

SELF-HARM IN ADOLESCENCE

Postdoctoral researcher Remus Runcan¹

Assoc. Prof. Patricia Luciana Runcan²

Prof. Cosmin Goian³

Assoc. Prof. Bogdan Nadolu⁴

Prof. Mihaela Gavrilă Ardelean⁵

^{1, 2, 3, 4} West University, Timișoara, Romania

⁵ Aurel Vlaicu University, Arad, Romania

ABSTRACT

This study provides the synonyms for the terms deliberate self-harm and self-destructive behaviour, together with a psychological portrait of self-harming adolescents, the consequence of self-harm, the purpose of self-harm, and the forms of self-harm. It also presents the results of a survey regarding the prevalence of people with non-suicidal self-harming behaviour, the gender of people with non-suicidal self-harming behaviour, the age of the first non-suicidal self-harming behaviour in these people, the frequency of non-suicidal self-harming behaviour in these people, the association of the non-suicidal self-harming behaviour with substance misuse in these people, the relationships of the people with non-suicidal self-harming behaviour with their fathers, mothers, and siblings, the relationships of the people with non-suicidal self-harming behaviour with their friends, the possible causes of self-harming behaviour in these people, and the relationship of people with non-suicidal self-harming behaviour with religion. Some of the results confirmed literature results, while others shed a new light on other aspects related to people with non-suicidal self-harming behaviour.

Keywords: self-harm, adolescence, non-suicidal self-harming behaviour

INTRODUCTION

Deliberate self-harm (DSH) (“intentional self-injury or self-poisoning, irrespective of type of motivation or degree of suicidal intent” – [2]) is also called **focal suicide, intentional self-harm, nonsuicidal self-harm, nonsuicidal self-injury, parasuicide, self-abuse, self-destructive behaviour, self-harm, self-harm / harming behaviour, self-inflicted violence, self-injurious behaviour, self-injury, self-mutilation, self-mutilative behaviour, self-wounding, and suicidal self-harm**. **Self-destructive behaviour** has for synonyms, according to [11]: *antisuicide, carving, delicate cutting, indirect self-destructive behaviour, nonfatal suicide, parasuicidal behaviour, self-attack*, and *wrist slashing*, terms unfortunately not defined. No matter the term used, self-injury has its place in the hierarchy of self-injurious thoughts and behaviours, where it is important to distinguish between self-injurers with intent to die and self-injurers without intent to die [1], [8]

The majority of self-mutilators are adolescents or young adults, are aged in middle to late adolescence at the first episode of self-mutilation, are angry and anxious, are mostly female, are often underemployed and are single; they have a lower vocational achievement in spite of equivalent education and more extensive treatment histories than other personality-disordered patients; and they tend to have more suicidal ideation and more past suicide attempts independent of their self-mutilation. Self-harm behaviours are compulsive, episodic, purposeful, repetitive, ritualistic, and sometimes accompanied by anxiety and/or depression [15]. It is imperative to identify and control these behaviours because self-harm has short- and long-term consequences such as distress, mental ill health, physical ill health, poor educational, vocational & economic participation outcomes, poor treatment responses, repeat episodes of self-harm, suicide attempts, suicide & premature mortality, substance misuse, and traffic accidents [3], [4], [14]. Though self-harm is not suicide, it may become suicide [6], [10], [13].

The **purpose of self-harm** may be one of several of the following: change emotional pain into physical pain, create a reason to physically care for themselves, escape traumatic memories, express something that is hard to put into words, express suicidal feelings and thoughts without taking their own life, have a sense of being in control, have something in life that they can rely on, punish themselves for their feelings and experiences, reduce overwhelming emotional feelings or thoughts, stop feeling numb, disconnected or dissociated, or turn invisible thoughts or feelings into something visible [5], [6], [7], [9], [12].

Are **forms of self-harm**: biting, bone breaking, branding, bruising, castration, derma abrasion / abuse / contusion or self-inflicted epidermal damage (skin banging, skin burning, skin carving with designs, words, or other symbols, skin cutting, skin piercing, skin picking, self- / skin punching), excessive body piercing, excoriations, eye enucleation, eyeball pressing, finger biting, food refusal / restriction, hanging, head banging, exercising excessively, getting into fights where one gets hurt, hitting, inserting objects into body, interference with wound healing, jumping from a height, jumping in front of a car / train / metro train, limb amputation, marking, needle sticking, pinching, promiscuity, pulling hair, pulling skin, scratching, self-cutting, self-hitting, self-poisoning (with alcohol; overdosing with drugs / medicines such as antidepressants, non-opiate analgesics, paracetamol, sedatives, tranquillisers; non-ingestible substances such as household bleach, recreational drugs), shooting, stabbing, swallowing objects, tattooing, wrist slashing, self-destructive behaviours (drinking, over-eating, smoking, under-eating).

