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## Hidden Aggression in Adolescence – What Do Teachers Need to Know?

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### Abstract

Aggression is one of the most frequently researched topics by a wide range of specialists - psychologists, teachers, sociologists, medical specialists and others at that. Reports on the increase in the frequency of aggressive behaviors are not new, which over time also outlines the tendency to reduce the age of severe aggressive acts and to perceive the aggressive response as the norm for resolving different conflicts. The indifference and the lack of sensitivity to aggression by others become even more disturbing. This leads to changes in the direction of aggression - data from international empirical studies over the past twenty years show a very high frequency of self-aggression during adolescence. This report presents the results of a first of its kind study of the display of hidden aggression and self-harm in teenage pupils from Bulgaria. 454 adolescents, aged 13 to 19, students from 7 to 12 grade from a profiled high school in Shumen are subject to research. The study was conducted on the territory of the school, after informing the Regional Educational Administration and receiving written informed consent from the pupils' parents. For the purpose of the study, a special methodological tool, ISAS - Inventory of Statements on Self-Injury (Klonsky & Glenn, 2009) was selected. ISAS is a questionnaire consisting of two parts - behavioral and functional, with good psychometric characteristics. The first part of the questionnaire gathers information about whether the subjects injure themselves, the type of the self-injury and the frequency of auto-aggressive behaviors; the second, "functional" part, assesses different functions of self-harming behaviors. The use of ISAS allowed the differentiation of a group of individuals who self-harm from the total number of students ( $n = 454$ ) - 163 students reported self-inflicted injuries, 58% of them being girls and 42% boys. Factor analysis of the results supported the assumption that auto-aggressive behaviors in adolescence serve primarily to regulate emotions. Over 2/3 (83%) of the adolescents surveyed reported having physical pain and nearly half (46%) were not alone when self-injuring, which is indicative of the fact that these behaviors also serve as a form of communication with others, which must be taken into account due to its destructive and risky nature. Adolescence is one of the most vulnerable periods in life, and adolescents need the support of parents, teachers, peers, consultants, and medical professionals. Self-harm, which is a form of cloaked aggression directed at the personality itself, is seen as a predictor and a risk factor for the most extreme and fatal form of auto-aggression among adolescents - the suicide. The results of the study can be of benefit to all specialists involved in studying adolescent aggression and self-aggression, but also to the planning of evidence-based preventive and therapeutic programs.

*Keywords:* aggression, self-injuries, adolescents, teachers

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### **Introduction**

Aggression is among the most studied topics in psychology, through the perspective of developmental psychology as well as through the perspective of psychopathology of personality. Reports of an increase in the frequency of aggressive acts worldwide are not novelty; this outlines over time the trend of decreasing the age of severe aggressive acts and highlights the risk of perceiving aggressive responses as a norm for resolving different conflicts. The indifference and lack of sensitivity on behalf of the others is even more disturbing. This changes the direction of aggression – the data from international empirical studies throughout the last 20 years show very high frequency in self-harm during adolescence. In the beginning of the 21st century, we know much more about the frequency and the risk factors related to the self-harm behaviours in different populations, but the studies about the functions of these behaviours are not researched well enough to specify the aetiology, classification and the possible prevention measures. Largely these studies resemble each other in relation to a very serious limitation – the researched persons are such receiving medical help, hospitalized or during therapy course, i.e. the excerpts are strictly “clinical” by nature. Social psychologists insist that the data include only a small part of the self harm cases, which represent just “the tip of the iceberg” and studies should be directed at the general population and be conducted in the natural environment of the persons which harm themselves, not post factum in clinical and laboratory conditions. Auto-aggression can also be recorded in samples from the general population. The frequency of auto-aggressive behaviours in adolescence and in non-clinical samples is high. Such studies of auto-aggressive behaviours in adolescence have not been conducted in Bulgaria. Aggressive behaviours are strongly influenced by gender, and in the present study, the results are expected to show differences, both in terms of level of aggression, as well as in terms of prevailing form of aggression. The same assumption is valid for the forms of auto-aggression - there may be preferences for engaging in certain forms of self-harm in boys and girls, and differences are found in the method used in extreme variants of self-aggression - the suicide. With age and the increase of the social skills of the adolescents, lower rates of aggression are expected as well a decrease of auto-aggression.

