

Reasons

BEHIND SELF HARM

Why Do Children and Adolescents Self-Harm?

Emotion Regulation

- The prefrontal cortex (PFC), responsible for executive functioning and impulse control, continues maturing into the mid-20s. In children and adolescents, the amygdala, which processes emotions like fear and anger, is often overactive, especially in response to stress or trauma. The underdeveloped PFC struggles to counterbalance emotional surges, leading to impulsive coping mechanisms.
- Self-harm may provide a short-term way to discharge overwhelming emotional intensity. For example, a teenager experiencing a flood of emotions from school pressures or family conflict might cut themselves as a way to “quiet” the noise in their brain.
- **Additional Details:**
 - They may describe the behavior as helping them “feel in control” during moments of chaos.
 - The physical sensation of self-harm often acts as a distraction from emotional pain, giving the brain something concrete to focus on.

Relief from Mental Pain

- Physical pain activates the midbrain, releasing endorphins, the brain's natural painkillers. This biochemical response can create a brief “high” or sensation of relief from mental pain. Over time, the brain may associate self-harm with relief, reinforcing the behavior as a coping mechanism.
- For individuals overwhelmed by shame, guilt, or intrusive thoughts, self-harm may offer a paradoxical form of comfort. They may not necessarily want to harm themselves but feel trapped in a cycle where it feels like the only way to alleviate internal suffering.
- **Additional Details:**
 - This cycle mirrors the mechanisms of addiction, where the short-term relief perpetuates long-term patterns of harm.
 - For some, the predictability of self-inflicted pain provides a sense of control, especially in environments where they feel powerless or unsafe.

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Communication of Distress

- The anterior cingulate cortex (ACC), involved in processing social rejection and emotional pain, is highly active in children and teens. This makes emotional distress from feeling unheard or unseen intensely painful. For some, self-harm serves as a visual or tangible way to express inner turmoil they cannot verbalize.
- Children and adolescents who struggle with articulating emotions—whether due to developmental stages, neurodivergence, or trauma—may use self-harm to convey a need for help. It's not always a cry for attention but a desperate attempt to make their internal pain visible.
- **Additional Details:**
 - They may feel shame after self-harming but continue the behavior because they lack other outlets for expression.
 - A lack of responsive support from caregivers, peers, or teachers can exacerbate this cycle, as the child feels increasingly invisible.

Self-Punishment

- Early trauma or chronic stress can hyperactivate the hypothalamic-pituitary-adrenal (HPA) axis, reinforcing feelings of self-blame and unworthiness. Negative self-concepts may also be stored in the insula, contributing to a distorted self-image.
- Children and teens who internalize blame or feel chronically unworthy may use self-harm as a form of punishment. They may believe they “deserve” pain or see it as a way to atone for perceived failures.
- **Additional Details:**
 - Often seen in children with histories of abuse, neglect, or bullying.
 - The self-punishment narrative can be deeply ingrained, making it harder for them to accept care or kindness from others.

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Peer Influence

- The adolescent brain's reward system (nucleus accumbens) is hypersensitive to peer validation. Mirror neurons, which support empathy and imitation, may also play a role in adopting behaviors seen in others.
- If a peer group normalizes self-harm or portrays it as a way to "cope," children may mimic the behavior to fit in or gain acceptance. Social media can amplify this, creating echo chambers where self-harm is inadvertently glamorized.
- **Additional Details:**
 - Adolescents may downplay the seriousness of the behavior, seeing it as "normal" because of peer reinforcement.
 - Therapists should explore the social dynamics influencing the client, including peer pressure and online exposure.