

A Short Note on Self-Harm and Addiction

Lucy Jones*

Department of Psychology and Social Sciences, University of Melbourne, Australia

Commentary

Any sort of intentional injury to your body is considered self-harm. Biting your flesh, cutting, burning your flesh, banging your head against an object, picking at your skin, excessive tattoos or body piercings, breaking your bones, hitting yourself with an object, pulling your hair, re-opening old wounds, overeating or under-eating, intentionally drinking poisons, Scratching at your skin are all examples of private behaviour. Alcohol and drug misuse can also be considered a kind of self-harm. Self-harm and suicide have a link (approximately 60% of persons who commit suicide have a history of self-harm), however, suicide is not a sort of self-harm unless it is unintended.

Self-harmers are skilled at concealing their injuries or providing convincing explanations for what occurred, but there are usually warning signs, such as unexplained (or ambiguous reasons for) injuries, cuts, burns, abrasions, or unusual marks on the skin, isolation from others, symptoms of depression, alcohol or drug abuse, low self-esteem, always wearing clothing that covers the body, unexplained hair loss, and sudden weeping. Substance abuse is an act of self-harm, and those who become addicted frequently engage in various forms of self-injury. Even after giving up alcohol or drugs, people can participate in self-harming behaviours when they are under a lot of stress. As a result, anyone with a history of self-harm must receive proper dual-diagnosis treatment.

Individuals engage in this type of behaviour for a variety of reasons, but it is frequently an attempt to make physical some type of emotional suffering. Even if they look to be okay on the outside, the individual may be fully overwhelmed psychologically. As a result, self-harm is an attempt to make this misery more visible. This form of behaviour can also be used as a coping mechanism for trauma, and persons who engage in it may feel relieved after each act. There are things a person can do as soon as the urge to self-harm arises; this urge usually occurs when the person is alone, so one of the first things to do is find other people to be around – or at the very least, call a friend on the phone: distraction

can be effective until the urge passes; some people find that journaling about how they are feeling can help them overcome the urge to self-harm; the most important thing is to tell others how you are feeling.

Digital interventions appear to have a lot of promise for helping young people who self-harm, especially if they allow a young person to think about their own personal triggers, provide a wide range of self-help strategies to choose from to manage the urge to self-harm, are customized to an individual's triggers and strategy responsiveness, are moderated by a third party for safety, limit content about methods or scars, and facilitate a young person's recovery. Through its unique findings on the mediating role of distressing emotions and social isolation in provoking the urge to self-harm, the potential inadequacies of mimicking strategies, and alternative activities that young people engage in and find helpful when experiencing the urge to self-harm, the study sheds light on the potential inadequacies of mimicking strategies. It is critical to get to the fundamental causes of self-harm to appropriately treat it. If you have an addiction as well as a tendency to self-injury, dual-diagnosis treatment may be beneficial; this implies that both the drug misuse and the self-injury can be addressed at the same time. You should also discuss the issue with your primary care physician. There are several successful treatment alternatives available, such as cognitive-behavioural therapy. Self-harm that is caused by an underlying mental health disorder can also be treated.

Acknowledgment

The authors are grateful to the journal editor and the anonymous reviewers for their helpful comments and suggestions.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest for the research, authorship, and/or publication of this article.

Corresponding author: Lucy Jones, Department of Psychology and Social Sciences, University of Melbourne, Australia; Email: lucy_jones@gmail.com

Received: December 06, 2021; **Accepted:** December 20, 2021; **Published:** December 27, 2021.

Citation: Lucy J (2021) A Short Note on Self-Harm and Addiction. J Addict Res Ther 12:444.

Copyright: © 2021 Lucy J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.