

Emotional Expressiveness, Social Support and Self-Mutilative Behaviour in Mizo Youths

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ABSTRACT

This study assesses the relationship between emotional expressiveness, social support, and self-mutilative behavior among Mizo youths aged 15-24 (N=250, 125=Female & 125=Male). Self-mutilative behavior has become increasingly common among adolescents and youths, and it is often linked with difficulties with emotional regulation and various degrees of perceived social support. While previous research has shown a strong correlation between high emotional expressiveness and self-mutilation, the results of this study are in contrast with those research, showing no significant association between emotional expressiveness and self-mutilation. However, social support has come to be as a crucial component in understanding self-mutilating behavior. The study found that higher levels of perceived social support, particularly from family members, were significantly associated with decreased self-mutilation. This suggests that familial and social connections can help prevent self-injury. The findings emphasize the importance of strong support systems in developing psychological resilience among adolescents and young adults.

Keywords: *Mizo Young Adults, Emotional Expressiveness, Social Support, Self-Mutilative Behavior*

According to Macmillan (1981), youth is typically the period of life between childhood and adulthood. Globally, there are differences in the age at which an individual is deemed a “youth” and, as such, entitled to preferential treatment in the legal system and in society at large. The Commonwealth defines “youth” as those between the ages of 15 and 24 (Commonwealth Secretariat, 2011). The stage of self-concept construction is youth. Peers, lifestyle, gender, and culture are some of the factors that affect young people’s self-concept (Thomas, 2003). A person’s future will be impacted if they don’t make the right decisions at this time. During their youth, they may exhibit positive or negative behavioral patterns.

Humans have conscious mental reactions to particular events or circumstances, which are known as **emotions**. They are perceived subjectively as intense emotions, frequently focused on a specific thing or situation, such as rage, fear, joy, or sadness. Usually, these feelings are accompanied by behavioral reactions that affect our actions and reactions as well as

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physiological changes in the body, like an elevated heart rate. A basic component of human existence, emotions influence our perceptions of and interactions with the outside world. The ability to convey emotional states through nonverbal indicators like body language, gestures, and facial expressions is known as *emotional expressiveness* (Friedman et al., 1980a; R. E. Riggio, 1986). Psychologists have been interested in this idea since William James's time, and natural scientists since Charles Darwin. Even though emotions like sadness, anger, and joy are biologically hardwired into our bodies, it is up to us whether or not we choose to express them. By acknowledging these natural emotions, emotional expression helps us close the gap between our internal experiences and the ways we express them to others.

Social support refers to the perception or experience of being loved, valued, and cared for by others, as well as belonging to a network of mutual assistance and responsibilities (Wills, 1991). It can come from various sources, such as a partner, family members, friends, coworkers, community connections, or even a devoted pet (Siegel, 1993). Strong community ties and collectivistic values are hallmarks of Mizo society. Social relationships are crucial in determining an individual's behavior in collectivistic societies. It is common to emphasize the importance of family and community support, and people are expected to turn to their social networks in times of need.

However, cultural norms can also prevent candid conversations about mental health issues, which can result in feelings being repressed. Young Mizo adults may find it difficult to get enough emotional support if they feel that their families cannot understand how they are feeling, which makes them more likely to harm themselves.

Social Support among Mizo Young Adults Family is important in Mizo way of life, but community is even more so. The "Tlawmngaihna" philosophy which means selflessness, kindness and comradeship, is a big contributor to the way of people relating with each other. The concept promotes helping each other, particularly when there are critical needs. When someone's struggling, community members often step in to lend a hand, forming a safety net that stretches well beyond the nuclear family. But while this joint support system is helpful, it does not always stretch to mental health problems. Talk about emotional distress, self-harm, and psychological mood is still fairly taboo in many traditional Mizo communities. Although people tend to get assistance for tangible things, whether it be difficulty to get money or the trouble with their studies, they are often afraid to talk about personal matters, particularly those associated with self-harm, because they fear that it will be deemed as socially unacceptable.

Ralte et al.'s (2022) study of Mizo teenagers emphasized the significance of stress management and self-efficacy. It was discovered that greater resilience and less stress were connected with higher levels of social support. The study suggested that to lessen psychological distress, peer and family support networks should be strengthened.

