

To Study the Self-Sabotaging Etiquette in concordance with Criminality

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Self-sabotage or to vandalize oneself is the inimical behavior in the young. Risk factors amalgamate to precipitate and perpetuate these problems. There is an unswerving consanguinity amidst causes and outcomes. Rather, the cause is usually a combination of predisposing constitutional factors, arising from multitudinal sources or aboriginal experience and expediting stressful events. These etiological factors act through- biochemical, psychological and social process to outturn the causatum. This further cossets into the victimology of the self-saboteurs and also focuses on the issues of their contrived anti-social acts.

KEYWORDS : Self-sabotage, victimology, etiological factors, biopsychosocial process, Self-saboteurs

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INTRODUCTION

“ AURIBUS TENEO LUPUM”

Meaning, “ An unsustainable situation, and in particular one in which both doing nothing and doing something to resolve it are equally risky.”

A human being is a part of a whole , called by us as a 'universe', a part limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for an individual's experience and their thoughts themselves. This is what Self-sabotage entails about. The word 'sabotage', comes from the french industrial revolution. Frustrated by the way the world was changing, the peasants literally clogged up the new machinery by throwing in their "sabots" or wooden shoes.

Terminologies and Definitions:

“An act with Non-fatal outcome, in which an individual deliberately initiates a Non-habitual behavior, that without intervention from others will cause self-harm or deliberately ingests a substance in excess of prescribed or generally recognized therapeutic dosage.”(Patt., et all 1992 **WHO**).

“ Self- harm or injury, irrespective of the apparent purpose of the act.” (NICE, 2004)

“Self- injury is a compulsion or impulse to inflict physical wounds on one's own body, motivated by a need to cope with unbearable psychological distress or regain a sense of emotional balance. The act is usually carried out without, suicidal, sexual, or decorative intent.” (Sutton 2005)

Behavior is said to be self sabotaging when it creates problems and interferes with long-standing goals. Self -destructive behavior is a widely used phrase that conceptualizes certain kinds of destructive/sabotaging acts as belonging to self, wherein all apparent self-inflicted harm or abuse towards oneself is treated as a collection of actions, and therefore as a pattern of behavior. "Self -destruction may be merely metaphorical (social suicide) or literal (suicide). This may be born of impulse, may be deliberate, or developed as a habit. Psychoanalyst *Jacques Arenes* has identified three of the most common traps that lead us to self-sabotage:

BROODING: Some people tend to wallow in misery. They may have suffered as children, and now expect suffering to their lot.

BLAMING YOURSELF: There are some people who blame themselves for everything, mostly parents; as soon as there's a problem with the child, they immediately think it's all their fault.

DEFENSIVENESS: Individuals who are stronger outside but emotionally weak inside; their life from outside looked great but from inside they aren't happy.; they don't live the present moment and push people away from them due to the fear of getting hurt emotionally.

Self-sabotaging behavior results from a misguided attempt to rescue ourselves from our own negative feelings .The most common self-sabotaging behaviors are: Procrastination, self-medication with drugs or alcohol, comfort eating, and forms of self-injury.

PROCRASTINATION: ' We fool ourselves in the minute-by-minute choices we make.'

When it comes to self-sabotage, Procrastination is the king, as procrastination is the gap between intention and action, and it is in this gap that Self operates. The undermining behavior actually lies in not closing the gap. We make an intention to act, the time comes, but instead of acting we get lost in our own deliberation, making excuses to justify an unnecessary and potentially harmful delay. Here the 'Self', in fact sabotaged its own intention.

ADDICTION: " I did all the things that I wasn't supposed to do".

Self-sabotage is not an act, its a process, a complex, tragic process that pits people against their own thoughts and impulses. Addicts for example, present a parade of excuses and delusional thinking while avoiding the painful, decisive action necessary to set their lives right. Though we all make mistakes, a true self-saboteur continues to fix those mistakes by top-loading them with increasingly bad decisions.

DODGING EMOTIONS: " We often get into trouble trying to escape intense negative feelings."

Everyone does it sometimes but some do it regularly putting obstacles in their own chosen path, behavior turns out to be self-sabotaging when it instigated new problems, unsettles relationships in any form such harming self to escape painful emotions.

Main reasons for self-sabotaging behavior:

- (a) **Familiarity of failure** :- We are may be used to situations, not working out or being around 'dysfunctional people' that its easier to 'put a spanner on the work' ,by behaving in such a way that either worsens/destroys something.
- (b) **Feeling unworthy**:- Low self-esteem may drive people to feel they don't deserve happiness or even success.
- (c) **Bad habits**:- Excessive drinking, smoking, uncontrolled.
- (d) **An unconscious need to be in control** :- If we feel something, is bound to fail because its too good to last, we might engineer its failure somehow so as to maintain a sense that we are still in control.

ROLE OF BODILY EXPERIENCE IN SELF- DESTRUCTION :

It is postulated that early caretaking process have a powerful role in the development of self- destruction through the formulation of alteration in the experience of the body and negative attitudes towards the body, The internalization of early negative caretaking processes and negative attachment may lead to a distorted experience of the body, as well as to basic negative attitude and feelings towards one's body. Such experiences are believed to interact with anguish, hopelessness and mounting stress and culminate in Self- Destruction.

DEFENCE MECHANISMS: SELF SABOTAGE AS SELF- DEFENCE:

A defense mechanism is a coping mechanism that reduces anxiety arising from unacceptable or potentially harmful impulses. Defense mechanisms are unconscious and are not to be confused with conscious "coping strategies" (*Sigmund Freud* was one of the first proponents of this construct)

Defense mechanisms may result in healthy or unhealthy consequences depending on the circumstances and frequently with which mechanism is used. In psychoanalytic theory, defense mechanisms are psychological strategies brought into play by the unconscious mind to manipulate, deny or distort reality in order to defend against feelings of anxiety and unacceptable impulses to maintain one's '**self-schema**'. These processes include: Repression or burying of a painful feeling/thought from one's awareness even though it may resurface in a symbolic form, incorporating an object or thought into oneself and rationalization, the justification of one's behavior and motivations by substituting 'good acceptable reasons for the motivations. Healthy persons normally use different defenses throughout life. An ego defense mechanisms becomes pathological only when its persistent use leads to maladaptive behavior such that physical /mental health of the individual is adversely affected. The purpose of ego defense mechanisms is to:protect the mind/self/ego from anxiety and/or social sanctions and/or to provide refuge from a situation with which one cannot currently cope.




One such response mechanisms is: '**fight-or-flight response**'(or acute stress response) is a psychological response /reaction that occurs in response to a perceived harmful event/attack, or threat to survival. The neurotransmitters: Dopamine/ serotonin affects the way how organizations reacts to stress.




Anti-self system

One's personal goals- the basic needs for food, water, safety and sex; the desire for social affiliation, achievement and life-affirming activity; the expression of love, compassion and generosity and transcendent goals related to seeking meaning in life- are all aspects of the "Self-System"; which provides positive influences that allow the evolving individual to formulate his or her own value system to develop the ability and courage to live with integrity- that is, according to his or her own ethical principles.

