

# Developmental Support and Educational Counseling for Young Adults with Self-Injurious Behavior

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**Abstract:** This paper reports a case of self-injurious behavior (SIB) during young adulthood based on the characteristics of this developmental stage, role of counseling-based support, and basics of developmental support to clarify the challenges and appropriate methods of educational counseling to support the development of young adults with SIB. Counseling-based support is expected to ensure safety and security for clients, enhance their psychoeducational awareness, and promote their decision-making/empowerment. When providing developmental support for young adults with SIB, importance is placed on reducing their SIB in sufficient spans of time while helping them develop their own communication skills through the experience of establishing interpersonal relationships. In the present case, the client's secure and safe relationships were nurtured as a successful outcome of support for her to develop an interest in her own future and set her own goals. On the other hand, this case also revealed the necessity of further examining the approval-seeking behavior of young adults with SIB as a future challenge. The development of support that contributes to their sense of basic confidence without causing marked anxiety and facilitates their post-graduation lives may be essential.

**Key words:** counseling, educational counseling, young adults, self-injurious behavior, developmental support

## 1. Introduction

Educational counseling plays a supportive role in addressing educational issues that emerge in the course of child growth. In Japan, it is part of all activities to achieve educational goals and incorporated into extracurricular guidance for students.

Educational counseling is not limited to support for children to directly resolve their anxiety or distress, but it also aims to support their personality development. Appropriate attitudes as counselors and supportive and empathetic understanding are basic factors needed to fulfill these purposes. Educational counseling is also expected to extensively contribute to treatment, development, and prevention. "Treatment" aims to identify the cause of illness to cure disease. It is applied to those with mental disabilities. In

treatment, educational counseling also explores resources for the enhancement of coping skills, and helps children develop the ability to resolve their problems. "Development" aims to promote the physical and mental growth of children through the building of their life skills related to problem-solving. "Prevention" aims to help children resolve their problems on their own, by interacting with children with the risk of self-injurious behavior as a precautionary approach.

Recently, educational counseling has tended to address problems derived from unfavorable household/social environments, such as abuse and poverty. It provides support for children with disabilities and mental disorders, in addition to managing bullying, school non-attendance, and other issues related to school/group life. In educational counseling for young adults, it is particularly important to support the development of those with self-injurious behavior (SIB).

Previous studies on educational counseling for young adults with SIB examined the circumstances leading to the process of development of<sup>1)</sup>, psychological factors as-

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sociated with<sup>2)</sup>, therapeutic approaches to<sup>3)</sup>, and methods to manage such behavior<sup>4)</sup>, in addition to related pain observed in clinical psychology<sup>5)</sup>.

This paper reports a case of self-injurious behavior based on the characteristics of the developmental stage, role of counseling-based support, and basics of developmental support. The survey was conducted between April and July 2017 using interviews conducted with the client and her family members, particularly her mother. Successful outcomes and challenges of counseling-based support and educational counseling for young adults were identified from the survey, showing partial success. Based on the above findings, this study discussed the challenges and appropriate methods of educational counseling to support the development of young adults with self-injurious behavior.

## II. Literature Review/Background Information

### 1. Developmental characteristics of young adulthood

Young adults are in the developmental process of shifting from child- to adulthood. This developmental stage is called young adulthood. During young adulthood, marked physical and mental changes are observed. The former is not limited to changes in appearance, but they include internal changes, such as altered hormone secretions. Hormones that lead to physical changes during young adulthood also influence brain functions. They are known to be associated with emotional instability and impulsive behaviors<sup>6)</sup>.

Individuals at this developmental stage face challenges to establish themselves by overcoming social interaction-related problems, in addition to those to become a social leader<sup>7)</sup>. Young adulthood is thought to be a period for one's personality to become stable. In the case of impaired development, considerable time is required for recovery in some cases.

Altered facial expressions, somatic symptoms, appetite, and sleep and problematic behaviors are representative changes during young adulthood. Mental changes, such as irritability, sullenness, restlessness, a lack of concentration, frequent carelessness, poor vigor, melancholy, and a gloomier personality are also frequently observed<sup>8)</sup>. Difficulty in concentrating on studies, frequent doz-

ing, forgetfulness, rapidly worsening academic results, a tendency to spend more time alone, and frequent lateness and non-attendance have been reported as problems faced by young adults at school<sup>9)</sup>. Their friendships also change, as awkward relationships with specific groups, increasingly occurring interpersonal problems, and a tendency to avoid friends who have previously been close and becoming isolated from others have been noted.

### 2. Role of counseling-based support for young adults

Counseling-based support is expected to ensure safety and security for clients, enhance their psychoeducational awareness, and promote their decision-making/empowerment<sup>10)</sup>.

