated reporting requirements, dispelling misinformation or providing empathy for past traumatic implications.

Because findings indicated individuals apparently separated physical and psychological safety, with a willingness to forego psychological safety if afforded physical safety for SDV help-seeking, one step toward increasing safety for in-person disclosure includes practitioners obtaining continuing education for suicide and NSSI harm-reduction interventions and trauma-informed practices (Knight, 2018). For example, practitioners can use trauma-informed practices when explaining hospitalization procedures, transparently detailing options and collaboratively exploring the client's preferred treatment plan. With clients of low-to-moderate risk and depending on the practitioners' training level, co-creating plans for treatment can include identifying trauma-treatment centers, barriers to help-seeking, and noticeable patterns to attune to.

Redditors in this study posted about fearing implications and surprise when disclosing SDV without receiving mandated hospitalization. Therefore, practitioners must remain thoughtful when informing clients about their rights in conjunction with legal and ethical concerns. Broaching the individual's concerns about hospitalization in the initial moments of counseling can bridge a therapeutic alliance, with potential to decrease intimidation from in-person help-seeking if offered out of care and transparency. Finally, practitioners must increase advocacy efforts describing efforts taken

before hospitalization to decrease the spread of misinformation. Without advocacy, clients may continue using anonymous forums to seek help for SDV from anonymous, potentially unqualified strangers.

Practical Implications for Reddit Moderators or Developers. In light of applications for practitioners, we identified implications for those creating or moderating subreddits. Reddit appeared to provide emotional safety for SDV discourse, despite sharing graphic details. Since many self-harm and suicide subreddits do not provide warning or a pop-up, and many posts in our study did not label themselves as NSFW, users attempting to hide NSFW content could not. Hence, moderators or developers may consider labeling (i.e., flair) requirements or safety warnings for user's psychological safety, particularly with users seeking help for sensitive topics.

An early 2024 search for "suicide" on Reddit produced a "Reddit Care Resources" thread with support information (Reddit, 2022). Yet, in r/suicidewatch (Reddit, 2024a), a subreddit recommended on Reddit's "Responding to Suicide" support website (Reddit, 2024d), opposite to other suicide self-help offered online, self-help information consisted of static links on the side of the screen, unopened unless clicked into. Fonts differing in color and size, which one unfamiliar with Reddit could mistake the self-help resources (e.g., r/SWresources [Reddit, 2024b) for an ad at brief glance (Reddit, 2024a). Since suicide and self-harm urges can lead to digging through channels for support lines or information about hospitalization, any unease in finding results can result in quick desertion. Clear posting of help-seeking resources through either a pop-up or pinned post might facilitate help-seeking in a user-friendly format for those unfamiliar with Reddit.

General Implications for Discussion of SDV and Reddit Use. Social support systems (e.g., parents, friends, partners), and mental and physical health care practitioners must become familiar with social media policies for SDV conversations. Social media platform policies differ, ranging from complete erasure of SDV topics to allowance of SDV conversations without glorification, resulting in members posting in coded language (e.g., beans for the fat layer of skin), to bypass platform regulations. Coded language conversations can further stigmatize and shame SDV; thus, perpetuating the shame cycle where individuals seemingly hide SDV thoughts or behaviors from supports, may seek help on social media, but hide conversations if not on a platform specifically designed to discuss SDV (e.g., subreddit communities). In this manner, Reddit can offer members the benefit of not coding language and freely discussing thoughts, plans, actions, or other aspects without outright connection to the individual. Explicit discussion of SDV or suicide-related ideation may remove stigma and normalize experiences, if occurring gently among supportive individuals. Therefore, education on social media policies and discussion of use can provide support for the individual, acknowledge the topic without shame, and identify spaces accepting SDV conversations.

Reddit functions as an online, anonymous, non-carceral space with SDV subreddits created for de-escalation of SDV urges. Yet, physical spaces moderated by volunteers trained in group processing, risk assessment, and harm-reduction, including when to refer the individual to a practitioner, could increase individuals' in-person connections without hospitalization fears. Much like other groups providing belongingness led by volunteers (e.g., 12-step programs), anonymous spaces to share about SDV and how the individual plans to maintain safety outside of the group may provide the option for members to post, receive help or simply vent, then leave the area without others knowing if not ready to disclose further.

Similarly, creation of an online social space designed for SDV discussion with trained moderation could facilitate belongingness, decrease stigma, and offer space to discuss SDV, yet ensure users receive best practice and empirically supported recommendations. Although requiring grant funding or organizational support, a non-carceral platform with practitioners as moderators could provide belongingness and save lives through de-escalation and waiting out urges. Although notably, the idea of non-carceral spaces (i.e., free from hospitalization or punitive repercussions) to discuss SDV concepts, however, begets a larger ethical and legal discussion of harm-reduction practices for NSSI and suicide than this article extends.

