

= Self @-@ harm =

Self @-@ harm (SH) is defined as the intentional , direct injuring of body tissue , done without suicidal intentions . The term self @-@ harm means the same as self @-@ injury . These terms are used in the more recent literature in an attempt to reach a more neutral terminology . The older literature , especially that which predates the Diagnostic and Statistical Manual of Mental Disorders (DSM @-@ IV @-@ TR) , almost exclusively refers to self @-@ mutilation .

The most common form of self @-@ harm is skin @-@ cutting , but self @-@ harm also covers a wide range of behaviors including burning , scratching , banging or hitting body parts , interfering with wound healing (dermatillomania) , hair @-@ pulling (trichotillomania) and the ingestion of toxic substances or objects . Behaviours associated with substance abuse and eating disorders are usually not considered self @-@ harm because the resulting tissue damage is ordinarily an unintentional side effect . However , the boundaries are not always clearly defined and in some cases behaviours that usually fall outside the boundaries of self @-@ harm may indeed represent self @-@ harm if performed with explicit intent to cause tissue damage . Although suicide is not the intention of self @-@ harm , the relationship between self @-@ harm and suicide is complex , as self @-@ harming behaviour may be potentially life @-@ threatening . There is also an increased risk of suicide in individuals who self @-@ harm to the extent that self @-@ harm is found in 40 ? 60 % of suicides . However , generalising self @-@ harmers to be suicidal is , in the majority of cases , inaccurate .

The desire to self @-@ harm is listed in the DSM @-@ IV @-@ TR as a symptom of borderline personality disorder . However , patients with other diagnoses may also self @-@ harm , including those with depression , anxiety disorders , substance abuse , eating disorders , post @-@ traumatic stress disorder , schizophrenia , and several personality disorders . Self @-@ harm is also apparent in high @-@ functioning individuals who have no underlying clinical diagnosis . The motivations for self @-@ harm vary and it may be used to fulfill a number of different functions . These functions include self @-@ harm being used as a coping mechanism which provides temporary relief of intense feelings such as anxiety , depression , stress , emotional numbness or a sense of failure or self @-@ loathing and other mental traits including low self @-@ esteem or perfectionism . Self @-@ harm is often associated with a history of trauma and abuse , including emotional and sexual abuse . There are a number of different methods that can be used to treat self @-@ harm and which concentrate on either treating the underlying causes or on treating the behaviour itself . When self @-@ harm is associated with depression , antidepressant drugs and treatments may be effective . Other approaches involve avoidance techniques , which focus on keeping the individual occupied with other activities , or replacing the act of self @-@ harm with safer methods that do not lead to permanent damage .

In 2013 about 3 @. @ 3 million cases of self @-@ harm occurred . Self @-@ harm is most common in adolescence and young adulthood , usually first appearing between the ages of 12 and 24 . Self @-@ harm in childhood is relatively rare but the rate has been increasing since the 1980s . However , self @-@ harm behaviour can nevertheless occur at any age , including in the elderly population . The risk of serious injury and suicide is higher in older people who self @-@ harm . Self @-@ harm is not limited to humans . Captive animals , such as birds and monkeys , are also known to participate in self @-@ harming behaviour .

= = Classification = =

Self @-@ harm (SH) , also referred to as self @-@ injury (SI) , self @-@ inflicted violence (SIV) , nonsuicidal self injury (NSSI) or self @-@ injurious behavior (SIB) , refers to a spectrum of behaviors where demonstrable injury is self @-@ inflicted . The behavior involves deliberate tissue damage that is usually performed without suicidal intent . The most common form of self @-@ harm involves cutting of the skin using a sharp object , e. g. a knife or razor blade . The term self @-@ mutilation is also sometimes used , although this phrase evokes connotations that some find worrisome , inaccurate , or offensive . Self @-@ inflicted wounds is a specific term associated with

soldiers to describe non @-@ lethal injuries inflicted in order to obtain early dismissal from combat . This differs from the common definition of self @-@ harm , as damage is inflicted for a specific secondary purpose . A broader definition of self @-@ harm might also include those who inflict harm on their bodies by means of disordered eating .