MATERIAL AND METHOD

Two hundred and seventy-six respondents – adolescents and young people – were asked to participate in a survey based on a 10-item questionnaire containing closed questions regarding *people with non-suicidal self-harming behaviour* in their entourage. This indirect approach to the issue is justified by the reservation

adolescents and young people have when asked to speak openly about their own problems – particularly when they are asked to speak about delicate matters such as alexithymia, anxiety, depression, self-harm, or suicide. Responses are analysed and discussed below, and correlations are made with results in literature, where the case.

RESULTS AND DISCUSSION

Responses to Question no. 1 – *Is there anyone in your entourage with non-suicidal self-harming behaviour?* are summarised in Figure 1 below.

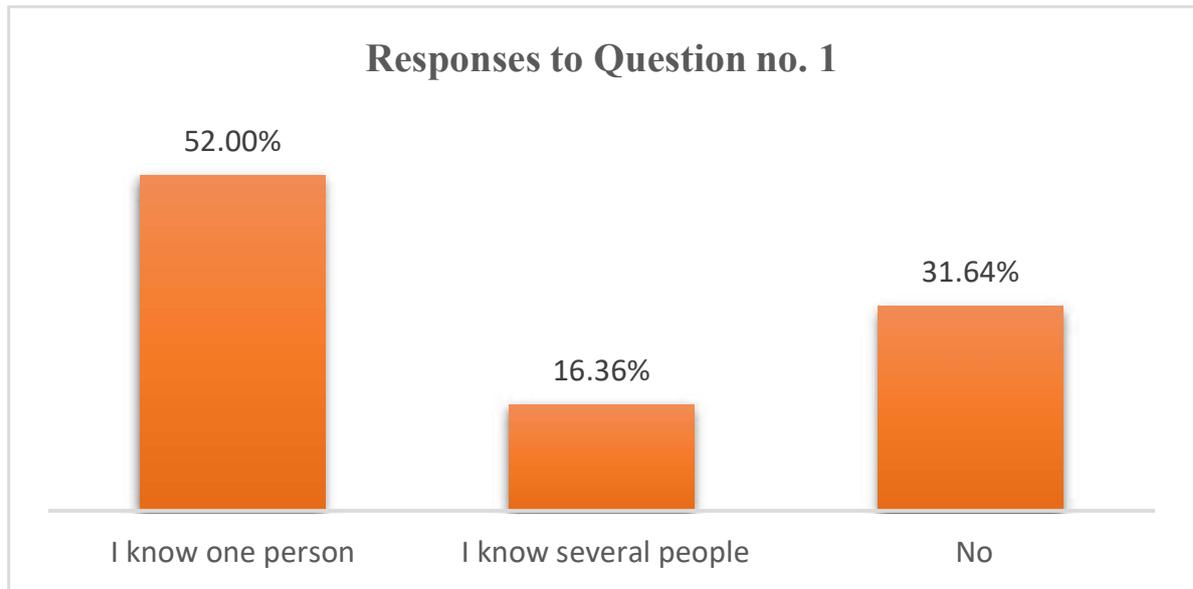


Figure 1. Responses to Question no. 1

Of the 276 respondents, 275 responded this question: more than half of respondents (52.00%) *know somebody with a non-suicidal self-harming behaviour*, 16.36% of respondents *know several people with such a behaviour*, and 31.64% respondents said *they did not know any*.

Responses to Question no. 2 – *The people with non-suicidal self-harming behaviour is/are males or females?* are summarised in Figure 2.

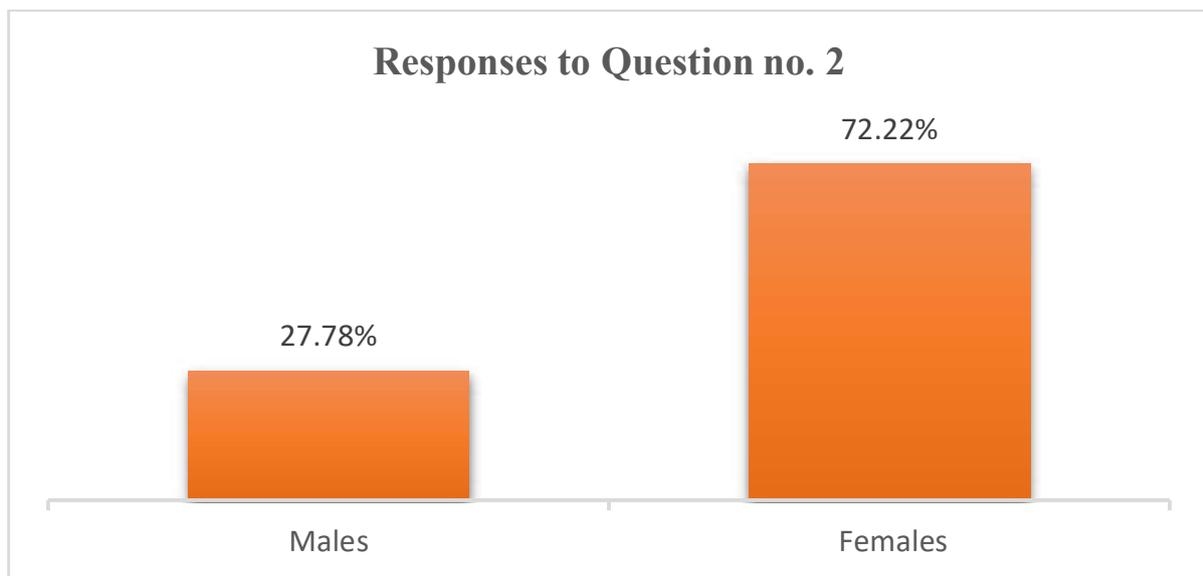


Figure 2. Responses to Question no. 2

Only 198 respondents of the 276 answered this question: 72.22% identified people with a non-suicidal self-harming behaviour as females, while 27.78% identified them as males. These results confirm results in literature: self-harming people are mostly females.

