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Attitude Towards Self-Harm Among Adolescent Students

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ABSTRACT

The sad moods of adolescents are transitory reactive to negative experiences-separation, loss, failure, family conflict. When sad feeling persists over time, he may be experiencing a self-harm. Self-harm is most common in adolescence and young adulthood. It should be born in mind that it is not to be assumed that all the positive emotions are always good and the negative emotions are bad. Adolescence is the heyday of emotional life, the blossom time of all these feelings and emotions. As a disorder of emotions, self-harm destroys incentive, enthusiasm, concentration and interest in life and as a disease that may be unrelieved by leading to suicide and destroy the life of its sufferer. Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing over whelming emotional distress. Many researchers reported that self-destructive behaviour allows adolescents an opportunity to escape from painful feeling. Self-harm includes many deliberate attempts to harm or destroy body tissues. We are lack of firm understanding of why people engage in this type of behaviour and we do not have effective methods of accurately predicting or preventing these problems. For these reasons, it is vital that we ramp up efforts to fill in the gaps in our knowledge base in order to be better able to prevent the destructive behaviour. In the present study the attitude towards self-Harm cover the areas of emotions of pain, insecurity, anxiety, self-hatred, frustration and aggression. Gender and employment status of mother are studied to determine the objective of whether attitude towards self-harm among adolescents vary based on the above mentioned attributes. The present study consists of 200 students randomly drawn from 5 different schools of Amritsar city, Punjab. The sample was selected by using simple random sampling technique. The present study reveals that gender does affect the attitude towards self-harm which was in favour of boys. Boys have negative attitude towards self-harm i.e they are self-preservative or have positivity towards life than girls particularly in the aspects of emotion of pain, anxiety, insecurity and aggression. Adolescents of non-working mothers have negative attitude

towards self-harm i.e they are self-preservative or have positivity towards life than adolescents of working mothers particularly in aspects of self-hatred/guilt, anxiety, frustration and aggression.

Keywords: Attitude towards self-harm, Attitude, Gender, Working status of mothers, Adolescents.

Introduction

Adolescence is the most important period of one's life. Poets have described it as the spring of life of human being and an important era in the total life span. Emotions are the prime movers of thought and conduct, they give spice to life and add important qualities to personality. Almost all types of behaviour of man are guided in some degree by emotions. Adolescents are very much emotional. They are emotionally disturbed due to physical and sexual development. Sometimes they are abnormally active and happy, at other time they are slow and dull. Moods vary from elation to depression. They sometimes think of committing suicides. Their emotions are intense- when an adolescent hates, he hates strongly and when he falls in love, he does so passionately. Their emotions are not under control.

Attitude towards self harm is the most dominating one especially during adolescence, as adolescents become more conscious about themselves, their appearances and are sensitive towards reaction of others towards them.

Self-harm is most common in adolescence and young adulthood. Academic inadequacy is a very real cause of a self-harm, illness in the privileged adolescent particularly when the individual concerned cannot adjust to it, inability to keep up with the class, fear of failure and disappointing parents and the lack of any alternative plan for a career or employment are frustrations that can drive the sensitive individual to despair. Self-harm can be a response to any situation or pressure with the potential to impact on someone. Self-harm: to do or cause harm to himself (bodily, harm or moral injury) or to do harm one's reputation Webster's Encyclopaedia (1989)

Some researchers find that certain actions, such as drinking alcohol or taking drugs increase the likelihood of self-harm, or that self-harm is more likely to happen at certain times (at night, for example). Many researchers reported that self-destructive behaviour allows adolescents an opportunity to escape from painful feeling. Self-harm includes many deliberate attempts to harm or destroy body tissues. Tschan (2015)confirmed that the onset and persistence of NSSI (Non Suicidal Self-Injury)could be considerably influenced by an absence of warmth and support, as well as by a marked hostility and a severely critical parenting approach. The authors also found that NSSI adolescents' parents reported higher levels of parental stress and lower levels of parental satisfaction than other parents. The NSSI adolescents' mothers also revealed more symptoms of depression, anxiety and stress than the mothers whose adolescents do not suffer from NSSI.

Sometimes people talk about self-harm as attention-seeking. If people make comments like this, it can leave you feeling judged and alienated. In reality, a lot of people keep their self-harm private, and it can be painful to have your behaviour misunderstood in this way. In the present study the attitude towards self-Harm covers the areas of emotions of pain, insecurity, anxiety, self-hatred, frustration and aggression.

Purpose of the study

The purpose of the study is to measure the attitude of the adolescents towards Self-harm ranging from 14-18 years of age and studying in secondary schools. Following areas of self-harm were covered.

