

## A Study on Etiology of Self-Injury Behaviour

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### ABSTRACT

Self-injury behavior (SIB), also known as non-suicidal self-injury (NSSI), is a concerning issue in public health, especially among adolescents and young adults. SIB involves intentionally causing damage to one's body tissue without intending suicide, often through actions like cutting, burning, or hitting oneself. Despite its prevalence, there's a lack of comprehensive understanding of what leads to SIB within the general population. This study aimed to fill this gap by exploring the perceived causes and motivations behind SIB. The study included 200 participants from Bangalore, ranging from 13 to 61 years old, selected through convenient probability sampling. Data collection utilized a researcher-designed questionnaire administered online. The questionnaire covered various potential factors contributing to SIB, such as coping mechanisms, traumatic experiences, social media impact, societal and environmental influences, emotional challenges, and mental health issues. Results indicated that mental health problems were seen as the primary cause of SIB, with 80% of participants agreeing with this view. Emotional factors, like difficulty expressing emotions or emotional distress, were the second most cited cause, with 71% agreement. Other factors included societal and environmental influences (46.4%), coping strategies (44.3%), traumatic experiences (43%), and social media's influence (35.5%). While many recognized trauma, emotions, and mental health as contributing factors, there was uncertainty and varying opinions regarding societal and media influences. Notably, a significant number of respondents believed that SIB serves as a coping or defense mechanism, aligning with existing theories. However, there's a need for further research to understand the complex interactions of these factors contributing to SIB. This understanding is crucial for developing effective prevention and intervention strategies that are culturally sensitive and comprehensive. Continued efforts in research will contribute significantly to addressing and managing SIB in the general population.

**Keywords:** *Self-Injury Behaviour, Causes and General Public*

Unraveling the intricacies of human behavior stands as a formidable challenge, shaped by a myriad of contextual influences. The realm of psychology endeavors to navigate this complexity by delving into diverse contexts, seeking to illuminate the roots of behavior, forecast behavioral patterns, and foster transformative shifts (King et al., 2015). Despite its ancient origins, with roots tracing back to luminaries like Plato and Aristotle, modern psychology, in its scientific guise, emerged just a century ago, embracing

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scientific methodologies akin to its scholarly counterparts (**King et al., 2015**). Serving as the cornerstone of diagnostic criteria for psychological disorders, the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association remains pivotal (**Association, 2022**).

The COVID-19 pandemic brought mental health issues to the forefront, highlighting the complex relationship between psychological and physical wellness (**Meda et al., 2021**). In Italy, evaluations of students' mental well-being before and after lockdown revealed a spike in depressive symptoms during isolation, especially among those without pre-existing psychological disorders. Nevertheless, the post-lockdown period saw a decrease in obsessive-compulsive behaviors and anxiety, while depressive symptoms returned to pre-lockdown levels, demonstrating remarkable resilience (**Meda et al., 2021**).

The DSM-5, introduced in 2013, revamped the classification system, revising criteria for over 70 disorders, introducing novel entities like prolonged grief disorder, and incorporating delineations for both suicidal and non-suicidal self-injury behaviors (**Association, 2013**). Noteworthy are the contributions that advocate for cultural competency, inclusivity, and the adoption of non-stigmatizing language within this framework (**Association, 2022**). The DSM-5-TR further consolidates these advancements, integrating prior online updates and scientific strides through iterative refinement processes (**Association, 2022**).

Self-injury behavior (SIB), characterized by the deliberate destruction of one's body tissue sans suicidal intent, has garnered considerable attention, particularly within clinical cohorts marked by conditions like borderline personality disorder, depression, and schizophrenia (**Klonsky et al., 2003; Straiton et al., 2013b; Association, 2022**). Traumatic life events, notably those of an interpersonal or sexual nature, have been linked to heightened tendencies towards suicidal behaviors (**Horváth et al., 2020**). Joiner's interpersonal-psychological theory posits that an amalgamation of factors such as thwarted belongingness, perceived burdensomeness, desire for suicide, and capacity for suicide contribute significantly to severe suicidal inclinations (**Horváth et al., 2020**).