Responses to Question no. 3 – *At what age did the people with non-suicidal self-harming behaviour start this behaviour?* are summarised below.

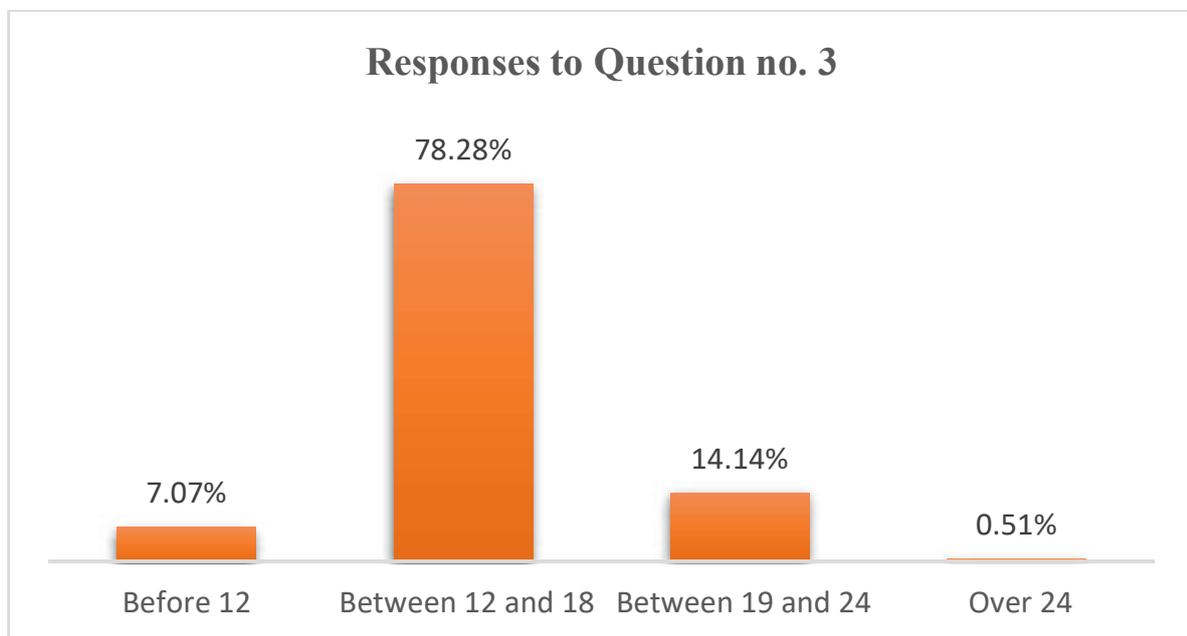


Figure 3. Responses to Question no. 3

Only 198 respondents of the 276 answered this question: 7.07% were people with a non-suicidal self-harming behaviour aged below 12, 78.28% were people aged 12-18, 14.14% were people aged 19-24, and 0.51% was a person aged 24+ (0.51%). These results confirm results in literature: self-harming people are

mainly adolescents or young adults, aged in middle to late adolescence at the first episode of self-mutilation.

Responses to Question no. 4 – *How many times did the people with non-suicidal self-harming behaviour have this behaviour?* are summarised in Figure 4 below.

