The Internet and Self-Injury: What Psychotherapists Should Know

Janis Whitlock, Wendy Lader, and Karen Conterio
Cornell University

The Internet affords information gathering and sharing previously impossible. For individuals who practice self-injury, this capacity allows rapid identification of others with shared history, experience, and practices. For many of those who self-injure, the ability to find others like themselves reduces the isolation and loneliness that so often characterizes the behavior. For others, however, active participation in online communities may effectively substitute for the real work required to develop positive coping and healthy relationships. Our experience suggests that regular assessment of self-injury Internet use is uncommon in therapeutic settings. Proliferation of self-injury message boards, informational Web sites, blogs, and YouTube posts is a clinical challenge. In this article, we review the research on self-injury and Internet use and then make a series of recommendations for clinicians. © 2007 Wiley Periodicals, Inc. J Clin Psychol: In Session 63: 1135–1143, 2007.

Keywords: self-injury; Internet; psychotherapy

> I live in a small town and because of this, it is impossible for me to talk to anyone about my true feelings. I must, at all times, look like the perfect wife, mom and partner . . . Look up "Grin and bear it" in the dictionary and you will find my picture. The Internet is a safe place for me to say how I really feel and what I'm thinking. . . .
> Self-Injury Message Board Post

The Internet affords information gathering and social interaction previously unknown to humankind. Individuals can log on to the Internet, from anywhere at any time with privacy and anonymity, and quickly locate vast amounts of information. They can also rapidly locate communities of individuals with shared interests or behaviors. For individuals with interest in or history of self-injury, this capacity makes possible what was

Correspondence concerning this article should be addressed to: Janis Whitlock, Family Life Development Center, Cornell University, Beebe Hall, Ithaca, NY 14853-4401; e-mail: jlw43@cornell.edu

 © 2007 Wiley Periodicals, Inc.
Published online in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/jclp.20420
WILEY InterScience® DISCOVER SOMETHING GREAT

previously impossible: rapid identification of others with shared history, experience, and practices. For many, virtual self-injury communities are a gift, an opportunity to reach out of the loneliness and isolation that so often characterizes the practice. For others, however, it poses a risk to recovery.

The growing presence of self-injury on the Web parallels the proliferation of self-injury awareness in American society. Two decades ago, self-injury was largely unknown to the public and generally carried out in privacy. Researchers speculate that its spread into popular culture gathered momentum in the 1990s when more than 14 pop icons revealed self-injurious habits in various media outlets. The same period saw a significant increase in the number of movies, music, and news articles with self-injury scenes or themes. Today, a myriad of television shows, such as *DeGrassi, Interventions*, *Grey's Anatomy*, and *Seventh Heaven*, portray the physical and emotional details of self-injury in ways that may highlight it as an available emotional outlet for individuals predisposed to the behavior (Whitlock, Purington, & Gershkovich, in press).

The risks and virtues of regular Internet use is a topic of ongoing debate. Our experience suggests that the Internet plays an increasingly important role in the lives, treatment, and recovery of those who practice non-suicidal self-injury. For example, the moderator of a highly active self-injury message board, in psychotherapy for her own self-injurious behavior, recently posted a notice saying that her therapist had advised her to "take a break" from moderating the message board. Two weeks later, the board was closed—presumably because she and her therapist had decided it was interfering with her recovery. Our experience also suggests, however, that regular assessment of self-injury-related Internet use is uncommon in therapeutic settings.

The proliferation of such message boards, informational Web sites, blogs, and YouTube highlights the Internet's critical place in effective treatment for self-injury. In this article, we present a practice-friendly review of the research followed by a series of recommendations for clinicians.