### **Literature review**

The term „auto-aggression” – from Greek – autos – alone and Latin *aggredior* – proceed, attack *aggredior* is mainly considered from a clinical point of view and is described as a medical condition which is expressed in offensive actions against one's own person (Stoimenov, Rachev, 1988). According to Popov (2007) auto-aggression comprises of the spectrum from suicide, respectively suicidality through self harm without intention of suicide to the indirect forms of self harming behavior. While almost every type of self-aggression can be seen as a pathological behaviour in aggression, things are otherwise, because every person can sometimes be aggressive, but not every individual is inclined to suicide or self-aggression. The auto-aggressive spectrum comprises of different behaviours that would hamper even experienced

researchers, and although a wide range of specialists perceives the term auto-aggression, it is extremely important to distinguish clearly the behaviours in this spectrum.

The non-suicidal self injury (NSSI) is an intentional destruction of the body / body surface without suicidal intent. Menninger (1938) in his book "The Man Against Himself" first describes the self-injury as a coping mechanism for avoiding the suicide. The term "self-mutilation" is used to describe behaviors such as wrist cuts, head strokes, trichotillomania and self-emasculatation. This behavior is difficult to comprehend because it appears to be so paradoxical, especially when so many people are reporting that they are self-injuring to make themselves feel better. Most people want to avoid pain in life or would agree to tolerate it under certain circumstances - for example, in surgical treatment, but deliberately self injuring and causing oneself pain to deliver a pleasant sensation would appear to be against human nature.

Every attempt to classify the non-suicidal self injuries should evaluate the intention or the aim of the behavior. Some of the most commonly reported functions of the non-suicidal self injuries are:

- 1) Regulating the affect;
- 2) Deviation from the emotional pain;
- 3) Self-punishment;
- 4) Creation of evidence for emotional distress – leaving scars on the body;
- 5) Coping with numbness and depersonalization – this function is called „a return to the reality” by some researchers (Favazza, 1998);
- 6) Releasing of anger, through self-injury as a safer way and bearing less feeling of guilt than if anger is aimed at the others.

A number of researchers compare the theoretical models of NSSI and the suicides finding common base which coping with painful emotions represents. In almost all theories component of avoiding of negative emotions is found, but important difference is that negative emotions included in the theories of suicide are much more pervasive, stable and almost permanently experienced in comparison with the negative affect, included in the NSSI theories, which normally is a temporary condition.

Engaging with NSSI is emerging from a narrowly clinical symptom and a social phenomenon, specific for distinctive groups to a problem of public health, as the frequency in adolescence and youth reaches 20 per cent of general population. Certain researches state data up to 23 per cent in adolescence and between 17 to 3 per cent for university students (Gratz, Conrad, Roemer, 2002; Whitlock, Eckenrode, Silverman, 2006).

Due to the increase of the frequency of NSSI – the interest of clinicians, theoreticians and researchers in this phenomenon also increases. The vast majority of the specialists researching NSSI are studying the reasons for this paradoxical behavior of self-injury in which some people engage.

NSSI could be intensified by two types of support – through automatic support (by increasing positive emotions or decreasing negative emotions) or through social support (by receiving attention from others).

As a rule – the frequency of a certain behavior is intensified when it is being supported or if the person engaging in NSSI receives of the two types of support, than that person is in risk of repeating the behavior. Researches in the field show that receiving of automatic support is related to heavy psychopathology and a high probability of performing a suicide attempt (Klonsky, Olin, 2008; Nock, Prinstein, 2005), as well as a high probability of chronic engagement with auto aggressive behaviours.

Non-suicidal self-injury is a result of a combination between a several risk factors and conditions of the environment. To the moment big part of the scientific researches are directed at the etiology of the

NSSI and are focused on single mechanisms. The challenge before the researchers is related to the empirical research of more complex and integrated theories of NSSI, as the one stated by Nock (2009), which shall support with evidence the efforts to create programs for prevention and therapy.

