

Factors Leading to Self-Harm Behaviors: A Case Study

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Received: 11/07/2024

Published: 30/12/2024

Abstract

This research delves into the complex interplay between external violence and the onset of self-violent behaviors, specifically focusing on self-harm. We initiate our investigation with pivotal questions:

_Is externally inflicted violence a catalyst for self-harm behaviors?

_What forms of violence trigger individuals to inflict harm upon themselves?

Our analysis includes the examination of two case studies involving individuals aged 21 and 23, who have both endured severe forms of violence, including sexual and physical abuse. These traumatic experiences have precipitated profound psychological distress, manifesting as a spectrum of symptoms and maladaptive behaviors. Notably, both individuals developed coping mechanisms through self-harm, characterized by feelings of helplessness and pervasive guilt. This study aims to unravel the psychological underpinnings of self-harm as a controlled expression of internal turmoil through external pain.

Keywords: Violence, Self-directed violence, Self-harm.

1. Introduction

–Problem Statement:

Violence is an enduring element in human society, deeply ingrained and not a recent emergence, yet it has proliferated across various social institutions such as families, educational systems, and urban environments. Over recent years, Algerian society, in particular, has been subjected to a series of violent events that have left indelible marks on the social fabric and psychological well-being at numerous levels.

Violence, in its essence, can be perceived as an act of coercion and is diverse in its manifestations. It can be delineated into two primary categories: individual violence, which unfolds between individuals in daily interactions, and collective violence, which includes larger scale conflicts such as terrorism or warfare. The societal response to these various forms of violence is heterogeneous, influenced by the nature and context of the violence, with each type possessing distinct causes and evolutionary patterns (Badawi, 1987).

Psychologists describe this phenomenon as a spectrum of behaviors aimed at inflicting harm, either directed towards oneself or others. These behaviors may manifest physically through actions such as hitting, engaging in physical altercations, or destroying objects, or verbally through the issuance of threats. These actions, whether direct or indirect, culminate in physical or psychological harm (Abdel Latif, 2001, p. 97).

The exposure to various expressions of violence, be it verbal, symbolic, physical, or sexual; whether occurring within familial settings, educational institutions, or public spaces, exerts a profound influence on individuals. This influence is particularly potent during vulnerable developmental stages, such as childhood and adolescence.

The ramifications of such violence are multifaceted, engendering complex psychological challenges and leaving deep psychological scars that are intricate to comprehend and address. These traumatic experiences are potent enough to catalyze severe psychological disturbances or mental disorders, leading individuals to adopt unhealthy or abnormal behaviors in attempts to mitigate or manage the resultant psychological pain.

Such behaviors may include, but are not limited to, substance dependence, consumption of hallucinatory substances, engagement in delinquent acts, or the adoption of violent behaviors. Notably, while such actions are typically outwardly directed, they may also manifest inwardly as self-harm behaviors.

Self-harm, as articulated by Winichel-Stanley, is defined as "the act of deliberately inflicting pain upon one's own body, wherein the individual independently causes injuries severe enough to damage bodily tissues, such as creating wounds, without assistance from others" (Sexton, 2004, p. 20).

This behavior is increasingly prevalent among adolescents, and while not a new occurrence in Algerian society, its frequency has seen a significant rise in recent times. Self-harm remains a behavior shrouded in secrecy and presents substantial detection challenges, primarily because it is a manifestation of psychological suffering.

The individuals engaging in self-harm often seek to express and manage their inner turmoil through the infliction of physical pain upon themselves. Historically, this phenomenon has garnered considerable attention from a diverse array

of societal stakeholders, including religious figures, psychologists, and psychiatrists, due to the detrimental impact it exerts on the individual, their immediate family, and the broader community. Psychologists assert that such behaviors often reflect an underlying self-loathing and a diminished sense of self-worth.

From this juncture, we explore critical inquiries:

- Is externally inflicted violence a catalyst for self-harm behaviors?
- What forms of violence trigger individuals to inflict harm upon themselves?

2. Objectives of the Study:

- To uncover the various manifestations of violence experienced by individuals.
- To investigate the effects of experienced violence on the emergence of self-harm behaviors in individuals.

