

Exploring Psychological Youth Self-Harm Drivers and Significance of Relapses in Coping Strategies

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ABSTRACT

This investigation was written to help the public better understand concepts surrounding self-harm, mental illness and relapses. With the rising of the mental health crisis this investigation is vital in not only explaining these topics but also in reducing the stigmatization of this topic. Additionally, this topic is crucial in aiding the understanding of factors influencing self-destructive connotations. Further adding to the importance, the research helps the understanding of alexithymia, gender discrepancies and trauma. Moreover, the investigation deals with the neurobiology of self-harm and briefly mentions its neurochemistry. Furthermore, the investigation explores a myriad of stigmas surrounding topics like these. What's more, the investigation dove into the perspective of people who self-harmed on their scars. Adding to the importance the investigation clarified the link between suicide and comfort variables shared in self-harming youth an important factor of this investigation is that it focuses on adolescents who currently have the highest depression rates world-wide. Additionally, it is important because it discusses the addictive properties of self-harm which if better understood could greatly advance the treatment for some of these cases. Advice for people looking to further investigate this topic would be to dissect relapses on a multi-dimensional plane. To conclude, this investigation is one that is of much value in the current atmosphere of the world.

Introduction

There are several purposes for writing this investigation. One of the purposes is to understand the thought process and reasonings behind going against the instinct of self-preservation. A second purpose of this investigation is to reduce the stigma and taboo there is on talking about self-harm. The third purpose is to bring understanding to why self-destruction is used as a coping strategy, especially in children. The investigation is vital because it helps the understanding of self-harming behaviors in teenagers.

Additionally, reducing the stigma around the topic of self-harm and relapsing can help people reach out for help by making them understand that they are not doing anything wrong or shameful. It is essential to understand that psychological triggers and factors that contribute to self-harm can facilitate intervention. Adding on to the importance of this investigation is that it helps understand the weight mental health has on a person and the impact it has on young lives. Several problems exist for this research to be done. One problem is the number of children partaking in these activities and that those numbers are increasing.

Another problem that exists is the lack of understanding of the topic of self-injury, especially in the young. The lack of knowledge makes most people, including parents, teachers, and health-care providers, ill-equipped to recognize, respond to, or support the affected people. Another problem surrounding the topic is the taboo that comes with the topic of self-harm and ways to cope with it. Since the topic is stigmatized, it can make it hard for people to reach out and seek support. All the problems previously stated are terrible; however, one of the biggest ones is the risk of self-harm in itself. Self-harm is not just harmful physically and emotionally; however, it can lead to suicide, intentionally and unintentionally.

Self-harming behaviors in teenagers are now starting to be studied in the 20th century. Self-harm most likely occurred centuries before; however, it has yet to be well studied or documented in the past. One of the earliest accounts of this being studied was in the late 19th century and early 20th century by Sigmund Freud. Freud studied self-injury in patients with the exploration of the topic of masochism in his theories. His studies were not specifically on children; however, they laid the base for understanding motivations and coping mechanisms.

Another one of the earliest accounts talking about the topic was Armando Favazza in his 1887 book "Bodies Under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry," where he explored self-harming behaviors with the psychological aspects behind them. He emphasized the importance of understanding this topic, wanting to know why self-injury was a coping mechanism used to deal with emotional pain and distress.

Research Question

What are the psychological factors contributing to self-harming behaviors in children and teens, and what role do relapses play in the context of coping mechanisms?

Literature Review

Suicide from the Perspective of the Depressed

For years, mental healthcare professionals have delved into the mind of people that suffer depression to attempt to gain a broader understanding of the condition. Many sources have found that there is a correlation between suicide and comfort. This study aims to find out how many people find comfort in suicidal or self-destructive conduct. The study is seeking to establish a link between self-harm, suicidality, and comfort. It was achieved by giving patients questionnaires and asking them how they felt about suicide pictures, then following up with them months later. It used several variables associated with comfort to do this. According to the data, 15% of the patients found comfort in their suicidal images. The study emphasizes the need to know how people respond to these thoughts in medical investigations, regardless of whether the correlation is positive or negative. The following article elucidates this argument by indicating that:

[...] clinical experience suggests that for some, suicidal cognition may have comforting properties and become compelling and preoccupying. For example, in a study of suicidal imagery in unipolar and bipolar patients Hales et al. (2011) report on the appraisals patients ascribe to their most vivid suicidal imagery...others reported that the suicidal imagery represented an escape route, or a release (e.g. '[the images mean that] I will be released from this, all these thoughts'... For example, in Holmes et al. two thirds of participants rated their suicidal images as moderately comforting or greater, whilst in the sample of Crane et al., the mean level of comfort was 4.6 on a scale where 5 corresponded to moderately comforting. (Crane et al., 2014)

The application of the focal point of this source concerning this investigation is establishing the connection between NSSI and comfort. This source supports the research in many ways. The source epitomizes that there is a correlation between suicidality and comfort, further portraying which people are most likely to feel said comfort. The investigation includes a substantial evaluation of the relationship between self-harm and relapses. This article shows that the psychological temptation of comfort supports the relapses. This information facilitates the advance of the investigation by being a panacea of insecurity by confirming that there even was a correlation between comfort and self-destructive actions and mentalities. The source also helped advance the investigation by not giving superfluous information, allowing greater concentration on the primary objective of the research. In summary, the subject matter was topical and beneficial to the main aim of the investigation.

