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Research Paper

Influence of parental and peer relationships on non-suicidal self-injury in adolescents

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ABSTRACT

The study aims to understand the influence of parental and peer relationships on non-suicidal self-injury in adolescents. The Inventory of Statements about Self-injury and Inventory of Parent and Peer Attachment was administered using online forms. Purposive sampling was used to get a sample of 80 undergraduate students out of which 57 were considered. Non parametric tests were used to find the correlation between Non-Suicidal Self Injury (NSSI) with parental and peer relationships. Spearman rank correlation and linear regression was used to find out the influence. Upon analysis of the results it was seen that parental and peer relationships have a negative correlation with NSSI. It was also found that parental and peer relationships significantly influence NSSI. This study can be used to develop diagnostic tools to help individuals who are experiencing self-harm and have suicidal thoughts and can be used in prevention as well.

Keywords: *Non-Suicidal Self Injury, parental and peer relationships, adolescents.*

Non-Suicidal Self-Injury can be defined as a deliberate harming of one's body without any suicidal intent. This could include activities like cutting oneself, burning of one's skin etc. (Brausch & Gutierrez, 2010). In another definition given by Gratz (2007), it has been defined as a direct harm or alteration of body tissue one indulges in without any conscious suicidal thought but which might lead to severe tissue damage. This is a serious issue and is growing in practice all around the world. It is harmful because it leads to a chance of death (Hawton et al., 2007). The research done in the past decade has pointed to how self-harm is increasing among adolescents.

A lot of clinicians in the late 1900s described an increase in the number of people who cut themselves in order to feel better. Many have indulged in self-harming behavior but do not meet the criteria for borderline personality disorder of any major psychiatric illness. The term NSSI was initially introduced to avoid putting false labels of personality disorders on individuals. The problem is in the lack of proper longitudinal studies carried out on large scales and in different cultures (Kapur et al., 2013). NSSI has gained a lot of popularity in recent years because of psychological and physiological risk to health.

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It was first categorized into three types, religious, psychotic and neurotic by Menninger (1935). Religious self-harm includes behavior which was done in the devotion of God. Psychotic self-harm includes behaviors which are in response to psychosis like hallucination or delusion and neurotic consists of behavior which is related to feelings of guilt and embarrassment. Whereas three other categories were used called major self-mutilation because of response to active psychosis and includes activities like breaking bones. The second category is of stereotypical self-mutilation which happens to individuals with brain damage or intellectual disabilities. The third category includes minor self-mutilation with common behaviours like cutting or burning (Favazza, 1999). Favazza further classified the third category into two more types i.e., repetitive and ritualistic.

There exists a difference between self-harm and attempted suicide. Literature has pointed out to not only the difference in intent but also in the severity and lethality, both being a part of the suicide spectrum must be differentiated to provide a clear intervention. Walsh and Muehlenkamp (2005) had talked about how the intent of self-harm is to not terminate consciousness but to modify it. He also seems to think that NSSI is more common than completed or attempted suicide. They also suggested a difference in the cognition and said that those who engage in NSSI are looking for temporary relief and those who indulge in suicidal thoughts seen to have thoughts of permanent relief in the form of death. Many have attempted to define the concept using the different methods of doing so. There are various ways of inflicting self-harm including overdosing or ingesting foreign substances, stabbing one with objects with sharp edges or hitting one. This may lead to hospitalization and severe injuries including mutilation (Mohino Justes, S. er al. 2004).

When looking at the concept from a psychological perspective, self-harm has been used as a coping mechanism for dealing with unpleasant feelings and as a form of self-punishment. There are many assumptions that people have especially the health care community, including beliefs like people who self-harm are doing it for attention and are manipulative by nature. They are hard to keep occupied and are very uncooperative (Friedman et al., 2006). Non-Suicidal Self-Harm has recently been included in the DSM. It is also a diagnosing criterion for various mental disorders including many moods, eating and anxiety disorders (Klonsky & Moyer, 2008). Some individuals indulge in self-harm over the course of several years increasing its severity and leading to injuries which might at times go untreated. Suicidal behavior and self-harm are both related to a number of problems related to psychopathology and overall functioning.

The question we have to ask ourselves here is why adolescents engage in self harm. According to the Mental Health Foundation (2006), majority of individuals who engage in self-harm are between the ages of 11 and 25. Self-harm has been used as a coping mechanism for adolescents in the sense that it helps in relieving oneself of stress. Individuals who belong to marginalized societies or have been oppressed in some way tend to indulge in self-harm because of the lack of alternate coping strategies. Whitlock (2010) goes on to give certain characteristics of self-harm behaviors like it can be ritualistic by nature or episodic of could occur because of anxiety or depression. It could even serve a purpose in some cases.

It is of utmost importance to check how family and friends' effect NSSI behaviour. It has been seen that sexual abuse in childhood also related to NSSI. It was seen that it is not the only primary reason but studies done on larger samples report the opposite. There seems to be a publishing bias in the findings reported by many researches. They seem to publish researches with a positive relationship with the hope of getting published. The relationship

between childhood sexual abuse and NSSI was stronger when looked at a clinical sample where there are other psychiatric risk factors. The study done has concluded that the reason both are related could be because they are linked to the same psychiatric risk factors. Childhood sexual abuse could lead to self-injurious behaviour through mediating factors like anxiety and depression (Klonsky & Moyer, 2008). Similarly, childhood maltreatment has also been studied. In a study measures of self-criticism, perceived criticism, depression, child maltreatment and NSSI. It was seen that self-criticism was a mode for emotional abuse and engagement in NSSI. Self-critical cognitive style has been seen in most of the subjects, because of a critical approach towards oneself and a childhood history of neglect and self-doubt (Glassman et. al, 2007).

