The Approaches in Working with Self-Harmed Students

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The purpose of this article is to explore and describe the phenomenon of self-harm as a result of prolonged internal distress. We want to research the complexity of the phenomenon of self-harm, analyse what leads young people to such actions and how we can help. It is of great importance for teachers to know a lot about this phenomenon, to cope with specifics of this population by learning and teaching correspondingly. We presented the adolescent's experience of oneself, what are the triggers and in what timeframe it comes to self-harm. We analysed the data we had acquired with in-depth interviews with three girls who have or had experience with self-harm and gave the reasons for such behaviour. The results showed that self-harm calms them, puts them down to earth, they feel inner peace and feel stronger. They redirect the physical pain, and it is certainly easier to control. Self-harm calms their depressing thoughts and the emotional pain moves to external pain. All three interviewees received professional help. The help of a professional depends on many factors. The approaches the professionals use in their work are important. They must offer such help that will be effective and will provide support to individuals. We are not aware enough of the severity of the problem of self-harm. Negative responses to self-harm of adolescents prevent the process of seeking help and treatment. Adolescents remain alone with their distress.

Keywords: self-harm, pain, adolescent, distress, self-punishment

Introduction

Nowadays, distress and stress are our daily companions. Some cope well with stress, but others, especially the young people, are unable to cope with the stress. A distress that they cannot solve by themselves frequently occurs. This is also accompanied by unhealthy relationships in family and school. They are confronted with various difficulties and hardships. They experience life as hopeless, pessimistic and full of problems. They feel weak and helpless in resolving conflicts and they choose self-harm behaviour as the means of escape (Cerar et al. 2011).

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The most common forms are cutting, causing burns, poking with needles, scratching, preventing wound healing, hair pulling, deliberately braking bones and beating with body parts. Many adolescent who hurt themselves experienced traumas and painful experiences in the past. Later they suffer from feelings of guilt, frustrations, painful memories, feelings of anger, rage and thus the need for self-punishment arises (Gaber 2011).

In stressful situations they easily lapse into malaise and inability to regulate their self-control. They lack positive emotions, such as self-esteem and love for themselves. They do not know how to express their feelings and distress because they lack the appropriate manners. Many of them want to escape from the feelings of sadness and emptiness. They communicate their pain through their bodies. So they hurt themselves with cuts, puncture wounds, scratches, and burns (Hill 2004).

Here, in Slovenia, the literature in the field of self-harm is still in its infancy. We can find some internet materials, leaflets, brochures and diploma theses. There are very little empirical studies that would specifically relate to this topic.

Scientific studies abroad, which started in the 60s and 70s, were mainly focused on self-harm as a precursor to suicide. Such and similar definitions also mark self-harm merely as a target-oriented act, thus injuring one's own body. Since only the signs visible to the eyes, which are an indicator of human behaviour, are considered, definitions are not exhaustive and they do not highlight the core of the problem (Kaliman and Knez 2009).

An adolescent who cuts himself feels a kind of confinement. He feels trapped because he cannot express negative emotions, especially despair, hatred and rage. Therefore, these emotional states are internalized. They cannot direct energy elsewhere than inwards, against themselves. And these emotional states, which force them to cut themselves, are the consequence of traumatic experiences in childhood. This often happens in families with critical and perfectionist education. One of the most common sample situations that lead to cutting is that the person perceives himself as emotionally rejected by their parents. The child develops hatred and anger towards their parents and experiences despair. However, when the child expresses these emotions, he is punished for these emotions. Parents turn these emotions back to the child with an attitude that emotions mean that something is wrong with him, because there is no real reason to feel that way. For this reason his feelings are internalized. The child becomes self-critical and this hatred, now internalized, becomes focused on him. He believes that he must punish himself, because it is not normal to feel that way (Plener et al. 2010).

The young people are often not able to explain why they hurt themselves, especially when self-harm presents a means of communication or the communication of that, which cannot be easily given in words or even thoughts (individuals described this as an internal scream). Self-harm is the method of expressing a very deep distress. After such activity, individuals fell more capable to cope with life for some time. Self-harm can be one of the ways how an adolescent copes with painful emotions that threaten to flood him, such as: rage, sadness, emotional emptiness, grief, hatred of oneself, fear, loneliness, guilt (Nixon and Anderson 2011).

