UDC 616.89
https://doi.org/10.34883/PI.2023.14.3.007

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Case Report: A Teenager Girl with an Accentuated Personality and Self-Injurious Behavior

Conflict of interest: nothing to declare.
Authors' contribution: Darin E. – development of research design, acquisition, analysis of primary data, and their interpretation, writing a draft of the article, significant revision of its important scientific and intellectual content, writing a clean draft of the article, final approval of the version for publication, agreement to be responsible for all aspects of the work and ensure appropriate consideration and addressing issues related to the accuracy and integrity of all parts of the work; Boyko E. – significant contribution to the concept and design of the study, significant revision of its important scientific and intellectual content, final approval of the version for publication, agreement to be responsible for all aspects of the work and ensure appropriate consideration and resolution of issues related to the accuracy and integrity of all parts of the work; Zaitseva O. – significant contribution to the concept and design of the study, significant revision of its important scientific and intellectual content, final approval of the version for publication, agreement to be responsible for all aspects of the work and guarantee appropriate consideration and resolution of issues related to the accuracy and integrity of all parts of the work; Gafurova A. – receipt, analysis of primary data and their interpretation, work on the draft of the article, final approval of the version for publication, agreement to be responsible for all aspects of the work and guarantee appropriate consideration and resolution of issues related to the accuracy and integrity of all parts of the work; Shinkarenko L. – receipt, analysis of primary data and their interpretation, work on the draft of the article, final approval of the version for publication, agreement to be responsible for all aspects of the work and guarantee appropriate consideration and resolution of issues related to the accuracy and conscientiousness of all parts of the work.

Submitted: 08.08.2023
Accepted: 18.09.2023
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Abstract

Non-suicidal self-injurious behavior (NSSI) is gaining more and more attention from researchers, mental health professionals, and society at large.

Purpose of the work was to comprehensively study the clinical case of non-suicidal self-injurious behavior in a 14-year-old patient, to identify and evaluate trigger factors and clinical characteristics predisposing to the development of NSSP, which distinguish this patient from routine practice.

Materials and methods. As part of the preparation and data collection for the original study of non-suicidal self-injurious behavior, this case was separately described. The analysis is carried out in several directions: the clinical and anamnestic part – based on the materials of an extract from the medical history during the past and present hospitalization, as well as a statistical map specially designed for the study. For the pathopsychological study, an extended set of psychodiagnostic methods and a scale for the study of NSSI were used.

Results. The article presents a description of a clinical case of a 14-year-old girl with an accentuation of character, tendencies to the formation of a personality disorder and a manifestation of self-harm at the age of 11. The results of the study of the patient using a complex of psychodiagnostic methods, observation data in the department and anamnesis are presented. The main stages and clinical search in diagnostics are highlighted, the design of the ongoing study is described.

Conclusion. It is very important to assess negative life events, family history, clinical features in adolescents with NSSI. This has important clinical implications for the assessment of risk factors for NSSI and effective treatment. A description of this, a standard case for a psychiatric hospital, may be in demand among a wide range of specialists in the field of adolescent mental health and researchers in this field.
Keywords: self-Injurious behavior, non-suicidal self-injury, deliberate self-harm, self-harm, adolescent, case report

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Клинический случай: девушка-подросток с акцентуированной личностью и самоповреждающим поведением

Конфликт интересов: не заявлен.
Вклад авторов: Дарьин Е.В. – разработка дизайна исследования, сбор, анализ первичных данных и их интерпретация, написание черновика статьи, существенная доработка ее важного научного и интеллектуального содержания, написание чистовика статьи, окончательное утверждение версии для публикации, согласие нести ответственность за все аспекты работы и обеспечивать надлежащее рассмотрение и решение вопросов, связанных с точностью и целостностью всех частей работы; Бойко Е.О. – значительный вклад в концепцию и дизайн исследования, существенный пересмотр его важного научного и интеллектуального содержания, окончательное утверждение версии для публикации, согласие нести ответственность за все аспекты работы и обеспечить соответствующее рассмотрение и решение вопросов, связанных с точностью и целостностью всех частей работы; Зайцева О.Г. – значительный вклад в концепцию и дизайн исследования, существенный пересмотр его важного научного и интеллектуального содержания, окончательное утверждение версии для публикации, согласие нести ответственность за все аспекты работы и гарантировать соответствующее рассмотрение и решение вопросов, связанных с точностью и целостностью всех частей работы; Гафурова А.Н. – получение, анализ первичных данных и их интерпретация, работа над проектом статьи, окончательное утверждение версии для публикации, согласие нести ответственность за все аспекты работы и гарантировать надлежащее рассмотрение и решение связанных с ней вопросов; Шинкаренко Л.Н. – получение, анализ первичных данных и их интерпретация, работа над проектом статьи, окончательное утверждение версии для публикации, согласие нести ответственность за все аспекты работы и гарантировать надлежащее рассмотрение и решение связанных с ней вопросов.

Подана: 08.08.2023
Принята: 18.09.2023
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Резюме

Несуицидальное самоповреждающее поведение (НССП/NSSI) все больше привлекает внимание исследователей, работников службы здравоохранения в области психического здоровья и всего общества в целом.
Цель. Всесторонне изучить клинический случай несуицидального самоповреждающего поведения у пациентки 14 лет, выявить и оценить триггерные факторы и предрасполагающие к развитию НССП клинические характеристики, выделяющие данную пациентку из рутинной практики.
Материалы и методы. В рамках подготовки и сбора данных для оригинального исследования несуицидального самоповреждающего поведения был отдельно описан данный случай. Анализ проводился по нескольким направлениям: клиническая и

анамнестическая часть – по материалам выписки из истории болезни во время прошлой и настоящей госпитализации, а также специально разработанной для исследования статистической карты. Для патопсихологического исследования применялся расширенный набор психодиагностических методик и шкала для исследования НССП.