Nonsuicidal self injury (NSSI) was added to the DSM @-@ V as its own disorder , which distinguishes it from milder forms of self @-@ harm . This disorder occurs when a person is deliberately harming themselves in a physical way without the intent of committing suicide . Self @-@ harm without suicidal intent can be seen on a spectrum , just like many other disorders (substance abuse , gambling addiction) . Just like these other disorders , once the self harming behaviors cross a certain threshold , it then becomes classified as a mental health disorder . Criteria for NSSI include five or more days of self @-@ inflicted harm over the course of one year without suicidal intent , and the individual must have been motivated by seeking relief from a negative state , resolving an interpersonal difficulty , or achieving a positive state .

A common belief regarding self @-@ harm is that it is an attention @-@ seeking behavior ; however , in most cases , this is inaccurate . Many self @-@ harmers are very self @-@ conscious of their wounds and scars and feel guilty about their behavior , leading them to go to great lengths to conceal their behavior from others . They may offer alternative explanations for their injuries , or conceal their scars with clothing . Self @-@ harm in such individuals may not be associated with suicidal or para @-@ suicidal behavior . People who self @-@ harm are not usually seeking to end their own life ; it has been suggested instead that they are using self @-@ harm as a coping mechanism to relieve emotional pain or discomfort or as an attempt to communicate distress . Alternatively , interpretations based on the supposed lethality of a self @-@ harm may not give clear indications as to its intent : life risking behaviour may have no suicidal intent , whilst seemingly superficial cuts may have been a suicide attempt .

Studies of individuals with developmental disabilities (such as intellectual disability) have shown self @-@ harm being dependent on environmental factors such as obtaining attention or escape from demands . Some individuals may have dissociation harboring a desire to feel real or to fit into society 's rules .

= = Signs and symptoms = =

Eighty percent of self @-@ harm involves stabbing or cutting the skin with a sharp object . However , the number of self @-@ harm methods are only limited by an individual 's inventiveness and their determination to harm themselves ; this includes burning , self @-@ poisoning , alcohol abuse , self @-@ embedding of objects , hair pulling , bruising / hitting one 's self , scratching to hurt one 's self , knowingly abusing over the counter or prescription drugs , and forms of self @-@ harm related to anorexia and bulimia . The locations of self @-@ harm are often areas of the body that are easily hidden and concealed from the detection of others . As well as defining self @-@ harm in terms of the act of damaging the body , it may be more accurate to define self @-@ harm in terms of the intent , and the emotional distress that the person is attempting to deal with . Neither the DSM @-@ IV @-@ TR nor the ICD @-@ 10 provide diagnostic criteria for self @-@ harm . It is often seen as only a symptom of an underlying disorder , though many people who self @-@ harm would like this to be addressed .

= = Cause = =

= = Mental disorder = =

Although some people who self @-@ harm do not have any form of recognised mental disorder , many people experiencing various forms of mental ill @-@ health do have a higher risk of self @-@ harm . The key areas of disorder which exhibit an increased risk include autism spectrum disorders , borderline personality disorder , bipolar disorder , depression , phobias , and conduct disorders .

Schizophrenia may also be a contributing factor for self @-@ harm . Those diagnosed with schizophrenia have a high risk of suicide , which is particularly greater in younger patients as they may not have an insight into the serious effects that the disorder can have on their lives . Substance abuse is also considered a risk factor as are some personal characteristics such as poor problem @-@ solving skills and impulsivity . There are parallels between self @-@ harm and Münchausen syndrome , a psychiatric disorder in which individuals feign illness or trauma . There may be a common ground of inner distress culminating in self @-@ directed harm in a Münchausen patient . However , a desire to deceive medical personnel in order to gain treatment and attention is more important in Münchausen 's than in self @-@ harm .

= = = Psychological factors = = =

Abuse during childhood is accepted as a primary social factor increasing the incidence of self @-@ harm , as is bereavement , and troubled parental or partner relationships . Factors such as war , poverty , and unemployment may also contribute . Self @-@ harm is frequently described as an experience of depersonalisation or a dissociative state . As many as 70 % of individuals with borderline personality disorder engage in self @-@ harm . An estimated 30 % of individuals with autism spectrum disorders engage in self @-@ harm at some point , including eye @-@ poking , skin @-@ picking , hand @-@ biting , and head @-@ banging .