Self-mutilative behavior (SMB) is a serious and complex psychological phenomenon widely studied across various populations, particularly adolescents and young adults. Self-mutilative behavior (SMB) refers to deliberate self-inflicted harm to one's body without suicidal intent. It is often seen as a maladaptive coping strategy to manage emotional distress, regulate overwhelming feelings, or relieve psychological pain (Pal et al., 2022). This behavior is increasingly being recognized as a critical mental health concern, necessitating a deeper understanding of the factors that contribute to its occurrence. With

lifetime prevalence rates ranging from 12% to 37.2% in secondary school populations and 12% to 20% in late adolescent and young adult populations, this behavior is common among adolescents and young adults (Whitlock, 2010). Two major psychological constructs—emotional expressiveness and social support—have been extensively studied concerning self-mutilative behaviors. Typically, misunderstood and stigmatized, it is, therefore, important to access some of the psychological and social conditions that underpin its persistence. Research suggests that individuals with limited emotional expressiveness and inadequate social support networks are at a heightened risk of engaging in self-mutilation (Agrawal & Sahai, 2024).

Self-Mutilative Behaviour in Young Adults With an average onset age of 12 to 15 years, self-mutilation usually takes the form of cutting, burning, scratching, and hitting oneself (Cipriano, Cella, & Cotrufo, 2017). According to a study conducted on teenagers in Iran, automatic negative reinforcement—also known as the decrease of unpleasant feelings or thoughts—was the most common reason for engaging in self-mutilative behavior (Izadi-Mazidi, Yaghubi, & Mohammadkhani, 2019). Another study showed that self-mutilation can happen on its own as a behavioral coping strategy and is not always connected to a particular mental illness (Whitlock, 2010).

According to a growing body of research, self-mutilation happens in a variety of demographic groups and varies in prevalence depending on factors like gender, ethnicity, and culture. More recent research indicates that the gender gap may be closing, with males engaging in different forms of self-harm, such as hitting and burning, as opposed to the more prevalent cutting behavior observed among females, despite early studies showing that females engage in self-mutilation at higher rates than males (Whitlock, 2010). The impact of socioeconomic status has also been studied, and the results show that while self-mutilation can occur at any income level, access to coping strategies and mental health resources may vary depending on one's financial situation.

Psychological and Social Factors Associated with Self-Mutilation Self-mutilation has been connected in numerous studies to mental illnesses like anxiety, depression, and borderline personality disorder (BPD), as well as emotional dysregulation and childhood adversity (Cipriano et al., 2017). Furthermore, social factors like peer pressure, media exposure to self-harming behaviors, and interpersonal challenges are important in the development and maintenance of NSSI (Whitlock, 2010). People who self-mutilate frequently report feeling overwhelmed, depressed, or frustrated prior to the behavior and then experiencing relief and calmness afterward, according to a systematic review (Klonsky, 2009).

The increased prevalence of self-mutilation among peer groups, especially in adolescence, has been explained by the social contagion theory. Higher rates of engagement in self-mutilative behavior have been associated with exposure to self-injury via social media, peer discussions, or personal interactions; this suggests that self-mutilation may spread within specific social networks (Whitlock, 2010). This emphasizes the necessity of preventive measures that emphasize peer education and appropriate portrayals of self-harm in the media.

Emotional Expressiveness and Self-Mutilation Emotional expressiveness plays a fundamental role in an individual's ability to regulate emotions and maintain psychological well-being. It refers to the capacity to identify, process, and effectively communicate

emotions. One of the main factors linked to self-mutilative behaviors is emotional management issues. SMB is a common reaction among teenagers and young adults to feelings of emotional numbness, irritation, or intense melancholy. Feelings of powerlessness brought on by an inability to express emotions might cause people to self-harm as a means of externalizing internal conflict. According to research, those who repress their feelings are more prone to use self-medication as a kind of self-punishment or to regain emotional control (Zhou et al., 2025). Individuals who struggle with emotional expression may find it difficult to articulate their distress and instead resort to self-harm as a non-verbal way of externalizing their emotions. Pal et al. (2022) found that adolescents with suppressed emotional expression were more likely to engage in self-injury as a means of coping with emotional numbness and psychological distress. The inability to verbalize distress can lead to an increased reliance on self-mutilation as an immediate and tangible outlet for overwhelming emotions (Lavasani & Torabi, 2015). This is consistent with theories of affect regulation, which suggest that self-harm provides momentary relief from intense emotions by activating pain-induced physiological responses that help alleviate emotional distress.