Результаты. В статье представлено описание клинического случая пациентки 14 лет с акцентуацией характера, тенденциями к формированию расстройства личности и манифестацией самоповреждений в 11-летнем возрасте. Представлены результаты исследования пациентки с помощью комплекса психодиагностических методик, данных наблюдения в отделении и анамнеза. Освещены основные этапы и клинический поиск при диагностике, описан дизайн проводимого исследования.

Выводы. Очень важно оценивать негативные жизненные события, семейный анамнез, клинические особенности у подростков с НССП. Это имеет важное клиническое значение для оценки факторов риска НССП и проведения эффективного лечения. Описание стандартного для психиатрического стационара случая может быть востребовано широким кругом специалистов в области психического здоровья подростков и исследователей в данном направлении.

Ключевые слова: самоповреждающее поведение, несуицидальное самоповреждение, умышленное членовредительство, самоповреждения, подростки, клинический случай

■ INTRODUCTION

In clinical practice, there are often cases of hospitalization in a psychiatric hospital of adolescents associated with a heterogeneous spectrum of behavioral disorders, drives, emotions that cause practitioners difficulties in the diagnostic search. Often there is an increasing prevalence in young patients of such phenomena as non-suicidal self-harm, eating disorders, risky lifestyles and substance abuse, dissatisfaction with their appearance, character accentuations and the onset of the formation of a personality disorder.

Non-suicidal self-harm, non-suicidal self-injury behavior (NSSI), non-suicidal self-injury – (NSSI), self-harm (SH), deliberate self-harm (DSH), self-injury (SI): synonyms for the phenomenon described Nock and Favazza [1] as the voluntary destruction or alteration of body tissues without any suicidal intent for purposes that are not approved by society. This phenomenon also includes actions such as self-cutting, hitting, burning, scratching and interfering with wound healing, etc. More often, these actions are carried out with the aim of reducing psychological discomfort [2–7].

The following report describes the case of a female patient, a 14-year-old girl with a previous diagnosis of F21.8 schizotypal disorder, who was hospitalized for self-cutting. The data of the anamnesis of life and disease, analysis of the features of psychopathological symptoms and dynamic clinical observation are presented. The results of the study of the patient with the help of a complex of psychodiagnostic methods, instrumental research methods are presented. The stages and logic of the diagnostic search are highlighted, which eventually led to the justification of the diagnosis F92.8 Mixed disorder of conduct and emotions.

■ PURPOSE

Comprehensively study the clinical case of a 14-year-old patient with NSSI, to identify and evaluate trigger factors that contribute to the formation of non-suicidal self-harm and the clinical characteristics of this patient.

■ MATERIALS AND METHODS

As part of the preparation and data collection for the original study of non-suicidal self-injurious behavior, this case was separately described. Location of the study: Specialized Psychoneurological Hospital of the Ministry of Health of the Krasnodar Territory. The hospital is a large medical institution providing specialized neuropsychiatric care to 1.5 million people in the Krasnodar Territory. Clinical observation of a single case was carried out with the participation of patient X., a 14-year-old girl (15 years old at the time of writing). Previously, this patient was treated once in a state psychiatric institution in Moscow, this hospitalization is the second in her life. The reason for seeking inpatient care is auto-aggression and complaints, according to the patient, about the "male voice".

The analysis was carried out in several directions:

- Anamnestic part and clinical part – based on extracts from the medical history and a statistical map specially designed for the study.
- The pathopsychological part – based on the materials of a pathopsychological study using a standard set of psychodiagnostic methods, including: the Luscher color choice method [8], the mechanical memory assessment method – 10 words Luria [9], Raven's IQ test [10], the childhood depression questionnaire by M. Kovacs [11, 12], the suicide risk questionnaire by A.G. Shmeleva (modified by T.N. Razuvaeva) [13].

Due to the difficulties of diagnosis and the peculiarities of the clinical picture, which, in our opinion, did not correspond to the established diagnosis, an extended study was conducted by a commission of psychologists using a modified psychodiagnostic questionnaire (MPDQ) [14]. Method Modified PDQ (MPDQ) is a modified (highly simplified) version of the pathocharacterological diagnostic questionnaire (PDQ) developed by A.E. Lichko [15]. The test is designed to diagnose the types of character accentuation in high school students, aged 14–18.

As part of the design of the NSSI study, the following methodologies were used:

1. Methodology for multidimensional assessment of childhood anxiety, developed at the National Medical Research Center for Psychiatry and Neurology. V.M. Bekhtereva, is a clinically tested questionnaire designed for both express and structural diagnostics of anxiety spectrum disorders in children and adolescents [16].
2. The Test of Personal Adjustment is a very old technique developed by one of the founders of humanistic psychology, Carl Rogers [17]. It reveals the degree of adaptation-maladaptation of the individual in the social sphere, and as a basis for maladaptation suggests a number of different circumstances: low level of self-acceptance; low level of acceptance of others, that is, confrontation with them; emotional discomfort, which can be very different in nature; strong dependence on others, that is, externality; desire for dominance. There are two Russian-language adaptations of the methodology, which differ in the wording of the questions. The most widespread modification was made by A. Osnitsky [18].

