

Role of emotional regulation in self-harming behavior

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ABSTRACT

Self-injurious behavior or deliberate self-harm (DSH) in adolescents and young adults is found to be increasing, this is a high time to have an in-depth exploration. The present study entitled as “Role of Emotional Regulation in Self-Harming Behavior”, aims to understand and explore the nature and pattern of emotional regulation among adolescents with self-harming behavior. Hence detailed case studies on self-harming behavior among adolescents have been collected. The data collected through case study method and through in-depth interview was thematically analyzed. Study revealed that the participants with self-harming behaviour have difficulties in emotional regulation. One of the major findings was that the participants were engaging in different kinds of self-harming acts with an attention seeking or help seeking component.

Keywords: *Adolescence, Emotional regulation, Self-harm behaviour*

Self-harming is a complex and often misunderstood phenomenon that is dangerous and increasingly common behavior that has been gaining significant research attention in recent years (Plante, 2007). Self-injury is a pervasive problem that is seen in adolescents as well (Nock, Teper, & Hollander, 2007). The average age of onset for self-injurious behaviours is most consistently reported to be during early or middle adolescence (Favazza & Conterio, 1989; Nock, 2010), although in a study of college students it was noted that nearly 40% of individuals reported beginning self-injury in late adolescence or early adulthood (Whitlock, Eckenrode, & Silverman, 2006). Adolescence is considered as a prominent topic among researchers because of its prominence in developmental period. Adolescence is considered as one of the crucial transitional stage in human developmental process (Zaky, 2016) but unfortunately aggressive behavior, suicidal ideation and depression are reported to be common in this younger generation affecting their mental health badly.

"Self injury is any deliberate, non-suicidal behavior that inflicts harm on one's body with the goal of relieving emotional distress" (Schneider, 2007). Hence deficits in emotion regulation appear to be pertinent to the development, maintenance and treatment of a range of psychopathology. Escalating evidence demonstrates that deficits in the ability to adaptively cope with challenging emotions are related to depression, borderline personality disorder, substance abuse disorders etc. Self-injurers tend to feel very empty inside, over or under stimulated, unable to express their feelings, lonely, not understood by others, and fearful of

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intimate relationships and adult responsibilities. Self-injury is their way to cope with or relieve painful or hard-to-express feelings (Schneider, 2007).

Nowadays adolescents often engage in self-harm behaviors even for silly issues to make parents worried and is also one of the issues of adolescence handled by experts in medicine and psychology. Lee (2015) investigated the prevalence and psychological characteristics of adolescents who engage in self-harm and to examine the risk factors for engaging in this harmful behavior among Korean mid-adolescents and found that primary reason for engaging in self-harm was inability to regulate negative emotions such as anger and sadness. Similarly, Kirchner, Ferrer, Forns and Zanini (2011) in their studies analyzed the presence of deliberate self-harm and suicidal ideation among a general adolescent population showed that there is an increase risk ratio with age in both types of risk behaviors, deliberate self-harm and suicidal ideation.

Many studies had indicated the significance of in-depth exploration in self-harming behavior. This behavior is found more among adolescence. It is evident from the studies and theories that there is an immense need to explore psychological factors, social factors and also environmental factors of self-harming behavior and the difference between self-harm behavior and complete suicidal behavior as well as the difference between direct and indirect injury. However, most of the studies focus only on either one of these specific factors. This might be due to the study method, and also it is extremely difficult to study the emotional feelings of large group of adolescents using self-report or other questionnaire method. Here the investigator is taking an individual approach to study self-harming behavior with specific focus to their emotional regulation.

METHODOLOGY

Sample

Adolescents within the age group 15 to 19 years, and has a history of self-harming behavior, were considered. A total sample of 15 adolescents was selected from local Hospitals, Ernakulum.

