NON-SUICIDAL SELF- INJURIOUS BEHAVIOR IN ADOLESCENTS (LITERATURE REVIEW)

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Abstract. *The article is devoted to the analysis of literary data on the main types and forms of self-harmful behavior, causes and mechanisms of occurrence, and differences from other forms of self-destructive behavior in adolescents. Non-suicidal self-harm behavior in adolescents is the result of the interaction of social, personal, and psychopathological factors. Non-suicidal self-injurious behavior may represent a relatively distinct behavioral pattern that exists outside the suicidal context, warranting further exploration of the relationship between suicidal and parasuicidal behavior.*

Keywords*: non-suicidal self-harm behavior, self-injurious behavior, adolescents*

The World Health Organization considers childhood and adolescence to be one of the most important periods in the life of every person because it is at this stage that behavioral functions are formed that have a decisive impact on health status now and in the future [6]. During adolescence, major neurological and biological changes occur, relationships with the opposite sex develop, problems arise in learning and other activities, and independence in behavior arises. It is no coincidence that in recent years there has been a significant increase in attention to the issues of non-suicidal injuries [5, 24].

The phenomenological closeness of suicidal and self-harmful behavior is noted by many experts [1, 11]. Self-harm behavior is often associated with actions aimed at damaging one's own body but without suicidal intent. In addition, other specifics of self-harmful behavior go far beyond the scope of clinical practice and psychopathology, and define a complex range of psychological problems that reflect ontogenetic characteristics, cultural significance, and social selection of sanctioned methods and forms of self-harm [12, 13]. For modern researchers, self-injurious behavior is a group of behavioral phenomena, both clinical and preclinical levels, indicating probabilistic suicidal risk and psychological problems associated with emotional regulation and understanding of emotions, anxiety, hostility, and neuroticism.

Recently, we often have to deal with the problem of non-suicidal self-harm behavior in adolescents. Although this model of behavior was previously characteristic of adolescence, it raises serious concerns among both parents and specialists. Unfortunately, research related to this issue, explaining the essence and mechanisms of non-suicidal self-harm behavior, is extremely insufficient.

According to E.V. Zmanovskaya [4], deliberate self-harm or self-poisoning (self-harm behavior - intentional and conscious harm to oneself, self-injurious behavior) is becoming a common form of parasuicidal behavior among adolescents. The thesis is that self-harm behavior is a manifestation of a mental disorder, mainly borderline personality disorder [23, 41], as well as manifestations of depression, hyperkinetic disorder, schizophrenia, and autism spectrum disorders, eating behavior, as well as the causes of substance abuse [2, 3, 7, 9, 13, 22, 26, 34, 35, 36, 40, 43]. At the same time, this phenomenon in today's reality can be a follow of fashion trends, the manifestation of protest and demonstrative behavior [11, 19].

Non-suicidal self-harm (parasuicide, self-harm, suicidal gesture), as one of the types of auto-aggressive behavior, is now widespread among adolescents and young people. The definition of this phenomenon can be called deliberate, direct self-harm without fatal consequences, i.e. in the absence of suicidal intentions, the main goal of which is to reduce psychological discomfort. The most common are self-cuts, and to a lesser extent - blows, cauterization, scratching, etc. [38]. Currently, English-language literature uses the term self-injurious to define individuals who commit non-suicidal self-harm without having a real intention to commit suicide. According to B. Walsh [46], "self-injury is the intentional infliction of bodily harm on oneself, which has a low probability of death, is socially unacceptable in nature, and is carried out to reduce and/or cope with psychological distress." M. Nock [38] defines such actions as carried out deliberately, with a clear understanding of the physical or psychological consequences and damage of varying severity.

Among the variations of self-harmful non-suicidal behavior described in the scientific literature, the following forms are known: severe biting of nails and around the nail folds, lip biting; hair pulling, possibly in combination with trichophagia (hair eating); biting hands and other parts of the body (lips, tongue); scratching and/or scratching healthy areas of skin; scratching wounds, ulcers, stitches, birthmarks; self-cutting; self-burns; hitting limbs and/or head on objects and beating oneself; injections with improvised means; swallowing batteries, pins [16].