Cutting is not a suicide attempt. But it is true that some individuals who cut themselves are suicidal. The cutting itself is a coping mechanism. It also needs to be known that cutting is addictive behaviour. The addiction develops due to the addiction to endorphins. Endorphins block pain and they also ensure that the individual feels relief and comfort. Their impact on the person is similar to for ex. morphine. When endorphins reach the opioid receptors in the limbic system, especially in the brain area called hypothalamus, the adolescent feels relief, comfort and a feeling of satisfaction. The feeling of peace and positive attitude takes them over. The thing goes like this. When the body feels pain, endorphins are released to 'justify,' ease the pain. In this way cutting eases negative emotions. It is a coping mechanism, which provides a temporary release of the intense feeling of anxiety, guilt, depression, stress, emotional numbness, excessive load, low self-worth, pressure of perfectionism. We can become addicted to the chemicals that our body produces. It is similar to becoming addicted to street drugs. And when we begin to link cutting with the feeling of relief, a nervous link is created in the brain, which forces us to release negative emotions through cutting whenever we feel them (Plener et al. 2010).

A very important but currently still poorly investigated is the NSSI hypothesis (non-suicidal self-injury behaviour) as addictive behaviour. The addictive behaviour is the behaviour that stimulates the endogenous reward system strong enough to cause the constant desire to repeat harmful conduct despite negative consequences (in the case of NSSI this is pain, body deformation, aversion of the surroundings). Craving is basically a strong psychological need to feel again the effect of a psychoactive substance, to which an individual has developed an addiction syndrome. Strong craving occurs during the withdrawal symptomatology or less frequently during the period of abstinence (especially when exposed to specific triggers) (Bunderla and Gregorič Kumperščak 2015, 719).

Each year on 1 March, we have an international SIAD day (Self-Injury Aware-

ness Day, see http://www.selfinjuryfoundation.org/self-injurers.html). In its roots, SIAD is a global annual project to raise awareness and on this day and in the following weeks some individuals decide to share their experiences of self-harm, and the support organizations are at this time especially trying to spread the awareness about these problems. With the purpose to raise awareness, people wear orange bracelets with the word 'love' on their hands, draw butterflies on their wrists or wear orange ribbons within the framework of the BUTTERFLY Project. An adolescent draws a butterfly on that part of the body that he wants to cut. If the image fades without the adolescent causing self-harm, it means that the butterfly has survived and flown away. Thereby the person acquires a feeling that something is achieved. In the event that the adolescent hurts himself on the part of the body where he drew the butterfly, he must wash it away. The main objective of the people in the SIAD project is also to dispel stereotypes about the people who injure themselves, and to further educate the professionals to be able to help these people.

Methods

We used a descriptive research method. The purpose of the professional article is to research and describe the phenomenon of self-harm as a result of prolonged internal distress. We wanted to present the complexity of the phenomenon as a long-lasting experience of negative personal and family problems.

We selected a type of qualitative research. Data were analytically and synthetically processed. We prepared and carried out partly structured interviews with three girls. The interviews were abstracted in individual areas of research and individual statements of the girls were summarized and discussed.

We used the framework questionnaire, which included the following four research areas: the characteristics of the individual who injures himself; family background and situations that trigger self-harm activities; the emotions that overwhelm the adolescent during self-harm and the forms of professional help. We adapted the questions within these areas regarding the course of the conversation. We made a direct contact with these girls. We conducted an in-depth interview with each girl separately, which lasted about an hour. All the girls had been previous acquainted with the four research areas. On this basis, the girls decided whether they want to participate in the research. We asked the girls, if we could record the interview with a voice recorder. They did not consent to recording, despite the fact that we ensured them the protection of personality. We previously agreed

with each one for the interviews. The interviewees proposed the place and time by themselves. One interview was held at the interviewee's home, and the other two in the park. We paid attention that there were no distractions near us.

We manually wrote the data obtained by the qualitative analysis method. We broke down the relative data of the written material in four sets of contents. We wrote down the results of the interviews, about which we continually discussed.

Results and Discussion

We tried to find a balanced sample, which would contain the inclusion of male persons, but we nevertheless did not succeed. The interviewees chose their pseudonyms by themselves due to data protection. The excerpts from their interviews are written under pseudonyms.

It was very difficult to get candidates for the interview. Self-harm is a very intimate and delicate theme, which individuals prefer to retain for themselves. At the beginning of the interview, we felt discomfort due to communicating intimate moments to a complete stranger. We first made a contact with Tara through an acquaintance. And Tara knew XX and Ema. Ema was more taciturn. None of the three interviewees wanted to tell more than we asked. All three of them told that they were very uncomfortable answering the questions. Their answers were modest. With constant encouragement and friendly conversation, we slowly gained their trust.

The girls started with self-harm at a very young age. All three were in elementary school. Tara and Ema were 13 year old, and XX started cutting herself already at the age of 10. The average age of the adolescents when they first harmed themselves was 12 years. It depended on various factors and burdens that the girls experienced during that period.

