Non-suicidal self-injury in adolescence, clinical study in psychopathology

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Abstract

Non-suicidal self-injury (NSSI) is a form of self-directed aggression commonly seen during adolescence. It is impulsive and repetitive, with individuals using it to express psychological distress through physical pain. This behavior involves deliberate actions, such as hitting, cutting, burning, or scratching, without suicidal intent, and is socially unacceptable.

This paper offers a clinical psychological perspective on self-injury, viewing it as a transition from words to actions. It occurs during adolescence due to the fragility caused by psychological and physical changes, making individuals prone to using their bodies as a form of expression. NSSI reflects alexithymia, where emotional expression is poor and is instead conveyed through physical actions. It is a maladaptive coping mechanism for early traumatic experiences and an ineffective strategy for emotional regulation. Additionally, it signals difficulties in forming balanced relationships, with the body and behavior serving as a means of communication and a cry for help.

Keywords

Nonsuicidal self-injury ;
Adolescence ;
Clinical study ;
Psychopathology ;

سلوك إيذاء الذات لدى المراهق؛ قراءة إكلينيكية على ضوء علم النفس المرضي

ملخص

يعد سلوك إيذاء الذات أحد سلوكات العدوانية نحو الذات التي تظهر فترة المراهقة، يتخذ طابعا اندفاعيا وتكراريا، يلجأ اليه الفرد كوسيلة للتعبير عن المعاناة النفسية في شكل ألم جسدي، من خلال سلوكات متعمدة لإلحاق التدمير بالذات دون مساعدة شخص آخر، تشمل الضرب، الجرح، الحرق والخدش، ولا تعبر عن سلوك مقبول اجتماعيا، ودون نية في الانتحار.

هدفت هذه الورقة البحثية الى تقديم قراءة نفسية إكلينيكية لسلوك إيذاء الذات، وخلصت الى اعتباره سلوك مرور الى الفعل يتم من خلاله استخدام الفعل بدل الكلمة، يظهر في مرحلة المراهقة نظرا لحالة الهشاشة التي تميزها بسبب التغيرات النفسية والجسدية، فتترك الفرد عرضة لاستخدام الجسد كوسيلة للتعبير، ويعبر عن حالة ألكسيتيميا حيث فقر التعبير اللفظي عن المشاعر يترجم من خلال التعبيرات الجسدية، ويعد كطريقة مرضية لإرصان التجارب الصدمية الباكرة، ويظهر كاستراتيجية مواجهة غير فعالة، وعلى المستوى العلائقي يظهر صعوبة في بناء علاقات متزنة، فيصبح الجسد والسلوك وسيلة للتواصل، ويعبر الفعل عن صرخة لطلب المساعدة.

الكلمات المفتاحية

سلوك إيذاء الذات؛
مراهقة؛
دراسة إكلينيكية؛
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1. Introduction

self-injury represents one of the impulsive and violent behaviors through which individuals engage in deliberate self-destructive actions without the intent to commit suicide or cause death. It manifests through various behaviors, including cutting, hitting, or burning using different methods. Research in the fields of psychiatry, forensic medicine, and abnormal psychology has examined this phenomenon as a form of aggression directed towards the self. It appears in different contexts and has been studied from a nosological perspective, distinguishing self-injury as either a compulsive or impulsive behavior that emerges to express specific psychological distress. This is differentiated from behaviors driven by psychotic symptoms or conditions such as autism spectrum disorder and intellectual disabilities, as well as from Munchausen syndrome (factitious disorder), where individuals feign or fabricate medical symptoms. As a result, self-injury has come to be considered an independent psychological disorder within the DSM-5-TR, although it may co-occur with other disorders such as borderline personality disorder, mood disorders, substance use and dependence disorders. Moreover, the behavior has been recognized as socially unacceptable, moving beyond the notion of being a cultural or religious ritual.

The impulsive nature of the disorder and the form of aggression directed at the self allow it, from a clinical perspective, to be classified as an acting-out behavior, where aggression becomes the focus of the act. This behavior arises when the individual is unable to tolerate emotional distress, and the act itself becomes a means of expression in place of words, reflecting significant psychological difficulties.

Clinical observations of this behavior suggest that it is rooted in psychological fragility. Self-injury tends to manifest impulsively and indifferently, especially when the individual faces situations in which they cannot cope with the immediate pressure of the problems at hand, particularly negative emotions, mood swings, and difficulties in emotional regulation. In such situations, individuals resort to physical expression, where the physiological arousal produced by the act of self-injury offers a sense of relief, allowing them to bypass the difficult emotional and psychological state. Furthermore, self-injury can be seen as an expression within a relational context, where the individual may attempt to assert control over their body and individuality. The resulting scars may function as a way of influencing others, drawing attention, or attempting to elicit feelings of guilt.

Despite the non-suicidal nature of self-injury, its potential dangers are undeniable. Research indicates that 70% of individuals with a history of self-injury go on to attempt suicide, and 55% of these individuals may repeat their attempts. The risk of suicide is highest during the first six months following the onset of self-injury (Mungo A. & Delhaye, 2022, p.346), making it challenging to distinguish between self-injury behaviors and suicide attempts.