3. Individual typological questionnaire (ITQ). The Individual Typological Questionnaire (ITQ) is an original psychodiagnostic technique developed by Lyudmila Nikolaevna Sobchik [19] based on her own theory of leading tendencies. The technique allows to give quantitative assessments of the severity of individual typological personality traits. A graphic representation of the correlations of these properties allows us to understand the degree of compensation for tendencies that have gone beyond the norm, to judge the prevailing socio-psychological tendencies, and the individual cognitive style of the subject. For children aged 10–15 years, a separate questionnaire (ITCQ) has been developed. The children's version differs in the number and wording of questions, meaningful interpretation and numerical processing of data.
4. Scale of causes of self-injurious behavior by Polskaya N.A. [20] The scale allows you to quantify the actions associated with self-injurious behavior, as well as to study the causes of self-injurious behavior.
5. The scale of social support for children and adolescents by K. Malecki (CASSS K. Malecki, adapted by A.A. Lifintseva, A.V. Ryaguzova) [21, 22]. The scale is aimed at identifying a subjective assessment of the frequency of social support for adolescents, as well as its subjective significance.

- Instrumental part – according to the results of additional research methods – electrocardiography (ECG), electroencephalography (EEG).

The recommendations of the CARE Guidelines: Consensus-based Clinical Case Reporting Guideline Development were followed. This study was conducted in accordance with the 1975 WMA Declaration of Helsinki as revised in 2013, the ethical principles of medical research in humans, and the ICH GCP standards. Informed consent was obtained from the patient's mother for hospitalization, treatment, participation in the study and subsequent publication of depersonalized scientific data.

RESULTS

Anamnesis of life (Anamnesis vitae)

A native of the Krasnodar Territory, lives in a city of regional significance. The psychopathological heredity is burdened: according to the mother, the mother's cousin is under special care boarding. Mother – born in 1982, secondary special education, manager, healthy. Father – born in 1975, higher education, pensioner, healthy, divorced for 9 years, according to history, abused alcohol. From the 2nd pregnancy, childbirth 1. on time, weight 3900 g, length 52 cm, screamed immediately, applied to the breast on the 1st day. Sitting since 6 months, walking since 10 months. First words up to a year, phrasal speech up to 2 years. She attended a preschool institution from the age of 2, adapted quickly, played with children, performed at matinees, obeyed the regime. Went to school at the age of 7, prepared. Adapted quickly, studied well. Sociable, had friends. Also played basketball. Since the 8th grade, has been studying at home – categorically refused to go to school.

In the family, from stepfather the younger brother was born in 2018, healthy.

History of the disease (Anamnesis morbi)

Preliminary diagnosis in admissions department on admission: F92.8 Mixed disorder of conduct and emotions. This hospitalization is the second in life. The status has changed since the summer of 2020. According to the medical records and from the words of the

patient, since 2020, "I began to hear a voice that said "look at me, draw me I began to fall asleep at 2 o'clock in the morning, sleep was intermittent, restless. I was afraid of this voice". And asked mother to sleep with patient.

The patient reports that since the age of 11 she has begun self-injurious behavior – she begun to apply superficial cuts to her arms and chest. According to the documentation, she noted thoughts of auto-aggression in herself – for example, "bandage and cut off a finger, passing by the road, throws herself under a car, etc.". Indicates that she did not see the point in living.

According to the patient, earlier in the anamnesis there were symptoms of an eating disorder, according to the described symptoms, it fits into F50.0 (anorexia nervosa): she deliberately tried to lose weight and limited herself in food because of dissatisfaction with her appearance, deliberately caused vomiting. According to the patient, these actions have now been stopped.

In February 2021, there was a suicide attempt: "I drank more than 20 tab. "Phenibut" (Aminophenylbutyric acid) with a suicidal intent, but with the words "I just vomited and that's it ...". After an attempt, the mother also noticed traces of self-cutting, which was the reason for seeking psychological advice. She was referred by a psychologist to a psychiatrist.

In April 2021, patient was consulted at the dispensary department of the Specialized Clinical Psychiatric Hospital No. 1 in Krasnodar. Drug therapy was recommended: risperidone, sertraline. On the background of treatment, the condition improved somewhat – according to medical records, "voices disappeared, visions disappeared, which (according to the girl) were several times at school. Sleep has improved". However, the mood remained depressed, anxiety persisted, continued to inflict self-harm. Then, from June to August 2021, she did not receive treatment. Due to persistent psychopathological symptoms, she was hospitalized, accompanied by her own father, to one of the leading state psychiatric institutions in Moscow for the purpose of examination, diagnosis, and treatment.

Hospitalization lasted 18 days, as a result of treatment, the condition stabilized and was discharged with improvement. The clinical diagnosis was made: F21.8 Schizotypal personality disorder. Main Syndrome: Affective-paranoid. It is recommended to continue treatment on an outpatient basis Trifluoperazine 5 mg 2 times a day. Biperiden 2 mg twice a day. Levomepromazine 12.5 mg twice a day.

She took outpatient treatment constantly: Fluvoxamine 100 mg was added to the treatment. Since May 2022, the condition has worsened. At present, due to the deterioration of his condition: a decrease in academic performance, apathy, a decrease in mood and insomnia, behavioral disorders, a new act of self-harm and complaints about perennial deceptions of perception, a referral was issued for hospitalization at the State Budgetary Health Institution "Specialized Psychoneurological Hospital".

According to the patient's history of 2 TBI with loss of consciousness. According to the patient, a one-time use of narcotic drugs (psychostimulants – "Salts").

The mental state of the patient during hospitalization

Complains of low mood, anxiety, restlessness, lethargy, apathy, decreased memory and school performance, a desire to inflict self-harm.

