

Self Harm Behaviour among Teenagers

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ABSTRACT

Self-harm (self-injury) behaviour is defined as the direct injuring of body tissue, done without the intent to commit suicide. Other terms such as cutting and self-mutilation have been used for any self-harming behaviour regardless of suicidal intent. The most common form of self-harm is using a sharp object to cut one's skin. Other forms include behaviour such as burning, scratching, or hitting body parts. While older definitions included behaviour such as interfering with wound healing, excessive skin picking, hair pulling and the ingestion of toxic substances or objects as self-harm, in current terminology those are differentiated from the term self-harm. Behaviours associated with substance abuse and eating disorders are not considered self-harm because the resulting tissue damage is ordinarily an unintentional side effect. Although suicide is not the intention of self-harm, the relationship between self-harm and suicide is complex, as self-harming behaviour may be potentially life-threatening. There is also an increased risk of suicide in individuals who self-harm and self-harm is found in 40–60% of suicides. However, generalising individuals who self-harm to be suicidal is, in the majority of cases, imprecise.

Keywords: *Self harm behaviour, Substance abuse, Life threatening, Suicidal self-injury, Teenagers.*

Self-harm is usually in secret, without anyone else knowing about it. It is an intentionally self-inflicted, direct injury of body parts and tissues in order to relieve some emotional pain or distress, without any suicidal intentions. Historically, the term “self-mutilation” was mentioned by L. E. Emerson in 1913. Non-suicidal self-injury (NSSI) has been listed as a proposed disorder in the DSM-5 under the category “Conditions for Further Study”. In 2013, about 3.3 million cases of self-harm occurred globally. Self-harm is most common between the ages of 12 and 24. So it is a serious concern. The most common methods are skin cutting (70-90%), head banging or hitting (21%-44%) and burning (15 to 35%).

The classification by Menninger and Walsh and Rosen (1988) has been presented. Earlier the self-harming behaviour was being interpreted and understood in terms of psychology. Now it is clearly establishes that this is deterministic. Dynamics of such behaviours in terms of the role of self, and the environmental factors have been presented to conclude that these could be attention seeking, coping or avoiding or escape behaviours. It is not very difficult

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Self Harm Behaviour among Teenagers

to manage such behaviours by training the teenagers on better ways of coping. Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), behavioural methods and psychodynamic therapies have been shown to be effective management strategies. Individuals can manage them by themselves by simply recognising the behaviour, accepting it, recognising the triggers, and replacing the response by more instrumental behaviours. Virtue inculcation is the best preventive way.

The most common forms of this behaviour are cutting of the skin using a sharp object like knife, razor or blade and burning. Relatively less common forms of self-harm include punching walls, biting or hitting one's own body, pulling out one's own hair or scratching and picking at sores on your skin and ingesting toxic substances or even sharp objects sometimes. According to Selby, Kranzler, Fehling & Panza (2015) self-injury includes excessive scratching to the point of drawing blood, punching self or objects, infecting oneself, inserting objects into body openings, drinking something harmful (like bleach or detergent), and breaking bones purposefully. The deliberate tissue damage in any form without suicidal intent is the major characteristic of the behaviour with a conscious or unconscious intent of relieving oneself of some pain, misery, grief or emotional upset.

Self-inflicted wounds are also associated with soldiers to describe non-lethal injuries inflicted in order to obtain early dismissal from combat. This differs from the common definition of self-harm, as damage is inflicted for a specific secondary purpose. Behaviours associated with substance abuse and eating disorders are usually not considered self-harming because of lack of direct intent of tissue damaging. However, due to resulting internal tissue damage as an unintentional side effect the broader definitions of self-harm have included these.

With or without injuries it is a non-habitual act with a non-fatal outcome (unlike self-harming behaviour), that the individual, expecting to, or taking the risk, to die (again unlike self-harming behaviours) or to inflict bodily harm, initiated and carried out with the purpose of bringing about wanted changes (WHO/EURO Working Group, 2004).

Prevalence

Deliberate Self-Harm (DSH) in young people and younger adults is a region of developing concern. Reports from clinics and emergency rooms are pointing to amplify in incidence. However, there is very little research from India. Many of the humans suffering with acts of self-harm do no longer have suicidal intent, and this has caused the Diagnostic and Statistical Manual of Mental Disorders. Research indicates that self-injury occurs in approximately as many as 4% of adults in the United States. Rates are higher among teenagers, who seem to be at an increased risk for self-injury, with approximately 15% of teens reporting some form of self-injury. Studies show an even higher risk for self-injury among college students, with rates ranging from 17% - 35%. Kerr, Muehlenkamp & Turner (2010).