Epidemiological studies suggest that self-injury typically emerges around the age of 14 and becomes more pronounced in individuals around 20 years of age. Approximately 80% of those affected are female (Robert Neuburger, 2006, p.146). Ross & Heath (2002) found that 64% of cases involved females, and the DSM-5-TR identifies a higher prevalence of the behavior in individuals between the ages of 11 and 19 (APA, 2022, p. 926). Favazza & Conterio (1988) estimated the average age of onset to be 13.5 years. A 2002 study by Ross et al. found that 59% of cases exhibited the behavior between the ages of 12 and 14, 24.5% between 11 and 12 years, and 11.5% after 14 years (Trybou, Brossard, Kedia, 2018, p. 30). This suggests a strong association with adolescence and post-adolescence. Regarding the locations of self-injury, a study by Whitlock et al. (2006) showed that 47.3% of self-injury occurs on the arms, 38% on the hands, 29% on the elbows, 17.6% on the thighs, 16.1% on the abdomen, 10.8% on the head, and 10.8% on the fingers.

Although self-injury is more commonly observed in adolescents, as indicated by previous studies, it is rarely the primary concern when seeking psychological assessments. Clinical observations suggest that adolescents typically present different underlying motivations for seeking help, with certain psychological characteristics common across these individuals (A. Baguelin-Pinaud et al., 2009, p. 540). These characteristics may be understood as a set of symptoms or a distinct diagnostic unit based on several contributing factors.

The onset of self-injury, like other impulsive behaviors such as violence, risk-taking, and addiction during adolescence, can be explained by the dynamic changes at multiple levels of the personality during this stage. Adolescence is marked by psychological vulnerability, with the individual becoming more likely to resort to bodily actions as an intermediary means of expressing emotional pain, particularly if this critical period is accompanied by psychological or familial issues that increase stress levels, leading the adolescent to seek a way to discharge these emotions.

This issue has attracted the attention of researchers, prompting studies that have addressed it from an etiological perspective. Initially, Freud considered self-injury as one of the hysterical symptoms resulting from psychological imbalance. However, the subject received greater attention from researcher Favazza (1996), who attributed the causes of self-injury to an escape from emptiness and feelings of unreality, as well as a means of alleviating unmanageable emotions by inflicting physical pain. It also serves as a way of expressing psychological pain and escaping from a sense of

numbness, allowing individuals to feel that they are still alive. Further studies, such as those by Herpertz et al. (1995), suggest that self-injury is driven by difficulties in emotional regulation, impulsivity, aggression, anger, and self-hatred. Linehan (1993) posited that self-injury arises from a chronic inability to accept negative or inappropriate emotions. These foundational studies have significantly contributed to understanding the issue and enriched the field by sparking further research interest.

Based on the above, this paper aims to provide a clinical perspective on self-injury in the context of abnormal psychology, considering it as an independent disorder with causes linked to the individual's personality, particularly the adolescent who is undergoing a challenging transitional period. It will also address the psychological and relational factors that make this behavior a means of expressing distress or seeking stimulation. To this end, we will explore two central questions : Why does self-injury emerge during adolescence ? And what psychological and relational factors contribute to the development of self-injury behaviors in adolescents ?

2. The Concept of Self-injury Behavior

The terminology used in the English literature to address self-injury behavior has evolved, from "Self-mutilation" in early studies, to "Self-injury", and more recently to "Non-suicidal Self-Injury" (NSSI), which has been adopted in DSM-5-TR and will be used in this paper. It is considered a distinct disorder, differentiated from similar behaviors.

Self-injury behavior refers to a series of repetitive actions in which an individual deliberately inflicts injury on parts of their own body, such as hitting their body against walls, floors, or solid objects, slapping their face, cutting the body with sharp objects, burning themselves with cigarettes, or scratching the skin. According to Scaramozzino, self-injury is described as severe bodily injury without suicidal intent, often serving as a defense against extreme anxiety faced by the individual. (Sylvie Scaramozzino, 2004, p. 26) It involves both physical harm—such as burns from cigarettes or repeated scratching—and psychological harm, as the individual does not perceive their behavior as self-injury. (Robert Neuburger, 2006, p. 147)

According to Winichel & Stanley (1991), self-injury is the intentional infliction of pain on one's body, where the individual causes injuries to themselves without external assistance, with the injuries being severe enough to cause lacerations. (Winichel & Stanley, 1991, p. 307) Favazza excludes culturally or ritualistically motivated forms of self-injury from being considered pathological.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR) addresses self-injury behavior through a set of distinctive criteria. These include deliberate self-injury over a period of five days or more within the past year, in a manner that is likely to cause bleeding, pain, or bruising, such as burning, cutting, striking, or excessive scratching, with no intent to commit suicide. The behavior is expected to relieve negative feelings or thoughts, resolve interpersonal difficulties, or achieve a temporary state of positive emotions. Self-injury is linked to one or more personal difficulties, negative emotions, or thoughts, such as anxiety, depression, anger, self-criticism, or distress. It is characterized by repetitive thoughts of self-injury, even in the absence of action, and is not seen as a socially acceptable behavior like ear piercing or tattooing, nor does it reflect religious or cultural rituals, such as hair-pulling or nail-biting. It causes psychological distress or impacts professional, academic, or relational domains and does not occur only during episodes of psychosis, delirium, substance intoxication, or other mental disorders. (APA, 2022, p. 924)

