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Self-immolation Oriented Behaviors in young Militaries – A Review article

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A B S T R A C T

Self-immolation oriented behavior is one of the most important problems in mental health field. self-mutilation, suiside thinking, Self-immolation attempt and complete Self-immolation are behaviors that investigated in psychology as oriented behavior. Military and police are Self-immolation subject due to long term encounter to stress, adaptation problems, access to weapons and distinct position. The aim of this review article is investigation of different aspect of Self-immolation oriented behavior in police and military. This article is a review study that prepared with research in library source using reliable scientific documents and article. Some parts of this article are results from author PhD thesis in Self-immolation oriented behavior. Self-immolation is not a sickness, but it is the sickness outcome and the consequence of cooperation between biological , psychological, social and organizational traumas. Self-immolation and its related behaviors have destructive effect on survivors, victim's family, comrades and commanders. Self-immolation is a preventable event and with a suitable council , it can be control. The aim of Self-immolation prevention program is to minimize Self-immolation oriented behavior as low as possible. Screening and identification of personnel with Self-immolation risk, attend to soldier mental health, stress management in unit and encouragement of help-seeking

Introduction

Self-immolation oriented behavior is a world spread problem and there are evidence for its global enhancement(1). Also there aren't indication for reduction of its related behaviors such as self-mutilation that make competent a person for Self-immolation. Self-immolation oriented behavior has wide range and includes any think and action that shows a person is going to hurt himself. Self-

immolation thinking, Self-immolation attempt and complete Self-immolation are some example of this behaviors. Self-immolation thinking and previous Self-immolation attempt are two major factors in Self-immolation possibility. Self-immolation oriented behavior has complex pathology and includes wide range of familiar, biological, psychological, social, cultural and spiritual factors. Military forces due to access to weapons, distinct situation, young age and high level of stress are subject of Self-immolation risk. Self-immolation oriented behavior in any form and level has destructive effect on people, survivors and managers of mental health. Studies showed that family relative of Self-immolation military have depression symptoms, Self-immolation thinking and Posttraumatic Stress Disorder (2-3). Among Self-immolation oriented behavior, Self-immolation is a outstanding mental hurt in militaries that led to great damage for military forces .Identification of Self-immolation oriented behavior's reasons, incidence and its preventer factors has important role in design and implementation of precautionary programs.

Self-immolation oriented behavior in psychological literature

Although in psychology and psycomedicine Self-immolation oriented behavior debate is focused on Self-immolation and self-mutilation, but suicidology science, especially in recent decade, emphasizes on Self-immolation oriented behavior as an actions that have common trauma and ultimately led to similar outcome such as death. When we speak about Self-immolation oriented behavior, we noticed to wide range of actions which include actions and thinks that can be conclude that a person is going to harm or Self-immolation himself .there is other view about Self-immolation oriented behavior definition. This vision divided SOBs into 2 categories the first one is death tendentious and other is life tendentious SOBs. In is death tendentious SOBs that include Self-immolation attempt and complete Self-immolation, a person either died due to Self-immolation or his /her predisposition for Self-immolation is evaluated high(4). In life tendentious SOBs the person is not going to Self-immolation himself, but repetition of this actions directs person to the Self-immolation. self-mutilation and repetitive self-mutilation are two sample of life tendencious SOBs. There aren't any purpose for Self-immolation in self-mutilation. Also in repetitive self-mutilation that shows a person is encountered to very stressful situation, there e is not intend for Self-immolation too, however repetition of this action prone to person for Self-immolation.(5) Researchers that studied in SOB field are believed that SOBs are in opposite side of non SOBs. This action are distinct from non non SOBs due to existence of Self-immolation intent (6,7).

Epidemology of SOBs in Iran and world

Self-immolation is an important problem in public health in world spread. About one million people were died due to Self-immolation in 2000. Self-immolation is one of the 10 leading cause of death in public population and is the second or third cause of death in 15-34 years olds(8). The global rate of Self-immolation is 16 in 100000, in previous decade it is estimated that disease burden due to Self-immolation was 1.8%. Recently disease burden due to Self-immolation is growing and this rate possibly reaches to 2.4 in 2020. In past half century Self-immolation rate has grown about 60% (9). Based on WHO estimation about 1530000 people will die in 2020 due

to Self-immolation and 10 to 20 fold will have Self-immolation attempt(10).

