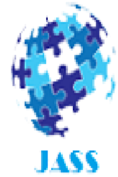
Journal of Arts and Social Sciences

https://ojs.jass.pk



Non-Suicidal Self-Injury (NSSI) in Adolescents: Dilemma in Diagnosis of a Case

Maryam Iftikhar*, Dr. Shahnila Tariq **, Ms. Beenish Mubeen**

** Center of Clinical Psychology, Government College University, Lahore Pakistan*
*** Associate Professor, Department of Applied Psychology.UMT Lahore*
**** Ms. Beenish Mubeen Lecturer, Applied Psychology, UMT Lahore*

ARTICLE INFO

Article history:
Submitted 02.04.2022
Accepted 27.05.2022
Published 30.06.2022

Volume No. 9
Issue No.I
ISSN (Online) 2414-8512
ISSN (Print) 2311-293X
DOI:

Keywords: Non-suicidal self-injurious behaviors, psychological stressors, coping.

ABSTRACT

Non-suicidal self-injurious behaviors are getting prevalent in third world countries especially in Pakistan. This case report describes a typical case of Non-suicidal self-injurious behaviors in a young female (most vulnerable population) with symptoms of cutting different body parts that she mimic from other friends. The difference in intention and gains of both behaviors can help in diagnosing and treatment, preventing invasive medicinal and psychological treatments, reserving available healthcare resources. Similar cognitive, emotional, psychological, and behavioral factors underlie and perpetuate non-suicidal self-injury and emotional disorders. This case report aims to explain the dilemma of identifying the case and to target emotional disorders in treating comorbid borderline personality traits.

Introduction

Non-suicidal self-injury (NSSI) can be explained as acts of harming oneself and one's body directly, consciously, and purposefully without the intention of killing oneself. It involves the demolition of body parts and body tissue lacking the thoughts of having suicide (Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006). It is very common in self-injurious behaviors that an individual cause deliberate harm to oneself, self-mutilation, and self-abuse. These forms injurious behaviors are intentional, addictive, repetitive, impulsive, spontaneous, and non-lethal harm to oneself. Individuals who do self-injurious behaviors, they use it as their ways of coping with the painful stimulus, memories, to get attention from others, to express hard feelings. Self-injurious behaviors are not the attempts of a person to kill himself. After hurting themselves, the individual feel relived but that relief is temporary and that leads to the self-destructive cycle. As the self-injurers feels relived after self-harm or they often lose self-control due to the feelings of relief they felt after self-injury and due to the addictive nature of these acts (Gunderson & Hoffman, 2005).

Typically the onset of self-harm is most reported at the age of adolescence which is a very critical age of development, with several recurrent occurrences' and with various less severe methods of self-injury that is repeated over the years (Dallam, 1997). While the intention to kill oneself is a significant difference that has been supported conceptually by the researchers to discriminate suicidal self-injury from non-suicidal self-injury behaviors (Hjelmeland & Groholt,

Correspondence concerning this article should be addressed to Maryam Iftikhar, Maryamiftikhar.ali@gmail.com

2005).

While both the suicide attempts and non-suicidal self-injurious behaviors have self-harm or self-injury in common. But there are significant differences in the intentions, methods to cause harm, medical severity, and pattern of behaviors such as non-suicidal behaviors are repeated and episodic in nature whereas for suicide a single severe and intermittent attempt is enough to cause the death of a person (Favazza, 1998).

To the researches, the most primary reasons reported by the individuals for indulging in behaviors of self-injury is to normalize the emotions, regulate aversive feelings or state, to bear negative emotional state, negative or painful cognitive thoughts, in order to punish oneself and to produce some type of feelings (Anderson & Sansone, 2003). Various researches concluded that individuals have a tendency to engage in self-injurious behaviors to reduce or diminish their negative feelings which are hard to bear (Klonsky, 2007). As most of the individuals reported a reduction of tension before and after the self-injury as compare to other emotions (Kamphuis, Ruyling, & Reijntnes, 2007).

1.2 Case Presentation

Miss A was 17 years old single female referred to the psychiatry department because of her habit of cuttings body parts with sharp objects and using other methods of harming one's body. She was a student and completed her bachelor's a year ago. She didn't continue her studies any further because of her rural background and due to the lower financial conditions of her family. Other demographic characteristics are having a joint family system, low-income family, having 5 siblings, i.e. 3 brothers and 2 sisters, having the religious inclination, living in a rural area of Punjab and having no psychiatric illness in the family before.