From this perspective, self-injury is considered an impulsive and repetitive behavior where the individual deliberately harms their own body, driven by psychological and relational motives. The resulting scars can persist over time. The action itself is not intended to end the individual's life, but serves as a coping mechanism for challenges and as a psychological defense in response to threatening situations. Despite this, the concept of self-injury poses definitional and classificatory challenges due to its compulsive, dissociative, and addictive characteristics. It also manifests as a symptom of personality disorders, eating disorders, depression, anxiety, and other psychological conditions. Favazza classified self-injury behavior into three categories :

Major Self-mutilation, which includes dangerous behaviors such as amputation, eye enucleation, and castration, and is observed in psychotic disorders.

Stereotypic Self-mutilation, which occurs in conditions such as autism spectrum disorder, intellectual disabilities, and neurological syndromes. It is characterized by rhythmic and predictable behaviors, such as head banging.

Superficial Self-mutilation, the most common form, which includes acts such as cutting, burning, or skin removal. The hands, upper arms, and thighs are the most commonly affected areas. This category is further divided into two subtypes: **Compulsive Self-mutilation**, which occurs repetitively, sometimes multiple times in a day, often seen in disorders such

as trichotillomania (hair-pulling) and excoriation disorder (skin-picking). **Impulsive Self-mutilation**, which is episodic but can evolve into a repetitive behavior, including acts of cutting or burning. (Mungo A. & Delhaye, M, 2022, p. 344)

The latter is classified in Anglo-Saxon literature under the term Non-suicidal Self-Injury (NSSI), which is the focus of this paper, as a psychological disorder that reflects impulsivity in response to difficult situations and the psychological pressures the individual faces. It serves as a coping mechanism to express inner turmoil and is a form of defensive response when no alternative solution is available.

This impulsive behavior is particularly prevalent during adolescence, which is a stage marked by significant psychological changes and physical transformations due to puberty. Adolescents face pressures in adapting to this new reality, which leaves them vulnerable and more likely to use self-injury as a means of expressing the difficulties they encounter. This is often linked to the dynamic changes of adolescence, where one of the manifestations is violent behavior. Clinical observations show that, while males often express this aggression outwardly, females tend to direct it inwardly, which explains the higher prevalence of self-injury among females.

3. Adolescence in Psychopathology

Adolescence is a crucial developmental period in an individual's life, and researchers have given it considerable attention, dissecting its changes and transformations that shape one's future adulthood. Adolescence lays the final foundations for personality development. Due to its significance, Bergeret views adolescence as a period of crisis, with the core task being the adaptation of the personality to the physical changes that characterize it. Psychological changes during this phase are attempts to restore balance to the disrupted self. (Bergeret, 1979, p. 36) According to Emmanuelli, adolescence cannot occur without crisis, where it is accompanied by symptoms such as violence directed either inwardly or outwardly, though not necessarily as a pathological process. (Emmanuelli, 2009, p. 27) Marcelli and Braconnier argue that although this crisis can be difficult, it is necessary for the individual’s maturation process. (Marcelli & Braconnier, 2011, p. 40) It aims at liberating the adolescent from parental authority and the dependency of earlier stages. (Michel Vincent, 2011, p. 127)

The psychological changes that accompany adolescence aim to adapt to the developmental changes taking place. As such, the individual adopts new mechanisms to cope with them. (Cahn R., 1998, p. 10) According to Bloss, this phase is characterized by the development of new relationships outside the family and a shift toward discovering new areas of interest. (Cahn R., 1998, p. 11) These changes explain behaviors like rebellion against parental authority and the search for new relationships with peer groups. The adolescent is looking for new experiences.

Perhaps one of the most prominent changes of adolescence is the psychological work directed at reconstructing the self in line with new developmental characteristics. This is when the issue of identity becomes particularly pronounced, with some writers referring to adolescence as an "identity crisis". Gutton notes that the individual in this phase seeks new symbols for identity. (Gutton Philippe, 2002, p. 55) During this time, the adolescent struggles with questions of who they are and what they want to become, with Kestemberg suggesting that adolescence and identity are two sides of the same coin. (Kestemberg Evelyne, 1999, p. 87) Adolescents seek an acceptable social image, determining to which group they belong. This experience, according to Mormont, involves feelings of identity and belonging and the construction of an acceptable self-image. (Christian Mormont, 1988, p. 93)

Focusing on the issue of identity also brings attention to the body during adolescence, where physical changes highlight differences between the sexes. Adolescents integrate these changes into their identity, searching for an ideal body image. These physical changes impact the psychological and relational domains, leading to aggression, which Delion argues summarizes the adolescent crisis. (Pierre Delion, 2010, p. 111) At this stage, the body becomes a means of expressing psychological struggles and a way of relating to both the external world and the internal, fantasy world. (Jeammet, Ph., 2001, p. 20)

In summary, adolescence is a phase in which individuals experience psychological and relational changes that drive them to use novel mechanisms to cope with their new reality. This psychological process involves solidifying a new, final identity and preoccupation with body image. Self-injury behaviors thus emerge as a pathological form of expression for the struggles faced, using the body to express psychological and relational pain through visible scars.