Children with the Urge of Self-Destruction, Correlation to Them and Trauma

What deep-rooted trauma causes the urge of self-destruction in children? This study aims to look at the effect of childhood trauma on non-suicidal self-harm in bipolar teenagers. The source seeks to learn more about how childhood trauma impacts teens suffering from bipolar I depression (BDII) who participate in non-suicidal self-injury (NSSI). Previous studies showed that NSSI in bipolar I depression strongly correlates with alexithymia; this was accomplished through structured interviews with both NSSI and non-NSSI youngsters. Additionally, several questionnaires were used to further the research. They investigated the risk factors for NSSI associated with emotional abuse, demographic variations between NSSI and non-NSSI groups (age, gender, and others), and if there was a significant association between childhood trauma, alexithymia, depression, anxiety, and NSSI. According to the findings, Childhood trauma and alexithymia substantially influenced patients with BDII. The following article describes this further by stating that:

[...] Emotional abuse and age of onset as risk factors for NSSI, and difficulties in emotion... associated with the patients' NSSI... BD II, ... The increase in NSSI in early adolescence may be associated with impulsivity and strong emotional responses... in late adolescence, probably because of the prefrontal cortex development, emotions are controlled, and NSSI behaviors are reduced. The choice of emotion regulation strategy may be influenced by age, and adolescents engage in emotion regulation through the NSSI. Studies have shown that the neural circuitry between emotional processing and pain processing is closely linked, that the offset of physical pain leads to improved mood. (Zhang et al., 2022)

The presented information is paramount for advancing this investigation because it explains the variables standard in NSSI and the part of the brain they are connected to; this article is essential in the investigation because it analyzes many of the variables contributing to self-harm, which is one of the main ideas of the investigation. This article is also vital to understanding the common denominator between NSSI patients. The information stated in this article helps advance the investigation in several ways. One of the most valuable things about the source is that it gives tables explaining the relationships between the variables in patients with NSSI and explains the results. The article helps advance the investigation by providing variables such as sex, only child, residence, and age of consent, which shows that the environment one is in and their characteristics affect mental health. It also gives which groups are most likely to experience NSSI. In conclusion, this article helps the investigation and is vital to it.

Alexithymia, the danger of Not Being Able to Process Emotions

Alexithymia has been a phenomenon barely studied even though it can have dangerous effects on adolescent's mental health. This study aims to evaluate the relationship between alexithymia traits and adolescents with NSSI who exhibit neutral responses to spontaneous processing of emotional stimuli. This site discusses the effects of alexithymia, its neurological indicators, and its connection to non-suicidal self-injury in teenage females. Separate brain responses to disguised pleasant and frightening faces have been connected to a trait of alexithymia, a disease in which individuals have trouble identifying themselves. It was demonstrated that those with greater degrees of alexithymia were less responsive to hidden happy sensations but more sensitive to hidden terrified emotions. According to the research, many brain areas, including the occipital cortex, inferior parietal cortex, orbitofrontal cortex, inferior and middle frontal cortex, and anterior cingulate cortex of the right hemisphere, have been linked to alexithymia. The processing of emotions, as well as thought and motor control, depend on these brain regions. The experiment used backward stimulus masking, and the findings indicated that patients seldom could process the first goal. It has been demonstrated that individuals with severe depressive illness who also had higher degrees of alexithymia showed lower brain activity in particular brain areas, suggesting that the condition may affect how the brain naturally absorbs emotion, especially in the context of

sadness. The research indicates that the association between self-harm and alexithymia is partly due to worry and stress caused by inefficient emotional processing. The study suggests that those with high alexithymia may be more likely to act impulsively, especially when feeling bad; this illustrated the connection between alexithymia and impulsive NSSI. To delineate this further, the following article indicates that:

[...] alexithymia refers to the impaired ability to attend to and verbally label emotions via ongoing introspection... the link between alexithymia and self-harm behaviors may be the stress and tension associated with poor emotion processing skills... Alexithymia, conceptualized as an impairment in conscious introspection about emotion, often cooccurs with poor emotion recognition in self and others... About 10% of the general population manifests an elevated level of alexithymia (Mattila et al., 2006, Franz et al., 2008), which has been suggested to be a general vulnerability factor for various psychosomatic and mental disorders such as depression and anxiety. (Demers et al., 2019)

The importance of this source, in regard to this investigation is that it mentions the effects of alexithymia that are a factor in NSSI. This source is crucial in the first part of the investigation, "What are the psychological factors contributing to self-harming behaviors in kids and teens." The study emphasized the brain activity and neurological components occurring in the brain for the impulse of NSSI. It is also important because it shows an element of alexithymia, which, a lot of the time, is associated with NSSI. This information helps advance the investigation by proving that, in some cases, there are imbalances in the brain causing NSSI to occur. This shows that it is not just a "mental thing" and that there are legitimate neurological factors contributing to it. It also helps identify the parts of the brain that are hindered when such behaviors occur. In conclusion, it is crucial in the investigation because it shows the correlation between neurological aspects and impulses of NSSI.