Review of SOBs in Iran has heterogeneous results due to cultural and economical and social variation, and also different methodology. The review of 19 sequential Self-immolation in Iran By Ghoraishi et al showed that the age range of operators are 19-29 and the average of Self-immolation attempt is 39 and 61% in men and women(11)based on this study results the rate of Self-immolation in Iran is 9.4 in 100000 that is lower than global rate. The results of this study showed that the rate of men Self-immolation incidence in Hamedan, Ilam and Lorestan is higher than other regions. Also women Self-immolation in Ilam, Kermanshah and Lorestan is higher than other province. The common method for Self-immolation in Iranian is hanging and self-burning in Men and women respectively. This study declare wide spectrum of variables as Self-immolation risk factor including low income, low teaching, no logical believed, mental disorders especially behavior disorder, addiction, history of previous Self-immolation, married situation and gender. Although there are not clinical evaluation in 70% of SOBs studies, but there is a significant relation between mental disorder and Self-immolation attempt so that 45% of Self-immolation attempts have mental disorder(11).

Epidemiology of SOBs in militaries

Self-immolation in military personnel is an important mental health issue due to the access to weapons and familiarity with its use, high stress and positions distinct from others. Although military forces have a proper mental health and physical fitness and are mentally assessed during the service period, they are at the risk of Self-immolation or self-mutilation because of risk factors for Self-immolation (young age, access to weapons, stress, certain positions and aggressive people in military forces). Some experts believe that Self-immolation in military forces should be less than the general population due to screening and access to mental health services for soldiers (12), but there is another viewpoint against this one and claims that high aggression and access to guns increase the risk of Self-immolation in military forces. It seems that some evidences support the second view (13). Self-immolation is considered as the second cause of death in America and one of the leading causes of death in Russian army. Self-immolation in the United States military is constantly rising. This statistics has approximately increased from 9.6 per hundred thousand people in 2004 to 21.9 per hundred thousand people in 2009 and has approximately reached 22.9 per hundred thousand people between 2009 and 2010. Mental health status, problems related to substance abuse, problems associated with physical health such as cancer or chronic pain and problems related to financial, legal and communication issues have been identified as risk factors for Self-immolation among urban populations and military personnel (14). Studies have shown that over the past decade, the rate of Self-immolation among United States military has increased by 71% and reached from 9.1 per hundred thousand people in 2001 to 15.6 per hundred thousand people in 2010 (15). Studies by mental anatomical methods to identify risk factors in Yugoslav Army during 1998-2007 have shown that being single, heritable psychiatric disorders, ineffectiveness of psychiatric treatments, heavy physical exercise, not giving transfer to the other posts, low motivation to serve in the military profession, incompletion

military education and the indebtedness of households are regarded as the risk factor for Self-immolation (16). In a field study among American navies and marine forces it was found that the ratio of Self-immolation leading to death to failed Self-immolation attempt is one-seventh among navies and one-fifth among marine forces (17-18).

The rate of Self-immolation attempts for women was two to three times more than men. In 95 % of psychological disorder cases, it was diagnosed that the main diagnoses were personality disorder (53%), followed by substance abuse (36 %). Study in United States Army Air Force during 1990-1994 has shown that twenty-three percent of all deaths among Air Force active personnel have been Self-immolation. The results of a study on the Polish armed forces in the period 1989-1998 have shown that the number of completed Self-immolations has been 437 cases in these ten years that among these, 163 cases have occurred in officers and 273 cases in soldiers (19).

