

Impact of the Internet on Self-Injurious Behaviors

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You know you're out there. The people who have to wear long sleeves in the summer, make up stories when people ask where you got that scar on your wrist; who always carry a razor blade in their purse or a lighter in their pocket. This is a place where you need not worry that others will judge you or call you a freak. If you are looking for advice, or just a place to vent your emotions, then you are welcome in this blog ring. Together we can understand our methods of self-injury.

—introduction to a Web log community {mosgoogle right}

Self-injury is alternately referred to as self-mutilation, self-harm, deliberate self-harm, or self-injurious behavior (SIB). Among both real-life and online communities of self-injurers, it is often referred to as "SI" (Self-Injury) or "SH" (Self-Harm). There exist three subtypes of self-injury: major, stereotypic, and superficial/moderate. Superficial/moderate self-injury encompasses compulsive, episodic, and repetitive subtypes, and includes cutting and burning, which are the two most common forms self-injurious behavior takes. Individuals may utilize other means, and according to Conterio and Lader (1998), approximately 75 percent of self-injurers engage in more than one method, such as:

- Cutting skin
- Burning oneself
- Hitting oneself
- Extracting hair to excess
- Head banging
- Scratching to excess
- Biting oneself
- Interfering with the healing of wounds
- Breaking bones
- Chewing the lips, tongue, or fingers
- Eye enucleation (removal)
- Amputation of limbs, breasts, digits, genitals
- Facial skinning
- Ingesting sharp or toxic objects

According to Conterio and Lader (1998), "Self-injury is one of our society's fastest-growing and most disturbing epidemics. Experts estimate that more than three million Americans are afflicted with this syndrome...due to society's reaction to it, self-abuse is a widely misunderstood and dangerously mistreated psychiatric disorder." Although once referred to as "the addiction of the 90s" and currently referred to as "the new anorexia" and "the next teen disorder" (Whitlock, Powers, & Eckenrode, 2006), the topic of self-injury is typically surrounded by uncomfortable silence. Oftentimes, self-injurious behavior provokes responses of fear, disgust, anger, and confusion. Regarding this behavior, lack of awareness and a strong degree of ignorance on behalf of the general public exists.

Potential Impact of the Internet

It has been proposed that the silence, stigma, and social isolation that can accompany self-harming behavior compel self-injurers to seek support via other means. Research has not established conclusively whether these individuals spend time online for this particular reason, although this correlation has been proposed. A number of individuals who self-injure are drawn to the Internet, where chat rooms, message boards, online support groups, and Web logs (commonly referred to as "blogs" or online journals) are easily accessed and exist as a source of refuge, comfort, support, information, and motivation (for either recovery or relapse) for those who are struggling.

In recent times, there has been a rise of popularity of Internet usage. "Computer use has grown exponentially over the past decade. Today, over 70 percent of American adults use the Internet regularly; 65 percent of these go online daily. Among American youth, 87 percent use the Internet regularly and over half log on daily" (Whitlock, Lader, & Conterio, 2007). With the Internet, there is more rapid and increased dispersal of information that has the potential to be either beneficial or harmful. The Internet has been shown to be a very powerful influence in the lives of people today. However, to this date, there has been little attention paid to the impact of the Internet on self-injurious behaviors, which is out of proportion to the significant number of Web sites revolving around self-injury.

This pattern certainly deserves some examination and a greater depth of understanding on the behalf of clinical providers. For instance, does the Internet serve as a reinforcement of self-injurious behavior? Or on the contrary, does it provide a level of much-needed social support and numerous helpful educational materials? Web sites exist that provide beneficial information for educational or clinical purposes, and importantly, promote recovery among self-injurers. Yet there also exist anti-recovery Web sites that outright encourage self-injurious behaviors, or Web sites that may simply be interpreted by self-injurers to reinforce these behaviors. Clearly, there are both risks and virtues.

