Working With “Cyber” and “In the Flesh” Friends in Psychotherapy with College-Aged Adolescents with Eating Disorders

By F. Diane Barth, LCSW

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Abstract

It is well established that friends are an important part of child and adolescent emotional and psychological development (Sullivan, 1953; Erikson, 1959: Kohut, 1971;

Sroufe, Carlson, Levy, & Egeland,1999; Rubin, Dwyer, Booth-LaForce…Rose-

Krasnor, 2004). Friendships among 21st century children and adolescents develop not only in person but also through social media. Some of these friends are never seen “in the flesh,” yet there is no question that they have an impact on the psyches of the youngsters involved. When it comes to eating disorders, both peer pressure and social focus on weight and size have long been recognized as having an impact on the development of eating disorders in children and adolescents. Adolescents susceptible to developing eating disorders often have a particular vulnerability to peer pressure and the demands of friends (Bunnell, 2016; Petrucelli, 2016; Zerbe, 2008, 2016). Friendships conducted through social media and electronic tools can have a significant affect not only on how these young people feel about their bodies, their selves, and their general sense of the world in which they live, but also on their specific eating behaviors. (Bunnell, 2016; Defeciani, 2016; Lanzieri and Hildebrandt, 2016; Sales, 2016)

In this article we will consider the relationship between social media, friendship and the development of eating disorders in adolescents. We will look at the idea that social media has both potential risks and benefits in terms of helping adolescents establish friendships and to navigate the attachment-individuation phase of development. We will further consider how these issues can be brought into clinical work and what clinicians can do to counteract the negative and reinforce the positive aspects of these influences.

Clinical material from therapy with two college students with eating disorders will illustrate the discussion. Questions about the role and use of social media in therapy will also be addressed.

“*The word 'friend' has become so utterly void of meaning in a world governed by social media. How can anyone truly claim to have eleven hundred friends? In my book that would involve making time to meet at least three of them every day of the year*.” (Morritt, 2014)

Nineteen-year-old Kate started talking as she walked through my office door. “I hate my body,” she said. “Hate it, hate it, hate it.” She sat down and added, “And don’t try to tell me that I look fine. That’s what my mother does. I hate that too. I don’t look fine.”

Although Kate looked more than fine – she was a petite young woman with huge brown eyes and thick, straight dark hair, a terrific figure, and glowing skin – I knew better than to offer reassurance, which would do nothing to soothe her and would, at least on the surface, simply reinforce her belief that no one, not even her therapist, could understand her. On the other hand, I also knew that she would experience a non-response as my silent agreement with whatever criticism she was currently directing towards her physical appearance. There had been some evidence that she had occasionally, albeit silently, accepted some of the statements I had made contradicting her self-criticalness, as long as the comments were both genuine on my part and also took into account her negative feelings in some way. Like most nineteen year olds I have worked with, she was not interested in or comfortable exploring any aspect of the transference. However, I had found some ways to verbalize, often as lightly as possible, some of what I understood about her conflicts and concerns within the context of our relationship, which she sometimes seemed to find helpful.

I said, “I know that you are feeling angry at yourself, and I’m not trying to take that away. But I think it’s important for you to at least know that from the outside, I can’t see any reason at all for you to hate your body the way you do.” She nodded. “But why don’t you tell me what you are so unhappy about. What has this body of yours done to you to deserve all of this fury?”

“Ugh,” she said. “I just got a Snapchat with me and some of my friends. I am sooo short. And my nose is so fat. And my hair looked awful.” She hesitated, and then she added, “And I hate how my arms look. I knew it was a mistake to wear that tank top.”

This explained the long-sleeved sweater Kate was wearing despite the warmth of the day. She was, as she often did, hiding her arms, which she viewed as “fat and floppy.” Kate had struggled with an eating disorder since her freshman year of high school, when she had gone on such a rigid diet and lost so much weight that she had to be hospitalized. Within a short time she had begun eating again and had maintained a healthy weight from then on. But in her senior year she developed bulimia, binging and forcing herself to throw up daily. Her freshman year of college had been so difficult that her binging and purging had increased dramatically. In my experience, this is not unusual. With the mixture of separation from family, academic pressure and complex social relations that is relatively common during this transitional phase of adolescent life, the transition to college often fosters eating disorders in freshman and sophomore students (Barth, 2015; Defeciani, 2016; Petrucelli, 2016; Zerbe, 2008, 2016). Kate came to see me for help not only with the eating symptoms, but also with the depression and anxiety that had invaded her life.