This clinical study falls within the scope of abnormal psychology, focusing on the development and transformation of human psyche and the conditions of psychological suffering. It emphasizes various levels of clinical investigation, including understanding the causality of the disorder, its history, and the relational, developmental, and epidemiological aspects involved, as well as a semiological study of the clinical signs and symptoms. (Dumas Jean E., 2013, p. 11) Contemporary approaches in abnormal psychology aim to understand these levels more comprehensively, offering a more precise and in-depth understanding of the psychological phenomenon within the cultural and relational

context of the individual. As Callahan (1996) notes, it is essential for clinicians to adopt a reflective position in understanding self-injury, Moreover, it is essential to take an interventionist stance toward this behavior, which misuses emotion and reflects specific issues in the adolescent's life. It reveals a rupture in the connection between body and mind, where the body is experienced as something alien. (Robert Neuburger, 2006, p. 153)

Thus, in this paper, we aim to address self-injury behavior by focusing on the psychological aspects, examining the various factors and variables that make an individual susceptible to developing this behavior as a form of expression for the psychological struggles they face. We will also consider the relational life, which shapes the individual's personality through the nature of the relationships formed during early life stages and the diverse experiences they have encountered. In presenting some of the psychological and relational factors that influence self-injury, we emphasize the complexity of the psychological phenomenon, as each case remains unique. One cannot predict an individual's outcome solely based on specific characteristics or factors in their personality, as the construction of the personality is shaped by a dynamic interaction of multiple aspects, which together give it its unique nature.

4. Self-Injurious Behavior: A Psychological Life Perspective

Self-injurious behavior, which is deliberate and repetitive, represents a psychological disorder that reflects difficulties at the level of mental life, falling within the realm of pathological conditions. Therefore, this disorder will be dissected from a perspective that focuses on the individual's subjective factors.

4.1 Self-Injury as an Acting Out Behavior

The concept of acting out represents a pattern of actions that are often impulsive and typically aggressive, directed either towards the self or others (Laplanche & Pontalis, 2007, p.39). Aggression is at the core of this behavior, signifying a deterioration in the normal expression of mental function. The transition to violent action is also linked to a deviation from the intended goal of expression, appearing as an aggressive manifestation either towards oneself or others. This is frequently associated with self-injurious behavior and suicidal tendencies (Frédéric Millaud, 1998, p. 7). It points to difficulties at the level of psychological stabilization.

Considering self-injury as a form of acting out places it within the framework of impulsive and repetitive behavior aimed at self-destruction and self-mutilation. This is a means of expressing psychological suffering or desires through physical acts. As such, it can be classified within pathological behavior, as it involves distorted expression, where the individual avoids verbal or cognitive expression in favor of physical action to convey inner or relational experiences. Psychopathologically, this suggests a functional psychological disorder within the individual.

The tendency to act out during adolescence is linked to the interaction between the self and relational life. It marks a transition from dependency to independence and reflects the fragility of the individual's mental life during this developmental phase. The adolescent finds themselves attempting to assert control over certain issues (Jeammet, 2005, p. 9). Acting out is considered a maladaptive psychological attempt to express internal struggles, which may persist over time if not addressed. The scars resulting from self-injury are symbolic markers of the individual's self-presence and personal identity, carrying emotional and symbolic resonance, and are deeply tied to the individual's psychological structure.

Self-injurious behavior serves as a method of coping with psychological distress, an attempt to control internal pressures. The individual, in such cases, finds themselves compelled to engage in self-injurying actions, losing track of time. The physical act of self-injury produces a sense of integration with the body. Blood, in this context, serves as an indicator of life, and the physical pain offers a means to relieve emotional suffering. This behavior is often a way to revive parts of the self-image that have been erased, seeking lost sensations in the face of existential anxiety and the fear of dissolution (Catherine. R, 2010, p. 111). The pain endured is an expression of a desire to leave behind physical scars that symbolize specific emotions (Vincent Estellon, 2004, p. 148).

Thus, self-injury, as an impulsive act, embodies aggression toward the self and represents an attempt to express inner suffering through the body and physical acts. The scars left by this behavior hold symbolic and emotional significance within the individual's psyche, serving as a means of expressing the self and emotional states.

4.2 The Self-Injury and the Alexithymia Hypothesis

Emotions occupy a crucial place in an individual's psychological life, closely linked to cognitive processes, interpretations, and the construction of meaning around life events. Emotions also play a significant role in behavior and relational interactions, contributing to the development of interpersonal bonds and psychological adjustment with others. Emotional development begins in early childhood, particularly through interactions with the mother, and continues

throughout life, taking root within the individual's psychological life and intertwined with language in every human interaction. However, this emotional ability may be affected by various psychological and neurological factors, leading to the condition of alexithymia.

The concept of alexithymia was introduced by Sifneos in 1972, who defined it as the difficulty in verbalizing emotions, an inability to distinguish between emotional states and bodily sensations, as well as a lack of dreams and fantasies, and impoverished verbal expression that focuses on descriptive language without any symbolic activity (Frédéric Millaud, 2009, p. 27). In such cases, the individual may resort to expressing emotions through the body, as the body language serves as a translation for the absence of conceptual activity (Corcos et al., 2002, p. 60). This difficulty in verbally expressing emotions becomes particularly noticeable in relational interactions (Olivier Luminet et al., 2013, p. 44).