= = = Genetics = = =

The most distinctive characteristic of the rare genetic condition , Lesch ? Nyhan syndrome , is self @-@ harm and may include biting and head @-@ banging . Genetics may contribute to the risk of developing other psychological conditions , such as anxiety or depression , which could in turn lead to self @-@ harming behaviour . However , the link between genetics and self @-@ harm in otherwise healthy patients is largely inconclusive .

= = = Drugs and alcohol = = =

Substance misuse , dependence and withdrawal are associated with self @-@ harm . Benzodiazepine dependence as well as benzodiazepine withdrawal is associated with self @-@ harming behaviour in young people . Alcohol is a major risk factor for self @-@ harm . A study which analysed self @-@ harm presentations to emergency rooms in Northern Ireland found that alcohol was a major contributing factor and involved in 63 @.@ 8 % of self @-@ harm presentations . A recent study in the relation between cannabis use and deliberate self @-@ harm (DSH) in Norway and England found that , in general , cannabis use may not be a specific risk factor for DSH in young adolescents .

= = Pathophysiology = =

Self @-@ harm is not typically suicidal behaviour , although there is the possibility that a self @-@ inflicted injury may result in life @-@ threatening damage . Although the person may not recognise the connection , self @-@ harm often becomes a response to profound and overwhelming emotional pain that cannot be resolved in a more functional way .

The motivations for self @-@ harm vary , as it may be used to fulfill a number of different functions . These functions include self @-@ harm being used as a coping mechanism which provides temporary relief of intense feelings such as anxiety , depression , stress , emotional numbness and a sense of failure or self @-@ loathing . There is also a positive statistical correlation between self @-@ harm and emotional abuse . Self @-@ harm may become a means of managing and controlling pain , in contrast to the pain experienced earlier in the person 's life of which they had no control over (e.g. , through abuse) .

Other motives for self @-@ harm do not fit into medicalised models of behaviour and may seem

incomprehensible to others , as demonstrated by this quotation : " My motivations for self @-@ harming were diverse , but included examining the interior of my arms for hydraulic lines . This may sound strange . "

Assessment of motives in a medical setting is usually based on precursors to the incident , circumstances , and information from the patient . However , limited studies show that professional assessments tend to suggest more manipulative or punitive motives than personal assessments .

The UK ONS study reported only two motives : " to draw attention " and " because of anger " . For some people , harming themselves can be a means of drawing attention to the need for help and to ask for assistance in an indirect way . It may also be an attempt to affect others and to manipulate them in some way emotionally . However , those with chronic , repetitive self @-@ harm often do not want attention and hide their scars carefully .

Many people who self @-@ harm state that it allows them to " go away " or dissociate , separating the mind from feelings that are causing anguish . This may be achieved by tricking the mind into believing that the present suffering being felt is caused by the self @-@ harm instead of the issues they were facing previously : the physical pain therefore acts as a distraction from the original emotional pain . To complement this theory , one can consider the need to " stop " feeling emotional pain and mental agitation . " A person may be hyper @-@ sensitive and overwhelmed ; a great many thoughts may be revolving within their mind , and they may either become triggered or could make a decision to stop the overwhelming feelings . "

Alternatively , self @-@ harm may be a means of feeling something , even if the sensation is unpleasant and painful . Those who self @-@ harm sometimes describe feelings of emptiness or numbness (anhedonia) , and physical pain may be a relief from these feelings . " A person may be detached from himself or herself , detached from life , numb and unfeeling . They may then recognise the need to function more , or have a desire to feel real again , and a decision is made to create sensation and ' wake up ' . "

Those who engage in self @-@ harm face the contradictory reality of harming themselves while at the same time obtaining relief from this act . It may even be hard for some to actually initiate cutting , but they often do because they know the relief that will follow . For some self @-@ harmers this relief is primarily psychological while for others this feeling of relief comes from the beta endorphins released in the brain . Endorphins are endogenous opioids that are released in response to physical injury , act as natural painkillers , and induce pleasant feelings and would act to reduce tension and emotional distress . Many self @-@ harmers report feeling very little to no pain while self @-@ harming and , for some , deliberate self @-@ harm may become a means of seeking pleasure .

