

Pro-Self-Harm and the Visibility of Youth-Generated Problematic Content[†]

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Abstract: The increasing ubiquity of the Internet in the everyday lives of youth has been accompanied by a whole new set of anxieties and concerns. While many have worried about how the Internet increases youth access to problematic content—including pornographic and violent content—little consideration has been paid to youth-generated problematic content. This article examines one genre of youth-generated problematic content: that which advocates self-harm practices. Countless websites and online communities are devoted to the topic of deliberate self-harm, ranging from online therapy and support groups to “pro-anorexia” and “pro-cutting” websites, and much of

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the content on these websites is produced by and for youth. This paper seeks to provide an overview of what is known about the spectrum of self-harm practices and how technology inflects these practices in new ways.

We begin with a brief introductory section detailing a working definition of self-harm based on the most recent published literature, outline the general prevalence and demographics, and note the correlations between self-harm practices, eating disorders, and the media. The latter half of this article summarizes various approaches to handling online self-harm content, ranging from censoring content (through Internet Service Provider (ISP) policies and governmental regulations) to providing support for those struggling with the underlying issues associated with deliberate self-harm (e.g., media literacy programs, online support groups, and grassroots social movements and campaigns). Given that censorship of such content often results in pushing it further underground, we recommend solutions that address the underlying sociocultural forces that motivate youth to engage in self-harm practices, and call for further research into these phenomena.

I. INTRODUCTION

As a platform for user-generated content, the Internet has made it possible for people around the world to converse, share information, create communities, and mobilize around shared interests. Those who celebrate the Internet often revel in the moments where networked technology has enhanced political action, transformed information flow, or empowered communities of interest to generate new cultural artifacts. Critics often see flaws in the very same features, pointing to the potential for terrorism, crimes against minors, and the spread of problematic content. Anxieties about the Internet are particularly acute in relation to youth, who are seen as both uncontrollable deviants who must be punished and an impressionable population who must be protected. As a result, the Internet is often criticized as a sinister world where naïve teens fall prey to various assorted malevolent forces, or teens are vilified for using the Internet to indulge their darkest and wildest impulses, below the radar of parental authority.¹

¹ See danah boyd, Taken Out of Context: American Teen Sociality in Networked Publics (2008) (unpublished Ph.D. dissertation, University of California--Berkeley), available at <http://www.danah.org/papers/TakenOutOfContext.pdf> (documenting anxieties about teens and technology).

Societal anxiety about youth online safety has historically focused on three core areas of concern: (1) sexual solicitation and sex crimes against minors; (2) bullying and harassment; and (3) access to illegal or problematic content.² More recently, the increased public discourse around user-generated content has introduced a new area of concern: *youth-generated problematic content*. This is not to say that teens were not contributing problematic content to the Internet throughout the 1990s and 2000s or that it was not of concern to adults, but rather that emergent genres of social media—blogs, social network sites, and media-sharing services—have cast new light onto the contributory practices of teens and, especially, the problematic content that they produce. Youth-generated problematic content varies widely, from the illegal production and dissemination of photographic images of minors, known as “sexting,”³ to the video documentation of gang fights, to the communities that promote eating disorders or self-injury.

As youth-generated problematic content gains visibility online and in news media debates, many members of the public agitate for ways to stop it. Often forgotten in the obsession with the problematic content are the underlying practices that drive its production. For example, when youth produce and share fight videos in a culture of honor, we should be more concerned about the underlying values and dynamics of youth violence depicted than the videos themselves. Yet, when it comes to policy discussions, attention focuses on trying to regulate the content or the services that host the content. Not only are such approaches often legally and technically untenable, but they also naïvely presume that eliminating problematic content will reduce the underlying practices. More likely, efforts to curb the content without addressing the underlying issues will simply push the practices further underground or onto other websites. More importantly, in trying to ban content that results from increased visibility, advocates fail to embrace the potential of visibility for helping at-risk youth, and they

² THE BERKMAN CTR. FOR INTERNET & SOC'Y AT HARVARD UNIV., ENHANCING CHILD SAFETY & ONLINE TECHNOLOGIES: FINAL REPORT OF THE INTERNET SAFETY TECHNICAL TASK FORCE TO THE MULTI-STATE WORKING GROUP ON SOCIAL NETWORKING OF STATE ATTORNEYS GENERAL OF THE UNITED STATES, 4–5 (2008), *available at* <http://cyber.law.harvard.edu/pubrelease/isttf/>.

³ For a full review of the sociological and legal issues involved with sexting, see Dena T. Sacco, James Maguire & Kelly Tallon, *Sexting: Youth Practices and Legal Implications*, THE BERKMAN CTR. FOR INTERNET & SOC'Y AT HARVARD UNIV., June 22, 2010, http://cyber.law.harvard.edu/sites/cyber.law.harvard.edu/files/Sacco_Argudin_Maguire_Tallon_Sexting_Jun2010.pdf.

assume the effect of the sites is the same as the ostensible goal of the sites.⁴

In order to more directly discuss the difficulties in addressing youth-generated problematic content, this paper focuses on the challenges presented by one type of content: that which is produced by those engaged in pro-self-harm communities. This includes those that promote “cutting” or self-injury and disordered eating patterns, such as anorexia and bulimia. Problematic self-harm content includes videos of self-harm techniques, triggering images meant to encourage viewers to engage in self-harm, websites dedicated to promoting self-harm lifestyles, and chatrooms where people share self-harm techniques, encourage each other to self-harm, and validate ongoing participation. This content is *not* illegal, but it is deeply upsetting to many. Although research is inconclusive, some studies have shown content that promotes self-harm may encourage people to engage in self-harm practices.⁵

Although people participated in self-harm behaviors before the Internet, the Internet has made it easier for those engaged in self-harm to document and share self-harm techniques, build communities around self-harm practices, and promote self-harm lifestyles. Of course, those who practice deliberate self-harm techniques also use the Internet as a crucial tool for getting help. While some sites are solely dedicated to the promotion or eradication of self-harm, content that promotes self-harm is often intertwined with content that enables support and recovery. Furthermore, what might be triggering content to one person—such as a personal account of self-injury—may encourage another person to seek help. This makes it difficult to categorize what constitutes problematic self-harm content.

Addressing problematic self-harm content is challenging because there is no easy legal, technical, or social solution. Proposals to outlaw problematic self-harm content or the hosting of it violate the First Amendment. Efforts to algorithmically identify and block self-harm content encourage advocates to encode their messages or seek refuge

⁴ Pro-ana researchers have found this to be true of advocates working to end eating disorders. See NATALIE BOERO & C.J. PASCOE, ANAS MIAS AND WANNAS: IDENTITY AND COMMUNITY IN A PRO-ANA SUBCULTURE (forthcoming).

⁵ Scarlett Jett, David J. Laporte & Jill Wanchisn, *Impact of Exposure to Pro-Eating Disorder Websites on Eating Behaviour in College Women*, 18 EUR. EAT. DISORDERS REV. 410, 411 (2010); Karen Rodham, Jeff Gavin & Meriel Miles, *I Hear, I Listen and I Care: A Qualitative Investigation into the Function of a Self-Harm Message Board*, 37 SUICIDE & LIFE-THREATENING BEHAV. 422, 422 (2007).

on other sites. And while self-harm is socially abhorrent to many, pro-self-harm advocates are actively defending their practices in the face of social ostracization. Thus, social pressure does little to curb content advocating self-harm.

While there is no easy solution for addressing problematic self-harm content, its presence does provide new opportunities for mental health practitioners and educators to learn about the cultural logic underlying self-harm practices. Furthermore, the Internet provides a new potential site for intervention. Clinics have struggled to develop effective treatments and interventions for addressing self-harm practices. While the Internet does not provide a magic bullet, it does introduce new possibilities for leveraging visibility to learn from and reach out to those engaged in self-harm.

In mapping out the challenges in addressing problematic self-harm content, this Article seeks to highlight the limitations of legal and technical interventions while showcasing a variety of perspectives regarding online self-harm practices. The goal of this Article is to provide an alternative framework for thinking about youth-generated problematic content. We begin by reviewing what is known about the underlying phenomena, highlighting research that sheds light on the motivations of those engaged in self-harm and the correlations between self-harm and other risky behaviors. We then turn to review what is known about the role of the Internet in reconfiguring self-harm, focusing on communities that have emerged to support self-harm lifestyles. Such background information about the underlying practices is essential for developing appropriate interventions.

While examining the different legal and technical approaches to combating problematic self-harm content, we highlight the weaknesses of a content-centric approach, for even if a legal or technical intervention could curb problematic self-harm content, it would not address the underlying issues. Finally, we examine the costs and benefits of the visibility of self-harm content, highlighting opportunities for mental health practitioners, educators, and technology companies. Building on this foundation, we discuss the role that these different actors should play in contending with problematic self-harm content.