Studies suggest that the primary impetus behind self-harm lies in alleviating negative emotional states such as depression, anger, stress, and strain (**Kapur et al., 2013**). Adolescence, characterized by heightened bodily self-awareness and identity formation, emerges as a pivotal juncture for both the onset of psychological disorders and the initiation of self-harming behaviors (**Nock, 2009; Oktan, 2017**). Classifications proposed by Simeon and Favazza (2001) categorize SIB into stereotypic, major, compulsive, and impulsive types based on severity, frequency, and associated conditions (**Butts, 2008**). The DSM-5's diagnostic criteria for SIB mandate a minimum of five self-injury acts within a year, preceded by negative thoughts or emotions, serving a psychological purpose, and leading to significant impairment (**Association, 2013**). The evolution in understanding self-injury necessitates nuanced, culturally sensitive approaches from both researchers and clinicians, acknowledging the intricate interplay of individual, social, and environmental factors (**Ammerman et al., 2018; Hooley et al., 2020**).

### REVIEW OF LITERATURE

(**Horváth et al., 2020**) This study found a significantly higher prevalence of suicidal behavior, non-suicidal self-injury (NSSI), and stressful life events among adolescents in a clinical group compared to a non-clinical group. The findings highlight an urgent need for prevention and intervention programs targeting SIB, not only in clinical settings but also in

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secondary schools. The study emphasized the importance of considering interpersonal stressful life events, such as conflicts with parents, arguments with friends or teachers, and relationship breakups, in understanding and addressing SIB and suicidal behavior among adolescents. Notably, a higher number of life events was associated with an increased number of SIB methods, which is considered a key indicator of SIB severity.

**(Kharsati & Bhola, 2014b)** This study on NSSI among college students in India revealed that a significant 31% of participants reported engaging in NSSI in the past year, with moderate/severe forms reported by 19.8% of the sample. The most common methods were self-harm (15.2%) and cutting or carving the skin (13.2%). Interestingly, there were no significant gender differences in NSSI rates. The study explored reasons behind NSSI, with participants endorsing both automatic reinforcement (regulating internal emotional states) and social reinforcement (influencing others in the environment). The most common reasons were 'to feel relaxed' and 'to get control of the situation', while the least common were 'to make others angry' and 'to avoid activities'. Individuals with moderate/severe NSSI endorsed a higher number of self-injury methods and showed a significant association with concurrent substance use.

**(Kaess et al., 2011)** This study revealed significant gender disparities in non-fatal suicidal behavior among adolescents, with female students exhibiting higher rates of suicidal thoughts and attempts compared to male students. This highlights the strong impact of gender on suicidal tendencies. Female students also displayed higher levels of withdrawn behavior, somatic complaints, anxiety, depression, thought problems, attention issues, and internalizing problems, while male students showed increased social problems and delinquent behavior. Emotional and behavioral issues played a significant role in explaining suicidal thoughts and attempts, with gender also contributing a noteworthy but smaller part. These findings underscore the necessity of considering gender-specific emotional and behavioral factors when addressing adolescent suicidal behavior and the importance of gender-sensitive approaches in public health interventions.

**(Zoroğlu et al., 2003)** Focusing on Turkish high school students, this study found significant associations between overwhelming childhood abuse and neglect experiences and heightened levels of dissociation, which were in turn linked to self-harming behaviors like self-mutilation and suicide attempts. Dissociation emerged as a critical mediator of self-destructive behavior in abused adolescents. The study also revealed a strong relationship between the number of traumatic experiences and both suicide attempts and self-mutilation among students. Dissociation level was the most influential predictor of self-mutilation and suicide attempts, followed by emotional abuse, physical abuse, sexual abuse, and neglect. Importantly, the study demonstrated similarities in the frequency and impact of traumatic experiences between Turkish culture and Western countries, suggesting universal effects of childhood abuse and neglect on adolescent mental well-being. It stressed the importance of addressing trauma and dissociation in understanding and preventing self-destructive behavior among youth.

### *Need of the study*

The pressing need for this research arises from the lack of studies examining self-injury behaviour (SIB) among non-clinical populations, despite its prevalence, notably among adolescents due to rising rates of mental health disorders. Uncovering the underlying causes of SIB is crucial to identify potential triggers and situations that can be avoided, thereby preventing the manifestation of self-harming tendencies. From a forensic perspective, the

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study could shed light on the potential link between SIB and criminal activities, such as self-mutilation during the commission of crimes or as a form of self-punishment. Additionally, it may inform the development of guidelines and protocols for law enforcement, forensic investigators, and correctional staff to appropriately identify and respond to individuals exhibiting self-injury behaviours. By bridging this gap in our understanding of SIB among the general population, this research endeavor aims to contribute to a more comprehensive grasp of the underlying causes, patterns, and potential interventions, ultimately raising public awareness and facilitating the establishment of effective support systems across various contexts.