The Drug That Is Self-Harm

What are the similarities of the addiction to the chemicals of self-harm and smoking nicotine? This study aims to investigate the psychological and neurological underpinnings of self-harming behaviors as well as whether these behaviors may be classified as addictions. This source examined the idea of designating NSSI and suicidal behavior as addictions. Online research eventually showed that NSSI and suicidal behavior, or SB, might both be considered addictions. The overreaction of the neocortical dopamine reward system, endogenous opioid systems, and stress system is believed to be the cause. Studies have indicated that the consequences of discontinuing NSSI might be similar to those of a withdrawal system. The source claims that treating SB and NSSI as addictions might increase their effectiveness. The source shows how this conclusion can help future generations with these problems by better comprehending them. To exemplify this further, the following article stated the following:

[...] both non-suicidal self-injury (NSSI) and suicidal behavior (SB) can also be conceptualized as addictions... the emotional state preceding NSSI is similar to the aversive withdrawal symptoms experienced by drug users... individuals displaying NSSI often have strong urges to self-injure... it is reasonable to think that the relief of psychological pain is probably associated with endogenous opioid release in the central nervous system in major repeaters. This opioid release may ultimately produce tolerance and addiction in vulnerable subjects. (Blasco-Fontecilla et al., 2016)

The information presented in this source validates the fact that it indicates that self-injury can be considered an addiction, which validates its usefulness within the investigation. This source holds importance in the investigation because it states the addictive properties of NSSI. It additionally has significance because it goes further than that and discusses the addictive properties of SB. It is essential because it shows that relapses occur since NSSI and SB can be considered addictions. This information helps advance the investigation by offering the neurobiological and psychological factors during addictive self-harming behaviors. It showed that endogenous opioid release in the central nervous system could be why the action of self-injury is addictive. It

was shown that the opioid release produced tolerance, hence creating addiction. This creates an environment where withdrawal symptoms and relapses are put into play. In conclusion, it backs up that NSSI and SB can have addictive properties.

Pushed Past the Natural Instinct of Self-Preservation

How far does a person have to be taken to go against their natural instinct? This article's goals were to explore the function of self-harm, ascertain whether it was misinterpreted, and provide advice to medical professionals who deal with self-harm situations. This source looked into a range of self-harm-related subjects through a comprehensive process that included interviewing eleven individuals who engaged in self-harming behavior. Every one of the eleven research participants has experienced trauma of some type. 10/11 said that self-harm became a coping mechanism for them because they were unable to control their emotions. It was found that the first group's members, "self-harm is misunderstood," felt isolated and that no one, not even medical professionals, could genuinely relate to what they were going through. It was also shown that, even though this was not the case, other people assumed the people were suicidal right away. It was found that the participants believed they were receiving strange or subpar treatment. It was found that the individuals in the second group, "Self-harm has a role," used self-harm as a coping strategy and a way to let go of their emotions. Additionally, it was found that physical pain was used as a numbing agent for mental anguish and that self-harm was used as a form of punishment. In the third category, "Advice for Professionals," it was found that patients wanted to emphasize that they were not suicidal. Patients also indicated a wish to speak up since they felt they had been ignored by the medical professionals who were attending to them. As a result, definitions and opinions on a range of self-harm-related subjects were included in the article. The following excerpt is able to determine this by stating the following:

[...] self-harm has grown by 150% over two decades... "I felt really isolated and alone...definitely the cutting, was my escape..." "...a lot in my growing up, it's like you didn't express your feelings...And so, I don't talk about things." "I was actually told by one [therapist] that I needed to grow up and I was stupid." "It's a release... you're in so much emotional pain and hurt that... all you can think about is cutting!" "...It feels like I can just... take a deep breathe...".. One participant... was learning more about his sexuality ...his conservative faith.. he felt the need to...remind himself that being gay was wrong. " I didn't have control... when I was young. So it was a way to take some control back." (Brown, et al. 2012)

The presented information is paramount for the advancement of this investigation because it digs into several components of self-harm (3 categories with 11 themes that emerged from them). It is also important because it focuses more on the participant's point of view. It gives quotes from the participants, which help better understand self-harm beyond scientific research, to be able to see the humanity and emotion behind the people. It helps advance the investigation by going into the thought process of the people who inflicted the harm. It illustrated that most people who underwent childhood trauma cope with some form of posttraumatic event when they are older. It helps the investigation by showing that 6 out of the 11 considered self-harm an addiction and compared it to being high on drugs. One of the patients chose not to use the word "cutting" to describe it but instead utilized the word "using" like a drug user. The article also shows the isolation the participants felt, a large part of an addiction, by creating barriers between the user and those around them. It helps advance the investigation by showing that there is some trauma behind self-harm. All 11 participants reported having undergone traumatic events and used self-harm to cope. It helps the investigation by showing that many utilized it because they had difficulty expressing their emotions, even if the feelings were not negative ones, using self-harm as a coping mechanism. It helps advance the investigation by showing that self-harm has several roles, some of them being a release, feeling the need to be punished, or to silence mental pain. It helps advance the first part of the investigation, "What are the psychological factors contributing to self-harming behaviors..."

by illustrating that many patients thought that self-harm was their way of taking control. In conclusion, the information is vital to the investigation by showing the more human side of the topic.