As a coping mechanism , self @-@ harm can become psychologically addictive because , to the self @-@ harmer , it works ; it enables him or her to deal with intense stress in the current moment . The patterns sometimes created by it , such as specific time intervals between acts of self @-@ harm , can also create a behavioural pattern that can result in a wanting or craving to fulfill thoughts of self @-@ harm .

= = = Autonomic nervous system = = =

Everyone has a natural set point for their ability to experience stress . For some people , this is a very high threshold , whereas other people can become overwhelmed very quickly . Emotional pain activates the same regions of the brain as physical pain , so this can be a significantly intolerable state for some people . Some of this is environmental and some of this is due to physiological differences in responding . The autonomic nervous system is composed of two components : the sympathetic nervous system controls arousal and physical activation (i. e. the fight @-@ or @-@ flight response) and the parasympathetic nervous system controls physical processes that are automatic (e.g. , saliva production) . The sympathetic nervous system innervates (i.e. , is physically connected to and regulates) many parts of the body involved in stress responses . Studies of adolescents have shown that adolescents who self @-@ injure have greater physiological reactivity (i.e. , skin conductance) to stress than adolescents who do not self @-@ injure . This stress response persists over time , staying constant or even increasing in self @-@

injuring adolescents , but gradually decreases in adolescents who do not self @-@ injure .

= = Treatment = =

There is considerable uncertainty about which forms of psychosocial and physical treatments of people who harm themselves are most effective . Psychiatric and personality disorders are common in individuals who self @-@ harm and as a result self @-@ harm may be an indicator of depression and / or other psychological problems . Many people who self @-@ harm have moderate or severe depression and therefore treatment with antidepressant medications may often be used . There is tentative evidence for the medication flupentixol ; however , greater study is required before it can be recommended .

= = = Therapy = = =

There is no well @-@ established treatment for self @-@ injurious behavior in children or adolescents . Cognitive behavioural therapy may also be used to assist those with Axis I diagnoses , such as depression , schizophrenia , and bipolar disorder . Dialectical behaviour therapy (DBT) can be successful for those individuals exhibiting a personality disorder , and could potentially be used for those with other mental disorders who exhibit self @-@ harming behaviour . Diagnosis and treatment of the causes of self @-@ harm is thought by many to be the best approach to treating self @-@ harm . But in some cases , particularly in people with a personality disorder , this is not very effective , so more clinicians are starting to take a DBT approach in order to reduce the behaviour itself . People who rely on habitual self @-@ harm are sometimes hospitalised , based on their stability , their ability and especially their willingness to get help . In adolescents multisystem therapy shows promise . Treatments such as CBT , family intervention , interpersonal therapy , and various psychodynamic therapies were all shown to be possibly effective in treating self @-@ injurious behavior in children and adolescents .

A meta @-@ analysis found that psychological therapy is effective in reducing self @-@ harm . The proportion of the adolescents who self @-@ harmed over the follow @-@ up period was lower in the intervention groups (28 %) than in controls (33 %) . Psychological therapies with the largest effect sizes were dialectical behavior therapy (DBT) , cognitive @-@ behavioral therapy (CBT) , and mentalization @-@ based therapy (MBT) .

In individuals with developmental disabilities , occurrence of self @-@ harm is often demonstrated to be related to its effects on the environment , such as obtaining attention or desired materials or escaping demands . As developmentally disabled individuals often have communication or social deficits , self @-@ harm may be their way of obtaining these things which they are otherwise unable to obtain in a socially appropriate way (such as by asking) . One approach for treating self @-@ harm thus is to teach an alternative , appropriate response which obtains the same result as the self @-@ harm .