### **METHODOLOGY**

This research endeavored to gauge the general public's understanding of the etiological factors underlying self-injury behavior. The specific objectives were to assess and explore the perceived causes or origins of such behavior. The study followed an empirical research design, with etiology treated as the independent variable, self-injury behavior as the dependent variable, and gender included as a categorical variable. The target population consisted of individuals aged 13 to 61 years residing in the urban areas of Bangalore, India. A sample of 200 participants, comprising 65 males (32.5%) and 135 females (67.5%), was drawn from this population using a non-probability convenience sampling technique. Eligibility for participation required being within the specified age range and having no currently diagnosed mental health condition, while those with clinical disorders were excluded. Data collection was facilitated through a researcher-developed questionnaire disseminated online via Google Forms. Upon obtaining participant responses, the data underwent percentage analysis. This analytical approach enabled the researchers to summarize and interpret the sample's performance on the variables assessed through the questionnaire items, elucidating patterns and tendencies within the data. Throughout the research process, ethical principles were upheld, including securing informed consent from participants and providing debriefing sessions as necessary.

### **DISCUSSION**

The aim of the study was to ascertain the etiology of self-injury behaviour and identify the primary factors influencing individuals in this domain. The study included a questionnaire comprising 20 inquiries, with 19 being multiple-choice questions and one being an open-ended question prompting participants to propose preventive measures.

#### ***Coping mechanism/ Defence Mechanism:***

Defence mechanism are actions which individuals employ to distance themselves from disagreeable events, thoughts or behaviours. The concept of defence mechanisms originates from psychoanalytic theory, as psychological framework of personality that views personality as the interplay among three elements that are id, ego and super-ego.

***Table 1 The table illustrates diverse perspectives on Coping mechanism / Defence Mechanism being the cause of self-injury behaviour.***

<b>Dimensions</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>
<b>Coping mechanism / Defence Mechanism</b>	44.30%	23.10%	32.60%

One of the etiological factors explored in the present study was whether self-injury behaviour (SIB) serves as a coping mechanism or defence mechanism for individuals engaging in such behaviours. The findings revealed diverse perspectives among the

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respondents regarding this proposed etiology. A notable proportion of respondents (**44.30%**) agreed that SIB functions as a coping or defence strategy. The agreement among nearly half of the respondents supports the conceptualization of SIB as a dysfunctional coping or defence mechanism. However, a significant percentage (**32.60%**) of respondents disagreed with the proposition that SIB is a coping mechanism or defence mechanism. The disagreement among this group of respondents suggests that SIB may not be solely attributable to coping or defence strategies for all individuals who engage in such behaviours. Interestingly, a substantial proportion (**23.10%**) of respondents remained neutral or undecided on this particular etiological factor.

### *Traumatic Experience:*

Another etiological factor explored in the present study was the potential role of traumatic experiences in self-injury behaviour (SIB). Trauma refers to the impact of highly distressing events that are difficult to cope with or beyond an individual's control, whether singular or ongoing (**Substance Abuse and Mental Health Services Administration, 2014**). These events can induce feelings of fear, threat, shame, or powerlessness, and can result from direct harm, neglect, or witnessing harm inflicted on others.

*Table 2 The table illustrates diverse perspectives on Traumatic Experience being the cause of self-injury behaviour.*

Dimensions	Agree	Neutral	Disagree
Traumatic experience	43%	33%	24%

The findings from the questionnaire revealed that a significant proportion of respondents (**43%**) agreed that SIB is related to traumatic experiences. However, it is noteworthy that a considerable percentage (**24%**) of respondents disagreed with the notion that SIB is caused by traumatic experiences. This divergence in perspectives highlights the potential for other underlying factors or motivations to contribute to self-injury behaviour beyond trauma exposure. Additionally, a substantial proportion (**33%**) of respondents remained neutral or undecided on this particular etiological factor. This uncertainty underscores the need for further research and education to enhance the understanding of the complex interplay between trauma and self-injury behaviour.

### *Social Media influence:*

Social Media influence refers to the power of various media forms, such as television, social media, and print, to shape people's attitudes, behaviours and perceptions. Media influence on self-harm can impact individuals by shaping their perceptions and behaviours related to this issue.