She reported having episodes where she can't control herself from harming her body in order to get relief, she feels every time she harms herself. Sometimes she is able to hold herself for few days but as the stress increases, she can't stop herself from harming. She reported to harm herself on her scalp, abdomen, upper and lower arms, wrists, and hands using sharp objects to cut herself, scratching, hitting, hair pulling, and use of medicines to find relief. She stated that whenever she was not able to lessen or control her anxiety and stress, she indulges into self-injurious behaviors that help her getting psychological and emotional relief and also help her in what she wants from her family. She reported that she doesn't feel pain while harming her body because it helps her getting rid of psychological pain which she can't bear. Initially, she reported to have one episode of non-suicidal self-injurious behaviors in weeks but later as her family pressurizes her more, she needed to do it more often for relief. She also said that she tried to resist having to do self-harm but unable to do it for more than 6 hours but later she can't even resist it for 2 hours. So, these non-suicidal self-injurious behaviors are now occurring more often, with more intensity and with less control and resistance. The relief after such acts lasted from days to hours now. She also reported that firstly she observed such self-injurious behaviors in a few of her village girls and eventually adopt it to get rid of stress. She reported having no previous psychiatric illness history.

Clinical Interviewing

Detailed Clinical interviews was conducted with her family revealed that she was pressured to stop further education and get married to one of the village boys to start her family. Whereas she wants to get further education and don't get married for at least 5 years. After having more pressure from family, siblings and relatives, she start having anger outburst frequently which leads to physical aggression and eventually involving bodily harm. Initially, the patient didn't receive any treatment. Consequently, there were more family conflicts and then, they try to force her into a marriage which leads to worsening of her symptoms.

Mental Status Examination

Mental status examination revealed a female, dressed according to her socioeconomic position and appropriate weather, having poor self-care, cooperating during the examination, stressed, and willing for admission to stay away from her family and home. The patient had poor attention span as it was hard for her to focus on any other things while stressed. The psychomotor movement was normal and the patient had a low mood. While the speech of the patient was of normal speed with clear, loud tone and goal-directed. Thought content was indicative of poor coping, unable to control, and release stress. Higher mental functions were also normal such as memory, attention, etc. She had fair judgment and insight into the illness.

Correspondence concerning this article should be addressed to Maryam Iftikhar, Maryamiftikhar.ali@gmail.com

Miss A was admitted for treatment of her suicidal ideation and attempts. She had no intentions to die but cause deliberate self-harm to relieve her stress and get rid of psychological and emotional pain. No reported history of seizures, use of a substance, physical complaints was found.

We made a presumptive diagnosis of Non-Suicidal Self-injury with Borderline Personality Traits, Single Episode, moderate, without Psychotic features.

Ottawa self-injury inventory (OSI) (Nixon & Cloutier, 2005)

Ottawa self-injury inventory was used in the case study to assess self-injurious behaviors in the patient. It is a self-reported inventory that measures the occurrence, frequency, motivation to resist self-injury, addictive features, functions, ways used to harm oneself, and most injured body parts. The function of non-suicidal self-injury can be assessed by finding out the causes of indulging in it such as getting attention from others with vary in intensity such as 0 means never a reason up to 4 always a cause. Other questions were also asked to assess the addictive nature of non-suicidal self-injurious behaviors such as the desire to control the impulse but unable to do. OSI showed excellent internal consistency scores of 0.67 to 0.87.

Whereas the results showed that the patient falls in the category of moderate to severe symptoms as the patient reported to have various events of self-harm happening often recently. She also stated that "she tried to resist doing self-harm but unable to do so for more than 6 hours but later she can't even resist it for 2 hours". Such as she also started having self-harm more in frequency and severity to gain the desired relief. She also reported that "she doesn't feel physical pain while harming herself". Results also showed that she used to harm herself on her scalp, abdomen, upper and lower arms, wrists, and hands using sharp objects to cut herself, scratching, hitting, hair pulling, and use of medicines to find relief. These results help us in establishing the case and its severity to treat it properly.

Discussion

Patients with non-suicidal self-injury represent a dilemma in their diagnosis and intervention plans. History, interview, MSE, and other psychological assessments revealed predisposing, precipitating and maintaining factors of the patient describing the time of onset, type of symptoms, etc. whereas psychological stressors are not difficult to point out because the patients with non-suicidal self-injurious behaviors are able to give details about stressful psychological factors themselves.

Non suicidal self-injury is linked with various other important factors such as identity confusion, personality disorders, and psychopathology in adulthood. Such problems and pathologies lead to personality disorders which are the only a feature of borderline personality and psychotic personalities. When the types of personalities were assessed, significant ones were avoidant, obsessive-compulsive, self-defeating, dependent, borderline and schizotypal personality disorders (Demir, Dereboy & Dereboy, 2009). Patient-reported to have borderline personality traits, this also showed a clearer picture of her illness and guides the therapist to devise a management plan.