Neurobiology of Self-Destruction

Self-harm is not just a 'mental thing', it has shocking correlation to the structure of the brain. The purpose of this resource is to highlight the neurobiological distinctions between self-harming adolescents, depressed adolescents, and mentally healthy adolescents during direct and indirect self-processing. The study emphasizes the scarcity of neuroimaging in suicidal youths and people. The study investigated the neural basis of social processing, interpersonal interactions, and distorted self-processing. The subjects were separated into three groups: NSSI with depression, depression just, and control (good mental health). The participants conducted an Interpersonal Self-Processing task in a scanner, which measured self-characteristics from several perspectives. The study underlines the connection between NSSI and chronic mental illness, an increased risk of suicide, and permanent impairment. In clinically referred children, NSSI was linked to externalizing and internalizing disorders such as borderline personality disorder, drug usage, eating disorders, and depression. Conflicts with parents and peers were revealed to have the power to affect the creation and maintenance of NSSI behavior throughout adolescence. Some 'parenting practices' used by caregivers, such as emotional invalidation, which indicates that the child's feelings are illogical, worthless, etc., have been linked to emotion dysregulation in NSSI. Furthermore, the source revealed a relationship between NSSI and unresolved identity development, identity confusion, and interpersonal ineffectiveness in teens. Finally, the researchers revealed that the anterior and posterior cortical midlines are engaged in self-referential processing. In order to outline this concept, the following investigation states that:

The neural substrates of self-processing implicate somewhat distinct systems compared to those involved in emotion processing and regulation (i.e., limbic regions, lateral prefrontal cortex [PFC]). Specifically, processing information regarding the self reliably engages both anterior and posterior cortical midline structures (CMS), including rostral and perigenual anterior cingulate cortex (ACC), posterior cingulate cortex (PCC), precuneus and medial PFC, particularly medial BA 10 (Ichikawa et al., 2011, Kircher et al., 2000). Additionally, dorsal ACC recruitment has been noted during social rejection or negative evaluation (Rotge et al., 2015), and when healthy adolescents engage in both direct (self perspective) and indirect (important others' perspectives) self-referential processing (Jankowski et al., 2014, Pfeifer et al., 2009). Although limited in scope, existing research has shown that self-injuring youth and adults demonstrate hyperactivation of CMS regions (i.e., ACC, PCC) during emotionally distressing tasks (Davis et al., 2014, Plener et al., 2012), perhaps suggesting self-injurers' atypical processing of self-related information during heightened emotional demand. Hyperactive CMS during direct or indirect self-referential processing is also generally implicated for depressed individuals (Cooney et al., 2010, Ruiz et al., 2013, Zhang et al., 2013), a common comorbid diagnosis of NSSI (Lofthouse et al., 2009). Self-harming adults have also been shown to demonstrate even greater activation of the PCC than depressed (but non-self-harming) controls during emotion processing (Davis et al., 2014). It is also likely there are interactions among the neural systems engaged by self-processing and emotion processing. For example, self-criticism and negative self-concept, which both characterize self-injuring youth (Claes et al., 2010a, Glassman et al., 2007), are also each linked to greater limbic activity during exposure to adjectives of personally-relevant negative content versus exposure to neutral and negative non-self-referential adjectives (Doerig et al., 2014). Overall, the extant literature reviewed here lends support for studying the hypothesis that depressed youth with NSSI may show higher activity in both CMS and limbic areas when engaged in self-processing compared to depressed youth without NSSI and healthy controls. (Quevedo, et al., 2016)

Pertaining the information present in this source and its importance within this investigation, it shows the lack of knowledge and investigation done on non-suicidal self-injury. Additionally, it helps understand the neurobiology behind self-harming youth. This source helps advance the research by showing the association

of NSSI with mental illness and increased suicide risk. The study showed how parents invalidating a child's feelings causes emotional dysregulation. Emotional dysregulation is a prominent factor in NSSI. This answers the part of the investigation of "What are the psychological factors contributing to self-harming behaviors in kids and teens." The source helps further advance the investigation by helping better understand the specific brain areas to which non-suicidal self-injury is connected.

Suicide vs Self Harm: How can Practicing Nurses Help with These?

Practicing nurses have a vital role in providing help with suicidal and self-harming patients. The goal of this essay is to examine the similarities and differences between self-harm and suicidal behavior. Another objective is to help practicing nurses become better equipped to deal with these behaviors. The article opens by outlining the growing mental health problem facing today's youth. Over 55,000 youngsters were denied mental health care in 2017, according to the study. In 2016, suicide was reported to be the second most common cause of death among 15-29-year-olds. Among the concerns covered in the research include behavioral issues, substance abuse, family breakdown, rejection, academic pressure, bullying, and childhood maltreatment. The study investigates self-harm and suicide behaviors and discovers that a history of self-harming activities may predispose a young person to suicidal thinking. Suicide and suicide ideation are tied to interpersonal issues, according to the article. The study looks into the individual (bullying, early abuse experiences, sexual difficulties, etc.) and environmental (poor, unfavorable household conditions, dysfunctional relationships, domestic violence, etc.) reasons for self-harm. It demonstrates how physical pain may be utilized to communicate. Cultural problems are also addressed in the research. It was discovered that around 10% of youth who engaged in self-harm had suicidal intent as a motivator for their self-harm. Furthermore, findings show that youths who participated in self-harm were 100 times more likely to commit suicide than the general population. The source closes by highlighting the role of practicing nurses, treatment techniques and emphasizing the significance of increased vigilance for these behaviors.