The first category, <to ensure safety and security>, includes: making arrangements for appropriate housing, healthy diets, sufficient sleep, and favorable relationships with others and environments. In order to ensure the last subcategory, <<favorable relationships with others and environments>>, it is necessary to help young adults develop an interest in their own future and set goals for them together. In such cases, recognizing and sharing the positive aspects of their past decisions is an important approach. Supporters should understand that SIB has been a valuable decision for clients in terms of affirming a desire to live, and should explain to clients the necessity of these approaches as part of support during this process. Another important approach to be adopted by supporters is accurately recognizing their own emotions and utilizing their self-adjustment skills.

The second and third categories, <to enhance psychoeducational awareness> and <to promote decision-making/empowerment>, respectively, emphasize that self-recognition is the first step for young adults to respect themselves. In this process, supporters should place importance on helping them understand their current status, and confirm circumstances, methods for self-protection, purposes, and situations to acquire self-control experience.

Similarly, <to promote decision-making/empowerment> indicates the importance of helping young adults restore their sense of self-worth by presenting them with multiple choices, encouraging their decision-making, and affirming their decisions. At this point, the focus should be placed on young adults' own power and strengths. The importance of

support for them to maintain their living conditions, such as diet, sleep, and safety, has also been confirmed.

### 3. Basics of developmental support for young adults with SIB

SIB is mainly manifested as cutting one's own skin, represented by wrist-cutting, and banging one's own head against the wall. These behavioral patterns are regarded as a form of self-protection, rather than self-harming<sup>11</sup>). Most of them are thought to be performed with the intention of developing a sense of relief by reducing painful emotions, such as anger, anxiety, despair, and difficulty in feeling alive.

SIB has been reported to be a coping measure to prove one's sanity or approval-seeking behavior<sup>12</sup>). The former is self-assertion ("I am sane, because I am a loser and I recognize this fact more than anyone else"). In this process, there is a conflict between a lack of self-confidence ("I am a loser") and attachment to pride ("I know it"). The latter, SIB as an approval-seeking behavior, suggests that self-disgust is an unintended help-seeking sign. Showing a stress-reducing effect, SIB frequently becomes habitual. As such an effect is only temporary, it can escalate. As another problem, escalating SIB makes it difficult to reduce painful emotions, consequently intensifying the desire to die. When clients express their desire to die, supporters should regard this as an important suicidal sign which should not be underestimated. As they are vacillating between the desires to die and live, it is also necessary to enhance the latter by expressing concerns about them.

When providing developmental support for young adults with SIB, importance is placed on reducing their SIB in sufficient spans of time while helping them develop their own communication skills through the experience of establishing interpersonal relationships<sup>13</sup>). As a measure to reduce SIB, young adults are encouraged to record their daily lives, in order to clarify the relationships between their SIB/impulses and individual events, identify factors associated with them, and clarify situations in which they can avoid them. On the other hand, in the process of helping young adults develop their own communication skills, there is a concern about possible withdrawal from society due to being frustrated by unexpected discouragement and consequently shunning

others. Therefore, when supporting these clients, supporters should help them establish favorable relationships with others through self-supportive approaches. Such relationships should be maintained throughout adulthood and also established with persons other than family members. The sharing of meaningfulness through communication with others in this process promotes security, mutual understanding, and the consequent restoration of self-confidence.

## III. Case Presentation

Issues dealt with in counseling-based support for young adults include: poor academic achievements, problematic interpersonal relationships, difficult household and environmental conditions, disabilities, and diseases.

The following section reports a case of SIB, revealing the current status of support through educational counseling.

Client A was a 20-year-old female in her third year of university study. She had lived alone in a boarding house near the university since she was admitted to it.

From the summer of the second year, when a problem with one of her close friends occurred, she began to show SIB with marked anxiety, such as hitting her own head or banging it against the wall. In the fall of the same year, she visited a psychiatrist and was diagnosed with anxiety neurosis. She took a temporary leave from university from December to March to receive inpatient pharmacotherapy.

In April, she returned to school, and resumed class attendance for 4 days a week while receiving educational counseling. When counseling started, she was continuously taking her medications 4 times a day (after 3 meals and before sleep) and visiting the outpatient department about once a week. After confirming and discussing school reports, prepared by a physician, with the client and her mother, the counselor advised her to concentrate on her studies until graduation while giving the top priority to avoiding excessive stress and pressure which might result in mental and physical deconditioning. Her family consisted of parents, a young brother, and grandmother who lived together in the parents' house. The mother called her by phone or visited her boarding house when there were no classes at her university. The counselor made environmental

arrangements for her to resume her studies, such as developing systems to support her in the event of deconditioning, through collaboration with the faculty and student management section. Information-sharing with her mother and other guardians was also promoted.

## VI. Case Outcome

### 1. Course registration in April

After returning to university, the client selected courses to register for with other students during a training program. Although she had not attended classes during the second half of the second year, she had earned more than half of the course credits required for graduation.