In contrast to this the "Anti-Self System" refers to accumulation of negative interjects- that is, the buildup of internalized hostility and cynicism that represents the 'Defensive' aspect of personality, it develops as a defensive response to the destructive side of an individual and these defensive responses could stem from: Trauma, accidents, self-hatred, hostile behavior. To overcome this, defensive process operating within the anti-self system holds control, which is reinforced and compounded by suffering inherent in the human condition like: Physical and mental deterioration, self-destruction and at extreme an antisocial act or crime. Severely traumatized individuals may for a long time retain anti-self system with accumulation of destructive feeling and thoughts, promoting self denial, isolation and worst condition of internalized self.

This defense mechanism as anti-self prevails when self breaks down and survivors of this keep their psyche in a state of defensive equilibrium to conquer over/ survive in the situation.

Anti-Self System Self-Punishing Voice Process		
Voice Process	Behaviors	Source
1. Critical thoughts toward self 	Verbal self-attacks – a generally negative attitude toward self and others predisposing alienation.	Critical parental attitudes, projections, and unreasonable expectations.
2. Micro-suicidal injunctions 	Addictive patterns. Self-punitive thoughts after indulging.	Identification with parents' defenses
3. Suicidal injunctions – suicidal ideation 	Actions that jeopardize, such as carelessness with one's body, physical attacks on the self, and actual suicide	Parents' covert and overt aggression (identification with the aggressor).

Anti-Self System Self-Soothing Voice Process		
Voice Process	Behaviors	Source
1. Self-soothing attitudes 	Self-limiting or self-protective lifestyles, inwardness	Parental over protection, imitation of parents' defenses
2. Aggrandizing thoughts toward self 	Verbal build up toward self	Parental build up
3. Suspicious paranoid thoughts toward others 	Alienation from others, destructive behavior towards others.	Parental attitudes, child abuse, experienced victimization.
4. Micro-suicidal injunctions 	Addictive patterns. Thoughts luring the person into indulging.	Imitation of parents' defenses.
5. Overtly violent thoughts 	Aggressive actions, actual violence.	Parental neglect, parents' overt aggression (identification with the aggressor).

ROLE OF NERVOUS SYSTEM :

AUTONOMOUS NERVOUS SYSTEM (ANS)

- Control System

-acts largely unconsciously

-Regulates: Heart rate, digestion, respiration, sexual arousal responses, etc.

It is the primary mechanism in control of fight-or-flight response and its role is mediated by two different components:

Sympathetic nervous system(SNS)and Parasympathetic nervous system(PNS)

SNS- Activates physiological changes, that occur during fight-or-flight response. Components of ANS utilizes and activates release of norepinephrine in the reaction .

PNS- In the spinal cord and medulla

- works in concert with SNS

- Main function: Activate 'rest and digest' response and return the body to homeostasis after fight-or-flight response.

- Neurotransmitter -'acetylcholine'

Reaction begins in - ' Amygdala', which triggers a neural response in the Hypothalamus, initial reaction is followed by the activation of: Pituitary gland and ACTH, Adrenaline gland gets activated and releases 'Epinephrine'

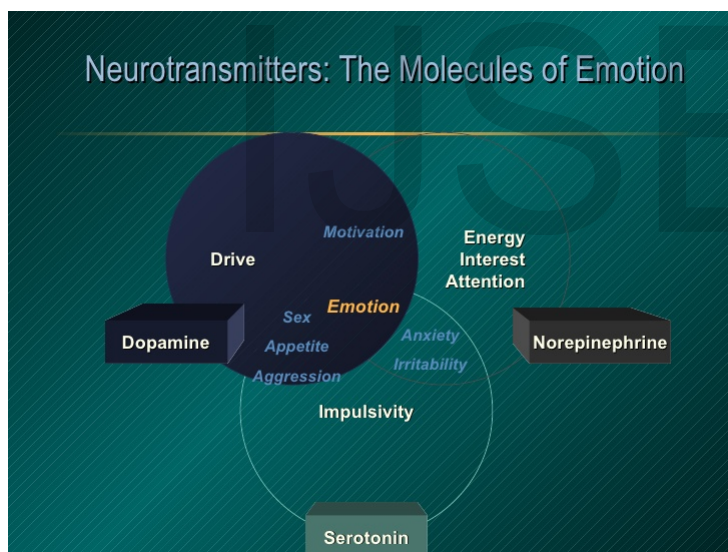
During the reaction, the intensity of emotions that is brought on by the stimulus will also determine the nature and intensity of 'behavioral response'; Individuals with high level of emotional reactivity may be prone to: Anxiety and aggression, which illustrates the implications of appropriate emotional reaction in the flight/fight response.

Etiology of Self- harming/ injurious behavior

(Biological considerations and neurochemistry)

Serotonin – Decreased levels correspond to increased aggression and self- injurious behavior.

- Irritability is expressed as screaming or throwing things when serotonin levels are normal.
- Research correlates this by showing decreased platlet imipramine binding sites in self- injurers (Simon et all 1992) and linked to impulsivity and aggression. (Birmaher et all.1990)



Endorphin Model - Pain resulting from Self- harm or injury may elicit release of endogeneous opioids (endorphins) which acts as an analgesic an opiate receptors like morphine or heroin, (Thompson et al. 1994). Little or no pain seen in many self-injurers which is termed as "blunted nociception".

Dopamine supersensivity or hypertension of endorphins seen. Repetitive self- injurious actions may come under control of addictive reinforcers and these receptor effects.

DESTRUCTIVE BEHAVIOUR - AS COPING MECHANISM:

(When things get too much)

Self destructive people usually lack healthier coping mechanisms, like asserting 'personal boundaries'. As a result they tend to feel that showing they are incompetent is the only way to untangle themselves from demands.

Successful individuals may self-destructively sabotage their own achievements, this may stem from an impulsive desire to repeat or from an impulsive desire to repeat the 'climb to top'. This self-destruction in its more extreme forms leads to "self-harm".

This behavior may also manifest itself in active attempt to drive away other people.

Ex. They may fear that they will mess up a relationship, Rather than deal with its fear, socially self-destructive individuals engage in annoying/ alienating behaviour so that others will reject them first.

More obvious forms of this behavior are:

Eating disorders

Drug addiction

Sex addictions

Self-injury

Suicidal attempts

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Apart from this an important aspect of self-destructive behaviour is: inability to handle 'stress', stemming from an individual's lack of self-confidence.

Self-destructive behavior is often a form of self-punishment in response to a personal failure, which may be real/perceived. It may or may not be connected with feelings of 'self-hatred'. It is seen that self-destructive behavior is inherently 'attention-seeking' or that attention is the primary motive and this is undoubtedly true in some cases and normally the motivation runs much deeper than that. In some cases it could also be explained in terms of: 'dysfunctional patterns' earlier in life, separation from parents and attachment disorders have been linked with self-destructive behavior and with failure to engage in self-care behavior.

LITERATURE REVIEW :

Jamestown College, Jamestown, ND, USA. (2010) studies the deliberate self-harm and presented a model that illustrated that DSH is seen in incarcerated females; For their study they used Grounded theory for data collection and its analysis, They studies the factors like: anxiety, anger and their exaggeration upon punishment.