The following source indicates that:

Suicide is the leading cause of death among 15-35-year-olds in both men and women and is a major public health concern; it occurs at a higher rate in this population than any other age group (Edwards, 2018). Suicide was recorded as the second most common cause of death among 15-29-year-olds globally in 2016 (World Health Organization (WHO), 2018). It is estimated that only one in eight children and young people attend hospital following a self-harm episode, usually from an overdose in the community (Hawton et al, 2012). An estimated two hundred children a year lose their lives through completed suicide in the UK (Papyrus, 2018). These figures are likely to be an underestimation as coroners' verdicts can be inconclusive unless there was clear evidence of the intention to take one's life. (Burton, 2019)

The information presented in this source validates the fact that there is a mental health crisis in the young, which is essential to recognize. Specifically, the source is vital in the investigation because it shows links between self-harm and suicide. The source helps advance the investigation in a plethora of ways. First, it gives an insight into the number of children who were refused treatment for psychological issues. It shows that suicide was the second leading cause of death in people between the ages of 15 and 29 in 2016, which illustrates the impact of this problem; moreover, the study showed that adolescents who self-harmed were 100 times more likely to complete suicide within the next year than the general population. Supplementary to this, the analysis identifies factors affecting self-harm and suicide in adolescents, which include behavioral disorders, substance misuse, family breakdown, rejection, academic pressure, bullying, childhood abuse, etc., as well as depicting the triggers (individual and contextual for it). The study additionally shows that self-harm can be considered a method of communication and that it should not be viewed as "attention seeking?" The study shows that about 10% of adolescents who participated in self-harm reported having suicidal intent underpinnings in their self-harm and that self-harm can be considered a coping mechanism. The article further helps the advancement of

the investigation by stating that self-harm can be hard to quit if not replaced by another coping mechanism. Finally, the source helps advance the research by showing that better clinical attention given to youth could better support their recovery. In conclusion, the article is vital to the investigation by showing the impact of the mental health crisis and is essential to this investigation because it goes into an in-depth analysis of self-harm and suicide.

Gender- The Contrast Between Male and Female Self-Harm and Suicide Attempts

Differentiating factors between male and female mental illness has not been researched its full potential. The goal of this study was to investigate gender discrepancies in self-harm. The source continues by claiming that there haven't been many studies that look at the differences between male and female self-harm. They accomplished this by examining data from several sources. Self-harm was more common in females than boys between the ages of 15 and 17, according to the source. Self-harming habits extended into adulthood, according to the study, may predispose youth to future substance misuse, violent behavior, unemployment, and other bad outcomes, and it is one of the most powerful predictors of suicide. Suicide rates are increasing, underscoring the importance of addressing gender inequities. According to the study females and boys who self-harmed had an elevated risk of future suicide. According to the survey, self-harm was reported in 2.2% of males and 8.7% of females. Furthermore, the source revealed that ladies who self-harm were more likely to use drugs than exposed boys. The last finding was that socioeconomic status and age had little impact on outcomes. The following source is able to state that:

Little is known about sex differences in outcomes of self-harm, and there are inconclusive results concerning the association between sex, self-harm, and suicide attempts. The aim of this study was to explore sex differences in outcomes of self-harm in adolescence. In this cohort study, all individuals (0-17 years) enrolled at the child and adolescent mental health services (CAMHS) in Stockholm between 2001 and 2015 (N=110,072) were followed in national registers from their last contact with the CAMHS, until end of 2015. Exposure was self-harm as reason for contact, outcome measures were: alcohol-/substance use disorder, psychiatric hospitalization, non-violent or violent crime, and suicide. Differences in outcomes rates between exposed versus unexposed males, and exposed versus unexposed females, were examined using Cox regressions, expressed as hazard ratios (HR) with 95% confidence intervals (CI). Median follow-up time was 5.8 years (Q1: 2.3 years; Q3: 9.7 years). Self-harm was documented in 2.2% (N = 1241) males and 8.7% (4716) females. Exposed individuals had higher HR for all outcomes as compared with unexposed individuals of their own sex. Exposed females had more pronounced risk for drug use disorder (HR 11.2; 95% CI 9.9-12.7) compared with exposed males (HR 6.5, 95% 5.2-8.0). Both males and females who had engaged in self-harm had elevated risks for future suicide. Adjusting for socio-economic status and age at start of follow-up only marginally affected the associations. Females and males with self-harm had similarly elevated risk for suicide, and self-harm was also an important risk marker for other adverse outcomes within both sexes. (Oblis et al., 2020)

The application of the focal point of this source concerning this investigation is that it demonstrates the demographical differences between females and males who self-harm. Additionally, it is crucial because it dives into the adverse effects of self-harming behaviors, which include alcohol/substance abuse, psychiatric hospitalization, nonviolent or violent crime, and suicide. This source advances the investigation in many ways. The first one proves that there are different factors contributing to self-harm in both genders. The article illustrated that females were more likely to self-harm, with 8.7% of them participating in it, in contrast to the 2.2 % of males who participated in it. The study further helped the investigation by explaining the different categories between females, exposed females, males, and exposed males. In conclusion, the article was helpful in many ways.