3. Definition of Self-Harm:

Self-harm represents a behavior explicitly aimed at self-inflicted damage, exhibiting in diverse forms such as slapping one's own face, pulling hair, banging one's head against a wall, scratching the skin with nails, biting fingers, or using fire or cigarettes to burn and scald parts of the body.

According to Farouk, these actions reflect a critical pattern of harm that is not intended to be fatal but rather serves as a coping mechanism for psychological distress (Farouk, 2001, p. 123). The criteria for classifying an act as self-harm include:

- _ Absence of suicidal intent within the behavior.
- _ The behavior must be self-inflicted.
- _ Psychological alleviation of distress is the primary motivator behind the behavior.
- _ The behavior is typically conducted with intent (Swain, 2006, p. 01).

4. The Process of Self-Harm Behaviors:

Individuals who resort to self-harm often follow a distinct cycle of behaviors encompassing five stages:

- _ Initiation by a triggering event that induces feelings of discomfort and escalating anxiety, often within a depressive context marked by sadness, irritability, and lethargy.
- _ This is followed by a sensation of being caught in a relational deadlock, experiencing a strong compulsion to self-harm paired with an inability to abstain from such behaviors.
- _ There emerges a pressure of time in decision-making and execution of the act.
- _ The act of self-aggression itself leads to a temporary relief as it allows for the discharge of accumulated aggressive impulses.
- _ Post-act, the individual frequently encounters feelings of guilt, a common aftermath of self-harm episodes (Pommereau & Moutte, 2009).

5. Study Methodology:

Our approach to this study utilized the case study method, which facilitates a direct and intimate understanding of the subject through face-to-face interactions. This method enables the exploration of the subjects' behaviors, conflicts, inclinations, and even non-verbal cues.

To delve deeper into these personal experiences, we conducted extensive interviews with two individuals, with their consent, ages 21 and 24, who have a history of self-harm behaviors spanning several years. Both subjects were referred for our study by a psychologist associated with a specialized mental health clinic.

6. Case Presentations:

6.1 Introduction and Summary of Interviews with the First Case:

The first case, L., is a 21-year-old who works as a security officer at a private company. He completed his education up to the ninth grade and is the youngest of five siblings, with four older sisters. His father is employed and in good health, whereas his mother is a homemaker with hypertension. They live in the suburbs of Constantine, and the family's economic status is considered average. L. has been involved in self-harm behaviors, such as burning his hands with cigarettes and self-mutilation of his abdomen and arms, since he was 14 years old.

L. had a stable and conflict-free childhood, cherished and doted upon by his family, and performed well academically. At 14, he was sexually harassed by a 38-year-old neighbor who coerced him into unwanted physical contact, filmed him, and threatened him. This neighbor was a known criminal and drug addict.

The incident significantly altered L.'s life trajectory. He never disclosed the incident to anyone, his academic performance plummeted, and he began to despise himself, experiencing complete powerlessness, guilt, and weakness. He started smoking immediately after the incident and avoided leaving his home unless accompanied by friends or his father.

L.'s initial engagement in self-harm was manifested on the very day of the traumatic incident when he intentionally burned his arms and abdomen with a cigarette. Remarkably, he reported an absence of pain during this act; rather, he experienced a profound sense of relief and liberation from his overwhelming negative emotions.

In the period that followed, he progressively escalated the severity of his self-harm practices, resorting to razor blades and ceramic shards to inflict cuts on his arms and abdomen. Throughout this period, he meticulously concealed his actions from others. He asserts that these acts of self-harm served as a temporary alleviation from his pervasive negative thoughts and emotional turmoil.

Over the last two years, there has been a noticeable reduction in both the frequency and intensity of his self-harm behaviors. Coinciding with this change, he withdrew from formal education in the same year and pursued a vocational pathway, enrolling in a training center focused on culinary and confectionery skills. Since the age of 16, he has struggled with substance addiction, and he is currently engaged in ongoing psychological therapy at the same medical facility where he is treated for his addiction.

- Direct Observations of the First Case:

- _ Cooperative during interviews.
- _ Exhibits embarrassment when discussing the traumatic incident.
- _ Presence of both old and recent cigarette burn marks on his arms.
- _ Old scars from cuts on his arms.
- _ Expresses a desire to overcome addiction and self-harm behaviors.