Studies have shown that alexithymia is prevalent in several disorders, including post-traumatic stress disorder (PTSD), addiction disorders, panic disorders, chronic illnesses, and eating disorders (Trybou et al., 2018, p. 107). This suggests that a lack of emotional expression may manifest through bodily expressions and actions. This has been enriched by psychosomatic theories, notably those of the Parisian school, including the works of Pierre Marty and his colleagues, who showed how emotional suppression leads to somatization, with feelings being pushed onto the body. This process may damage biologically vulnerable areas of the body, resulting in illness.

To explain alexithymia as a contributing factor to self-injurious behavior, it is crucial to consider early relational life, as it represents a model for forming future relationships. Emotional deprivation in early mother-child relationships prevents the child from obtaining the fundamental principles of security, love, and self-care. These principles are learned through maternal care during early childhood, fostering an attachment to the body as valuable both objectively and emotionally. However, emotional deprivation can hinder the ability to express feelings and sensations, leading the child to understand neglect and deprivation as signs that their body is unimportant, unacceptable, or undeserving of support and empathy.

The inability of individuals with alexithymia to recognize their emotional and bodily sensations often drives them to adopt alternative and ineffective strategies for expression. These strategies are typically impulsive and appear across various disorders, often accompanied by relational difficulties, such as social isolation, rigidity in interactions, difficulty coping with stress, and a lack of attention to personal needs.

The repetitive and addictive nature of self-injurious behavior, in some cases, mirrors the patterns seen in substance addiction. In addiction, the individual seeks the addictive substance as a way to express a need for control or to experience pleasure. Researchers have proposed alexithymia as a potential explanation for the emergence of self-injury. For example, Sacha Daelman (2016) found that difficulties in emotional expression and interpersonal relationships amplify self-injurious behavior, which is linked to a failure in emotional regulation. Similarly, Sandra et al. (2004) concluded that self-injury often arises as a result of alexithymia caused by childhood trauma, where individuals resort to physical expression to communicate the suffering they have experienced. Michela Gatta et al. (2016) also emphasized that impulsivity and alexithymia contribute significantly to the onset of self-injurious behavior in adolescents.

Thus, emotional development is vital in an individual's life. It allows for verbal and emotional self-expression within a relational context. Through early childhood, the individual learns to care for their body through maternal attention. This concept of proper maternal care, articulated by Winnicott, serves as a foundation for the individual's future capacity to nurture and empathize with their body. In contrast, neglect or harm towards the body, due to a lack of emotional care, can lead to self-injurious behaviors and a disregard for personal pain.

4.3 Self-Injurious Behavior and Early Trauma

Experiencing a traumatic event does not necessarily result in traumatic suffering, as not everyone who encounters a dramatic event develops a pathological traumatic symptom. The ability of individuals to cope with, control, and process events varies depending on their personality traits. According to LEBIGOT, trauma as a psychological phenomenon is related to the impact of events that are inherently traumatic, experienced by the individual with fear and a sense of helplessness, without any support, representing an encounter with the sudden reality of death (François LEBIGOT, 2005, p. 15). CROCQ, on the other hand, views trauma as an invasion of the psyche by aggressive and violent stimuli that overwhelm the individual's defensive capacity, threatening their safety or life, thus altering their psychological functioning (Évelyne Josse, 2019, p. 19). When considering this impact, trauma is especially more pronounced in early life stages. According to Damiani, an individual's ability to confront traumatic experiences is linked to personal factors such as their level of maturity and age, with younger individuals facing a greater threat to their development (Damiani, 1997, p. 151).

The disruption caused by traumatic experiences, especially in early stages of life, has a profound impact on personality development and may manifest in various psychological disorders, influenced by subjective, relational, and objective variables. A psychological process begins to unfold in the individual, aimed at understanding the traumatic event and managing it through psychological mechanisms such as denial, re-experiencing, and avoidance. These mechanisms help to stabilize the psychological life and integrate the trauma into the individual's personal history. However, failure to adequately process the trauma may result in behavioral discharge, manifesting as actions such as acting out.

Van der Kolk and colleagues (1991) created a clinical diagnostic table outlining the symptoms arising from trauma, summarizing them into six main elements: emotional disturbances, especially anger; disturbances in awareness and attention; disturbances in self-perception; disturbances in interpersonal relationships; somatization; and disturbances in the individual's meaning-making system (Trybou et al., 2018, p. 115). These disturbances create a state of psychological disarray, affecting the individual's personality, behavior, and relational life. As a result, the individual develops new mechanisms to cope with reality, which may become pathological. These mechanisms include emotional dysregulation, impulsivity, and the resorting to behaviors like addiction, self-injury, and suicidal attempts as ways to escape the distressing situation.

Research has highlighted the effects of traumatic experiences in the development of self-injurious behavior among victims. Zoltnik (1999), in his study of 256 cases of childhood sexual abuse, found a higher prevalence of self-injury among these individuals. Similarly, Green found that 40% of children who had been victims of violence exhibited behaviors such as hitting, burning, and self-cutting (Trybou et al., 2018, p. 112). Lisa H. et al. (2007) also found a correlation between experiences of childhood abuse and the emergence of self-injurious behavior.