Came in accompanied by medical staff and mother in the evening. Skin: on the forearm on the left, on the right thigh, on the shoulder there are small scars from self-cutting. Went into the duty room, accompanied by mother and medical personnel. At the request nurse to undress for examination of the skin, answered sharply and rudely, "I won't, I'm already comfortable". Does not want to stay in the department, does not respond to any persuasion. Vicious, irritable, aggressive, abruptly got up from the couch and wanted to get out, pulled the door. To persuasion and remarks, she immediately began to cry, then scream loudly, sob sobbingly: "Mommy, take me away from here, don't leave me, I don't want to, I won't stay here, I want to be in my clothes, I won't wear these rags". She refused to remove the earring from her nose. As a result, the doctor on duty was called. The patient ignored all the persuasion of the doctor and medical staff, turning to an even louder cry. The doctor on duty decided to call the paramedics. In the presence of the orderlies, the patient changed into a hospital gown, let her piercing be removed, all this time she sobbed loudly and asked her mother to take her home. A decision was made of the need for a "strict supervision" observation regimen. After a while the patient calmed down. All actions and manipulations were carried out in the presence of the doctor on duty, the duty nurse of the department, mother and orderlies.

State in dynamics on the 2nd day of hospitalization

The next morning, she was examined by a council of psychiatrists. Walked into the office confidently and sat down on the chair that was offered to her. Outwardly calm. Physically developed above average, ahead of her passport age in development, height 171 cm, weight 79 kg. Hair color – pink, short haircut. There are several permanent tattoos on visible parts of the body. Patient talks in detail and willingly, talks about condition, reveals the data of the anamnesis.

In a conversation, she is active, shares her experiences in detail, and is quite frank. To a direct question about the reasons for hospitalization, she immediately confidently answered: "... she cut herself to attract the attention of her mother ...". Then, to clarifying questions, she said "... and else there were voices", "a male voice, in 2020 I've heard voices, but began to cut even earlier" When she was asked to describe in more detail, she gave the following answers: "Let's say I'm going somewhere, and I'm immersed in my thoughts and that's it. I get the feeling that someone is looking at me and I start to hear from the outside, "then he gets confused in the answers and says that "I honestly don't remember how it used to be". When asked about when voices appear, she explained that "only when you are nervous or upset about something" She said that she was jealous of her younger brother. She thinks that "I got here by stupidity".

In conversation reveals subjective, immature, superficial judgments. Patient confidently sticks to her position. Demonstrative, talking about herself, often looks away, then tears appear in her eyes. With doctors, she is friendly, obliging, tries to make a proper impression, tries to bargain about the conditions of her stay. The mood background is labile, mimic reactions are alive. Attention unstable, weakened concentration. Thinking was characterized as rather concrete; in a 30-minute conversation with a commission of doctors, she did not reveal any paralogism, slippage, and did not express crazy ideas. The stock of knowledge and general ideas about the surrounding world is uneven, patient has the basics of the school curriculum, but with an in-depth survey, the superficiality of knowledge is revealed. Personal self-esteem is unstable, rather overestimated.

Medical records details

Thanks to the extract from the medical history provided by the mother, important information about the first hospitalization was obtained, in particular, a description of the mental status at hospitalization:

Consciousness is clear. Fully oriented in place, time and self. She came to the conversation passively obeying. Tense. Looks suspiciously at the doctor. At the beginning of the conversation, she answers evasively, in experiences she reveals herself reluctantly. The patient said that since the summer of 2021 began to note "surveillance", believes that "a man of 32 years old" is following her "everywhere", with the aim of "kidnapping", "probably some kind of pervert", believes that he can enter her house through the window and hide under bed. She is convinced that he has the ability to connect to her phone and monitor her. She periodically hears his voice in his head, which makes him "look into his eyes". "It does not exclude that the secret pursuer may be a teacher from the school or the father of one of the classmates". Due to constant surveillance, she is constantly in a state of anxiety, repeatedly there were thoughts of committing suicide so that "finally everything is over". He shares her feelings about the "women's fate", expresses a desire to change sex and become a guy, so as not to "cook and clean".

At the same time, it is indicated that, at the time of examination, there were no acute psychotic symptoms.

Instrumental examination methods

According to laboratory studies, the presence of infections and parasitosis was not detected, the indicators of a clinical blood test, indicators of a biochemical blood test without significant deviations.

ECG without pathology.

EEG data within the age norm. The centers of paroxysms, epileptiform complexes are not revealed.

The conclusion of the neurologist indicated: "suprasegmental vegetative dysfunction of a mixed type".

According to the general conclusion of the pediatrician, patient is healthy.

Self-harm characteristics

Fresh self-injury is localized on the left forearm. Old scars from self-harm are on both forearms, and on the shoulders, thighs, chest and abdomen, shins. There are permanent tattoos on the right hand, right lower leg.

According to the results of the survey and the study of self-damaging actions (Scale of the causes of self-damaging behavior by N.A. Polskaya), it was found that: she often practices cuts with cutting objects (the last episode in the evening the day before hospitalization). Also sometimes pulls out hair (2 days before hospitalization). And hit herself with fist once (more than a year ago).

According to the processing of the results, the following prevail: Instrumental self-harm 1.75; over somatic self-harm: 1.42. By the time of self-harm: the sum of points = 11. When answering the block "Reasons for self-harm", the patient chose "4 – Agree" in only one item – 14 "So that others understand that I feel bad". In all other options, answering "1 – I completely disagree." According to the results of processing, Factor 2

Strategy "Influence on others" prevails 1.33 (other strategies 1 point) and the strategy "Interpersonal control" – the sum of Factor 2 + Factor 4: 2.33.