- *Emotion of pain* is a term used in social and personal psychology to denote pain affect and evoked by any stimulus other than physical injury.
- *Insecurity* means emotional instability, feeling of rejection, inferiority, isolation, unprotected or unsafe. The feelings of insecurity often lead to a heightening of security in order to ease that feeling. This is not always beneficial and can lead to mishape and misfortune.
- Anxiety is more ambiguous in its feeling components fear or worry, largely because it is blended from many emotions. The object of worry may be money: the object of fear might be snakes. Anxiety is more generalized, having reference to a vague feeling of impending doom.
- Self—hatred/guilty means when people see their emotion as having violated what is 'right' or 'moral' in a certain situation they usually feel guilty.
- Frustration means emotional tension resulting from the blocking of a desire or need .Among adolescents, frustration may result from failure to achieve the self-ideal, from persistent unpopularity, from failure to achieve some important goal or from involvement in a life plan one does not enjoy.
- Aggression denotes behaviour aimed at the injury of some object. Anger refers to the emotional state, presumably resulting from frustration, which in the absence of a suitable cue, instigate aggressive responses. Moran et al. (2012) found that during the adolescent phase (14-19 years), 8% reported self-harm (more girls than boys), associated with depression and anxiety, antisocial behaviours and substance use. Rates went down during late adolescence. Cutting was the most common method during adolescence but by young adulthood no one method predominated. The authors concluded that most self-harming behaviour in adolescents resolves spontaneously. Crowell et al., 2008; Kaess et al., 2012; Gatta et al., 2016 found that in addition to the nature of the family structure and the quality of parent—child relations, a fundamental variable considered in the NSSI literature concerns the parents' behaviour. Aggarwal Shilpa (2018) Early involvement of the family, an evaluation of the risks at the end of an acute crisis episode and a stepped-care model taking into account level of suicide risk and resources available to an adolescent and her/his family are likely to promote better outcomes in adolescents who self-harm.

OBJECTIVES

To study and compare the attitude towards self-harm between the following sub samples of adolescents

- a) Gender (boys and girls)
- b) Employment status of mothers (working and non-working).

HYPHOTHESES

- There exists no statistically significant difference in the attitude towards self-harm among adolescent boys 1. and girls.
- There exists no statistically significant difference in the attitude towards self-harm among adolescent students 2. of working and non-working mothers

RESEARCH DESIGN

This is basically a descriptive survey design to study attitude toward self-harm among adolescent students with regard to their gender and employment status of mothers. In the present research gender and employment status of mothers are independent variables and attitude toward self-harm is dependent variable.

SAMPLE OF THE STUDY

The present study consisted of 200 secondary students randomly drawn from 5 different schools of Amritsar city. Out of which 100 were adolescent boys and 100 were adolescent girls of mothers with different IJCR employment status.

TOOL TO BE USED

In the present study Attitude toward self-harm was measured by-

Attitude scale of self-harm (2018) by Neerja Gautam (investigator), Published by Agra Psychological Research Cell, Tiwari Kothi, Belangani, Agra

STATISTICAL TECHNIQUES USED

Data collected was analysed and interpreted with the help of-

- a) Descriptive analysis (Mean &S.D) and
- b) Differential analysis (t-test).

RESULTS AND DISCUSSIONS

Scoring of the data thus collected was done with the help of five point Likert type scale. The weight age to be given to responded statements was also planned to be ranging from 1 to 5. 1 mark was given to response Very Disturbed, 2 marks to Somewhat Disturbed, 3 marks to Neutral, 4 marks to Somewhat Calm and 5 marks to Very Calm. The total of these scores was the final score of an individual. The scores in the final scale ranged from 46 to 230 in the direction of attitude towards self-harm.

HYPOTHESIS I

Table 1.1

Showing Gender Wise distribution of t-values on various Aspects of Attitude Scale

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Aspect	t-value
Emotio <mark>n of pain</mark>	1.96*
Insecurity	1.98*
Anxiety	1.96*
Self-ha <mark>tred/g</mark> uilt	0.38
Frustration	0.27
Aggression	1.99*

^{*}At 0.05 level of significance

Table 1.2

Showing Mean (M) Standard Deviation ($_{\sigma}$) Difference Between Means (D) Standard Error of Difference Between Uncorrelated Means (σ D) and t-value on the variable Attitude Towards Self-Harm among adolescent boys and girls.

Group	N	Mean	S.D	Mean diff	σd	t-value
Boys	100	131.86	13.37	14.34	1.85	7.75*
Girls	100	117.52	12.85			

^{*}At 0.05 level of significance.