The discussion presented in this Article is intentionally U.S.-centric, although we do discuss European research and international laws. Likewise, although we discuss problematic self-harm content in light of youth-generated problematic content, we are cognizant that not all self-harm content is produced by youth. Thus, it is important to acknowledge the slippage between all who are engaged in self-harm and youth engaged in self-harm. At the same time, examinations of pro-self-harm communities seem to suggest that they are dominated

by youth.⁶ Furthermore, it appears that youth are more likely to engage in self-harm practices.⁷

In documenting the issues presented by pro-self-harm content, we hope to encourage others to consider the difficulties in addressing youth-generated problematic content and the role that visibility plays in offering new opportunities for understanding and intervention.

II. BACKGROUND ON DELIBERATE SELF-HARM

The term “self-harm” is a contested one with no universally agreed upon definition.⁸ Some use self-harm explicitly to refer to the specific act of inflicting physical harm on flesh (e.g., “cutting”) while others use it to refer to a category of practices that cause the body harm regardless of intention (e.g., “cutting,” eating disorders, and suicidal behavior).⁹ We use self-harm in the latter sense. That said, we do recognize that there is a fine line between what is considered to be problematic self-harm and socially-sanctioned forms of self-mutilation, such as tattooing or body piercing, or generally accepted forms of dieting or intense exercise. In addressing this topic, we recognize the blurriness here and acknowledge that determining what is problematic self-harm and what is not is both difficult and fraught.

⁶ Craig D. Murray & Jez Fox, *Do Internet Self-Harm Discussion Groups Alleviate or Exacerbate Self-Harming Behaviour?*, 5 AUSTRALIAN E-J. FOR ADVANCEMENT MENTAL HEALTH 225 (2006); Janis L. Whitlock, Jane L. Powers & John Eckenrode, *The Virtual Cutting Edge: The Internet and Adolescent Self-Injury*, 42 DEVELOPMENTAL PSYCHOL. 407, 411 (2006).

⁷ Keith Hawton, Karen Rodham & Emma Evans, *By Their Own Young Hand: Deliberate Self-Harm and Suicidal Ideas in Adolescents 11–14* (2006); E. David Klonsky & Jennifer J. Muehlenkamp, *Self-Injury: A Research Review for the Practitioner*, 63 J. Clinical Psychol. 1045, 1046 (2007); Hans Wijbrand Hoek, *Incidence, Prevalence and Mortality of Anorexia Nervosa and Other Eating Disorders*, 19 Current Opinion Psychiatry 389, 390 (2006).

⁸ Jacqueline Mangnall & Eleanor Yurkovich, *A Literature Review of Deliberate Self-Harm*, 44 PERSP. PSYCHIATRIC CARE 175, 176 (2008).

⁹ See *id.*; Nat'l Inst. for Clinical Excellence, *Self-Harm: The Short-Term Physical and Psychological Management and Secondary Prevention of Self-Harm in Primary and Secondary Care*, 16 (2004), available at <http://www.nice.org.uk/guidance/index.jsp?action=byID&tr=true&o=10946>; Kimberly J. Mitchell & Michele L. Ybarra, *Online Behavior of Youth Who Engage in Self-Harm Provides Clues for Preventive Intervention*, 45 Preventative Med. 392, 392 (2007).

While numerous studies have examined self-harm in clinical settings,¹⁰ few large-scale empirical studies have been conducted on self-harm in the general population.¹¹ A notable exception to this is the Child and Adolescent Self-Harm in Europe (CASE) survey, a school-based survey of deliberate self-harm practices completed by youth (primarily fifteen to sixteen years old) in seven countries. Of the 30,477 responses, 13.5% of females and 4.3% of males reported at least one episode of deliberate self-harm in their lifetimes.¹² In a recent American telephone survey of 1,500 youth between the ages of ten and seventeen, 3% reported a recent deliberate self-harm episode.¹³ The Eating Disorders Coalition reports that approximately eleven million Americans suffer from eating disorders, which often go undiagnosed and untreated.¹⁴ Participation in self-injury practices often begins during adolescence, and youth are often more likely to engage in self-injury practices than adults.¹⁵ Researchers estimate that between 1–4% of adults engage in non-suicidal self-injury while the rate among young adolescents ranges between 8.8–16.6%,¹⁶ with

¹⁰ See generally Paul Boxer, *Variations in Risk and Treatment Factors Among Adolescents Engaging in Different Types of Deliberate Self-Harm in an Inpatient Sample*, 39 J. CLINICAL CHILD ADOLESCENT PSYCHOL. 470 (2010); Camilla Haw & Keith Hawton, *Life Problems and Deliberate Self-Harm: Associations With Gender, Age, Suicidal Intent and Psychiatric and Personality Disorder*, 109 J. AFFECTIVE DISORDERS 139 (2008); Caron Zlotnick et al., *The Relationship Between Dissociative Symptoms, Alexithymia, Impulsivity, Sexual Abuse, and Self-Mutilation*, 37 COMPREHENSIVE PSYCHIATRY 12 (1996); Keith Hawton & Louise Harriss, *Deliberate Self-Harm By Under-15-Year-Olds: Characteristics, Trends and Outcome*, 49 J. CHILD PSYCHOL. & PSYCHIATRY 441 (2008).

¹¹ See, e.g., Karen Rodham, Keith Hawton & Emma Evans, *Reasons for Deliberate Self-Harm: Comparison of Self-Poisoners and Self-Cutters in a Community Sample of Adolescents*, 43 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 80 (2004).

¹² Nicola Madge et al., *Deliberate Self-Harm Within an International Community Sample of Young People: Comparative Findings From the Child & Adolescent Self-Harm in Europe (CASE) Study*, 49 J. CHILD PSYCHOL. & PSYCHIATRY 667, 670 (2008).

¹³ Mitchell & Ybarra, *supra* note 9, at 394.

¹⁴ *Facts About Eating Disorders: What the Research Shows*, EATING DISORDERS COAL. FOR RES. POL'Y & ACTION, <http://www.eatingdisorderscoalition.org/documents/TalkingpointsEatingDisordersFactSheetUpdated5-20-09.pdf> (last visited Jan. 30, 2011).

¹⁵ HAWTON, RODHAM & EVANS, *supra* note 7, at 11–14; Klonsky & Muehlenkamp, *supra* note 7, at 1046; Hoek, *supra* note 7, at 390.

studies examining the lifetime prevalence of self-injury among adolescents showing ranges from 13–23.2%.¹⁷ Drawing from national databases of hospital records between 2001 and 2003, an American study found that an average of 17,718 children aged ten to fourteen were treated for nonfatal self-harm injuries annually.¹⁸

Although self-harm refers to a category of distinct practices, there appears to be a correlation between the different practices discussed as self-harm.¹⁹ The motivations for engaging in self-harm vary and differ across different practices. Both external and self-criticism are strongly correlated with deliberate self-harm, including self-injury,²⁰ eating disorders,²¹ and suicidal behavior.²²

Those who self-injure habitually are motivated by a variety of factors—including a desire for self-punishment, difficulties in communicating pain, and/or a wish to find relief from one's current mental state.²³ They typically experience relief from anxiety and pain

¹⁶ Lori M. Hilt et al., *Longitudinal Study of Nonsuicidal Self-Injury Among Young Adolescents: Rates, Correlates, and Preliminary Test of an Interpersonal Model*, 28 J. EARLY ADOLESCENCE 455, 456 (2008).

¹⁷ Colleen M. Jacobson & Madelyn Gould, *The Epidemiology and Phenomenology of Non-Suicidal Self-Injurious Behavior Among Adolescents: A Critical Review of the Literature*, 11 ARCHIVES OF SUICIDE RES. 129, 129 (2007).

¹⁸ Madhavi Vajani et al., *Nonfatal and Fatal Self-Harm Injuries Among Children Aged 10–14 Years—United States and Oregon, 2001–2003*, 37 SUICIDE & LIFE-THREATENING BEHAV. 493, 496–97 (2007).

¹⁹ Randy A. Sansone, John L. Levitt & Lori A. Sansone, *Eating Disorders and Self-Harm: A Chaotic Intersection*, 14 EATING DISORDERS REV. 1, 1 (2003); Elena Svirko & Keith Hawton, *Self-Injurious Behavior and Eating Disorders: The Extent and Nature of the Association*, 37 SUICIDE & LIFE-THREATENING BEHAV. 409, 409 (2007).

²⁰ Lisa H. Glassman et al., *Child Maltreatment, Non-Suicidal Self-Injury, and the Mediating Role of Self-Criticism*, 45 BEHAV. RES. & THERAPY 2483, 2487 (2007).

²¹ David M. Dunkley & Carlos M. Grilo, *Self-Criticism, Low Self-Esteem, Depressive Symptoms, and Over-Evaluation of Shape and Weight in Binge Eating Disorder Patients*, 45 BEHAV. RES. & THERAPY 139, 140 (2007).

²² Carlos M. Grilo et al., *Correlates of Suicide Risk in Adolescent Inpatients Who Report a History of Childhood Abuse*, 40 COMPREHENSIVE PSYCHIATRY 422, 422 (1999).

