

Stressful Life Events and Self Injurious Behavior in Egyptian Adolescents

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Abstract

This study involves all the self-injurious behaviors of individuals between the ages of 14-19 years who presented to the institute of psychiatry Ain Shams University over a period of two years starting from 1997. The above were compared in regards to the changes that had occurred in their lives with neurotic disorders groups and a control group. The study was conducted over this patient groups using the adolescent life change events questionnaire (ALCEQ) and childhood experiences of care and abuse (CECA). The aim of this study was to examine the role of stressful life events in precipitating self injurious behavior in adolescents in Egypt. Analysis of data revealed that conflict with their family members frequent scholastic failure, breaking friendship with the opposite sex as well as frequent quarrelsome home atmosphere are the most frequent events which precipitate the self injurious behavior in adolescents.

Introduction

Self injurious behavior are amongst the most distressing problem with which the parents of the children and adolescents have to cope (Murphy et al., 1993).

These behaviors occur in about 4 percent of all patients in the psychiatric hospitals whom once cut themselves. This behavior occurs as such in non-psychiatric person especially in adolescents and young adults. Cultures presenting to the psychiatrists or the emergency unit tend to be in the adolescence phase usually in their 20s most cut delicately, not coarsely. Cutting is usually done in private with a razor blade, a knife, broken glass or a mirror. The wrists, arms, thighs and legs are the most common sites cut.

Most cutters claim to experience no pain. The reasons given include anger at them self or others relief of tension and the wish to die. The great majority of cutters are classified as those with personality disorders and are significantly more

introverted neurotic and hostile than others (Bouvard et al., 1996).

In evaluating self injurious behavior there are little difficulty in appreciating the risk in a severely depressed adolescent whose clinical picture fulfills the criteria for major depression psychosis or drug dependence (Garrison, 1991). But as Garrison (1991) stated that by clinical experience most adolescents with cutting themselves do not demonstrate such server pathology.

A common pathway that leads to increased vulnerability to injurious behavior involves an early disadvantageous childhood and family circumstances. These usually lead to increased risk of psychopathology in adolescence and an increased self injurious risk (Fregussen et al., 1995).

In our work, we were interested to highlight the effect of life events relevant to our culture helping to clarifies the stressful childhood experiences which may be considered an individual's risk for self

injurious behavior in adolescents. So a prophylactic umbrella of social and family cohesion is needed to this group of patients.

Subject and Methods

Sample and Site of Work:

This study was conducted in the outpatients clinic Institute Ain Shams University. Psychiatry in Cairo. The sample was divided into 3 groups, which consisted of 50 subjects with an age range between 14 and 19 years old from both sexes.

Group one: Self-injurious subjects group mean age 17.46. This group included 20 adolescents who were referred from emergency surgery unit with severe self-cutting their first aid by sharp blade after doing measures.

Group Two: Neurotic group consists of 15 adolescent with mean age of 18.35 who presented to outpatient psychiatric unit with anxiety related disorder such as somatoform disorder and adjustment disorder with emotional symptoms.

Group Three: Control group of adolescents from schools with almost have the same social educational level, their mean age was 17.21. The patients were diagnosed using ICD-10 checklist criteria.

Methods and Procedures

The data was collected by using 2 different scales. First, the adolescent life change event questionnaire (**ALCEQ**) and the childhood experience of care and abuse (**CECA**).

The (**ALCEQ**) is a questionnaire designed by Yeaworth, and York et al (1980). It is based on concepts subjective social adjustment rating scale. **ALCEQ** contains 31 events, which are relevant to the

adolescent years. It was used in Jordan after being found to have acceptable internal consistency reliability and validity across the samples and ages (Nizam Abu-Hijleh, 1998).

Children and adolescents in Egypt are widely believed to have to a great extent a common cultural heritage with those in Jordan, which makes the application of **ALCEQ** relevant. Children experience of care and abuse interview measure (**CECA**) is an instrument designed retrospectively. The **CECA** focuses a material which is objective, concerning **parental indifference**, dealt with the amount of neglect or disinterest in the child welfare **Parental control** reflects the level of supervision of the child and parental enforcement of rules and discipline. **Antipathy** involves the degree of dislike, criticism, hostility and coldness showed parents figures toward the child.

