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Exploring mental health issues through the use of blogs: a narrative review of the research evidence

ABSTRACT

The aim of this narrative review of the available research evidence was to explore the experiences and perceptions of people with mental health difficulties through the use of blogs. A search of relevant electronic databases was undertaken from January 2009 to February 2019. Selected studies included people who blog about their mental health difficulties online. The PRISMA system was used to present the results of the searches. Following the application of specific inclusion and exclusion criteria, the final number of included studies was eleven. Following data analysis, the emergent themes in the public category were moderation, confidentiality and boundaries. The themes in the private sphere included catharsis, enhanced coping strategies and social connectedness. The implications for mental health practice developments and research, are presented and discussed.

Keywords: mental health, health promotion, literature review, blogs, Internet

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INTRODUCTION AND BACKGROUND

In the last several years, there has been a substantial rise in the use of the Internet for mental health promotion, therapy and as a space for sharing information (Baumeister et al. 2014, Clarke et al. 2015, Ebert et al. 2018, Eysenbach and Kohler, 2003; Smith et al. 2018). Through online spaces, not only does the Internet facilitate the seeking and gathering of health information, it also opens up the potential for people to share personal experiences and relate with others. It is widely recognized that the act of writing can be therapeutic, as it can stimulate important psychological outcomes, including ventilation and catharsis, self-talk and awareness, and distancing and organization of thoughts (Kerner and Fitzpatrick, 2007; Pennebaker, 2004; Wright and Chung, 2001). Writing, in particular about mental health difficulties, is found to have positive effects in the recovery process (Frattaroli, 2006; Haertl & Ero-Phillips, 2019). Over the last twenty years, online journals or blogs have grown in popularity as they provide a dedicated free space to create public accounts of private opinions and experiences (Mazur, 2003; Hevern, 2004; Peek et al., 2015). A blog is made up of posts or entries presented in reverse chronological order and typically focuses on a personal topic or area of a person's (the blogger)'s life (Kumar et al. 2005). Personal blogs are often reflexive and introspective in nature (Gill et al. 2009).

In the context of challenges of mental health service provision and uptake, especially amongst younger populations, analysis of the bloggers' personal accounts has the capacity to be used to inform improvements to public health for people experiencing mental health concerns (Eysenbach, 2009). Internet research provides access to insights and understanding into the lives of individuals with mental health illnesses that hitherto remained hidden (Moreno et. al., 2011; Conrad et al, 2016). Twitter, an asymmetrical social networking service (SNS) in

which users write 140-character messages, known as 'tweets,' that other users read (Chen, 2011) allows for 'micro-blogging' and is used as way to capture personal experiences, allowing individuals to form connections and develop online communities (Chen, 2011; Khosravinik & Unger, 2016). It can provide an outlet to express an individuals' experiences of mental health issues and of using services (Krishna et al., 2013; Headley, 2011) and experiences of self-injury and suicide (Greaves & Dykeman, 2019). It is also a space where alternative and/or dissenting discourses can be created (Kelsey & Bennett, 2014). This makes these personal lived experience accounts ideal for research that seeks to investigate and understand how phenomena are constructed through the design of service user centred and user-led solutions.

In contrast to personal accounts about mental health experiences garnered from interviews, online narratives are not composed under the researcher's observation or with the expectations of an interviewer in mind (O'Brien and Clark, 2012; Rodriquez, 2013). As such, online narratives offer data in its' "naturalistic form" (Markle et al. 2015). Studying and researching narratives in blogs provide inimitable opportunities to scientifically examine the "people's narratives over time, explore the ways in which narratives change over months or even years" thus offering the potential to identify patterns in the recovery process and share insights with to support service users and providers. Nevertheless, caution is required as it has been found that disclosure in the absence of a controlled setting may be less effective or harmful (Sheffield, Duncan, Thomson, and Johal, 2002). This has been one of the primary concerns of clinicians regarding the ethical use of the internet for providing mental health services (Cunningham et al. 2014). While there is evidence of positive impact of journaling mental health experiences, interventions using web-based journaling may need user specific instructions, including frequency of blog entry, length of time spent on an entry, or specific instructions for entry content.