Psychological examination

Due to the discrepancy between the clinical observation and the mental state of the patient with the data of the anamnesis and the data of the available medical documentation, it was decided to conduct a clinical and psychological examination by a commission of psychologists, using the MPDQ (Modified Pathocharacterological Diagnostic Questionnaire for Adolescents).

Behavior: initially, the subject is reluctant to make contact, maintains eye contact weakly. In the manner of holding on, the features of stenicity are traced. Facial expressions are alive, natural. Answers questions reluctantly, with some irritation in voice. Uses slang in speech. The sense of distance is somewhat reduced. Demonstrates cuts on arms and thighs, explains her deviant behavior by the desire to involve mother in her experiences. Understands and follows instructions correctly. The motive of the examination is formed.

The experiment revealed: Psychomotor pace is somewhat reduced. Attention is impaired in a mild degree: unstable, reduced volume, weakened concentration and switchability, without disturbing the motivational component (detected when performing the following methods: Schulte Tables, Correction test, Munsterberg test).

Memory: slight decrease in mechanical memory, delayed recall. The learning curve in the technique of 10 words looks like: 4, 8, 6, 7, 7, 8, 10. Retention 70% (at a rate of 80–100%). The process of storing information is reduced. Violation of the mediated link of memorization (logical memory mediated through thinking) (Pictogram method) was not revealed.

Thinking: violation of the dynamic component is not revealed; violation of the operational side in the form of insufficiency of the process of generalization and abstraction; violation of the motivational component was not revealed. The subject has factors of a socio-pedagogical nature (neglect). According to Raven's methodology, Standard matrices, a slight decrease in intelligence (IQ = 78b).

Emotional-volitional sphere: emotional lability, anxiety-depressive symptoms were not revealed. Egocentricity. Actual personal self-esteem is unstable.

Conclusion: signs of personality-abnormal are revealed.

According to the method of multivariate assessment of childhood anxiety

Weak expressiveness of anxiety is revealed. The results for the subscales are presented in Fig. 1.

According to the M. Kovacs questionnaire for childhood depression, the overall indicator is slightly below the average – 44. Distribution on subscales: Scale A negative mood 54 – average; Scale B interpersonal problems 54 – average; Scale C inefficiency 52 – average; Scale D anhedonia 37 – below average; Scale E negative self-esteem 39 – below average.

According to the suicide risk questionnaire: high scores of suicidal activity were not revealed. Distribution by subscales: Demonstrativeness – 2; Efficiency – 1; Uniqueness – 1; Insolvency – 2; Social pessimism – 2; Breakdown of cultural barriers – 1; Maximalism – 0; Time perspective – 0; Anti-suicidal factor – 0.

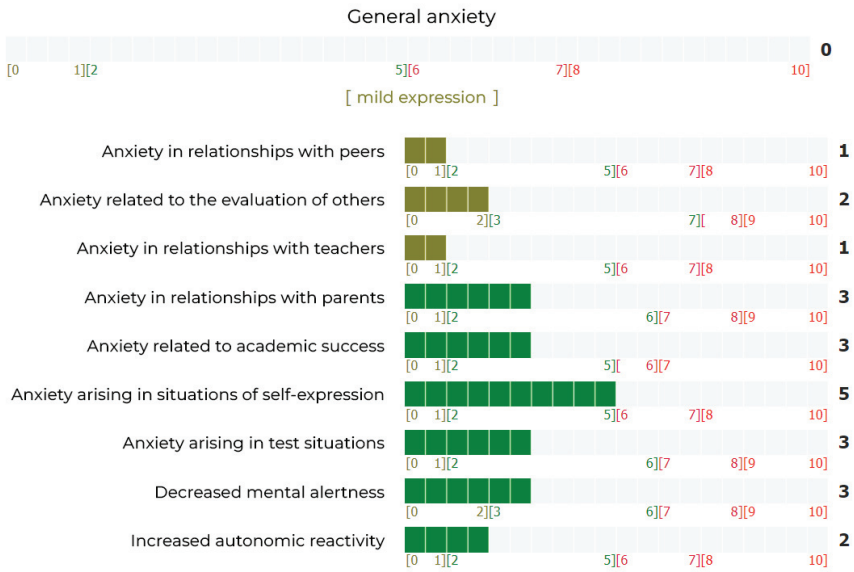

Fig. 1. Results Multivariate assessment of child anxiety

Test of personal accentuations (MPDQ): According to the control scale, the reliability index of the results is 3 points (at the norm, the critical indicator is 4 points), incompatible hyperthymic, anxious-pedantic types of accentuations are revealed. There are signs of the formation of a personality disorder. Visualization of the results is shown in fig. 2.

