Pro-self-harm and the Visibility of the Youth Generated Problematic Content through Websites in India

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Abstract

Youth across the world and in India are affected by their exposure to various kinds of media; the internet presents individuals with opportunities that were previously undreamt of. There are numerous websites, blogs, videos, communities, that promote deliberate self-harm, ranging from online support groups to 'pro-self-injury' and 'pro-anorexic' websites, and they are becoming life style choices for individuals. This paper studies how the content on the internet is affecting the youth in India and using quantitative research methodology, the data collected has been analyzed to find out the impact of pro-self-harm content present on the internet.

Keywords: Internet, Self-harm, Youth, Online Content

Pro Ana: This is when a person, website, community, etc. promote anorexia. The National Institute of Mental Health (2011) defines anorexia nervosa as an unrelenting pursuit towards thinness.

Pro Mia: This is when person, website, community, etc. promote bulimia. The National Institute of Mental Health (2011) defines it as an eating disorder; it is when a person binges or eats excessively and then follows it with purging, using laxatives, fasting and extreme exercising.

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Pro-Self-harm: This involves a person consciously harming themselves, including any kind of body tissue damage. This is basically when a person inflicts pain but does not attempt suicide. (Bateman, 2010) Self-injury includes categories such as mild, moderate and severe. Mild - this is superficial self-mutilation-pulling hair, biting, scratching and lip-biting. Moderate- ripping of skin, cutting, intentional carving, burning and self-bruising and Severe - this is the rarest and most extreme form of self-mutilation - breaking bones. Self-harm can be performed in all parts of the body but mainly is found on the hands, wrists, thighs and stomach.

Thinspiration / Thinspo: Youth are bombarded by television and internet; where in Celebrities and other icons promote the idea, that being thin is beautiful. Websites also individually promote such ideas; this is known as 'thinspiration' (What is thinspiration? 2009).

Introduction

Today because of the various electronic communication forms more interaction and communication is seen over these mediums among family, friends, colleagues and also strangers. Individuals who are isolated in school, college, work and family surroundings resort to the communities and forums on the internet. They share their experiences in order to be heard.

Beauty has been redefined today by media; an individual is considered to be beautiful if he or she has a thin figure (a size zero) irrespective of their health. In order to lose weight many individuals develop an eating disorder, and many remain ignorant about their own disorder.

Eating disorders are an example of pro-self-harm; it is when severe disturbances in eating behavior is seen in an individual, such as over eating, extreme starving and being obsessive about body shape or size. The two major eating disorders seen are anorexia nervosa and bulimia nervosa. The third type is the 'eating disorder otherwise not specified' (EDNOS) the Binge-Eating Disorder comes under this type of eating disorder (National Institute of Mental Health, 2011).

Self-harm also involves self-injury; which includes any kind of body tissue damage. Nowadays self-injuring has become coping mechanism for many. Self-harm and eating disorders have existed for many decades now, but the digital age has made it worse. The self-harm content is found on social networking sites and blogs as well. (Morris).

Background to the Problem

Juarascio et al. (2010) stated that the creation of the internet has resulted in an environment, where an individual can choose his or her identity and live their wildest fantasy. Apart from allowing people to live and experience their false identity, a growing trend which can be seen, is the formation of communities to share experiences.

Two decades ago self-injury was not this popular and was mostly done in private. Research says that during the 1990's the popularity increased as a large number of pop icons came forward and revealed their self-injurious habits. During this time movies and songs based on self-injurious behavior increased. Today shows like Grey's Anatomy, Seventh Heaven etc., show self-injurious behavior as a possible way of emotional outlet (Whitlock. et al., 2007, p. 1136).

A community that was created by and for young people and is growing at a fast pace, is the pro-ana community ('ana' is a referent for anorexia), basically an eating disorder, the anorexia nervosa. These communities are for people with an eating disorder, or more accurately, people who accept this as a way of life. The communities, forums, websites, etc. tell people about anorexia as a choice an individual can make to lose weight and look thin. It influences newcomers and gives advice and tips to followers, like how to purge? How to hide this disorder from your siblings and parents? (Juarascio et al., 2010).

A research by Kreipe (2006) says that an internet search for eating disorder leads to 15, 000,000 websites and more than 20,000 pictures.

Such websites work under the pretense of a support mechanism for those suffering from these eating disorders, but in reality these websites encourage people who suffer from eating disorders and hinder their process of recovery. They naively mention that their words have no influence, but the websites share stories, experiences, etc. One such experience that was shared on a website is "I think I might cut up my gums so it hurts to eat so I won't want to; I saw that on a pro-ana site" this statement is a proof of at least one instance where the sites have been used as an instructional website (Collin, 2004).

