

SELF-HARM BEHAVIOUR AMONG IN-SCHOOL ADOLESCENTS: counselling IMPLICATION

By

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Abstract

Security is the bedrock of progress and development in both individual and society. It improves not only the mental health of individual but also the socio-economic and moral life of the society. Dealing with low emotional intelligent and uncontrolled impulses in adolescent for a long period of time can escalate to negative feelings and eventually leading to Self-harm Behaviour (SBH) which is rampant in the contemporary society. In lieu of this, this paper aims at examining self-harm behaviour, causes and its implications on adolescents and societal progress with a view to providing various ways through which self-harm behaviour can be curbed among the In-School Adolescents. The paper reviews literature on the concept of Self-harm behaviour as an unhealthy mental condition that is caused by anxiety and Post-Traumatic Stress Disorder (PTSD) among others. The psycho-social consequences on the affected adolescents, its signs and causes as well as experts' suggestions on its management are discussed. The paper reveals that the management of self-harm behaviour would bring about increase in self-esteem and efficacy behaviour. In conclusion, the intervention of counselling Psychologists in re-orientating the adolescents, regulating emotion and improving their distress tolerance should be encouraged and formalized. The paper advocates self-harm behaviour education among the in-school adolescents for proper awareness of self-harm behaviour to avoid suicidal behaviour.

Keywords: Insecurity, Self –harm, Behaviour, In –School Adolescents, Counselling, Mental health.

Introduction

The attitude of self-harm behaviour has spread enormously among the adolescents in almost every part of the world, Nigeria inclusive. It has caused series of injuries to teens and young adults and has increased the risk of suicide. According to Keith, Kate and Rocy (2012), self-harm is a public health challenge in adolescent which is presently causing death in the contemporary society. It has become rampant in the environs not only among the adolescents but also the adults (Claassen et al, 2006). This perhaps is due to the series of social challenges facing individual without tangible solutions. On the other hand, it may be due to the rampant of nature of alcoholic drinks and drug abuse among the youths and adolescents (Oktan, 2017).

From the spiritual intelligence perspective which encapsulates on emotional and intellectual understanding, some Muslim scholars such as Ibn Taymiyyah (2004) and Ibn Qayyim Al-Jawziyyah (2007) opined that self-harm behaviour can be as a result of spiritual attacks by the Jinns (invisible creatures) who are capable of possessing human body and afflicting it with series of pains to the point of becoming unconscious. By this, it can be deduced that self-harm behaviour is a multifaceted concept that is affecting human being in the contemporary time. However, a holistic study of the issue shows that the adolescents themselves

are the causative agent of this malady medically, socially and spiritually which are all contained in the service of a professional counsellor who can, through the professional skills, detect the signs and symptoms of self-harm and strive as much as possible to ameliorate it before getting out of hand.

It is against this backdrop that this paper examines the concept of self-harm behaviour among the in-school adolescents with a view to presenting roles of counselling in managing it. In order to achieve this, the paper has been segmented into eleven; abstract, introduction, a conceptual analysis of self-harm and adolescent, kinds of self-harm behaviour among in-school adolescent, signs and symptoms of self-harm, consequences of self-harm, theory of self-harm, counselling implication of self-harm behaviour, expertise suggestions on self-harm management, conclusion and recommendations.

Self-harm Behaviour and Adolescents: A Conceptual Analysis

Self-harm can be defined as any non-fatal internally self-inflicted and physically harmful act, regardless of suicidal intention of self-injury or self-poisoning (Hussain and Hawton, 2019). While studying gerontological aspect of human development, Newport Academy (2021) constructs self-harm behaviour in teens as a way of releasing painful emotions and anxieties such as anger, guilt, harassment, grief and self-loathing. A person with high level of insecurity may find it difficult to form a lasting relationship or attend to daily tasks, due to a self-perception, fear, worry, self-doubt, low self-efficacy, helplessness, or inadequacy (Cheery, 2019).

Okorodudu and Okorodudu (2004) opine that chronic insecurity formed by insecure attachment by caregiver or parent's behaviour may be interpreted as hostile which can escalate relationship conflict or even create conflict from a neutral interaction. Some victims may become too shy or anxious to face anyone at all or distancing from people. This distance can lead to isolation, social anxiety, lower self-esteem and self-harm. In his own submission, Oktan (2017) opines that self-harm behaviour is practiced by 75% of youth for social amusement purpose, while some youth exhibit self-harming under the influence of alcohol or drug overdose which surface and is more crucially observed in adolescence and young adult ages than in adults.

Despite the fact that people indulge in self – harm as a coping mechanism for emotional, behavioural and impulse control, the greater side effect is caused by escalating outside frustrating situation, intense distress, destructive impulses and so on. While the reasons for self – harm may not make sense to some people, 20% of who self-harm report not knowing why they engaged in it (American Public Health 2018). Self- harm is a spontaneous reaction which its first attempt occurs between twelve to fourteen years' age bracket and commonly happens when adolescents experience first interpersonal conflicts with parents, siblings, or peer counterparts or when facing rigorous stressful experience (Aktepe and Sonmez, 2014).