Despite growing attention in understanding online narratives in mental health (Heilferty,

2009; Kim et al. 2014; McCosker, 2008; Peek et al., 2015) a comprehensive investigation to address wider concerns regarding the use of blogs in mental health research and impact for practice and service providers has been largely overlooked. The purpose of this systematic review is to synthesize peer reviewed literature in this area to better understand and learn how online narratives can shed light on often previously unheard experiences of people with mental health problems, and their experiences of and attitudes toward receiving care. Consequently, there is the potential that collated findings can offer an evidence base to inform interventions, outreach and further research. The increased attention of blog use within qualitative mental health research demonstrates its capacity for meaningful personal narratives (Wilson et al., 2015).

METHODS

Design

A narrative review process was utilized in the synthesis of the available wide-ranging empirical evidence (Mays et al. 2005).

Aim

To explore the experiences of people with mental health difficulties through the use of blogs.

The review questions were:

What mental health difficulties are articulated in blogs?

What are the issues regarding the use of blogs in mental health research?

What is the influence of blogs on mental health practice?

Ethics statement

The study was a narrative review therefore ethical approval was not a requirement.

Inclusion Criteria

The participants were people who blog about their mental health difficulties. The phenomena of interest were the experiences of people with mental health issues who blog online. Types of studies included in the narrative review used qualitative, quantitative or mixed methods approaches.

Literature search and selection

A subject librarian assisted in the development of the literature search process. The electronic databases used in the searches were CINAHL, PsycINFO and MEDLINE and included the time-period January 2009 to February 2019. An example of the search strategy used in one electronic database is shown in Table 1.

Insert Table 1 here

The searches revealed 463 hits across all of the databases. The PRISMA flow chart (Figure 1) was used to present the results of the searches (Moher et al., 2015). The inclusion criteria were limited to academic journals, peer reviewed empirical studies, and written in English. A hand search was also conducted of the reference lists of the identified papers leaving a total of 11 papers for the review.

Insert Figure 1 here

Quality assessment

A recognized quality assessment tool was used as an evidence-based framework to review the papers (Critical Appraisal Skills Programme, 2013). All of the included studies were examined and appraised by two reviewers and verified by a third reviewer, using specified questions (Table 2). Questions were scored between zero and two out of a maximum score of 20 overall. A score of zero was given if no information was evident, moderate information scored one and

is a question was fully answered, it scored two (Rushbrooke, Murray & Townsend 2014). An overall score of 17 and greater was achieved by eight papers, demonstrating high quality (Boniel-Nissim and Barak 2013; Clarke and van Ameron, 2009; Dyson & Gorvin 2017; Hoyt and Pasupathi, 2008; Kotliar, 2016; Mandla et al., 2017; Marcus et al., 2012; Salzmann-Erikson and Hicdurmaz, 2017). A score of between 14 and 16 was achieved by three studies, showing moderate quality (Mandiberg and Gates, 2017; Moore, 2013; Stanton et al., 2017). None of the included studies scored below 14, indicating poor quality overall. All of the studies addressed the objectives of the review and therefore were deemed suitable for inclusion.

***Insert Table 2 here ***

Characteristics of the selected studies

The data were extracted from the included studies by two researchers. The 11 studies that addressed the aims and objectives are presented in Table 3. Three studies were conducted in the United States (US) and three studies were carried out in the UK. The remainder were conducted in Israel (n= 2), Canada (n=2), Sweden (n=1). Sample sizes ranged from 5 to 412. A total of 8 studies used qualitative methods (Clarke and van Ameron, 2009; Dyson & Gorvin 2017; Kotliar, 2016; Mandla et al., 2017; Mandiberg and Gates, 2017; Marcus et al., 2012; Moore, 2013; Salzmann-Erikson and Hicdurmaz, 2017) and the remaining three studies used quantitative methods (Boniel-Nissim and Barak 2013; Hoyt and Pasupathi, 2008; Stanton et al., 2017). In terms of gender representation of mental health service users in the included studies, only 3 studies (Clarke & van Amerom, 2009; Kotliar, 2016; Stanton et al. 2017) give details. Only one study (Stanton et al. 2017) focused on the experiences of a specific racial group, namely Black African women. With regard to addressing experiences of particular life

stages, only two studies specifically focus on younger people (Boniel-Nissim and Barak 2013; Marcus et al. 2012).