Heffernan (2008) said that an individual does not have to search very hard to find excruciating online videos known as thinspiration, or thinspo. Photomontages of skeletal women, including some celebrity models, play all over the internet, uploaded from the United States, Germany, Holland and elsewhere. These videos are designed to "inspire" viewers to fortify their ambitions. But exactly which ambitions - to lose weight, presumably, to stop losing weight possibly. Thinspo videos profess a range of ideologies, often pressing morbid images into double service, as both goads and deterrents to anorexia (newyorktimes.com).

Fig.1

Source: (http://pro-ana-angels.wetpaint.com/page/Real+Thinspiration)

A female is more prone to eating disorders than a male, but boys and men are vulnerable too. Just like females obsess over weight, males have the obsession for muscles, called muscle dysmorphia; they lose weight and then bulk-up to look muscular.

Students who self-injure are called 'cutters' and they do it in locker rooms, toilets, empty class rooms, etc. The area most commonly selected is the arms, thighs and the front of the body. One thing that is noticed is that this self-harm behavior is contagious among peer-groups. Most students who mutilate themselves cannot be forced out of it; they need to get professional help and treat the actual cause. Self-harm meets all the criteria for impulse control disorder and this is difficult subject in psychiatric diagnosis (Lieberman, 2004).

There are videos on YouTube, popular judging by the number of hits, which share personal stories that graphically depict self harm. However, few videos show the person who uploaded the video.

As physical pain exceeds emotional pain and is easier to deal with, some individuals injure themselves temporarily as this would allow them to forget or escape the actual scenario that causes pain. This relief from pain is temporary as the physical pain inflicted by an individual can cause them to feel shame, guilt, sadness, etc. this results in many individuals becoming numb to feelings. Physical pain is the only thing many relate to, making them addicts of it (Thompson, 2006).

Problem Statement

Today most adolescents spend time on the internet gathering and sharing information about things they cannot openly discuss. The internet is mainly used by adolescents for social purposes and to get to information that they cannot ask of others (Louge, 2006).

Individuals unknowingly might access websites, blogs, communities, videos, etc. that promotes harmful content and this may give these individuals new methods, views, ideas that they might try and implement in their lives. The innocent may fall prey to such content.

 The Internet affords information gathering and sharing previously impossible. For individuals who practice self-injury, this capacity allows rapid identification of others with shared history, experience, and practices. For many of those who self-injure, the ability to find others like themselves reduces the isolation and

loneliness that so often characterizes their behavior (Whitlock, Lader&Conterio, 2007).

Therefore, this content on websites which promote self-harm and eating disorders, due to the increase in the internet usage by the youth has become a matter of concern.

Aim and Objective

To find through surveys, if the age group amongst 13 - 35 viewing these websites, are affected by the problematic content.

Hypothesis

- Youth in India, who read the unrestricted content of the pro-self-harm websites, prefer to implement the methods mentioned in such websites in their lives.

- Even after experiencing the negative effects of self-harming methods, they prefer to continue sharing their experiences, researching, gaining information about new methods of indulging in self-harm activities.

- Individuals who self-harm are afraid to talk to someone about it and get medical assistance.

Literature Review

The internet has become a very important part of many people's lives, not only adults but also children. Today people use the electronic media in diverse ways to communicate with others such as Facebook, MySpace, Flickr, etc. Most of these websites come with privacy settings so an individual can customize the privacy for their respective profiles.

Do parents know how their children communicate with the electronic media? Research says that parents are often in the dark when it comes to their children. They only notice something wrong when things get out of control, as children do not talk to their parents about their problems. Nearly half the parents have not seen their child's profile on Facebook, MySpace or any other social

networking sites. The best way to monitor their children is by setting up privacy controls and blocking inappropriate websites (Subrahmanyam & Greenfield, 2008).

According to the, Eating Disorders Coalition Report (an American survey), approximately eleven million Americans suffer from eating disorders, which often go undiagnosed and untreated. From the American national database of hospital records between 2001 and 2003, the American study found out that an average of 17,718 children aged 10 to 14 were treated for non-fatal self-harm injuries annually (Byod, 2010, p.7).

Some websites work under the pretense of a support mechanism for those suffering from eating disorders, but in reality these websites enable such people and hinder their process of recovery. Participation in these sites provides a feeling of being understood for those with active eating disorders, especially if they are searching for emotional support. But these websites are not completely beneficial as people interacting in these sites can encourage each other to fast and not seek recovery at all. For many adolescents the idol is Mary Kate Olsen an American actress who has anorexia (Cohen, 2007).