Hatred and Resentment Against Scars that Symbolize the Past

The hatred a person has towards their scars causes an unimaginable mental toll with the memories of their previous experiences. The research has three goals: to investigate women's perspectives on self-harm scars, to investigate how these scars affect life in jail, and to explore women's views on MSC (medical skin camouflage). The source claims that self-harm is currently one of the most severe health concerns in prison. Self-harming behaviors are more widespread in female prisoners (2031 episodes per 1000 women) than in male prisoners (501 incidents per 1000 males), according to the source. The source investigated self-harm by following ten women who did it. Because she found it difficult to discuss the matter, one of the women had to leave the first meeting. The responses were divided into three categories, the first being "feelings about self-harm scars." This category exemplified how women felt humiliated by their self-harm scars, particularly in the presence of strangers. Even though one participant reported that her scars did not bother her, the majority of women stated that they wanted their scars to be gone and that they felt more comfortable when they were less visible. Others said they were a constant reminder of a difficult time in their life. Women reported feeling more accepted in jail since self-harm was common. Because of previous unpleasant experiences with it, participants were terrified of being judged, branded as mad, or seeking attention because of their scars. "Covering self-harm scars" came in second place. When questioned about covering up scars, participants said their primary concern was social situations. Some participants expressed concern about family members observing them, fearing upsetting the family or pushing younger family members to do it. On the contrary, one woman stated that she felt more comfortable wearing it around her family. The females felt the need to conceal their scars in public for several reasons, including not wanting to offend or scare others. Much of the discussion concentrated on how people in jail saw scars. Some females felt constrained by the attire required to cover their wounds. Cosmetics and tattooing over scars were among the tactics used by participants to disguise their scars. Some participants were dissatisfied or resentful at having to wear apparel explicitly tailored to cover their scars in hot weather. Some said that covering them up relieved them since they did not have to be conscious of them all the time. The last category was titled "Attitudes Towards MSC." Participants stated that utilizing them made them feel better about themselves and motivated them to take better care of themselves. Some people had previously used MSC and tried to get it while confined, but it was not available. Most participants thought it would be useful when welcoming guests and encouraged them to participate in additional activities. There were no negative consequences for any of the participants. The findings demonstrated that shame was linked not just to self-harm but also to the scars that followed from it. According to the study, women were unaware of their scars, yet they felt more accepted in jail and thought MSC was practical. To elucidate this, an investigation that was conducted a jail for women was able to find that:

Participants discussed their feelings about their self-harm scars. A number of women said they felt embarrassed or lacked confidence because of their scars, particularly around people they did not know..."It embarrasses you especially when there's a few other people about they can blatantly see them, but it's an elephant in the room isn't it, and sometimes when I meet people who I've never met before and they'll be having a conversation with me talking away and then you'll look down... and you can see the shock in their faces and like they lose their train of thought and it's embarrassing. I lack confidence in my body because obviously the scars are there forever, for life." "I'd love to wake up and for them to just not be there because they've been there for that long, it's just horrible..." "when you look at them it reminds you of the time when you did it and why you did it and you know, how you felt when you did it." Participants were concerned about being seen as attention-seeking or "crazy" because of their scars, with some participants mentioning their own experiences of being judged or called names... "Girls that don't self-harm, say there's a girl that does it and people who don't self-harm are not averse to be honest they'll just look at girls [that do] and think she's just doing it for attention... Yeah because they'll just think that you're crazy straight away because it's not really the norm is it to do that so if somebody sees that they are going to be like, 'dos look what they've done.'" ... Some participants expressed

concerns about being prematurely judged because of their scars.. "I've even known staff to take the piss out of girls for doing it never mind prisoners. (Guttridge, 2019)

The presented information is paramount for the advancement of this investigation because it shows women's emotions toward their self-harm scars, which could affect their mental health. In addition, it gives a critical look into what the women thought about their self-harm and how it would affect their relationships with others and their social life. This article helps advance the investigation in several ways. First, it helps understand people's relationships to their self-scars. It stated the amount of shame and guilt patients felt, which plays into the fact of the taboo of self-harm and the alienation of the people who partake in it. The article shows the judgment that people with self-harm scars are pre-exposed to from family and strangers alike. Additionally, it helped the investigation by proving that people felt the need to cover up their scars in many ways for different circumstances. In conclusion, the article was insightful in the firsthand experiences of women who self-harmed and exposed the shame and stigma surrounding it.

The Deafly Stigma Around the Mentally III

Mental illness is a topic with many harmful stigmas which can cause a person not to seek help. The purpose of this study was to find out how many persons with mental diseases felt stigmatized and to suggest ways to reduce it. The article begins by defining stigma and why it is applied to individuals. It was stated that mentally ill people felt stigmatized by their illness and tried to hide it. It was also reported that these people's relatives were embarrassed. The article then talks about stigma and how it is subjective. The essay highlighted how the media may reinforce distorted perspectives. Violence was reported to make up 66% of the media picture of mental illness, and 70% of people felt people with schizophrenia were violent and unpredictable in a 1998 poll. People perceived the mentally ill as victims, pathetic characters, indulgent, maniacs, dishonest, and so on, according to research. Furthermore, research found that 59-70% of respondents found those with mental problems difficult to communicate with. The study looked at how negative attitudes toward mental health developed in infancy and maintained into adulthood. Over a 22-year span, persistently negative feelings were examined at five different periods. According to the article, individuals should begin intervening with those who are stigmatized. According to the report, public psychoeducation should teach people where the stigma comes from and how to eradicate it. Furthermore, it says that psychiatry exacerbated the stigma problem and is now failing to fix it. Psychiatrists, according to the study, should face the stigma. A significant component of stigma was revealed to involve denigrating and diminishing 'abnormal' people's experiences; this was proven to be capable of generating relapses into depression. Finally, the piece underlined the need to remove the stigma connected with mental illness. To help advance this investigation, the following source is able to state that:

Dubia & Fink (in Fink & Tasman, 1992) describe how psychiatrists perpetuate many concepts underlying biased and stigmatising attitudes, and suggest that the way in which psychiatry is structured maintains the status quo. Eisenberg (1995) has criticised the highly charged 'either/or' discourse that mental diseases are either biological/'no one's fault' or psychological/'caused by' parents, spouses or patients. Silence on these issues is no longer tenable: for all aspects of stigma and discriminatory practices, psychiatrists need to complain more often and more effectively - media coverage is a good starting point (Reference Hart and Philipsentlart & Philipson, 1999). For psychiatrists, the debate goes beyond stigma. It includes the quality and structure of existing services, and the barriers that deny access to them (Reference Thompson and Thompson Thompson & Thompson, 1997). Compliance is one example where both a concept, and the theories underlying it, are in need of a radical change in mind set. Brandon (in Read & Reynolds, 1996) has provided a number of suggestions for change among psychiatrists, principally abandoning the "them and us" mentality. Crepaz-Keay (in Read & Reynolds, 1996) sums up the (stereotypical) psychiatrist's reactions to advocates: "But you're not like my clients" or "Who do you represent?" (Byrne, 2000)

The article is essential in the investigation because it focuses on stigma, unlike the other articles. It helps advance the investigation in many ways. One of these ways is showing that stigma has been a big issue created over many years. It helps by showing the false representation of mental illness in the media and how this could be detrimental to people with mental illness. It showed that mental illness was attempted to be concealed from the public to avoid judgment. Another form it helped the investigation was by proving that the stigma could potentially cause relapses into depression. Another helpful factor was proving that destigmatizing the topic is essential and that it must be done. In conclusion, it was insightful to provide an understanding of the stigma towards the mentally ill and how it could be reduced.

Materials and Methods

The investigation used a computer with an internet connection alongside an internet browser (Safari). To find the documents required for this investigation, the Google search engine was paramount for pinpointing the necessary sources that would elucidate the research question. Although the internet connection was unstable at times, it proved sufficient to conduct all the required constituents of this investigation. All of the sources were peer-reviewed or approved by the investigation mentor.

This investigation was completed utilizing a documentary analysis design. A descriptive content analysis methodology had to be utilized for this investigation. It was necessary to specify the purpose of each of the ten sources used. Furthermore, it was important to recognize the source's design and approach, indicate the target audience, highlight their limitations, and finally, determine the recommendations and findings contained in each. An analytical component outlining the significance of the data presented in the inquiry was generated. All these components working in tandem created the optimal conditions for the consummation of this project.

Results

The utilized search engine (Google Scholar) proved most beneficial for the selected sources of this investigation. Ebsco Host and Google Scholar were the most applicable search engines for the sources selected for this investigation. These results will be categorized by publication date; however, the number assigned to them will depend on the order in which they appear in the Literature Review. The fifth and first sources were not recent since they were published in 2012 and 2014, respectively. They dealt with information on how individuals are pushed past the instinct of self-preservation and how suicide is seen from the perspective of the depressed. The fourth and sixth sources were also not recent since they were published in 2016. They discussed information regarding the addictive tendencies of self-harm and the neurobiology of self-destruction. The tenth source was recent since it was published in 2018, and it indicated the deafly stigma around the mentally ill. The third, seventh, and ninth sources were recent since they were published in 2019. They respectively dealt with information regarding Alexithymia, which highlights the danger of not being able to process emotions, how practicing nurses can help with differentiating between suicide and self-harm, and how hatred and resentment weigh against scars that represent an individual's past. The eighth and second sources were very recent since they were published in 2020 and 2022, respectively. They delineated information regarding the contrast in suicide attempts between genders and the correlation between children, trauma, and the factors that contribute to their urge for self-destruction.

Discussion

The fifth source of the investigation discusses how individuals are pushed past the instinct of self-preservation. The source investigated three main ideas; these were: 'self-harm is misunderstood,' 'Self-harm has a role,' and

'Advice for professionals'. The source had a deep dive into these topics by utilizing 11 patients who expressed their experiences and feelings towards self-harm. Moving on, the first source dealt with suicide and self-harm from the perspective of the depressed. The main idea of that source aimed to discover the number of people who found comfort in their suicidal or self-destructive conduct and cognitions, additionally to establish a link between self-harm, suicidality, and comfort. The study ended up stating that there was a correlation between self-harming cognitions and comfort and that there was a link between more severe cases of depression and a higher sense of comfort. To further improve the purpose of this investigation, the fourth source focused on the addictive properties of self-harm with a minor discussion on the psychological and neurological underpinnings of self-harming behaviors. The source discussed that self-harming behaviors and suicidal cognitions could be classified as addictions, including that, in some cases, they could be treated more effectively as addictions. Following this, the sixth source discussed the neurobiology of self-destruction. The source accomplished this by investigating the parts of the brain that could affect and were linked to self-harming behaviors. In addition to the topics already discussed, the tenth source discussed the stigmas around mental illness and the people suffering from it. The source dove into the adverse effects stigmas could have on the mental health of people struggling already with mental illness. Equally important is the topic discussed in the third source. The issue primarily expressed in this source was the relationship between alexithymia traits and adolescents with NSSI who exhibit neutral responses to spontaneous processing of emotional stimuli. The source discovered that the higher levels of alexithymia a patient experiences, the higher the likelihood of self-harming behaviors because it limits the amount of emotional expression a patient can partake in. To further advance the investigation, the seventh source was added, which touched upon the differences between suicidal and self-harming behaviors and how practicing nurses could help adolescents with these. The ninth source discussed three main goals. These goals were to investigate women's perspectives on self-harm scars, investigate how those scars could affect life in jail, and explore women's views on MSG. The source approached its inquiry by selecting a group of inmates who self-harmed and asking them about their scars. In addition to this, the eighth source touched upon a topic that has seldom been discussed. This topic would be the discrepancies between male and female suicide attempts and self-harm. Finally, the second source analyzed the effect that childhood trauma has on teenagers with bipolar II depression.

