

The Social Dimension of Self-Harm

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Abstract:

The term “self-harm” represents a complex and multidimensional issue, which requires an understanding of the term itself as well as its key dimensions. The study presented is an attempt to analyze the concept of self-harm through the perspective of a three-dimensional (somaticpsycho-social/spiritual) model of personality. The main topic of the study is to analyze the social dimension of self-harm. The study shows that self-harm can be understood as a specific form of dialectical self-relationship – very often associated with forms and functions of social learning, self-image, self-punishment, social signaling, and social support.

Keywords: society, self-harm, self-image, punishment, social learning

1. Introduction

The term self-harm implies that this issue involves the actions of an individual that are aimed at themselves. Thus, it appears to be an introverted and intimate strategy (technique of power) used to approach oneself, thus giving no reason to consider it in the light of social psychology and social relations. However, the opposite is true. The aim of this paper is to discuss the social dimensions of self-harm, taking the psycho-somatic-social (spiritual) nature of the personality of the self-harming individual into account.

2. The Social Domains of Self-harm

The first crucial dimension of self-harm which includes the social dimension of these actions is its cause. Mathew K. Nock (Nock 2010) formulated six fundamental hypotheses that lie behind the occurrence of self-harming behavior. The first hypothesis is social learning. Bandura’s concept of social learning assumes that an enormous number of our learning patterns originate from observed and learned techniques of how we behave towards ourselves, i.e. from the positive (and desirable) frameworks and the negative or pathological forms of behavior. It goes without saying that social contact plays a vital role in the development of young adolescents. Many of the things we know, we have learnt from our parents, peers, teachers and idols. Thus, it is understandable that many of the self-harming forms of behavior often originate from the cultural context in which the individual lives – an environment which offers them diverse behavioral strategies. A large body of scientific research highlights the impact of the media, institutions, communities or families on the patterns of behavior followed by youths. In both a positive and negative sense.

A positive sense means to copy and master methods of behavior that are tolerated, accepted or desirable in the community. Naturally, physical self-harm (burning, scratching, hitting oneself) is accepted to a different extent in different sociocultural contexts. Not only do those cultures or subcultures that see physical pain as a means of self-reinforcement and growth tolerate it, but they may even require the adolescents to follow these forms of behavior, as they believe that overcoming pain and physical suffering leads to personal and mental maturity. These forms of physical self-harm may be classified as those that the individual performs on themselves and on purpose (cutting, burning, scratching), those that require assistance from others (e.g. piercing, tattoos, scarring) and those that are performed on them by someone else (e.g. the community) while the individual passively undergoes such procedures (often as the subject of ritual sacrifice, etc.). Of course, different cultural contexts classify the same type of behavior differently and what is completely rejected in one place (e.g. alcohol misuse and drug abuse in the world of Islam) is acceptable or even culturally reinforced in a different community (e.g. in Russia or a bohemian community). Certain forms of physical self-harm (such as the active participation in the Stations of the Cross, at Easter, in the Philippines) may be regarded as an expression of spirituality and dedication in certain communities, while elsewhere the same forms might be regarded as twisted or even illegal, with the community actively intervening to prevent their performance. Yet understandably, where a community accepts certain forms of behavior or even publicly promotes them (such as circumcision intended to desensitize or the deformation of legs in order to shorten them, etc.), the form of self-harming behavior is more frequent or may not even be considered self-harm.

A peculiar expression of social learning is the phenomenon of differentiation from the culture of the majority, the rejection of “normal” behavioral patterns through alternative subcultures and minorities. As demonstrated by the study of Robert Young and his colleagues (Young et al. 2014, Hughes et al. 2018), alternative subcultures such as “Goths” or “Emos” perform self-harming behaviour far more frequently than the rest of the “normal” population and even inversely proportionally to the occurrence of self-injury in the “Jocks” groups that is focused on exercise and protective coping strategies.¹ It also turned out that belonging to a minority, for instance, based on sexual orientation, significantly positively correlates with a higher occurrence of repetitive non-suicidal self-injury NSSI (Taliaferro, Muehlenkamp 2017, Swanell et al. 2016, Lian et al. 2015, Arnarsson et al. 2015). One of the reasons for such selfharm is the problematic self-image created by the individual. They often assume that the way they are and what they do would be perceived negatively by others. This led Nock to the hypothesis that one of the possible reasons for self-harm is self-punishment. However, selfpunishment presumes that the individual sees a disconnection between what the individual is allegedly like (their presumed self-image in the eyes of others) and what they should be like. Punishment is thus an expression of the interaction between two individuals, between someone who commits something undesirable and someone who meets the norm.