A study was conducted by Juarascio et.al (2010) to observe the interaction among the pro-ana groups on social networks. For this study, a false profile of a woman was created to know the proceedings in various pro-ana groups. Their research showed that there were 500 groups on Facebook and 421 on MySpace. Depending upon the privacy settings they gained accesses into these groups; that is some were open groups while others were closed and you needed to fill a form and pass the initial requirement to gain access. They analyzed the content and the characteristics of various groups. They used the Linguistic Inquiry Word Count Program (LIWCP); this program analyzed specific words relating to eating disorder and also gave the count for these words.

Different groups had different themes which were also considered. The themes found were 'social support and interaction' and 'eating disorder specific'. The former group spoke about the negative effects and had posts supporting people with the disorder; eating

disorder was not paid a lot of attention, this group mainly helped people feeling lonely, sick, depressed and socially isolated. People responded to such posts by making themselves available to talk, chat, etc. People here looked for friendship and support due to the lack of it off-line. Asking for tips and advice was not encouraged by the members and looked at negatively.

The eating disorder specific theme was found mostly on Facebook and the interaction here revolved around 'eating disorder' to a great extent. People would discuss many problems like losing hair, brittle nails, etc. and would request for tips and advices to deal with these problems without having to give up their routine of starving in order to lose weight. Participants were appreciated when they maintained their low calorie diet and did not binge. People would also be open and put up personal information like their exercise chart and this would motivate another person to try it. People would starve in groups and lose weight and compare the amount of weight lost, sometimes this would be a healthy competition but other times this would lead to one person starving for many days and causing a health problem.

The use of thinspiration was seen more on Facebook than on MySpace, basically people would share pictures, songs, poems, short movies or videos to encourage people. Celebrity pictures and videos were also uploaded. This motivated a lot of people to continue with their way of life and starve. The wall posts also had links to other thinspiration websites and videos on YouTube. They considered this choice of life-style as absolute control on oneself and one's desire.

Their research concluded by saying that these groups on social networks cannot be determined as helpful or harmful as these groups provided support and friendship to many who were lonely and isolated.

Participations in self-injury practices often begin during adolescence and the young are more likely to engage in self-harm than adults. Those who have the habit of self-injury, do it because of various factors like desire for punishment, difficulties in communicating pain, or just to find relief from mental pain or pressure. Self- harm or self-mutilation is a self-help effort, which

provides a rapid and temporary relief from feelings of guilt, chaotic thoughts, depression, boredom and rejection (Byod, 2011).

A lot of people who self-injure do not ask for help, it is because some of the self-injurers think they cannot talk to anyone about it. Others think that they do not have any serious problem, as self-injuring according to them is a coping mechanism (The Royal College of Psychiatrists, 2011).

Because self-harm is mostly a coping strategy, efforts to curtail this might lead someone to commit suicide or it may lead to other worse outcomes (Boyd, 2011). Research says that around 17% to 37% of college students engage in self-injury. For many adolescents self-injury is a way of showing their emotions.

Those who self-harm feel that they cannot tell anybody about their practice. Some also believe that they have no serious problem (Bateman, 2010). This can be one main reason why people who self-harm do not get medical assistance. Hence, it can be said that self-harm is growing at a rapid pace facilitated by the internet.

Methodology

The methodology that will be used is quantitative research.

The term quantity comes from a Latin word quantitas meaning" how great" or, for research purposes, "how many". Thus when quantitative research is considered, it means, numbers, magnitude, and measurement (Berger 2000).

A systematic search for the required information will be carried out. This quantitative research aims to determine the relationship between one variable (independent variable- self-harm websites) and another variable (dependent variable- Indian Youth) in a population.

The principal technique followed will be the in-depth questionnaire survey, researching people's lives and behavior. This would be the principle form of primary data collection. This questionnaire will be administered to those in the age group 13 - 35.

Tabulation

Observation from the data collected based on gender:-

Table 1. Gender Vs. Do you use internet?

			Do you use internet?		Total
			Yes	no	
Gender	Male	Count	57	3	60
		% within Gender	95.0%	5.0%	100.0%
	Female	Count	50	1	51
		% within Gender	98.0%	2.0%	100.0%
Total		Count	107	4	111
		% within Gender	96.4%	3.6%	100.0%

Table.2:. Gender Vs. What are the websites you visit often?

		What are the websites you visit often?								Total
		http://www.angelfire.com/crazy/cutter/index.html	http://www.thoughts.com/Megster/pro-ana-tips-and-tricks-2	http://selfharm.net/	http://psychcentral.com/disorders/eating_disorders/	http://www.diet-blog.com/05/anorexia_the_new_diet	Websites which speak about diets, latest fashion, being size zero	Other self-harm websites	none	
Male	Count	1	2	1	0	2	4	8	42	60
	% within Gender	1.7%	3.3%	1.7%	.0%	3.3%	6.7%	13.3%	70.0%	100.0%
Female	Count	0	4	0	1	2	9	10	25	51
	% within Gender	.0%	7.8%	.0%	2.0%	3.9%	17.6%	19.6%	49.0%	100.0%
Total	Count	1	6	1	1	4	13	18	67	111
	% within Gender	.9%	5.4%	.9%	.9%	3.6%	11.7%	16.2%	60.4%	100.0%

- This website "crazy cutter" is a website about self-injury. The website contains poems about self-injury, the story of the person who created this website. The website also tells a person how to go get help and gives advices on how to come out and tell somebody about one's practices.