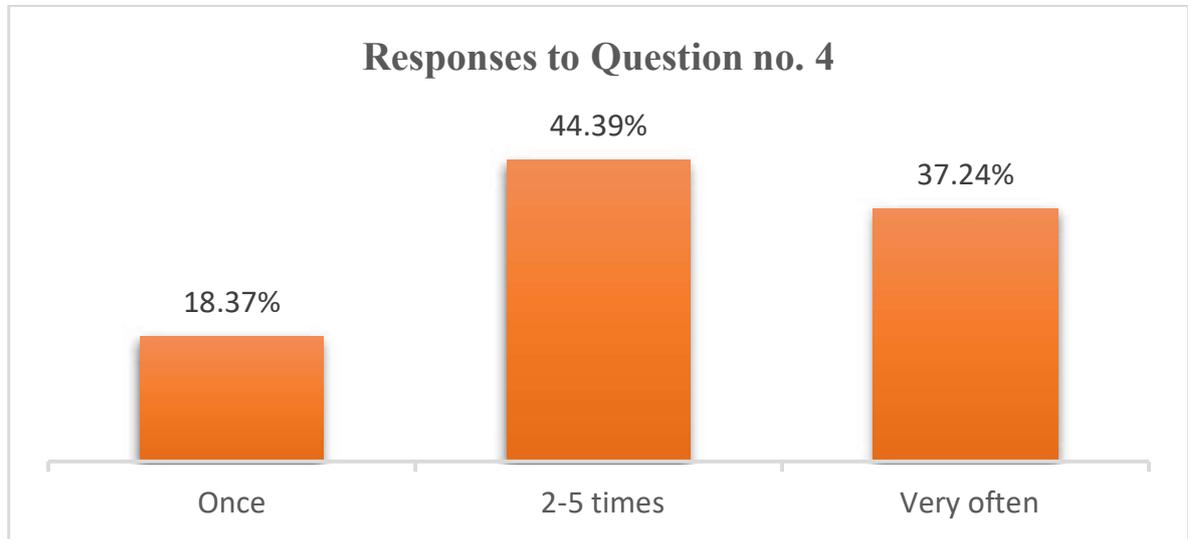


Figure 4. Responses to Question no. 4

Only 196 respondents of the 276 answered this question: 18.37% were people with a non-suicidal self-harming behaviour who did it *once*, 44.39% people who did it *2-5 times*, and 37.24% people who did it *very often*. These results confirm results in literature: self-harm behaviours are repetitive.

Responses to Question no. 5 – *To your knowledge, did the people with non-suicidal self-harming behaviour take drugs or other hallucinogenic substances?* are summarised in Figure 5.

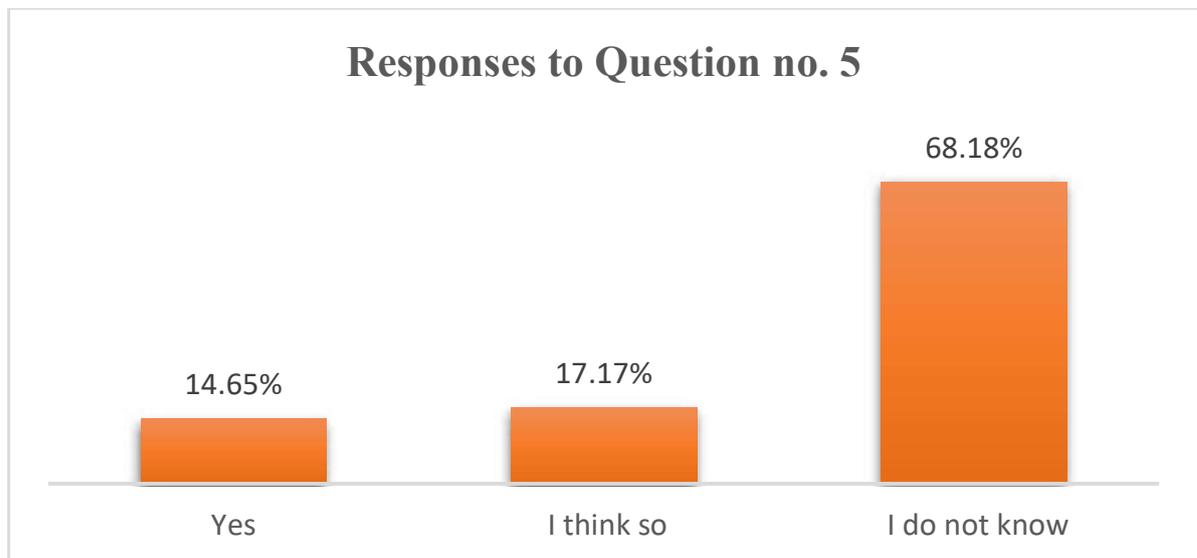


Figure 5. Responses to Question no. 5

Only 198 respondents of the 276 answered this question: 14.65% of respondents were confident the people with a non-suicidal self-harming behaviour took drugs or other hallucinogenic substances, 17.17% thought they did, and 68.18% said they did not know anything about it. These results confirm results in literature: people with self-harming behaviour also have substance misuse issues.

Responses to Question no. 6 – *How would you characterise the relationships of the people with non-suicidal self-harming behaviour with their fathers, mothers, and siblings?* are summarised below.