Measures

In-depth interview

In-depth interview helped in asking indirect questions when the participant tends to hesitate or defend direct questions about their emotions or personal history. In-depth interview was conducted among 15 adolescents with self-harming behavior. In interview the investigator tried to keep a major focus on participant's context, symptoms, frequency, family background and personal problems. Investigator also tried to find through the interview, whether self-harming behavior occurs as a resultant of provocations or something else. The investigator used to keep session notes promptly for each session. From the collected interview details major themes was identified through repeated reading, and from debriefing session with other field staff and investigators.

Data was collected through in-depth interview method which elicited a bulk of information which led the researcher to incorporate case study method along with it; so that the cases could be handled and analyzed in an organized manner.

Case Study

A descriptive detailed data was obtained from the subject. Most of the data was in qualitative nature and only few data regarding duration, number of attempts of self-harm etc

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were quantitative. The investigator tried to study each participant's personal factors of the entire 15 sample. Mainly the uniformity and uniqueness among the participants were explored. It is essential to confirm that the participant is not mentally challenged or any psychiatric problem. The researcher also used five cases from the hospital records. The collected data from the participant were cross checked from either father or mother and cross validated. Among them the 15 participants.

RESULTS & DISCUSSION

Participants of the study were adolescents with an age range from 15 to 19 years, among them majority were females (9 girls) and there were only 6 boys. Most of the participants were studying in higher secondary school. Included participants showed self harming behaviour more than five times. Multiple self harming behaviours like bruising, trying to hang self, pulling out hair, and banging head on the wall were also shown by the participants; most frequently seen symptom was bruising. In all cases, Self-harm behaviors started between 14 and 15 years of age. The onset found to be in early adolescence.

In the present study data was collected through different techniques and the data were analysed. Some of the common themes obtained through the in-depth exploration were clustered into major themes.

Emotional Regulation

Majority of the participant's data revealed deficits in emotional regulation. Some of the themes in emotional regulation include deficits to withstand criticism, feeling of helplessness, abuse and sibling rivalry

Criticism was the major triggering factor for the self-harming behaviour in most of the cases. It implies poor tolerance to emotions in the participants. A sample of one the participants verbatim, *"I get frustrated whenever criticized. I feel sad and worthless, so I cut my fore-arm"*; this response shows behavioral dispositions to cope with life stress; it can be acknowledged that more mature coping and defense mechanisms are lacking in this participant like other participants hence a higher level of self-reflective and planful behavior, and more satisfying and less conflicted interpersonal relations are not formed. This malformation leads them to engage in particular impulsive acts as a means of resolving their emotional distress. Anger outburst was the common behavioral issue that was reported by all the participants.

Feeling of helplessness is another theme which plays a major role in emotional regulation. Five participants reported that they caused harm to themselves when they felt helpless in situations where they cannot express their anger towards someone or something. Not only anger but also, they found it difficult to express any other emotions such as love, hate, or sadness. The researcher has found that all of the informants were having extreme emotions rather than a neutrality of emotions. One participant reported that *"Grandmother always criticizes me, I feel angry but I can't show up my anger to her; so I used to hurt myself, sometimes I hit my head against the wall, sometimes pull my hair, scratch my hands and cries a lot"*. All these behaviors are found to be an unhealthy way to cope with emotional pain, intense anger and frustration. From the collected data it was found that a number of issues can trigger the extreme emotional outburst, anger, and defiant behavior in self-harm adolescents. Puskar, et al. (2008) reported that the more negative life events during an adolescents experience, the more they will express anger.

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From the detailed case studies and mental status examination of all the participants one of major psychosocial arena found was child **physical and sexual abuse**. Sexual abuse has consistently been identified as a risk factor for self harming behaviours (Ford & Gómez, 2015; Shenk et al., 2010). Here in the present study, 4 participants had reported sexual abuse. In most of the cases of sexual abuse, close relatives were the perpetrators; such as brother, cousin, uncle, etc. A clear-cut rape was reported in one case and the participant was abused twice by two different persons; the first incident involved non contact sexual exposure and exploitation, involving exhibitionism, fondling of breast etc. The second incident was penetrative contact by her brother's friend. One of the male participant in the study reported that he was sexually molested by his mother's boyfriend multiple times with mother's consent. Participant reported this incident as trauma which aroused guilty feeling, along with anger on seeing the person, insecurity fearfulness and a tendency to keep secrets. It is possible that feelings related to violation of one's body increase the likelihood of engaging into self harming behaviours.