- http://www.thoughts.com/Megster/pro-ana-tips-and-tricks-2 - This webpage gives 157 ways of curbing your hunger, in order to maintain weight by not eating. This promotes anorexia and gives tips to reduce weight and maintain it for a long time. An example of a tip given in this website is: Wear a rubber band on your wrist, pull it hard and leave it against your skin every time you are hungry or tempted to eat.

- http://selfharm.net/ - This talks about self-harm, its causes and how it can be diagnosed. It also provides aid to people who are looking for it.

- http://psychcentral.com/disorders/eating_disorders/- This website talks about eating disorder. It gives you all the details about anorexia, bulimia, binge eating etc., treatment for these eating disorders and also advices family and friends on how to take care of people who suffer from this disorder.

- http://www.diet-blog.com/05/anorexia_the_new_diet_plan.php - This blog website lists many eating disorder blogs, but this particular blog tells you about how to starve and lose weight and also the negative effects on people. There are many respondents for this blog, some accept it some deny it, but people even after knowing about all the ill effects continue practicing it. It becomes very hard to let go off an eating disorder.

Table 3. Gender vs. what are the blogs you visit often?

		What are the blogs you visit often?								Total
		Healthy living	Managing one's Emotions	How to gain self-control?	Easy ways to lose weight at home	Eating disorder	How to talk to people?	Self-injury	None	
Male	Count	12	2	7	2	1	6	2	28	60
	% within Gender	20.0%	3.3%	11.7%	3.3%	1.7%	10.0%	3.3%	46.7%	100.0%
Female	Count	10	2	2	8	2	1	0	26	51
	% within Gender	19.6%	3.9%	3.9%	15.7%	3.9%	2.0%	.0%	51.0%	100.0%
Total	Count	22	4	9	10	3	7	2	54	111
	% within Gender	19.8%	3.6%	8.1%	9.0%	2.7%	6.3%	1.8%	48.6%	100.0%

Table 4. Gender Vs. are you a member of a community or a group?

			Are you a member of a community or a group?			Total
			yes	No	Do not use the internet	
Gender	Male	Count	41	16	3	60
		% within Gender	68.3%	26.7%	5.0%	100.0%
	Female	Count	33	17	1	51
		% within Gender	64.7%	33.3%	2.0%	100.0%
Total		Count	74	33	4	111
		% within Gender	66.7%	29.7%	3.6%	100.0%

Table .5: Gender Vs. whom do you send friend requests to?

			Friend request sent is to			Total
			To an old friend, current friend, class mate, colleague	do not use the internet	To someone you don't know	
Gender	Male	Count	55	3	2	60
		% within Gender	91.7%	5.0%	3.3%	100.0%
	Female	Count	49	1	1	51
		% within Gender	96.1%	2.0%	2.0%	100.0%
Total		Count	104	4	3	111
		% within Gender	93.7%	3.6%	2.7%	100.0%

Table 6. Gender vs. do you Share personal information with the members of the community you belong to?

			Do you Share personal information with the members of the community you belong to?		Total
			yes	No	
Gender	Male	Count	20	40	60
		% within Gender	33.3%	66.7%	100.0%
	Female	Count	16	35	51
		% within Gender	31.4%	68.6%	100.0%
Total		Count	36	75	111
		% within Gender	32.4%	67.6%	100.0%

Table .7: Gender vs. do you give or take advices with the members of the community you belong to?

| | | | Do you give or take advices with the members of the community you belong to? | | | Total |
			yes	no	do not use the internet	
Gender	Male	Count	36	21	3	60
		% within Gender	60.0%	35.0%	5.0%	100.0%
	Female	Count	18	32	1	51
		% within Gender	35.3%	62.7%	2.0%	100.0%
Total		Count	54	53	4	111
		% within Gender	48.6%	47.7%	3.6%	100.0%

Table .8: Gender Vs. whom do you share your feelings with

| | | You share your feelings with: | | | | Total |
		old friend, current friend, classmate, colleague	To someone you don't know	do not share anything	do not use internet	
Male	Count	29	1	27	3	60
	% within Gender	48.3%	1.7%	45.0%	5.0%	100.0%
Female	Count	20	0	30	1	51
	% within Gender	39.2%	.0%	58.8%	2.0%	100.0%
Total	Count	49	1	57	4	111
	% within Gender	44.1%	.9%	51.4%	3.6%	100.0%