Virtual Information, Friends, and Communities

Computer use has grown exponentially over the past decade (Becker, 2000). Today, over 70% of American adults use the Internet regularly; 65% of these go online daily. Among American youth, 87% use the Internet regularly and over half log on daily (Lenhart, Madden, & Hitlin, 2005). The Internet is increasingly the place for health care advice and interpersonal contacts. Over half of all a nationally representative sample of adults indicated that the Internet had helped them either personally cope with a major illness or help another individual in their life cope with a major illness (Horrigan & Rainie, 2006). Among adolescents, the Internet is used primarily for social reasons (Gross, 2004; Roberts, Foehr, & Rideout, 2005) and has become a virtual meeting place where teens spend time socializing with their peers. Indeed, virtual socializing venues such as myspace.com have overtaken malls as the primary socializing venue for teens. Instant messaging (IM) has flourished as a means of exchange with 75% of online teens; (65%) of all teens say that they use IM to keep in touch with a broad network of friends and family (Lenhart et al., 2005). With Internet use increasing at a rapid rate, chances are good that when self-injurious clients enter psychotherapy they will have already used online resources to find information about self-injury, particularly if they are an adolescent or young adult.

Availability of Self-Injury Information and Communities

Like many closeted or stigmatized behaviors, such as anorexia (Norris, Boydell, Pinhas, & Katzman, 2006), self-injury communities and outlets flourish on the Web. In 2005, we

documented over 400 active self-injury-focused message boards (Whitlock, Powers, & Eckenrode, 2006); there were well over 500 a year later. A simple query on the Google search engine using terms such as *self-injury*, *self-mutilation*, or *self-inflicted violence*, results in over a million hits. Although it is impossible to verify that all of these are links specific to what we know as self-injury, a brief perusal suggests that many of them are.

Linked blog communities, such as myspace.com or xanga.com provide another means through which individuals seek and share self-injury information and experiences. In a more recent Internet innovation, YouTube.com allows individuals to post videos complete with music and narrative for others to view, comment on, rate, and bookmark. Direct exchange with the video creator is common and often emotionally charged. The site currently features hundreds of self-injury-dedicated videos. The vast majority of these are personal narratives set to music and a cascading set of self-injury related images.

In addition to these Web-based exchanges, there are many different ways to participate online. Information gathering is often a passive activity in which one surfs for information. Most Internet users employ the Internet in this way, and several large and powerful search engines accommodate this activity. Similarly, a large portion of exchange-based Web forums, such as message boards, YouTube, and interactive blogs, are populated by "lurkers"—individuals who passively observe exchange, but who rarely, if ever, create a post themselves. Another subset consists of active posters who engage in exchange with others periodically or regularly. Whether or not occupation of these particular roles differentially moderates the impact of online experiences on offline perceptions and behaviors is unknown. This does constitute one dimension about which to collect information as a regular part of Internet use assessment in treatment.

Internet Exchange and the Moderator

Studies show that once online, those engaged in Internet exchange do what people often do offline: exchange support, share personal stories, and voice opinions (Murray & Fox, 2006; Whitlock et al., 2006). In a study of self-injury message boards, informal support and discussion of proximal life events that trigger self-injury were the most common types of exchange, followed by casual and sometimes personal information related to the addictive qualities of their practice, their fears relating to disclosure, experiences with psychotherapy, how they self-injure, and other related health concerns (Whitlock et al., 2006).

In most Internet modalities, users are entirely free to observe and post whatever they choose. In Web-based blog communities, such as myspace.com, xanga.com, and facebook.com, anyone can sign up for an account and post content. However, they may not be allowed to post indiscriminately on the sites of other subscribers because posting privileges on each individual blog are dictated by the account holder. YouTube uses a similar format with video creators and is able to control what is and is not posted on their site. Message boards utilize a slightly different format and often vary considerably by degree of moderation.

Moderation level refers to the degree to which posters are actively monitored for potentially damaging content (such as sharing techniques for self-injury) and is typically accomplished by one or more individuals, often the board architects, who judge suitability of posting content. On strongly moderated self-injury message board sites, posting of language or images known or believed to trigger self-injury behavior is actively prohibited. Less-moderated sites will sometimes flag such content as "triggering," so participants can decide whether or not to access the thread. Low-moderated sites lack such oversight and tolerate a wide range of narrative or graphic posts. In these venues, both

posters and observers must decide what content is and is not appropriate for their particular needs and vulnerabilities. This can be difficult—particularly for individuals who lack developed capacities to self-regulate, such as young adolescents and individuals particularly vulnerable to images, stories, or sounds which evoke desires to self-injure.