In our early sessions I learned that Kate had many friends who she “saw” both in person and on social media. Her relationships with these friends were important but not always either positive or supportive. Despite the pain of comparing herself to her peers, Kate spent hours a day looking at images of her friends engaged in a variety of activities both with and without her, an activity that stirred up a variety of complicated emotions. Girls she knew either in person or in cyber space shared information about boyfriends, girlfriends, social activities, and school. They also discussed their weight, need to diet, successful exercise regimens, and weight loss. Images of lost or gained weight, fat thighs, skinny arms, flat bellies and flabby upper backs were part of her daily electronic diet. As she read texts and looked at their pictures, Kate felt envious, anxious, competitive, and inadequate all at the same time, although often she could not sort out the different emotions. I suspected that she coped with these feelings by binging and purging, but when I suggested this idea to Kate, she said, “Maybe. But that doesn’t help me stop.”

I agreed. Numerous authors have discussed the importance of integrating psychodynamic understanding with behavioral techniques when working with clients with eating disorders (e.g. Barth, 2014; Connors, 2006; Schutz & Paxton, 2007; Wachtel, 1999; Zerbe, 2008). I explained to Kate that understanding this function of her eating symptoms would not make them go away, but could give us an opportunity to think about other tools for self-soothing. When I asked her to tell me some of the ways she made herself feel better, she had no idea at first and then said, “Drinking. Shopping. Talking and texting with my friends.” I said that we would try to find some other techniques that she could add to her toolbox, so that she had more alternatives available when she did feel the need to soothe herself. She asked what kinds of techniques. I said that for some people, warm showers, bubble baths, using good smelling body lotion, listening to music, watching dumb television shows, and giving themselves manicures and pedicures helped. Puzzles, dumb books, knitting and doing artwork were other techniques that I told her sometimes helped. She liked some of these ideas and we agreed that she would focus on one or two to use the next time she felt like binging.

I told her that these techniques would not always work as a perfect substitute, and that one of our jobs would be to talk about what did and did not work for her, and how she could make them more useful. I encouraged her to try not to beat herself up when she was not successful at avoiding a binge. I explained that both time and more talking in therapy would help her get better at some of the alternative techniques. Then I said that for many people, talking to friends could be soothing; but I said that sometimes friends could actually make things a little worse. She nodded vigorously. I asked if we could talk about how this worked for her. She said she did not know. I said maybe we could start by trying to get a sense of how talking and texting with her friends soothed her.

“I don’t know. It’s just what I do. If I’m feeling bad, I like to see what they’re doing, or…I don’t know, just talk with them.” Although my initial instinct was to suggest that Kate substitute some of the activities we had just discussed for this behavior as well, it was important for me to recognize that despite the often-negative impact that these interactions had on Katie, and the ways that they frequently led to binge/purge behavior, there was also some positive value to these “friend” contacts. For instance, they were an intricate part of her relational world and part of the developmental process of becoming individuated while also beginning to find ways to develop adult forms of attachment (see Lyons Ruth (1991) for a discussion of “attachment-individuation” as a developmental model). I reminded myself that the fact that social media and related “friendships” were woven into her life did not mean that she was “addicted” to them. These connections are part of contemporary adolescent culture (see Mishna et. al. 2012). Research shows that 45% of American teens use social media[[1]](#footnote-1) every day, and that some are on entertainment media up to 9 hours a day (Rideout, 2015). Fortunately, Kate did not fit into this latter category. But could I, a member of an older generation not steeped in her culture, ever fully understand not only the meaning of social media in her life, but also the positive influences that it had on her? Could I help her begin to explore possible links between her eating disorder, her unhappiness, and her cyber-social life? And were there ways that I could help her engage differently with friends in both the electronic and “in the flesh” worlds?

In this article we will consider the relationship between social media, friendship and the development of eating disorders in adolescents. We will look at the idea that social media has both potential risks and benefits in terms of helping adolescents establish friendships and to navigate the attachment-individuation phase of development. We will further consider how these issues can be brought into clinical work and what clinicians can do to counteract the negative and reinforce the positive aspects of these influences.