National Counsel On Alcoholism And Drug Dependence (NCADD). (2015). analyzed the impacts of drug abuse and other substance abuse to crime, be it juvenile crime or adult violent crime. They estimated the rates of drug usage and their co-relation with child abuse, domestic violence, criminal acts and they also prepensed the possible solution and treatment against this specially for incarcerated inmates due to their drug dependencies.

Arne Cornelius Boudewyn, Joan Huser liem. (1995). they examined Childhood sexual abuse (CSA) and Self-destructive behaviors in adulthood allied to other traumatic stressors in childhood and adulthood with special attention to sex differences, On a college sample, who were reported having been sexually abused as children, ranging from unwanted kissing to fondling to unwanted intercourse, predicted depression, chronic self-destruction, self-harm ideation, acts of self-harm, suicide ideation and suicidal attempts. The results were such that : more the frequency and severity of the abuse , longer its duration more the depression and self-destruction reported.

U.S Department of Justice, Washington (2011). did prominent studies of child abuse and maltreatment point to several unfortunate outcomes for victims as they grow up, They studies the impact of childhood abuse on Delinquent and arrest and later victimization., which was unequivocally related to each-other in both the sexes.

Eric Hoffer. (2015). Studied the theoretical perspective of goal theory in students and professionals in liason with self-sabotaging behavior and also gave solutions to overcoming self-sabotage.

Tara Palmatier (blog), (2010). Studied and analyzed about the High-conflict personality disordered women and gave its two distinction , one who perpetrate psychological violence and others who cross this line to a criteria of a full-blown personality disorder and are much violent in their acts, Relating their symptoms to abuse, violence, killings.

Norman Tabachnick, Phillippa Poze, Elaine Fielder studied the influence of theories like: Death instinct, maladaptive theory and mental illness in relation to self-destruction.

Baumister, Roy F. (1990). Analyzed suicide in terms of motivations to escape from aversive self- awareness and that these failures are attributed internally, which makes self- awareness painful; The person tries to achieve a state of cognitive deconstruction to achieve goals, which brings irrationality and disinhibition, making drastic measures seem acceptable and Suicide can be seen as an ultimate step in the effort to escape from Self.

Keith Hawton. (2012). Examined the relation between self-harm and suicide in adolescents, which he considered as the major health problems in them; With the rates of self-harm being high in the teenage years and suicide being the second most common cause of death in young people worldwide, the important altruists being : genetic factors, psychiatric, psychological, social, familial and cultural factors.

Markowitz, Philip I. MD. (1992) Based upon the assumption, that this maladaptive behavior of self-injury, which may be related to central nervous system, He analyzed that serotogenic imbalance or dysfunction is common in self-injurious individuals and upon giving them serotonin uptake inhibitors, showed marked improvement.

Aaron t. beck, MD; Maria Kovacs, Phd; Arlene weissman, MA. (1975) They explored the kinship of hopelessness to levels of depression and suicidal intent, both psychometrically and clinically. The results of this investigation supports that previous reports in suicide attempters supports hopelessness as the key variable linking depression to self-destructive tendencies.

Laura J. Martin, MD. Posed a strong relationship between Depression, hopelessness and raising their risk to suicide. Depression accompanies Self-destructive behavior in burdening people along with drug abuse, feelings of anger, loss and anxiety.

Abraham Kalpan. (2008). Studied the psychodynamics of Terrorism, the use of force to produce a fearful mind. Those involved in terrorist attack are aftermaths of low self- esteem, anger and frustration due to prevailing conditions, which eventually detour the self-harm to violence.

Thomas F. Denson, C. Nathan DeWall, Eli J. Finkel. They carried out research on self-control-informed informed interactive theories of aggression. Advances from cognitive control and neuroscience also suggests the neural mechanisms involves emotion regulation and mediate the relationship between deficient self-control individual control and aggression.

Hilda C P Morana, Michael H Stone, Elias Adalla-Filho. Illustrated Personality Disorders in context of their psychopathy, as a result of their severe disturbance of the character and behavioral tendencies of . It includes various areas of personality which were associated with self-destruction of serial killers and social allineation.

Beth S. Brodsky, Phd. Maria Oquendo, MD. Steven P. Ellis, Phd. Gretchen L. Haas, Phd. J. John Mann, MD. (2001) Their study investigated that whether a higher frequencies of impulsivity, aggression and self-harming or suicidal tendencies. whose results were that subjects who reported an abuse history were more likely to have made a suicide attempt and had significantly higher impulsivity and aggression scores and attempted self-destructive acts.

Paul Wilkinson., Raphael Kelvin., Bernadka Dubicka., Ian Goodyer They assessed clinical and psychological factors in depressed adolescents to fortell it with suicidal attempts and violent Antidepressants and Psychotherapy Trial (ADAPT) . Clinical symptoms, family functions, current personal relationships, suicidal and non- suicidal harm thoughts and behaviors, which resulted out to be the most eloquent predictors of destructive acts.

Keith Hawton., Steve Kingsbury., Karen Steinhatdt., Anthony James., Joan Fagg. (2002).

They aimed their study to examine the relationship between psychological variables and repetition of deliberate self-harm by adolescents aged 13-18 years, displaying signs of : depression, hopelessness, suicidal intent, impulsivity, trait, anger, low self-esteem and reduced capacity of problem-solving. Adolescents with the history of repeated self-harming during that

Widom., Cathy S. (1989) They analyzed and examined number of violent/ homicidal offenders examining their relationship of abuse and neglect to violent behavior and delinquency. The evidence for this cycle of violence showed that being abused and neglected as a child increases one's risk for delinquency, adult criminal behavior and violent criminal behavior.

J. David Hawkins., Elizabeth Von Cleve., Richard F. Catalando JR. (2010). They determined that early rated of antisocial behavior are the precursors of adolescent delinquency and drug use.

Bruce J. Arneklev., Harold Gramsick., Charles R. Title., Robert J. Bursik. They contend that individual differences in involvement in criminal and analogous behavior are largely due to individual differences in personality trait i.e. low self-control. Various behaviors considered analogous to crime are imprudent behaviors such as : smoking, drinking and gambling and that these behavioral aspects are lid nked to some or the other forma of criminal behavior.

Gratz., Kim . I., Conrad., Sheree Dukes., Roemar., Lizabeth. (2002). The self-report studies by them examined the risk factors for deliberate self-harm among age groups of college students, females and adults; Results indicate that insecure attachment, childhood separation, emotional neglect, sexual abuse and dissociation were significant predictors of self-harm.

Kim L Gratz. (2006). He reviewed empirical and theoretical literature on the risk factors for and functions of self-harm. The potential risk factors for self-harm : childhood sexual and physical abuse. Neglect childhood separation and loss, security of attachment to caregivers, and emotional reactivity and intensity are undeviatingly related.

Gemma L Gladstone et all. (2004). They investigated the association between sexual abuse in childhood and subsequent incidents of deliberate self-harm; Thing been sexually abused as children sample chosen was reported having been sexually abused as children were compared to a population of children who did not report abuse. Results were clear association between sexual abuse in childhood and self-harm, that were subjected to more frequent and more intrusive abuse.