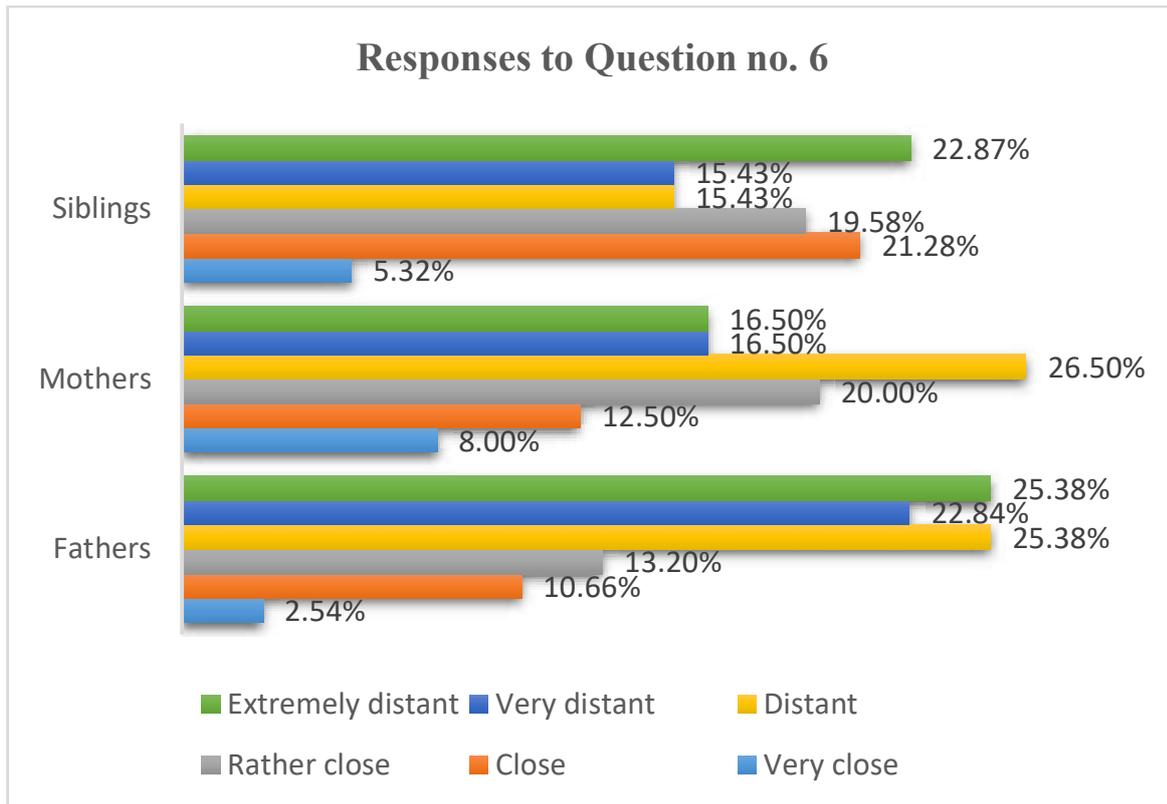


Figure 6. Responses to Question no. 6

Only 195 respondents of the 276 answered this question: 8.00% of respondents characterised the relationship of the people with a non-suicidal self-harming behaviour with their mothers as *very close*, 5.32% of respondents characterised the relationship of the people with a non-suicidal self-harming behaviour with their siblings as *very close*, and only 2.54% of respondents characterised the relationship of the people with a non-suicidal self-harming behaviour with their fathers as *very close*; 25.38% of respondents characterised the relationship of the people with a non-suicidal self-harming behaviour with their fathers as *extremely distant*, 22.87% of respondents characterised the relationship of the people with a non-suicidal self-harming behaviour with their siblings as *extremely distant*, and 16.50% of respondents characterised the relationship of the people with a non-suicidal self-harming behaviour with their mothers as *extremely distant*. Overall, **mothers** scored the highest in *very close* relationships and the least in *extremely distant* relationships, **fathers** scored the least in *very close* relationships and the highest in *extremely distant* relationships,

while the scores of the **siblings** ranged between the scores of the mothers and fathers. These results confirm results in literature: low percentages in closeness might explain why people with a non-suicidal self-harming behaviour need to change emotional pain into physical pain.

Responses to Question no. 7 – *How would you characterise the relationships of the people with non-suicidal self-harming behaviour with their friends?* are summarised in Figure 7 below.

