

Conference Paper

Behavioral Analysis of Patients With Psychological Disorders Who Carry Out Self-Injury

Ollyvia Freeska Dwi Marta^{1*}, Novia Parameswari Putri¹, Nur Aini^{1,2}, Lilis Setyowati¹, Erma Wahyu Mashfufa¹

¹Department of Nursing, University of Muhammadiyah Malang, Malang, East Java, Indonesia

²College of Nursing, Taipei Medical University, Taipei City, Taiwan

ORCID

Ollyvia Freeska Dwi Marta: <https://orcid.org/0000-0001-6430-9099>

Abstract.

Self-harm, also known as self-injurious behavior, is a problem that can arise in some people because of their difficulties in grappling with the emotions they feel. This is a common concern and problem that affects children, adolescents and adults. Researchers are interested in examining more deeply the behavior of self-injury patients when injuring themselves in order to understand this phenomenon. The purpose of this study was to identify and describe the behavior of patients with psychological disorders who carry out self-injury. This was a qualitative study. Data were collected with 2 female participants. The results of this study were grouped into 3 themes: 1) causes of self-injury behavior; 2) forms of self-injury behavior; and 3) feelings after carrying out self-injury. It was found that the actors carry out these actions in order to divert the emotions they feel and to avoid the problem. Despite the different ways of solving problems, they do not share their personal problems with others and instead carry out self-harm as their solution.

Keywords: self-injury, trauma, violence, problems

1. INTRODUCTION

Self-injury is a problem that arises in some individuals due to the inability to cope with the pressure they feel. This problem has become a topic of discussion for world health at the level of adolescence to adulthood and has developed into a problem that often arises [1]. This act of self-harm was initially marked by actions that were carried out continuously [2]. The number of common cases that occur in adolescents is 17% to 60% [1] [3] [4].

The number of cases is not the same in every country. It could be due to a cultural gap, gender, ethnic background, education level, and emotional instability [1]. For example, in cultures on the Asian continent, when individuals have problems they tend to hold

Corresponding Author: Ollyvia
Freeska Dwi Marta; email:
ollyvia@umm.ac.id

Published 15 September 2022

Publishing services provided by
Knowledge E

© Ollyvia Freeska Dwi Marta et al. This article is distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use and redistribution provided that the original author and source are credited.

Selection and Peer-review under the responsibility of the ICMEDH Conference Committee.

OPEN ACCESS

back and don't get help because of the assumption that parents are the enforcers of norms. They will feel unethical if they share their problems with outsiders other than their parents [5]. This is also what makes the perpetrators of self-injury in Indonesia will hide their behavior so tightly that it is very difficult to prevent and follow up.

Self-injury, this can be occurred because the individual has difficulty regulating moods/feelings. This is the main cause of perpetrators committing acts of self-harm [6]. Self-injury behavior is a form of behavior that is useful for channeling negative feelings that are difficult to express in words, both physical and psychological pain [5]. Although, it has a difference with suicide, it can result in death if not treated immediately and this is a serious public health problem [7]. Often the perpetrator endangers himself which then leads to the idea of committing suicide, especially when the perpetrator is alone. Suicidal ideation is conceptually different from the desire to hurt oneself, but several studies show a link between the two behaviors, namely that self-injury behavior can be an early sign of attempted suicide [5]. Judging from the number of suicide cases in the world, Indonesia ranks ninth with the suicide rate reaching 50 thousand people per year out of 220 million total Indonesian population. Therefore, it is important to explore more about this self-injury because the phenomenon of suicide in Indonesia mostly begins with self-injury behavior [5].

Experts say that self-injury is a behavior that is obtained from studying, imitating, then applied repeatedly because the perpetrator gets the desired result, such as a place to convey emotions and get the desired satisfaction [8]. After getting the desired result, then this individual will repeatedly use the same action in the future. In order to suppress the negative impact that may arise, researchers are interested in studying more deeply about the behavior of self-injurers when injuring themselves to better understand this clinical phenomenon.

2. METHODS

2.1. Study design and research area

The strategy used by the author was a qualitative research design method. Researchers focus attention on a case by involving individuals as study material. This research is focused on collecting data and digging deeper into a problem that is currently happening. In this study, researchers tried to understand the behavioral analysis of patients with psychological disorders: self-injury. The place of research is in Malang and the time of research and interviews begins in January, 2021 for one weeks.

