



A study of the lived experience of adolescents with a history of self-harm

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ARTICLE INFORMATION		ABSTRACT
Article type Original research Pages: 197-200		Background and Aim: The ups and downs of puberty are the passage from childhood to adulthood and are sometimes associated with contradictions and aggression. Self-harm can be mentioned as one of the abnormal behaviors of this period; And because of its harmful nature, it's important to study in this area. Self-mutilation can be defined as intentional injury to the body without the purpose of suicide. In general, the present study sought to examine the lived experience of adolescents with a history of self-harm, It was done in detail with the aim of examining the emotional, cognitive, psychological experiences, physical injuries and family factors affecting adolescents' self-mutilation. The study population included all adolescents aged 12-18 years in Kerman who had attempted suicide in 2021. Methods: The sampling method was purpose-based. And the criterion for entering the sample was to have at least one history of self-harm. This research has studied the lived experience of adolescents with a history of self-harm with a phenomenological method and a thematic approach, and the research data have been analyzed using a descriptive (Klaizi) phenomenological method. Results: After conducting ten interviews, the research was saturated and 49 primary concept codes were extracted, which represented the lived experience of adolescents with a history of self-harm; Then, similar and close concepts were placed in 15 major classes and 5 main categories, which are: 1- Individual characteristics (extraversion, Neuroticism, openness to experience) 2- Effective family factors (family, living environment) 3- maturity-related characteristics (cognitive characteristics, emotional characteristics) 4- Clinical disorders (behavior, mood disorders, intermittent explosive disorders, anxiety disorders and clinical pattern of personality) 5- Emotions related to self-harm (feeling before committing suicide, feeling after committing suicide). Conclusion: self-harming behavior has different functions for each person and recognizing these functions can help therapists in diagnosing treatment and how to deal with people with the disease. Some of these functions are: emotion regulation, Escape from suicide, Draw attention, ask grith, show courage, escape from routine life.
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Introduction

Humans have always tended to live and avoid pain and injury. In a natural state, most people are not willing to bear pain and wounds on their bodies. However, various forms of self-harm and self-harm have been associated with humans throughout history. Self-harm is done by direct methods, such as: (cutting a part of the body, banging the head against the wall, or burning the body) and indirect methods, such as (using drugs or alcohol, risk-seeking behaviors). Generally, this action is done to achieve a specific goal or purpose. Also, self-mutilation may be with or without suicidal intent, and its main characteristic is that it is not accepted socially (Nock & Prinstein, 2004). In terms of pathology and personality disorders, self-mutilation is generally included in borderline personality disorder, lack of impulse control, and pervasive developmental disorders (Taghizadeh, 2012). Among the main forms of self-harm are cutting, burning, scratching, hitting, biting, and breaking bones (Qaidi Heydari, 2013), but the most common form of self-harm is scratching and cutting the skin. It accounts for 70-90% of all self-harm cases (Qaidi Heydari, 2013). Also, the most common location of lesions in the studied patients was the head, face, and trunk (Shams-al-Dini et al., 1999). Different causes have been reported for the emergence of self-harm. Among them: are the inability to express emotions, anger and rage, and reduced tolerance in dealing with stress, fear and guilt (Mosib Moradi, 2000). One of the main reasons for this is the reduction of pressure and mental tension.

Intrapersonal motives are self-centered. Such as self-punishment and escape from suicide and interpersonal motives, focused on others, such as acceptance in the peer group, showing stubbornness, or revenge (Klonsky, 2007). Nock and Prinstein (2004), point out that interpersonal motivations may be underrepresented because adolescents with self-harm are likely to be socially isolated, thus having less opportunity to influence others. On the other hand, they mention that people suffering from self-harm confirm mixed and multiple motives and these motives can change over time. For example, a person may engage in self-injury to gain the sympathy of others but then continue to self-injure or control a negative effect. Since understanding the experiences of people suffering from self-harm can help to know the causes and also the process of their treatment, for this purpose, this research

was conducted to investigate the lived experience of teenagers with a history of self-harm. In recent years, there have been many studies about self-harm among people and teenagers at the global level such as Edge, Zulu and Kennard (2021), Halpin and Duffy (2020) and domestically such as Haji Dashti and Poladi (2012) and Shah Siah, Rezapour Mirsaleh and Safi (2020), has been done. A lot of useful information has been obtained about its prevalence and causes. But none of these studies have investigated the lived experience of people suffering from self-mutilation. From the researcher's point of view, according to the different motivations and causes studies have reported about self-mutilation, examining the lived experience of teenagers with a history of self-mutilation can provide a better and broader understanding of the factors that cause this. Give us behavior. Also, the qualitative method is used in this research. The qualitative method can gain phenomenological knowledge and understanding of the lived experience of adolescents with a history of self-harm.

Method

The sampling method was purpose-based. And the criterion for entering the sample was to have at least one history of self-harm. This research has studied the lived experience of adolescents with a history of self-harm with a phenomenological method and a thematic approach, and the research data have been analyzed using a descriptive (Klaizi) phenomenological method.