²³ Madge et al., *supra* note 12, at 672–73; Matthew K. Nock & Mitchell J. Prinstein, *A Functional Approach to the Assessment of Self-Mutilative Behavior*, 72 J. CONSULTING & CLINICAL PSYCHOL. 885, 889 (2004); Joanna Adams, Karen Rodham & Jeff Gavin, *Investigating the “Self” in Deliberate Self-Harm*, 15 QUALITATIVE HEALTH RES. 1293, 1307 (2005); Elizabeth E. Lloyd-Richardson et al., *Characteristics and Functions of Non-*

immediately following the act.²⁴ Self-harm is at once a way of punishing oneself as well as an act of self-preservation, a paradox that undergirds the complexity of this phenomenon.

Contrary to popular beliefs that eating disorders are simply linked to media-driven notions of beauty, self-control is the most salient motivation underlying disordered eating patterns.²⁵ Perfectionism,²⁶ anxiety,²⁷ and depression²⁸ are commonly associated with the development of disordered eating habits, and recent studies suggest that self-criticism plays a particularly strong mediating role between the three.²⁹ This is not to say that the beauty ideals of a contemporary society fueled by TV shows like “The Swan” and “Nip/Tuck”³⁰ and a billion dollar diet industry combined with a war on obesity do not play a role. Rather, as one recovering anorectic explained, it is of little wonder that many see themselves as failing to measure up when “we turn skeletons into goddesses and look to them as if they might teach us how to not-need.”³¹ The gendered dynamic of eating disorders is

Suicidal Self-Injury in a Community Sample of Adolescents, 37 *PSYCHOL. MED.* 1183, 1183 (2007).

²⁴ Mangnall & Yurkovich, *supra* note 8, at 181.

²⁵ Christopher G. Fairburn, Roz Shafran & Zafra Cooper, *A Cognitive Behavioural Theory of Anorexia Nervosa*, 37 *BEHAV. RES. & THERAPY* 1, 4 (1998).

²⁶ A.M. Bardone-Cone et al., *Predicting Bulimic Symptoms: An Interactive Model of Self-Efficacy, Perfectionism, and Perceived Weight Status*, 44 *BEHAV. RES. & THERAPY* 27, 28 (2006); Anna Steele, Nadia Corsini & Tracey D. Wade, *The Interaction of Perfectionism, Perceived Weight Status, and Self-Esteem to Predict Bulimic Symptoms: The Role of “Benign” Perfectionism*, 45 *BEHAV. RES. & THERAPY* 1647, 1648 (2007).

²⁷ Walter H. Kaye et al., *Comorbidity of Anxiety Disorders with Anorexia and Bulimia Nervosa*, 161 *AM. J. PSYCHIATRY* 2215, 2215 (2004).

²⁸ Maurice Corcos et al., *Alexithymia and Depression in Eating Disorders*, 93 *PSYCHIATRY RES.* 263, 264 (2000).

²⁹ Silvana Fennig et al., *Self-Criticism is a Key Predictor of Eating Disorder Dimensions Among Inpatient Adolescent Females*, 41 *INT’L J. EATING DISORDERS* 762, 762 (2008).

³⁰ Many reality TV shows highlight plastic surgery as a tool for beautification. See Alice Marwick, *There’s a Beautiful Girl Under All of This: Performing Hegemonic Femininity in Reality Television*, 27 *CRITICAL STUD. MEDIA COMM.* 251, 252 (2010).

³¹ MARYA HORNbacher, *WASTED: A MEMOIR OF ANOREXIA AND BULIMIA* 119 (999).

also quite salient, as young women face more pressure to be thin than young men.³²

Self-injury and disordered eating patterns are often coping strategies or mechanisms of control for individuals who are dealing with other situational and psychosocial issues. Research has shown a strong correlation between self-harm and other mental health and behavioral factors. Deliberate self-harm appears to be highly correlated with family troubles and both physical and sexual abuse.³³ Although not all those engaged in deliberate self-harm have psychiatric disorders or mental illnesses, those with psychiatric disorders and mental illnesses often engage in deliberate self-harm.³⁴ Those youth who engage in deliberate self-harm are also often involved in other risky behaviors, such as smoking, using hard drugs, using substances while engaging in intercourse,³⁵ or using the Internet for sexual encounters.³⁶ While self-harm is in and of itself a concern, it is often an indicator of other major issues.

Research provides a critical lens for understanding self-harm practices, but more work is still needed. Strategies that address self-harm should be driven by research findings. Design interventions should account for both the visible practices of self-harm and the underlying behavioral and social issues that often drive self-harm practices. Furthermore, all interventions should be evaluated through the lens of research to prevent unintended consequences. Because self-harm is often a coping strategy, efforts to curtail self-harm may result in worse outcomes. For example, self-injury is often one of the strongest predictors of suicide, but interventions that help minimize self-injury may increase the likelihood of suicide.³⁷ Research provides

³² See generally JOAN JACOBS BRUMBERG, *FASTING GIRLS: THE HISTORY OF ANOREXIA NERVOSA* (2000); WALTER VANDEREYCKEN & RON VAN DETH, *FROM FASTING SAINTS TO ANOREXIC GIRLS: THE HISTORY OF SELF-STARVATION* (1990).

³³ Craig David Murray, Sophie Macdonald & Jezz Fox, *Body Satisfaction, Eating Disorders and Suicide Ideation in an Internet Sample of Self-Harmers Reporting and Not Reporting Childhood Sexual Abuse*, 13 *PSYCHOL. HEALTH & MED.* 29, 29 (2008).

³⁴ Haw & Hawton, *supra* note 10, at 145; Zlotnick et al., *supra* note 10, at 16; Matthew K. Nock et al., *Non-Suicidal Self-Injury Among Adolescents: Diagnostic Correlates and Relation to Suicide Attempts*, 144 *PSYCHIATRY RES.* 65, 69 (2006).

³⁵ Hilt et al., *supra* note 16, at 462.

³⁶ Mitchell & Ybarra, *supra* note 9, at 394.

³⁷ Tobit Emmens & Andy Phippens, *Evaluating Online Safety Programs*, *THE BERKMAN CTR. FOR INTERNET & SOC'Y AT HARVARD UNIV.*, 2 (2010),

a crucial backdrop for understanding the underlying dynamics behind self-harm practices.

III. PROBLEMATIC SELF-HARM CONTENT AND THE INTERNET

The Internet is both a source of information and a space for conversation; in the arena of deliberate self-harm, it plays both roles. Online content concerning self-harm can be categorized into three types: (1) sites that provide information and factual content, including medical literature and references; (2) supportive self-help sites or communities, often containing first-person narratives from sufferers and advocating interpersonal connection, help-seeking, and recovery; and (3) pro-self-harm sites or communities that contain triggering content and advocate or encourage self-harm as a lifestyle.³⁸ While some sites focus only on one type of content, many sites have a mix of both constructive and destructive content.

Although we will primarily focus on the problematic aspects of self-harm online, we must also highlight the positive role that the Internet can and does play. The content contained in the first two categories of sites tends to be quite beneficial for those struggling to address self-harm issues. Studies of distressed individuals participating in online support groups have demonstrated that they typically provide a valuable source of social support, particularly among those who are already severely isolated.³⁹ Online self-harm communities can offer social support to those engaged in self-harm practices and who are often isolated and secretive.⁴⁰ The opportunity to receive advice from those who have gone through similar experiences is often critical to recovery and the Internet allows those

http://cyber.law.harvard.edu/sites/cyber.law.harvard.edu/files/Emmens_Phippen_Evaluating-Online-Safety-Programs_2010.pdf.

³⁸ Michael Moyer, Shane Haberstroh & Christina Marbach, *Self-Injurious Behaviors on the Net: A Survey of Resources for School Counselors*, PROF. SCH. COUNSELING (2008), available at <http://www.thefreelibrary.com/Self-injurious%20behaviors%20on%20the%20net:%20a%20survey%20of%20resources%20for%20school%20-a0180860876>.

³⁹ Thomas K. Houston, Lisa A. Cooper & Daniel E. Ford, *Internet Support Groups for Depression: A 1-Year Prospective Cohort Study*, 159 AM. J. PSYCHIATRY 2062, 2062 (2002).

⁴⁰ Jeff Gavin, Karen Rodham & Helen Poyer, *The Presentation of "Pro-Anorexia" in Online Group Interactions*, 18 QUALITATIVE HEALTH RES. 325, 329 (2008).

in recovery to do so in their own homes without facing the social stigma typically associated with self-harm.⁴¹

While most scholars and practitioners recognize the value of the first two categories of content related to self-harm, the third category—which advocates self-harm as a lifestyle—raises serious concerns. Pro-self-harm sites are organized around messages that encourage self-harm, photographic depictions of self-harm, techniques for engaging in self-harm, and discussions meant to validate self-harm practices. In essence, they frame self-harm as an identity or a lifestyle and participants are encouraged to share their own stories as part of participation.⁴² While pro-self-harm content is most visible on sites dedicated to self-harm, it is increasingly found on sites where youth gather that permit user-generated content, most notably social networking sites like Facebook,⁴³ journaling communities like LiveJournal,⁴⁴ video-sharing sites like YouTube,⁴⁵ micro-blogging services like Twitter,⁴⁶ and media-sharing sites like DeviantART.⁴⁷

⁴¹ Mary K. Walstrom, "You Know, Who's the Thinnest?": Combating Surveillance and Creating Safety in Coping with Eating Disorders Online, 3 *CYBERPSYCHOLOGY & BEHAV.* 761, 762 (2000).

