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Research Article

SELF HARM BEHAVIOIR

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ABSTRACT

In this study, it is aimed to examine this research from a wide perspective and to emphasize the importance of more specific studies on the subject.

In this research, national and international studies on self-harm behavior were compiled.

Self-injurious behavior is frequently encountered as an advanced behavioral problem. (Şipal, 2010) Self-injurious behavior is that a person can harm one's own tissues in such a way as to cause severe acts without the will to die consciously. Self-injurious behavior is associated with many psychiatric disorders. In addition, deliberate self-harm behavior should be separated from suicide attempts. Self-injurious behavior usually begins in adolescence. "In the community sample studies, it was found that self-injurious behavior was seen in 1/3 and 1/2 of adolescents (Lloyd-Richardson et al. 2007, Yates et al. 2008). self-injurious behavior typically begins in adolescence and often occurs impulsively; adolescents and young adulthood (Claassen et al. 2006) (Bildik, Somer, Basay, Basay, & Ozbaran, 2012). According to the results of the study, identity confusion and low self-esteem symptoms were found to be significantly more frequent in adolescents with self-injurious behavior (Akdemir, Zeki, Unal, Kara, & Cetin, 2013). It is observed that traumas experienced in the past are related to deliberate self-harm behavior. There are many reasons for self-harm behavior. One of them is abuse. If the trauma experienced is remembered, self-harm behavior arises in order to replace the high level of anxiety with physical pain. Miller and Favazza investigated the reasons for self-mutilation and listed the factors that caused self-mutilation as follows: To have a sense of relaxation; Suppressing emotional pain; Moving away from the feeling of emptiness to show their experiences.(Aksoy, Ögel, 2003). However, in individuals who frequently repeat the act of self-harm, feelings of embarrassment, guilt, regret, and desire for social isolation may also be exacerbated by the stimulation of other negative emotions. (Gratz, 2003) It has been suggested that there may be many biological factors under self-harm behavior. Some of them are opiate system disorder, hypersensitivity of dopamine receptors, decrease in the amount of serotonin. There are psychodynamic opinions about self-harm behavior. Emerson (1913) and Fenichel (1945) stated that self-harm behavior is a substitute for masturbation and is equivalent. Then, behaviorists related to self-harm behavior started to study. According to the behavioral approach, self-harm behavior was later learned and considered as a sense of self-protection against the difficulties of life.

Intentional self-harm behavior is difficult to explain, but in recent years it has attracted attention by researchers (Chapman, Gratz, & Brown, 2006). In line with the literature review on the subject, it is seen that the studies on this subject need to be more detailed and more specialized case groups should be examined.

Keywords: *Self harm, abuse, biological factors, psychoanalytical approach, behavioral approach.*

1. INTRODUCTION

Today, violence cases are increasing day by day in terms of quality and quantity. If we make the definition of violence; the most general definition of violence in humans; violations of the law, to harm the person, to insult, to break his dignity, to put an end to serenity and peace, to violate one's right, to hurt, to use force to hurt, excessive destructive behavior, expressing anger in the form of behavior that manifests itself. (Polat, 2017)

These behaviors can be in the form of individual or collective movements. Violent behavior can cause physical, mental and physical injury, or disability. (Polat, 2017)

Violence has become such that people have begun to use violence as a way of expressing themselves. Moreover, as a method of coping with the problems they have experienced, they turn to violent acts and at the same time, some individuals have directed violence and started harming themselves. (Aksoy & Ögel, 2003)

Self-injurious behavior is an individual's attempt at his / her own body. Conscious and repetitive tissue damage in certain parts of the person's body. Self-harm behavior should not be confused with suicide. The distinctive features of suicidal behavior from suicide are that it is not fatal and does not threaten life. (Aksoy & Ögel, 2003)

It is also a state of relief by cutting itself against the pressure of non-compliance and intolerance. (Aksoy & Ögel, 2003)

The basis of self-harm behavior goes back to ancient times and examples are found as follows:

“Herodotus, in his book The Sixth Volume of History, describes “a person who cuts himself slice. In the Old Testament, tan a group that cuts themselves with knives and scalpels”, and in the New Testament, a man under the influence of demons shouting and calling himself with stone (Favazza and Rosenthal 1993, Favazza 1996, Lloyd-Richardson et al. In Greek mythology, Sophocles is told in the tragedy of King Oedipus that when King Oedipus learned that his father had killed and married his mother, he left his eyes with guilt and sinfulness and left the city of Thebes. In Norwegian mythology, Odin gives one of his eyes to drink a single sip of the water of the Mirmir river, which carries wisdom and intelligence in its waters. In the thirteenth century, Marco Polo recounts in his memoirs how a shoe mechanic whom he met in Baghdad blinded his right eye with sin feelings because he looked at his leg while repairing a woman's slippers (Favazza and Conterio 1989)”(Çelik&Hocaoğlu, 2017).

There are many principles underlying self-harm behavior. When these principles are examined, it is seen that abuse and biological causes have an important place and at the same time the reasons of self-injurious behavior are explained with psychodynamic and behavioral approaches.

“Miller and Favazza investigated the reasons for 22 people cutting themselves and listed the factors that caused them to cut themselves:

1. To get away from feelings of emptiness, depression and unrealistic feelings,
2. To have a sense of relaxation,
3. Suppressing emotional pain,
4. Move away from the feeling of emptiness to show their experiences.

(Aksoy & Ögel, 2003)

2. SELF-HARM BEHAVIOR AND ABUSE

Abuses can be physical, mental, emotional or sexual. The mental pain experienced by the abused individuals comes to their minds from time to time and they initiate acts of harm to alleviate the severity of the mental pain they experience. (Zoroğlu, Tüzün, Şar, öztürk, Kora, & Alyanak, 2001)

They learn to shake their bodies in abused children and think that the severity of the unbearable pain they experience is alleviated. (Zoroğlu, Tüzün, Şar, öztürk, Kora, & Alyanak, 2001)

The relationship between physical injury and suicidal behavior with childhood traumas has been clearly demonstrated in many different studies. This relationship was first recognized by Green in the pediatric age group. Subsequently, in the first controlled study, Green showed that 41% of physically abused children and adolescents had suicidal and self-injurious behavior, and this rate was significantly lower in healthy children in the control group. Several studies have demonstrated similar relationships in preschool children, adolescents, and adults. Some studies using severity and frequency assessment tools have demonstrated a dose-response relationship between trauma and self-injurious behavior.”(Zoroğlu, Tüzün, Shar, Öztürk, Kora, & Alyanak, 2001)

Depression is common in abused children. As a result of this depression, children show symptoms such as self-harm, attempted suicide or upset, withdrawal, excessive fatigue, weakness. (Zoroğlu, Tüzün, Şar, öztürk, Kora, & Alyanak, 2001)

As a result of the abuse experienced by the individual in childhood, embarrassment, self-hatred, negative self-perception and feelings of betrayal arise. In order to avoid these negative emotions, the individual may initiate self-harming behavior. (Zoroğlu, Tüzün, Şar, öztürk, Kora, & Alyanak, 2001)

Childhood oppression causes great damage to children. Applying pressure on parents to children in childhood prevents children from discovering themselves and their environment and causes their social abilities to weaken. In this case, it causes an increase in feelings of helplessness in children. Children are left behind from social life as a result of this oppression and the child develops a perception of me and others. In the face of this situation, the child can use self-harm behavior as a means of communication with his family in order to get revenge on his family and at the same time, he can resort to self-harm behavior to express that he is in control. (Zoroğlu, Tüzün, Şar, öztürk, Kora, & Alyanak, 2001)

Self-injurious behavior is also observed as a result of personality disorders in individuals who are abused in childhood. (Aksoy & Ögel, 2003)

3. SELF-HARM BEHAVIOR AND BIOLOGICAL CAUSES

Opiate system: "Opiates reduce the firing rate of LC neurons, thus reducing excitation." (Gül&Eryılmaz, 2015)