Most commonly used methods of harming oneself were reported to be biting, cutting or carving skin, hitting oneself, and burning skin. Severity of non-suicidal self-injury is of great importance as less severity patients have no psychiatric history, hospital admissions, and suicide attempts. Whereas moderate to severe injurers have a history of comorbidity and other pathologies (Lloyd-Richardson, Perrine, Dierker & Kelley, 2007). As the patient, herself reported that "she uses sharp objects for cutting herself, scratching her skin, hitting herself, hair pulling and overuse of medicine" which shows the severity of her illness and her pathological personality traits.

Etiology of NSSI revealed that interpersonal and social factors and their relationship may have a significant effect as a triggering factor. Various studies revealed that interpersonal problems were the cause of initiating NSSI in individuals. Individuals who do NSSIB reported to have low family and social support and fewer of them try to seek help from mental health professionals because they find it hard to discuss it with others (Muehlenkamp, Brausch, Quigley & Whitlock, 2012). As mentioned above in the history, the patient has low family and social support which is also one of the triggering and maintain factor of her illness. As her family is pressurizing her to stop further education and get married to start her own family. This explains the triggering factor and her self-harm behaviors explain her way of coping things.

In my view, the mental health professional must expect increasing incidences of non-

suicidal self-injurious behaviors because of increasing bad coping styles, habits and attitudes in the younger generation. Psychiatrists, psychologists and other mental health practitioners serving in Pakistan needs to focus its incidence and increasing trend of injurious behaviors on the alarming rate in young teens and adolescents, as misdiagnosis the symptoms of both the mental illness are common, with the occurrence of comorbidity and poor prognosis.

Conclusion

Non-suicidal self-injurious behaviors are considered a common behavioral problem in Pakistan as well as in western countries as it is usually misdiagnosed with having the intention of suicidal attempts. Misdiagnosis can result in the delay in treatment interventions. A proactive methodology helps the clinician in early diagnosis and to treat patient effectively in reducing her distress. Also, through clinical interviews and other assessments will help the therapist in diagnosing and treating patient effectively. Such methods will help in saving time and cost of the psychiatrist, psychologist, patient, and system in Pakistan. Patients who showed such symptoms, behavioral patterns, emotional distress, intentions and gains must be diagnosed timely and treat accordingly as this helps to reduce patient psychological and emotional pain.

References

Anderson, M. & Sansone, R. (2003). Tattooing as a means of acute affect. Clinical Psychology & Psychotherapy, 10, 316–318.

Dallam, S. J. (1997). The identification and management of self-mutilating patients in primary care. *Nurse Practitioner, 22*(5), 151-165.

Demir, H. K., Dereboy, F. & Dereboy, C. (2009). Identity confusion and psychopathology in late adolescence. *Turkish Journal of Psychiatry*.

Favazza A. R. (1998) The coming of age of self mutilation. *Journal of Nervous and Mental Disease*, 186, 259-268. DOI: 10.1097/00005053-199805000-00001

Gunderson, J. G. & Hoffman, P. D. (2005). *Understanding and treating borderline personality disorder: A guide for professionals and families*. American Psychiatric Pub.

Hjelmeland, H. & Groholt, B. (2005). A comparative study of young and adult deliberate self-harm patients. *Crisis*, *26*, 64-72. https://psycnet.apa.org/doi/10.1027/0227-5910.26.2.64

Kamphuis, J. H., Ruyling, S. B. & Reijntnes. (2007). Testing the emotion regulation hypothesis among self-injuring females: Evidence for differences across mood states. *The Journal of Nervous and Mental Disease,* 195(11), 912-918.

Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, *27*, 226–239.

Lloyd-Richardson, E. E., Perrine, N., Dierker, L. & Kelley, M. L. (2007). Characteristics and functions of non-suicidal self-injury in a community sample of adolescents. *Psychological Medicine*, *37*, 1183–1192.

Muehlenkamp, J. J., Brausch, A., Quigley, K. & Whitlock, J. (2012). Interpersonal Features and Functions of Nonsuicidal Self-injury. *The American Association of Suicidology* 43(1). doi: 10.1111/j.1943-278X.2012.00128.x

Nock, M. K., Joiner, T. E., Gordon, K. H., Lloyd-Richardson, E. & Prinstein, M. J. (2006). Non suicidal self-injury among adolescents: Diagnostic correlates and relation to suicide attempts. *Psychiatry Research*, *144*, 65–72. http://dx.doi.org/10.1016/j.psychres.2006.05.010

Correspondence concerning this article should be addressed to Maryam Iftikhar, Maryamiftikhar.ali@gmail.com