XX and Ema had very poor self-image of themselves in the time when they started self-harm. But Tara started with self-harm out of curiosity, because her friend did that and she wanted to be cool. XX had a traumatic experience with the death of her grandmother. Ema started with self-harm, because she had been struggling with depression. She felt alienated and misunderstood.

There are various reasons for the first self-harm. In most cases, it is an unbearable inner pain, distress that the adolescent does not know how to solve in another manner. The problems that the adolescents have may be very different. The adolescents that injure themselves often suffer from depression, anxiety, dietary disorder, often consume alcohol and drugs and are sexually promiscuous. They are characterized by frequent and strong feelings of guilt,

poor self-confidence and self-esteem, overall sensitivity and less flexibility to cope with problems and express their emotions. They often come from dysfunctional families, in which they were in stressful situations (quarrels, abuse, authoritarian education, lack of confidence and expression of positive emotions) (Resch 2001).

All three girls felt power, control and satisfaction when they first harmed themselves. The family circumstances also had a rather strong impact on the start of their self-harm. Tara believes that she has quite a normal family, where the parents were not much present. The reason in her case is the absence of parents. Tara was alone a lot of time and she also occupied herself with herself. She did not miss her parents, because she thought that was the way it should be. XX never got along with her mother. Quarrels in the family and alcohol left a very important mark on Ema's growing up. Ema is also struggling with a serious form of depression. Her parents did not stand by her when she was diagnosed, because they were unable to reconcile themselves to the fact that their little girl had depression. The parents often ran away from reality in alcohol intoxication.

Family is the place where the deepest feelings of belonging, love and interconnectedness are expressed. It is a place where the children are unconditionally accepted for themselves. It is a place of their maximum safety and certainty. All this is missing in pathological families. Children of alcoholics feel guilty for the situation in the primary family also as adults. They know that everything was wrong in their homes, but they cannot point their finger at their parents, saying you are guilty! No, parents are untouchable, good, self-sacrificing. The duality between the cruel reality of pathology in the family and the messages of parents that they love their children breaks them at the end. The lives of children in such families can be compared only to the life of people in concentration camps (Perko 2011).

It is clear from the testimonies about the situations that triggered self-harm activities that Tara and Ema started with self-harm by chance. Tara did it out of curiosity, because her friend also did it. Ema started experimenting to see how much she can take. The problem with Ema was depression, which was diagnosed too late. With the help of self-harm, Ema later managed her depressive states. Depressive moods obstructed her school obligations. She was dissatisfied and she closed into her room even more frequently, where she broke down and could not fight her feelings anymore. In her state, cutting acts as an antidepressant.

Ema says: 'During cutting I like to repeat several times: "All the pain in your head is now in your skin." When the wounds and scratches stop hurting, I

do it again. I try not to show weaknesses in front of other people whenever possible and later I remove these accumulated emotions from myself by cutting.' The adolescent experiences serious psychological distress before self-harm. They do not know how to express their internal pains in an appropriate manner and therefore they alleviate them with self-harm. Self-harm calms them down, puts them down to earth, they feel inner peace and feel stronger. They redirect their physical pain, and it is certainly easier to control. Self-harm calms their depressing thoughts and the emotional pain moves to external pain. They know how to control external pain and for this reason they reach a positive feeling for a short time. Relief and reassurance appear. Soon after that, the feelings of guilt and shame come. The girls do not have any control over themselves. They cannot control negative thoughts, so they turn in a vicious circle. XX became an addict, cutting became a permanent, regular act. At the beginning about once a week. Then gradually 2 to 3 times a week, then once a day and, in the final phase, 4 to 5 times a day. It is like she was an addict. Tara also tells how cutting ran out of control. 'When I began to cut myself more often, I started to cut more deeply. Some wounds bled for several days. All this led me to a psychiatrist and therapies three times a week, but they did not help. I did not want to change. Finally, I ended up in a psychiatric institution.'

All three were given professional help. The professional help was provided to Tara and Ema by their parents. XX sought help by herself when she was a student, but she was not satisfied with her therapist. Tara resisted hard when her parents were looking for help with the paediatrician. The latter referred them to a pedopsychiatrist, where Tara had to go three times a week. XX sought for help by herself when she was a student in Ljubljana. The therapist said that she had to stop with self-harm, because there were better and healthier ways to cope with problems. Consolidated wisdom. She just did not want to be there. She told her what she wanted to hear so that she could get away from there as soon as possible. Soon after the first self-harm, Ema was diagnosed with major depression. The diagnosis was made by the pedopsychiatrist. She was prescribed antidepressants immediately.