In a study conducted in Vietnam veterans, it was observed that pain thresholds increased when individuals recall their traumatic experiences. Endogenous opiate release has been suggested to play a role in dissociation and psychic numbness associated with trauma. (Gül&Eryılmaz, 2015)

It has also been reported that self-injurious behavior occurs as a result of stimulation of opiate receptors. . (Aksoy & Ögel, 2003)

Dopamine System: "It has been suggested that self-injurious behavior in Tourette's Syndrome may be associated with dopaminergic activating disorder and hypersensitivity of dopamine receptors. In a study of 16 mentally retarded patients, it was found that flufenazine reduced self-injurious behavior in 11 patients. It has been suggested that opiate antagonists may have an indirect effect on the dopamine system, reducing the self-injurious behavior and therefore should not include opiate dysfunction in the pathophysiology of self-injurious behavior" . (Aksoy & Ögel, 2003)

Serotonin System: Biological studies have shown that self-cutting behavior may be associated with a decrease in the amount of serotonin. (Gül & Eryılmaz, 2015)

Serotonin is indirectly effective in regulating corticosteroid response to stress by increasing CRH secretion. Metachlorophenylpiperazine, a serotonin agonist, was administered to Vietnam veterans, and anxiety, flashback, aggression, and complex thoughts were observed in the group meeting the post-traumatic stress disorder criteria (Gül&Eryılmaz, 2015).

Anger, aggression, anxiety and impulsivity in self-abusing people were based on the decrease in the amount of serotonin in the brain . (Aksoy & Ögel, 2003)

4. SELF-HARM BEHAVIOR AND PSYCHOLOGICAL THEORIES

Psychodynamic Approach: Emerson and Fenichel stated that self-harm behavior is equivalent to masturbation and that an individual feels pleasure after self-harm behavior. (Aksoy & Ögel, 2003)

Behavioral Approach: Self-injurious behavior is learned later and is considered as a sense of self-protection against the difficulties of life . (Aksoy & Ögel, 2003)

Psychological theories tried to explain self-harm behavior as secondary gain, spread / imitation, adaptation, anger and prevention. (Aksoy & Ögel, 2003)

The motivation behind the secondary gains is the gain that the person will get as a result of self-harm. It is frequently seen in certain populations, such as soldiers and prisoners. Self-injurious behavior in individuals who are members of these groups ends after reaching the goal. Self-injurious behavior in these groups is made to avoid responsibilities, to avoid boredom and to avoid physical hazards. (Aksoy & Ögel, 2003)

Propagation and imitation aim to identify with the group and prove itself. The person can injure himself for group belonging or he can show this behavior again to get himself accepted to a group. (Aksoy & Ögel, 2003)

Anger underlies self-harming behavior. He expresses the anger within himself by harming himself. (Aksoy & Ögel, 2003)

Finally, although there is no self-harm behavior in the person's CV, in prisons, criminals, adolescents, correctional homes, people harm themselves to adapt to their environment.

5. SELF-HARM BEHAVIOR AND PERSONALITY DISORDERS

Deliberate self-harm behavior is not addressed under a specific title in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) of the American Psychiatric Association (APA 2000). Mood has been associated with psychiatric disorders such as dissociative disorders and borderline personality disorder. While DSM-IV-TR is included in 'impulse control disorders that do not meet the diagnostic criteria for any specific impulse control disorder', clinical interest as a separate title in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and a new diagnostic category of 'self-harm history' (APA, 2013). There is no mental disorder specific to DSH behavior. DSH behavior can be seen in various psychiatric disorders (Haw et al 2001). Depression, anxiety disorders, post-traumatic stress disorder, dissociative disorder, substance use disorders, conduct disorder, eating disorders, and personality disorders, especially histrionic and borderline personality disorders, are the most common psychiatric disorders (Jacobson and Gould 2007). CUR behavior is accompanied by a high rate of psychiatric disorders”(Çelik&Hocaoğlu, 2017).

6. DISCUSSION

Although self-injurious behavior is not yet widely studied, there are many underlying causes. It may have biological causes as well as psychosocial factors.

In line with the literature review, it is seen that the studies on the subject should be carried out in different sample groups and in detail and more specialized case groups should be examined.

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