E. David Klonsky., Thomas F. Olmanns., Eric Turkheimer.(2003). They researched on deliberate self-harm (intentionally injuring oneself) and estimated its association with psychiatric disorder. Most of the participants

in this study reported a history of DSH, scored higher on self and peer report measure of psychiatric and personality disorders.

Herbert Fliege., Jeong-Ran Lee., Anne Grimm., Burghard F.Klapp. (2008). Studied Risk Factors and correlates of deliberate self-harm behavior as a serious health problem and is a clinical phenomenon which correlated itself with sociodemographic and psychological correlates and risk factors, whose results were that adolescents and adult self-harmers experience more frequent and more negative emotions, such as : anxiety, depression and aggressiveness as compared to individuals who do not self-harm.

Gracy Nicola., Hill., Charlotte., Andrew., David., Mac Culloch. (2003). By using the Brief Psychiatric Rating Scale (BPRS), They predicted the violence in mentally unstable or were offenders, whose self-harming tendencies were atleast effective than those who were mentally fit it.

Katen Rodham., Emma Evans., Rosamund Weatherall. (2002). They detect and risk of severe destructive acts. self-harming activities in the past history increased the affects of and risks of destructive acts.

Kim L. Gratz., Lizabeth Roemer. (2004) They assessed multidimensional aspects of emotional regulation and dysfunction using the Difficulties in Emotion Regulation scale (DERS) and suggested that dysfunctional emotional regulation is responsible for psychiatric problems which may lead to self-harming tendencies.

THEORIES OF SELF SABOTAGE

Self- sabotage revolves around psychiatry, psychology psychoanalysis and sociology. To those who love and live life has both philosophical and practical significance, To understand the ways in which man moves himself towards death is to approach an understanding of life through its shadowy mirror image.

Any activity over which man has some(actual or potential) volitional control, which moves him in the direction of an earlier physical death than would otherwise occur is cog nominated as "Self-destructive".

The Death Instinct

Sigmund Freud put forth his classification of Human instincts that could be divided into two main categories : those moving towards "Life" and those moving towards "Death". Death instinct was conceptualized as a primary force in all living matter to return to a state of complete inertia, This force was combatted from 2 main sources; first of all there were instincts within the organism, which attempted to extend life and to bring about higher unities of living matter. An example of these would be procreative sexual activity.

The second interference with the workings of the death instinct came from situations external to the individual such as his society with its particular forces and values. These forces interfered with the individual's death instinct moving on to its inexorable expression. Now, these external forces are often destructive in nature and withstand with ego forces of individual, Freud felt that at deepest level these ego forces works in the service of death instinct, competing to kill the individual.

The General Strain Theory

General strain theory is a theory of criminology developed by *Robert Agnew*. Robert Agnew's General Strain Theory is considered to be a solid theory, and has accumulated a significant amount of empirical evidence, and has also expanded its primary scope by offering explanations of phenomena outside of criminal behavior.

Agnew recognized that strain theory originally put forward by *Robert King Merton* was limited in terms of fully conceptualizing the range of possible sources of strain in society, especially among youth. According to Merton, innovation occurs when society emphasizes socially desirable and approved goals but at the same time provides inadequate opportunity to achieve these goals with the legitimate institutionalized means. In other words those members of society, who find themselves in a position of financial strain yet wish to achieve material success, resort to crime in order to achieve socially desirable goals. Agnew supports this assumption but he also believes dealing with youth there are other factors that incite criminal behavior. He suggests that negative experiences can lead to stress not only that are financially induced.

Agnew's 3 categories of strains:

The inability to achieve positively valued goals

The removal or the threat to remove positively valued stimuli

To present a threat to one with noxious or negatively valued stimuli

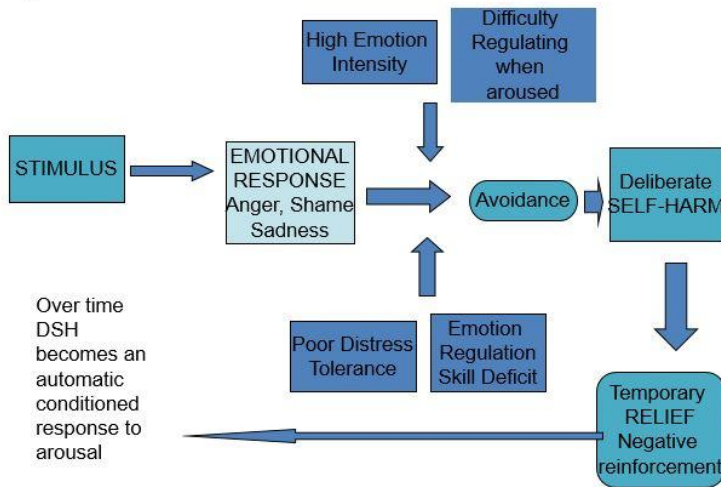
In an attempt to explain the high rate of male delinquency as compared to female delinquency, *Agnew* and *Broidy* analyzed the gender differences between the perception of strain and the responses to strain. The first area that was explored was the amount of strain that each gender experiences. According to stress research that *Agnew* and *Broidy* complied, females tend to experience as much or more strain than males. Also, females tend to be higher in subjective strain as well. Since females experience more strain and commit less crime, *Agnew* and *Broidy* investigated the different types of strain that males and females experience.

Joiner's Theory (Thomas Joiner, 2005)

Also known as the "**Interpersonal Theory Of Suicidal Behavior**". It proposes that an individual will not die by suicide/any self-harming act unless he/she has both desire to die and the ability to do so.; When people holds two specific psychological states in their minds simultaneously, and when they do so for long enough, they develop the desire for Death. These two psychological states are **Perceived burdensomeness** and a **Sense of low belongingness** or **Social alienation**. Self-preservation is a powerful instinct that few can overcome it by force of will; The few who can have develop fearlessness of pain, injury, and death, which according to the theory, they acquire through a process of repeatedly experiencing painful and otherwise provocative events, these experiences include previous self-injury and self-destructive/suicidal states.

Models of Self- Harm

Experiential Avoidance Model (Chapman, Gratz & Brown's) Experiential Avoidance Model of Deliberate Self-Harm



Experiential Avoidance: Any effort to avoid or escape internal experiences or the situation that produce them.

- Experiences: thoughts, feelings, or physical sensations
- Avoidance strategies: thought suppression, substance abuse, DSH

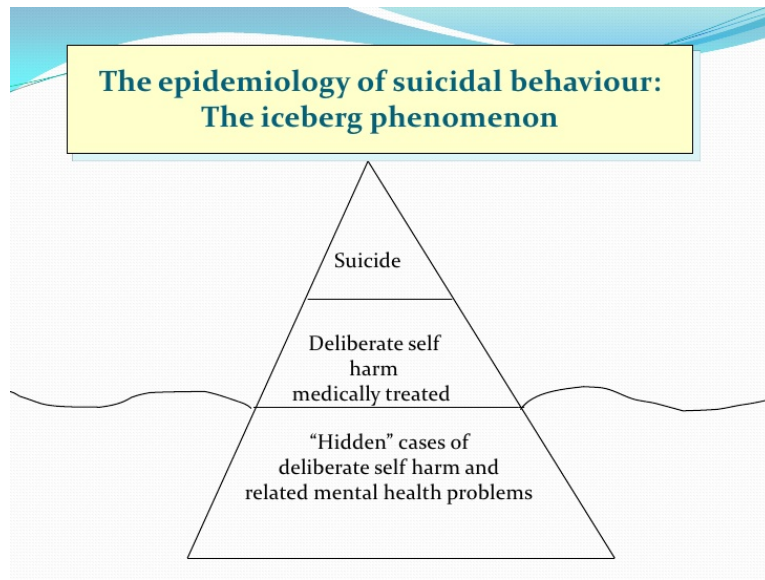
Avoidance is negatively reinforced since, when you avoid, immediate discomfort is reduced. This relationship becomes very strong after experiences.