6.2 Introduction and Summary of Interviews with the Second Case:

The second case, A., aged 24, holds a degree in accounting but finds himself unemployed and residing with his mother and two siblings on his mother's side. As the eldest child, he was significantly impacted by his parents' divorce when he was nine years old. His father, a former military officer now remarried and without further children, remains in good health.

His mother, a teacher, similarly does not suffer from any chronic illnesses. Economically, the family maintains an average standing. A.'s early teenage years were overshadowed by physical violence and neglect at the hands of his father, lasting until he was 16, at which point he relocated to his mother's care.

While A. does not suffer from any chronic or mental health diseases, he has a history of alcohol and drug use and has engaged in self-harm since the age of 13, including the self-mutilation of his abdomen, arms, and neck, although these behaviors have decreased in frequency.

A.'s childhood was fraught with instability, punctuated by incessant familial discord between his parents. He endured various forms of physical abuse and mistreatment by his father for minor infractions, such as subpar academic performance or the occasional late return home, often as a repercussion of his parents' marital conflicts.

Following the divorce, A. continued to live with his father and grandmother, yet the abusive behavior persisted, with his father resorting to extreme measures such as tying him up and forcing him to sleep outdoors. A. harbors deep-seated feelings of hatred and fear towards his father, whom he perceives as devoid of love for him.

These experiences have left him feeling weak and insecure, struggling to communicate with his father or articulate his emotions, further exacerbated by a burdensome guilt, suspecting that he might be the root cause of his parents' strife. The genesis of A.'s self-harm can be traced back to these traumatic episodes, specifically after being tied up and left in the yard, leading to frequent and persistent self-harm behaviors. He attempted to address this disorder following the completion of his baccalaureate exams.

- Direct Observations of the Second Case:

- _ Embarrassment from visible scars on the neck, leading to wearing clothes that cover them.
- _ Cooperation during interviews with an avoidance of discussing the father.
- _ Old scars on the neck and arms.
- _ A persistent desire and determination for treatment.

7. Results Discussion:

The in-depth interviews conducted with the initial case study, a person who expressed a profound commitment to seeking treatment and recovery, revealed that during their adolescence, a period marked by heightened vulnerability, they endured multiple forms of sexual violence including sexual assault, harassment, and threats.

The immediate psychological responses were intense and included fear, terror, and a pronounced reluctance to venture outside their home. As time progressed, this trauma engendered a spectrum of negative emotional states such as psychological anguish, anxiety, guilt, feelings of worthlessness, and intense self-loathing.

In response to these overwhelming emotions, the individual resorted to smoking and self-harming behaviors as coping mechanisms. Wegscheider (1999) highlights that a significant proportion of individuals who engage in self-harm have histories of sexual assault. He further elucidates that for some survivors, self-harming serves as a method to manifest and externalize the deep-seated pain borne from such traumatic experiences.

Following the assault, the subject of our case study began to experience an intense psychological turmoil, attempting to substitute the emotional torment with a physical pain over which they felt more control. This coping strategy was documented during our interviews and aligns with the explanations provided by Bunclark and Crowe (2000, p. 48), who observed that many survivors of sexual assault inflict harm upon themselves.

They interpret this act as an endeavor to cope with the enduring, yet often invisible and immeasurable psychological pain by physicalizing it through injuries and wounds. Observations revealed that seeing the blood flow from these self-inflicted wounds offered the individual a temporary reprieve from their psychological distress by shifting their focus to the tangible, physical pain.

This act of self-harm thus allowed them to assert some form of control and dominance over the pain inflicted upon their body during the assault, a violation that occurred without their consent.

Le Breton (2003, p. 12) further discusses that in the context of self-harm, individuals often perceive that they possess the capability to terminate their suffering through physical action against their own bodies. The aftermath of sexual violence leaves a profound psychological scar, often suppressed and unacknowledged. Those who engage in self-harm aim to negate the psychological pain by physically injuring themselves with sharp objects.

During these acts, they often experience a numbness, indicating a partial disconnection between their sensations and the sensory perception of pain. They favor the tangible pain, which is grounded in the reality of the violent acts they commit against themselves, over the abstract nature of psychological pain. This approach provides them with a sense of relief and enables them to exert control over the psychological torment that has overwhelmed them (Paris, 1996).

