

Non Suicidal Self Injurious Behaviour among School going Adolescent Population - A Qualitative Study

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Abstract: Considering adolescence as a stage which is filled with turbulence, Non Suicidal Self – Injurious Behaviours are eliciting increased attention and prime concern. Adolescents take refuge in NSSI to cope with distressing negative affective states especially when they are angry and depressed and mixed emotional status. NSSI is not just associated with physical injury but it is also an indicator of significant psychiatric issues. **Objectives:** To understand the pattern of NSSI, reasons for NSSI and to the situations that lead to NSSI. **Methodology:** The study was conducted in a selected Private school in Thiruvallur District, Tamil Nadu. The respondents were students studying 12th std. Explorative in nature and qualitative method is adapted. A selfconstructed questionnaire was used for screening followed by Semi structured Interview guide was followed. Data was collected through In Depth Interview. When the research felt that the information received has attained a saturated point the interviews were stopped. 8 male and 8 female students. **Findings:** The pattern of NSSI varied from making rapture of skin to burning. The intensity of NSSI was high among the girls. Holding on to hot objects , cutting and ingesting toxic substance was common among girls, hitting, banging, punching on walls and interfering with healing wounds were common among boys. Reasons being expression of sadness, dejection, anger and to get attention. Situations that lead to NSSI among girls were- when parents suspected them, when their close friends fought with them and when ignore by friend (male), when suspected by their male friend. **Suggestions:** schools teachers and colleges teachers needs to be sensitised about NSSI. The counsellors to be appointed to adhere to the needs of students. Life skills can be imparted to the students and programs to improve the coping skills is very essential.

1.Introduction

NSSI is a common practice among adolescents and it needs immediate attention as individuals with NSSI history at elevated risk for suicide from those not at elevated risk. Although NSSI is not a suicidal gesture, it can indicate the presence of suicidal thoughts and feelings and should trigger suicide assessment in individuals who have self-injured in the previous year.

NSSI behavior must also be associated with one of the following: interpersonal difficulty or negative feelings and thoughts (e.g., depression, anxiety), premeditation, and/or ruminating on NSSI. It differs as it follows culturally sanctioned self injury. It can be self piercing or self tattooing, Most common forms among youth include scratching, cutting, punching, or banging objects with the conscious intention of self-injury; punching or banging oneself; biting, ripping, or tearing the skin; carving on the self; and burning. Where on the body one injures may be important as well. Injuries inflicted on the face, eyes, neck in the jugular region, breast, or genitals, for instance, may be clinically indicative of greater psychological disturbance than when injuries are inflicted elsewhere The majority of young people reporting repeat self-injury also report using multiple methods and multiple body locations.

2.Review of Literature

Walsh B, &Doerfler LA (2009) studied the contagion among adolescents in clinical settings demonstrate the tendency for NSSI to spread in a population and the presence of self-injury in media, such as in music, movies, and newspapers, has increased dramatically in the past years. Studies of the social contexts of behavior consistently show that positive

and negative behaviors are socially patterned and often clustered [42]and that the primary mechanism of spread tends to be through (a) the shaping of norms, (b) providing social reinforcement of behaviors, (c) providing (or limiting) opportunities to engage in the behavior, and (d) facilitating or inhibiting the antecedents for the behavior.

Studies show a strong risk factor for suicide and is associated with a host of psychological difficulties and disorders which include, but are not limited to: mood and anxiety disorders, borderline personality disorder, substance abuse, difficulties with negative affect (e.g., anxiety, frustration), hopelessness, self-criticism, poor body image, and low self-esteem.

They commonly report feeling minimal or no pain.Once started, self injury seems to acquire addictive characteristics and can be quite difficult for a person to discontinue.While some studies indicate that NSSI is more frequent in girls than boys, Other studies indicate that there are no consistent gender differences.

3.Methodology

The study was conducted in a selected Private school in Thiruvallur District, Tamil Nadu. The respondents were students studying 12th std. Explorative in nature and qualitative method is adapted. A self constructed questionnaire was used for screening followed by Semi structured Interview guide was followed. Criteria for NSSI incidents on five or more days within the past year, with at least one of the following expectations: to seek relief from a negative feeling or cognitive state, to resolve an interpersonal difficulty, or to induce a positive state. Data was collected through In Depth Interview. When the

research felt that the information received has attained a saturated point the interviews were stopped. 8 male and 8 female students

Analysis

All the respondents happen to elder child to their parents. All the students had good academic performance. Majority of the respondents had NSSI during their 9th Std and the rest of them during their 10th Std.

Pattern of NSSI

Burning, cutting and consuming harmful things were common patterns among girls while driving rashly, hitting, punching were common among boys.

G-R-1- *I held the lit camphor for long. At time I head the spoon on gas stove and I keep it on my palm.*
B-R-4- *I use blade and cut. This is my girl friends name I tried to write it with safety pin.*
G-R-6- *I mix this baycon powder that is used to kill cockroach.*
G-R-8- *I know lizards or not poisonous..... I have hit lizards... and add it to water ... keep it for few hrs and drink it.*
B-R-6- *I drive fast and hit on light post.*
B-R-2- *I use to hit my wrist in the wall*

1. American Psychiatric Association .Diagnostic and statistical manual of mental disorders. 5. Washington DC: Author; 2013.

Reasons for NSSI

Feeling sad, anger, need to punish others and getting attention of others were some of the reasons for NSSI.

G-R-7- *I did not know how else to get the attention of my boy friend. I wanted to tell him sorry. And I felt this was the only way.*
B-R-8- *I was upset and more than that I wanted to like punish my parents. So I tried to cut.*
B-R-2- *I was angry and I wanted to express it and I did not know how. After driving and hitting a lamp post Ifelt better if not I would have hit my father.*
G-R-3- *I was very upset as my parents shouted at me. I felt that no one liked me and wanted me or no one trusted me.*

Situations that lead to NSSI

Mistrust faced from the parents was found to be common factor for the girls to indulge in NSSI. Problems in relationship with opposite gender and problems in relationship of the same gender were situations that lead to NSSI.

G-R-6- *Bus was late. So I reached home late from school and my father used very abusive words. He wanted to know if I slept with someone and was that why I was late..... I was upset.*
G-R-1- *My boyfriend fought with me and be became more close to my friend. It was horrible to see them sit in same bench if front of me in class. I wanted to draw his attention towards me.*
G-R-2- *I fought with my friend. So I avoided food. I felt she will feel sorry for me and will come back to me.*
G-R-7- *I felt I am not good looking. I felt all boys liked cute girls. So only my boyfriend also left me.*
B-R-5- *My girlfriend stopped talking to be as her parents did not approve our friendship. To express how much I love her I did this.*
B-R-8- *I do this as I feel nice. I feel relaxed. Nothing in specific*

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