There is no exact number of Self-immolations in Iranian armed forces, but unofficial statistics indicate the incidence of 9 per hundred thousand people. Studies of Anisi and colleagues on the prevalence of suicidal thoughts in ground force soldiers have shown that the incidence of suicidal thoughts among soldiers is 5.8 percent (4). The results of this study have shown that higher prevalence of Self-immolation thoughts is related to being single, drug abuse, and previous history of Self-immolation, Self-immolation in family, primary and guidance education, lack of mental health, serving in border areas and serving in service and security jobs (4). The results of Noori about the risk factors for Self-immolation in the soldiers of Sepah Ground Forces have shown that the most important risk factors for soldiers' Self-immolation include previous Self-immolation attempt, depression, addiction, conflicts with work environment, family problems, aberrant humiliation and punishment, service in line units, the presence of personality traits such as introversion, neurosis and psychotic disorder (20). The results of Soltaninezhad and colleagues on 1659 soldiers in one of the Armed Forces in country's six provinces in 2012 have shown that the incidence rate of Self-immolation oriented behaviors including suicidal thoughts and the history of Self-immolation attempts is 15.9% in this population (4). Studies of Roohani and colleagues on 321 employees in NEZAJA garrison in Tehran have shown that 15.3 % of studied sample had suicidal thoughts and approximately 1.9 % of them had a history of Self-immolation attempts. Based on the results of this review, 5.9 % of participants have reported a history of psychiatric disease. This review has shown that the prevalence of suicidal thoughts has been 19.8 % in draftees and 84.2% in soldiers with psychiatric disorder (21). The study of Matinsadr and colleagues on 327 soldiers has shown that 15.1 % of studied sample have suicidal thoughts and 8.4% have the history of one to seven Self-immolation attempts (22). The study of Soltaninezhad and colleagues on 1659 soldiers of one of the Armed Forces in country's 6 provinces has shown that the prevalence of suicidal thoughts in the sample is 10.9 % and the prevalence of Self-immolation attempts 5.7% and total incidence rates of Self-immolation-oriented behaviors in this group is 15.9% (23).

Risk factors for Self-immolation

Numerous studies around the world have identified several risk factors for Self-

immolation-oriented behaviors. Although in these studies, that each one has been done with specific objectives, have been used different methods, there is a high agreement on identifying risk factors for Self-immolation-oriented behaviors (24, 25, and 26).

According to the International Health, Hemmati and colleagues have categorized and presented specific risk factors associated with a high risk of Self-immolation in three categories.

These factors are:

1. Demographic factors: male gender, age between 25-44 years old, living in the countryside, being members of minority groups, refugees, homeless people and sexual identity conflict
2. Groups at risk of Self-immolation: history of previous Self-immolation attempts, previous self-mutilation, history of mental illness, especially depression, schizophrenia and other psychotic disorders, personality disorders, history of sexual abuse, drug or alcohol abuse, or both, diseases or severe physical disabilities, imprisonment or detention
3. Recent risk factors: having psychological characteristics such as helplessness, hopelessness, confusion, shame, feelings of guilt, shyness, psychotic thoughts, interpersonal conflicts, being excluded from a particular person, the recent loss of someone or something, feeling bad luck or misfortune and recent unemployment, alcohol consumption, chronic and painful disease, financial difficulties, being fired and recent unemployment, to commit a crime, disintegration of the family , custody of a family member, lack of social support networks, reluctance to seek help and lack of access to mental health services.

Self-immolation Society of America has identified and introduces five categories of risk factors for Self-immolation. The factors are stable and non-adjustable risk factors, adjustable and predisposing risk factors, auxiliary risk factors, acute risk factors and starter risk factors (28).

Stable and non-adjustable risk factors of Self-immolation

-Demographic factors including being white, male gender, ageing, divorce, separation, early widowhood

-Previous suicidal thoughts, history of repeated Self-immolation attempts, history of self-mutilation, history of Self-immolation in family

-History of injury or physical or sexual abuse, history of psychiatric hospitalization, history of repeated relocation, history of violent behaviors and history of impulsive behaviors.

Adjustable and Predisposing Risk Factors

-Psychiatric disorders axis 1, especially anxiety disorders, schizophrenia, drug or alcohol abuse, eating disorders, body dysmorphic disorders, conduct disorder

-Disorders axis 2 including personality disorders, especially personality disorders cluster B

-Disorders axis 3, especially medical disorders, especially if causes malfunction or be associated with chronic pain, minor brain injuries

-Being accompanied of disorders axis 1, 2, and 3.