= = = Avoidance techniques = = =

Generating alternative behaviours that the person can engage in instead of self @-@ harm is one successful behavioural method that is employed to avoid self @-@ harm . Techniques , aimed at keeping busy , may include journaling , taking a walk , participating in sports or exercise or being around friends when the person has the urge to harm themselves . The removal of objects used for self @-@ harm from easy reach is also helpful for resisting self @-@ harming urges . The provision of a card that allows the person to make emergency contact with counselling services should the urge to self @-@ harm arise may also help prevent the act of self @-@ harm . Alternative and safer methods of self @-@ harm that do not lead to permanent damage , for example the snapping of a rubber band on the wrist , may also help calm the urge to self @-@ harm . Using biofeedback may help raise self @-@ awareness of certain pre @-@ occupations or particular mental state or mood that precede bouts of self @-@ harming behaviour , and help identify techniques to avoid those pre

@-@ occupations before they lead to self @-@ harm . Any avoidance or coping strategy must be appropriate to the individual 's motivation and reason for harming .

= = Epidemiology = =

It is difficult to gain an accurate picture of incidence and prevalence of self @-@ harm . This is due in a part to a lack of sufficient numbers of dedicated research centres to provide a continuous monitoring system . However , even with sufficient resources , statistical estimates are crude since most incidences of self @-@ harm are undisclosed to the medical profession as acts of self @-@ harm are frequently carried out in secret , and wounds may be superficial and easily treated by the individual . Recorded figures can be based on three sources : psychiatric samples , hospital admissions and general population surveys .

The World Health Organization estimates that , as of 2010 , 880 @,@ 000 deaths occur as a result of self @-@ harm . About 10 % of admissions to medical wards in the UK are as a result of self @-@ harm , the majority of which are drug overdoses . However , studies based only on hospital admissions may hide the larger group of self @-@ harmers who do not need or seek hospital treatment for their injuries , instead treating themselves . Many adolescents who present to general hospitals with deliberate self @-@ harm report previous episodes for which they did not receive medical attention . In the United States up to 4 % of adults self @-@ harm with approximately 1 % of the population engaging in chronic or severe self @-@ harm .

Current research suggests that the rates of self @-@ harm are much higher among young people with the average age of onset between 14 and 24 . The earliest reported incidents of self @-@ harm are in children between 5 and 7 years old . In the UK in 2008 rates of self @-@ harm in young people could be as high as 33 % . In addition there appears to be an increased risk of self @-@ harm in college students than among the general population . In a study of undergraduate students in the US , 9 @.@ 8 % of the students surveyed indicated that they had purposefully cut or burned themselves on at least one occasion in the past . When the definition of self @-@ harm was expanded to include head @-@ banging , scratching oneself , and hitting oneself along with cutting and burning , 32 % of the sample said they had done this . In Ireland , a study found that instances of hospital @-@ treated self @-@ harm were much higher in city and urban districts , than in rural settings . The CASE (Child & Adolescent Self @-@ harm in Europe) study suggests that the life @-@ time risk of self @-@ injury is ~ 1 : 7 for women and ~ 1 : 25 for men .

= = = Gender differences = = =

In general , the latest aggregated research has found no difference in the prevalence of self @-@ harm between men and women . This is in contrast to past research which indicated that up to four times as many females as males have direct experience of self @-@ harm . However , caution is needed in seeing self @-@ harm as a greater problem for females , since males may engage in different forms of self @-@ harm (e.g. , hitting themselves) which could be easier to hide or explained as the result of different circumstances . Hence , there remain widely opposing views as to whether the gender paradox is a real phenomenon , or merely the artifact of bias in data collection .

The WHO / EURO Multicentre Study of Suicide , established in 1989 , demonstrated that , for each age group , the female rate of self @-@ harm exceeded that of the males , with the highest rate among females in the 13 ? 24 age group and the highest rate among males in the 12 ? 34 age group . However , this discrepancy has been known to vary significantly depending upon population and methodological criteria , consistent with wide @-@ ranging uncertainties in gathering and interpreting data regarding rates of self @-@ harm in general . Such problems have sometimes been the focus of criticism in the context of broader psychosocial interpretation . For example , feminist author Barbara Brickman has speculated that reported gender differences in rates of self @-@ harm are due to deliberate socially biased methodological and sampling errors , directly blaming medical discourse for pathologising the female .