Auto aggressive behaviours, respectively the non-suicidal self-injury (NSSI) are an intentional destruction of the body / body surface without suicidal intent. Studies of these behaviors among adolescents focus primarily on clinical groups, which may limit the attempts to clarify the mechanisms for these destructive behaviors. It is stated (settled) that from 25 to 355 per cent of the adolescents from random school samples in Germany report for at least one episode of non-suicidal self-injury. (Paul L. Plener, Michael Kaess, Christian Schmahl, Stefan Pollak, Jörg M. Fegert, Rebecca C. Brown, 2018). The same authors have studied the frequency in clinical groups adolescents with mental illnesses as well, where the frequency of non-suicidal self injuries is around 50 per cent. Data from a large comparative research of frequency of intentional self-injuries of adolescents has been published in 2014 (Brunner R, Kaess M, Parzer P, et al. 2014), where figures vary from 17.1 to 3 per cent for different countries. The team of researchers has presented results from which it is obvious that every fourth adolescent in Europe has had an episode of NSSI, as this is more common with girls, which demonstrated preference to a certain form of self-injury – cuts.

Suicidality shows strongest correlation with intentional self-injury, which confirms the role of these behaviors as a possible indicator and mediator for suicidal behavior in adolescence. The research establishes a strong relation between the self-injuries and a number of psychopathological conditions, as well as risk behaviors, problems related to the family, neglecting and rejection from the peers, victimization.

The bigger part of adolescents who participated in the research have not received professional help, but also have not searched for such after the self-injury. Despite that, this fact could be explained with minor injuries, which do not require medical treatment, it is important to enhance the comprehension of the barriers related to the search of help. In addition, the research team highlights the necessity of expanding adolescent self-harm research, and developing specialized intervention programs (Brunner R, Kaess M, Parzer P, et al. 2014). American researchers report frequency e.g. around 13 - 15 per cent in adolescence from samples from the general population. (Nock, 2010).

### **Purpose and objective of the study**

The purpose of this report is to present the results of a study of auto-aggressive behaviors and prevalent forms of auto-aggression among adolescents in the general population. In this study 454 adolescents aged 12 to 19 years were examined and 162 or 35% of them reported cases of intentional self harm. The percentage of boys (42% ) and girls (58%) clearly shows that auto-aggressive behavior is characteristic of both gender.

It is still unclear whether variations in the frequencies reported by different researchers are due to intercultural differences or are an artifact directly related to differences in the definition of self-harm, diagnostic tools, sampling patterns and methods used. However, the high incidence of self-injuries among adolescents requires not only a specialized approach to the problem but also requires explanations for this behavioral phenomenon and social and anthropological approaches that also take into account the cultural features of each population.

More research is needed to understand the gender differences in these self-injured adolescents. While many researchers describe self-harm as a predominantly female behavior, others oppose this claim.

For example, according to studies by Andover, Primack, Gibb and Pepper (2010), men account for half of all self-harming individuals. In addition, certain behaviors are influenced by gender. According to Bakken and Gunter (2012), men are more impulsive with injuries and engage in self-injuries that cause more pain. Self-harm with burns is more common in men than in women, and the abuse of psychoactive substances such as cocaine and crack cocaine. Again, the same authors report a higher incidence of suicidal thoughts in men who are self-injured compared to women. In women, self-injuries are often combined with comorbid conditions such as eating disorders, violence, alcohol and marijuana use; intentional injuries in this group begin earlier than men and the likelihood of committing to self-harm is greater.

### **Methodology**

In the present study, after obtaining permission from the author prof. David Klonsky has been using a specialized tool to investigate various forms of auto-aggression - ISAS.

The Inventory of Statements About Self-Injury (ISAS) is a two-part questionnaire - behavioral and functional. ISAS demonstrates good psychometric characteristics and good constructive validity. The first part of the questionnaire (behavioral), is aimed to investigating the form and frequency of different self-harming behaviors that are done intentionally but without suicidal intent. Behaviors that are being studied are severe scratching; biting; hitting the body (striking on yourself); burning; banging / hitting, severe scratch of the skin; rubbing the skin on a solid surface; pinching; sticking self with needles; hair pulling; swallowing chemicals.

