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Non suicidal self-injury among youths: A probe into the ‘what’s’ and ‘whys’ of self-harm

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Abstract

Self-harm is defined as hurting oneself intentionally. It is basically when people try to do things that will cause them intense pain but not leading to death. This drastic increase in self-injury or deliberate Self-harm in youngsters has become a growing concern. Hence, this study aims to delve deep into the reasons of Self-harm and probe the possible causes of why adolescents and young adults are so prone towards Non Suicidal Self-Injury (NSSI). The study also tries to understand its impact on their psychological wellbeing. Hence, semi-structured interviews were conducted on individuals, aged between 15 to 25 years, having history of NSSI behaviours or seeking treatment for the same. Thematic analyses were used to analyse the data. Analyses revealed various reasons of why people injure themselves. On one hand, some feel relieved by assuming that traumatic feeling is being released when they harm themselves and on the other some engage in Self-harm because that physical sensation of pain makes them feel alive.

Keywords: Non suicidal self-injury, self-harm, psychological wellbeing

Introduction

Non-suicidal self-injury disorder or self-harm is defined as hurting yourself intentionally. Self-harm is basically when people try to do things that will cause them intense pain but not lead to death. There are varied reasons why people injure themselves. Some might feel relaxed or relieved by assuming that pressure or traumatic feeling is being released when they harm themselves or some might self-harm because that physical sensation of pain makes them feel that they are alive. Drastically It can become more severe than intended and can lead to infections. People who self-harm themselves usually cut or burn to such extent that it will not cause death (Bhola *et al.*, 2017) [2]. Basically, it is not meant as suicide attempt, the individuals use ‘self-harm’ as coping mechanism to deal with any kind of emotional pain, anger, sadness or stress. Self-injury by people is usually done in private or in the place where the victim is alone, and all the injuries happen in a very controlled manner and in specific patterns. Harming oneself even in a minor term, or even thoughts of harming yourself or oneself is enough sign for bigger stressors that need attention which is still not that much taken into consideration. Now the possible reasons why people deliberately hurt themselves are many. Such as 1) work or school pressure 2) bullying 3) sexual, physical or emotional abuse 4) homophobia, transphobia, biphobia 5) breakdown of a relationship 5) feeling of anger, numbness, stress, anxiety and many more (Gandhi *et al.*, 2016) [7]. Some people self-harm a specific area or part of the body which has some kind of connection to their past experiences of trauma or some harm to get the attention of their person of interest or some just keep their self-injury private. Self-harm to get noticed by others is not wrong, every individual requires that sympathetic response that they need, and attention of medical professionals is also of great need (Madge *et al.*, 2008) [8]. Adult self-mutilation or self-injury are caused due to the presence of other psychotic disorders like depression, bipolar disorder or borderline personality disorder. Adult self-injury is usually minimally reported because there’s an association of embarrassment and guilt in their behaviour, thus many do not seek help, but they are only at more risk in comparison to their younger counterparts. Adult self-mutilation or self-injury are caused due to the presence of other psychotic disorders like depression, bipolar disorder or borderline personality disorder. Adult self-injury is usually minimally reported because there’s an association of embarrassment and guilt in their

behaviour, thus many do not seek help, but they are only at more risk in comparison to their younger counterparts (Aggarwal *et al.*, 2021) ^[1]. Lastly, this non suicidal self-harm can lead to suicide attempts so early intervention and treatment and counselling should be provided to such individuals to get help and acquaintance healthier ways to cope in awful situations than getting involved in unhealthier self-mutilation.

A systematic review and meta-analysis a comparison of emergency department visits who tried attempting suicide, self-harm, and suicidal imaginativeness before and during COVID 19 pandemic was done. In which it was evident that the pre-pandemic analysis of data indicated that in adolescent girls aged between 15-19 years, suicide was the third leading cause of death and in case of boys it was the fourth leading cause (Young *et al.*, 2007) ^[13]. In fact, the evidence for high prevalence of suicidal imaginativeness and self-harm was also analyzed before pandemic. One out of seven adolescents, whose age range was 12-16 years has reported that they have scrutinized suicide and one in six adolescents between age 13–18 years have disclosed that they were involved in self-harm behaviour. Their meta-analysis on recent data also elaborates those one out of three adolescent girls and one in seven adolescents' boys had been solemnly thought through suicide temptations. So, death rate by suicide in 13-17 years olds increased from July to December, 2020 (Gabriel, 2014) ^[6]. In 2021, a qualitative study to get a better understanding of self-mutilation in 9 adolescent girls aged between 13-17 years by interview method. Their findings revealed that self-harm among them was accomplished by some kind of powerful urges occurring both mentally and physically (McHale & Felton, 2010) ^[9]. The study further stated that self-harm is a compulsive disorder rather than an impulsive one. The factors that were taken into consideration in the following study were an addictive urge, interpersonal relationship, interpersonal triggers. Seeking help from family and friends in this case is very much needed. In 2021, a cross sectional study in India regarding self-harm among adolescents. This study identifies the possible risk factors that deliberately influence self-harm among adolescents (Gindhu & Reichl, 2005) ^[10]. In 2021, a type of review study on men who self-harm as a complex phenomenon (Skeg, 2005) ^[11]. The study followed the research design of methodological framework. Their findings revealed that men's self-harm behaviours are related to some mental disorders, a conveying factor for affect regulation, loss of self-control, and lack of interpersonal communication. They further analysed that self-harm can be caused due to both positive and negative experience. Wide varieties of methods like using of sharp objects, injection, ingestion without aids or wreckful behaviour (Stanicke *et al.*, 2018) ^[12]. It was then concluded that men's self-harm should be understood as a complex, socially and culturally conditioned phenomenon and can be studied on the ground of multitude of perspectives.