Among the participants, 7 reported physical abuse from the family. Most of the incidents reveal low emotional regulation of parents. 3 of the participants reported as witnessing domestic violence, where father having alcohol addiction and showing anger outburst for trivial matters and physically abusing child along with mother. 4 of the participants reported emotional abuse along with physical abuse. 2 participants reported that when they engage in self harming behaviours their emotional distress was communicable to parents and they would stop abusing. 5 participants reported that they had negative emotions toward the parents from the child hood. A recent study by Armiento et al. (2016) found exposure to indirect child maltreatment was the only predictor of NSSI after controlling for participants' age and gender.

Self-harming behaviour trends

The current average age of those beginning to engage in self-injury is as early as 12 years old, even though it became evident after puberty. Even in this small sample of 15, 9 are girls and 6 are males showing the ratio high in girl population than boys. Within this particular population, self-injury is typically not associated with increased danger beyond the injury itself unless onset co-occurs with a psychotic episode or is co-morbid with suicidal ideation; even though most confuses with suicidal ideation. Most of the participants here showed self harm mildly or non fatal injuries, i.e., without touching the veins or getting any harm to their body. Self-harm behaviours are shown as a means to satisfy their emotional as well as materialistic demands or when someone criticizes them.

More specifically, this finding supports the notion that individuals might engage in self harming behaviours in order to avoid unwanted or intolerable negative emotions, with self-injurious behaviours providing an immediate, albeit temporary and maladaptive, relief from the negative affective state. Individuals who have more difficulties effectively regulating their emotions in a healthy way, then, might be at greater risk for utilizing maladaptive coping strategies. They show self-harming behaviour only to those whom they feel personally close.

Throughout these cases a common trend in the purpose of doing self-harming behaviour is to make parents sad. Through these kinds of behaviours they are trying out parents attention by bring a momentary sense of calm or release of tension. Scratching or cutting arms is the common self harming act seen among almost all the participants.

CONCLUSION

The present study had tried to explore the emotional dysregulation and reaction to frustration of adolescents with self-harming behaviour. Detailed case studies also helped to study their psycho-familial backgrounds. It had derived certain findings. There were unique features observed, as their peculiar attributions, attention seeking tendency, particular style of self-harming behaviour etc. Altogether the present study paved light to the psychosocial background of the adolescents with self-harming behaviour. Their attributions were not cross-validated, but studied on their style and depth of trauma pointing out.

The study signifies the importance of managing emotions or its expressions. The way of helplessness from self-harming person has to be received and intervened scientifically. Person with low self-esteem and confidence have got changes to experience helplessness which may be leading to self-harming behaviour. It can be called as attention seeking mechanism or a cry for help. They always do so, as to get some of their needs satisfied. The rearing pattern, childhood experiences, depth of emotional trauma, personality pattern etc also can be studied along with in further similar studies.

The present study can be an added contribution while denying interventions in self-harming behaviour or while identifying them. Self-harming behaviour is not something to ignore, as it not fatal, but to be intervened scientifically; it may be added in parental or teacher training. The study also sheds light towards the imbibing of emotional regulation strategies to students either through curriculum or through training classes.

LIMITATIONS AND SCOPE FOR FURTHER RESEARCH

The present study could have included little more variables like personality pattern, parental behaviour, interpersonal relationship skill, in a very small group. Even though physical abuse and sexual abuse alone could have been emphasis and studies in depth, here the researcher gave more emphasis to emotional dysregulation. It could have attempted an intervention like interpersonal relationship skill training by taking a little more time. The study can be extended to adult population with a longitudinal pattern or intervention.

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Conflict of Interest

The author declared no conflict of interest.

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