This gender discrepancy is often distorted in specific populations where rates of self @-@ harm are inordinately high , which may have implications on the significance and interpretation of psychosocial factors other than gender . A study in 2003 found an extremely high prevalence of self @-@ harm among 428 homeless and runaway youths (aged 16 ? 19) with 72 % of males and 66 % of females reporting a history of self @-@ harm . However , in 2008 , a study of young people and self @-@ harm saw the gender gap close , with 32 % of young females , and 22 % of young males admitting to self @-@ harm . Studies also indicate that males who self @-@ harm may also be at a greater risk of completing suicide .

There does not appear to be a difference in motivation for self @-@ harm in adolescent males and females . For example , for both genders there is an incremental increase in deliberate self @-@ harm associated with an increase in consumption of cigarettes , drugs and alcohol . Triggering factors such as low self @-@ esteem and having friends and family members who self @-@ harm are also common between both males and females . One limited study found that , among those young individuals who do self @-@ harm , both genders are just as equally likely to use the method of skin @-@ cutting . However , females who self @-@ cut are more likely than males to explain their self @-@ harm episode by saying that they had wanted to punish themselves . In New Zealand , more females are hospitalised for intentional self @-@ harm than males . Females more commonly choose methods such as self @-@ poisoning that generally are not fatal , but still serious enough to require hospitalisation .

= = = Elderly = = =

In a study of a district general hospital in the UK , 5 @. @ 4 % of all the hospital 's self @-@ harm cases were aged over 65 . The male to female ratio was 2 : 3 although the self @-@ harm rates for males and females over 65 in the local population were identical . Over 90 % had depressive conditions , and 63 % had significant physical illness . Under 10 % of the patients gave a history of earlier self @-@ harm , while both the repetition and suicide rates were very low , which could be explained by the absence of factors known to be associated with repetition , such as personality disorder and alcohol abuse . However , NICE Guidance on Self @-@ harm in the UK suggests that older people who self @-@ harm are at a greater risk of completing suicide , with 1 in 5 older people who self @-@ harm going on to end their life . A study completed in Ireland showed that older Irish adults have high rates of deliberate self @-@ harm , but comparatively low rates of suicide .

= = = Developing world = = =

Only recently have attempts to improve health in the developing world concentrated on not only physical illness but also mental health . Deliberate self @-@ harm is common in the developing world . Research into self @-@ harm in the developing world is however still very limited although an important case study is that of Sri Lanka , which is a country exhibiting a high incidence of suicide and self @-@ poisoning with agricultural pesticides or natural poisons . Many people admitted for deliberate self @-@ poisoning during a study by Eddleston et al. were young and few expressed a desire to die , but death was relatively common in the young in these cases . The improvement of medical management of acute poisoning in the developing world is poor and improvements are required in order to reduce mortality .

Some of the causes of deliberate self @-@ poisoning in Sri Lankan adolescents included bereavement and harsh discipline by parents . The coping mechanisms are being spread in local communities as people are surrounded by others who have previously deliberately harmed themselves or attempted suicide . One way of reducing self @-@ harm would be to limit access to poisons ; however many cases involve pesticides or yellow oleander seeds , and the reduction of access to these agents would be difficult . Great potential for the reduction of self @-@ harm lies in education and prevention , but limited resources in the developing world make these methods challenging .

= = = Prison inmates = = =

Deliberate self @-@ harm is especially prevalent in prison populations . A proposed explanation for this is that prisons are often violent places , and prisoners who wish to avoid physical confrontations may resort to self @-@ harm as a ruse , either to convince other prisoners that they are dangerously insane and resilient to pain or to obtain protection from the prison authorities .

= = History = =

Self @-@ harm is known to have been a regular ritual practice by cultures such as the ancient Maya civilization , in which the Maya priesthood performed auto @-@ sacrifice by cutting and piercing their bodies in order to draw blood . A reference to the priests of Baal " cutting themselves with blades until blood flowed " can be found in the Hebrew Bible . However , in Judaism , such self @-@ harm is forbidden under Mosaic law .