The expanded definition of self-harmful behavior given by V.D. Mendelevich includes harm to the body through eating disorders, excessive interest in tattoos and piercings, abuse of psychoactive substances and medications, various obsessive actions in the form of eating inedible products (paper, nail polishes, etc.) [10].

N.P. Pishchulin considers auto-aggression in the structure of a model of maladaptive behavior that arises as a result of frustration. He said that people who are unable to adapt to a changed social situation adequately use irrational ways of reacting: they become aggressive, stubbornly adhere to the usual (non-adaptive) way of action, and "give up," i.e. react auto aggressively [14].

The DSM-5 uses the following self-harm criteria:

A. During a year, a person intentionally inflicted injuries to a surface of the body for 5 or more days, followed by bleeding, bruising, or pain (hitting, self-cutting, cauterization, injections, etc.), expecting minor or moderate physical harm;

B. A person who self-injures expects one or more of the following consequences: 1) to reduce negative experiences or cognitive states; 2) eliminate intrapersonal difficulties; 3) get positive emotional changes;

C. Intentional self-injury is associated with at least one of the following: 1. Personal difficulties, negative feelings or thoughts (depression, anger, tension, anxiety, generalized distress, or self-criticism) immediately preceding the infliction of injury; 2. The frequency of thoughts about self-harm, even without committing it, increases; 3. Before damage occurs, a period of difficult-to-control anxiety occurs;

D. Behavior that goes beyond social approval (tattoos, piercings, religious or subcultural ritual);

E. The outcome or consequences of the specified course of action result in clinically important distress or affect interpersonal, academic, or other important functioning;

F. The manifestation of the behavior does not consist solely of a psychotic state, delirium, intoxication, or withdrawal syndrome. In individuals with developmental disabilities, this behavior is not part of a pattern of repeated stereotypies. The behavior cannot be explained by another mental disorder or condition (psychosis, mental retardation, autism spectrum disorder, Lesch-Nychen syndrome, motor stereotypies with self-harm, trichotillomania, excoriation).

At the same time, we must not forget that some non-suicidal self-harm, especially in adolescence, can lead to death due to carelessness or incorrect “dose calculation”. Also, suicide attempts and non-suicidal self-harm may overlap: people who consciously attempt suicide may engage in suicidal self-harm, and vice versa. Even a specialist with extensive practical experience often cannot correctly assess the presence of suicidal intentions, which is a serious barrier to the study of this problem.

A meta-analysis and systematic review of studies shows that non-suicidal self-injurious behavior arises from emotion dysregulation, regardless of age or gender [48].

Many authors consider the relationship between self-harm and eating disorders to be a serious problem in adolescents. There is an opinion about the comorbidity of these pathological phenomena, which often aggravate each other’s manifestations [31]. They also promote the similarity of psychological functions motivating eating disorders and non-suicidal self-harm behavior, which explains the common mechanisms that reveal their frequent co-occurrence [37].

It is stated that even psychological assistance programs are often unable to overcome the tendency to self-harm and resistance to correction, which leads to manifestations outside the clinical environment where psychological interventions were implemented [47]. Also, experts note the contagiousness of self-harm, especially among adolescents. Observing another person's self-harm is a trigger for engaging in such behavior [20].

Many researchers consider rumination (repetitive thoughts) to be one of the significant factors predisposing to self-harm behavior. Rumination about negative events and experiences is defined by experts as a transdiagnostic process that underlies various forms of mental pathology [17]. Rumination and emotion-related impulsivity are significantly associated with suicidal ideation, suicide attempts, and non-suicidal self-harm [27, 29].

The greatest propensity for non-suicidal self-harm has been shown in adolescents with symptoms of depression, attention deficit hyperactivity disorder, and mood disorders [42]. It is noted that adolescents who seek help in a crisis are less prone to non-suicidal self-harm [21]. Peter Taylor showed that for 63-78% of people who committed non-suicidal self-harm, they acted as a short-term strategy for alleviating emotional distress, while this method of problem-solving provides short-term help, and in the long term only leads to a worsening of the situation [44].