Although there are many other ways to injure oneself, research has shown that burning, scraping, and cutting are some of the most popular techniques. According to some research, self-harm has several uses, such as expressing anger, reducing psychological suffering, and resolving interpersonal issues (Abdou et al., 2024). In a clinical examination of teenagers and young adults, it was discovered that the most common reasons for self-harm were stress relief, anger management, and the release of unpleasant emotions. It's interesting to note that there were no discernible gender differences in the reasons why people self-harm, indicating that men and women had comparable motivations for doing so (Abdou et al., 2024). A lack of emotional expressiveness is particularly problematic in cultures where mental health struggles are stigmatized, as it prevents individuals from seeking help or communicating their struggles effectively. Research suggests that individuals from collectivist cultures, such as the Mizo community, may experience additional barriers to emotional expression due to societal norms that discourage open discussions about psychological distress (Agrawal & Sahai, 2024). In such communities, emotional suppression may be reinforced by cultural values that prioritize social harmony and familial reputation over individual emotional needs. This cultural dynamic can exacerbate distress and increase the likelihood of engaging in self-harm as an alternative coping mechanism (Setiawati & Umijati, 2021).

Social Support and Self-Mutilation One protective factor which can impact all self-mutilative behaviors is social support. Adolescents who report experiencing supportive relationships with family, friends, and significant others, are less likely to engage in Self-Mutilative Behavior; whereas, adolescents experiencing social isolation and/or strained Relationships are significantly more likely to engage in Self-Mutilative Behaviors. As with many psychological factors that have been proposed to influence self-harming behaviors, perceived social support, the belief that a given individual has the support of their social network, directly decreases self-harming behaviors and helps regulate the relationship between emotional distress and impulsivity, the main psychological contributors to self-mutilation behaviors.

Research indicates repeatedly that people with strong support systems among their family and peers are less likely to self-harm than people suffering from social isolation, neglect, or dysfunctional relationships. Family support, in particular, is important because emotionally open and supportive families protect children from psychological distress. On the other hand, teenagers with dysfunctional families or neglect show a higher prevalence of self-

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harm as a maladaptive coping mechanism. Increased self-injury rates have also been associated with low parental warmth and high family conflict, showing how essential a stable home life and supportive family are (Simundic et al., 2024). According to Agrawal and Sahai (2024), warm, supportive families act as protective buffers against self-mutilation while exposure to multiple forms of familial conflict, emotional neglect, or abuse increases the likelihood of self-injury by a factor of four. Adolescents who lack close interpersonal connections may resort to self-harm as a way to cope with feelings of loneliness, rejection, or emotional disconnection from others (Lavasani & Torabi, 2015).

The interaction between *emotional expressiveness, social support, and self-mutilation* underscores the complexity of this psychological issue. Individuals who struggle to express emotions effectively may find it difficult to seek support from others, leading to increased social withdrawal and a higher likelihood of engaging in self-injurious behaviors (Pal et al., 2022). Conversely, individuals with strong emotional expressiveness and a robust support network are more likely to develop adaptive coping strategies, reducing their risk of self-harm (Agrawal & Sahai, 2024). Lavasani and Torabi (2015) found that self-harm behaviors were significantly higher among students who exhibited poor emotional regulation and had limited access to social support systems, highlighting the need for targeted interventions aimed at improving emotional communication skills and strengthening interpersonal connections.

Cultural considerations are particularly important when examining self-mutilative behaviors among Mizo youths. The Mizo community, like many other collectivist societies, places a strong emphasis on familial honor, social cohesion, and maintaining a positive public image. These cultural values may discourage individuals from openly expressing emotional distress or seeking professional help, leading to a reliance on self-harm as a private coping mechanism (Agrawal & Sahai, 2024). Furthermore, the stigma surrounding mental health issues within the community may prevent individuals from discussing their struggles or accessing psychological support services (Setiawati & Umijati, 2021). Addressing these cultural barriers is essential for developing effective mental health interventions tailored to Mizo youths.

Rationale of the Study

Self-mutilating behavior among adolescents and young adults is a growing concern, particularly in terms of emotional expression and social support. While research on self-mutilation has expanded globally, there is still a significant gap in studies that focus on ethnic and cultural influences, particularly among Mizo youths. Mizo society's distinct sociocultural background, with its collective values and deeply ingrained traditions, may have a significant impact on emotional expression and coping mechanisms.