*Table 3 The table illustrates diverse perspectives on Social Media Influence being the cause of self-injury behaviour.*

Dimensions	Agree	Neutral	Disagree
Social media	35.50%	40.75%	23.75%

The present study also explored the potential influence of social media on self-injury behaviour (SIB). With the pervasive use of social media platforms, concerns have been raised about the potential impact of online content and peer influence on individuals, particularly those who may be vulnerable to engaging in self-harm behaviours. The findings from the questionnaire revealed that a considerable proportion of respondents (**35.50%**)

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agreed that SIB could be attributed to social media influence. However, it is noteworthy that a smaller percentage (**23.75%**) of respondents disagreed with the notion that SIB is caused by social media influence. This divergence in perspectives highlights the potential for other underlying factors or motivations to contribute to self-injury behaviour beyond social media exposure. Interestingly, the largest proportion of respondents (**40.75%**) remained neutral or undecided on this particular etiological factor.

### ***Social or Environmental Influence:***

Social or Environmental Influence refers to any social or environmental factors which can affect a person's mental well-being and can make them feel disturbed or trigger them to commit self-harm. Some of these factors can include broken families, no proper care or ignorant parents, peer pressure, inferiority complex, relationship problems, family pressure, and many more.

***Table 4 illustrates diverse perspectives on Social or Environmental Influence being the cause of self-injury behaviour***

<b>Dimensions</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>
<b>Environment</b>	46.40%	34.50%	19.10%

The present study also investigated the potential role of societal or environmental factors in the etiology of self-injury behaviour (SIB). The findings from the questionnaire revealed that a substantial proportion of respondents (**46.40%**) agreed that SIB could be attributed to societal or environmental factors. (**19.10%**) of respondents disagreed with the notion that SIB is caused by societal or environmental factors. Additionally, a considerable proportion of respondents (**34.50%**) remained neutral or undecided on this particular etiological factor.

### ***Expression of Emotions:***

As generations progress, it becomes increasingly challenging to openly express emotions. This is often due to families living in isolation, making it difficult to communicate feelings effectively.

***Table 5 illustrates diverse perspectives on Expression of Emotions being the cause of self-injury behaviour.***

<b>Dimensions</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>
<b>Emotions</b>	71%	17.50%	11.50%

A significant focus of the present study was to investigate the role of emotions in the etiology of self-injury behaviour (SIB). The findings from the questionnaire revealed a strong consensus, with a substantial majority of respondents (**71%**) agreeing that SIB is related to emotions. However, it is noteworthy that a smaller proportion of respondents either disagreed (**11.50%**) or remained neutral (**17.50%**) regarding the role of emotions in SIB.

### ***Mental Health:***

Mental health issues can lead to self-harm, as individuals facing conditions such as depression, anxiety, or trauma may struggle with overwhelming emotions or numbness. Self-injury can become a coping mechanism for those seeking control or distraction from their inner turmoil. It may also serve as a physical expression of emotional pain when verbalization is challenging.

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*Table 6 illustrates diverse perspectives on Mental Health being the cause of self-injury behaviour*

Dimensions	Agree	Neutral	Disagree
<b>Mental Health</b>	80%	13.50%	6.50%

The findings from the questionnaire revealed an overwhelming consensus, with a vast majority of respondents (**80%**) agreeing that SIB is related to mental health issues.

However, it is noteworthy that a small proportion of respondents either disagreed (**6.50%**) or remained neutral (**13.50%**) regarding the role of mental health issues in SIB. This divergence in perspectives highlights the potential for other underlying factors or motivations to contribute to self-injury behaviour beyond mental health conditions.