NSSI can be prevented by certain measures that one can take as an individual. One can develop positive coping skills where problem focused strategies are applied. Adolescents can learn how to channel their energy into things that can turn productive. A reason to live can improve one's mental health and protect oneself from future suicidal behaviour. By indulging in physical activities and engaging oneself in things that one likes. Self-harm behaviour has seen to facilitate suicidal ideation and a major issue becomes that one might harm himself to such an extent that it is irreparable. Good relationships with one's parents and friends provide positive affirmation of one's values. An intimate and meaningful relationship can facilitate a good and positive outcome towards life in general.

METHODOLOGY

Sample

The sample consist of undergraduate students of age 18-22. The sampling is convenient sampling.

Sample Size. The sample size was 80 participants from various colleges.
Sample Description/demographics. The sample consisted of undergraduate student of age 18-22. The subjects were Indian without any diagnosed psychiatric illness.
Sampling technique. The sampling is purposive by nature. The sample was procured by circulating online forms through social media websites and online portals.

Inclusion Criteria. Subjects who are between the ages of 18-20 were considered for the study.
Exclusion Criteria. Subjects who have been diagnosed with any psychiatric illness were excluded from the study.

Measures/Tools

The tools used are-

1. **Inventory of statements about self-injury:** The inventory assesses the self-harm behaviors that are performed intentionally but there is no suicidal intent. There are 12 behaviors that are being assessed like cutting, burning, biting etc. The second half of the inventory checks for 13 functions of NSSI. These functions are scored from 0 to 6 and the final score is totaled.
2. **Inventory of Parent and Peer Attachment (Armsden and Greenberg, 1987):** The scale is used to check adolescent's view of positive and negative aspect of cognitive dimension of relationship with peers and parents. The items check three things-alienation, trust and communication. There are 25 items in the three scales for

mother, father and peer. These are scored from 0 to 5 on a five point scale. Total scores for three can be obtained by totaling all.

Procedure

The Inventory of Statements and Self Injury and Inventory of Parental and peer relationships were converted to Google form. The form consisted of demographic information like age, gender and living arrangements. The form link was sent sent to the participants via WhatsApp. Participants belonged to Gurgaon, New Delhi and Bangalore and were undergraduate students. Informed consent was attached with the form. 80 responses were received, out of which 23 responses were removed because of either incomplete responses or they had a history of mental illness.

The scores from the Inventory of Statements and Self Injury and Inventory of Parental and peer relationships were calculated and SPSS v.21 was used to analyze the data. Spearman rank correlation and linear regression analysis were used.

Objective

1. To understand the relationship between Non-suicidal Self Injury and parental relationships of Adolescents
2. To understand the relationship between Non-suicidal Self Injury and peer relationships of Adolescents

Hypotheses

Based on the literature reviewed, the following hypotheses was framed:

H_0: There exists no relationship between Non-Suicidal Self Injury with parental and peer relationships

RESULTS

The data was found to be not normally distributed ($p>0.05$), hence Spearman's rank correlation (r) analysis was done to find the relationship between parental and peer relationships with Non suicidal Self Injury.

Table 1 Spearman's Inter-correlation Matrix among Parental (Mother and Father) and Peer relationship and Non Suicidal Self Injury

	Parent (Father)	**Parent (Mother)**	**Peer**
Non Suicidal Self Injury	-0.391**	-0.471**	-0.471**

**$p<0.01$ (2-tailed)

Table 2 Influence of Non Suicidal Self Injury on parental (mother and father) and peer relationships using linear regression.

	R Square	***F***	***Sig.***	***Beta***
	0.333	8.813		
Parent (Father)			0.938	0.019
Parent(Mother) Peer			0.075 0.271	-0.468 -0.167

Note: dependent variable: Non-Suicidal Self Injury; predictor variable: Parental (mother and father) and peer relationship

DISCUSSION

Results point to a negative correlation between Non-Suicidal Self Injury and parental and peer relationships, hence the hypothesis can be rejected. The kind of parental and peer relationships one has, affects one's attitude towards Non suicidal Self Injury. The sample that has been considered here could be one reason why. The sample consists of young adults most of whom don't live with their parents and only visit them a few times a year. Self-Injury has often been seen as a coping method to deal with the external pressure of work. Self-injury can also be a method to reduce or avoid feelings of loneliness, or to punish oneself and release anger. A negative relationship with friends and family can induce self-harm as a coping mechanism, fit to deal with one's feelings of loneliness and negative self-worth.

Non-Suicidal Self Injury was also seen to be negatively influenced by relationship with one's mother (Beta= -0.468) and peers (Beta = -0.167) and a positive influence by relationship with father (Beta= 0.019). Variance of 33.3 percent in Non-Suicidal Self Ideation can be predicted by one's relationship with parents and peers.

Various other reasons can be attributed to self-harming behavior including child maltreatment including abuse, parental negligence, substance abuse, and parental psychopathology. Sexual abuse also has a strong association with self-injury including NSSI. Individuals mostly engage in NSSI for the intention of achieving emotional regulation. The sample considered here also considers individuals who mostly stay away from their families and are young adults who live alone. These factors could attribute to why some individuals indulge in self-harm.

The influence of parental and peer relationship on NSSI can be very crucial in order to make an effective diagnostic tool for use in the clinical setting. Research has mostly been done on the clinical population whereas it is really important to understand how it affects the non-clinical population as well and what factors cause it. Moreover, there seems a lack of knowledge of why self-harm takes place. It can be a preventive measure and can be used to predict who might be vulnerable to self-harm in the future. It is of utmost importance that school teacher, parents and individuals in general are aware of warning signs that precede such activities in order to prevent it before it occurs and to provide intervention.

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Conflict of Interest

The author declared no conflict of interest.

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