***Insert Table 3 here ***

Data synthesis and analysis

The narrative review was framed using methods involved in the synthesis of literature the utilised a range of methods (Popay et al. 2006). Thematic analysis was used whereby themes were identified across all of the studies and coding applied. Following the grouping of concepts, comparisons and contrasts were made between studies. The themes were identified independently and then discussed, verified and agreed by the research team to ensure possible reviewer bias was addressed and consensus reached (Caldwell et al. 2011).

RESULTS

Following a critical analysis of the studies two main categories were identified that addressed both the private and public spheres. From these two categories, several themes emerged as illustrated in the table below:

***Insert Table 4 here ***

Category One: Public sphere

Eight of the studies included in the review (Clarke & van Amerom, 2009; Dyson & Gorvin, 2017; Hoyt & Pauspathi, 2008; Kotliar, 2016; Mandiberg & Gates, 2017; Marcus et al. 2012; Moore, 2018; Salzmann-Erikson & Hicdurmaz, 2017; Stanton et al. 2017) identified issues related to the public sphere that were: safety through moderation; confidentiality; and public-

private boundaries.

(i) Safety through moderation

Online communities can become positive resources bringing relief through shared identification of experiences. However, this experience can also be one of overwhelm for the consumer whom, in the absence of a safe, moderated space, can be left feeling vulnerable and further isolated. The lack of moderation can leave the more vulnerable in the community identifying with a negative experience of formal support, which may delay their own help-seeking experience. This observation is shared by Hoyt & Pasupathi (2008), who identified linguistic markers of recovery from trauma in a longitudinal study across thirty blogs. They caution on the repetitive retelling of traumatic narratives that can have a detrimental effect on both the poster and the reader;

> Although blogging about traumatic events may be an enticing modality in research and clinical practice, care should be taken regarding the distinction between types of writing that may be beneficial and types of writing that may be convenient' (2008, pg. 60).

One study that investigated the use of Internet mental health communities of practice for peers advocated strongly for the inclusion of a moderator to meet the potential that these online spaces have to offer in a person's recovery trajectory. Although reading personal narratives online can play a crucial role in recovery from mental distress, the needs and capacity of the individual must be prioritized before advocating participation in them as a therapeutic intervention. Safety for the individual can be achieved when there is a formal moderation in place within these online communities (Mandiberg and Gates, 2017).

(ii) Confidentiality

Researchers examined the use of web-based mental health communities of practice for peers and found that masking the identity of blog posters made forming a personal connection with the website difficult. The study found that this connection works best when 'connected to face-face opportunities' (pg.169). Although participants understood the need for anonymity, the

confidentiality aspect was not deemed suitable for building these online communities. Peers who were recruited to support the community had to maintain a distance from the job and this led to a sense of isolation for them (Mandiberg and Gates, 2017). Moore (2013) explored a pilot online therapeutic community to enable people in therapy to communicate to one another. Although many interesting and positive facets of participation were communicated in this review, it was found that a certain level of anxiety was provoked through the anonymity of posters, giving it a 'clandestine' quality.

(iii)   Public-private boundaries

Marcus et al.'s (2012) analysis of the blogs of young adults around mental issues, identified that young adult bloggers expressed significant feelings of powerlessness as a result of their mental health concerns and simultaneously felt a profound sense of loneliness, alienation, and lack of connection with others. They advocate for the therapeutic use of blogs to focus on creating and developing resources and services that allow young adults to feel connected and empowered but at the same time protected when the content expressed can contain many disillusioned narratives. As identified in the theme relating to moderation, for the young person who is tentative about accessing services, this can have a detrimental effect on help-seeking behaviours. Dyson and Gorvin (2017), by looking at the online narratives of people with a diagnosis of borderline personality disorder, discuss the possibility of adverse effect when there is a lack of boundaries, particularly through narratives provided by ill-informed posters;

> '…by contrasting others in such negative terms (i.e. non-understanding), it potentially leaves authors in a difficult predicament. Indeed, these authors continued to employ a medicalised view of themselves consequently implying that they required treatment. However, by constructing others as non-understanding, it may inadvertently prevent them from accessing care and support (pgs787-787).