Tools

1. Semi-structured interview. The interview can be a suitable method for the researcher to know about people's views, perceptions, and motivations. There are different types of interviews such as structured, semi-structured, free, narrative, etc. In this research, a semi-structured interview was conducted to investigate the lived experience of adolescents with a history of self-harm. A semi-structured interview has a more framework and a limited topic and a number of questions than an in-depth or free interview. Also, in a semi-structured interview, there is freedom and flexibility in the type and order of questions so that the interviewer can ask new questions according to the interviewee's answers, and the interview process proceeds collaboratively. First, questions were designed to conduct the interview that include the participants' lived experiences. Then, the validity of the questions was checked with the

help of the supervisor and 3 people were interviewed for the pilot of the questions. Changes were made according to the subjects' opinions regarding the questions' comprehensiveness and hindrance and the supervisor's opinion.

Results

In this study, 10 boys and girls were interviewed and examined; their average age was 16 ± 2 years. The number of 48 primary concept codes that represent the lived experience of adolescents with a history of self-harm were extracted and then similar and close concepts were placed in 13 major categories and 5 main categories. After interviewing with these ten cases, the percentage of repeated statements reached the highest level, and the interview reached the saturation level. According to the present research findings, the most common way of self-injury in teenagers was to cause wounds and injuries on the body (mainly hands and chest) by pulling a razor or other sharp objects such as broken glass. Analyzing the lived experience of teenagers with a history of self-mutilation in the form of qualitative research can lead to a bigger story. In fact, it results from conceptualizing and presenting an abstract of individual stories. Finally, the narrative obtained from qualitative research reveals the specific complexities of the subject under study, the diversity and heterogeneity of the narratives, the common themes between the narratives and lived experiences. The narration of 10 cases of Kerman teenagers who have experienced self-mutilation in recent years is as if self-mutilation is a psychological and social phenomenon and in fact, it is a response to all kinds of crushing psychological, economic, social and cultural pressures. The result of inappropriate living environments, emotional failure, shaky social base, poverty, psychological stress and personal failures that teenagers experience during their lifetime. Factors affecting the family and living environment, as well as characteristics related to puberty (emotional and cognitive characteristics) are important and key factors of teenagers' tendency to self-harm. The growth of children and adolescents in tense families can cause many psychological and personality abnormalities in adolescents. This issue can be an important factor in teenagers' tendency to commit self-mutilation. Also, the living environment prone to and stimulating abnormal behaviors is another factor

of teenagers' tendency to self-mutilate. Considering the characteristics of adolescence and the influence of teenagers on their peers, the importance of this issue is revealed. The characteristics related to puberty (cognitive and emotional characteristics) are also considered to be another factor in teenagers' tendency to self-mutilation. Seeking independence, escaping from everyday life, getting involved in romantic relationships, and attracting attention are among the characteristics of puberty that sometimes cause teenagers to commit suicide.

Conclusion

The purpose of this research was to generally investigate the lived experience of teenagers with a history of self-harm and to partially investigate the emotional, cognitive, and psychological experiences, physical injuries and family factors affecting teenagers' self-harm; and concluded that: teenagers usually commit suicide in order to achieve various goals, some of these goals are: emotional regulation, feeling better, getting rid of suppressed emotions, trying to overcome suicidal impulses, sensation seeking, Self-punishment, overcoming dissociative experiences, influencing others, revenge and expressing a sense of autonomy. As long as the functions of self-mutilation are valid, that is, the person achieves his goals through self-mutilation, this practice can continue. But when this method loses its function, the person is forced to use methods with a higher percentage of damage, to the extent that this may lead to suicide. So pay attention to what self-harm behavior has for a person. Or what factors caused it to arise. It can be useful in determining the treatment method. The present study's results align with the studies conducted in the past and confirm their results. Based on the findings of the research, it can be pointed out that, in general, the factors affecting the family, which can be related to the family itself or the living environment of the individual, as well as the characteristics related to puberty (cognitive and emotional characteristics) in addition to the consequences of self-mutilation behavior, can It is effective to encourage teenagers to do this behavior and also to repeat it. In many cases, all these factors happen together, increasing the probability of getting and repeating self-harm behavior. According to the researcher, eliminating this underlying factor and teaching life skills (anger control, impulse control, etc.) to teenagers can prevent this

behavior. This research faced the lack of access to adolescents suffering from self-mutilation (due to the research being conducted during the Corona epidemic). Finally, different treatment methods can be suggested. Including cognitive and behavioral therapy, underlying trauma therapy, CBT therapy, and PTSD therapy, special attention should be paid to emotion regulation in treating this behavior. In relation to teenagers, it seems that using external emotional regulation resources such as counselors, friends, roommates, etc., is effective and generally, emotion regulation takes place in social groups and friendship groups. Teaching anger management skills and increasing resilience can also be effective. For example, the person could be advised to make a phone call, talk about it with someone, listen to music, or take a walk if the urge strikes. In addition to these cases, treating behavioral and personality disorders and cognitive and behavioral treatments should also be followed. It is suggested that other researchers investigate the effect of different treatment methods on people suffering from self-mutilation. Among the obstacles to treatment, we can mention the high costs of counseling services and the lack of anger management institutions.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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