In the long term, thought suppression tends to increase distress, increase the frequency of distressing thoughts and increase the likelihood of a rebound effect from the suppressed emotional experience (i.e temporary relief leads to greater anxiety). Avoidance decreases the likelihood of extinction of unwanted emotions and prevents the individual from learning that aversive emotional states, while unpleasant, are not threatening.

Methods of Experiential Avoidance

- Denial of problems (rather than problem- solving)
- Dissociation and emotional numbing
- Isolation
- Drug and alcohol abuse
- Suicide attempts
- Non-suicidal self- injury
- Self- punishment
- Secondary emotions to avoid primary emotions
- Hospitalization to escape stressful circumstances

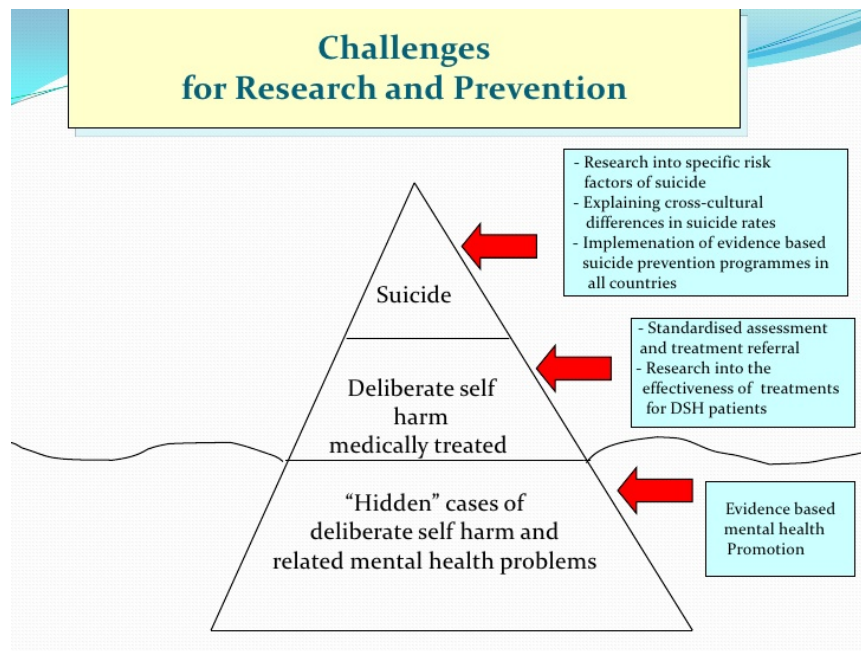
Freud's Iceberg Model



Freud proposed that physical symptoms are often the surface manifestations of deeply repressed conflicts. Implicitly he was proposing a revolutionary new theory of the human psyche itself. Freud (1900, 1905) developed a topographical model of the mind, whereby he described the features of the mind's structure and function. Freud used the analogy of an iceberg to describe the three levels of the mind. On the surface is consciousness, which consists of those thoughts that are the focus of our attention now, and this is seen as the tip of the iceberg. The preconscious consists of all which can be retrieved from memory. The third and most significant region is the unconscious. Here lie the processes that are the real cause of most behavior. Like an iceberg, the most important part of the mind is the part you cannot see.

The unconscious mind acts as a repository, a 'cauldron' of primitive wishes and impulse kept at bay and mediated by the preconscious area. For example, Freud (1915) found that some events and desires were often too frightening or painful for his patients to acknowledge, and believed such information was locked away in the unconscious mind. This can happen through the process of repression.

Sigmund Freud emphasized the importance of the unconscious mind, and a primary assumption of Freudian theory is that the unconscious mind governs behavior to a greater degree than people suspect.



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Emotion Regulation Model of Self - harm

(automatic negative- reinforcement)

96% of Self- harmers reported that emotion release was the reason for the behavior. (Brown.,et all 2002)

Emotional dysregulation develops through a combination of individual risk factors (emotional reactivity and intensity) and environmental risk factors (invalidating environments that fail to teach strategies for emotion regulation)

Self- harm may develop as a way to manage intense or out-of control emotions. It may serve to

Reduce anxiety

Release tension

Release anger

Provide a sense of control

Stop racing thoughts

Terminate dissociation

Concretize emotional pain

Release guilt or loneliness



VICTIMIZATION

Experiencing / target of another individual's aggressive, discriminatory, persistently hostile/assaultive actions.

Victimization is the process of being victimized or becoming a 'victim'; prevalence of victimization is studied under victimology

PEER VICTIMIZATION: Experience among children of being targeted of the aggressive behavior of other children who are neither siblings nor age-mates.

SECONDARY VICTIMIZATION (POST-CRIME VICTIMIZATION/ DOUBLE VICTIMIZATION): Further victimization, following on from the original victimization like: Post-assault behavior/language by medical personnel's or other organizations.(also by justice system personnel's).

For ex: In case of Rape, which follows secondary victimization as: Stigma, taboos, victim's isolation and re-traumatization.

RE- VICTIMIZATION: Refers to a pattern, wherein the victim of abuse and crime has a statistically higher tendency to be victimized again (either shortly thereafter/much later in adulthood in the case of abuse as a child).

SELF VICTIMIZATION (VICTIM PLAYING): Fabrication of victimhood for a variety of reasons such as to justify abuse of others, to manipulate others, a coping strategy or attention seeking.

(a) **By Abusers:** Diverting attention away from acts of abuse by claiming that abuse was justified based on another person's bad behavior (the victim typically).

Soliciting sympathy from others in order to gain their assistance in supporting or enabling the abuse of a victim (proxy abuse).

Victim playing-common for abusers has two main purpose :

- Justification to themselves: As a way of dealing with cognitive dissonance that results from inconsistency between way they treat others and what they believe about themselves

- Justification to others: As a way of escaping harsh judgement/ condemnation, they may fear from others.

(b) **By Manipulators**: Often they play the victim's role by portraying themselves as victims of circumstances/someone else's behaviour in order to gain: Pity/sympathy or to evoke compassion and thereby get something from another.

(c) **Other Types**: Attention seeking techniques.

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FACTORAL REVIEW :

1. Suicide

Suicide is the act of intentionally causing one's own death. Risk factors include mental illness such as depression, bipolar disorder, schizophrenia, personality disorders, alcoholism, or drug abuse. Others are impulsive acts due to stress such as from financial difficulties, troubles with relationships, or bullying. Those who have previously attempted suicide are at high risk of future attempts. Suicide prevention efforts include limiting access to method of suicide such as firearms and poisons, treating mental illness and drug misuse, proper media reporting of suicide, and improving economic conditions. Although crisis hotlines are common, there is little evidence for their effectiveness.