Category Two: Private sphere

Seven of the selected studies addressed private sphere (Boniel-Nissim & Barak, 2013; Dyson & Gorvin, 2017; Kotliar, 2016; Mandla et al. 2017; Marcus et al. 2012; Moore, 2013;

Salzmann-Erikson & Hiçdurmaz, 2017). The themes that emerged were: (i) catharsis; (ii) enhanced coping strategies; and (iii) social connectedness.

(i) Catharsis

The most dominant of these is the concept of blogging as enabling a cathartic process of coming to terms with and managing individuals' personal experiences of mental health illness. This was the case in all of these seven studies. For example, in Boniel and Barak (2013) the cathartic release for adolescents who blogged about their mental health difficulties was connected to therapeutic gains in terms of their social emotional wellness. While in Kotliar (2017)'s research exploring depression narratives in blogs by women, the virtual world of blogging offered a route to offload the unsayable about their mental health difficulties in the real world (off line). Similarly, in Mandla et al. (2017), using a blog helped people who had a bipolar disorder diagnosis come to terms with and assimilate this diagnosis; while also fostering positive identity and enhancing coping strategies.

(ii) Enhanced coping strategies

The act of blogging also was found to enhance individuals' coping strategies. Blogging itself as a coping strategy is identified for example in Marcus et al. (2012)'s grounded theory study of blogs of young adults. As an act of documentation blogging is perceived as a method to work through individuals' reduced sense of powerlessness and assume ownership of managing their experiences of mental health illness. One blogger's comments reflect a shared sentiment: "I write these blogs as a way to keep up with my own mood…without the internet this would be rather difficult if not impossible".

(iii) Social connectedness

The theme of social connectedness within the private sphere cannot be overestimated. Similar to the concept of catharsis it runs through all of these seven studies. Blogging offers the

potential to connect with 'similar others' i.e. peers who have experienced similar or the same mental health difficulties as the blogger and create a community of support. Feelings of loneliness, isolation and being misunderstood in the real world (off line) have the potential to be alleviated through the restorative benefits of hope for recovery found in connecting with others who listen, empathize and extend emotional support. Examples of this are presented in Moore's (2013) study exploring the use of a website designed to create a therapeutic community. Several examples of positive impacts from connecting and sharing with others are reported. Feelings of belonging are most significant as one blogger writes: "I feel less lost; I know there is somewhere to go". The universality of these isolating feelings in the real world is what connects people in the virtual world.

Through sharing private experiences of mental health difficulties, bloggers gained positive benefits combined with the opportunity for catharsis, social connectedness, enhanced coping strategies they felt cared about sometimes in ways that were not available to them offline. The support offered online could deliver reciprocal positive impact via identification and altruism; this was particularly highlighted in the Salzmann-Erikson & Hiçdurmaz (2017) study. In this study connecting with others with similar experiences of trauma, as one blogger simply writes, helps as it plainly tells you; "you are not alone". Blogs in this study act as a mechanism for individuals to process their trauma and demonstrate gratitude through inter-relational feedback facilitated by the online community site. Significantly with the exception of one of these studies it is the action of blogging in terms of sharing personal accounts that is prioritized. And the choice to prioritize this activity makes sense. However, the benefits of consuming and digesting the online narratives through the action of reading is overlooked by all but one study (Moore (2013). In Moore (2013)'s study active reading of individuals' experiences that are relatable is recognized as an activity that can have therapeutic benefits as suggested by one participant of the website who describes reading as a sanctuary providing "solace".

These seven studies demonstrate the potential of blogging to provide a personal space to open up about often hidden feelings and experiences of mental health illness, through sharing and connecting with others who have had similar experiences opportunities for catharsis, social connectedness, enhancing coping mechanisms, empowering individual to develop healthier self-identity in both the virtual and real world.