Clinically, these findings allow us to link early childhood abuse events with the later development of self-injurious behavior. Psychopathologically, this can be understood through the sense of guilt often experienced by sexual abuse victims, who may internalize a belief that they are at fault. This sense of guilt diminishes the value of the body, which becomes an object for self-punishment and hatred. The earlier the traumatic events occur, the more likely the individual is to engage in self-injury. Childhood sexual abuse, in particular, has the most profound impact on the individual's psyche, often resulting in deeper psychological disturbances. The scars left by such painful experiences, according to Le Breton (2003), are perceived as manifestations of self-loathing related to the events the person has endured (Le Breton David, 2003, p. 70).

4.4 Self-Injury as a Coping Strategy

To face the difficulties they encounter, individuals resort to a range of cognitive and behavioral strategies to manage internal and external demands. These are known as coping strategies (Chabrol & Callahan, 2018, p. 199). The way in which individuals adapt determines their fate. Some take an active approach to the situation, allowing them to control it and find appropriate solutions, while others rely on passive strategies that focus on emotional responses such as self-blame, withdrawal, and avoidance. These latter strategies hinder the individual's ability to effectively confront challenging situations.

Walsh (1991) proposed the hypothesis that self-injurious behavior could be seen as a coping strategy. In this view, difficulties in emotional regulation may lead to self-assessment and self-punishment, avoiding talking to others about one's difficulties in order to receive support. Without appropriate coping mechanisms, individuals who engage in self-injury experience difficulty in problem-solving, a sense of isolation, and resort to maladaptive responses to stressful social experiences, all while struggling with a low sense of efficacy and poor emotional regulation.

Isabelle Fortier's (2007) study found that self-injurious behaviors serve as a way to express profound emotional suffering, where physical pain alleviates emotional pain. It was observed that these individuals are adding current suffering to past emotional trauma through self-destructive behaviors, performing these actions to cope with overwhelming, uncontrollable feelings (Isabelle Fortier, 2007, p. 70). In a similar vein, Wegscheider (1999) concluded that individuals engage in self-injuring behaviors to overcome difficult life phases. According to Gelly (2003), self-injury is a struggle against ongoing, intense suffering, while Lemieux (2002) argued that it allows individuals to cope with extremely painful emotions.

This framework suggests that self-injurious behavior is a result of ineffective coping strategies, where emotional dysregulation and impulsivity lead individuals to adopt negative responses to the personal and relational difficulties they face. Such behaviors are a maladaptive attempt to regain some sense of control over emotional turmoil, often exacerbating the individual's suffering rather than alleviating it.

5. Self-injuring Behavior: A Relational Perspective

Relational life plays a crucial role in the formation of an individual's personality from early childhood. Maternal care, in particular, serves as a fundamental pillar in human life, through which the infant establishes the first emotional and relational bond, feeling love, security, and attention. This bond later serves as a model for building relationships. The relational dimension, therefore, holds significant value in an individual's life, influencing both mental well-being and disturbance. In this context, we present a clinical perspective on the relational life of individuals with self-injuring behaviors.

5.1 The Process of Attachment and Self-injuring Behavior

In situations of threat, an infant instinctively turns to the closest adults, particularly their parents, for physical proximity and comfort. Attachment behaviors toward the parents are shaped by the repeated caregiving experiences provided by them. Parents, as the unconditional caregivers, become attachment figures for the infant, offering a model for attachment. This relationship allows the child to overcome their vulnerability and provides the parents with the pleasure of protection, establishing a mutually supportive and enduring connection. (Genet & Wallon, 2019, p. 05)

The quality of parental care directly influences the nature of the attachment relationship. An individual who receives love, tenderness, and protection is likely to develop a secure attachment pattern. In contrast, neglect and unresponsiveness to an infant's needs lead to the formation of an insecure attachment. This, in turn, affects the individual's relationships with others as they grow.

Bowlby argued that a secure attachment provides individuals with the resilience needed to cope with future challenges. Parental attention, presence, and maternal flexibility offer understanding and acceptance, which fosters a positive sense of self and effectiveness in dealing with the external world. (Gillian & Beek, 2006, p. 42) The fundamental determinant of mental health, according to Bowlby, is the stable, intimate, and warm relationship with the mother. (Bowlby, 1953, p. 13) However, disturbed relationships between parents and children negatively affect emotional and behavioral regulation, leading to insecure attachment patterns that make individuals prone to psychological disorders. A disorganized attachment undermines self-esteem, body image, and empathy toward oneself.

A study by Mickelson et al. (1997) found a link between insecure attachment patterns and psychological disorders in adolescents diagnosed according to DSM-IV criteria. Adolescents with avoidant and detached attachment patterns were more likely to suffer from anxiety disorders such as generalized anxiety, social anxiety, post-traumatic stress, obsessive-compulsive disorder, panic disorder, and adjustment disorders, as well as depression and somatic complaints. In contrast, adolescents with ambivalent and anxious attachment styles were more prone to substance abuse. (Grazia Attili, 2013, p. 286) This indicates that individuals seek alternative sources of security to cope with feelings of current disorientation.