2.2. Research settings

This research was first conducted in the second home of the first respondent on January 1, 2021. Interviews were conducted in approximately 30 - 45 minutes.

TABLE 1: Demographic of participants.

No	Name	Participants	Age (Year)	Education	Marital Status
1	Ms. D	P1	21	Senior High School	Single
2	Ms. S	P2	21	Senior High School	Single

The reason the researcher chose P1 and P2 as participants was because the main focus of this study was to analyze the behavior of the patient. So, that researchers need information related to behavior in patients who do self-injury before.

2.3. Data collection processes and instruments

In this interview, the researcher conducted a semi-structured interview in which the researcher finds a problem directly and can ask the opinion of the respondent. Researchers were expected to be able to listen carefully to what respondents have to say related to behavioral analysis in patients with psychological disorders: self-injury. In this interview process, the researcher prepared the equipment used in this interview process, such as pens, paper and a voice recorder. This interview was conducted with 2 participants.

2.4. Data Validity Test Method

Triangulation means a data examination technique that is carried out by using other data to check or compare the data obtained with existing evidence. The research data was taken from P1 which would then be compared to test the quality of the data with P2 as a patient with the same psychological disorder. This research was aimed at obtaining the maximum quality of data validation.

2.5. Data analysis

This study analyzed the data by using interview and documentation observation techniques. This method is carried out to facilitate researchers in the process of compiling data, determining the subject matter and planning for solving a problem.

3. RESULTS

From the data from the case study interviews conducted on 2 participants consisting of P1 namely Ms. D is a student majoring in Japanese Literature, then P2 is Ms. S, who is a student majoring in Accounting, and this interview was conducted on January, 2021, the results obtained regarding the analysis of behavior in patients with psychological disorders: self-injury can be concluded in several themes such as the following:

TABLE 2: The Themes.

No	Themes
1.	Forms of self-injury behavior
2.	Causes of self-injury behavior
3.	The feeling after self-injury

4. DISCUSSION

Walsh (2007) [6] argued that examples of self-injury behavior are as follows, namely cutting the surface of the skin using a razor blade, trying to worsen the condition of a wound that is almost improving, hitting the head, burning parts of one's own body with hot objects, banging the head, and so on.

Favazza and Simeon [9] divide self-injury into impulses and compulsions. Impulse acts are actions taken to achieve relief whether consciously or not, for example by slashing, burning, and banging limbs. Compulsions are actions that are carried out continuously to suppress anxiety, for example, scratching, squeezing pimples, biting nails, scratching the body hard to cause injury.

From the results of this study, it was found that P1 often slashed at the wrist and the bottom of his lip, limited to a small wound and not deep but bleeding to the point of causing a stinging sensation. Then P2 hit and banged his head until he felt a little dizzy.

According to Martinson (1999) [10] [11], there were several things that become the background of self-injury behavior, namely family factors, biochemical influence factor, psychological factors, personality factors, The introverted personality type is very likely

TABLE 3: Data Analysis Domain.

No	Transcript	Keywords	Theme
1	<p>P1: "When I was in 11th Grade, I already knew razors, at first the razors on the hands and the neck were already there, only one cut was bleeding, and the bottom lip kept going, ummm, every time I use the razor, I have strange thoughts like that. How did it cut in the beginning, then it's okay, there's no trace, it's just small, it's okay, it's not too deep."</p> <p>P2: "I used to bang my head a lot, well, because of family problems, actually I kept hitting my head so I could calm down, maybe because I have descendants, my mother is like that too"</p>	Slashing, banging	Forms of self-injury behavior
2	<p>P1: "When I was 5, the mother and father often quarreled in front of the children. Yes, there was a grandmother too, it's just that I can cry like it's already been done and I'm still a little confused about how to respond. Yes, of course crying, but seeing my mother and father choking each other, how come, yes, I'm confused about how to cry. First, it's fine, well, first of all, it's fine. Over time, parents and fathers started fighting again, they start to riot again, and the worst thing is that's the violence that I saw." "I'll teach you dating, yes, yes, I'm with you, I think its fine, please. I thought it was okay, eh, it turns out I was told to hold his genital area and it was really, um, is it me, what the hell is this so weird at first, then yeah I don't want to anymore, this is weird I don't want to do that and finally I fell asleep while sleeping I felt if something moves in my panties, so yeah, I wake up and it turns out that his hand is already in my underwear and he's holding it in my genitals." "I have a physical illness, so it's been 5 years now I've been menstruating without stopping and that's a doctor or a urologist who checks human endocrine glands like that and says that I have a hormonal disorder. And my hormones are so messed up that my menstrual cycle is messed up and stops for only one week, two weeks, sometimes 3 months, the total of my cycles is 5 years. I didn't have a problem at first because the doctor said it was normal, but the problem here is that there is one therapist, so when I was in high school, one of the therapists said that maybe I could be infertile and there I was in shock.. I... It's like I can't have children like that hahaha, how come, everyone wants to have children, it's normal, you want to get married and have healthy children, right?" P2: "In the past I experienced an unpleasant experience, the death of my father traumatized me with the funeral" "I think my body is still fat and not ideal. Ideal for me is tall and slim. That's why I got bulimia, the trigger was 2 years ago because of an obsessed diet with a thin body."</p>	Domestic violence, trauma, sexual abuse, hormones illness, and obsessions	Causes of self-injury behavior
3	<p>P1: "There's a sense of relief, at first, if you do self-injury, then over time you become addicted to it. And what I feel is that after doing it, it's normal, I don't feel anything, sometimes I see my mother crying, I'm sorry but how can I sometimes be satisfied. After all, you don't feel sick at all, what you have is your mind calms down." P2: "It hurts, but there's a sense of pleasure in itself and just let my problems go away and I feel a little calmer"</p>	Satisfaction, relief, calm	The feeling after self-injury