Adolescence simply means 'to grow up' in Latin word. It is the period of living between childhood and adulthood. Feldman and Elliot (1990) assert that entry into adolescent marked by puberty, peer attachment and school environment, individual changes in cognitive and affective functioning making this stage a vicarious period to investigate and study the emotional and psychological components of adolescent's development. Fletcher, Simpson and Filo (2015) observe that adolescence is the stage where by numerous psychological disorders – aggression, depression, loneliness, worthiness among others arise to the optimal level.

In his own opinion, Adegoke (2016) views adolescence as a time of metamorphosis from toddlerhood to adulthood which is associated with profound biological, physical, behavioural

and social transformation that corresponds with the secondary school period and extends to few years of university levels. Educationally, adolescents are mostly in the post-primary level of their academic pursuit. Adolescence encompasses so many years and can be grouped into three phases according to Adegoke (2016): Early adolescence, middle adolescence and late adolescence. The early adolescence embraces the sexual and psychological awakening of puberty and new challenges; this period encompasses age ten to fourteen.

The second group of adolescence is the middle adolescence which is labelled as a period of increased autonomy and experimentation and it covers ages fifteen to seventeen years. The last group is late adolescence; this is the age brackets of eighteen to early twenties.

During this transitional period, an adolescent experiences pleasant and unpleasant events, doubt and confusion and perceives relationship with family and peers taking a new meaning as a result of tumultuous emotional drives and impulse (Adegoke, 2016). Adolescents indulge in self-harming which seems better to cope with life circumstances. However, instead of self-harm to solve their life socially, economically, politically, morally, educationally and intellectually, it leads and causes more harm to self-harmers by increasing their level of insecurity, loneliness and uncomfortable life.

Kinds of Self-Harming among In-School Adolescents

Self-harm, according to Jacob (2017), is a non-fatal act where an individual engages in a behaviour or ingests a substance with the intention of causing harms to themselves. It is ranged among antisocial behaviour. Hence, Franklin (2015) in Jacob (2017) surmises that the self-harmers conditioned self-harm as a pain offset relief technique. This paradigm with various kinds are nail biting, skin picking or scratching, hair pulling, eyelashes or eyebrows removal, scalp scabbing, nose piercing, self-hitting, head banging against the wall, punching to the wall, excessive exercising to the point of collapse or injury, intentional teeth removal, skin burning and mutilation, not allowing wound to heal, inserting objects in to the body, excessive drug intake, inhaling or swallowing dangerous object or substance, strangling one self and restricting blood or breath flow and self-surgery among others.

The above kinds of self-harm behaviour are majorly adopted by the adolescents through their interaction and use of internet which stimulates their own physical reactions and inspires behavioural enactment and become their normal practice. This assertiveness was supported with the evidence stated by Jacob (2017) that 51.30% of adolescents who engaged in self-harming have been reported to have had immense relationship with textual and physical interaction with the internet searches. Thus, one of the sources of extrinsic motivation towards this enigmatic act in adolescents' life is the free access to internet normalising self-harm behaviour for the people.

Signs and Symptoms of Self-Harm among In-School Adolescents

Since the lexical causes of self-harm behaviour are lack of self-regulation and self-absorb, inability to control impulse, emotions and outside frustrating situation as a result of high level of insecurity, the signs and symptoms of self-harm, according to Newport Academy (2022), includes but not limited to the following: having sharp objects or broken bottles intact, often moody, expressing worthlessness or emptiness, wearing covered outfits always regardless of harsh weather, having unexplained bruises or missing patches of hair, social withdrawal, truancy, frequent report on health problems, lower self-esteem and, zero point of emotional intelligence.

Consequences of Self-Harm behaviour

Diagnostic and Manual of Mental Disorders (2013) ascribes self-harm behaviour to a borderline personality disorder which is marked as emotional instability, unstable relationship and chronic feelings of emptiness. If a person is feeling bad, angry, frustrated, upset, exasperate or depressed and cannot express it fairly, then self-harm would be resorted to as a way of showing such feeling. Therefore, there is need to address this obscene attitude to avoid bad consequences which self-harming would inclusively extend to adulthood, impairing both physical health and impeding opportunities to lead fulfilling lives as adults.

The geometrical progression of self-harm behaviour among in-school adolescents globally is escalating to homicidal ideation. Oktan (2017) discusses that self-harm as a deliberate physical harming one's own body can lead to homicide which is referred to as the crime of killing somebody deliberately, according to Hornby (2000). By this, it can be vehemently said that self-harmer may eventually become a homicide as a result of emotional dysregulation. Consequently, Clare (2006) in Aktepe 'et al' (2014) sees this antisocial behaviour as a destructive act that is characterized by covert and overt hostility and intentional aggression towards others. He further posits that deviant peers and deficit of problem-solving skills eventually pave way for self-harm behaviour in adolescents which severely Jeopadise the dream line of their life. Chronically, the effects of self-harm vary from trivial irritants to severe injuries and eventually to unintentional death. Thus, untreated self-harm may result to either or all of the following:

Social withdrawal, breakage of inter-personal relationship, loss of appendage, septicemia and self-guilty, suicidal ideation and attempt, inadvertent death, excessive worry, undue phobia and panic, impediment to education and criminal behaviour.