Attachment patterns are central to relational life and significantly influence personality development from early childhood, determining its course through adolescence and adulthood. Healthy attachment serves as a foundation for emotional stability, self-esteem, and body image. However, disturbances in attachment, often caused by insufficient or poor parental care, lead to the formation of negative self-concepts and inadequate body image, rendering the individual vulnerable to psychological disturbances. During adolescence, when the body becomes a primary mode of expression for emotional suffering, self-injuring behaviors emerge as a means of expressing previous psychological pain in the form of self-destruction.

In this regard, a study by Matthew Cassels & Al (2018) found a correlation between anxious and avoidant attachment patterns and non-suicidal self-injuring behaviors in adolescents, with emotional and behavioral disturbances being prevalent. Similarly, a study by Yongqiang Jiang & Al (2016) concluded that attachment patterns, the emotional meaning of maternal and paternal relationships, and self-compassion are important factors in understanding the causes of self-injuring behavior. There was a significant association between attachment and self-injuring tendencies, as well as difficulties in communication between parents and adolescents, leading to a sense of psychological alienation. In the same context, Tuppett M. Yates (2004) suggested that the development of self-injuring behavior is rooted in childhood experiences, such as the lack of emotional support, insufficient relational exchange, and emotional neglect, leaving individuals with a fragile sense of self and ill-preparedness for coping with difficulties. This results in self-injuring behaviors as an outcome of these psychological experiences.

From this, we can understand the significant role of attachment to parental figures in the development of a healthy personality foundation. A secure attachment helps individuals face difficulties in the future by providing psychological and relational resources to overcome challenges. In contrast, insecure attachment fosters vulnerability and impulsivity,

making individuals prone to maladaptive coping strategies. Therefore, the relational dimension is a critical factor in understanding the causes of self-injuring behavior.

5.2 Self-injury and Familial and Social Relational Difficulties

Adolescence represents a period of conflict with parental authority, as the adolescent seeks to move away from the childlike dependency phase, looking for new experiences outside the family, and searching for new identity models. During this time, relational difficulties between the adolescent and the parents emerge. These difficulties can be considered a natural aspect of a unique developmental process. However, poor handling of this stage exacerbates the conflict, deteriorates the relationship, and leads to the use of the body and violence as a means of conflict resolution.

At this stage, the adolescent seeks privacy, avoiding communication with the family about topics they consider personal and sensitive, such as health issues, risk behaviors, and behavioral problems they are experiencing. The feeling of a lack of communication between the adolescent and the parents contributes to the worsening of these problems, preventing family intervention and support. The more fragile the relational bonds with the family, the harder it is for the adolescent to receive help. This is particularly significant since self-injury behaviors amplify relational difficulties, which are already complex even in normal circumstances.

The integrative relationship between the mother and adolescent impedes the process of emancipation from parental authority, a characteristic of this developmental stage. The adolescent may then express individuality and independence, and bodily language, manifested in self-injury, becomes a way of rejecting unwanted closeness and expressing psychological pain. They seek to experience mature independence rather than being seen as part of the mother. In cases where there is a perception of body surveillance, the adolescent may regard the body as foreign, or even as an enemy, leading to risky behaviors to assert control over their body. According to Mercelli, the adolescent risks approaching possible death through such experiences, expressing anxiety and stress caused by familial and social pressures (Pierr. G. Cosline, 2010, p. 25). Similarly, neglect has a harmful effect on this relationship, prompting the adolescent to seek alternative sources of dependence.

In this context, a study by Fariba Karimi et al. (2021) on self-injury and familial relationships found that adolescents diagnosed with this disorder experience relational difficulties within the family. These include stress, a lack of emotional expression, protection, trust, empathy, support, and understanding from their parents. The appearance of self-injurying behavior is a response to this family environment. Similarly, a study by Daelman Sacha and Gagnon Jean (2016) suggested that this psychological phenomenon expresses negative emotions associated with a sense of neglect by parental figures and reflects a fear of abandonment. According to a study by Favazza (2012), it is also associated with a deficiency in social communication skills and problem-solving abilities within relational contexts, as well as parental mistreatment during childhood, including criticism and visible hostility.

This behavior is linked to relational factors, as the motivations behind it are difficult to identify with certainty. Individuals who engage in self-injury have often experienced stressful life events, such as conflicts with a partner or family, or rejection in romantic or personal relationships. In such instances, the behavior is driven by feelings of anger and frustration. The individual does not seek death but resorts to self-injury as an escape from specific relational problems, such as expressing despair, attempting to influence someone's behavior, or making the other person feel guilty. Self-destructive behavior thus becomes a cry for help from others, and for the adolescent, this help is primarily sought within the family.

6. Discussion

Self-injuring behavior is considered a form of self-directed aggression that takes on an impulsive and repetitive nature. In more severe cases, it can manifest as an addictive behavior. Individuals resort to this act as a way to express psychological suffering in the form of physical pain. Such practices are deliberately carried out to inflict harm on oneself without the assistance of another person, including actions like hitting the body with sharp objects to cut, wound, burn, and repeatedly scratch the skin in various parts of the body, most commonly the arms, elbows, and thighs. These behaviors do not align with cultural or religious rituals, nor do they represent socially accepted behavior, and they are not performed with suicidal intent.