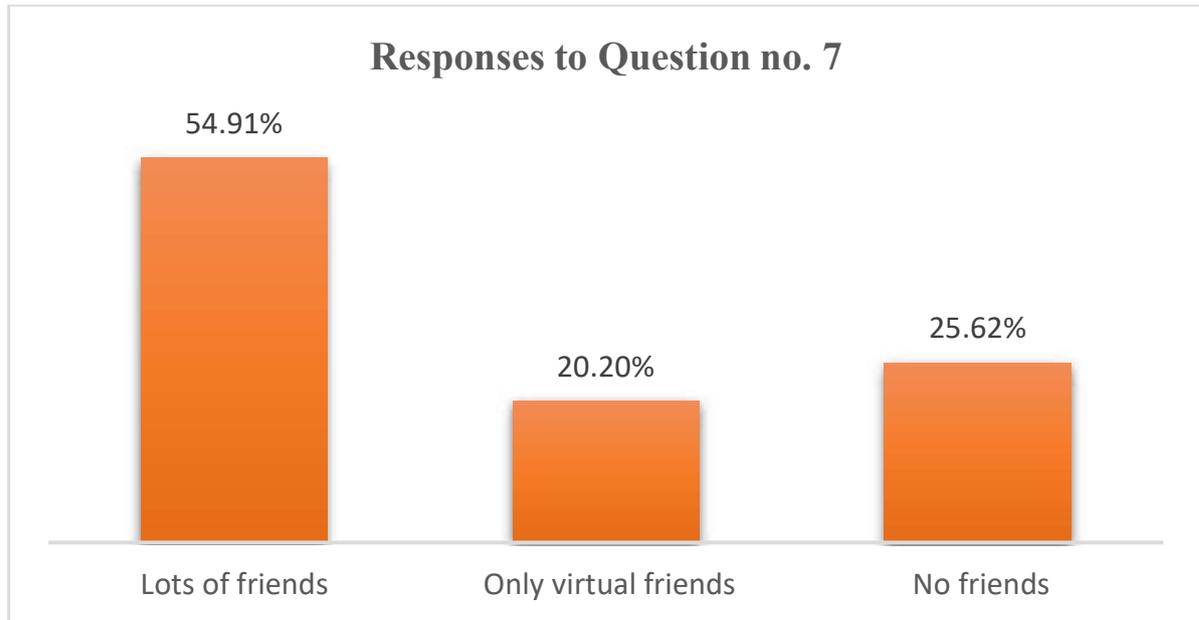


Figure 7. Responses to Question no. 7

Only 203 respondents of the 276 answered this question: according to them, 54.91% of people with a non-suicidal self-harming behaviour have *lots of friends*, 20.20% of them have *only virtual friends*, and 25.62% have *no friends*. These results confirm results in literature: people with a non-suicidal self-harming behaviour need to create a reason to physically care for themselves and have something in life that they can rely on.

Responses to Question no. 8 – *Which of the following causes for self-harming behaviour seems to you more close to the real one?* are summarised in Figure 8.

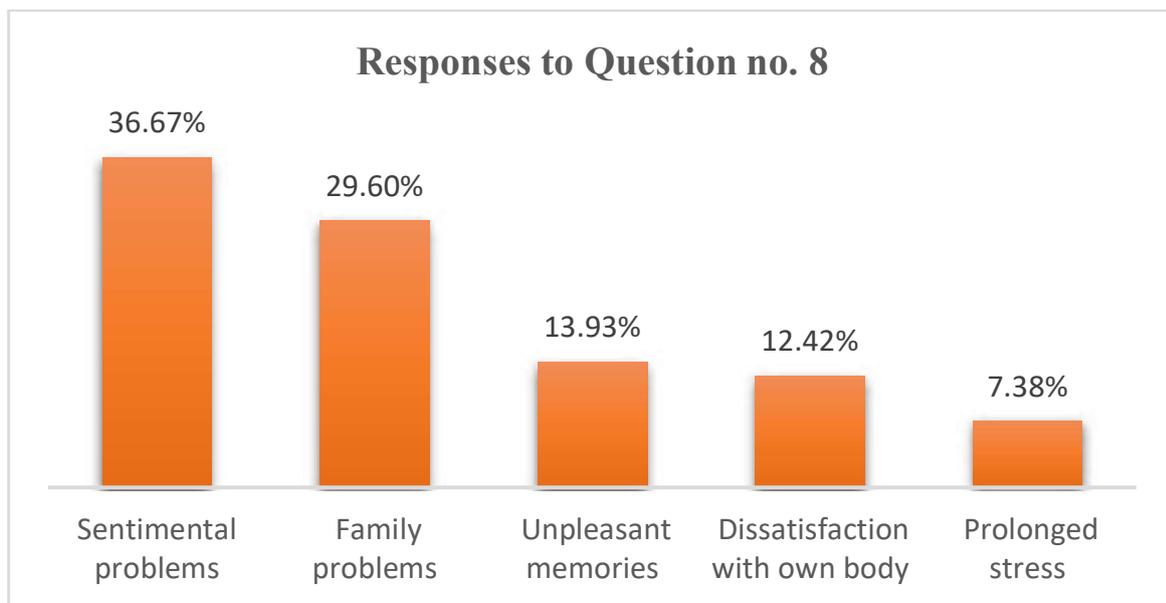


Figure 8. Responses to Question no. 8

Only 198 respondents of the 276 answered this question: according to them, 36.67% of people with a non-suicidal self-harming behaviour harmed themselves because of sentimental problems, 29.60% of them did it because of family problems, 13.93% did it because of unpleasant memories, 12.42% did it because they were not satisfied with their own aspect, and 7.38% did it because of the high-level stress. This confirms results in literature: people with a non-suicidal self-harming behaviour harm themselves because they need to change emotional pain into physical pain, escape traumatic memories, express something that is hard to put into words, have a sense of being in control, have something in life that they can rely on, punish themselves for their feelings and experiences, reduce overwhelming emotional feelings or thoughts, or stop feeling numb.

Responses to Question no. 9 – *People with a non-suicidal self-harming behaviour come from which environment – urban or rural?* are summarised below.