Mood disorders and behavioral disorders aggravate the situation. Several researchers argue that depression in children and adolescents complicates the process of coping with difficult situations, having a significant impact on the ability to regulate emotions, which leads to the fact that children and adolescents focus exclusively on negative aspects of life. Researchers have found that depression, mood disorders, hyperkinetic disorder, and social behavior disorder are predictors of non-suicidal self-harm [15].

Self-harm behavior causes harm to the body and life of a teenager as a whole. This phenomenon may be a symptom of some mental illnesses, or it may be independent. In this regard, it is extremely important to understand and differentiate the conditions for the manifestation of self-harmful behavior. When diagnosing, it is necessary to differentiate non-suicidal self-harming

behavior and suicide attempts to avoid incorrect diagnosis and treatment tactics. In addition, one should take into account the various forms of manifestation of self-harm behavior and significant differences in the psychological characteristics of people with its manifestations.

A prospective study that lasted 2.5 years showed that dysfunctional relationships are significant risk factors for self-aggressive behavior [28]. The development of self-harm behavior is also influenced by communication with peers and friendships between teenagers, both positively and negatively. Emotionally unstable teenagers most often fall under the influence of friends. Emotionally unstable teenagers face peer pressure, loneliness, and conflicts with loved ones or significant others. According to the research results, it can be seen that the connection between problems with peers (quarrels, loneliness, etc.) and self-harm behavior is due to common underlying factors. At the same time, there is evidence that self-harm behavior may increase the risk of adolescents having difficulties in relationships with peers, in part due to increased symptoms of depression [25].

At the same time, social relationships with parents and peers are also important when assessing self-harm behavior, which is associated with problems in relationships with family members and peers [45]. Strict parental control, punishment, parental indifference, and weak attachment to them contribute to an increase in the likelihood of subsequent development of self-harm behavior in adolescence.

Experience of adverse events in childhood, such as parental neglect, abuse, or significant restrictions in childhood, increases the risk of auto-aggression. This finding is consistent with a meta-analysis showing that the experience of sexual abuse is not significantly associated with the development of non-suicidal self-injurious behavior [32]. Families of adolescents with self-harm behavior show high levels of hostility and criticism, indicating problems in receiving weak speech signals. If parents respond only to some stimuli and ignore others, a kind of selective reality is formed in the child’s perception.

Parents may ignore affective and kinesthetic signals, reacting only to the child’s experience of pain [8, 33]. Other work has shown that indirect childhood abuse is more associated with non-suicidal self-aggressive behavior than direct forms of abuse (physical or sexual abuse). Emotional abuse was not considered in this study. In addition, a strong connection with increased parental criticism or, conversely, indifference has been repeatedly shown [30].

Risk factors for self-harm behavior also include early and massive mastery of a high-tech arsenal of new cultural means and tools - increasingly personalized and mobile modern electronic devices, which determines the privacy and uncontrollability of their use. Content risks are various types of negative information that you can encounter on the Internet. This type of risk is quite widespread: more than half of teenagers encounter disturbing content online. You can encounter content risks almost everywhere: on social networks, blogs, torrent sites, personal sites, and video hosting sites [18].

From the first episode of self-harm, there is an increased risk of reoccurring self-harm behavior. Some factors increase the risk of non-suicidal auto-aggressive behavior at this age, including puberty, depression, and addictive disorders [39].

To summarize, we can say that every case of self-harm behavior is the result of the interaction of social, personal, and psychopathological factors. The study of various aspects of this phenomenon reveals a wide range of issues that require solutions with a reasonable analysis of its psychopathology. Non-suicidal self-injurious behavior may represent a relatively distinct

behavioral pattern that exists outside the suicidal context, warranting further exploration of the relationship between suicidal and parasuicidal behavior.

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