Vulnerability to the influence of friends has long been recognized as having an impact on these disorders. (Bunnell, 2016; Petrucelli, 2016; Sands, 1991; Zerbe, 2008, 2016). The impact of “friendfluence” can be magnified by social media and the cyber world (Sales, 2016; Wooldridge, 2014). One area in which social media has both potential risks and benefits is that of establishing friendships and navigating the attachment-individuation phase of development. For adolescents who are vulnerable to developing eating disorders, these factors can impact, both negatively and positively, some of the significant factors (Bunnell, 2016; Lanzieri & Hildebrandt, 2016; NPR, 2016; Sales, 2016). Friendships conducted through social media and electronic tools can have a significant affect not only on how these young people feel about their bodies, their selves, and their general sense of the world in which they live, but also on their specific eating behaviors. (Bunnell, 2016; Defeciani, 2016; Lanzieri and Hildebrandt, 2016; Sales, 2016)

When working with young college students with eating disorders, it is important not only to understand and counteract the negative, but also to reinforce the positive aspects of the influence of friends, both in the cyber world and the “real” world. Adolescents often casually but regularly mention friends in the course of a session. Following Sullivan (1953), I encourage therapists to listen carefully to even the most insignificant details of these comments and to gently probe for more information. How do these friendships impact a client’s life? What do they do together?

Kate, for example, spent hours of every one of her days with her friends. They ate together, did homework together, and even slept in one another’s dormitory rooms. This kind of easy camaraderie is often so much a part of the college experience that it is taken for granted by clients and never even brought into therapy as a topic. Other college students may spend surprising amounts of time with groups of sorority sisters or fraternity brothers, teammates in college athletics, or peers in special interest groups, such as occur in the theater, environmental science, or language departments of many colleges and universities. Interestingly, once a client begins to bring the small details of these friendships into therapy, evidence begins to emerge that there is overlap between in-person and cyber-connections. *Keep Me Posted,* a web series from writer-producer Hillary Berkowitz Nussbaum, takes a tongue in cheek approach to contemporary women’s friendships as three women, two of whom are roommates, communicate almost exclusively through texts, social media and other electronic forms of communication.

How and when a clinician brings the cyber world into therapy will depend on many factors, including his or her own comfort with this world and each client’s specific needs and dynamics. An integrative approach is a useful tool in this process, helping a clinician both understand these dynamics and respond directly to some of the needs for support and affirmation that are filled by technologically based and “in the flesh” friendships. In this article we will not be able to address all of the different ways in which this can be done. Instead, we will take a look at some sample clinical interactions that may be enhanced by taking into account the influence of social media platforms on a client’s internal and relational dynamics. Hopefully the applicability of this small sampling to a broader range of situations will be fairly obvious.

The world of cyber technology poses particular problems for adolescents with eating disorders Significant data shows that eating disorders commonly develop in adolescence, who may be especially susceptible to the impact of messages conveyed by social media (Defeciani, 2016; Lanzieri & Hildebrandt, 2016: Sales, 2016). No longer limited to a small segment of the population, these behaviors now occur in a wide range of ethnic and socio-economic groups. They also are appearing in increasing numbers of adolescent males (Bunnell, 2016; Defeciani, 2016; Lanzieri & Hildebrandt, 2016; Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011). Contemporary theorists differ on the impact of technology on these symptoms, as conflicting data reports harmful, helpful or simply neutral impact on both contemporary adolescent development and the development of eating-related symptomatology (e.g. boyd (*sic.*) 2014; Hicks, 2010; Koutamanis et al. 2013; Kross et al. 2013; Sales, 2016). What *is* clear is that no matter what one thinks about these new forms of communication, they are here to stay. What is also therefore clear is that contemporary therapists need to take these factors into account when working with this population, since many of the developmental dynamics and conflicts that can lead to eating disorders in adolescents are often played out through social media platforms. Yet even while clinicians, parents and educators recognize (and often complain) about the important, almost critical role that these platforms play in the lives of contemporary young people, we all too frequently neglect them as either a topic for exploration or a tool within a therapeutic setting.

**Convergence of Factors in Adolescent Development: Separation, Attachment, Identity Formation, Friends, Social Media and Eating Disorders**

It is well established that friends are an important part of child and adolescent emotional and psychological development. From Sullivan’s (1953) recognition of the significance of same sex friends, or “chums” and Erikson’s (1959) discussion of friendships and identity to Kohut’s (1971) thinking about twinship and contemporary discussions of attachment, theorists and clinicians have continued to find evidence that peer relationships contribute to a sense of identity separate from family, a capacity for both intimacy and empathy, an ability to manage conflict, and a sense of belonging

(Sroufe, Carlson, Levy, & Egeland,1999; Rubin, Dwyer, Booth-LaForce…Rose-

Krasnor, 2004).