⁴² Patricia A. Adler & Peter Adler, *The Cyber Worlds of Self-Injurers: Deviant Communities, Relationships, and Selves*, 31 *SYMBOLIC INTERACTION* 33, 41 (2008); Janis Whitlock, Wendy Lader & Karen Conterio, *The Internet and Self-Injury: What Psychotherapists Should Know*, 63 *J. CLINICAL PSYCHOL.* 1135, 1136–37 (2007); Rodham, Gavin & Miles, *supra* note 5, at 429.

⁴³ Andy Miah & Emma Rich, *Pro-Ana on Facebook*, *THE MEDICALIZATION OF CYBERSPACE* (Feb. 26, 2008), <http://medicalizationofcyberspace.wordpress.com/2008/02/26/pro-ana-on-facebook>.

⁴⁴ Thomas Catán, *Online Anorexia Sites Shut Down Amid Claims They Glorify Starvation*, *TIMES* (London), Nov. 22, 2007, available at http://www.timesonline.co.uk/tol/life_and_style/health/article2916356.ece.

⁴⁵ Whitlock, Lader & Conterio, *supra* note 42, at 1135; Helen Nugent, *Social Network Sites Are Urged to Ban "Hardcore" Anorexia Videos*, *TIMES* (London), Aug. 10, 2007, available at http://technology.timesonline.co.uk/tol/news/tech_and_web/the_web/article2231398.ece.

⁴⁶ TWITTER, http://twitter.com/pro_ana (last visited Oct. 22, 2010).

⁴⁷ PRO-ANA-ICONS ON DEVIANTART, <http://pro-ana-icons.deviantart.com> (last visited Jan. 30, 2011).

Those who advocate self-harm argue that self-harm is a long-term coping mechanism. Pro-self-harmers attempt to de-stigmatize self-harm practices by highlighting that self-harmers are only hurting themselves and not others. Those who participate in pro-self-harm sites generally see them as functioning in three principle ways: (1) as sources of empathy and understanding that generally cannot be found offline; (2) as important communities of belonging; and (3) as avenues for coping with distressing emotions and issues.⁴⁸ Examining over 400 message boards dedicated to self-injury, scholars found both positive and negative outcomes for those who engaged in these sites. In sharing their stories, exchanging opinions and ideas, giving and obtaining support, and finding community when isolated, some participants in self-harm communities were able to regain control of their lives. However, these communities may also normalize and encourage dangerous behaviors through concealment and by sharing techniques. The addictive and epidemic-like qualities of self-injury may impinge upon adolescents finding strategies for coping that move beyond self-destructive behaviors.⁴⁹ Furthermore, many youth are ambivalent about both the disorder and recovery.⁵⁰

While little is understood about who participates in self-harm communities, studies on visitors to self-harm discussion boards have found that teenagers constitute the majority, which tends to be female.⁵¹ This mirrors what is understood about self-harm in the population at large.

As communities of those engaged in self-harm have evolved, subcultures have formed. The most visible pro-self-harm subcultures are those colloquially referred to as “pro-ana” (pro-anorexia) and “pro-mia” (pro-bulimia). Pro-ana and pro-mia communities have formed on websites, discussion forums, and groups. Collectively, they promote eating disorders and provide support for those who wish to continue their quest towards thinness. The cultural values of pro-ana and pro-mia are “experiential and aspirational, and contributes to a

⁴⁸ Darren Baker & Sarah Fortune, *Understanding Self-Harm and Suicide Websites: A Qualitative Interview Study of Young Adult Website Users*, 29 CRISIS 118, 118 (2008).

⁴⁹ Whitlock, Powers & Eckenrode, *supra* note 6, at 412.

⁵⁰ BOERO & PASCOE, *supra* note 4.

⁵¹ Whitlock, Powers & Eckenrode, *supra* note 6, at 407; Murray & Fox, *supra* note 6, at 227.

sense-of-self.”⁵² Pro-ana and pro-mia are often referred to as a “lifestyle.”⁵³ As a subculture, pro-ana and pro-mia are replete with common symbols, rituals, and rules for inclusion. In an ethnographic study of the subculture, Natalie Boero and C.J. Pascoe examined the role that each played in configuring participation.⁵⁴ Symbols include personifications of “Ana” and “Mia” as goddess and devil, colored bracelets, “thinspiration” pictures, poetry, and songs. Rituals such as posting photographs, weigh-ins, feedback requests, group fasts and food reports help to prove the authenticity of one’s pro-ana status as well as provide a sense of embodiment in disembodied space. Lack of such evidence might lead to being labeled “wannarexic,” and such a threat is often a source of fear and insecurity on the part of group members—while simultaneously a relational category that reinforces the anorectic identity.

Fox, Ward, and O’Rourke summarize the point of view of the “anti-recovery” discourse of the pro-ana movement as such: “Pro-anorexia is not a diet, nor is it a lifestyle choice. It is a way of coping and a damage limitation that rejects recovery as a simplistic solution to a symptom that leaves the underlying pain and hurt unresolved.”⁵⁵ In short, if anorexia is a coping mechanism, why “cure” it? The site members in their study seemed to embrace and co-create a support system that was “pro-anorectics, not pro-anorexia” in nature. Many wanted to find a way for participants to engage in anorexia “as healthy as possible.”⁵⁶ This model effectively challenges the dominant medical and social scientific discourses, revealing a conflict between normative cultural ideals of beauty, resistance to the label of “conformist,” and a desire to embody the qualities of autonomy and independence.⁵⁷

⁵² Nick Fox, Katie Ward & Alan O’Rourke, *Pro-Anorexia, Weight-Loss Drugs and the Internet: An “Anti-Recovery” Explanatory Model of Anorexia*, 27 SOC. HEALTH & ILLNESS 944, 954 (2005).

⁵³ Katie Day & Tammy Keys, *Starving in Cyberspace: A Discourse Analysis of Pro-Eating-Disorder Websites*, 17 J. GENDER STUD. 1, 5 (2008); Gavin, Rodham & Poyer, *supra* note 40, at 325; Elizabeth J. Lyons, Matthias R. Mehl & James W. Pennebaker, *Pro-Anorexics and Recovering Anorexics Differ in Their Linguistic Internet Self-Presentation*, 60 J. PSYCHOSOMATIC RES. 253, 253 (2006).

⁵⁴ NATALIE BOERO & C.J. PASCOE, *ANAS, MIAS AND WANNAS: AUTHENTICITY AND EMBODIMENT IN PRO-ANOREXIA DISCUSSION GROUPS* (2009).

⁵⁵ Fox, Ward & O’Rourke, *supra* note 52, at 967.

⁵⁶ *Id.* at 959.

⁵⁷ Day & Keys, *supra* note 53, at 10.

Sites and communities dedicated to self-harm are deeply upsetting to most people, but little is known about their psychological implications in configuring self-harm practices. One of the major concerns raised about pro-self-harm sites is that such communities may serve to normalize and thus perpetuate self-harm practices and identities, effectively substituting for the development of positive coping mechanisms.⁵⁸ Yet, it is unclear whether or not participation in self-harm sites does increase participation in self-harm. When surveyed, those who participate in sites dedicated to self-injury reported either a decrease or no change in their self-injury behavior as a result of membership in the group.⁵⁹ On the other hand, a study of college students with no history of eating disorders demonstrated an increase in eating disordered behaviors as well as caloric restriction following exposure to pro-eating disorder websites.⁶⁰

Given the secrecy and shame associated with some types of self-harm, some communities serve as “safe spaces” for these individuals to collectively cope, share, and support each other.⁶¹ This may help participants recover, but it may also serve to normalize and thus perpetuate self-harm practices.⁶² More research is needed to understand the experiences of those seeking support through this medium, whether other forms of support are utilized, and the offline consequences of offering online support.⁶³

Pro-self-harm communities raise serious questions that must still be addressed in research. Do more people engage in self-harm because of self-harm sites or do these sites simply attract those who were already engaged in self-harm? Do self-harm sites exacerbate or escalate self-harm practices or do they simply make visible what was previously inaccessible? If participation does escalate self-harm practices, does this mean that people get help earlier? And given that getting help earlier is often more effective, does this mean that those

⁵⁸ Whitlock, Lader & Conterio, *supra* note 42, at 1135.

⁵⁹ Murray & Fox, *supra* note 6.

⁶⁰ Jett, Laporte & Wanchisn, *supra* note 5, at 413.

⁶¹ Adler & Adler, *supra* note 42, at 33; Stephanie Tierney, The Dangers and Draw of Online Communication: Pro-Anorexia Websites and Their Implications for Users, Practitioners, and Researchers. 14 *EATING DISORDERS* 181, 183 (2006).