The skills of moderators vary as well. On some self-injury boards, moderators are trained mental health professionals capable of offering feedback and insight as a part of the public exchange. Most often, however, moderators are board architects with little or no training in mental health. Because many self-injury message boards are created by individuals with direct experience, the ability to recognize triggering posts is high. The ability to help posters explore their motivations, however, tends to be far less developed. Some boards and moderators can be actively characterized as pro-self-injury, similar to those documented in reviews of anorexia Web sites (Norris et al., 2006). The fact that message boards wax and wane in their activity level and lifespan makes it difficult to identify the most helpful boards.

The Appeal of Virtual Self-Injury Communities

Today's "digital native" was born in the mid 1980s. Individuals coming of age in the digital era possess experiences and, most importantly, a set of expectations about how, when, where, and with whom needs are met that may differ markedly from their elders. Although most psychotherapists are familiar with and are often users of the Internet, their adolescent and young adult clients are likely to turn to the Internet and to other forms of anonymous or impersonal exchange as a first-line resource in meeting social and, in many cases, developmental needs.

The Internet holds particular appeal for individuals who self-injure because the assurance of online anonymity is typically comforting to individuals struggling with shame, isolation, and distress (McKenna & Bargh, 2000; Whitlock et al., 2006). Insecure attachments in early childhood may play a role in the development of self-injury as well as difficulty developing subsequent attachments (e.g., Gratz, Conrad, & Roemer, 2002; Yates, 2004). Despite the often secretive and hidden nature of the act, however, individuals often report wishing that someone would recognize and understand the intensity of emotional pain that underlies the behavior (Conterio & Lader, 1998; Walsh, 2005).

The Internet seems to be especially salient for adolescents and young adults because healthy social and emotional development hinges on their ability to establish meaningful relationships, to find acceptance and belonging in social groups, and to establish interpersonal intimacy (Reis & Shaver, 1988; Sullivan, 1953). To many, the Internet may become a surrogate friend and/or family where users are able to seek out those who provide not only support, but normalcy as well. Indeed, in a self-report study of whether self-injury discussion groups alleviate or exacerbate self-injurious behavior, 37% indicated that it had a positive effect on their behavior (Murray & Fox, 2006) through support of their efforts to cease self-injury and/or through an enhancement of self-acceptance. Only a minority (7%) indicated that they believe the group led to an increase in self-injury.

Such a subjectively positive experience of participation is tempered by the possibility that ongoing and active participation in Internet communities may effectively substitute for the real effort required to develop positive coping and healthy relationships. Unlike face-to-face relationships, which often require work to maintain, Internet relationships are easily disposable; if one friend disappoints, another friend is a mere click away. Because online exchange can fill-in where offline exchange fails, virtual interaction may provide the sense, illusory or real, that core developmental needs for community, intimacy, and honesty are met—at least for awhile.

Moreover, individuals immersed in self-injury communities may experience what we think of as "narrative reinforcement"—the sharing of similar life stories and interpretations, which can normalize and subconsciously justify the use of self-injury. Although narrative reinforcement may eventually lead people to recognize the damage suffered by themselves and others by self-injurious behavior, it may also keep them from identifying and attending to its underlying causes. Sites that feature video footage or photos, such as YouTube, often include images of severe injury and graphic poetry and artwork—much of which is likely to be highly suggestive or triggering to self-injurious participants. Moreover, although many people who self-injure express a strong desire to find lasting interpersonal relationships, they often need help working through a number of impediments, including a history of trauma and past disappointments. Such opportunities are not easily encountered on the Web.