For Kate, as for many teens and adolescents, socializing was both important and filled with conflict. A good student, she was far more emotionally focused on friends than on schoolwork. The binge eating and drinking was a way of managing many feelings, including her social anxiety, need for social approval, and severely critical self-image, often projected outward onto peers, who she imagined were as unforgiving of her as she was of herself. Interpreting these as triggers of her problematic behaviors is only part of the work, as most young people, like Kate, have difficult translating cognitive knowledge into behavioral change. Offering behavioral substitutes such as those I suggested to Kate, or those described by Albers (2009, 2015) can be extremely helpful, especially when integrated with understanding about why such behaviors are so difficult to change.

It is also helpful to recognize that conflicts and anxieties about friends are common and age appropriate for adolescents. Yet adolescents today struggle with a kind of peer pressure that has been magnified by both traditional and social media. Friendships among 21st century children and adolescents are perhaps more complex and complicated than at any time in recent memory. Not only do books, movies and television offer wildly divergent images of teens in the world, but because real relationships between adolescents today develop not only in person but also through social media, impressionable youngsters are subject to wildly unrealistic and often unmanageable demands from people they may not know at all. When it comes to eating disorders, both peer pressure and social focus on weight and size have long been recognized as having an impact on the development of eating disorders in children and adolescents.

Friends affect not only how these young people feel about their bodies, their selves, and their general sense of the world in which they live, but also their specific eating behaviors. A number of authors (e.g. boyd, 2014; Ornstein, 2016; Sales, 2016) detail some of the ways that young women use social media to measure self-worth and regulate self-esteem. Much of this activity goes on outside the purview of adults, the dynamics often played out on websites and apps unknown to parents and teachers. In fact, almost as soon as adults discover the programs popular with teens, another comes along that is even better hidden from the sight of adult overview. From the moment of my writing this article to the time that the special issue is published, for example, new and old programs like Snapchat, Instagram, Twitter, Tumblr, Reddit, Pinterest, Vine, Kik, Pheed, Wanelo, 4Chan, Ask.fm, Whatsapp, GroupMe, iMessage, Periscope, Tinder, and Yik Yak sites will be long gone, traded in for new formats that are, whenever possible, unknown to adults.

There is a point to this hidden life of adolescents. It is part of the developmental progression of separation from parents and using peers to help discover one’s individual identity. Yet there are, of course, hidden dangers in the unsupervised and unstructured exploration of this aspect of self. One of the crucial questions for clinicians, educators and parents today is how to help young men and women navigate the critical developmental issue of separation and individuation (or, using the phrase suggested by Lyons-Ruth (1991), which I believe more aptly captures the dynamics of this developmental process, “attachment and individuation”) so that they can be healthy, both physically and psychologically, have a good body image and sense of self, and a healthy capacity to connect to others. A tall order at any time, but perhaps particularly difficult in today’s world, where, according to some research, the amount of time a girl spends on Facebook, “where contributing factors such as the influence of media and pressure from peers are merged,” might be linked to her risk of developing an eating disorder (Sales, 2016, p.91). Borzekowski et.al. (2010) suggest that social media may have more of an impact on body image than traditional media because the messages and images may be more specifically targeted (see also Lanzieri & Hildebrandt, 2016). Messages that are believed to come from “friends,” for instance, are perceived as particularly meaningful. Thus the world of social media and cyber friends and the developmental issues that contribute to eating disorders come together to make the world of contemporary adolescents fertile ground for the development of eating symptoms.

Not surprisingly, Borzekowsk et. al. (2010) found that those with less exposure to rational, clear messages from supportive adults are more at risk. This is an important point for clinicians to keep in mind. Where parents’ voices may not be experienced as either rational or supportive, a therapist’s voice might be. But in order to provide support, many clinicians must overcome their negative transference to social media. In order to address this issue, let us look a little more closely at some of the factors that may link both social media and friendships with eating disorders.