One important component was the methodology of interview conducted with 3 psychologists and one social emotional learning educator. One of the questions which was "Is there a trend that can predict if there's a rise in mental health crises in teenagers?" psychologist B was able to provide an adequate answer to this question, which was:

20 years, but especially exploded over the last like 5-10 years especially post pandemic where like everything went to online the kind of viral response... when the whole world becomes virtual right and now we're seeing everything whether it's Instagram, Snapchat, TikTok, Facebook whatever Twitter X whatever you name it. Now I'm seeing everyone 's lives in a lot of different ways and so that can contribute to a couple of things. It can lead to a lot of bullying and victimization that happens like online, and so there's a lot of research suggesting how bullying is linked to long term mental health concerns so now we have... not only do I potentially get bullied in person, but now I can't escape it right because with the world we're with our phones 24/7 so I can be reading people saying nasty comments about me or trolling me or kind of being mean to me and there's a lot of long term consequences associated with that that might increase mental health concerns: depression, anxiety, social anxiety, you know you name it. On top of that, social media increases social comparisons. So now I'm seeing other people you know succeed or look a certain way and that could increase all sorts of like comparisons about like 'Oh well they're succeeding and I'm not' or 'I'm failing and they're not' or 'they look hot and I don't' and so that could increase a lot of problems related to self-worth, depression, eating disorders, all sorts of... kind of thought processes that seem you know, self-harmful. And there's been kind of some viral trends related to self-harm that have been going around through social media where it's been normalized to engage more and more.

Engaging in like self-harm behaviors and so now we have more people seeing self-harm behaviors being normalized and engaging in self harm behavior so all of that kind of contributes. It's not the only thing that contributes but I think those... social media has contributed to the mental health concerns. yeah, and then other than... now because we have access to all this information, we're bombarded with all the awful, horrible things that are happening in the world and that's another piece right. And so before you might not be aware that there's genocide happening in Sudan right or Gaza and now you...you'd hear mostly of either really.. like you'd hear about what was happening in the US maybe, but most of the time like... what what's just happening in your community. But now we're bombarded with all this awful stuff that's happening throughout the world, that's happening in Puerto Rico, that's happening here in the United States and so life... We're not... humans aren't really meant to be taking all that information, all that negative information all the time and that contributing to a lot of trauma, a lot of stress, a lot of anxiety. I think that that impacts quite a bit, it's all that exposure to negative stuff. And then some of the things that are particularly affecting teens more and more is... and I don't know if it's a fad or trend, it's not really, but it's something that I think is impacting kids more is that older generations are having a hard time adapting to changes. And so I'll give you one example to that, so for example older generations are having a little bit of a difficult time adapting to concepts of gender identity and sexual orientation and being... like learning and being open to diversity in that regard and I think it's creating more stress for teens growing up with a more open inclusive perspective and there's like a lot of conflict that's happening with you know, parents and grandparents and caregivers that particularly impacts teens. And as especially when you compare that with the rise of more sexual gender minority celebrities you know, or advocates and allies coming up and that's what you know... Like in Puerto Rico for example "Young Miko" you know queer trap artist, "Villana Antillana" what's his last name? or even folks like bad Bunny that you know, and so like that's what's popular with teens and kids and older generations are having a strong reaction to that and I think that might be you know.... For LGBTQ youth is having a negative impact on their mental health."

Conclusion

The presented sources were able to clarify the link between suicide and comfort and variables shared in self-harming youth. Moreover, this investigation delineated how alexithymia affects NSSI in children. Additionally, evidence was provided that both NSSI and SB could be considered addictions, and if treated like one, patient outcomes could be much better. Notwithstanding this, further data also supported the investigation by stating that from a patient's perspective, self-harm is misunderstood, it has a role, and it can be considered control. The process revealed some limitations, which might be resolved by more investigation. Generally, it would have been beneficial if the sources could outline more information on how relapses affect psychological processing and its ties to NSSI. In a general sense, the sources were able to present a vignette on the psychological factors contributing to self-harm in teens. For upcoming continuing research and data analysis, recommendations include securing more years of data and requesting more study resources. Ultimately, this investigation aimed to answer what are the psychological factors contributing to self-harming behaviors in kids and teens and what role relapses play in the context of coping mechanisms. Sources converged to provide an answer, which is that many psychological aspects are contributing to self-harm in youth, like trauma and alexithymia; additionally, since it can be considered addictive, relapses can give small comfort with the physical pain, which is a coping mechanism.

Limitations

For the investigation to come to fruition, the scope of the research question had to be more encompassing to find more information on the subject, which permitted the optimal conditions to answer the research question.

If the original research question had not been changed, perhaps the essay would not have been written as well, given that the research question would have been challenging to complete. Many of these resources lacked information on the topic of relapses which could have been beneficial in furthering this research because of its relationship to coping was barely discussed and relapses, in general, are a main component in this investigation.

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I would like to thank ABC college for enim ad minima veniam, quis nostrum exercitationem ullam corporis suscipit laboriosam, nisi ut aliquid ex ea commodi consequatur? Quis autem vel eum iure reprehenderit qui in ea voluptate velit esse quam nihil molestiae consequatur, vel illum qui dolorem eum fugiat quo voluptas nulla pariatur.

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