Table .9: Gender Vs. what are the videos you search for on YouTube

	The videos searched in YouTube											Total
	Losing weight easily	Healthy eating	Motivational videos of others losing weight	Celebrities who self-harm	Dieting tips	How to look good	Hiding self-injury scars	How to maintain weight	How to eat and not put on weight	Do not view these videos	Self-harm help	
Male Count	6	2	0	2	4	1	1	1	1	41	1	60
% within Gender	10.0%	3.3%	.0%	3.3%	6.7%	1.7%	1.7%	1.7%	1.7%	68.3%	1.7%	100.0%
Female Count	1	4	2	2	5	2	1	3	0	30	1	51
% within Gender	2.0%	7.8%	3.9%	3.9%	9.8%	3.9%	2.0%	5.9%	.0%	58.8%	2.0%	100.0%
Total Count	7	6	2	4	9	3	2	4	1	71	2	111
% within Gender	6.3%	5.4%	1.8%	3.6%	8.1%	2.7%	1.8%	3.6%	.9%	64.0%	1.8%	100.0%

Observation of eating disorder based on gender

Table .10: Gender Vs. define you

		Define yourself					Total
		Healthy with normal weight	Overweight and un attractive	Losing weight by exercising to look good	Losing weight by eating less or starving to look good	none	
Male	Count	46	2	9	2	1	60
	% within Gender	76.7%	3.3%	15.0%	3.3%	1.7%	100.0%
Female	Count	40	0	10	0	1	51
	% within Gender	78.4%	.0%	19.6%	.0%	2.0%	100.0%
Total	Count	86	2	19	2	2	111
	% within Gender	77.5%	1.8%	17.1%	1.8%	1.8%	100.0%

Table.11: Gender Vs. Has your weight affected the way you live?

		Has your weight affected the way you live?		Total
		yes	no	
Male	Count	20	40	60
	% within Gender	33.3%	66.7%	100.0%
Female	Count	18	33	51
	% within Gender	35.3%	64.7%	100.0%
Total	Count	38	73	111
	% within Gender	34.2%	65.8%	100.0%

Table .12: Gender Vs. Do you control your diet?

			Do you control your diet?		Total
			Yes	No	
Gender	Male	Count	22	38	60
		% within Gender	36.7%	63.3%	100.0%
	Female	Count	17	34	51
		% within Gender	33.3%	66.7%	100.0%
Total		Count	39	72	111
		% within Gender	35.1%	64.9%	100.0%

Table.13: Gender Vs. Do you fear gaining weight?

			Do you fear gaining weight?		Total
			Yes	No	
Gender	Male	Count	28	32	60
		% within Gender	46.7%	53.3%	100.0%
	Female	Count	28	23	51
		% within Gender	54.9%	45.1%	100.0%
Total		Count	56	55	111
		% within Gender	50.5%	49.5%	100.0%

Table.14: Gender Vs. Do you prefer to starve than eat?

		Do you prefer to starve than eat?		Total
		yes	No	
Male	Count	2	58	60
	% within Gender	3.3%	96.7%	100.0%
Female	Count	4	47	51
	% within Gender	7.8%	92.2%	100.0%
Total	Count	6	105	111
	% within Gender	5.4%	94.6%	100.0%

Table.15: Gender Vs. Do you often binge?

		Do you often binge?		Total
		Yes	No	
Male	Count	23	37	60
	% within Gender	38.3%	61.7%	100.0%
Female	Count	12	39	51
	% within Gender	23.5%	76.5%	100.0%
Total	Count	35	76	111
	% within Gender	31.5%	68.5%	100.0%

Table.16: Gender Vs. Why do you binge?

		Why do you binge?					Total
		Obsession for food	To escape your troubles	Craving for certain food	Mood swings	do not binge	
Male	Count	6	2	6	9	37	60
	% within Gender	10.0 %	3.3 %	10.0 %	15.0 %	61.7 %	100.0 %
Female	Count	1	1	5	5	39	51
	% within Gender	2.0 %	2.0 %	9.8 %	9.8 %	76.5 %	100.0 %
Total	Count	7	3	11	14	76	111
	% within Gender	6.3 %	2.7 %	9.9 %	12.6 %	68.5 %	100.0 %

Table.17: Gender Vs. Do you vomit intentionally after eating?

			Do you vomit intentionally after eating?		Total
			yes	No	
Gender	Male	Count	1	59	60
		% within Gender	1.7%	98.3%	100.0%
	Female	Count	4	47	51
		% within Gender	7.8%	92.2%	100.0%
Total		Count	5	106	111
		% within Gender	4.5%	95.5%	100.0%

Table.18: Gender Vs. When do you vomit?