⁶² Whitlock, Lader & Conterio, *supra* note 42, at 1139.

⁶³ Rodham, Gavin & Miles, *supra* note 5, at 429.

who participate in these sites may make treatment more effective? There are too many uncertainties to know the costs and benefits of participating in these sites, but there is little doubt that more research is desperately needed.

IV. CURRENT POLICIES FOR ADDRESSING PROBLEMATIC SELF-HARM CONTENT

Upset by pro-self-harm communities, many have begun to demand that problematic self-harm content be regulated. The Academy for Eating Disorders released a report in 2006, calling upon Internet service providers (ISPs) and government officials to require warning screens for pro-ana websites, similar to warning labels on cigarette packages or those required for television and film.⁶⁴ The Royal College of Psychiatrists called for “urgent action to protect vulnerable young people from the harmful influence of pro-eating disorder websites” in response to the establishment of the U.K. Council for Child Internet Safety in September 2009.⁶⁵ In their statement, they asked that pro-eating disorder content be included in any definition of a harmful website and that moderation and e-safety education be extended to include these sites.⁶⁶

Although content related to self-injury and eating disorders—even the promotion of it—is not illegal in any country, France explored outlawing content that promoted eating disorders. In April 2008, the French government proposed a law that would make it illegal to “provoke a person to seek excessive weight loss by encouraging prolonged nutritional deprivation that would have the effect of exposing them to risk of death or endangering health.”⁶⁷ Critics argued

⁶⁴ Press Release, Academy for Eating Disorders, Academy Calls for Warning Labels on Pro-Anorexia Web Sites (Nov. 3, 2006), *available at* http://www.aedweb.org/AM/Template.cfm?Section=Resources_for_the_Press&Template=/CM/ContentDisplay.cfm&ContentID=1374.

⁶⁵ Press Release, The Royal College of Psychiatrists, Psychiatrists Urge Action to Tackle “Pro-Ana” Websites Danger (Sept. 18, 2009), *available at* <http://www.rcpsych.ac.uk/pressparliament/pressreleases2009/proanawebsites.aspx>.

⁶⁶ *Id.*

⁶⁷ Proposition De Loi Visant À Lutter Contre Les Incitations À La Recherche D’une Maigreur Extrême Ou À L’anorexie [Legislative Proposal to Fight Against Motivation to Seek Out Extreme Thinness or Anorexia], C. PÉN. §6 art. 223-14-1, 223-14-2 (Apr. 15, 2008) *available at* <http://www.assemblee-nationale.fr/13/ta/ta0132.asp> (Fr.).

that the law was “vaguely worded and rushed,”⁶⁸ making it unclear who would be held responsible.⁶⁹ Concerns were also raised as to the scope of the law because both Internet media and traditional media (e.g., magazines) would be included.⁷⁰ Even medical experts expressed doubt about “whether such a law would actually help victims or create even more demand for the sites by creating new publicity about their existence.”⁷¹ Eventually, on July 2, 2008, the Committee of Social Affairs rejected the bill, citing difficulty in establishing a line of causality, and instead suggested screening programs.⁷²

The U.K. Parliament also began discussing legislation against self-harm websites, but little support was received. On an e-government website, the U.K. House of Commons received inquiries from citizens concerned about content promoting eating disorders. On February 9, 2008, a government representative responded to these inquiries, shedding light on the reason behind why legislation did not proceed:

The Department is concerned about the risks posed by websites which encourage anorexia or bulimia, but cannot take any legal action against them. Such sites are not in themselves illegal and may also be hosted overseas. We continue to explore a variety of courses of action. For example, we have worked with a media agency which offered their expertise pro bono to run

⁶⁸ *Id.*

⁶⁹ Patricia Schillinger, *Rapport Fait Au Nom De La Commission Des Affaires Sociales (1) Sur La Proposition De Loi, Adoptée Par L'assemblée Nationale, Visant À Lutter Contre Les Incitations À La Recherche D'une Maigreur Extrême Ou À L'anorexie [Proceedings Made in the Name of the Commission of Social Affairs on the Legislative Proposal, Adopted by the National Assembly, to Fight Against Motivation to Seek Out Extreme Thinness or Anorexia]* (July 2, 2008) available at http://www.senat.fr/rap/107-439/107-439_mono.html (Fr.).

⁷⁰ Doreen Carvajal, *French Legislators Approve Law Against Web Sites Encouraging Anorexia and Bulimia*, N.Y. TIMES, Apr. 15, 2008, <http://www.nytimes.com/2008/04/15/world/europe/15iht-paris.4.12015888.html>.

⁷¹ *Id.*

⁷² Schillinger, *supra* note 69.

advertisements directing youngsters to more appropriate sites.⁷³

While self-harm content has outraged many in the United States, there have been no serious efforts to regulate this content or the services that host it. More importantly, such laws might not be constitutionally viable in the United States. An exploration of the potential legal liability of pro-eating disorder websites concluded that most claims will be limited because even problematic speech is protected under the First Amendment.⁷⁴ Of course, it may be viable to restrict minors from accessing self-harm content, but there is little consideration for youth-generated content, let alone a discussion of how youth could easily work around such limitations.⁷⁵ In short, while some legal interventions may be possible, they are unlikely to be practically tenable.

While no government has successfully outlawed online content that promotes eating disorders, laws have been enacted in Denmark,⁷⁶ Australia,⁷⁷ Turkey,⁷⁸ and South Korea⁷⁹ that prohibit sites that promote suicide or provide techniques for committing suicide. These

⁷³ U.K. House of Commons, *Written Answers for 09 Feb 2009*, http://www.publications.parliament.uk/cgi-bin/newhtml_hl?DB=semukparl&URL=/pa/cm200809/cmhansrd/cm090209/text/90209w0050.htm#90209w0050.htm_wqn4 (last visited Jan. 30, 2011).

⁷⁴ Annika K. Martin, "Stick a Toothbrush Down Your Throat:" *An Analysis of the Potential Liability of Pro-Eating Disorder Websites*, 14 TEX. J. WOMEN & L. 151, 177–78 (2005).

⁷⁵ *Id.* at 160.

⁷⁶ Brian L. Mishara & David N. Weisstub, *Ethical, Legal, and Practical Issues in the Control and Regulation of Suicide Promotion and Assistance Over the Internet*, 37 SUICIDE & LIFE-THREATENING BEHAV. 58, 58 (2007).

⁷⁷ *Criminal Code Amendment (Suicide Related Material Offences) Act 2005* (Cth) (Austl.), available at <http://www.comlaw.gov.au/ComLaw/Legislation/Act1.nsf/framelodgmentattachments/E73F3E4D3B48CoA1CA2570380018EF3B>.

⁷⁸ Allon Bar, *Turkey Explores the Internet, Along With Restrictions*, NEW MEDIA & DEV. COMM., <http://www.columbia.edu/itc/sipa/nelson/newmediadevo8/Freedom%20of%20the%20internet%20in%20Turkey.html> (last visited Jan. 30, 2011).

⁷⁹ *SKorea Unveils Steps to Stop Internet-Linked Suicides*, SYDNEY MORNING HERALD, May 21, 2009, <http://news.smh.com.au/breaking-news-technology/skorea-unveils-steps-to-stop-internetlinked-suicides-20090521-bfvn.html>.

laws are often referenced when legislation regulating self-harm content is proposed. Of course, bans on suicide content have not been without controversy. Danish scholars have highlighted that it is not known if suicide websites influence suicide rates.⁸⁰ The Turkish law against obscenities including “encouraging suicide” was rushed through and did not receive broad public support before or after its implementation, especially since it was used to block prominent sites like YouTube and Google.⁸¹ In Australia, a politician “articulated her objections to the law by openly flouting it. She detailed various methods of suicide in the state parliament, knowing that her comments would be published.”⁸² While efforts to limit pro-suicide content in the United States would run up against the First Amendment, legal scholars have argued that narrowly-tailored restrictions may be viable when technology facilitates the violation of other laws.⁸³

In the absence of governmental legislation, regulation of self-harm content has primarily been driven by the policies of technology companies. While these companies are not required by law to regulate self-harm content, issues raised by the media have brought attention to the fact that such content prevails on a diverse range of websites, prompting calls to action.

In 2001, pro-ana websites came under the scrutiny of American popular media, propelled in large part by an episode of the Oprah Winfrey Show entitled “Girls Afraid to Eat.” The show featured a guest appearance by Holly Hoff, director of the National Eating Disorders Association, who warned that these websites “are like placing a loaded

⁸⁰ Merete Nordentoft et al., *Restrictions in Means for Suicide: An Effective Tool in Preventing Suicide: The Danish Experience*, 37 SUICIDE & LIFE-THREATENING BEHAV. 688, 696 (2007).

⁸¹ Ayse Karabat Ankara, *Turkey Could Face Charges at European Court over Restrictions*, SUNDAY’S ZAMAN, Nov. 30, 2008, <http://www.sundayszaman.com/sunday/detaylar.do?load=detay&link=>

160202; ORG. FOR SEC. AND CO-OPERATION IN EUROPE: THE REPRESENTATIVE ON FREEDOM OF THE MEDIA, REPORT OF THE OSCE REPRESENTATIVE ON FREEDOM OF THE MEDIA ON TURKEY AND INTERNET CENSORSHIP (2010), available at http://www.osce.org/documents/rfm/2010/01/42294_en.pdf.