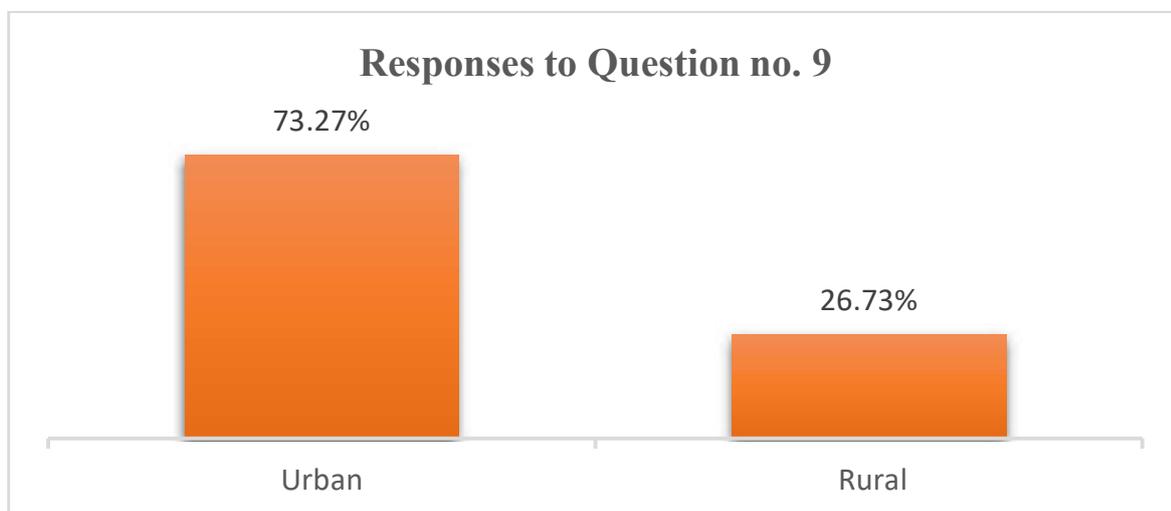


Figure 9. Responses to Question no. 9

One hundred and forty-eight people (73.27%) with a non-suicidal self-harming behaviour come from the urban environment, while 54 (26.73%) come from the rural environment.

Responses to Question no. 10 – *People with a non-suicidal self-harming behaviour are believers and go to church regularly or are they not believers?* are summarised in Figure 10 below.

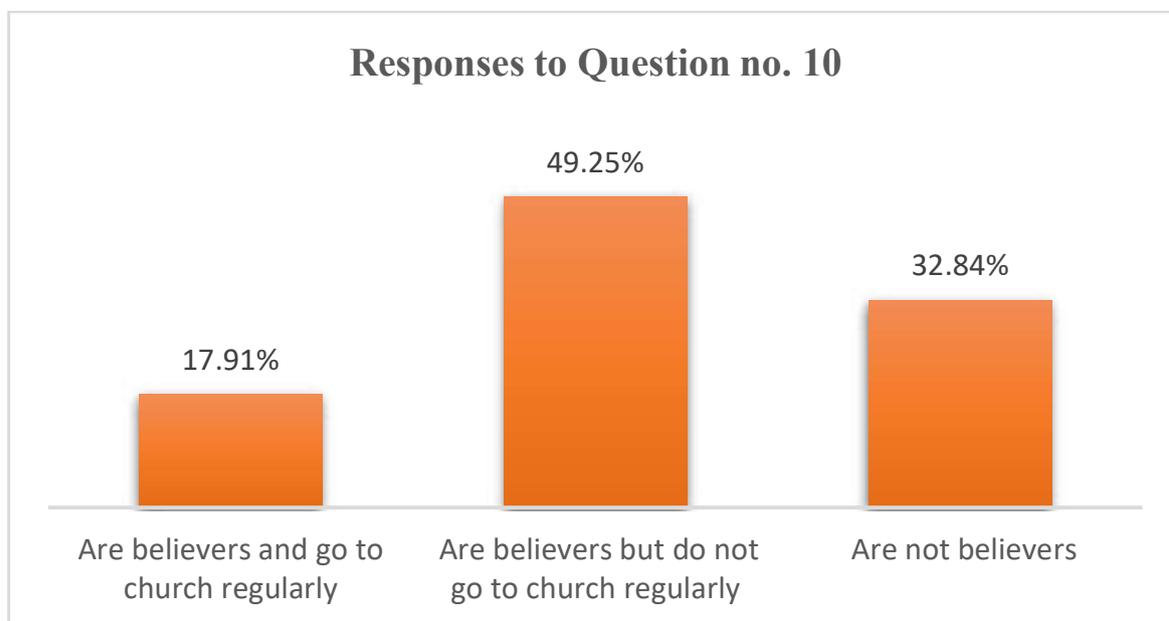


Figure 10. Responses to Question no. 10

Cumulated, the percentage of people with a non-suicidal self-harming behaviour that are believers and go to church regularly or not (67.16%) is more than twice the percentage of people with a non-suicidal self-harming behaviour that are non-believers (32.84%), which means that religion is not an answer to their issues.

CONCLUSION

The results above confirm some of the results presented in literature: self-harming people are mostly females; self-harming people are mainly adolescents or young adults, aged in middle to late adolescence at the first episode of self-mutilation; self-harm behaviours are repetitive; people with self-harming behaviour also have substance misuse issues; low percentages in closeness (to their fathers, mothers, and siblings) might explain why people with a non-suicidal self-harming behaviour need to change emotional pain into physical pain; people with a non-suicidal self-harming behaviour need to create a reason to physically care for themselves and have something in life that they can rely on; people with a non-suicidal self-harming behaviour harm themselves because they need to change emotional pain into physical pain, escape traumatic memories, express something that is hard to put into words, have a sense of being in control, have something in life that they can rely on, punish themselves for their feelings and

experiences, reduce overwhelming emotional feelings or thoughts, or stop feeling numb.