		You vomit				Total
		Occasionally	Only after I eat fatty food	After I feel that I have gained weight	do not vomit	
Male	Count	0	0	1	59	60
	% within Gender	.0%	.0%	1.7%	98.3%	100.0%
Female	Count	2	1	1	47	51
	% within Gender	3.9%	2.0%	2.0%	92.2%	100.0%
Total	Count	2	1	2	106	111
	% within Gender	1.8%	.9%	1.8%	95.5%	100.0%

Table .19: Gender Vs. Do you feel guilty/remorse after you eat your meals?

			Do you feel guilty/remorse after you eat your meals?		Total
			Yes	no	
Gender	Male	Count	3	57	60
		% within Gender	5.0%	95.0%	100.0%
	Female	Count	7	44	51
		% within Gender	13.7%	86.3%	100.0%
Total		Count	10	101	111
		% within Gender	9.0%	91.0%	100.0%

Table .20: Gender Vs. Do you fear talking to others about your eating habits?

			Do you fear talking to others about your eating habits?		Total
			yes	no	
Gender	Male	Count	2	58	60
		% within Gender	3.3%	96.7%	100.0%
	Female	Count	6	45	51
		% within Gender	11.8%	88.2%	100.0%
Total		Count	8	103	111
		% within Gender	7.2%	92.8%	100.0%

Analysis of eating disorder based on gender from the data collected

The majority use the internet for various purposes, out of which 21.6 % visit websites related to diets, latest fashion, being size zero and eating disorders. 31.5 % access blogs related to diets, methods of losing weight and eating disorders and 28.8 % watch videos related to diets, exercise regimes and easy ways of weight loss.

34.2 % of the respondents have been affected by their weight and 5.4 % prefer to starve than eat and gain weight.

31.5 % binge eat out of which 22. 5% of them binge eat because of their mood swings and craving for a certain kind of food and 9 % of them feel guilty for having eaten. 4.5 % respondents vomit after binge eating and they do this occasionally.

28. 8% of respondents like eating alone and 26.1 % of respondents are told by others about their eating habits.

Therefore, it can be concluded that binge eating and bulimia nervosa is much more prominent than anorexia nervosa as an eating disorder.

Observation on self-injury based on gender

Table .21: Gender Vs. Do you self-injure?

| | | | Do you self-injure? | | Total |
			yes	no	
Gender	Male	Count	8	52	60
		% within Gender	13.3%	86.7%	100.0%
	Female	Count	4	47	51
		% within Gender	7.8%	92.2%	100.0%
Total		Count	12	99	111
		% within Gender	10.8%	89.2%	100.0%

Table .22: Gender Vs. Why do you self-injure?

| | | Why do you self-injure? | | Total |
		Anger, guilt, no emotional outlet, depression, sadness, shame	none	
Male	Count	8	52	60
	% within Gender	13.3%	86.7%	100.0%
	Count	4	47	51
Female	% within Gender	7.8%	92.2%	100.0%
	Count	12	99	111
Total	% within Gender	10.8%	89.2%	100.0%

Table .23: Gender Vs. When was the first time you self-injured?

| | | The first time you self-injured | | | | Total |
		Early childhood	childhood	Teenage	Do Not Injure	
Male	Count	2	5	1	52	60
	% within Gender	3.3%	8.3%	1.7%	86.7%	100.0%
	Count	0	2	2	47	51
Female	% within Gender	.0%	3.9%	3.9%	92.2%	100.0%
	Count	2	7	3	99	111
Total	% within Gender	1.8%	6.3%	2.7%	89.2%	100.0%

Table .24: Gender Vs. What emotions do you feel before you self-injure?

		What emotions do you feel before you self-injure?					Total
		Pressure	Anxiety	No emotional outlet	Sadness	Do not injure	
Male	Count	2	1	5	0	52	60
	% within Gender	3.3%	1.7%	8.3%	.0%	86.7%	100.0%
Female	Count	1	0	1	2	47	51
	% within Gender	2.0%	.0%	2.0%	3.9%	92.2%	100.0%
Total	Count	3	1	6	2	99	111
	% within Gender	2.7%	.9%	5.4%	1.8%	89.2%	100.0%

Table.25: Gender Vs. How often do you self-injure?

		How often do you self-injure?				Total
		Occasionally	Once in a week	Once in a month	Do not injure	
Male	Count	6	1	1	52	60
	% within Gender	10.0%	1.7%	1.7%	86.7%	100.0%
Female	Count	2	1	1	47	51
	% within Gender	3.9%	2.0%	2.0%	92.2%	100.0%
Total	Count	8	2	2	99	111
	% within Gender	7.2%	1.8%	1.8%	89.2%	100.0%

Table.26: Gender Vs. What do you use to self-injure?