Methodology

1. A qualitative analysis was done by conversing an in depth interview on 13 participants (Age range 18-23) who have been involved in Non-Suicidal Self Injurious Behaviour for more than 4 years.
2. 4 males and 9 females were randomly chosen from the original sample.

3. Their narratives were audio recorded and transcription was done.
4. The transcription was analysed following the qualitative method.
5. Open coding, focused coding and axial coding were done step by step.

Results and Discussions

Following are the axial coding of the study:

- Parental and sexual abuse during growing phase.
- Social unacceptance caused isolation that resulted in commitment issues in love life.
- Betrayal from parents.
- Not showing the NSSI behaviour or even injury to anyone.
- Non-supportive environment.
- Suffered alone, didn't consult any medical help or professional help of psychologist or counsellor.
- Uncontrollable urge to harm oneself.

Further analysis and discussion of the axial coding are as follows: "At the age of 9 years I got to know that I was adopted, I was sexually abused at 7th grade. I think that incident changed my gender identity." (AD, a female participant)

The clients or the participants have pointed out certain primary reasons that can be the root causes of prevailing NSSI behaviour. Firstly, any kind of parental abuse and betrayal from them like not getting enough mental support, not believing in their child's serious talk etc. Basically, parents do not show much concern or high conflict with family causing severe stress. Secondly, child or adolescent sexual abuse that resulted to lifelong trauma or even PTSD. Thirdly, not getting accepted on social grounds, like having difficulty in making friends or having a single friend to whom they entrust themselves but get betrayed by them too. Lastly, getting betrayed in love and other intimate relationships.

The connection between traumatic impact and dissociation caused in NSSI while getting exposed to traumatic stressors and PTSD has been reviewed in an article called Journal of Trauma & Dissociation (Ford & Gomez.,2015) ^[4]. The main causes reported were related to oneself (Like dis-balanced emotion, gender related psychiatric disorder etc.), environmental factors (like juvenile ill-treatment, parental conflicts and academic stress etc.), Co-existing factors (like depressive disorders, adjustment disorders, academic stress etc.) (Fernandez *et al.*, 2022) ^[5].

"I didn't think it to be a big deal, I used to hide it from everyone, I felt frustrated whenever anybody says, "I get irritated so quickly, I should consult a psychiatrist and all". Then the client says, "I am not mad or suffering from any disease that will require medicine to cure, anger is my only true emotion, why I'll reduce it". (S.C, a female participant) Feelings involved in self-harm include feeling of rejection (wanting attention of specific beings). It occurs much before NSSI behaviour. Then the next feeling that is experienced is feeling of relief or escapism (escape from that distress causing agent or simply getting relief or pleasure). It occurs during the process of self-harm). Individuals reported to be hypothesized by feelings of escapism, preoccupied with fantasies of escape-feelings of blocked anger or fantasies related to it. (Clarke *et al.*, 2016) ^[3].

Coping mechanisms

The clients who were successful to overcome this behaviour or tried to reduce it to some extent, used some of the following coping strategies; like getting medical help, ignoring talks that gave them negative vibes, getting acquainted with good friends, involving in physical exercises and meditation, devoting more time for reading and studying and travelling. Parental support is also a great source of coping for them.

Conclusion

It can be concluded from the following research thesis provides further evidence that non-suicidal self-injury may be engaged in to reduce suicidal risk but still for some it's still a compulsive behaviour. Seeking the help of helpful and faithful friends, lovers and supportive and caring family may reduce the urge to self-harm.

Limitations

1. As it was purposive sampling method so all the participants were selected on that basis only, they were not selected randomly.
2. It was a qualitative analysis so it mainly focused on client's thoughts, their way of perceiving situations, feelings and emotions not on the degree or level of it which is perfectly measured by quantitative analysis.
3. Rapport establishment surely required sometime.

Implications

Therefore, the study provided the subjective details regarding self-harm and behaviour involved in it, proving that self-harm is not just mere madness but a state of immense distress. Thus paying attention to live experiences of self-harm could provide a deep insight of how and why people does such kind of behaviour to hurt themselves intensely and repeatedly. As hurting oneself physically might make this behaviour a conditioned reflex.

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