The results above also shed a new light on other aspects regarding people with a non-suicidal self-harming behaviour: two thirds of people with a non-suicidal self-harming behaviour are known to the people in their environment – which means that, at some point in time, they could get the support they desperately need; religion is not an answer to the problems of people with a non-suicidal self-harming behaviour.

ACKNOWLEDGEMENTS

Writing this paper was possible due to financial support provided by „Entrepreneurial Education and Professional Counseling for Social and Human Sciences PhD and Postdoctoral Researchers to ensure knowledge transfer” Project, co-financed from European Social Fund through Human Capital Programme (ATRiUM, POCU380/6/13/123343).

REFERENCES

- [1] Del Bello, Valentina, Verdolini, Norma, Pauselli, L., Attademo, L., Bernardini, F., Quartesan, R. & Moretti, Patrizia. Personality and Psychotic Symptoms as Predictors of Self-Harm and Attempted Suicide. *Psichiatria Danubina*, 27(1), 285-291, 2015.
- [2] Hawton, K., Casey, Deborah, Bale, Elizabeth, Shepher, Anna, Bergen, H. & Simkin, S. *Deliberate self-harm in Oxford 2008*. Oxford: Centre for Suicide Research. 2008.
- [3] Hetrick, Sarah E., Subasinghe, A., Anglin, K., Hart, Laura, Morgan, Amy & Robinson, J. Understanding the Needs of Young People Who Engage in Self-Harm: A Qualitative Investigation. *Frontiers in Psychology*, 10, 1-10. DOI: 10.3389/fpsyg.2019.02916, 2020.
- [4] Hetrick, Sarah. Suicide and Self-Harm in Adolescents. *The New Zealand Early Intervention in Psychosis Training Forum, Christchurch, November 2017*, 1-66, 2017.
- [5] Huang, X., Ribeiro, Jessica D. & Franklin, J. C. The Differences Between Individuals Engaging in Nonsuicidal Self-Injury and Suicide Attempt Are Complex (vs. Complicated or Simple). *Frontiers in Psychiatry*, 11, 1-15. DOI: 10.3389/fpsyt.2020.00239, 2020.
- [6] Löf, J., Clinton, D., Kaldo, V. & Rydén, G. Symptom, Alexithymia and Self-Image Outcomes of Mentalisation-Based Treatment for Borderline Personality Disorder: A Naturalistic Study. *BMC Psychiatry*, 18(185), 1-9. DOI: 10.1186/s12888-018-1699-6, 2018.

- [7] Marchant, Amanda, Hawton, K., Stewart, Anna, Montgomery, P., Singaravelu, V., Lloyd, K., Purdy, N., Daine, Kate & John, Ann. A Systematic Review of the Relationship Between Internet Use, Self-Harm and Suicidal Behaviour in Young People: The Good, The Bad and The Unknown. *PLoS ONE*, 12(8), 1-26. DOI: 10.1371/journal.pone.0181722, 2017.
- [8] Nock, M. K. Self-Injury. *Annual Review of Clinical Psychology*, 6, 339-363. DOI: 10.1146/annurev.clinpsy.121208.131258, 2010.
- [9] Oktan, V. Self-Harm Behaviour in Adolescents: Body Image and Self-Esteem. *Journal of Psychologists and Counsellors in Schools*, 27(2), 177-189. DOI: 10.1017/jgc.2017.6, 2017.
- [10] Olfson, M., Wall, Melanie, Wang, S., Crystal, S., Bridge, J. A., Liu, S.-M. & Blanco, C. Suicide After Deliberate Self-Harm in Adolescents and Young Adults. *Paediatrics*, 141(4), 1-14, 2018.
- [11] Openshaw, Linda. *Social Work in Schools: Principles and Practice*. New York & London: The Guilford Press, 2008.
- [12] Raffagnato, Alessia, Angelico, Caterina, Valentini, Perla, Miscioscia, Marina & Gatta, Michela. Using the Body When There Are No Words for Feelings: Alexithymia and Somatization in Self-Harming Adolescents. *Frontiers in Psychiatry*, 11, 1-10. DOI: 10.3389/fpsy.20200.00262, 2020.
- [13] Raitt, Carolyn. Nonsuicidal Self-Injury Among Adolescents Implications for Treatment, Prevention, and Research. *Clinical Science Insights*, 1-8. Evanston, IL: Northwestern University, 2018.
- [14] Shanahan, N., Brennan, Cathy & House, A. Self-Harm and Social Media: Thematic Analysis of Images Posted on Three Social Media Sites. *MBJ Open*, 1-6. DOI: 10.1136/bmjopen-2018-027006, 2019.
- [15] Whitlock, J. Self-Injurious Behaviour in Adolescents. *PLoS Medicine*, 7(5), 1-4. DOI: 10.1371/journal.pmed.1000240, 2010.