Suicide, also known as completed suicide, is the "act of taking one's own life". Attempted suicide or non-fatal suicidal behavior is self-injury with the desire to end one's life that does not result in death. Assisted suicide is when one individual helps another bring about their own death indirectly via providing either advice or the means to the end. This is in contrast to euthanasia, where another person takes a more active role in bringing about a person's death. Suicidal ideation is thoughts of ending one's life but not taking any active efforts to do so.

Risk factors :

Factors that affect the risk of suicide include psychiatric disorders, drug misuse, psychological states, cultural, family and social situations, and genetics. Mental illness and substance misuse frequently co-exist. Other risk factors include having previously attempted suicide, the ready availability of a means to take one's life, a family history of suicide, or the presence of traumatic brain injury. Socio-economic problems such as unemployment, poverty, homelessness, and discrimination may trigger suicidal thoughts. About 15–40% of people leave a suicide note. Genetics appears to account for between 38% and 55% of suicidal behaviors War veterans have a higher risk of suicide due in part to higher rates of mental illness and physical health problems.

INTERPRETATION

Self harm is thought to be directly related to self-injury. Although, initially self-harming individuals do not wish to kill themselves; Suicide as we know is a way of ending one's life but continuous self-harm may later turn into suicidal act. Unambiguously individuals with such allied tendencies experiences life stressors and with realm depressing events and they want to escape from such pain and suffering. Self-harm can cause changes in brain chemistry, which gives the effect of "Rush" and can easily become addictive and highly dangerous. Cutting, burning, isolating, these individuals punish themselves for what's going on in their lives, They lack appropriate coping skills and have low self-esteem; So to comprehend with the feeling of euphoria, they indulge into such acts but later if these self harming activities prevails that tantamount to a habit, this could even lead to violently hurting other person, to get the same euphoric rush(resulting in natural high) which the person couldn't get by sabotaging self. Subsiding to this fact, a concept of "Murder-Suicide" can consociate the suicidal tendencies to criminality, wherein a person/ an individual kills one/ more persons immediately before or at the same time as killing oneself.

Anthropologist Ernest Becker, whose theories on Human Notion of death is strongly influenced by Freud, views the fear of death as universal phenomenon, a fear repressed in unconscious and of which people are largely unaware. This fear can move individuals towards "heroism", but also to scapeogation. These failed attempts to achieve heroism can lead to mental instability and anti-social behavior.

2. BORDERLINE PERSONALITY DISORDER :

Borderline personality disorder (BPD) is a personality disorder. The essential features include a pattern of impulsivity and instability of behaviors, interpersonal relationships, and self-image. There may be uncontrollable anger and depression. The pattern is present by early adulthood and occurs across a variety of situations and contexts.

Other symptoms usually include intense fears of abandonment, sensitivity to feelings of rejection, extreme anger, and irritability, the reason for which others have difficulty understanding. People with BPD often engage in idealization and devaluation of others, alternating between high positive regard and great disappointment. Self-harm, suicidal behavior, and substance abuse are common.

Signs and symptoms

Borderline personality disorder may be characterized by the following signs and symptoms:

- Splitting (thinking in extremes)
- Chaos in relationships
- Markedly disturbed sense of identity
- Intense or uncontrollable emotional outbursts
- Unstable interpersonal relationships and self-esteem
- Concerns about abandonment
- Self-damaging behavior
- Impulsivity
- Frequently accompanied by depression, anxiety, anger, substance abuse, or rage

The most distinguishing symptoms of BPD are marked sensitivity to rejection and thoughts and fears of possible abandonment. Overall, the features of BPD include unusually intense sensitivity in relationships with others, difficulty regulating emotions, and impulsivity. Other symptoms may include feeling unsure of one's personal identity, morals, and values, having paranoid thoughts when feeling stressed, and severe dissociation.

INTERPRETATION

BPD is characterized by : unstable relationships, self-image and affect , as well as impulsivity, that emanate by early adulthood. Individuals with BPD make efforts to avoid abandonment; They often exhibit recurrent suicidal and/ or self-injurious behavior, intense anger, dissociation and feeling of emptiness, BPD is consorted with a broad variety of aberrant behaviors of criminality and when comparing it with general population, it is over represented in most of the prison inmates and oftentimes pertinent with a history of perpetration of impulsive and violent crimes, antisocial traits and incarceration for domestic violence, Also, as indicated by the criterion in DSM, these personality disorders are diagnostically and clinically characterized by self-harming behavior, recurrent suicidal tendencies, gestures or threats. However, individuals with BPD can unfurl externalized aggressive behavior as well as exhibiting physical violence towards others, their partner or oneself.

3. Addictive behavior :

Deliberate self-harm is associated with diverse forms of sabotaging behavior and substance abuse comorbidity, According to National Epidemiologic Survey On Alcohol And Related Conditions(NESARC), which leads to multiple forms of violent behavior towards others.

As bizzare as it sounds, self-harm has been reported to be an addiction that is it belongs in the realm of addictive behavior. To deliberately self-harm oneself also exhibits characteristics that have also been consociated in self-destructive behavior of addiction.

Addictive substances, specially Stimulants(upperes), which increases the CNS activity tends to produce more excitability and further accelerate it, most common of which is 'Opiod Addiction', where a person is unaware of his actions towards self.

Interpretation

There are a number of socio-psychological explanations , that could elucidate some aspects of addiction.

Addiction is a product of the interaction of personal and environmental factors of which stereotypical biological addiction is merely a part. Addiction, substance abuse and alcohol all co-occur frequently in criminal populations. The co-occurrence of addiction may imply that addiction prone personalities posses evidences that risk factors/ antecedends/ predictors of addictive behavior are much the same as those door criminality. Problem drinkers/ predisposes to the paradigm of substance-abuse tend to indulge in activities that are self-harming to them(physical/ mental). When the vicious cycle of addiction: tolerance, salience, conflict, withdrawal , craving goes beyond the individual's control then Relapse into addiction occurs, which could be sometimes so devastating and violent that it leads to actions which are against self(harmful), which are not socially acceptable or lead to some or the other criminal act that is all because of side effects which emerge from addictive substances like: Distorted thoughts, incompetency, unable to extricate between right and wrong commission of actions.

4. Major Depression:

Depression is a condition that occurs, when feelings associated with sadness and hopelessness continue for long periods of time and interrupt with regular thought patterns. It can affect your behavior and it doesn't discriminate- it can affect anyone, of any age, gender, race and ethnicity or religion.

If these feelings alienated, depression persists for an extended period of time, it may be an indicator of severe depression. Self injury and depression go hand in hand, wherein depression could take several forms of psychiatric problems.

Depression isn't about being very sad, it is an illness that has an effect on nearly every part of life. Sometimes it is an inherited condition, sometimes it grows out of trauma or other seriously negative events; if left untreated, it may lead to: Addictive difficulties, emotional distress, suicidal tendencies, aggression and violent acts.