		What do you use to self-injure?						Total
		Knife	Scissor	Razor	Nail cutter	Pencils, pens	Do not injure	
Male	Count	2	1	2	1	2	52	60
	% within Gender	3.3%	1.7%	3.3%	1.7%	3.3%	86.7%	100.0%
Female	Count	0	1	3	0	0	47	51
	% within Gender	.0%	2.0%	5.9%	.0%	.0%	92.2%	100.0%
Total	Count	2	2	5	1	2	99	111
	% within Gender	1.8%	1.8%	4.5%	.9%	1.8%	89.2%	100.0%

Table.27: Gender Vs. How do you feel after you self-injure?

		How do you feel after you self-injure?			Total
		Relaxed	Guilt	Do not injure	
Male	Count	7	1	52	60
	% within Gender	11.7%	1.7%	86.7%	100.0%
	Count	3	1	47	51
Female	% within Gender	5.9%	2.0%	92.2%	100.0%
Total	Count	10	2	99	111
	% within Gender	9.0%	1.8%	89.2%	100.0%

Table.28: Gender Vs. Do you hide your injuries?

		Do you hide your injuries?			Total
		Yes	No	Do not injure	
Male	Count	5	3	52	60
	% within Gender	8.3%	5.0%	86.7%	100.0%
Female	Count	2	2	47	51
	% within Gender	3.9%	3.9%	92.2%	100.0%
Total	Count	7	5	99	111
	% within Gender	6.3%	4.5%	89.2%	100.0%

Table.29: Gender Vs. whom do you tell your practice of self-injuries to?

			Whom do you tell your practice of self-injuries to?			Total
			Nobody	To a close friend	Do not Injure	
Gender	Male	Count	8	0	52	60
		% within Gender	13.3%	.0%	86.7%	100.0%
	Female	Count	2	2	47	51
		% within Gender	3.9%	3.9%	92.2%	100.0%
Total		Count	10	2	99	111
		% within Gender	9.0%	1.8%	89.2%	100.0%

Analysis of self-injury based on gender from the data collected:-

The majority use the internet for various purposes, out of which 18% visit self-harm websites. 1.8 % visit self-harm blogs and 7.2 % view videos relating to self-harm.

66.7% are members of communities and groups on line. People who are a part of a community share their personal information, feelings, experiences and give or take advices from one another.

Out of 96.4 % people who use the internet 10.8% self-injure due to various reasons such as anger, guilt, no emotional outlet, depression, sadness and shame.

In this sample men (13.3 %) self-injure more than women (7.8 %). The analysis of the data showed that men often self-injure due to lack of emotional outlet. 6.3 % of self-injurers have been injuring themselves since childhood and they injure occasionally which is when their emotions go beyond their control. Razor is one of the most commonly used tools to self-injure. 9 % out of 10.8 % who self-injure feel relaxed after one session of self-injuring and the remaining feel guilty.

Majority of the people practicing self-injury do it in secrecy and people who self-injure prefer to keep it hidden and not speak about it.

In this sample as the numbers of men are more compared to women, the number of male self-injurers in this section seems more. This does not conclude that men self-injure more than women. But the result does show that the practice of self-injury does exist among the youth.

Findings: Impacts from the above tables

Eating Disorder

Hypothesis 1: Youth in India, who read the unrestricted content of the pro-self-harm websites, prefer to implement the methods mentioned in such websites in their lives.

It was found that people from the survey sample did visit websites, blogs and videos related to eating disorders. By drawing logical inferences from the analysis (T.2, T.3, T.9 and T.21) we see that people who visit these websites use the content.

Hypothesis 2: Even after experiencing the bad effects of self-harming methods, they prefer to continue sharing their experiences, researching, and gaining information about new methods of indulging in self-harm activities and are also ready to experiment with the new methods.

Through analysis (T.10, T.11, T.12, T.13, T14, T15, T16, T.17, T.18 and T.19), it was found that websites, blogs, videos, etc., which are related to eating disorders are accessible by anyone. Social networking sites, online forums, discussion groups, etc., provide first-hand information on eating disorders under the pretense of topics such as ways of dieting, easy ways of weight loss, etc.

Apart from controlling diet, people prefer to starve and exercise excessively to lose weight. This harms the body as excess loss of water leads to dehydration, starving leads to malnutrition, electrolyte imbalance, vitamin deficiencies, etc.

A significant number of people also binge eat and then vomit. They often binge eat because of their obsession for food, mood swings, to escape troubles and also craving for certain kind of food.

Individuals know that they are practicing the wrong ways, but as a matter of habit they continue the same due to the fear of gaining weight, growing obese or they continue it thinking that it is an easy way of losing or maintaining weight.

Hypothesis 3: Individuals who self-harm are afraid to talk to someone about it and get medical assistance.