When preparing for course registration, the counselor respected the client's own intentions to promote the restoration of her sense of self-confidence while supporting her active learning. Based on her wishes, courses addressing interesting issues with sessions held during the second period or later in the day were recommended, as these would be easier for her to attend when under the influence of her medications than those held during the first period.

When excessive stress or pressure or physical deconditioning was observed, the client completely or partially withdrew from relevant courses, and the counselor confirmed this. During counseling she reported that courses with sessions requiring piano-playing and creative activities increased her mental and physical burdens, and therefore participation in these courses was also discontinued.

The counselor also frequently contacted her parents by phone to report the directionality of her learning, contents of the courses she had registered for, and her condition, confirm their recognition and dispositions, and share the principle of avoiding and preventing excessive stress/pressure related to studies.

### 2. Training program from April

During a training program to prepare a graduation thesis, the counselor supported the client in building favorable relationships with other students by establishing her role in training. She participated in both in- and out-of-school social events (such as cherry-blossom viewing and par-

ties), acted as the seminar leader for 1 month in turn, and performed simulated child care. During this period, the counselor previously confirmed her intentions, while observing her physical condition to ensure her participation without excessive stress or burdens. Furthermore, after discussions during the seminar and the confirmation of her intentions, the role of a seminar delegate was allocated to her at the request of the alumni association as an autonomous organization of students.

When she did not submit her reports by the due date, the counselor asked her the cause, and set longer deadlines or adopted other corrective measures. If she did not make efforts to change the situation, she was instructed to improve her attitude, such as taking notes to avoid forgetting due dates.

### 3. Career path planning from May

After Golden Week in May, she was frequently absent from training. She sent the counselor an e-mail to report her absence due to being afraid of attending university, although no clear cause was confirmed.

The counselor called her mother to confirm the situation, and learned that the client was preparing for an interview to work part-time in photography, an area that she was interested in. She had applied for this job in anticipation of being provided with opportunities to acquire the knowledge and skills related to photography while working. As the mother also mentioned the possibility of her withdrawing from school, the counselor proposed reconfirming the situation and reconsidering the direction for her in July.

### 4. Career path replanning from June

The client was absent from school throughout June to prepare for the interview related to photography.

From June 24 (Saturday), she began to work part-time, mainly at weekends.

### 5. Career path reselection from July

At the beginning of July, 2 weeks after the start of this part-time job, the client notified the counselor of her desire to withdraw from school and concentrate herself on work.

Upon consultation with her mother, the counselor planned an interview with her, her mother, and a faculty member of

the university later in July.

The client and her mother attended the interview, and the former declared her desire to concentrate herself on work.

Through this interview, it was agreed that the client would withdraw from university late in September to concentrate herself on work.

## V. Discussion

Both the positive outcomes and challenges of the support were identified.

The development of secure and safe relationships may have been a successful outcome of support for young adults to develop an interest in their own future and set their own goals. Firstly, systems to support the client in the event of deconditioning were developed at school. In addition, the client was advised to concentrate on graduating from school without being obsessed with acquiring licenses or qualifications, and to select courses that suited her ability, while giving the top priority to avoiding excessive stress and pressure. In order to accurately understand the situation and wishes of the client and her family, factors which form the premises of providing support, information-sharing with her guardians was promoted through phone or face-to-face counseling sessions. These support approaches facilitated the establishment of a transparent relationship between the client and her mother.

Self-recognition is thought to be the first step for young adults to respect themselves. When preparing for course registration, the counselor respected the client's own intentions to promote her self-supportive behavior, by recommending her to select interesting courses to which she could attend without difficulty. The counselor respected the young client's own intentions, and promoted her self-supportive behavior, while recognizing and sharing the positive aspects of her decisions.

Furthermore, when providing educational counseling to young adults with self-injurious behavior, counselors should place importance on supporting their personality development, in addition to respecting their intentions. In the process of preparing for course registration, the counselor respected the client's own intentions to help her engage in

active learning. In addition, while confirming her intentions and situations, the counselor gave practical instruction to help her submit her report by the due date, and supported her to accomplish her role and to establish favorable relationships with other students through her involvement as a seminar leader and participation in the alumni association as a representative.

On the other hand, when the client's intentions were not acceptable due to the risk of deconditioning, the counselor proposed alternative plans with less physical impact based on the client's wishes, while explaining her concerns about the client and the necessity of these approaches as part of support. In this process, the counselor presented multiple choices whenever possible to encourage the client to make her own decisions, and affirm such decision-making, aiming to promote her sense of self-worth. Advice for the client to lead a healthy daily life making the most of her own power and strengths was also provided.