Diagnostically, self-injury is most closely associated with borderline personality disorder (BPD) because it serves as one of several criteria for the disorder. Although many have acknowledged flaws with inclusion of self-injury as a BPD criterion, it is of value here because it may help to illuminate one of the reasons that Internet exchanges are appealing to those with self-injurious behavior. Borderline personality disorder is regarded as an inability to successfully moderate stress such that those with the disorder react more intensely to stress and take longer to recover. However, a recent study of individuals suffering from BPD suggests a more interesting interpretation. Researchers found that those with BPD possessed an enhanced ability to recognize expressions of happiness, sadness, anger, and fear on the faces of others. Whether the result of innate capacity or a skill developed over time as a response to frequent interpersonal conflict, such enhanced ability may contribute to the unstable relationships and intense emotions characteristic of the disorder (Lynch et al., 2006). Such findings are consistent with practitioner observations that self-injurious individuals frequently report difficulties maneuvering comfortably within interpersonal relationships and show heightened sensitivity to anticipated and/or perceived rejection (Conterio & Lader, 1998; Walsh, 2005).

Such sensitivity may make the Internet a sensory-safe haven for some who practice self-injury. The paradoxical capacity to be instantaneously connected with many others while simultaneously shielded from multiple sensory inputs can appeal to those with heightened emotional sensitivities in real-life exchange. And yet, the ability to effectively interpret and integrate information received from the senses employed in real-life exchange is a critical part of developing healthy coping mechanisms.

Does the Web Have a Place in Psychotherapy?

Curse or thank the media for adding to the normalization of self-injury, it is clear that self-injury-focused Web forums continue to proliferate. Internet use is so pervasive, especially among adolescents, that psychotherapists would be remiss to neglect an assessment of Internet use and, in particular, self-injury-focused Internet use. Many clients have collected self-injury information, actively observed or exchanged postings in Web forums, or read and shared stories about self-injury before deciding to enter therapy. Psychotherapists typically take medical, family, and relationship histories; however, they frequently overlook assessment of Internet use and impact. In our experience, when psychotherapists do bring up Internet usage with reference to self-injury, it is often as part of a generic recommendation to seek online support groups because local groups for self-injurers are still lacking in most communities. However, without adequate understanding of how their clients already use the Internet and without specific recommendations about

which sites they think will most benefit their client, such a recommendation may prove reckless. The client can experience not attending to this crucial part of their lives as an empathic failure.

Practice Recommendations

Mental health professionals who are less familiar with the changes in the Internet would be well advised to educate themselves about Web-based modalities available to their clients. In the event that the therapist deems online support of potential value for his or her client, it is advisable to make active recommendations about sites where clients might safely and productively visit. This is likely to entail time and exploration. Our research suggests that non-suicidal self-injury (NSSI) sites affiliated with WebMD, LifeSigns, BPDToday, and SIARI are currently heavily moderated by experienced (although perhaps not formally trained) individuals or groups.

In addition to acquiring knowledge of Internet options, we recommend that psychotherapists assess general and self-injury-focused Internet use at intake and throughout the therapeutic process. Question selection and sequence may vary by client and responses to initial questions. For example, questions later in this list will not apply to clients indicating little or no Internet use. Similarly, in clients admitting Internet use salient to therapeutic goals, but who exhibit reticence to disclose information about their online experiences, assessment of Internet activity may need to occur gradually, as the therapeutic process unfolds.

At intake, we suggest one or two general questions geared toward assessing general and self-injury-focused Internet use. These could be included in an intake form or interview in which other behaviors are assessed and might include:

- How often do you visit the Internet to get or share health information?
- Have you ever made friends over the Internet?

If the answer to either of these questions is yes, we recommend probing the nature of Internet visits with particular focus on gauging engagement in self-injury and related Web sites. Carefully worded questions can be pursued at a point in the therapeutic process when (a) they can be asked as part of a regular assessment, and (b) when the therapeutic relationship has been sufficiently established to enhance likelihood of honest responses.

At this juncture, questions might probe involvement in NSSI-focused sites in greater depth with particular emphasis on understanding degree of involvement with online friends or communities and perceived function of involvement. A line of questioning similar to the following might serve as a starting point for discussion:

- Have you ever visited a Web site to find out about or to talk about self-injury?