Statistically significant difference exists in the attitude towards self-harm among adolescent boys and girls which is in favour of boys. It may safely be concluded that gender does affect the attitude towards self-harm among adolescents i.e. boys have negative attitude towards self-harm i.e they are self-preservative or have positivity towards life than girls particularly in the aspects of emotion of pain, anxiety, insecurity and aggression.

Moran et al. (2012) found that during the adolescent phase (14-19 years), 8% reported self-harm (more girls than boys), associated with depression and anxiety, antisocial behaviours and substance use . Sornberger (2012) revealed that females reported higher rate of NSSI (Non suicidal self-injury) than their male counterpart

HYPOTHESIS II

Showing Employment Status of Mothers wise t-values on Various Aspects of Attitude Scale

Aspect	t-value
Emotion of pain	0.14
Insecurity	0.08
Anxiety	1.99*
Self-hatred/guilt	1.96*
Frustration	1.97*
Aggression	1.99*

Table 2.1

Table.2.2

Showing Mean (M) Standard Deviation ($_{\sigma}$) Difference between Means (D) Standard Error of Difference between Uncorrelated Means ($_{\sigma}$ D) and t-value on the Variable Attitude Towards Self-Harm among Adolescent Students of Working and Non-Working Mothers.

Group	N	Mean	S.D	Mean diff	σ D	t-value
Working mothers	100	123.46	18.51	7.23	2.25	3.21*
Nonworking	100	130.69	12.77			
mothers						
بخو						

^{*}At 0.05 level of significance

Statistically significant difference exists in the attitude towards self-harm among adolescent students of working and non-working mothers which is in favour of non-working mothers. It may safely be concluded that employment status of mothers does affect the attitude towards self-harm among adolescents i.e. adolescents of non-working mothers have negative attitude towards self-harm i.e they are self-preservative or have positivity towards life than adolescents of working mothers particularly in aspects of self-hatred/guilt, anxiety, frustration and aggression.

Martin, Graham et.al (2010) revealed that the self-harm group differed from the comparison group in terms of family-related factors such as living situation, and psychological functioning, and a history of sexual abuse.

CONCLUSION

However, it is clear that Self Harm is an important issue affecting a significant proportion of young people, particularly around 14-16 years of age, and particularly young women. Most self-harm in this age group does not result in hospitalisation, but it should still be regarded as a problematic self-harm reflecting emotional distress.

The intake from the present investigation is that the parents of adolescents and the family in general need to be empathic towards the major needs and concerns of adolescents especially girls that will ultimately help them to cope up with various emotional situations boldly. School should provide opportunities for healthy organisation and participation in various co-curricular activities like yoga and meditation which channelized

^{*}At 0.05 level of significances

the negative emotions especially emotion of pain, self-hatred/guilt, anxiety, frustration, insecurity, aggression of adolescents particularly girls in the right direction.

REFERENCES

- Adolescent self-harm retrieved from www.ayph.org.uk
- Aggarwal, Shilpa.& Patton, George (2018). Engaging families in the management of adolescent Self-Harm.
 Evidence Based Mental Health, Vol.21(1).retrieved from ebmh.bmj.com/content.
- Crowell et al., 2008; Kaess et al., 2012; Gatta et al., (2016). Interactive Family Dynamics and Non-suicidal Self-Injury in Psychiatric Adolescent Patients: *A Single Case Study* www.frontiersin.org
- Graham Martin, Karolina Krysinska and Sarah Swannell (2010). Cutting on-line: Self –injury and the internet . *Advance in Mental Health*. October 2010 retrieved from https://www.researchgate.net
- Moran & Spirrison, C.L. (2012). Self-harming. cause and effect. *As in* Beverly G. Pell. retrieved from self-harm and mental trauma *Review An International Journal*. *Vol.1*; *Issue* 2.on 20-3-2018
- Self-Harm (1989). Webster's Encyclopedic Unabridged Dictionary of English Language (Revised Edition)
- Sornberger, Michael j. Heath, Nancy L. Toste , Jessica R. & McLouth, Rusty (2012). Non suicidal Self-Injury and Gender: Patterns of Prevalence, Methods and Locations among Adolescents. Suicide and Life Threatening Behaviour/Vol.42, Issue 3/p266-278. retrieved from Onlinelibrary. wiley.com
- Tschan(2015). Interactive family dynamics and non-suicidal self-injury in psychiatric adolescent patient, journal of relationship with their families. Vol. 23,pg.19. www.ncbi.nlm.nih.gov>articals
- what-is-self-harm retrieved from au.reachout.com>