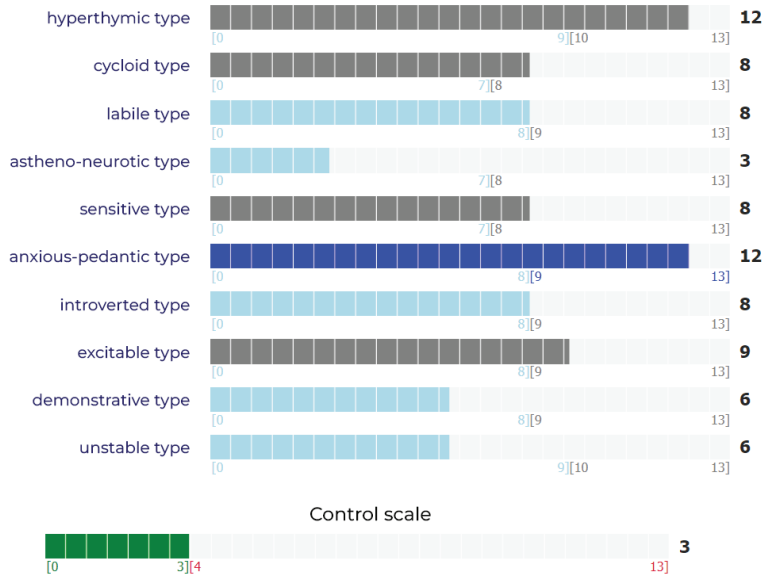

Fig. 2. Results of the Modified pathocharacterological diagnostic questionnaire

According to the results of the questionnaire of socio-psychological adaptation (Test of Personal Adjustment) – Carl Rogers

A high level of the integral indicator of adaptation is determined – 81.
Adaptability – 139. Maladaptation – 32.

Subscale results:

The integral indicator of self-acceptance – 97.
Acceptance of oneself – 62. Non-acceptance of oneself – 1.
The integral indicator of acceptance of others is 68.
Acceptance of others – 20. Non-acceptance of others – 11.
Integral indicator of emotional comfort – 100.
Emotion comfort – 27. Emotion discomfort – 0.
The integral indicator of internality is 78.
Internal control – 42. External control – 8.
The integral indicator of the desire for dominance is 87.
Dominance – 7. Statement – 2.
Escapism (avoidance of problems) – 15.
Sincerity scale – 31.

The results of the study on the individual typological questionnaire (ITQ) are clearly presented in Fig. 3 and 4.

Scale of social support for children and adolescents K. Malecki

Subjective assessment of the frequency of social support provided:

Parental support Medium (46); Support for teachers Medium (39); Support of classmates High (63); Friends Support High (68); Support for others Low (19); Emotional support Average (58); Information support Medium (58); Estimated support Medium (59); Financial support Medium (60);

Final score Average (235).

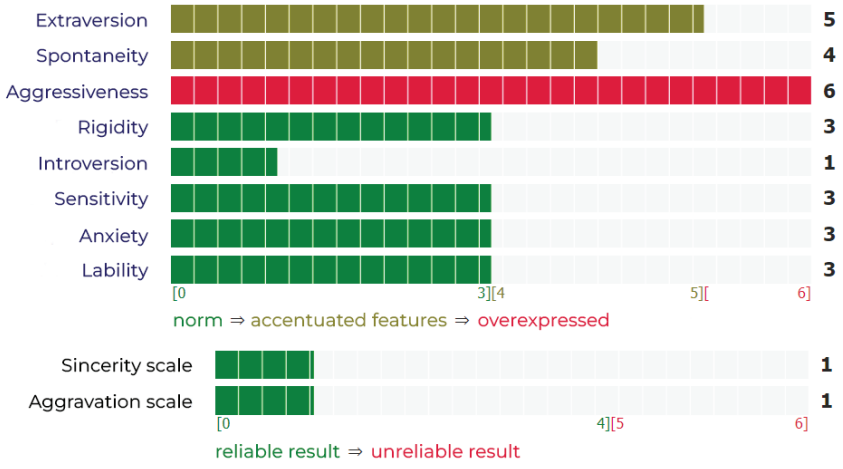

Fig. 3. ITQ Individual-typological questionnaire

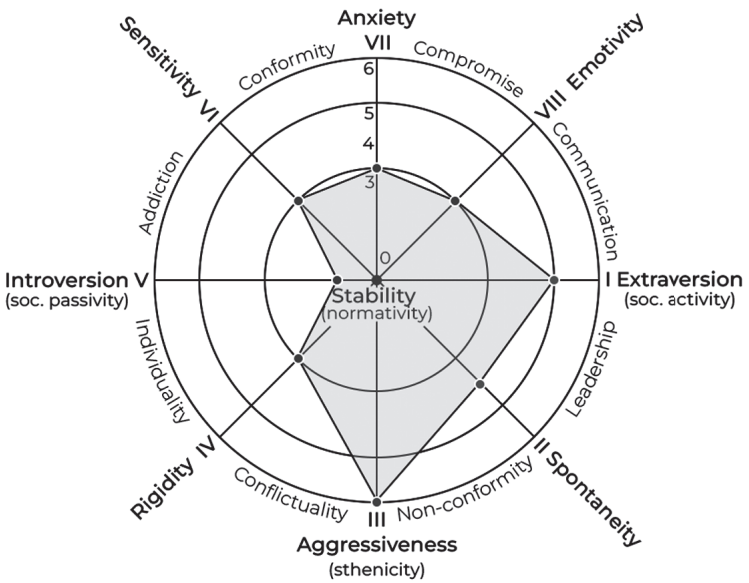

Fig. 4. ITQ test results graphical profile

Subjective assessment of the significance of social support:

Parental support High (33); Support for teachers Medium (27); Support of classmates High (31); Friends Support High (34); Support for others Medium (19); Emotional support High (38); Information support Medium (33); Estimated support Medium (35); Financial support High (38);

Final score High (144).

The prescribed treatment and its dynamics:

On the first day of hospitalization, due to a stable condition, the absence of a pronounced psychopathology threatening life and health, on the advice of a council of doctors, an examination was started to clarify the diagnosis. At this stage, without the appointment of drug therapy.

During the observation period, the state was characterized by the following dynamics:

At first, she complained of anxiety, depressed mood, was dissatisfied with hospitalization. Then happily joined the examination process and enthusiastically participated in the work with psychologists, counting on a speedy discharge from the hospital.