The results from subreddits sampled in our study demonstrated a duality of help and hindrance, thus we intentionally vacillated the discussion and implications to describe risks and benefits of participation. Given potential risks, we encourage practitioners, social media specialists, Reddit users, and support systems to consider a holistic view of this study's results before deeming the platform helpful or harmful to individuals employing SDV or experiencing thoughts of suicide. Individuals react to content based on personal characteristics and experiences. Therefore, the results of this study offer thoughts for consideration, with the decision to partake in SDV communities on Reddit ultimately based on the judgment of the individual.

Limitations and Future Research

Although this study found positive and concerning aspects of Reddit usage, limitations exist. First, due to Reddit's use of usernames and anonymous posting, demographic details are unavailable. Therefore, one cannot consider differences among ages, genders, and other demographics related to the themes presented. In addition, themes identified may not represent those who do not use Reddit yet engage in SDV behaviors. Due to the specific population of those who use Reddit to share NSSI and suicide content, this study does not represent other SDV-related subreddits. Although the coding

team coded all 1,989 posts, the data coded only included posts without associated comments or details. In addition, posts derived from the *most recent* category, rather than *hot* or *trending* posts, maintaining a time-limited perspective. Therefore, observing themes based on recent data could be interpreted as surface level, without the entirety of the communities sampled. Future studies might also find differing themes based on the context of post-retrieval. Our study also only assessed two types of SDV, without examination of other self-harming behaviors, such as disordered eating or substance use.

Future Reddit analyses could include quantitative analyses providing frequencies of post types, exploration of the age ranges included within larger community posts, and identification of addiction, contagion, and compulsive behavior within SDV-related forums. Since this study was qualitative and only encapsulated recent posts, future research could assess themes emerging from *hot* or *trending* posts to better understand topics with greater social validity or *upvotes*. Future analysis of Reddit content using multiple SDV categorizations (e.g., suicide, chemical and behavioral addictions, disordered eating) could further address misconceptions of SDV behaviors and provide greater insight into descriptions of SDV on social media.

As researchers use qualitative methodologies to examine Reddit as secondary data, future research could engage Reddit users (with IRB oversight) to highlight impacts of exposure from community membership and subsequent comments, interviews with users or moderators of SDV forums, and parents of individuals engaging in SDV. When exploring concepts related to SDV exposure, such as STS, VT, or social contagion, scholars may consider studying the impacts of exposure to SDV posts and comments; whether quantitatively or qualitatively. Researchers should consider investigating the impacts of viewing SDV posts among juvenile and young adult populations, to evaluate whether differences in support-seeking exist in teen-specific forums.

Furthermore, due to the hidden nature of self-help wikis, researchers may consider assessing individuals' ability to find information embedded within subreddit resource pages, examining the length of time it took to find information, and brainstorm effective ways to minimize harm to users. Researchers could also assess information provided in Reddit wikis for accuracy, providing empirical best-practices or a practitioner's guide toward mental health help-seeking. Identification of resulting mental health impacts among minors could benefit school counselors or parents of teens and provide conversation around compassionate inquiry from support systems. Finally, as shame and perceived external stigma were frequent codes, researchers could examine practitioner comfortability in discussing SDV and thoughts of suicide to determine familiarity with trauma-informed SDV treatment, and to gauge interpretations of appropriate hospitalization procedures.

Conclusion

This study describes themes and key findings specific to SDV among Reddit users in self-harm and suicide communities. Despite many users calling for normalization of SDV discussions, past literature recounted the dangers surrounding intensity and frequency of engaging in SDV conversations on social media (Blanchard & Farber, 2020; Secker & Braithwaite, 2021). This study highlighted two sides of SDV to relay the nuances of support-seeking within SDV subreddits. As increased belonging and decreased perceptions of burdensomeness can decrease suicidality (Van Orden et al., 2010), finding an online space to freely express emotions without the fear of hospitalization or social impacts could facilitate decreased mental health symptoms and increase connection.

Conversely, individuals can also experience STS, VT, and increased shame around SDV severity, increasing their risk of mental health symptoms and potential for emotional contagion. Within mental and physical health care systems, clinicians and health care providers must explore how practitioners offer SDV treatment, while also providing the emotional and physical safety for individuals to seek help without the fear of social implications. Therefore, practitioners, support systems, Reddit moderators and developers, and the general public must become familiar with and comfortable speaking about SDV and thoughts of suicide without judgment to decrease potential social impacts driving individuals to seek support in anonymous online forums, such as Reddit.

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