Self @-@ harm is also practised by the sadhu or Hindu ascetic , in Catholic mortification of the flesh , in ancient Canaanite mourning rituals as described in the Ras Shamra tablets and in the Shi 'ite annual ritual of self @-@ flagellation , using chains and swords , that takes place during Ashura where the Shi 'ite sect mourn the martyrdom of Imam Hussein .

The term " self @-@ mutilation " occurred in a study by L. E. Emerson in 1913 where he considered self @-@ cutting a symbolic substitution for masturbation . The term reappeared in an article in 1935 and a book in 1938 when Karl Menninger refined his conceptual definitions of self @-@ mutilation . His study on self @-@ destructiveness differentiated between suicidal behaviours and self @-@ mutilation . For Menninger , self @-@ mutilation was a non @-@ fatal expression of an attenuated death wish and thus coined the term partial suicide . He began a classification system of six types :

neurotic ? nail @-@ biters , pickers , extreme hair removal and unnecessary cosmetic surgery .

religious ? self @-@ flagellants and others .

puberty rites ? hymen removal , circumcision or clitoral alteration .

psychotic ? eye or ear removal , genital self @-@ mutilation and extreme amputation

organic brain diseases ? which allow repetitive head @-@ banging , hand @-@ biting , finger @-@ fracturing or eye removal .

conventional ? nail @-@ clipping , trimming of hair and shaving beards .

Pao (1969) differentiated between delicate (low lethality) and coarse (high lethality) self @-@ mutilators who cut . The " delicate " cutters were young , multiple episodic of superficial cuts and generally had borderline personality disorder diagnosis . The " coarse " cutters were older and generally psychotic . Ross and McKay (1979) categorized self @-@ mutilators into 9 groups : cutting , biting , abrading , severing , inserting , burning , ingesting or inhaling and hitting and constricting .

After the 1970s the focus of self @-@ harm shifted from Freudian psycho @-@ sexual drives of the patients .

Walsh and Rosen (1988) created four categories numbered by Roman numerals I ? IV , defining Self @-@ mutilation as rows II , III and IV .

Favazza and Rosenthal (1993) reviewed hundreds of studies and divided self @-@ mutilation into two categories : culturally sanctioned self @-@ mutilation and deviant self @-@ mutilation . Favazza also created two subcategories of sanctioned self @-@ mutilations ; rituals and practices . The rituals are mutilations repeated generationally and " reflect the traditions , symbolism , and beliefs of a society " (p . 226) . Practices are historically transient and cosmetic such as piercing of earlobes , nose , eyebrows as well as male circumcision (for non @-@ Jews) while Deviant self @-@ mutilation is equivalent to self @-@ harm .

= = Society and culture = =

== Awareness ==

There are many movements among the general self-harm community to make self-harm itself and treatment better known to mental health professionals , as well as the general public . For example , March 1 is designated as Self-harm Injury Awareness Day (SIAD) around the world . On this day , some people choose to be more open about their own self-harm , and awareness organizations make special efforts to raise awareness about self-harm . Some people wear an orange awareness ribbon or wristband to encourage awareness of self-harm .

== Other animals ==

Self-harm in non-human mammals is a well-established but not widely known phenomenon . Its study under zoo or laboratory conditions could lead to a better understanding of self-harm in human patients .

Zoo or laboratory rearing and isolation are important factors leading to increased susceptibility to self-harm in higher mammals , e.g. , macaque monkeys . Lower mammals are also known to mutilate themselves under laboratory conditions after administration of drugs . For example , pemoline , clonidine , amphetamine , and very high (toxic) doses of caffeine or theophylline are known to precipitate self-harm in lab animals .

In dogs , canine obsessive-compulsive disorder can lead to self-inflicted injuries , for example canine lick granuloma . Captive birds are sometimes known to engage in feather-plucking , causing damage to feathers that can range from feather shredding to the removal of most or all feathers within the bird's reach , or even the mutilation of skin or muscle tissue .

Breeders of show mice have noticed similar behaviors . One known as " barbering " involves a mouse obsessively grooming the whiskers and facial fur off of themselves and cage-mates . Other behaviors include scratching ears so severely , that large sections are lost .