Interpretation

Self-harm/injury is the result of most probable method of dealing with depression, it can be a method of gaining some control over the physical self/ internal feelings, the feelings of helplessness and hopelessness, as been the core reason behind self- sabotaging/ destructive behavior.

According to "REBT", we become upset due to our own beliefs and not because of the fortuitous event; the idea of our beliefs upsets us and cause us to become depressed, anxious and enraged. We all want happiness in every aspect of life but our goal if being happy is often thwarted by" slings and arrows of outrageous fortune". When these depressive events/ crises/ circumstances tides over, we respond in a way that could have two possibilities: We can respond in ways that are healthy and helpful but other extreme could be unhelpful and

unhealthy. The beliefs that upsets us/ depressed us are variations of the irrational beliefs among which one is about self- that could be self destructive (when an individual starts blaming self for every situation/ outcome) and next is about others- which often leads to rage, aggression and acts of violence; depending upon the situation these violent acts could turn into criminal actions. Depression is a cruel punishment; there are no fever, no rashes, no blood, just the slow erosion of self.

5. Neurotransmitters:

These are the chemical messengers, which are endogenous chemicals that enable "Neurotransmission They transmits signals (neural signals) from one neuron/ nerve cell to another 'Target' neuron, where they are received be receptors on target cells.

Neurotransmitters play a major role in shaping everyday life and functions, which are responsible for an individual's actions/ reactions (serotonin, dopamine, etc.)

Neurotransmitter Imbalance: This has been associated with physical and emotional stress; overtime the stress wears out the nervous system and depleted neurotransmitter supply. Genetics play an important role in correlating with neurotransmitter imbalance.

Interpretation

Impulsive aggression is characterized by an inability to regulate affect as well as aggressive impulses and is highly co morbid with suicidal behavior and violence (either toward self/ others). To comprehend with the neurobiological underpinnings of impulsive aggression, which accounts for its connection with such factors, the dysfunctional interaction between 'serotonin' and 'dopamine' systems in the Prefrontal cortex is accountable and may be an important mechanism underlying the link, specifically serotonin hyper function may represent a biochemical trait that predisposed individuals to impulsive, aggressive and incapacitated state. This substantial disposition can be vented behaviorally as harm towards oneself as well as others. The major function of pre-frontal cortex like: Emotional imbalance, empathy begins debasing, eventuating in deregulations from neurotransmitter deficiency resulting in three times more aggression, violence and unveiling psychopathic traits.

6. Child Abuse:

When a parent or caregiver, whether through action or failing to act, causes injury, harm(emotional/ physical), death is what is delineated as child abuse. It could take various forms:

- Physical Abuse
- Sexual Abuse
- Exploitation
- Emotional Abuse
- Neglect
- Maltreatment

The impact of child abuse does not end when the abuse stops and the long-term effects interferes with day-to-day functioning. The negative impact of child abuse and neglect has severe aftermaths on mental health, including: Depression, Anxiety Disorders, Eating Disorders, Suicidal tendencies, Alcohol abuse, Aggressive

behavior and Self-harming intentions. Victims of child Abuse and neglect are more likely to commit crime as: Juveniles and adults.

Interpretation

Child maltreatment, which includes both : Child abuse/ child neglect is a major social problem. A million of children are victims of such acts, suffering serious injuries, mental and physical torture and in addition to this appalling immediate toll; child abuse is thought to have many harmful long-term consequences. Many authors, statistics and genetic studies have shown that child maltreatment roughly double the probability that an individual enthralls in many varieties of crime, even if we allegorize twin studies (one of whom was maltreated, when the other was not). Family disputes, children of divorced parents, children from poor families are the ones most likely to suffer from PTSD, which leads to self destructive behavior and in near future, if its level increases it could coerce to juvenile delinquency, starting to engage in criminal behavior. If they cannot cope-up with the prevailing situations, they harm them as a fact of escapism, ignorance and loss of self worth. As a result Illegal human capital activities of these children's increases by raising experiments in criminal activities such as: School burnouts, unacceptable social acts, which will further increase criminal propensities.

6. TERRORISM (Suicide Bombers):

A Suicide attack is an attack, in which the attacker expects to die in this process.

Suicide terrorism is an operation with violent actions, perpetrated by people, who are aware that the odds they will return alive are close to zero/ or are required to be zero, Type of killing may not be clear to investigators, suicide attack campaigns sometimes also use proxy bombings or manipulating the vulnerable to be bombers, and atleast possessing the motivation to kill and be killed connects some suicide attackers more closely to "Suicidal Rampage" murderers than is commonly thought.

INTERPRETATION

In this post-modern society in which we have lost our understanding of communal values and the idea of self-sacrifice on behalf of the group. The suicide bombers/attackers/terrorists are generally incomprehensible, mad, beyond reason or driven by poverty and illiteracy to commit inhuman deeds. JIHADIS what they are actually called prepare to kill themselves rather than a military attack. Social factors including : antisocial environment, family disputes, facing nationalism, racism, going through emotional turmoil because of all this, financial problems, all this emanates to indulging in activities, which are self-destroying and these suicide bombers feel peace in this as they become free from all the responsibilities and would no longer face frustration and see people around them frustrated.

7. HOPELESSNESS:

Feeling of hopelessness are the frustrating, negative feelings that are common among individuals who are clinically depressed. The cognitive theory of depression has shown that people who are depressed struggles with the feelings of hopelessness and helplessness. A sense of hopelessness reflects expectations of personal dissatisfaction, failure, and a continuation of pain and difficulty – a belief that nothing will get better; It manifests a negative view of "Self". Extreme feelings of hopelessness are predictors of suicide.

Its symptoms include:

Loss of interest or pleasure

Appetite and Weight changes

Sleeping problems

Feeling agitated or slowed down

Feeling worthless or guilty

Decreased Energy

Self-harming activities

Suicidal thoughts

INTERPRETATION:

Hopelessness is cataloged factor of suicidal and self-harming tendencies; Hopelessness being the cognitive attitude has a strong relationship with self-harming thoughts and acts. Individuals with this wretchedness have less attraction to life and diminutive thinking for future, that in extravagant cases coerce to risk of suicide and violent acts on self.

Some case examples :

Case: Mohammed Ajmal Kasab – suicide attacker (terrorism)

Mohammed Ajmal Amir Kasab (13 July 1987 – 21 November 2012) was a Pakistani militant and a member of the Lashkar-e-Taiba Islamist group, through which he took part in the 2008 Mumbai terrorist attacks in Maharashtra state of India. Kasab was the only attacker captured alive by police/s Kasab was born in Faridkot, Pakistan to a family belonging to the Qassab community. He left his home in 2005, engaging in petty crime and armed robbery with a friend. In late 2007, he and his friend encountered members of Jama'at-ud-Da'wah, the political wing of Lashkar-e-Taiba, distributing pamphlets, and were persuaded to join. On 3 May 2010, Kasab was found guilty of 80 offences, including murder, waging war against India, possessing explosives, and other charges.

He belonged to a poor family, in an impoverished part of Pakistan. Mohammed Ajmal Amir Kasab's journey from crime to jihad and to India began after his father refused to buy him new clothes on Eid. Frustrated because of his family's financial conditions he got captivated in small crimes initially.