¹ “Alternative” teenagers self-injured more frequently (NSSI 45.5% vs. 18.8%), repeatedly self-injured, and were 4–8 times more likely to attempt suicide (even after adjusting for social background) than their non-Alternative peers. They were also more likely to self-injure for autonomic, communicative and social reasons than other adolescents. (Young et al. 2014)

A frequent example of self-harm as a consequence of self-punishment is the assumption, made by an adolescent, that their parent or partner only loves them if they perform certain desirable actions and behaviour. When such actions do not occur, the adolescent begins to self-punish for their alleged failure and this provides negative motivation to avoid further failures. Understandably, this type of physical punishment is more frequent in self-critical and perfectionist individuals. Not only is cutting, an action resulting in scars, burning or hitting oneself a satisfying punishment for certain failures, but equally they are a visible and tangible reminder of failure, which a child or an adolescent reflects on when seeing or touching their scar.

Yet, it is interesting to note the areas in which self-harm tends to occur. Damage to body issues is often found where nobody can see it (on intimate areas of the body or other places permanently covered by clothes). The child realises that their way of coping with their own negative emotions (anger management, frustrations, etc.) is not the right way and that the person they wish would accept and love them (through their actions) might be angry at them for inflicting self-harm. This would complicate the situation of the child even more; hence they hide it and keep it secret. And if they are eventually in a situation where they have to explain the wounds and scars, they will find quite convincing explanations and theories (such as climbing trees, falling, accidental cuts...).

This might be in contradiction with Nock's third hypothesis, that the cause of self-harming behaviour might be social signalling. According to this hypothesis, self-harm is used as a form of physical or mental cry for help where verbal communication fails or is not available for some reason. Children's injuries may be caused by their inability to communicate problems or their desire to attract the attention, protection and love they do not receive as they would like. Just as in Munchausen syndrome, this in particular involves intentional physical self-injury, the purpose of which is not to gain an apparent advantage or to avoid an obligation, but rather to gain attention from the person on who the self-harming individual depends (a child and parent, a patient and medical professional). This attention and care-seeking may often take place despite the painful nature of the examination that the diagnosis and treatment may require.

Another example of self-harm as social signalling may be that self-harm is signalling strategy that indicates the existence of more serious psychosomatic trauma. In the past, several studies have indicated that recurring and voluntary self-harm is a very frequent form of behaviour among individuals who have been the victims of a rape or sexual abuse (Yeo., Yeo 1993). The mental trauma triggered by the actions of a person close to the victim often leads to an inability to talk about it, yet it requires the purging of the negative emotions associated with it. The inability to speak about abuse results from dependency on the offender or worries related to the subsequent social re-victimization. Considering that sexual abuse or rape mostly concerns the physical body of the individual and ignoring their feelings and is against their will, the classical self-expression of the abused victim is a feeling that they have been stained, are sinful or less valuable, they abhor their bodies or outwardly hate them. The result is by inscribing expressions of their anger or negative emotions they "take revenge" on their bodies.

Another possible cause of self-harm defined by Nock is a negative attitude towards oneself. As mentioned above (as well as in Démuth, Démuthová 2019), a negative relationship with oneself stems from the disconnection between the desired self-image and the perceived selfimage. Yet, the desired self-image is especially formed through the influence of the society and significant others (we strive to meet the expectations of people close to us, of society, etc.). Furthermore, the way we perceive ourselves is formed to a considerable extent by an attempt to acquire a third-person perspective – to see how others see or might see us if they knew what we know. Adopting a stance towards oneself is not a purely subjective and individual matter but rather a reflection of how we see ourselves in the eyes of our community or others. And yet apparently, self-harm as such puts pressure on the individual in respect to how they will be seen by others.