Favazza and Rosenthal (1993) inspected many investigations and partitioned self-mutilation into two classifications: socially approved self-mutilation and freak self-mutilation. Favazza & Rosenthal, 1993). Favazza moreover made two subcategories of recommended self-mutilations; ceremonies and practices. The customs are mutilations rehashed generationally and "mirror the conventions, imagery, and convictions of a universal public". Practices are normally transient and restorative; for example, piercing of ear cartilage, nose,

Self Harm Behaviour among Teenagers

eyebrows simply as male circumcision (for non-Jews) whilst Deviant self-mutilation is proportionate to self-hurt.

Elements of self-hurting conduct

The craving to self-hurt is a traditional aspect impact of marginal persona issue. Individuals with different emotional well being problems like wretchedness and anxiousness may additionally likewise self-hurt. Substance misuse, dietary issues, post-traumatic stress ailment (PTSD), schizophrenia and different personality difficulty moreover lead to such practices (Klonsky, 2007).

Self-damage can likewise appear in superior humans who have no primary emotional well-being willpower (Klonsky, 2007). Stress is a great problem whilst low self assurance is the massive responsible party. Harassing, confounded sexual orientation character, sex, relationship issues, parental and household clashes all lead to carry down self – regard and maladjustment. Self-hurt is generally related with a previous crammed with injury, such as enthusiastic and sexual maltreatment (Meltzer, Howard, et al., 2000; Rea, Aiken and Borastero, 1997).

Some utilization it as a way of dealing with stress to supply transitory alleviation of great sentiments, for example, uneasiness, discouragement, stress, passionate deadness, or a feeling of disappointment (Elsevier's phrase reference 2012). Another fundamental conviction is that it's a consideration searching for conduct. People with formative inabilities, (for example, scholarly handicaps) have proven self-hurt being difficulty to ecological factors, for instance, getting consideration or getaway from requests (Iwata, 1994). Notwithstanding, this can't be an all-inclusive hypothesis and may additionally no longer be excellent to several cases. Numerous self-harmers are not sure about their accidents and scars and sense remorseful about their conduct, riding them to put forth an admirable strive to hide their habits from others (Mental Health Foundation, 2006). They can also provide non-obligatory clarifications for their wounds, or cover their scars with apparel (Spandler, 1996; Pembroke, 1994). Self-hurt in such humans may also no longer be associated with self-destructive. It ought to be negligible impulsivity. Individuals who self-hurt are no longer for the most section searching to take their very personal life; it has been proposed instead that they are using self-hurt as a way of dealing with stress to soothe passionate torment, inconvenience or as an endeavour to impart hassle (Fox and Hawton 2004; Suyemoto, 1998). A few human beings can also have separation harboring a longing to sense real or to match into society's requirements (Claveirole and Gaughan 2011); alongside these traces giving them a protecting sheath. Experiential Avoidance Model (EAM) of DSH represents that DSH is essentially saved up through bad fortification as getaway from, or shirking of, undesirable enthusiastic encounters (Alexander, Chapman, and Milton, 2006).

Related emotions of self-hurting

Self-harmers supported exceptional passionate states they encountered previously, during, and in the wake of hurting themselves. Feelings had been sorted out into negative, hesitant, positive, and nonpartisan impact as indicated by means of surviving exploration in the territory of feeling and affect tenet (e.g., Izard, 1977; Saarni, 1999). For the most part, poor full of feeling states (e.g., irate, discouraged, forlorn, baffled) had been supported intending self-hurt, with an introduced reduce in these terrible states all through after oneself hurting scene. On the different hand, reluctant emotions (i.e., disgrace, blame, appall) extended after self-hurt. The stage of advantageous emotions (e.g., glad, energized) supported accelerated

Self Harm Behaviour among Teenagers

simply imperceptibly for the duration of the scene, barring for increased sentiments of alleviation which have been accounted for each at some stage in and after self-hurting.

Research inspecting the manners by which self-hurt is related with measurements of psychopathology has discovered that people who participate in self-damage may show expanded degrees of outrage and antagonistic vibe, both relationally and intra-by and by (Guertin et al., 2001; Ross and Heath, 2003). Research likewise shows a positive connection of self-hurt with standoffish conduct, albeit a lack of research has inspected this connection in a nonclinical test (Guertin et al., 2001; Patton et al., 1997; Zlotnick et al., 1996). Relationship of self-damage to both despondency and uneasiness (Ghaziuddin et al., 1992; Ross and Heath, 2002), and low confidence (Darche, 1990; Favazza and Conterio, 1989) have been illustrated, in spite of the fact that outcomes have been conflicting over the writing. Insignificant look into has explored sexual orientation contrasts in psychopathology among people who take part in self - hurting conduct. The young ladies start getting adult naturally at an age a lot sooner than the young men; in this manner confronting the anxieties and tempests at 10 years old when contrasted with young men at 14.