At the end of the first week of hospitalization, the patient's condition was stable, without deterioration. She complained of anxiety and emotional lability. She answered questions in terms of the given, talked about her experiences. Emotionally, she was somewhat labile. After the completion of psychodiagnostic studies, based on the clinical picture, we prescribed symptomatic treatment: The patient was presented to the medical

commission, where it was decided to use off label Oxcarbazepine 300 mg 2 times a day, as a drug with a normothymic effect. Periciazine at a dosage of 5 mg 2 times a day was chosen as a neuroleptic with the effect of behavior correction. However, due to the development of pruritus, the treatment was adjusted: Hydroxysine 25 mg 2 times a day, Alimemazine 5 mg 3 times a day as a neuroleptic with a behavioral correction effect and an anxiolytic.

During the period of hospitalization, daily psycho-correctional conversations were held with a medical psychologist.

Outcome

On the 21st day of hospitalization, the patient was discharged with improvement. Diagnosed with F92.8 Mixed disorder of conduct and emotions (self-injurious behavior, hyperthymic character accentuation with a tendency to form a personality disorder).

Recommended for discharge:

Continue treatment under the supervision of a psychiatrist at the place of residence: Hydroxyzine 25 mg 2 times a day, Alimemazine 5 mg 3 times a day.

The course of psychotherapy for individual and family.

Patient Perspective Review:

During the examination and treatment, the patient noted an improvement in her condition. Quickly established contact with patients in the department. Made plans for the future. A psychoeducational conversation was held with the mother and the recommendations and the chosen tactics were explained, it was recommended to continue the treatment and follow the recommendations, in particular, to undergo a course of psychotherapy.

Prognosis Considering the young age of the patient, it is premature to make expected predictions, at the same time, regarding the expected social well-being and desire for growth, we regard the rehabilitation potential of this patient as high.

■ DISCUSSION

In modern society, manifestations of auto-aggressive behavior of young people are becoming an increasingly urgent problem [23]. A high level of auto-aggressive behavior is a reflection of the socio-psychological problems of the environment.

Non-suicidal self-harm (NSSI) is common among young adults and adolescents and is associated with a risk of true suicide attempts [24]. A study by Michael Kaess [25] indicates NSSI prevalence rates of up to 60% for single self-harm and about 50% for repeated self-harm. Systematic reviews by leading investigators estimate a prevalence of 18% according to Geulayov et al. and Muehlenkamp et al. [26, 27] up to 40% according to Swannell et al. [28].

At the same time, despite the opinion that NSSI can occur without comorbid psychopathology [29], most often in the routine practice of hospital psychiatrists, self-injurious behavior as the only symptom (without comorbidity) is rare, according to Ghinea D. et al. in only 3.7% of cases [30]. Practitioners often face a complex mix of psychiatric symptoms, behavioral disorders, and social problems.

A feature of this clinical observation was the presence of a number of conflicting clinical symptoms, the discrepancy between the observed clinical picture and the available catamnesis data, which complicated the diagnosis and required additional pathopsychological examination. The main difficulty in substantiating the diagnosis was

the presence of indications of hallucinations, which were initially perceived by specialists as a manifestation of an endogenous process.

In this case, we took into account the patient's indications of: localization of the voice in the external environment, an indication of the appearance of the voice "only when you are nervous or upset about something", and an indication of the "exact age of this man at 32 years old". It was also noted that the patient was confused in her own history data. In addition, attention was drawn to the fact that the patient has vivid emotions, there is no defect characteristic of endogenous pathology, which did not fit into the initial history of the disease. The early onset of schizophrenia spectrum disorders is characterized by dysontogenesis of the development of higher nervous activity, so if, according to the patient, she has been feeling the presence of voices for about 2 years, then deficit symptoms should appear in the clinical picture [31–33]. In this case, we did not observe this. There was an assumption about the emerging personality disorder or character accentuation, which was the reason for the diagnostic search.

During the examination and supervision of the patient, the diagnosis established earlier was called into question. Schizotypal personality disorder is often characterized by eccentric behavior, thinking and emotional abnormalities that do not meet the diagnostic criteria for a diagnosis of schizophrenia at any stage of development. Either there are no all the necessary symptoms or they are mildly expressed, erased. Symptoms may include bizarre or eccentric behavior, a tendency to social isolation, coldness or inadequacy of emotional reactions, paranoid ideas (not reaching the level of pronounced delusions), painful obsessions, and there may also be rare transient quasi-psychotic episodes of delusions or hallucinations.

When the patient applied to the hospital for the first time, with complaints of "surveillance", "persecution" with the aim of "kidnapping" by an "unknown man, 32 years old". As well as a complaint about the voice of this man, which the patient, in her words, hears in her head (during the current hospitalization she said that from the outside). The logic of choosing a diagnosis of F21.8 schizotypal personality disorder becomes clear, even if the psychopathological symptoms are not detected directly during the observation by the attending psychiatrist, but are described solely on the basis of the patient's complaints.

At the same time, Russian psychiatrists often consider borderline symptoms as part of a schizotypal disorder. In the book of A. B. Smulevich "Low-progressive schizophrenia and borderline states", a number of neurotic, asthenic and psychopathic conditions are attributed to low-progressive schizophrenia (synonymous with sluggish schizophrenia) [34]. It needs to be clarified that these terms were used during the Soviet era and have never been used outside the Soviet Union. They have been discredited due to political motives and currently the use of such terms is discouraged.