It is important to mention here that self-harm as a result of overdose drug intake can lead to damage of the organs in the body such as liver, lung and heart among others. This has been confirmed by Chris Rudge, the Medical Director UK Transplant (2003) cited in British Psychological Society (2004) as he discloses the effects and consequences of self-prescribed and excessive drug intake of paracetamol poisoning as the main causal of acute liver failure leading to liver transplantation. He confirms that almost 120 liver transplants were executed from the peoples of Wales and England within four years ranged from 1998 to 2002 as a result of overdose Paracetamol usage.

Self-Harm Behaviour: Counselling Implication

Self-harm behaviour has been ranked as one of the major physical health challenges exhibiting by adolescents globally as inability to control aggression, emotional impulse and irrational thinking. Owens (2002) in British Psychological Society (2018) asserts that one in six people who attend an emergency department following self-harm will self-harm again in the following year. Such person may continue to do it till an attempt to end his life. Thus, counselling service becomes an indispensable measure to be embarked upon to subside and effectively reduce it drastically. Counselling is an ethical and professional relationship between a trained and certified counsellor and maladaptive behaviour client(s) in which the former assists the latter to identify and ameliorate his/their maladaptive behaviour in a confidential rapport (Lasisi, 2019).

Counselling Psychologist handles issues relating to psycho-social escalating to emotional dysfunctions. More so, the counselling psychologist's characteristics of confidentiality plays a

vital role in counselling realm where such self-harmers rely their challenges under the umbrella of solace and empathetically atmosphere. More so, counselling intervention proffers another positive opportunity of re-orienting in-school adolescents from rationalising, being aggressive, hurting oneself through self-harming. The counsellor uses cognitive behavioural therapy in helping self-harmers to identify negative thoughts and behaviour so as to replace them with positive ones. Dialectical behaviour therapy can also be employed to teach behavioural skills, regulate emotions and improve on assertiveness as a means of communication in interpersonal relationship. Other therapies that can be used to bring about a frontline treatment in this issue includes:

- i. Family Therapy
- ii. Medication for self-harm

Expertise Suggestions on the Management of Self-harm Behaviour

It is apposite to state here that many scholars have given various suggestions on how to manage self-harm behaviour to avoid high level of risk in the victims. Mayo (2018) suggests that the best way to get rid of self-harm is to identify and manage the issues that are escalating into self-harm behaviour. By this, self-regulation is very paramount to manage the negative effects of self-harm behaviour. Also, it is very important to recognize the feelings and situations of the victims that might trigger one's desire to self-harm. More so, it has been suggested that the victims should avoid website that glamourise self-harm. Thus, it becomes necessary to learn the possible ways of expressing one's emotion and feelings (assertiveness) so as to keep one away from falling into self-harm behaviour as a result of not expressing ones thought and feelings.

Conclusion

Self-harm behaviour affects not only the In-School adolescents but also the youths in general in many significant ways which are negatively affecting the progress of individuals as well as their family members. It has been discussed that self-harm is closely and highly related to a number of risk factors for suicide as some of the kinds of self-harm are suicidal related. It has also been discussed that the unmonitored self-harm can lead to many consequences among which are social withdrawal, breakage of inter-personal relationship, loss of appendage, septicemia and self-guilty as well as excessive worries among others. The theory that is explaining this obscene attitude has been propounded by Freud (1923) as Death and Life Instinct Theory.

It is therefore vital that Counselling Psychologists improve their abilities to detect and intervene in these situations. Although the self-harmers may not be willing to disclose this situation to people related to them as well as the pain they are undergoing, they might be willing to discourse with a professional counsellor because of the acquired skills and characteristics which are not present in other people even if they can console them. Therefore, the intervention of counselling Psychologists in re-orientating the adolescents, regulating their emotion and improving their distress tolerance should be encouraged and formalized.

Recommendations

Based on the conclusion and findings of this paper, the following recommendations were made:

1. Individual families should improve on their inter-personal relationship to have good atmosphere in the family.

2. Every family should have a family professional counsellor who can be consulted for any observation before going out of control.
3. Self-harm Behaviour Education (SHBE) should be introduced among the in-school adolescents for proper awareness of self-harm behaviour to avoid leading to suicidal behaviour.
4. Parents and guardians should ensure that their children are not idle at home to avoid loneliness and negative thoughts
5. Government should come to the aids of the people by engaging the youths in well and meaningful activities that can earn them their livelihood.
6. Government should improve on the health standard of the people to allow Individuals go for medical checkup on time for proper diagnosis. This will allow earlier detect of Post-Traumatic Stress Disorder (PTSD) and proffer earlier medical solution.

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