Benefit: Social Support and Decreased Isolation

A good degree of the existing research has focused on the social support aspect of the Internet in the lives of self-injurers. Many individuals utilize the Internet for a means of social connection. The Internet allows for users to interact with individuals of similar backgrounds, experiences, and struggles, ones they may not encounter face-to-face in their daily lives. However, social support can serve either as reinforcement for healthy ways of living, as well as encouraging unhealthy behaviors or increasing the contagion factor. The Internet provides opportunities for self-injurers to communicate openly and honestly with others in an environment of anonymity and relative safety. It allows them to converse with others about very sensitive and difficult issues that they may be wary of sharing with those in their everyday lives. Interestingly, individuals (particularly those with depressive symptomatology) may be more prone to opening up with those they do not know personally, and are more likely to share highly personal information with online strangers (Whitlock, Powers, & Eckenrode, 2007).

This factor may also draw self-injurers to the Internet, as many self-report high levels of isolation. This state may be either a result of the silence and secrecy that surrounds the behavior, or because the common profile of self-injurers tends to include seclusion or feelings of loneliness. "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" (Whitlock, Lader, & Conterio, 2007). Individuals learn they are not alone, and a certain degree of "normalizing" the behavior can be encouraging and alleviate some anxiety on the behalf of self-injurers.

Benefit: Decreased Stigma

Among the general public and even within the helping professions, a substantial degree of stigma surrounds self-injurious behavior. Although eating disorders such as anorexia nervosa and bulimia nervosa have been brought considerably more "out in the open," are generally more understood and even implicitly accepted in society, self-injury receives much different responses.

Stereotypes, secrecy, and silence accompany this behavior. Misconceptions about self-injury are prevalent, such as: self-injury is a suicide attempt, is attention-seeking and manipulative, or is simply masochistic. "Self-mutilation has been trivialized (wrist-cutting), misidentified (suicide attempt), regarded merely as a symptom (borderline personality disorder), and misreported by the media and the public" according to Strong (1998). As a result of this societal response, self-injurers may find benefits in being able to open up and share their struggles in a safe, relatively stigma-free environment, as well as to recognize they are not alone and begin to receive understanding from others in similar situations.

Other Benefits: Education, Information, and Promotion of Recovery

In addition, Web sites that actively promote recovery and align with an individual's therapeutic goals can be highly beneficial. Accessing information and educating oneself can be an important component to coping with suffering. Individuals who struggle with self-harm can gain a greater understanding of the behavior and can make strides toward recovery, while clinicians can more strongly familiarize themselves with the issues with which their clients struggle.

Studies have shown that self-injurers have also found their online involvement to be invaluable: "In a self-report study of whether self-injury discussion groups alleviate or exacerbate self-injurious behavior, 37 percent indicated it had a positive effect on their behavior through support of their efforts to cease self-injury and/or through an enhancement of self-acceptance. Only a minority (7 percent) indicated that they believe the group led to an increase in self-injury" (Whitlock, Lader, & Conterio, 2007).

It is important to be cognizant of the potential benefits the Internet has in the lives of people whose lives are affected by self-injury. However, it is crucial to examine both sides of the issue. The existing research emphasizes the potential harm that may result from Web site information and online interactions. In light of the social component, the literature describes the danger of individuals replacing "real-life" relationships with online interactions, or spending increasing time and energy online at the expense of engaging in other areas of their lives. However, this phenomenon is not exclusive to individuals who self-harm, and includes Internet users from all walks of life.

Negatives: Neglected "Real-Life" Relationships, Fewer Opportunities to Develop Interpersonal Skills

Individuals who self-harm often experience high degrees of loneliness and isolation, and they may also have great difficulties in interpersonal relationships, as well as a greater sensitivity to negative responses of others and rejection (Whitlock, Lader, & Conterio, 2007). A powerful sense of self and identity can be derived from participating in online communities, as well as bonding with individuals in real life who share similar struggles. For certain individuals, this strong sense of identity and social acceptance, no matter its basis, can be extremely attractive and tempting, and even necessary. Also, individuals may derive a sense of character by being labeled a "cutter" or self-harmer, and some utilize symbolism—for instance, wearing orange ribbons or orange bracelets to signify their status. Whereas online communities and blogs may provide a safe haven for these individuals, they may also impede their recovery by decreasing the amount of time and energy they spend in building healthy and meaningful real-life relationships. They may decrease the levels of openness and true intimacy found in live people interactions, and may not afford them the opportunity to utilize interpersonal skills as effectively.