to commit self-harm. This pattern of self-injurious behavior depends on mood. There is also the emergence of low self-esteem, monotonous way of thinking and difficulty in conveying the feelings.

From the results of this study, it was found that The cause of P1's self-injury is trauma due to the disharmony of both parents which led to acts of domestic violence witnessed by P1, then trauma due to sexual abuse when she was a child, and menstruation that has not stopped until now due to hormonal disturbances in P1's body. As for the other causes as mentioned by P2, namely the obsession with the ideal body which resulted in the diagnosis of bulimia, and also the trauma of losing his father when he was young and the feeling of longing that was not conveyed to his father.

Self-injury, feeling able to control feelings by giving yourself pain. It is easier to deal with physical pain than emotional pain. Among other options, the most effective method is self-harm [9]. From this study, it was found that both participants had the same response, namely for calm and relief from how to eliminate the problem because it would be easier to feel pain than pain. Even though you feel the pain, the problems you face seem to be forgotten by hurting yourself.

5. CONCLUSION

Based on the results of research that has been done, it can be concluded that self-harm behavior is very often carried out by adult women. Overall, these participants did injury with the intention of diverting emotions so that they could ignore the problems they were facing. Because of their tendency not to express things to other people, holding back is the path chosen by the perpetrators of injury.

References

- [1] Hauber K, Boon A, Vermeiren R. Non-suicidal self-injury in clinical practice. *Frontiers in Psychology*. 2019;10:502.
- [2] Oliver C, Licence L, Richards C. Self-injurious behaviour in people with intellectual disability and autism spectrum disorder. *Current Opinion in Psychiatry*. 2017;30(2):97–101.
- [3] Brown RC, Plener PL. Non-suicidal self-injury in adolescence. *Current Psychiatry Reports*. 2017;19(3):20.
- [4] Plener PL, Kaess M, Schmahl C, Pollak S, Fegert JM, Brown RC. Nonsuicidal self-injury in adolescents. *Deutsches Arzteblatt International*. 2018;115(3):23–30.
- [5] Hidayati DS, Muthia EN. Kesenian dan keinginan melukai diri sendiri remaja. *Psymphatic: Jurnal Ilmiah Psikologi*. 2016;2(2):185–198.

-
- [6] Walsh B. Clinical assessment of self-injury: A practical guide. *Journal of Clinical Psychology*. 2007;63(11):1057–1068.
- [7] Clarke S, Allerhand LA, Berk MS. Recent advances in understanding and managing self-harm in adolescents. *F1000Research*. 2019;8.
- [8] Ristic RF. Self-injurious behaviour and people with developmental disabilities. *The Journal of Safe Management of Disruptive and Assaultive Behavior*. 2005:109–120.
- [9] Favazza AR, Bodies under siege: Self-mutilation and body modification in culture and psychiatry. California: Johns Hopkins University Press; 2017.
- [10] Martinson D. Self-injury fact sheet. 1999.
- [11] Rasmussen S, Hawton K, Philpott-Morgan S, O'Connor RC. Why do adolescents self-harm? *Crisis*. 2016;37(3):176–183.