Self-acceptance in young adults with self-injurious behavior may be key to the development of these supportive approaches. Young adults need to develop an unconditional self-supportive and -accepting attitude, without being obsessed with seeking approval from others. Approval, a positive, self-supportive attitude of young adults with self-injurious behavior, may be key to the development of these supportive approaches. A successful outcome of support was observed based on approval from others, particularly from the author. However, irrespective of approval from others, such approaches were not sufficiently effective to lead the client to recognize herself as a precious and absolutely reliable person with a sense of basic confidence. Thus, the present case revealed the limitations of support approaches based only on educational counseling, emphasizing the necessity of further promoting collaboration with households and other professionals. In addition, the inability to identify a method of interaction that does not cause marked anxiety in interpersonal relationships was another challenge. The counseling support could not reduce her dependence on pharmacotherapy. The continuous confirmation of medication effects as part of educational counseling may also have increased such difficulty. In the present case, the supporter needed to place importance on

helping the client understand her current status, and confirm circumstances, methods for self-protection, purposes, and situations to acquire self-control experience. Additionally, daily life support for the client after withdrawal from school may not have been sufficient in terms of support for social interactions, as priority was given to physical conditioning. Therefore, in order to provide appropriate support, it may be necessary to create environments that enable supporters to accurately recognize their own emotions and utilize their self-adjustment skills.

## VI. Conclusion

This paper reports a case of self-injurious behavior (SIB) during young adulthood based on the characteristics of this developmental stage, role of counseling-based support, and basics of developmental support to clarify the challenges and appropriate methods of educational counseling to support the development of young adults with SIB.

Counseling-based support is expected to ensure safety and security for clients, enhance their psychoeducational awareness, and promote their decision-making/empowerment.

When providing developmental support for young adults with SIB, importance is placed on reducing their SIB in sufficient spans of time while helping them develop their own communication skills through the experience of establishing interpersonal relationships.

The development of secure and safe relationships may have been a successful outcome of support for young adults to develop an interest in their own future and set their own goals.

As shown by the fact that the client started to work part-time in photography, supporting young adults to develop an interest in their own future and set their own goals has contributed to the development of secure and safe relationships, where young adults can freely express their feelings and thoughts. When providing educational counseling to young adults, counselors should support them to submit their reports by the due date and help them accomplish their role in the seminar or alumni association, indicating the need to place importance on supporting their personality development.

On the other hand, this case also revealed the necessity of further examining the approval-seeking behavior of these young adults as a future challenge. Therefore, the development of support that contributes to their sense of basic confidence without causing marked anxiety and facilitates their post-graduation lives may be essential.

## References

- 1) Matsumoto T., Background factors associated with self-injurious behavior and process of developing it. *Annual Report of the Psychoeducational Counseling Room, Graduate School of Education, University of Tokyo* (in Japanese), 5, 4-18 (2010).
- 2) Hoshi M., and Miyaoka Y., Psychological factors influencing self-injurious behavior during young adulthood: Focusing on the associations of impulsiveness, dissociation, alexithymia, and the experience of being raised. *Bulletin of the Atomi University Psychoeducational Counseling Room* (in Japanese), 9, 19-29 (2012).
- 3) Hayashi N., Recovery from self-injury and its treatment. *Annual Report of the Psychoeducational Counseling Room, Graduate School of Education, University of Tokyo* (in Japanese), 5, 19-28 (2010).
- 4) Seto M., Magic wands for counseling rooms: Psychological approaches for everyday school life. *Monthly School of Educational Counseling* (in Japanese), 24(12), 44-46 (2010).
- 5) Koshio M., Observing "pain" in clinical psychology. *Bulletin of the Clinical Psychology/Educational Counseling Room, Faculty of Education, Shimane University* (in Japanese), 5, 133-142 (2008).
- 6) Koizumi N., Young adult's emotions - About adolescence and young adulthood. URL: [https://www.pref.nagano.lg.jp/seishin/toshu/documents/youth\\_2013-sec\\_1.pdf](https://www.pref.nagano.lg.jp/seishin/toshu/documents/youth_2013-sec_1.pdf)
- 7) Shibano S., Youth education and socialization. *The Journal of Educational Sociology* (in Japanese), 31, 36 (1976).
- 8) Koizumi N., A web page shown in the above.
- 9) Aichi Medical Association., The major problematic disorders and symptoms in school and the response to them (in Japanese), 78.
- 10) Yamashita T., Mental health counseling at school. 16-17 (2004).
- 11) Matsumoto T., When someone discloses 'suicidal thoughts' to you. Chugai-Igakusha, 59 (2016).
- 12) Eds. Matsumoto T., Mental health guide for university students, Otsuki Shoten Co., Ltd, Tokyo, pp.170-171 (2016).
- 13) Matsumoto T., When someone discloses 'suicidal thoughts' to you. Chugai-Igakusha, 59 (2016).