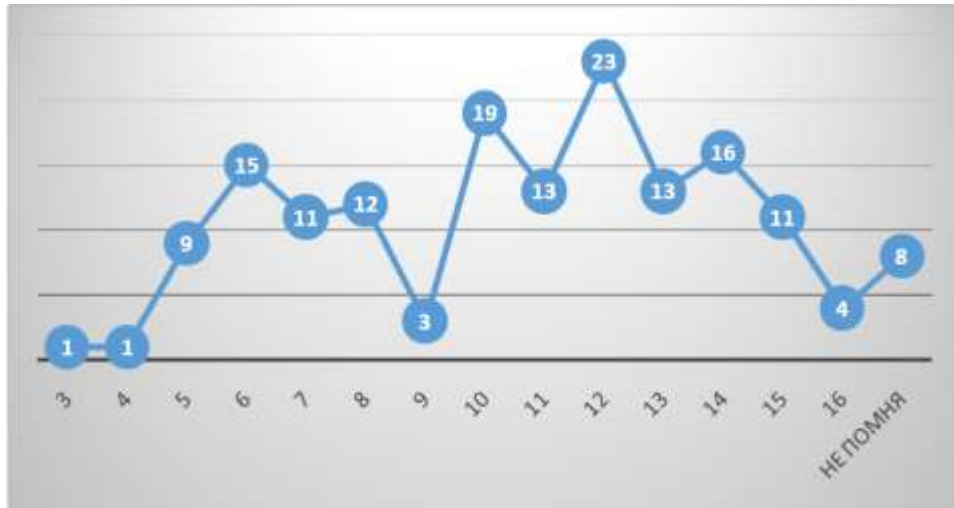
Respondents were asked to point out in which of the listed self-harm behaviors they were engaged and how many times those behaviors were performed. The impression is that the highest incidence is wounding, biting, bumping, pinching, haircutting and cutting the skin.

When adolescents are self-injured, there are physical consequences. Deep scars were usually seen in the upper thighs, as this is also a preferred site for self-harm. Blood infections and disease transmissions are something that specialists should take into account especially if there is evidence that adolescents self-harm with contaminated instruments / knives (APA, 2013; Nixon & Heath, 2008).

Additionally ISAS collects information about the starting age of self-injuries, pain experience, whether the self-harming behaviours are in the presence of other people or not, the time interval from the occurrence of the self-harming impulse to the action, and whether the respondent has wanted to stop the practice of self-harm.

### **Results and Discussions**

The results of this study indicate that most of adolescents start to self-harm between the ages of 10 and 12 years (see Figure 1), which is earlier than those of other researchers who pointed out a starting age for self-injuries, from 13 to 15 years (APA, 2013; Heath, Schaub, Holly, & Nixon, 2009).



**Figure 1.** Starting age of self-harm behaviors.

However, about a quarter of adolescents begin to self-harm before 12 years of age (Nixon, Cloutier, & Jansson, 2008), and about 25% of adolescent and self-injured adults report that non-injurious self-injuries are a one- (Heath, Toste, Nedecheva & Charlebois, 2008; Whitlock, Eckenrode, & Silverman, 2006). In the study of the Bulgarian sample of adolescents, the percentage is 32% and the auto-aggressive behaviors begin even before the age of 10 years (see Figure 1). Over 2/3 of those surveyed reported having physical pain during self-injury, and almost half reported that they were not alone when self-injured, which means that these destructive behaviors, apart from affective regulation are also a kind of communication.

A part of adolescents are successful in overcoming non-suicidal self-injuries, yet about 20% continue to struggle with this behavioral habit and experience difficulty in their adulthood (Whitlock & Rodham, 2013). The survey results in the Bulgarian population show that 76% of adolescents wanted or want to stop self-harming.