⁸² Jane Pirkis et al., *Legal Bans on Pro-Suicide Web Sites: An Early Retrospective from Australia*, 39 SUICIDE & LIFE-THREATENING BEHAV. 190, 192 (2009).

⁸³ Ellen Luu, *Web-Assisted Suicide and the First Amendment*, 36 HASTINGS CONST. L.Q. 307, 326–28 (2009).

gun in the hands of someone who is feeling suicidal.”⁸⁴ Shortly after the episode was broadcast, Yahoo! removed pro-eating disorder clubs⁸⁵ from its servers.⁸⁶ *The Globe* reports Hoff is pursuing the censorship of these online communities:

For the past six months, [Holly Hoff] said, her organization, along with other health care groups, sent letters to Yahoo and other hosts urging removal of the forums. Hoff said they often received the same response: “We’re not responsible for the content on our servers; it’s protected by freedom of speech.” But... Yahoo became [the] first to relent.⁸⁷

This move was met with widespread condemnation by pro-ana communities and free speech advocates alike, even prompting an online petition⁸⁸ suggesting an alternative solution:

We wish to be allowed to create sites with disclaimers that express why we, as a community, should be allowed to discuss and express our illness/lifestyle on the internet, as long as we provide links to recovery sites, without our sites being deleted without our permission or knowledge.⁸⁹

Technology companies typically restrict self-harm content because of how it affects their private interests, either in terms of public image or creating a hospitable site for broad usage. The policies written by

⁸⁴ *Websites that Encourage Anorexia & Other Eating Disorders for Girls Popular . . . And Controversial*, SIXWISE.COM (Aug. 3, 2005), <http://www.sixwise.com/newsletters/05/08/03/websites-that-encourage-anorexia--amp-other-eating-disorders-for-girls-popular--and-controversia.htm>.

⁸⁵ Currently called “Yahoo Groups.”

⁸⁶ Catherine Holahan, *Yahoo Removes Pro-Eating-Disorder Internet Sites*, BOSTON GLOBE, Aug. 4, 2001, <http://edresources.pbwiki.com/Pro-%20Articles#Yahooremovesproedsites8/4/01>.

⁸⁷ Id.

⁸⁸ The petition has acquired over 12,000 signatures since 2002.

⁸⁹ Broken Angel, *Allow Pro-Anorexia Pages!*, GOPETITION.COM (Mar. 13, 2002), <http://www.gopetition.com/petitions/allow-pro-anorexia-pages.html>.

content hosts, online communities, search engines, and ISPs vary widely, as does their enforcement. Around the globe, ISPs, portals, and website hosts have blocked, banned and deleted self-harm sites, usually by indicating that they are in violation of user policies.⁹⁰ Some technology companies' terms of service account for self-harm practices under generalized guidelines for uploading or participating in content related to or espousing self-harm behavior while others provide broad restrictions that allow them to use their own discretion. For example, Yahoo! Groups' current Terms of Service states:

1. You may not harass, abuse, threaten, or advocate violence against other members or individuals or groups.
2. You may not post content that is harmful to minors.
3. You may not post content that is obscene, otherwise objectionable, or in violation of federal or state law. . . .
9. Some content may be more appropriate in some contexts than others. Yahoo! reserves the right to remove content that it determines, in its sole discretion, to be inappropriate and in violation of our rules. For example, discussions or depictions of bestiality, incest, excretory acts, or child pornography may be inappropriate if placed in a sexual or otherwise exploitative context.⁹¹

Self-harm communities and discussions may be categorized under one of the four regulations above, for example: pro-suicide discussions under #1, minors participating in self-harm communities under #2, content in those communities being seen as "objectionable" under #3,

⁹⁰ Catán, *supra* note 44; Guillermo Abril, *Ana Y Mia, Princesas De Internet [Ana and Mia: Princesses of the Internet]*, ELPAIS.COM. (Apr. 4, 2009), http://www.elpais.com/articulo/sociedad/Ana/princesas/Internet/elpepusoc/20090404elpepusoc_1/Tes (Spain).

⁹¹ YAHOO! GROUPS GUIDELINES, <http://groups.yahoo.com/local/guidelines.html> (last visited Jan. 30, 2011).

or any content deemed “inappropriate” or otherwise “in violation” of the rules under #9. Similarly, Yahoo! Answers’ Community Guidelines tells users under a section entitled “Doing harm” to “[b]e responsible and don’t misrepresent yourself, claim false credentials or expertise or give advice in a way that might cause someone harm. Don’t incite or advocate violence or harmful practices.”⁹² Broad policies like those exemplified by Yahoo! give them the flexibility to remove any content that they deem problematic.

While most sites provide general policies that can be employed to restrict self-harm, Xanga explicitly addresses self-harm content in its policy: “[Y]ou may not use Xanga to: . . . upload, post, email or otherwise transmit any Content that encourages or promotes physical harm against any group or individual. This includes Content that encourages or promotes self-harm.”⁹³

Of course, just because a company has a policy that could be used to ban self-harm content does not mean that they actively enforce it or that self-harm content is not present. For example, pro-ana content exists on multiple Yahoo! Answers pages, notably where users ask for pro-ana support and references for websites. For example, user *AnaPaige* writes: “Pro Ana Buddy Please? :)? . . . I need help soo badly! I just can’t stay strong on my own. I ALWAYS overeat.”⁹⁴ Likewise, a number of pro-self-harm Xanga pages still exist.⁹⁵

Facebook has similarly come under pressure to regulate its content and communities. While the site does not specifically outlaw pro-ana communities, team members take efforts to remove the groups. “Facebook doesn’t track how often it deletes pro-ana pages, but the groups violate the site’s terms of use by promoting self-harm or harm to others.”⁹⁶ Facebook spokesman Barry Schnitt responded:

⁹² YAHOO! ANSWERS COMMUNITY GUIDELINES, http://answers.yahoo.com/info/community_guidelines (last visited Jan. 30, 2011).

⁹³ XANGA TERMS OF USE, <http://help.xanga.com/about/legal/terms-of-use> (last visited Jan. 30, 2011).

⁹⁴ *Pro Ana Buddy Please? :)?*, YAHOO! ANSWERS, <http://answers.yahoo.com/question/index?qid=20100604224841AAgJA3B> (last visited Jan. 30, 2011).

⁹⁵ Greg Mulhauser, *Pro Anorexia on Xanga and Across the Web*, COUNSELLING RESOURCE (Nov. 30, 2004), <http://counsellingresource.com/features/2004/11/30/pro-ana/>; *proana – Tags*, XANGA, <http://www.xanga.com/tags/proana> (last visited Jan. 30, 2011).

⁹⁶ Tina Peng, *Out of the Shadows*, NEWSWEEK, Nov. 23, 2008, <http://www.newsweek.com/2008/11/22/out-of-the-shadows.html>.

“A team of Facebook employees actively searches for and deletes pro-ana groups along with groups promoting everything from bigotry to self-mutilation.”⁹⁷ In response, community leaders have taken steps to avoid scrutiny: “[M]any pro-ana groups are now private and can’t be found in a search, and still others omit the term ‘pro-ana’ from their titles.”⁹⁸

The policies that technology companies use to address self-harm range widely and are enacted at all levels, from decisions by community moderators to censorship by ISPs. Some policies are written in response to pressure from organizations, while others take into account the personal opinions of the companies’ users. Of course, not all users share the same opinions about self-harm content.

When companies try to be flexible in their approach, they are often met with resistance. For example, a LiveJournal debacle around pro-ana communities was initiated in the comment thread of an official staff post by *theljstaff* entitled “Illegal and Harmful Content Policy Clarifications.”⁹⁹ In the first comment, *cofeechica* writes:

[W]e allow pro-anorexia communities to remain because they are, in most cases, serving as support groups for the members. Silencing them won’t make their problems go away; we’d rather allow them to heal together as a community. If specific communities are actually inciting people to harm themselves, giving specific instructions that we believe cross the line, then Abuse will take action.¹⁰⁰

The retaliation of users against this comment generated a total of 4,985 comments, most of which reacted against the idea of pro-ana communities as “support groups” or questioned why LiveJournal would protect these communities over others (such as those creating fan art). The strong reaction prompted the LiveJournal team to revise its Terms of Service to include a document entitled “Abuse Policies

⁹⁷ *Id.*

⁹⁸ *Id.*

⁹⁹ *lj_biz: Illegal and Harmful Content Policy Clarifications*, LIVEJOURNAL, http://community.livejournal.com/lj_biz/241884.html?thread=12454876 (last visited Jan. 30, 2011).