**Social Media, Eating Disorders and Friendship**

When it comes to eating disorders, both peer pressure and social focus on weight and size have long been recognized as having an impact on the development of eating disorders in children and adolescents (Sales, 2016; Stice, 2016). Friends affect not only how these young people feel about their bodies, their selves, and their general sense of the world in which they live, but also their specific eating behaviors (Jacobi & Fittig, 2010; Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004). For many adults, this dependence on others for self-esteem appears to be an emotional failure. Blaming social media for the difficulty can interfere with a clinician’s ability to empathize with a client’s struggles and to recognize some of his strengths within this context. Adolescents who struggle with eating and related disorders have traditionally used eating behaviors both to manage and to avoid conflict-laden social situations. Many, like Kate, restrict food intake before a party in order to feel good about their bodies, but then end up binging at the party as alcohol removes inhibitions and makes them less able to control their food intake. Others binge and then feel too uncomfortable and/or too fat or ugly to go to the activity. Today, however, avoiding an activity does not necessarily protect an adolescent from painful feelings about themselves, since pictures of friends and acquaintances having what looks like a wonderful time are instantly broadcast on their smartphones, tablets, watches and computers, stimulating FOMO, or a fear of missing out. Thus painful, confused and distressing feelings in relation to peers are stimulated all the time, not only in person but also through social media.

Further complicating the picture is the fact that some “friends” are never met in person or seen “in the flesh,” yet there is no question that they have an impact on the psyches and the developmental progress of these youngsters. Cyber “friends” reinforce cultural demands to conform to particular body images and dress codes. “Squadgoals” (the expectation of working toward goals, such as weight loss and fitness, in tandem with friends) and “twinning” (the demand to be like a particular leader or friend) demand conformity to one style, often chosen by a specific leader. Hicks (2010) lays the blame for increased childhood obesity on the long hours that many adolescents spend sitting at computers instead of getting physical exercise. Problems of cyber bullying and Internet overuse and addiction are serious, and the risks of making mistakes online are real. Some authors have suggested that the media is having a specific impact on how adolescents manage the developmental struggles that have traditionally led to eating disorders (e.g. Borzekowski, Schenk, Wilson, & Peebles, 2010; Sales, 2016). Ranging from collegecandy.com, which discusses everything from star gossip to “butt contouring” to dating, clothing and dieting tips and the pro-;ANA and pro-MIA sites which provide support and guidance about how to maintain, respectively, symptoms of anorexia and bulimia, these platforms offer a sense of community and connection which can unfortunately reinforce problematic symptoms and psychological difficulties (Jett, LaPorte, & Wanchisn, 2010; Wooldridge, 2014).

 In order to intervene effectively, a clinician needs to walk a fine line between reality-testing some of the problems caused by cyber technology while avoiding criticizing the platforms through which these young people are developing. Therapists can get help finding a working balance from the evidence that the impact of social media is not all negative. Some authors (e.g. boyd (sic.) 2014; Steinberg, 2013) suggest that social media is simply the environment in which adolescents are working through age-appropriate developmental tasks of identity development, individuation and peer relationships. Others have found that there is a significant degree of healthy and developmentally progressive interaction to be derived from electronic communication (Lenhart, 2015; Jett, LaPorte, & Wanchisn, 2010). The Pew Research Center (Lenhart, 2015), for instance, suggests that a majority of teens feel more connected not only to friends, but also to their friends *feelings* through social media. According to this research, 68% of teen social media users report having received support during “tough or challenging times” through social media platforms (Lenhart, 2015). Adolescent boys, a growing part of the eating disorder population (Bunnell, 2016; Defeciani, 2016; Lanzieri & Hildebrandt, 2016) report finding greater support and connectedness to friends through social media, perhaps because of the sense of joint activity, and perhaps because boys are more comfortable sharing feelings online than in person (Lenhart, 2015). A recent program on National Public Radio (2016) reports,

Increasingly, there are challenges [on social media platforms] designed to spread self-esteem, kind of like a modern-day chain letter.

On Facebook, for example, users are called on to post three confident selfies and to tag 10 people you feel should share their beauty with the world. "And then, there will be like 10 people [commenting] 'Awww, oh my God, you're so beautiful,' " says 18-year-old Billy Cruz, Caitlyn's [one of the show’s teen reporters’] boyfriend. "It's really cool, because it's like, here, I'm being confident, and then you guys all be confident now. And they're like, 'OK, we're all confident now, let's pass it on to other people!' " (material in brackets added. NPR March 2016)

Thus not only is there evidence of positive uses of social media, but it seems more accurate to suggest that these platforms, while having an impact on eating disorders, do not create them. Yet Kate is not, in my experience, unusual. Even college students, who we think might have developed some important skills for living with and managing cyber relationships, are vulnerable to many of the issues that she brought into her therapy. I have found, however, that social media can become both an important factor and a teaching tool in therapy with this population. In particular, it can be extremely useful for focusing on, exploring and even altering the significant vagaries of friendships both in the flesh and in cyberspace, and the impact of these connections on eating behaviors.