### Compressed Data:

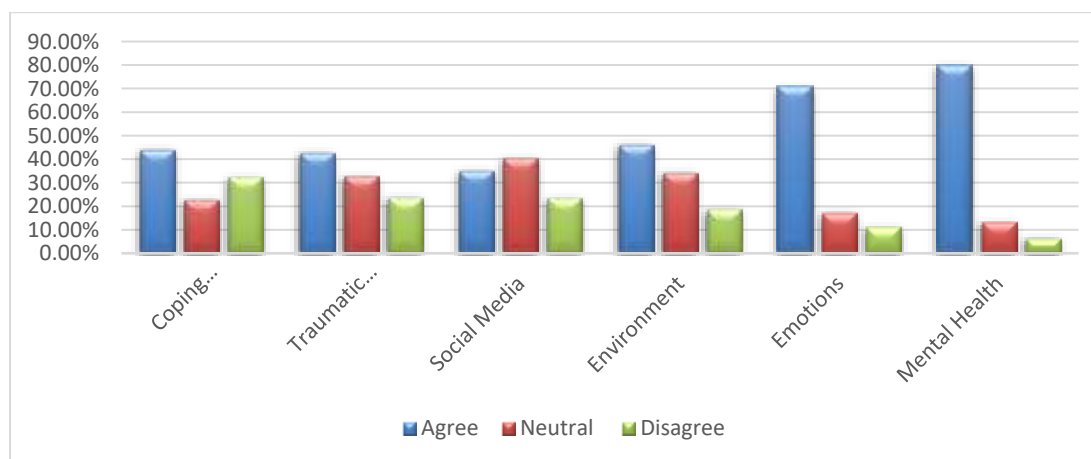
*Table 7 The table illustrates diverse perspectives on different etiologies of self-injury behaviour.*

Dimensions	Agree	Neutral	Disagree
<b>Coping mechanism/Defence Mechanism</b>	44.30%	23.10%	32.60%
<b>Traumatic experience</b>	43%	33%	24%
<b>Social media</b>	35.50%	40.75%	23.75%
<b>Environment</b>	46.40%	34.50%	19.10%
<b>Emotions</b>	71%	17.50%	11.50%
<b>Mental Health</b>	80%	13.50%	6.50%

The table presents various etiologies and their corresponding percentages for the responses of Agreement, Neutrality, and Disagreement. This tabular data elucidates the causal factor that garnered the highest level of agreement in relative terms. Concerning **Coping Mechanisms/Defence Mechanisms**, **44.30%** of respondents concurred that this constitutes a major reason for Self-Injury Behaviour (SIB). Furthermore, **43%** of participants agreed that **traumatic experiences** could serve as a primary cause for SIB, while **35.50%** affirmed that **Social Media Influence** represents a significant factor. Additionally, **46.60%** of individuals perceived **societal or environmental influences** as major contributors to SIB. Notably, **71%** of respondents believed that an **inability to express emotions or emotional distress** could be a principal cause, and finally, an overwhelming majority of **80%** considered **Mental Health Disorders** to be the primary factors precipitating SIB.

Consequently, it is evident that **Mental Health** emerges as the preeminent cause of Self-Injury Behaviour, followed by **Emotional Factors** as the subsequent significant contributor.

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**Fig:** Graph representing diverse perspectives on different etiologies of self-injury behaviour.

### Findings:

Regarding the perceived etiological factors, the study found that:

- Mental health issues were considered the primary cause of SIB, with 80% of respondents agreeing to this factor.
- Emotional factors, such as the inability to express emotions or emotional distress, were the second most significant contributor, with 71% of respondents agreeing.
- Other perceived etiological factors included societal/environmental influences (46.4% agreed), coping/defence mechanisms (44.3% agreed), traumatic experiences (43% agreed), and social media influence (35.5% agreed).
- While a significant proportion recognized trauma, emotions, and mental health issues as potential etiological factors, there was considerable uncertainty and divergence of perspectives regarding societal/environmental factors and social media exposure.
- A substantial number of respondents endorsed the notion that SIB serves as a coping or defence mechanism, aligning with existing theoretical frameworks.
- Continued research efforts are needed to explore the complex interplay of factors contributing to SIB, as perceived by the general population, to inform the development of comprehensive and culturally sensitive prevention and intervention strategies.

## CONCLUSION

Self-injury behavior (SIB) or non-suicidal self-injury (NSSI) involves deliberate self-harm without suicidal intent, such as cutting, burning, scratching, or hitting oneself. It is a significant public health concern, particularly among adolescents and young adults, associated with negative consequences like increased suicide risk, substance abuse, and other mental health problems. The study found varying degrees of understanding regarding SIB's potential causes and motivations among the general population. While many recognized trauma, emotions, and mental health issues as factors, there was uncertainty about societal/environmental influences and social media exposure's role. Notably, a substantial number endorsed SIB serving as a coping or defense mechanism, aligning with existing theoretical frameworks. However, differing viewpoints and neutrality suggest a need for further public education efforts. The study's conclusions underscore enhancing awareness and understanding of SIB's multifaceted causes through targeted initiatives and campaigns. This could disseminate accurate information, dispel misconceptions, reduce



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stigma, and promote a supportive environment. Increased knowledge and open dialogues may empower those affected to seek appropriate support and resources.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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