If we disregard Nock's remaining hypotheses of self-harm (Pain Analgesia/Opiate Hypothesis, Pragmatic Hypothesis – hypotheses that self-harm occurs only as a consequence of a lack of knowledge of less pathological strategies for coping with one's own emotions), it seems that the most probably causes of self-harm are related to external pressure from society and the self-image we create based on the anticipated reaction of society.

The relationship between the individual and society in the case of self-harm is rather dialectical and ambivalent. Most forms of self-harm are associated with the “invisible visible”. It therefore involves such forms of action which do visible damage (physical, mental, social), but not in places or domains where it might be immediately visible. This applies to physical self-injury, which tends to be hidden, as well as mental longing or the social form of self-harm, harming another's prosperity. Many of the social forms of self-harm (e.g. damaging one's own reputation, falsely admitting to immoral or illegal behaviour, etc.) occur out of sight and seemingly without any beneficial intention, such as the preservation of one's social integrity or meeting the needs of the Superego and consciousness. Their purpose may be, for instance, the protection of a significant other (that the individual considers to be a part of themselves), or advocating for values that the individual recognises in spite of the rejection of others. On the other hand, numerous forms of social self-harm are of key importance in most ethical standards and rules that attempt to eliminate egoism or the unlimited requests of our will. On the contrary, such self-limitation or self-harm is praised, supported and required by society. These are often the visible forms of the invisible (held values). However, if the motive behind such actions is for them to be visible, and thus to lead to a social benefit, good reputation, enhanced cooperation and so forth, at first sight, such self-harming behaviour loses its moral and social dimension, as it comes with a beneficial intention and thus to ultimately better the situation, not the individual's self-harm.

Ironically, the morally most valuable actions are those by which the individual intentionally undermines their situation (loses, gains nothing, etc.) for the benefit of someone else, especially if these actions are not known by others. On the one hand, if such a loss is exposed, to be admired by the public, it loses an important part of its moral dimension. On the other, if there is no readiness or willingness in the individual to sacrifice their own benefit for the good of someone else visible, stronger social bonds and social coexistence are unlikely to be created.

This applies to romantic relationships, small communities, societies or even spiritual coexistence.

A common feature of spiritual or religious forms of co-existence is intentional selfrenunciation – whether of property, tangible assets and benefits or social bonds and contacts. Numerous religions work with a certain form of starvation and self-mutilation (Wilson 2013), flagellation (Abbott 2016), celibacy, isolation and enclosure, with both physical and social asceticism. From a cultural perspective, there are considerable differences in the perception and evaluation of this form of behaviour in various historical eras or geographical contexts (Babiker, Arnold 1997). For many, social asceticism may be an acceptable and a valuable form of self-harm, compensated for by religious fulfilment and a relationship with God. For others, voluntary permanent asceticism, torture and social isolation may be unacceptable and even pathological, especially if the individual performs self-mutilating physical processes. It always depends on the context in which it is assessed.

3. Conclusion

While with physical self-harm we tend to presume the existence of a clearly defined normality and pathology, no such universal normality can be convincingly or clearly defined in social areas. The reason is that somatic normality presumes long-term evolutionary techniques of survival and we tend to consider everything that opposes them as pathological. However, in addition to the evolutionary impacts, the social area is often formed by various cultural, historical, ideological or political-ethical mechanisms, due to which the judgement of what is and what is not an acceptable form of self-harm in the given social area depends on the set of cultural norms, whose role is often to restrict the evolutionary-acquired forms of behaviour that support the survival of the species or the individual. The ambiguity and temporary variability of social norms of behaviour presumes the need for further diachronic and synchronic research of the acceptability or unacceptability of the individual forms of social self-harm as well as the need to rethink the legal forms that limit the application of the individual forms of self-harm.

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