**Clinical Approach to Social Media**

Adolescence is famously a time of identity confusion. Intimate peer relationships are supposed to aid in the developmental processes of separation and building self-esteem. But while some college students develop a group of friends who provide support and camaraderie during this stage of life, an internal, often hidden sense of incompetence and fraudulence can make it difficult for others to build meaningful bonds with peers. Even when they appear to be highly social, closer examination shows that many of their connections are somewhat superficial. Because they keep aspects of themselves out of these interpersonal interactions, friendships in the “real” world can feel ingenuine or incomplete. Social media can make these adolescents feel less alone, in that they offer an opportunity to engage with part-objects who affirm the parts of self that have been split off or kept out of “in person” friendships. Yet these part-object connections can simultaneously contribute to anxieties and self-doubts by leaving other aspects of the self out of the connection. Adolescents often do not believe that their peers struggle with the painful worries that they struggle with (May, 2000; Qualter, Quinton, Wagner, & Brown, 2009), and nothing a clinician says will convince them otherwise. Yet this is one of the places where a therapist can use social media to clinical advantage. It is first important to establish a climate in which we have made it clear that we both use and appreciate the value of the cyber world. This can be done in many different ways, but most easily through a willingness to communicate with clients in their own chosen medium, at least to some extent. A discussion about the privacy issues involved in different communications can be highly profitable, as when a therapist shares that she will text or use WhatsApp with a client, but that she will not use Snapchat or Instagram (or other rapidly appearing and disappearing platforms that have more than one recipient at a time), because they are visible to others, and she wishes to protect her client by keeping communication between them as private as possible. If a clinician truly believes that the only really safe form of communication is by phone, then she will need to clarify with an adolescent that this is not a criticism of the client, who may be much more comfortable with non-voice contact.

Once a clinician has established that he is not criticizing everything about social media, he can do some reality testing with young clients. For instance, as May (2000) points out, adolescents tend to believe the public persona put out by their friends. They generally do not recognize underlying conflicts or contradictions and therefore assume that no one else feels as conflicted, confused, unattractive, socially inadequate or lonely as they do. Feelings of self-doubt and isolation are often magnified by posts on social media that show friends and acquaintances having fun, looking good, and appearing special. I encourage clients to question these images, both by asking what they put up, and by sharing things like the quote from Morritt at the beginning of this paper, which is usually good for both a laugh and as a reminder that social media friendships are not always “real.”

Adolescents often tend to believe that social media provides far more privacy than it does. Their tendency to share information about themselves with social media “friends” often seems like an anomaly to adults (except for those who are equally unboundaried in their electronic communications). As one New York Times writer puts it, “The urge to share a private moment with potentially millions of strangers is now endemic to being a teenager” (Hess, 2016). Opening up our concerns about these boundaries in therapy with college students can irritate them and make us feel inadequate, fussy and old. It can remind them and us that we do not always speak the same language (Lepisto, 2011); but it can also initiate useful discussions not only of the topics I mention above, but also of the very essence of friendship as well. The cyber world, which is part of out clients’ lives, impacts them in a wide variety of both positive and negative ways. The question is not whether or not to address these issues in therapy, but when and how to do so. For instance, do we accept young clients’ requests (or expectation) that we communicate with them by texting? Do we “friend” them on Instagram or Facebook?

I have informally surveyed colleagues on this question for years. My information is totally non-scientific, but what I have gathered from conversations with a wide range of professionals is a general ambivalence about the world of technology. Protecting our own boundaries as well as those of our clients would appear to dictate that we not engage in such communication, but how much of that need is countertransferential anxiety? We wonder how they would they feel if they knew we were “following” them on Facebook or Instagram, but we also worry about their seeing aspects of our private lives posted in the cyber world. What *is* out there about our private lives, anyway? And do we have any control over it? Lepisto (2011) writes that many therapists today have to deal with being immigrants in a world in which our young clients are native-born speakers. In a moving example of integrating boundaries while simultaneously meeting a young client in her own technological world, she describes how she gracefully utilized social media, text, email and phone communications not only with a troubled adolescent but also in family work with the girl’s parents. Few of us are able to do such integration smoothly, but even our awkward efforts to do so can be a powerful tool for engaging adolescents with eating disorders as they struggle with questions about boundaries, self and other in the process of conquering their symptoms.