Moreover, the individual profiled in the first case study displayed feelings of guilt emanating from the sexual violence they endured. These feelings often prompted behaviors aimed at mitigating feelings of guilt and self-reproach. Anne Sexton (2004, p. 21) notes that, "Feelings of guilt are particularly agonizing, paralyzing actions and distancing individuals from reality, creating an anxiety that disrupts their emotional balance." In response, individuals may resort to self-harm as a means to lessen these feelings of guilt and restore a semblance of equilibrium.

In the analysis of the second case, referred to as "A," it was observed that she experienced domestic physical violence at the hands of her father. The ramifications of such abuse, particularly within the confines of what should be a secure family environment, can predispose children and adolescents to direct violence towards themselves or others. This lack of security manifests in various psychological disorders that impair individual functionality, including depression and tendencies towards self-harm, as discussed by Shevro Millman (1989, p. 111).

Scholars have extensively linked self-harm behaviors to experiences of abuse, assault, and other forms of family violence, where the misuse of power can precipitate such detrimental practices. The family dynamics, characterized by physical and psychological maltreatment and the repression of anger and aggression, significantly contribute to the development of self-harming behaviors (Gueilly, 2003, p. 94).

Additionally, the inability of individuals to communicate and express emotions within their family structure further perpetuates these self-destructive actions. As noted by Kettani (2014, p. 16), "Self-harm often develops among individuals who suffer from an absence of empathy and meaningful connections. Without the ability to convey their feelings, they resort to self-harm as a method of expression and an attempt to establish a connection."

Feelings of helplessness and anger, which the individual was unable to express in a healthy manner towards others, were instead manifested through self-disfiguring and self-harming behaviors. Favazza-Miller elucidates that among the myriad motives for self-harm, a significant internal rage and a fear of expressing these emotions outwardly can drive individuals to injure themselves as a way to externalize these suppressed feelings (Anne Sexton, 2004, p. 38).

Furthermore, the feelings of guilt identified through the interviews and articulated by the subjects often lead to self-punishing behaviors, including thoughts of suicide and self-harm. Persistent feelings of guilt are recognized as key contributors to the engagement in self-harming behaviors (Sexton, 2004, p. 21).

Conclusion:

In our investigation, we delved into the profound impacts of violence on individuals, particularly focusing on the genesis of self-harm behaviors as a response. Our analysis, employing both psychodynamic and pathological perspectives, linked these behaviors to various forms of violence, including those experienced within familial settings and those of a sexual nature.

The repercussions of such violence are deep-seated, prompting reactions that are complex and multifaceted. Individuals grappling with a multitude of emotional and psychological disturbances—including pervasive feelings of helplessness, guilt, ongoing psychological distress, insecurity, and communication barriers—often devise new coping mechanisms to

confront the violence they have endured. Both case studies within our research illustrate this response pattern, underscoring the severe impact of violence on personal behaviors.

Our findings assert that violence, particularly when it involves sexual and physical abuse within the familial context, significantly contributes to the prevalence of self-harm behaviors. This tendency is notably pronounced in adolescents, who are often characterized by their impulsiveness and heightened susceptibility to emotional provocation, particularly under the burden of intense guilt. Self-harm, in these contexts, may sometimes serve as a desperate measure to avert thoughts of suicide.

Based on these insights, we propose several recommendations aimed at mitigating these issues:

- There is an urgent need to enhance public awareness about the dangers of familial and public violence, which can be facilitated through targeted sensitization campaigns via media and educational institutions.
- A call for expanded research into self-harm behaviors, especially to understand their psychopathological underpinnings.
- An emphasis on recognizing the gravity of self-harm behaviors as potential precursors to suicidal tendencies.
- A crucial requirement for consistent psychological support for victims of violence, ensuring they receive the necessary care to address their trauma.
- Proactive efforts to identify and support individuals who exhibit self-harming behaviors, with a particular focus on maintaining confidentiality and sensitivity. This responsibility should primarily be assumed by institutions with direct engagement with adolescents, such as schools and community centers.

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