¹⁰⁰ *Id.*

and Procedures,” listing harms and the responses to be taken by the Abuse Team. One section entitled “Self Harm” covers topics from anorexia to suicide to drug abuse. The policy explains that LiveJournal does not condone harmful behavior or allow content that encourages it, though “users should be able to discuss and seek support for dealing with problems related to self-harm.”¹⁰¹ Still, LiveJournal does not police communities and relies on users to flag inappropriate content for review.

While most discussions have focused on banning pro-self-harm content, the virtues of leaving the content intact are often underappreciated. Deanne Jade, a principal of the National Centre for Eating Disorders, told a journalist that banning pro-ana content is counterproductive because it will “only pop up again in a different guise.”¹⁰² In fact, the status of “ana” as an icon emerged precisely because sites began banning content that referenced anorexia.¹⁰³ Efforts to erase pro-self-harm content often push it further underground. While limiting visibility may curtail certain types of harm, it reduces opportunities to help those in need.

In order to better help the people engaged in practices of self-harm, MySpace took a different approach. A representative said, “Rather than censor these groups, we are working to create partnerships with organizations that provide resources and advice to people suffering from such problems. We will target those groups with messages of support.”¹⁰⁴ By targeting individuals in lieu of content, MySpace’s approach to self-harm content departs radically from the industry norm.

V. CENSORING CONTENT VS. HELPING PEOPLE

Discussions about addressing online communities dedicated to self-harm tend to focus on content. Calls for regulation, though, emphasize holding websites accountable for hosting content while

¹⁰¹ *Abuse Policies and Procedures: Self-Harm*, LIVEJOURNAL, <http://www.livejournal.com/abuse/policy.bml#selfharm> (last visited Jan. 30, 2011).

¹⁰² Nugent, *supra* note 45.

¹⁰³ Maria Mastronardi, *Policing Dis-Order: Moral Panic and Pro-Ana Citizenship* (Sept. 7, 2003) (unpublished manuscript), available at http://www.allacademic.com/meta/p_mla_apa_research_citation/1/1/1/4/6/p111468_index.html.

¹⁰⁴ Nugent, *supra* note 45.

corporate policies emphasize censoring it. Such approaches presume that accessibility of pro-self-harm content increases self-harm practices and that reducing pro-self-harm content will reduce self-harm. Although these are reasonable assumptions, such correlations are untested.

Self-harm pre-dates the Internet, and while it may have increased the availability and visibility of content related to self-harm, it did not create self-harm practices. The Internet will not eradicate self-harm practices nor will censoring content on the Internet serve this purpose. Problematic self-harm content is produced by people engaged in self-harm practices. The content itself is only a visible manifestation of the practice. Even if all problematic self-harm content could be obliterated, there will still be people engaged in self-harm practices. Many of these individuals are at-risk and face other serious issues in their lives. Censoring the content that they produce is not a form of treatment. It does not help individuals who are in need of treatment. Furthermore, censorship fails to account for the difficulties in categorizing problematic self-harm content, why people produce problematic self-harm content, or how they will react when they are censored.

Although scholars have attempted to distinguish problematic self-harm content from productive self-harm content for research purposes, such efforts have significant limitations.¹⁰⁵ Personal accounts of self-injury or disordered eating patterns are frequently shared in self-help communities as a crucial step for recovery, but the same stories are also leveraged in pro-self-harm communities as narratives for encouragement. Photographic depictions of self-harm are used as reminders of unhealthy behavior but they are also used as triggers for those who are going deeper. Classifying what is problematic self-harm content depends heavily on the context in which it is interpreted.

Technology companies that proactively try to limit self-harm content tend to rely on two techniques for finding or classifying problematic content: reporting and algorithms. While people can and do report problematic content, they often report any and all content related to self-harm, regardless of who it may help or harm. Algorithmic approaches are no better. Simply scanning for terms like “anorexia” or “cutting” reveals both helpful and harmful content. More problematically, those who are promoting self-harm lifestyles tend to avoid terms that might result in censorship. For example, it is

¹⁰⁵ Moyer, Haberstroh & Marbach, *supra* note 38.

common for pro-anorectics to write obfuscated blog posts about their relationship with “Ana” without ever indicating that “Ana” refers to anorexia. Those engaged in producing pro-self-harm content know that outsiders view their practices as unhealthy and so they encode content in ways that make it visible to members of the subculture while appearing innocuous to outsiders and algorithms.

Corporate policies and regulatory efforts to eliminate pro-self-harm content do not make the content disappear. Participants may hide it in plain sight or the content may be pushed further underground and made more invisible. Censorship efforts in other areas of problematic content reveal the complications that occur. Once banned, illegal or problematic content is often circulated through what is referred to as the “darknet,” a distribution network of individuals intentionally seeking to remain invisible.¹⁰⁶ Censorship efforts frame the people engaged in the production and dissemination of problematic content as outlaws and encourage them to act this way. This approach is reasonable for certain types of content, such as child pornography, where reducing visibility and demonizing participants are central goals.

Some argue that reducing the visibility of self-harm content is of utmost importance, out of a reasonable but empirically-contested concern that problematic self-harm content might encourage new people to engage in self-harm. This stems from what is known as the “Werther Effect,” a term coined by David Phillips that refers to imitation suicides such as those that occurred following the publication of Goethe’s first novel, *The Sorrows of Young Werther*.¹⁰⁷ Copycat suicides are often inspired by the media, which has often been accused of sensationalizing and romanticizing the act of suicide.¹⁰⁸ While little is known about whether or not the media

¹⁰⁶ The “darknet” is typically discussed in relationship to the distribution of copyrighted content. See Peter Biddle et al., *The Darknet and the Future of Content Distribution* 1 (Nov. 18, 2002) (unpublished manuscript), available at <http://crypto.stanford.edu/DRM2002/darknet5.doc>. See also Fred von Lohmann, *Measuring the Digital Millennium Copyright Act Against the Darknet: Implications for the Regulation of Technological Protection Measures*, 24 *LOY L.A. ENT. L. REV.* 635, 640–41 (2004).

¹⁰⁷ David P. Phillips, *The Influence of Suggestion on Suicide: Substantive and Theoretical Implications of the Werther Effect*, 39 *AM. SOC. REV.* 340, 340 (1974).

¹⁰⁸ KEITH HAWTON & KATHRYN WILLIAMS, *MEDIA INFLUENCES ON SUICIDAL BEHAVIOUR: EVIDENCE AND PREVENTION*, *PREVENTION AND TREATMENT OF SUICIDAL BEHAVIOUR*, 293–306 (2005); Daniel Louis Zahl & Keith Hawton, *Media Influences on Suicidal Behaviour: An Interview Study of Young People*, 32 *BEHAV. & COGNITIVE PSYCHOTHERAPY* 189, 189

heightens self-injury or disordered eating practices, concern about the potential effects of this content persists. Drawing a parallel between media sensationalism and pro-self-harm communities obscures the incentives behind the production of the narrative. While news stories are produced by media organizations seeking to sell their product by capitalizing on fear and public interest, problematic self-harm content is produced by individuals who are suffering because of self-harm. Whenever people engaged in self-harm gather, they share information that can both help and harm each other. For example, data shows that clinics that treat self-harm patients are also sources for others to learn new techniques or deepen their self-harm practices. This is not used to demonize clinics or the self-harm patients who share what they know. Likewise, just because someone engaged in self-harm shares their practices with others does not mean that they themselves are not struggling. In approaching problematic self-harm content, it is important to keep in mind that those who are discussing self-harm practices are not villains, but rather, victims.

Even those who promote self-harm lifestyles recognize it as a coping strategy.¹⁰⁹ The key to addressing self-harm is not to address the coping strategy, but to address the underlying issues that require coping. Efforts to take away the coping strategy or to curtail those who are coping from trying to validate others who are looking for coping mechanisms further alienates and isolates those who are already alienated and isolated. In short, censorship efforts can actually strengthen pro-self-harm communities and counter efforts to provide effective treatment.

Treating self-harm is not simple. Although clinical treatment is often recommended for addressing self-injury and eating disorders, it is often ineffective, especially when those who are receiving treatment do not want to be treated. While clinical interventions may be an effective treatment for some of those seeking help, not all who engage in self-harm practices seek help or are forced into receiving help. The majority of self-harm episodes do not receive medical attention (due to the often secretive nature of the act), and those who do receive medical help generally differ in demographic and psychosocial profile from those who do not.¹¹⁰ Because most research on self-harm has

(2004); Keith Hawton & Kathryn Williams, Influences of the Media on Suicide, 325 *BMJ* 1374, 1374 (2002).

¹⁰⁹ Fox, Ward & O'Rourke, *supra* note 52, at 967.