Through analysis of (T.20), it is seen that respondents like to eat alone and fear talking to others about their eating habits.

Self-injury

Hypothesis 1: Youth in India, who read the unrestricted content of the pro-self-harm websites, prefer to implement the methods mentioned in such websites in their lives.

People from the survey sample did visit such websites, blogs and videos. By drawing logical inferences from the analysis (T.2, T.3, T.9 and T.21) we see that people who visit these self-harm websites use the content as a tool to self-injure.

Hypothesis 2: Even after experiencing the bad effects of self-harming methods, they prefer to continue sharing their experiences, researching, and gaining information about new methods of indulging in self-harm activities and are also ready to experiment with the new methods.

Through analysis (T.2, T.3, T.5, T.6, T.7, T.8 and T.9), it was found that self-harm websites, blogs, videos, etc., are accessible by anyone. Social networking sites, online forums, discussion groups, etc., provide first-hand information on ways to self-injure. The online sources contain discussion threads from which respondents are able to get and exchange ideas and opinions on new ways of injuring oneself.

One more common trend among the respondents is that they were members of groups, communities, threads, etc., and use the same not only to express but to gather information on methods of self-harming and also give and take advice.

Hypothesis 3: Individuals who self-harm are afraid to talk to someone about it and get medical assistance.

Through analysis (T.28 and T.29), it was seen that among the respondents who said they self-injure, more than half of them kept their injuries concealed and a majority of them didn't reveal their practice of self-injury. From the literature reviewed it was seen that many do not reveal their practice of self-injury because they are scared to be an outcast and isolated.

References

Anti thinspiration: A look at eating disorders and treatment. (2009, September 25). Anti thinspiration: a look at eating disorders and treatment .What is thinspiration?. Message posted to http://antithinspo.wordpress.com/2009/09/25/what-is-thinspiration/

Berger, A. A. (2000). *Media and communication research methods*. New Delhi: Sage publication.

Boyd, D. (2008). Taken out of context: American teen sociality in networked publics. Retrieved August 7, 2010, from http://www.Byod.org/papers/TakenOutOfContext.pdf

Boyd, D., Ryan, J., & Leavitt, A. (2010). Pro-self-harm and the visibility of youth generated problematic content. *A Journal of Law and Policy of the Information Society*, 7(1).

Cohen, D. (2007). Worrying world of eating disorder wannabes. *British Medical Journal*, 335(7618), 516.

Collins, J. (2004). Nurturing destruction: Eating disorders. *Off our backs*, 34(11/12), 20-22.

Heffernan, V. (2008). *The New York Times*. Narrow minded. Retrieved October 17, 2011, from http://www.nytimes.com/ 2008/ 05/ 25/ magazine/25wwln-medium-t.html

Juarascio, A., Shoaib, A., & Timko, C. (2010). Pro-eating disorder communities on social networking sites: A content analysis. *Eating Disorders*, 18, 393-407.

Kreipe, R. (2006). Act for youth center of excellence research facts and findings. Eating Disorders and Adolescents. Retrieved August 7, 2010, from http://www.actforyouth.net/resources/rf/ rf_eatingdisorders _1106.pdf

Lieberman, R. (2004). Understanding and responding to students who self-mutilate. *Principle Readership Magazine,* 4(7).

Megster. (2009, July 10). Pro ana tips and tricks 2. Message posted to www.thoughts.com

Morris, E. (n.d.). Self-harm in digital age. Retrieved August 7, 2010, from http://www.fosi.org/downloads/resources/Self-Harm-in-the-Digital -Age.pdf

National Institute of Mental Health. (2011). What are eating disorders, Eating Disorder. Retrieved October 17, 2011, from http://www.nimh.nih.gov/health/publications/eating-disorders/ complete-index.shtml

Subrahmanyam, K., & Greenfield, P. (2008). Online communication and adolescent relationships. *Children of Electronic Media*, 18(1), 199-146.

The Royal College of Psychiatrists. (2011). Self-harm. Retrieved August 7, 2011 from http://www.rcpsych.ac.uk/mentalhealthinfoforall/ problems/depression/self-harm.aspx

Thompson, C. (2011). Eating disorder information. Anorexia nervosa. Retrieved October 16, 2011, from http://mirror-mirror.org/anorexia. html

Thompson, C. (2011). Eating disorder information. Bulimia nervosa. Retrieved October 16, 2011, from http://mirror-mirror.org/ bulimia.htm

Understanding Self-harm. [ca. 2011]. In Facebook [Group page]. Retrieved October 16, 2011, from http://www.facebook.com/pages/ understanding-self-harm/320859183023?sk=wall

Whitlock, J., Lader, W., & Conterio, K. (2007). The internet and self injury: What psychotherapists should know. *Journal of Clinical Psychology: In Session*, 63(11), 1135-1143.