Auxiliary Risk Factors

-Easy access to weapons, unemployment, stress in the field of occupation, marriage, school, interpersonal relationships

Acute Risk Factors

-Recent divorce or separation, especially if it is accompanied with the feel of anger and being victim.

-Suicidal thoughts, Self-immolation plan, threat to Self-immolation or being ready for Self-immolation
-Recent self-mutilation, recent Self-immolation attempt
-Indulgence in substance abuse
-Psychological pain (sever distress following exclusion, loss or failure)
-Anger, wrath, aggressive behavior, seeking for revenge
-Lack of enjoyment, anxiety, restlessness, pain, insomnia, frequent or persistent nightmares,
-Imperative illusions with the subject of insistence on Self-immolation
-Severe emotional moods such as depression, self-blame, unbearable loneliness, excessive mood changes
Starter and Detector Risk Factors, conditional on personal vulnerability to Self-immolation
-Any event that causes shame, frustration and feelings of guilt a
-To stand accused, conflict with the law, custody, business failures, being excluded from an important person
-To witness the death of a friend or relative who had died of Self-immolation or watch the same events in media

Self-immolation Prevention

Self-immolation and its related behaviors can be prevented. The aim in Self-immolation prevention is to minimize the Self-immolation oriented behaviors. There are several main strategies in Self-immolation prevention that play a pivotal role in Self-immolation prevention plans. These strategies include: promoting mental health level and prevention of mental health problems, treatment of patients with mental disorders, especially those with mental disorders related to Self-immolation oriented behaviors, restriction of access to weapons and lethal tools and also strengthening skills to deal with mental health problems, especially skills in seeking help from others in dealing with mental health problems and also religious coping skills (29-35). Self-immolation prevention programs in military personnel are also affected by national strategies for Self-immolation prevention in countries. Self-immolation prevention programs in the United States Air Force are mental health awareness and to encourage help-seeking behaviors, to attract the participation of commanders and staff in the field of Self-immolation prevention, to train mental health professionals, to establish Self-immolation-oriented behaviors research center, to launch intervention teams in traumatic crisis and Self-immolation and to identify Self-immolation risk factors. The results of evaluating the Self-immolation prevention programs have shown that about a third of those whom the program is applied, have shown decrease in domestic violence, homicide and Self-immolation risk factors (36). Self-immolation prevention program in the United States Army is based n four overall strategies. The first strategy for Self-immolation prevention is based on identifying those at risk for Self-immolation. Screening soldiers to identify those who are at risk of Self-immolation is the first step in implementing Self-immolation prevention programs. The second strategy is to attract the participation of commanders and managers, especially commanders and leaders who are at the first line of communication with soldiers. According to this strategy, commanders and managers should be well trained about the risk factors and protective factors of Self-immolation and be able to identify those at risk and refer them. Mental health administrators should consider identifying Self-immolation starters and symptoms of people involved in crisis as an important issue in training

commanders and managers. The third strategy is to promote and disseminate the culture of asking for help. All commanders should encourage soldiers and their subordinates to seek help without fear of its consequences. Feeling guilt, shame, embarrassment and fear of disciplinary or retaliation actions are serious obstacles for soldiers on the way to seek help. The fourth strategy is to increase the mental strength and resilience through coping skills training.

Discussion and Conclusion

Self-immolation-oriented behaviors are affected by individual, family and social, physiological, psychological, cultural, economic and spiritual factors (30, 34 and 390. In addition to the risk factors known in the etiology of Self-immolation in the general population, soldiers youth, poor coping skills, economic and family problems, characteristics of the military environment, aggression and access to guns, the discount rate for officers, mental disorders, dissatisfaction with the military, poor quality relationship with commander are among the factors playing a role in suicidal behaviors in the military forces (28, 38 and 41). Self-immolation is preventive, provided that Self-immolation prevention plans to be based upon the pathology of trauma and developed by taking into account the cultural and social factors and unit's capabilities and following the multi-dimensional approach.

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