Consequences:

All the consequences that are against all the odds that they will return alive are close to zero or are required to be zero.

Traumatic stress, loss, frustration, loss of meaningful roles, internal desire for revenge which often acts as motivation to their self-sacrifice and to commit such a horrific violent

act; Madness, psychopathy, ideology of Martyrdom, these individuals are actually psychologically able to manage their fears.

In this case example, reviewing from the available data (source mass media) and biography of Kasab as was portrayed 4 facts were evident :

He was unemployed

Socially alienated

Dropped out of family and society

Little education

These were the evident causative factors responsible for his act. Some or the other psychological predictors, psychological pressure, motivation from such organisations, rewards(financial help to family and self lifestyle), nationalism, feeling of empowerment which serves as cherry on top.

Case: serial murderer (a white man from America) – From childhood abuse to juvenile delinquent to serial killer

One of the serial murderer from America age – 32, never married, who was slightly transient with unstable early life and childhood. A school dropout after grade seven after which he ran away from home at the age of 13, He was juvenile delinquent, with initial acts of harming and torturing animals, involved in burglaries as a juvenile. He lived with an older homosexual male and also engaged in sexual relationships with him. He used a variety of illicit drugs and frequently abused alcohol. His adult criminal history included arrests for aggravated battery, robbery, alcohol abuse, sodomy, drug possession, alcohol related possessions and disorderly conduct.

In his 8 month period of killings he killed at least six men out of which five were homosexuals. He was rated very high on psychopathic scale too.

Consequences:

Experiencing childhood abuse, humiliation, violence, beating by parents, injuries, sexual abuse in childhood. Any act/consequences, which is psychologically damaging to the child like: humiliation or emotional conflict. Serial killers are likely to have experienced childhood abuse, neglect, divorcee parents, and conflicting relationships. Possible contributors include: brain damage, anomalies, genetic, neurotransmitter imbalance.(biological contributors). Familial contributors like: alcoholic parents, parent/both of them having extra-marital affairs (unstable relations).

In the case example, the offender's childhood was full of emotional turmoils, divorced parents, her mother having multiple relationships and he facing the abuse from his step father, beating up and after a period was sent away from home – which all collectively contributed to his delinquent acts which later turned to much violent killing tendencies, out of his frustration, anger and past depressive events, alcoholic habits and aggressive behaviors. The lack of positive activities and parental involvement in their early life, losing control over their lives and disciplinary authority over them so life for these individuals holds little value.

Case: BPD (Theresa Riggy)

An American woman, who stabbed her three children to death, was found dead in Scotland. She was sentenced for 16 years behind the bars for horrific killing of her 3 young children. Riggy murdered her three children two of them were identical-twins and one was a 5 year old daughter, whom she killed by brutally stabbing 8-times with three different knives for each. Riggy planned to turn on the over to explode the house and when that failed, she leapt from the second story flat in an attempt to take her own life (suicide). Riggy's childhood had shown "parental alienation" and was suffering from personality disorder (BPD), paranoia and narcissism. She also had a cold relationship with her husband due to her childhood predisposition to conflicted parental relationship.

Consequences :

Personality disorders in High conflict individuals make the unthinkable, thinkable. some cross the line and commit murder, while others are content to perpetrate psychological violence like stalking, harassment, property destruction and parental alienation. Not all High-conflict people or individuals with personality disorders aren't violent and/or homicidal, but some like Theresa Riggy meet the criteria for being high-conflict people (HCP) and might also meet the criteria for full-blown personality disorders such as: BPD. Riggy because of her undexterous rejection from her husband and possessiveness towards her children, made her commit this inexorable act; and after its commission also attempted suicide, scilicet HCP'S with personality disorders are the ones who cannot judge right and wrong in their acts.

Case : Pablo Escobar (world's biggest Drug Lord) - Substance abuse to illegal drug dealer

Pablo Escobar, a notorious Columbian drug lord , belonging to a lower middle-class family, a quite child and a great thinker from childhood ,was very ambitious and kept high goals to serve his family; due to less contributions of his father to the families' circumstances, who was a farmer he and his family had to suffer a lot financially. His frustration and anger and anti-feelings towards Columbian system became worst so was dropped out from school. Indulging into various small scale crimes to drug selling (he himself was a higher drug abuser of cocaine and marijuana), to becoming the biggest drug dealer of Columbia , being recognized as the drug lord, did various killings and crimes itemizing drugs.

Consequences :

Drug addiction is a complex brain disease, Drug abuse and addiction is a result of biological, genetic, psychological and majorly environmental influence that predisposes individual to drug addiction. The psychopharmacological model suggests that some individuals, as a result of ingesting specific substances may become excitable and/ or irrational, and may act in a violent fashion. Familial circumstances, frustration, low socio-economic background are all accountable for low self-esteem, self-harm / suicidal ideations(as a way to abscond from present unfortunes) and extremities could usher to violence, that is the most customary case similitude to substance abusers.

In this case example, Pablo Escobar was himself a drug abuser(specially cocaine and marijuana), familial conditions (lower middle class family) and his frustration over situations, aggression made him indulge into drugs (as the fastest money making line) beginning from petty thefts and street crimes small scale selling of drugs, he plunged into gangs, drug dealings and became the hyped personality in illegal drugs smuggling and dealing, which earned him lots of money and in this course he murdered and killed individuals who came in his way. So, Pablo Escobar used anti-social path to overcome his frustrated, passive feelings under the influence of drugs and

CONCLUSION:

“Sometimes we want, what we want, even if it’s going to kill us.”

Impedimenting such emotional visceral reactions from some people, here the “Self-Saboteurs”, the reason they don’t rise/ think of their attacks is because they know they are irrational and delusional, not in control of their mind. They cannot ingurgitate the illogical premise behind their acts, because they have no comprehension of what logic is. Being emotionally brainwashed, due to the psychological, environmental or biological imbalance, they cannot respond in a sane and rational manner.

Self-harm is an important clinical phenomenon and tendencies towards repetitive self-harm appear to comprise a distinct component of personality disturbance i.e. mild/ initial stage of sabotaging is “Self-harm”, wherein an individual becomes less competent or he thinks as it, which coerce to Self-torment and learnt-helplessness, which in long haul turns into wickedness or act of wrong doing.

From reviewing the Literature, “7” most co-related factors were retrospect in ambience with self-harm and criminal behavior associated with it; among which : Major depression condition, Hopelessness, BPD, Child-abuse and Genetics (Neurotransmitter imbalance) contributed unswervingly with individual’s self-destruction. Suicide being at a whole a different path ensnared by “saboteurs”, when they cannot overcome their sabotaging thoughts, they tend to end their life but self-sabotage may not be suicidal but could route if it prevails in distant future.

Some 3-4 exemplar cases depicts the linkage of these cited factors to Self-subverting demeanor to Anti-social behavior or Mortal sin; Not only the killers, murderers, rock-bottom criminals possess such behavioral traits, the reason behind this kind of addressing can make anyone enter into the vicious cycle/ circle of Sabotaging-criminal persona. Depression, Eating disorders, Genetic issues occurs in individuals of the general population, which are the initiators of some or the other forms of self- harming behavior.

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