If yes, subsequent lines of questioning should probe regularity and frequency of visits:

- Are there places you regularly go to find out about or to talk about self-injury?
- How often do you visit this/these site(s)?
- What do you like to do most while there?
- Do you like to post messages (or videos) or do you like to just see what is happening?
- What type of site(s) do you visit?
- Can you tell me the name of the sites you like the best?

Regular visits to self-injury sites are likely to signal that the client is using Internet involvement to meet one or more core needs. Subsequent lines of inquiry can explore this possibility as well as the extent of involvement.

- How close do you consider your Internet friends to be?
- Have you ever met with friends you made online?
- How comfortable do you feel hearing stories from others who self-injure?
- Have you shared your own story? How did this feel?
- What do you like most about having friends that you only really know through the Internet?
- How honest are you when you share information on the Web? (Do you minimize or tend to embellish?)
- Do you tend to remain anonymous, or do you share your name and contact information?

Online confidantes can be as influential as offline confidantes and merit consideration in the therapeutic process. Since online confidantes may leverage influence on client self-perception and behavior, it is important to probe the nature, extent, and effect of these relationships initially and as therapy progresses. Questions such as the following may be useful.

- Do you have Internet friends with whom you talk about self-injury?
- Do you ever take their advice?
- Can you provide examples of advice you got from an Internet friend that you used?

Even if the client does not indicate that they have Internet friends with whom they talk, questions intended to assess effects of Internet involvement on offline behavior are warranted if he or she spends time at self-injury focused Web sites. Questions such as, "Have you ever taken advice that you have gotten off the Web?", or "Does what you learn or do on the Internet affect what you do when you are off the Internet?" If the response to either of these questions is yes, then soliciting examples of how online experiences affect offline experiences is indicated.

Periodic assessment of Internet use as therapy progresses is also warranted in clients where self-injury-focused Internet use is common. Questions such as, "Are you open with me about all of your Web activities?"; "Do you tend to use the Internet more, or less, either before or after a therapy appointment?"; and "Does formal therapy come up as a topic of discussion on these sites? If so, how would you characterize conversations about the value of therapy?" will help to elucidate the role Internet use may be playing in therapy.

Thus far, our recommendations have been specific to assessment of self-injury Internet sites. However, high involvement in Internet communities of any kind can impact treatment and recovery. Versions of the above questions that are more generic can assess Internet involvement of any sort. In particular, understanding function, degree of involvement, and effect of online activity on offline behaviors of interest may inform the therapeutic process.

In addition to direct questioning, high Internet usage clients could be asked to log Internet activity to better follow and understand their Internet usage. The log could contain information such as time logged on, time logged off, list sites visited, and comfort level after visiting each site (e.g., 1 = *extremely uncomfortable* to 10 = *being extremely comfortable*), and the trigger, nature, and duration of any impulses to injure while on a particular site. Because Internet use, in and of itself, can become habit forming—what some have called "Internet addiction" (Young & Rodgers, 1998)—familiarizing oneself

with tools for understanding, measuring, and treating Internet addiction is advisable as well. (See www.netaddcition.com for article and tools on Internet addiction.) At least, psychotherapists can make note of the way in which the virtual world enters the therapeutic process—at what points do clients raise the subject of Internet use and, when they do, how they talk about what happens for them in the virtual world.

Recommending that psychotherapists collect information on self-injury Internet use is significantly easier than issuing recommendations about how that information is used. At the most basic level, online friendships and communities ought to be accorded similar regard as parallel offline relationships. Beyond that, therapists need to be mindful of clues about the function and impact of virtual experiences in offline decisions and behaviors. Involvement in communities that fundamentally support client and therapeutic goals may be highly advantageous. Involvement in virtual communities as a substitute for real-life intimacy, although seemingly innocuous, may undermine treatment through narrative reinforcement and shallow exchange.

Clinical Issues and Summary

The Internet is an inescapable and powerful tool. For those who practice self-injury behaviors, it may be a means of expressing suppressed feelings and of connecting with others like themselves. Because self-expression and healthy connection are critical components of recovery, the Internet may have a productive and effective place in treatment. These very qualities, however, also make the Internet a potentially dangerous place for self-injurious individuals who use online experiences as a substitute for development of offline skills and relationships.