Let us turn briefly to another client, a young man who was entering his sophomore year of college. Jeffrey had been on his high school rowing team and had hopes of rowing in college, but learned that he was not quite big or heavy enough to get a seat on his school’s heavyweight crew. He decided to try out for the lightweight team, which meant dieting to lose a significant amount of weight. He won a seat on the lightweight crew, but then had to maintain the lower body weight at which he had been accepted. The challenge was thrilling for Jeffrey. He lost more weight and felt a sense of control over his body that he had never felt previously. As he continued to take off pounds, however, his coaches became concerned. He was losing muscle mass and becoming a less competent team member, but they were also worried about his psychological state. Jeffrey was incensed when they told him that he would have to begin to regain some of the lost weight in order to remain on the team, but when they spoke to him about his loss of strength, he agreed that they might have a point. Yet he could not bring himself to eat enough to begin the process. One of his coaches worked with him to set up a reasonable daily food regimen, but Jeffrey could not follow it. He was still losing weight when he came to see me.

“I’ve read some of your stuff online,” he said almost immediately after sitting down in my office. “You have some interesting things to say.”

I told him I was glad he had been looking at my “stuff” and asked him if he could tell me what he had found interesting. After he told me a little about what he had read, he said, “It looks like you’re pretty comfortable with the Internet world and that kind of thing.” I nodded and asked him if that made a difference. “Yeah. I mean, so many adults avoid it. They think it’s bad.”

This kind of comment is an entrée to a client’s initial transference to a therapist. Both positive and negative transference can crystallize around many different facets of a clinician’s personality, particularly with adolescents and young adults, but they can often be difficult to explore with this population. A discussion of issues directly related to electronic communication can bring this material into awareness without making clients uncomfortable. It is important for clinicians to be comfortable with our presence in the social media world, whether we are active users or silent observers. I use some social media platforms myself, albeit not to the extent of any adolescent I know. I appreciate the fact that I can communicate with family and friends all over the world. However, I carefully guard what I post in order to protect my own boundaries and those of family members, which is something I share with clients and open up for discussion with them. I also believe that the fact that young clients and family members are able to remain engaged in ongoing communication with high school and college friends who they no longer see on a daily basis enhances and enriches their relational world. Clients quickly learn of and respond to both positive and painful events in their friends’ lives because of social media, and as a result learn important social skills, including how to support friends at times of loss, how to encourage them when they are feeling inadequate, and how to protect their own space and boundaries.

With clients, and perhaps particularly with those with eating disorders, a *nonjudgmental* but honest discussion of social media can open up important areas that are often otherwise unavailable for discussion. Issues such as boundaries, limit-setting, self-esteem, self-value, as well as empathy and respect for others can all be addressed within this context. Even a discussion of HIPPA rules and regulations can open up the question of boundary violations, confidentiality and how secure electronic communications might be. I have had numerous discussions with adolescents who complained about my “old fashioned” worries about their privacy, which led to an opportunity to explore issues of boundaries, privacy, self-protection and impulse control. I have also talked about my own desire to protect my privacy while also engaging in social media. The question of how to balance a wish to connect with an ability to set limits and to respect the limits set by others is a crucial topic in their world. I believe that exploring these issues with young clients, bringing in an adult perspective without being critical of their behavior (not an easy task) can impact not only social media interactions, but behaviors in the real world as well. Learning that it is not only acceptable, but also healthy to set and accept limits can impact eating and drinking disorders among young people who often feel that there are, or should be no limits on them or on any aspect of their lives. (HOW SO?). It is also a crucial interpersonal tool for both men and women living in a world in which 15% of college women report being raped during their freshman year, frequently at a time when they are incapacitated from alcohol and/or drugs (Barth, 2015a; Carey, Durney, Shepardson, & Carey, 2015).

I would suggest that in order to explore these issues with our young clients, many clinicians must pay close attention to our own feelings, both positive and negative, about the world of social media. Countertransferential responses can range from overt criticism and negativity to unthinking acceptance. Neither extreme makes room for the complex issues that adolescents are working out with both their eating behaviors and their social relationships, in person and in cyber space. Let us return one final time to Kate.