With respect to capacities, as a method for dealing with stress, self-hurting practices give an approach to express troublesome or shrouded sentiments. Taking part in self-mischief may give a brief method to express outrage, trouble, distress or hurt and to free oneself from the passionate deadness or vacancy. It could likewise be a method for conveying to individuals that you need some help, especially when there is a correspondence hole or absence of partaking in the relational relations in loved ones; in this manner picking up perceivability. It can give you a sentiment of control: Unfortunate ways, particularly on the off chance that you feel different things throughout your life are crazy. At the highest point, all things considered, self-mischief can bring a quick good feeling, however transitory and with no arrangement, while the misfortune might be greater leaving perpetual scar/s or harm to your body alongside mental misfortune like a feeling of blame, misery, or self-loathing and further loss of fearless.

Management

There are various techniques that can be utilized to treat self-mischief and which focus on either treating the basic causes or on treating the conduct itself. At the point when self-hurt is related with despondency, stimulant medications and treatment might be effective. Other approaches include shirking strategies, which centre around keeping the individual busy with different exercises, or supplanting the demonstration of self-hurt with more secure techniques that don't prompt lasting harm (Klonsky and Glenn 2008). It's hard to get solid proof of what works for individuals to stop self-hurting. What works for one, may not work for one more.

Cognitive Behavioural Therapy (CBT)

Psychological brain researches accept that there is interaction among contemplations, feelings and activities. The affiliation is a two route procedure in which contemplations can reason sentiments and things to do whilst emotions and states of idea can alternate mental procedures. These thusly determine our activities. The exercise of self mischief would as a result be in a position to be switched via altering the manner of thinking. CBT permits the enduring character to find and discuss about the simple musings and sentiments on a personal balanced premise with a specialist. The marketing consultant allows a character to see 'how his emotions construct up a longing to self-hurt'. Advisors moreover outfit the

Self Harm Behaviour among Teenagers

consumer with how to supplant the terrible and nonsensical musings with gradually really appropriate and superb contemplations and include higher methods of dealing with stress.

Dialectical Behaviour Therapy (DBT)

DBT is a talking treatment which is like CBT and has been adjusted to help individuals who experience extraordinary feelings that adversely influence their psychological or physical wellbeing. The treatment works by concentrating on tolerating what your identity is and testing any contemplations of self-loathing which can be an impetus for self-hurt, and empowers a discourse with you and the advisor to progress in the direction of rousing you to roll out the improvements for yourself to assist you with feeling good. The element unmistakably demonstrates that dialectical conduct treatment and psychological conduct treatments have functioned admirably (Perseus, Kaver, Ekdahl, Asberg, Samuelsson (2007).

Behavioural Therapies (BT)

The normal intercession approaches utilized in conduct treatment are adapting and social aptitudes preparing, possibility the executives, displaying, uneasiness decrease and unwinding strategies, self-administration techniques, and conduct practice (Glass and Arnkoff 1992).

Psychodynamic Therapy (PT)

Especially viable when attempting to diminish the sentiments of tension or despondency that might be related with self-hurt, just as a wide scope of other emotional well-being issues, psychodynamic treatment includes talking about how your past encounters may be influencing how you feel in the present day. By making associations between huge occasions or periods throughout your life, you can start to roll out positive improvements to influence how you are feeling in the present, rather than harping on past encounters.

Family Therapy (FT)

On the off chance that you have a more seasoned youngster or adolescent who is inclined to self-hurting, at that point family treatment gives the chance to improve lines of correspondence, helping you to figure out how best to help them and comprehend what they are experiencing during what is a troublesome time in their lives.

Defensive factors are associations with grown-ups, strong family connections, the impression of a standardizing control all things considered, customary companions' models of conduct, great school results, inclusion in ace social gatherings and in positive social exercises, uplifting frame of mind toward school and prejudice of abnormality, strict confidence, and volunteer group.

CONCLUSION

Finally, self-injury behaviour (SIB) is defined as the direct injuring of the body. So far, cutting and self-mutilation have been used for any self-harming behaviour. Overall, the most common form of self-harm is using a sharp object to cut one's skin, burning, scratching and hitting body parts. Interfering with wound healing, excessive skin picking, hair pulling and the ingestion of toxic substances or objects as self-harm, in recent terminology, are differentiated from the term self-harm. While suicide is not the intention of self-harm, the relationship between self-harm and suicide is complex, as self-harming behaviour may be potentially life-threatening. There is also an increased risk of suicide in individuals whose self-harm is found in nearly fifty per cent of suicides. On the other hand, generalizing individuals who self-harm to be suicidal is, in the majority of cases, imprecise.

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Self Harm Behaviour among Teenagers

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Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Kumari S. (2022). Self Harm Behaviour among Teenagers. *International Journal of Indian Psychology*, 10(1), 374-380. DIP:18.01.034.20221001, DOI:10.25215/1001.034