Discord in the family reflected the amount of conflict in the home.

Physical abuse was defined as violence by a household member toward the child.

Sexual abuse dealt with sexual contact before the age of 17 with non-related peers. The scales described as 4 points 1: marked, 2: moderate, 3: some, 4: little / none.

Comparison of the total weight of life changes events for the three groups either objectively or subjectively using student t, test, chi-square was used as well, if statistically significant differences exist among the three groups.

Results

Analysis of data using the **ALCEQ** among the three groups revealed that no significant differences between total life changes

events between the neurotic (Group2) and self-injurious group (Group1) $t = 1.27$ $P > 0.05$.

However, mean score of the self-injurious adolescents was higher than the mean score of neurotic (second group) adolescents. Self-injurious group ($X = 417.07$), Neurotic ($X = 346.75$). On the other hand results indicated that significant differences are between group 1. and the control group (Group 3). (1 - 2: $t = 4.53$ $P < 0.001$) as well as statistical significance between group 2 and 3, (group 1 - 2 - C: $t = 33.12$ $P < 0.01$)

Of the thirty-one subjective experience of ALXCQ significant differences were found in four factors among the three groups: -

Conflict with parents, especially when concerning the degree of freedom and the acceptance of social norms especially toward having friend of the opposite sex, ($X^2 = 10.36$ $P < 0.001$).

Frequency of this experience was found higher more in females self-injurious group (Table 1)

Conflict with the family regarding the scholastic performance ($X^2 = 14.29$ $P < 0.01$) this experiences has higher significance in neurotic male adolescents (Table2).

Loss of a close friends: ($X^2 = 13.21$ $P < 0.01$) both self-injurious and neurotic groups suffered thus experience more than control (Table 3).

Body image problems "acne, overweight, underweight, too tall too short.... etc.": ($X^2 = 7.82$ $P < 0.05$). The neurotic group suffered more than the other two groups (Table 4)

Analysis of data using CECA revealed that parental control is statistically significant for self images and neurotic group compared to ($X^2 = 9.3$ d.f. = 2 $P < 0.05$).

The main emphasis was upon the questions covering the extent of child play out the house alone, left alone at night, going with boy friends or returning home at night.

Antipathy involved the degree of dislike criticism, hostility or coldness shown by parent figures toward the child was statistically significant for neurotic group only ($X^2 = 1.3$ d.f. = 2 $P < 0.05$).

While physical abuse, sexual abuse were both statistically significant for self-injurious group and neurotic groups compared to control ($X^2 = 7.15$ d.f. = 2 $P < 0.05$).

While parental in different and discord in the family not significantly in all the studied groups.

Table 1: Conflict with the family regarding having friends of the opposite sex in different groups

	Yes	No
Self-injurious group	56.0%	23.72%
Neurotic group	32.0%	33.89%
Control group	12%	42.89%
($X^2 = 10.36$ d.f. = 2 $P < 0.01$)		

Table 2: Conflict with family regarding scholastic performance in different group: -

	Yes	No
Self-injurious group	41.22%	22.92%
Neurotic group	47.22%	22.92%
Control group	11.12%	55.00%
($X^2 = 14.29$ d.f. = 2 $P < 0.01$)		

Table 3: Loss of a close friend in different groups: -

	Yes	No
Self-injurious group	43.21%	22.31%
Neurotic group	41.10%	27.08%
Control group	15.71%	55.12%
($X^2 = 13.2$ d.f. = 2 $P < 0.01$)		

$P < 0.05$). The neurotic group suffered more than the other two groups (*table 4*)

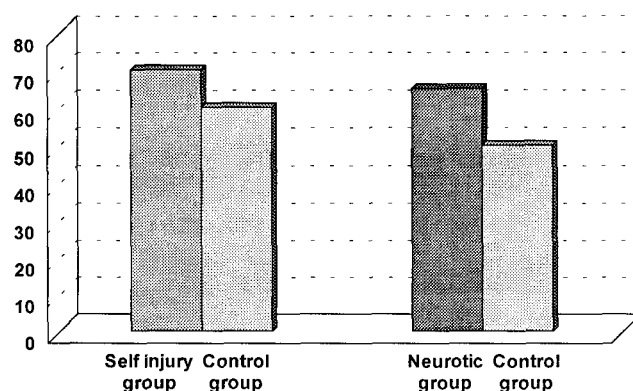
Table 4: Body image problems in different groups: -