Also interesting are data from the study of the functions of auto-aggressive behaviors, which ISAS offers the opportunity to explore. From all of the 13 functions that ISAS explores in this study, the highest ratings were for "Affective regulation", "Expression of distress", "Self-punishment", "Self-care" and "Anti-Dissociation". With the exception of "Self-care," all other functions are united under one "Intra-personal Functions" factor, which allows us to conclude that in adolescence self-aggressive behaviors serve primarily to regulate emotions.

### Conclusion

This study provides important information on the fact that auto-aggressive behaviors are characteristic of both genders in adolescence. Among the most common forms of injuries are "wounding", "biting", "crushing the body", "pinching", "plucking hair" and "cutting the skin". The investigated individuals point to the origin of the auto-aggressive behaviors the ages of 10 and 12 years, which is earlier than the messages of other researchers. More than two-thirds of those surveyed reported having physical pain in self-harm, and nearly half reported that they were not alone when they self-injured and used autoaggresses except for regulation of the effect and type of communication. More than half of the adolescents (76%) surveyed wanted to stop self-harming.

Forms of self-harm vary and one person could use more than one way of self-harm - so specialists need to collect detailed information about the forms of self-harm and understand what the possible consequences of the behaviour could be. Early detection and intervention is key to prognosis (Breen, Lewis, & Sutherland, 2013). Those who receive aid in adolescence have the opportunity to learn better coping mechanisms to deal with identity problems, as well as to test healthy methods of regulating emotions and to build lasting and supportive networks of contacts.

The functions of the auto-aggressive behaviours were investigated through ISAS, the highest ratings were obtained for "Affective regulation", "Marking Distress", "Self-Punishment", "Self care" and "Anti-Dissociation", which are part of a common factor, "Intra-personal Functions", which supports the assumption that in adolescence auto-aggressive behaviours serve primarily to regulate emotions. More than 2/3 of the adolescents surveyed (83%) report having physical pain in self-harm, and almost half (46%) reported that they were not alone when self-injured, which clearly showed that these specific and destructive behaviours, of the effect also serve as a form of communication with others (Georgieva, 2017). No statistically significant differences were found regarding the influence of age factors and school grades on the functions of auto-aggressive behaviours.

Gender is the main factor with significant influence on the functions of auto-aggressive behaviours - statistically significant differences are found with respect to Sensitive regulation - with higher mean values in girls and functions Sensory sensation and Endurance - higher in boys. Sex and auto-aggression cross tabulation, as well as the Hi-square analysis, confirm the hypothesis that adolescent girls are more likely to experience auto-aggression than boys.

Another important aspect of the study was the need to validate a new tool for the study of auto-aggression and assessment of auto-aggressive behaviour in adolescents of the general population. The structure of the functions of the auto-aggressive behaviours investigated with ISAS was studied with an exploratory factor analyses with promax rotation. The obtained eigen values show a strong two-factor solution that confirms Nock's theoretical integrated pattern of self-injuries (2009). The intrinsic consistency of intra-personal functions and interpersonal functions - 0.81 and 0.79 respectively, are very good for Cronbach's Alpha, showing ISAS as a reliable tool for testing non-suicidal self-injuries in adolescents.

Early identification is essential when teachers try to help adolescents who deal with self-harm. Surveys of the effect of psychotherapeutic interventions have encouraging results with regard to so-called dialectical behavioural therapy (DBT). DBT provides clients with new skills to manage painful emotions and decrease conflict in relationships. DBT focuses on four key areas – mindfulness, distress tolerance, emotional regulation, interpersonal effectiveness.

Adolescence is one of the most vulnerable periods in life, and adolescents need the support of parents, teachers, consultants, medical professionals. For many different reasons, NSS is a behavioral phenomenon that continues to grow as a frequency among adolescents and can not be ignored.

Non-suicidal self-injuries, which are a form of disguised self-directed aggression, are seen as a predictor and risk factor for the most extreme and fatal form of auto-aggression in adolescents - the suicide.

The results of the study may be beneficial especially to teachers who are in direct contact with students and to all specialists engaged in the study of adolescent aggression and self-aggression, but also to the planning of evidence-based preventive and therapeutic programs aimed at limiting risk behaviours.

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