Self-injuring behavior is a dangerous form of self-destruction that poses a significant threat to community health. It is an issue that warrants further study and understanding to identify its causes and develop appropriate intervention programs. The scars left by such behavior can be permanent and life-threatening, and more importantly, they may serve as a warning sign of potential suicidal attempts. This behavior affects not only the individual's physical and mental health but also their relational life.

There is no doubt that any mental disorder arises from a combination of contributing causes and factors that place the individual in a state of vulnerability, making them susceptible to personality complications. Self-injuring behavior is one of the psychological disorders that has been recognized as an independent disorder in the DSM-5, after previously being considered a symptomatic accompaniment or falling under other nosological classifications such as borderline personality disorder, addictive behaviors, and oppositional defiant disorder. However, its intensity and repetitive nature have led it to be classified as an independent disorder, though it may still coexist with other clinical conditions. The aim of this paper is to present a clinical reading, grounded in the perspectives of psychopathology, to understand this disorder and dissect the psychological and relational causes underlying it, which act as precursors to its emergence.

Epidemiological studies point to the emergence and prevalence of self-injuring behaviors during adolescence, a difficult period of psychological development that involves changes in body image, identity, and physical transformations due to puberty. During this time, the adolescent must navigate the challenging task of integrating these changes into their self-concept. If this period is compounded by family difficulties and a history of painful psychological experiences, it becomes more challenging for the individual to navigate this phase peacefully. This may contribute to the onset of behaviors that are more impulsive in nature, such as self-injuring, particularly during adolescence. The adolescent may experience a disconnection between the mind and body, perceiving their body as something alien, to which they cannot feel empathy or appreciation.

From a psychological perspective, self-injuring behavior is viewed as a form of acting out. It replaces verbal expression and the use of psychological processes with physical actions in an impulsive manner, carrying self-directed aggression. This behavior reflects difficulties in emotional regulation and an unsuccessful attempt to cope with internal pressures. The individual, through self-injury, attempts to establish a connection with their body, with the painful wounds serving as a way to revitalize their self-image. In this context, physical pain is endured as a price to express psychological suffering. Moreover, this behavior is associated with alexithymia, a condition characterized by difficulties in expressing and understanding emotions. When emotional expression is impoverished, it manifests physically, with the body acting as a medium for communication—using action instead of words and the body instead of emotions. Consequently, this leads to alternative, ineffective strategies for expression, including self-injuring behaviors.

From a developmental perspective, self-injuring behavior reflects a difficult psychological life during childhood, where traumatic early experiences, including abuse and physical violence, emerge. Among the most impactful of these experiences are sexual assaults, which deeply affect the individual's psyche. In such cases, the individual may shift from seeing themselves as a victim to feeling guilty, losing empathy for their body, and devaluing it. The painful experience may become a dark point in their life, and they may resort to behaviors that “purge” the body of this perceived guilt, repeatedly reliving the trauma as a way to express psychological pain in a physical form. This behavior represents a maladaptive coping strategy for dealing with a difficult and uncontrollable reality, stemming from a difficulty in managing painful emotions and unsuccessful attempts to overcome life’s challenges, resulting from ineffective coping strategies.

On the relational level, self-injuring behavior is indicative of a problem within the context of relationships with others. This begins with early experiences where the individual, in a state of dependency, seeks love and security from an adult figure. The first relationship, typically the parent-child relationship, is expected to provide sufficient care that allows for healthy development and the formation of a positive self-image and body image, through care and attention. However, an insecure attachment pattern during this stage can affect emotional and psychological regulation, leading to vulnerability and an increased risk of developing multiple psychological disorders. Poor early relationships prevent the individual from developing a sense of self-worth and empathy toward their body, and contribute to a loss of security within relationships. This then leads to relational conflicts that trigger harmful and dangerous behaviors.

As individuals grow, the effects of early attachment continue to influence subsequent relationships. The lack of empathy, love, and care in earlier stages of life leads to a deficiency in these elements during adolescence, prompting the search for new experiences that may compensate for this lack. Adolescents may seek out risky behaviors and experiences, including self-injury, as a way of coping with psychological distress, especially when approaching the concept of death. Self-injuring behaviors, in this sense, act as a cry for help on the psychological level, signaling the suffering the individual is experiencing. These behaviors disrupt relationships with others, where this disturbed conduct serves as a way of seeking attention, expressing suffering, or inducing guilt in others.

In conclusion, this research aims to deepen our understanding of the causes of self-injuring behavior as an independent disorder. It highlights the psychological and relational difficulties that begin in early stages of development and continue through adolescence—a critical period requiring understanding, acceptance, and adequate support to navigate successfully. The clinical perspective on the subject suggests that early intervention is crucial for those who have experienced physical abuse and poor relational bonds. Addressing these causes can help establish appropriate care plans. As demonstrated, various psychological causes are linked to the development of personality during early developmental

stages, which can be addressed by providing a suitable family environment conducive to healthy development. The relational factors, such as attachment styles and the approach to handling adolescents during this phase, are critical for offering the acceptance, support, and time necessary for maturation. Adolescents, being inherently immature, require time as the only remedy for immaturity.

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