	Yes	No
Self-injurious group	45%	37.5%
Neurotic group	53.57%	23.3%
Control group	21.43%	31.21%
($X^2 = 7.8$ d.f. = 2 $P < 0.05$)		

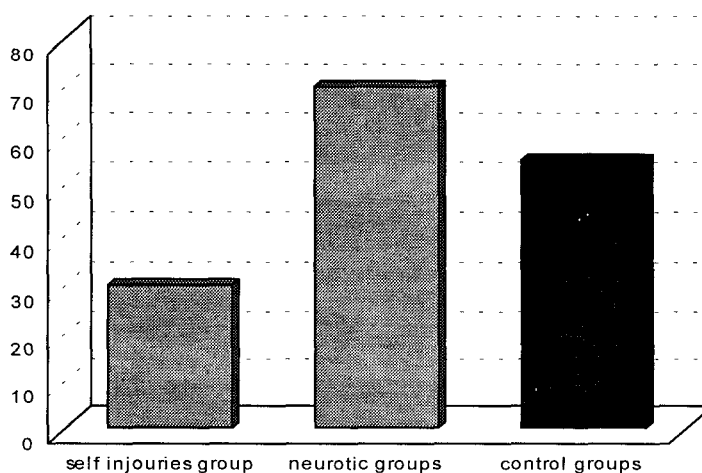
Table 5: Parental control in different groups:

	Yes	No
Self-injurious group	43.2%	21.3%
Neurotic group	47.3%	25.2%
Control group	15.5%	17.3%
($X^2 = 9.3$ d.f. = 2 $P < 0.05$)		

Bar chart(1) showing significance of antipathy in neurotic groups not in self-injurious group:



Bar chart (2) showing the difference of physical and sexual abuse over self-injures and neurotic groups:



Discussion

The results obtained from the use of ALCEQ and CECA measures as an subjective and objective tools among the stressful life events happened in the childhood and adolescent period indicates that both self-injurious and neurotic groups experienced significant stressful experiences more than control group while

self-injurious group were slightly more stressed than neurotic adolescents in accepting conflict with family and exposed physical and sexual abuse. While neurotic adolescents was more vulnerable to body image problems and antipathy these results confirmed previous findings of positive relationship between life events and injury

toward self. Conflicts with parents especially concerning relationships with the apposite sex in females and scholastic performance in males was a prominent features in precipitating injuries showing in adolescent period (Nizam, 1998).

We have to highlight the effect of culture for considering any life events as stressful ones. We believe that the Middle East area share almost the same stressful experiences as regarded the gender differences and the academic performance.

From our result we can conclude that parents had to minimize the considerable emphasis and the compliance to social pressures to excel at school. As well as, to avoid the authoritative methods in rearing their child and to be replaced by more democratic way.

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الغوط الحياتية و السلوك العدوانى على النفس في عينة من المراهقين في مصر

يهدف هذا البحث إلى دراسة دور الاحداث الحياتية في تفعيل السلوك العدوانى على الذات و ذلك في تفعيل السلوك العدوانى على الذات و ذلك في الشباب في سن المراهقة و الذين يتراوح عمرهم بين

adolescent *American Journal Epidemiol* 133, 10; 1005 - 14.

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الرابعة عشر و التاسعة عشر. و قد تم عمل هذا البحث في مركز الطب النفسى بكلية الطب جامعة عين شمس على مدار عامين و قد اختيرت عينة من المرضى العصائيين مع عينة ضابطة.

استعمل اختبار متغيرات الحياة في فترة المراهقة (ELCEQ) كما استخدم اختبارخبرة الاطفال في العناية و سوء العناية (CECA) و قد استنتج ان عدم التوافق مع العائلة و الفشل في الدراسة مع عدم المقدرة على استمرارية العلاقة مع الجنس الآخر و المشاكل المستمرة في الاجواء الاسرية من اهم المؤثرات التى تؤدى إلى العدوانية تجاه النفس.