Negative: Triggering and Anti-Recovery Content

The content and intensity of material presented on self-injury Web sites certainly play a role in triggering self-injuring behavior. In their study examining 3,219 individual posts from approximately 10 frequently-accessed self-injury message boards, Whitlock, Powers, & Eckenrode (2006) noted 11 major themes under which these posts could be categorized:

- Informal support and exchange
- Motivation for self-injury
- Concealment of self-injurious behavior (e.g., anxiety about exposure, methods for concealment of cuts and scars)
- Addiction language (e.g., days self-injury free, difficulty stopping)
- Formal help seeking and treatment
- Sharing techniques
- Links to other mental health or behavioral conditions known to be associated with self-injurious behavior
- References to popular culture
- Perceptions of non-self-injurers' reactions to self-injurious behavior
- Perception of self and behavior (e.g., self-worth, lovability, dissociation)
- Venting and apologizing

In terms of intensity of self-injury related material, there are three major moderation levels among self-injury Web sites. "Moderation level refers to the degree to which posters are actively moderated for potentially damaging content and is typically accomplished by one or more individuals, often the board architects, who judge suitability of posting content," according to Whitlock, Lader, and Conterio (2007).

Strongly moderated Web sites are actively monitored by a webmaster, or other individuals, who screen the sites for content and prohibit and eliminate any language, pictures, or other materials that may serve to promote self-harm. Web sites that are less-moderated may allow such materials, but will "flag" them as "triggering" or "potentially harmful," leaving it up to the viewer's discretion whether or not to access it.

Thus, Web sites with lower to absent moderation levels could be obstacles to recovery and lead to higher rates of relapse. Although these Web sites may or may not be what is known as "Pro-S.I." (or Pro-Self-Injury), such Web sites have significantly less discretion, and will present graphic images, including camera photographs of injured body parts, bloody razors, or even videos of individuals engaging in the act of self-harm. Some Web sites, particularly online journals, will reflect depressive themes, such as dark colors or pictures depicting sadness or despair. Many of these sites have a shared language of their own, including terms such as "Days SI-Free" (or days gone by without self-injury), or record the number of cuts or other damages inflicted. Also present are vivid narratives of self-injurious behavior, or detailed descriptions of the intense emotional pain that leads to, accompanies, or results from the self-injury. Individuals may also exchange how-to information or tips regarding how to cut "better," deeper, and how to bleed the most without getting stitches and requiring hospitalization.

Personal Narratives

Online journals often tell the story of an individual's personal experiences with self-harm. These personal narratives may or may not be overtly beneficial or harmful; rather, they may be subject to the reader's interpretation. Although the sharing of personal stories can serve as catharsis, means of expression, and a source of support, Whitlock, Lader, and Conterio (2007) find there are some concerns with such an approach: 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.

A degree of normalization can help individuals decrease feelings of being alone in their problems. Too much normalization can be interpreted as approval, and therefore can be harmful.

Conclusion

To date, research demonstrates that a relationship between self-injurious behavior and the Internet primarily has social and relational overtones. Individuals who self-injure often report higher levels of isolation and loneliness. Whether this social state is a cause or an effect of self-injurious behavior has yet to be established. It seems to be a reciprocal relationship. As a result, individuals who self-injure may be driven to seek information and support online, as opposed to in their daily lives. Or it is possible these individuals just happen to stumble across related Web site content. Not all self-injurers are engaged in frequent online activity of this nature.

Web sites, particularly those that are carefully moderated, can be a strong source of encouragement for recovery and seeking treatment, educational information, social support, and a place to feel safe and understood by those with similar issues. However, certain Web sites, especially those with lower moderation levels, which present more controversial and more intense content, can be triggering, distressing, harmful, and pose as obstacles to recovery.

Self-injurious behavior and the impact of the Internet generally seem to be an overlooked area in clinical practice and research. Nonetheless, the current research clearly demonstrates that the Internet can play a very powerful role, whether positive or negative, harmful or beneficial, and often an ambiguous combination of both, in the lives of self-injurers who spend significant periods of time online.

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