Like many college students, Kate was not able to maintain a consistent appointment schedule, and she did not always act as though she found anything I said to be meaningful. I sometimes had doubts as to whether or not therapy was helping her. However, although we frequently had to change our meeting time, she kept and arrived on time for almost all of her appointments. She revealed over time that her binges had diminished except when she was under stress. And she was even able to talk about what kinds of situations made her feel more stressed than others. She had a terrific sense of humor, although she kept it under wraps much of the time, hidden by an attitude that was simultaneously deeply serious and worrisomely cynical. We had established that the eating disorder was a way that she soothed herself when she felt depressed. It was also a way that she managed her fears of being rejected. She talked about sometimes staying home from a social event because she had binged the night before and was feeling fat. She said that she hated going out with her friends because she felt unattractive and uninteresting around them. At times when she did go out partying, she would binge drink, consuming several alcoholic beverages in a very short time because, as she put it, “I’m much more social when I’ve been drinking.” This is not an uncommon phenomenon. Binge drinking has reached epic proportions on college campuses in recent years and often performs many of the same functions as eating disorders (Bruce, Curren, & Williams, 2011; Stewart, Svolensky, & Eifert, 2002). Thus like many other college students with eating disorders, Kate would often also binge drink, both as an attempt to control her anxiety in social situations and also as a way of managing her food intake. Yet as often happens, the drinking backfired, in that at some point she would lose her inhibitions about eating. “And then I just stuff myself,” she said. “So it’s better if I stay home. But that doesn’t always work, since I start scrolling through my phone, and I see what everyone else is doing, and I feel left out and miserable. And then I eat.”

I said, “You’re damned if you go and damned if you don’t go.” The solution seemed simple to me. I said, “Would it be possible not to look at your phone?” She looked at me like I had grown an extra head. “What?” I asked. “What does that look mean?”

“Sometimes,” she said, “you sound just like my parents.”

I laughed. “I guess that makes sense,” I said. “But really, can you explain to me why you need to look at your phone when you know it’s going to make you feel miserable?”

She said, “I need to know what I missed. I need to know what everybody will be talking about tomorrow.”

In this interchange my belief that the phone should not be considered part of the human body initially interfered with my ability to empathize with Kate’s dilemma. Acknowledging that my reaction had to do with generational differences was easy with Kate, who, as I said earlier, had a great sense of humor. But what was most important was that Kate began working out with me, in the therapy, some of the conflicts between her parents’ “adult” view of her friendships and her own, more immediate need for social contact, no matter how painful or conflicted. As we explored my “old fashioned” nature, for instance when I asked her to put aside her phone so that she could focus on what we were discussing in a session, we also began to put into words some of her needs, worries and the ego strengths that would gradually get her through this time of her life. One day she came into a session and said, “I realized the other day after our session that I can get through 45 minutes without seeing what everyone else is doing. And I hate to admit this to you, because you’ll get very big-headed about it, but I actually even see that it can be a good thing to be able to pay attention to other things.” She grinned. “I made my friend Ginny put her phone down yesterday when we were having dinner together. And I put mine down. We had a great time!!! We giggled and talked and didn’t look at what anybody else was doing for a full hour.” The icing on this cake was that although it was her habit to binge during and throw up after a dinner with friends, Kate did neither on this occasion. I asked if she had any idea what had made this possible. She replied, “I’m not going to say it was because we weren’t looking at what everyone else was doing. But maybe it was because I was so comfortable with Ginny. Not criticized, not comparing myself. It was just really nice.”

**Conclusion**

It is well established that friends are an important part of child and adolescent emotional and psychological development. Peer relationships contribute to a sense of identity separate from family, a capacity for both intimacy and empathy, an ability to manage conflict, and a sense of belonging. 21st century friendships, however, are different from those of any previous era, in that some friends are never actually seen “in the flesh.” Yet both “real” and “cyber” friends continue to have an impact on the development and maintenance of eating disorders. Friends affect not only how these young people feel about their bodies, their selves, and their general sense of the world in which they live, but also their specific eating behaviors.

There is much material within the therapeutic relationship that can be gleaned for clinical work on friendship, trust, boundaries and self-esteem in both the “real” and the “cyber” worlds of college students, but this population is famously resistant to exploration of transference and countertransference material. In this article we have looked at how a clinician can bring these issues into clinical work with this population. The importance of examining and accepting our own conflicted feelings about social media platforms is considered. Clinical material from therapy with two college students with eating disorders illustrates the discussion. Questions about the role and use of social media in therapy in therapy are addressed.

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1. Although I realize the words have different meanings, in this article I will use ‘‘social media,’’ ‘‘cyber technology,’’ and ‘‘electronic technology or communication’’ as over-arching terms for the ever-changing sites for social networking such as Facebook, LinkedIn, and Google Plus, as well as for information- and media-sharing sites such as Twitter, Instagram, and Tumblr and for other forms of communication such as texts, Skype, Facetime, and even cell phone use. [↑](#footnote-ref-1)