

The Focus of the Researcher: Non-Suicidal Auto-Aggression

Review Article

Volume 3 Issue 2- 2022

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Article History

Received: May 23, 2022 Accepted: May 26, 2022 Published: May 31, 2022

Abstract

The phenomenon of non-suicidal auto-aggression is an important medical interdisciplinary problem. The proposed definition of this phenomenon can contribute to a detailed scientific discussion, the result of which will be the optimization of medical diagnostic and expert work with this nosology.

keywords: Definition of the term “non-suicidal auto-aggression”; Non-suicidal auto-aggressive behavior

Introduction

The phenomenon of non-suicidal autoaggression is still a common clinical phenomenon in forensic and forensic psychiatric practice [1-5]. The need to define this phenomenon creates the prerequisites for choosing a successful treatment strategy for such patients or forming an objective conclusion when solving expert issues. Questions of terminology. Traditionally, non-suicidal auto-aggressive behavior (abbreviated as “NAAB”) is considered within the framework of the so-called clinical suicidology, where the main place is still occupied by auto-aggressive actions of a suicidal orientation [6-9]. Suicide is understood as conscious actions aimed at the voluntary deprivation of one’s life [10]. Allocate true and demonstratively-blackmailing actions, the difference in which is determined by the attitude towards death as the goal of the implemented behavior. Demonstratively blackmailing suicidal behavior is often synonymous with the definition of “parasuicidal behavior”. In this case, there are tendencies to use high-risk self-harm attempts in an attempt to influence a situation that is unfavorable for the individual. The level of critical attitude to auto-aggression, as a form of solving a difficult life situation, made it possible to distinguish four forms of self-damaging behavior: critical, analytical, manipulative and suicidal-fixed [10]. This approach is justified in assessing both truly suicidal and parasuicidal actions due to their common pathogenesis. At the same time, clinical expediency requires the identification of a separate form of auto-aggressive

behavior, in which there is no tendency to deliberately inflict harm on oneself, associated with the risk of death. This approach is reflected in the works of many researchers, including philosophers, doctors, psychologists [11-19].

The first generalized clinical and theoretical data on NAAB are found in the works of Norman Farberow (1976), who suggested that the term “indirect self-destruction” be understood as behaviors that carry an impulse of self-destruction without a direct intent to voluntarily take one’s own life [20]. These included alcoholism, drug addiction, delinquent acts, neglect of medical recommendations, the desire to engage in life-threatening activities. In 1965, the terms “deliberate self-poisoning” and “deliberate self-harm” were introduced to denote intentionally committed auto-aggressive actions, but without indicating a desire to die. In 1977, Kreitman first used the concept of “parasuicide” to refer to the actions of a person who “do not set themselves the task of self-destruction [21]. In 1979, the term “intentional self-harm” appeared, combining different forms of auto-aggressive behavior. The most complete modern classification of NAAB can serve as the division of non-suicidal auto-aggression into the following types presented by the American psychiatrist Armando Favazza: pathological self-harm, including significant (severe), stereotypical and superficial (symbolic) acts of self-harm [22]. There are also non-suicidal self-harm caused by the socio-cultural structure [23].



Pathological (deviant) self-harm, from the position of the author, reflects the presence of a psychopathological disorder. Significant self-harm is associated with a psychotic level of mental disorders, accompanied by causing significant harm to one's health (for example, enucleation, castration). Stereotypical self-harm is called repetitive actions, which are more typical for persons suffering from intellectual disabilities, autism spectrum disorders [24,25]. Moderate or superficial non-suicidal self-harm is represented by repetitive actions without significant damage to organs and organ systems. This is the most common type of NAAP, occurring in borderline pathologies, such as personality disorders, loss of control over impulses, or obsessive-compulsive disorders. Examples include cases of superficial self-tapping on the principle of greatest accessibility: in the forearms, thighs. There are cauterization of the skin, piercing it with sharp objects, pulling out hair, eyebrows, biting nails. An example of non-suicidal self-harm, due to socio-cultural characteristics, can be those that are committed during initiation rituals, or, for example, associated with decorating one's body (tattoo, piercing). It should be noted that pathological self-harm can have different degrees of intensity, combined with each other in the same individual. This can be facilitated by the existing pathopsychological basis in the form of emotional instability, impulsiveness, aggressiveness, and a low level of adaptive-compensatory mechanisms. For example, in forensic practice there are cases of intentional harm to one's health in order to avoid criminal liability. The authors of the article in their work have repeatedly observed the formation of artificial infections of the skin, blood, phlegmon by introducing contaminated objects under the skin from floss with plaque to subcutaneous injections of gasoline, contaminated water.

Clinical example N1. Patient F., being on compulsory treatment, in order to alleviate regime requirements, inflicted self-cuts in a deliberately non-dangerous way in an area that excludes a threat to life (he scratched his forearm with a nail, avoiding the area adjacent to the skin of large blood vessels). Clinical example N2. While under investigation, underexpert K. Deliberately intranasally injected himself with granulated sugar to obtain an x-ray picture of pulmonary tuberculosis. Clinical example N3. Subexpert L. In order to avoid military service, he cut off two fingers on his right hand with an ax. Such cases are interpreted as intentional self-mutilation and are a criminally punishable act [26]. In general, in domestic and foreign literature, non-suicidal auto-aggression does not have a single definition, most often associated with self-damaging behavior, self-harm, intentional harm to one's own.

Conclusion

As a reason for scientific discussion, the authors of the article propose to introduce a unified terminological approach into the practical work of interested doctors of various specialties. In particular, non-suicidal auto-aggressive behavior includes a stable pattern of behavior aimed at changing social and environmental factors or internal sensations that are unfavorable from the point of view of the individual, and accompanied by changes in the affective, cognitive and behavioral spheres. This excludes any conscious actions associated with a high risk of death. In conclusion, I would like to express the wish that this article will serve to increase the interest of researchers in the problem of non-suicidal autoaggression, thereby contributing to an increase in the effectiveness of diagnostic and therapeutic methods of working with this nosology.

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