¹¹⁰ HAWTON, RODHAM & EVANS, *supra* note 7, at 132–59; Rodham, Hawton & Evans, *supra* note 11, at 81.

taken place in clinical settings, scholars know little about the practices and attitudes of those who do not seek medical help.¹¹¹ Eating disorders are among the most difficult to treat of all mental illnesses, for one in the grips of anorexia or bulimia seldom wishes to seek help and recover, and only a small minority ever receive professional care.¹¹² Relapse is common, with longitudinal follow-up studies yielding dismal outcomes and high mortality rates among patients with anorexia (which, at around 6-10%, is the highest of any mental disorder).¹¹³ Likewise, only an estimated 3–15% of those who self-injure ever seek medical help, and of those who do, many continue to have repeat episodes.¹¹⁴

Our current clinical approach to treating self-harm is not enough. Too little is understood about the attitudes, practices, and daily lives of those engaged in self-harm and a clinic-centric approach to intervention fails to help those who are unwilling to seek help. In order to develop alternative approaches, it is imperative to understand what is happening outside of the clinic, especially with individuals who are resistant to treatment. One of the unintended advantages of online self-harm communities is that they reveal the lives of those who are not seeking help, making visible the cultural logic of those who are resistant to treatment and providing broader context about the lives of those engaged in self-harm than a clinician can reasonably obtain during treatment. As others have noted, the visibility of online communities dedicated to self-harm can help mental health

¹¹¹ See generally Nock & Prinstein, *supra* note 23; Glenn N. Saxe, Neharika Chawla & Bessel Van der Kolk, *Self-Destructive Behavior in Patients With Dissociative Disorders*, 32 *SUICIDE & LIFE-THREATENING BEHAV.* 313 (2002); Deborah S. Lipschitz et al., *Perceived Abuse and Neglect as Risk Factors for Suicidal Behavior in Adolescent Inpatients*, 187 *J. NERVOUS & MENTAL DISEASE* 32 (1999); Zlotnick et al., *supra* note 10.

¹¹² Hoek, *supra* note 7.

¹¹³ Evelyn Attia, *Anorexia Nervosa: Current Status and Future Directions*, 61 *ANN. REV. MED.* 425, 426 (2010); Fotios C. Papadopoulos et al., *Excess Mortality, Causes of Death and Prognostic Factors in Anorexia Nervosa*, 194 *BRIT. J. PSYCHIATRY* 10, 11, 13 (2009); C. Laird Birmingham et al., *The Mortality Rate From Anorexia Nervosa*, 38 *INT'L J. EATING DISORDERS* 143, 143 (2005).

¹¹⁴ See Diego De Leo & Travis S. Heller, *Who are the Kids Who Self-Harm? An Australian Self-Report School Survey*, 181 *MED. J. AUSTRAL.* 140, 142 (2004); Rachael Lilley et al., *Hospital Care and Repetition Following Self-Harm: Multicentre Comparison of Self-Poisoning and Self-Injury*, 192 *BRIT. J. PSYCHIATRY* 440, 442 (2008); Madge et al., *supra* note 12, at 674.

professionals better understand the cultural and psychosocial issues at play.¹¹⁵

Pro-self-harm sites are also valuable in that they bring together many who are engaged in self-harm, creating a potential site for intervention. Given that self-harm practices have historically taken place in isolation, identifying and approaching individuals engaged in self-harm has always been challenging. Of course, just because they are visible online does not mean that they want to be approached by a mental health practitioner or social worker. Future work and innovation is needed to examine and evaluate different approaches for reaching out to at-risk populations online.

Lacking formalized efforts by mental health practitioners and social services, many concerned individuals—typically former self-harmers or family members of those who have struggled with self-injury or disordered eating patterns—have started individually and collectively tackling self-harm issues by maintaining websites to counter pro-self-harm or joining pro-self-harm communities to reach out to those who are willing to consider help. For example, MAMAVision¹¹⁶ is the personal blog of a thirty-nine-year-old ex-model-turned-mother who struggled with eating disorders for much of her adult life. Her posts and YouTube videos are critical, heartfelt, righteous, and at times incendiary, outraging “pro-ana” as often as they inspire those trapped in the throes of an eating disorder. While MamaV set up her own online space, other former self-harmers have begun directly engaging participants in pro-self-harm sites, offering them someone to talk with or inviting them to get help.

Resistance to pro-self-harm is taking place across the Internet by individuals and collectives. On Facebook, critics of pro-ana have started flooding pro-ana groups with messages about the problems with pro-ana. Others have set up “anti-pro-ana” groups like the 4,000-strong “stop pro-ana” to discuss tactics to curb pro-ana, such as calling on members to “report all pro-ana groups on Facebook!”¹¹⁷ Others encourage resistance to anorexia through collective, therapeutic support. For example, “Smash the Scale,” with 396 members, encourages outright revolt against “Ana” through the

¹¹⁵ Whitlock, Lader & Conterio, *supra* note 42, at 1139–40; Vaughn Bell, *Online Information, Extreme Communities and Internet Therapy: Is the Internet Good for Our Mental Health?*, 16 J. MENTAL HEALTH 445 (2007).

¹¹⁶ MAMAVISION, <http://mamavision.com> (last visited Oct. 22, 2010).

¹¹⁷ *Stop Pro Ana*, FACEBOOK, <http://www.facebook.com/group.php?gid=2220122603> (last visited Jan. 30, 2011).

creative destruction of that symbolic icon of eating disorders: the scale.¹¹⁸

The emergence of an “anti-pro-ana” movement is a phenomenal example of how grassroots groups have leveraged the Internet to counter pro-self-harm narratives on their own terms. Consider “We Bite Back,” a website that offers support to those “who found *support on pro-ana forums, communities and email lists* who **didn’t** want to *do the ana thing* anymore.”¹¹⁹ The site includes a supportive forum, an essays section, and recovery-oriented videos. In detailing the story behind the site, the administrator writes: “It was important that this community would be made to emulate the close, supportive ties found in pro-anorexic boards, but to remove all the permissive attitudes to self-harm and self-depreciating comments.”¹²⁰ The success of “We Bite Back” shows that it is possible to counter pro-self-harm by focusing on the needs of those who are engaging in destructive practices.

While varied grassroots approaches are emerging, it is not clear whether or not such efforts are effective. Still, the rise of self-harm content online has provided new incentives and infrastructures for people to start engaging in the issue. More is needed to understand the effectiveness of such endeavors, but it is imperative that educators and mental health workers learn from and build upon the work being done by these grassroots movements.

VI. DEVISING INTERVENTIONS THAT EMBRACE VISIBILITY

Through the availability of problematic self-harm content, the Internet has made shone self-harm practices visible in new ways. Heightened visibility of problematic practices tends to generate fear, and people tend to respond to fear by blaming the agent of change. In this case, people blame the Internet for making problematic self-harm content visible. Responding naturally to the rise in visibility, many have cried for regulation. Yet, legal regulation is not the solution. Not only are legal interventions most likely to be constitutionally

¹¹⁸ *Smash the Scale*, FACEBOOK, <http://www.facebook.com/group.php?gid=5812788819&v=info> (last visited Oct. 22, 2010).

¹¹⁹ WE BITE BACK, <http://www.webiteback.com> (last visited Oct. 22, 2010).

¹²⁰ *About We Bite Back*, WE BITE BACK, <http://www.webiteback.com/about.html> (last visited Oct. 22, 2010).

untenable,¹²¹ they are unlikely to address the core problems presented by the visibility of self-harm content.

While visibility of problematic content is a common source of concern, it also opens up new opportunities. Researchers, mental health practitioners, educators, parents and concerned citizens have a unique opportunity to glimpse into the complex lives and attitudes of those struggling with self-harm. As a channel for communication, the Internet also provides an unprecedented opportunity for enabling interactions between those in the throes of self-harm and those who are concerned about them. Although there are not yet best practices for reaching out to at-risk populations, there is tremendous opportunity for innovation.

In moving forward to address problematic self-harm content—and youth-generated problematic content more generally—we must begin embracing visibility, both as a source of information from which we can learn and as a potential channel through which we can engage. While there may be good reasons to minimize the availability of youth-generated problematic content, we should not push it so far underground that we are no longer able to reach out to and help the at-risk youth who are producing it.

Although legal interventions are futile, policies that help provide infrastructure for addressing these issues are not. It is important that public health professionals—including researchers, mental health practitioners, and pediatricians—begin learning from what is made visible online and develop evidence-based programs that leverage the availability of both content and communities of people engaged in self-harm. In short, rather than waiting until people seek help, the Internet introduces a new opportunity for proactive interventions. As such, we need infrastructure that supports and encourages proactive interventions and empowers experts working in this area to develop such protocols. This means funding for public health research, implementation, and evaluation as well as social services programs. Programs to address self-harm should be developed, implemented, and evaluated. In order for this to work, ISPs and online content hosts must work with people in the social services just as they work with law enforcement. Technology companies must work with educators and mental health practitioners, making data available as appropriate. Mental health workers and educators must work with those engaged in digital grassroots endeavors to build off of what they have learned.

¹²¹ Martin, *supra* note 74, at 177.

Successful interventions will be necessarily holistic, focused more on the underlying issues that drive self-harm than on the practice itself.

In developing strategies for combating youth-generated problematic content, we must move beyond our issues with the content itself in order to focus on the underlying issues that drive the production, dissemination, and consumption of that content. The Internet has made it easier to find and share problematic content, but it has also made it easier to find at-risk youth and share healthy messages. Developing new strategies that leverage the opportunities afforded by the Internet are going to be more effective than any form of legal regulation.