The existing ICD-10 and DSM-5 criteria do not provide for the possibility of establishing diagnoses from the heading of personality disorders in adolescents, due to the incomplete process of personality formation. Some suggestions have been made about the possibility of diagnosing borderline personality disorder in adolescents and young adults [35–37], in addition, the relationship of these conditions with NSSI is indicated. During the psychopathological examination, a conclusion was obtained about the presence of features of mutually exclusive accentuations. Signs of the formation of a personality disorder were noted. The clinically hyperthymic (overactive) type of accentuation is expressed in a constant elevated mood (like hyperthymia) and tone,

uncontrollable activity and a thirst for communication, in a tendency to scatter and not finish what has been started. At the same time, the main features of the anxious-pedantic type in adolescence are indecision and a tendency to reason, anxious suspiciousness and love of introspection, and, finally, the ease of occurrence of obsessions – obsessive fears, fears, actions, thoughts, ideas. In this clinical case, such manifestations are not observed. According to the conclusion of the psychologist, according to the rules of dominance, accentuation is diagnosed according to the hyperthymic type. In this case, the results of the questionnaire are somewhat distorted due to the patient's attitude behavior, she wanted to show herself from the best side, she was prone to insincerity. When supervising adolescents, specialists often encounter a simulation of the state or aggravation, which complicates the diagnosis [38].

According to the results of the socio-psychological adaptation questionnaire, the patient demonstrated high levels of psychological adaptation. Also noteworthy were the low scores on the multivariate assessment of childhood anxiety, the absence of a pronounced suicidal risk according to the SRQ, and the mild severity of depressive symptoms. A study using an individual typological questionnaire (ITQ) showed a tendency to extraversion and pronounced aggressiveness.

Acting in the interests of the patient, in order to reduce the possibility of stigmatization, it was decided to abandon the diagnosis of schizotypal personality disorder, in favor of a "functional" diagnosis F92.8 Mixed disorder of conduct and emotions (self-injurious behavior, character accentuation of the hyperthymic type with a tendency to form a personality disorder). According to ICD-10, this category is used in childhood and adolescence, it includes a combination of conduct disorders (F91.-) with persistent and pronounced emotional symptoms, such as anxiety, obsession or obsession, depersonalization or derealization, phobias or hypochondria. Stigmatization of patients with NSSI can increase clinical manifestations, distress and exacerbate the condition [39]. In addition, difficulties remain with NSSI coding in ICD-10, often we are forced to use a functional diagnosis in the treatment of patients with self-harm [40].

When analyzing the results of the study of the patient's self-injurious behavior and the described clinical picture, the combination of many NSSI risk factors described in scientific publications on this topic attracts attention. In addition to the obvious epidemiological factors (gender, age) in this patient, there are indications in the anamnesis of eating disorders. NSSI and eating disorders are often interrelated and exacerbate each other's manifestations [41].

A decrease in actual and perceived social support is also described in the literature as one of the factors influencing the development and maintenance of NSSI [42, 43]. According to Mendez et.al [44], low perceived social support is significantly associated with NSSI engagement. The relationship between borderline personality traits and NSSI is also noted. Borderline personality traits are also characteristic and correlated with low perceived social support and NSSI.

The patient in the conversation mentioned the presence of auto-aggressive tendencies in the mother in the past. The information obtained cannot be directly related to the patient's condition, but there are indications in scientific publications that adolescents who had a history of suicidal behavior of one of the parents in the family have an increased risk of all types of auto-aggressive behavior [45].

It should be noted that according to the patient, she was in the Internet community (public) with the subject of auto-aggression. There is evidence that the experience of "witnessing" another person's self-harm can be a trigger for recourse to such behavior [46], the patient herself reported that she left the community "in order not to provoke herself". Social networks are an important medium for social interaction, especially among teenagers.

CONCLUSION

The diagnosis of a mental disorder in childhood and adolescence is difficult for a number of reasons, which relate not only to the characteristics of the disease, but also to the characteristics of age. When working with children and adolescents, the clinical picture often does not fit into the classical framework of diseases, it is characterized by polymorphism and heterogeneity. On the basis of the described case, the main conclusion can be drawn that for the differential diagnosis, all examination and anamnesis data available to the doctor, including the factors of influence of the social environment, should be used.

LIST OF ABBREVIATIONS

NSSI = non-suicidal self-injury
SH = self-harm
DSH = deliberate self-harm
SI = self-injury
MPDQ = modified psychodiagnostic questionnaire
PDQ = pathocharacterological diagnostic questionnaire
ITQ = Individual typological questionnaire
ICD-10 = International Classification of Diseases
ECG = electrocardiography
EEG = electroencephalography

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

We confirm that this study was conducted in accordance with the WMA Declaration of Helsinki – Ethical Principles For Medical Research Involving Human Subjects and ICH GCP standards.

HUMAN AND ANIMAL RIGHTS

No animals were used in this research. All procedures performed in studies involving human participants were in accordance with the ethical standards of institutional and/or research committees and with the 1975 Declaration of Helsinki, as revised in 2013.

CONSENT FOR PUBLICATION

Informed consent was obtained from the patient's mother for hospitalization, treatment, participation in the study and subsequent publication of depersonalized scientific data. According to the law of the Russian Federation "On psychiatric care and guarantees of the rights of citizens in its provision": informed voluntary consent is required from adolescents over 15 years old, in other cases, informed voluntary consent is given by legal guardians and parents.

■ STANDARDS OF REPORTING

CARE guidelines were followed.

■ AVAILABILITY OF DATA AND MATERIALS

The data and supportive information are available within the article.

■ FUNDING

None.

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