DISCUSSION

The review highlights the need to harmonize the specific safety concerns raised in the public sphere with the potential benefits of sharing personal narratives of mental health difficulties in the private sphere. Online narratives offer practitioners and researchers the opportunity to chart and critically examine the first hand experiences of using mental health services through an unfiltered lens. Given the timeline nature of blogs, the potential to follow individuals' recovery journeys is enhanced without the often sometimes intrusive and costly measures of a traditional longitudinal research design. Yet, rather than a static activity, the examination of the blogging process offers further opportunity to collate these experiences into potential peer support learning materials for use within services and amongst families/carers and a range of other research and practice implications. With the advent of online interactions, communication has increased and brought new opportunities and challenges. It is likely that the transformation of illness from an essentially private to an increasingly public experience is a radical change that has potential to alter the ways in which both mental health is perceived from both private and public perspective, with abundant social consequences. To date it has been argued that the active, participatory, and multidirectional information sharing online is not fully exploited by science as a whole (Brossard and Scheufele, 2013), and in particular not by qualitative researchers (Hays et al., 2015).

Online interaction can offer emotional support for individuals as they seek to learn about and engage in their health experience removed from the frequent stigma experienced in face-to face interaction through potential for anonymity. This is especially significant for individuals experiencing mental health illnesses (Berger et al., 2005; Gulliver et al. 2019). In this review the importance of connecting with others with similar experiences was tantamount to alleviating social isolation and provided emotional support which is increasingly a vehicle to foster meaning making and gain insights from the experience of others as well as understanding of their illness (Ressler et al. 2012). Ziebland and Wyke (2012) note, "the use of the Internet for peer-to-peer connection has been one of its most dramatic and transformational features" (p. 19).

Studies demonstrate that social skills in public for some of online participants are not advanced; private space of blogging for example allows the person to try out/strengthen identity and develop connectedness at a pace that suits them. As Conrad et al., (2016:29) acknowledges online interaction offers the opportunity to publicly share experiences but from the comfort and convenience of private space at any time of the day or night as sites are "accessible from the comforts of home, via computer, tablet, and smart phone. Not only can these interactive sites now always be with us, they are 24/7 and globally accessible by our ever-present mobile phone." As such, Claudine Herzlich (2004) notes, "It is difficult to discern whether health and illness belong more in the private or public domain." For young people, who are often perceived as particularly hard to reach in terms of mental health service provision (Blanco et al., 2008; Hawke et al., 2018; Murphy, 2016) blogging can bridge the disconnect that young people have in engaging with services. In all the studies which include the personal perspective blogging provides the ability to bridge seclusion and exposure and offers the opportunity to collaboratively cope with mental ill health.

In this review, it is not just the content, but the act of writing a blog that is perceived as reparative however the majority of included studies do not address this. The need for cultural sensitivity in relation to both race and gender was considered, highlighting the need for alternative platforms that incorporate these nuances, for instance, this was particularly the case in relation to considering issues of preconception surrounding African American female identity and mental health. Bloggers with mental health difficulties and physical and cognitive learning disabilities was not included in any of our review's studies. This highlights an under-researched area for future development for instance in examining potential barriers to blogging for these underrepresented groups.

CONCLUSION

A difference between didactic versus singular experience approach in the included studies emerged with the majority of all included studies solely focusing on collating the individual experiences and common themes in their online narratives. In so doing, the insights garnered from their data to include opportunities for education and advocacy discussions are largely absent. Several topics are not covered in the studies, for instance a discussion regarding the privilege of access to digital devices/resources and an assumption of digital knowledge which can lead to exclusionary practice. This highlights potential for digital skills training in therapeutic settings to enable those who are interested in engaging in supportive online interactions to be afforded access and training opportunities.

Online communities and blogs need to be inclusive and accessible, engaging communities and offering advice/education on how to blog and question of responsibilities and governance require attention. In the context where it is found in these studies that online supports can be perceived as a threat to formal mental health support services and not always as an additional or complimentary demonstrates that education and awareness raising of the benefits and procedures to manage safety are pertinent at a societal and systemic level. In order to ensure

best practice outcomes, it was evident that blogs would need to undergo rigorous vetting process in order to recommend them as adjunct to formal therapeutic support.

Disclosure of interest:

The authors report no conflicts of interest.

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