XX refused professional treatment by psychiatrists. She believed that they did not help her. The professionals told her things that she had already known. Therefore, she quit the therapy. She never took any medicines.

Ema started taking medicines, antidepressants at an early age. The treatment was necessary due to serious form of depression. They replaced her several types of antidepressants. Ema believes that she did not get the help she needed from the psychologist.

Tara and Ema still regularly hurt themselves. And XX does it only occasionally, in crisis situations. The question arises, whether, despite professional help, which was more efficient for ones and less for others, the girls did not get appropriate help that would help them quit the self-harm behaviour. We can conclude that the professionals were not successful with their methods of treatment or that the adolescents were not willing to participate.

Help of a professional depends on many factors. The approaches that the professionals use in their work are important. They must offer such help that will be effective and will provide support to an individual. The problem of professional help is also in the limited access to professional services. Slovenia has too few pedopsychiatrists, which can be a big problem when problems need to be solved quickly. The problem is also in insufficient awareness. In elementary and secondary schools, it would be necessary to speak on the topic of self-harm and thereby expose the severity of the problem also in public. This will allow the adolescent to get to know the nature of their behaviour and develop the ways of self-help more easily. It would be imperative to educate school education counsellors, teachers and health workers on the methods of dealing with the adolescents and of further provision of assistance.

Conclusion

The problem of self-harm needs to be addressed in its entirety, since in most cases it points to deep-rooted problems in the family, where in most cases alcohol, emotional abuse, physical abuse and sexual abuse of children are present. We must be aware that the problem of self-harm is not only the problem of adolescents, but it is rooted in the family from which the adolescent comes. Emotional pain is an extremely complex concept. Each individual will confront it differently. The adolescents who have no solid foundation in the family will not be able to cope with emotional pain. It is extremely important that we try to understand the adolescents who harm themselves and learn about such behaviour from their point of view. Some hurt themselves in order to divert negative thoughts away from the emotional clutter. They know how to control the physical pain because it is manifested in exterior pain. The problem is that it provides only a temporary relief to the adolescents, which is pleasant or they even experience it as a pleasure. It is hard to understand it by most people.

Let us conclude the final thoughts with the wish that self-harm should not be a taboo topic, stereotype or prejudice. We should accept self-harm as a cry for help. We must help the adolescents who find themselves in such a diffi-

cult situation, offer them a helping hand and give them the feeling that they are worthy of love, that they should rejoice life and everything beautiful that will happen to them. We must offer them a respectful and compassionate conversation, without moralizing. Let's try to understand their distress and return their faith in life. They need to know that all the problems that will come can be resolved in a constructive way. Let's offer them a hand and pull them out of the abyss of self-destruction.

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Pristopi pri delu z otroki z izkušnjo samopoškodovanja

Namen članka je raziskati in opisati pojav samopoškodovanja, ki je posledica dolgotrajnih notranjih stisk. Raziskati želimo kompleksnost pojava samopoškodovanja, analizirati, kaj mladostnike vodi v takšna dejanja in na kakšen način lahko pomagamo. Posebej pomembno je, da tovrstno težavo otrok učitelji dobro poznajo, da bi se lahko ustrezno spoprijemali s specifikami te populacije pri učenju in poučevanju. Predstavili smo mladostnikovo doživljanje samega

sebe, kakšni so sprožilci in v kakšnem časovnem okviru pride do samopoškodovanja. Analizirali smo podatke, ki smo jih pridobili s poglobljenimi intervjuji treh deklet, ki imajo oz. so imele izkušnjo s samopoškodbami, in opredelili razloge za takšno ravnanje. Rezultati so pokazali, da jih samopoškodba umiri, prizemlji, začutijo notranji mir in počutijo se močnejše. Fizično bolečino preusmerijo, seveda pa jo tudi lažje nadzorujejo. Samopoškodba jim umiri moreče misli in čustvena bolečina preide v zunanjo bolečino. Vse tri intervjuvanke so bile deležne strokovne pomoči. Pomoč strokovnjaka je odvisna od veliko dejavnikov. Pomembni so pristopi, ki jih strokovnjak uporablja pri svojem delu. Ponuditi mora takšno pomoč, ki bo učinkovita in bo posamezniku nudila oporo. Resnosti problema samopoškodovanja se ne zavedamo dovolj. Negativni odzivi na samopoškodovanje mladostnikom onemogočajo proces iskanja pomoči in zdravljenja. Mladostniki ostanejo sami s svojimi stiskami.

Ključne besede: samopoškodba, bolečina, mladostnik, stiska, samokaznovanje