Contemporary psychotherapists must bridge virtual and real worlds for many patients. This is particularly true for therapists who work with individuals coming of age in the digital era—as is true for many of those practicing self-injury. Innovative research and assessment strategies for managing self-injury-focused Internet use are much needed. In the meantime, we urge psychotherapists to assess the quantity, quality, and nature of Internet use in treating self-injurious clients.

Select References/Recommended Readings

Becker, H. J. (2000). Who's wired and who's not: Children's access to and use of computer technology. Future of Children, 10, 44–75.

Conterio, K., & Lader, W. (1998). Bodily harm: The breakthrough healing program for self-injurers. New York: Hyperion.

Gratz, K. L., Conrad, S. D., & Roemer, L. (2002). Risk factors for deliberate self-harm among college students. American Journal of Orthopsychiatry, 72, 128–140.

Gross, E. F. (2004). Adolescent internet use: What we expect, what teens report. Journal of Applied Developmental Psychology, 25, 633–649.

Horrigan, J., & Rainie, L. (2006). The Internet's growing role in life's major moments. PEW Internet and American Life Project; 2006. Retrieved February 22, 2007, from http://www.pewinternet.org/pdfs/PIP_Major%20Moments_2006.pdf

Lenhart, A., Madden, M., & Hitlin, P. (2005, July 27). Teens and technology: Youth are leading the transition to a fully wired and mobile nation. Retrieved February 1, 2007, from http://www.pewInternet.org/pdfs/PIP_Teens_Tech_July2005web.pdf

Lynch, T. R., Rosenthal, M. Z., Kosson, D. S., Cheavens, J. S., Lejuez, C. W., & Blair, R. J. R. (2006). Heightened sensitivity to facial expressions of emotion in borderline personality disorder. Emotion, 6, 647–655.

McKenna, K. Y. A., & Bargh, J. A. (2000). Plan 9 from cyberspace: The implications of the Internet for personality and social psychology. Personality and Social Psychology Review, 4, 57–75.

Murray, C. D., & Fox, J. (2006). Do Internet self-harm discussion groups alleviate or exacerbate self-harming behaviour? Australian e-Journal for the Advancement of Mental Health, 5. Retrieved January 20, 2007, from www.auseinet.com/journal/vol5iss3/murray.pdf

Norris, M. L., Boydell, K. M., Pinhas, L., & Katzman, D. K. (2006). Ana and the Internet: A review of pro-anorexia websites. International Journal of Eating Disorders, 39, 443–447.

Potera, C. (1998). Trapped in the web? Psychology Today, 31, 66–70.

Reis, H. T., & Shaver, P. (1988). Intimacy as an interpersonal process. In S. Duck (Ed.), Handbook of personal relationships (pp. 367–389).

Roberts, D. F., Foehr, U.G., & Rideout, V. (2005). Generation M: Media in the lives of 8–18 year-olds. Washington, DC: Kaiser Family Foundation Report. 2005. Retrieved February 11, 2007, from www.kff.org/entmedia/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=51809

Sullivan, H. S. (1953). The interpersonal theory of psychiatry. New York: Norton.

Walsh, B. W. (2005). Treating self-injury: A practical guide. New York: Guilford Press.

Whitlock, J.L., Purington, A., Gershkovich, M. (in press). "Influence of the media on self injurious behavior." In M. Nock (Ed.), Understanding non-suicidal self-injury current science and practice. American Psychological Association Press.

Whitlock, J. L., Powers, J. P., & Eckenrode, J. E. (2006). The virtual cutting edge: Adolescent self-injury and the Internet [Special issue]. Developmental Psychology, 42, 407–417.

Yates, T. M. (2004). The developmental psychopathology of self-injurious behavior: Compensatory regulation in posttraumatic adaptation. Clinical Psychological Review, 24, 35–74.

Young, K., & Rogers, R. (1998). The relationship between depression and Internet addiction. CyberPsychology and Behavior, 1, 25–28.