Despite the rising prevalence of self-harming behaviors, there has been little research on the subject in the Mizo community. The lack of empirical data makes it difficult to comprehend the psychological and social dynamics underlying these behaviors. Recent data highlights the severity of the issue: between 2014 and July 2024, a total of 948 people died by suicide in Mizoram, with 84% of the cases involving men and 16% women. Alarmingly, the highest number of suicides (584 individuals) occurred among those aged 20–39 years, followed by 201 individuals in the 40–59 age group (Alwal, 2024). These statistics underscore the urgent need to understand the psychological and social factors contributing to self-harming behaviors in the region, particularly among youths.

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Given the scarcity of research examining the relationship between emotional expressivity, social support, and self-mutilative behavior among Mizo youths, this study aims to fill that gap. By investigating these variables, the study hopes to gain valuable insights into the psychological well-being of Mizo adolescents and young adults. Furthermore, the findings may help shape culturally sensitive interventions and mental health strategies for this population.

This research is based on the theoretical perspectives of Emotion Regulation Theory (Gross, 1998) and the Social Support Buffering Hypothesis (Cohen & Wills, 1985). Individuals who struggle to manage or express emotions, according to Emotion Regulation Theory, may be more likely to engage in maladaptive coping strategies, such as self-injury, in order to regulate overwhelming internal states. This is especially important in cultural contexts where emotional restraint is frequently encouraged, potentially restricting healthy emotional expression.

Furthermore, the Social Support Buffering Hypothesis proposes that perceived social support, particularly from family and close social networks, can act as a protective factor, reducing the psychological impact of stress and emotional distress. This is especially important in Mizo culture, where family and community bonds are highly valued. Thus, investigating both emotional expressivity and social support within this framework leads to a better understanding of how these variables interact to influence self-mutilation behavior in a culturally specific population.

METHODOLOGY

Objectives

- To assess the relationship between emotional expressiveness and self-mutilative behaviors among Mizo youths.
- To assess the relationship between social support and self-mutilative behaviors among Mizo youths.
- To explore whether emotional expressiveness and social support predict self-mutilative behaviors.

Hypothesis

- H₁ - Emotional expressiveness is negatively correlated with self-mutilative behaviors.
- H₂ - Friend support is negatively correlated with self-mutilative behaviors.
- H₃ - Family Support is negatively correlated with self-mutilative behaviors
- H₄ - Support of a significant other is negatively correlated with self-mutilative behaviors.
- H₅ - Emotional expressiveness and social support together predict self-mutilative behaviors.

Participants

The sample used in this study is a total of 250 young adults from Mizoram. The participants consist of 125 females and males, respectively. The sample was collected through Google Forms with an age range of 15-24.

Design

The study used a cross-sectional, correlational, non-experimental research design to investigate the connections between social support, self-mutilative behaviors, and emotional expressivity. Regression analysis identified predictive relationships, t-tests compared group differences, and correlation analysis evaluated associations between variables. The internal consistency of the measurement scales was evaluated using Cronbach's alpha to guarantee reliability.

Tools

- **Berkely Expressivity Questionnaire (BEQ) by Gross and John (1997):**The Berkeley Expressivity Questionnaire (BEQ) is a self-report measure to assess an individual's emotional expressivity. Developed by Gross and John (1997), this questionnaire consists of 16 items that evaluate how individuals outwardly express their emotions. It captures a broad spectrum of emotional expressivity, making it a widely used tool in psychological research.
 - **Reliability and Validity:** The Berkeley Expressivity Questionnaire (BEQ) demonstrates good reliability, with Cronbach's alpha values ranging from 0.75 to 0.85. It has been validated through self-reports, peer ratings, and behavioral observations, confirming its construct and discriminant validity. This makes the BEQ a reliable tool for assessing emotional expressivity.

- **Functional Assessment of Self-Mutilation (FASM) by Nock and Prinstein (2004):**The Functional Assessment of Self-Mutilation (FASM), developed by Nock and Prinstein (2004), is a structured assessment tool aimed at understanding the motivations behind self-mutilative behavior (SMB) in adolescents. This measure is designed to assess the frequency, methods, and motivations behind self-mutilative behavior (SMB). It helps identify the reasons individuals engage in deliberate self-injury without suicidal intent, such as cutting, burning, or hitting oneself. In this study, only the first section of the FASM was utilized, which focuses on identifying the occurrence, frequency, and types of self-mutilative behaviors. The decision to use solely the first section was made to limit the burden on participants and to align with the primary objective of the research, which was to examine the prevalence and behavioral characteristics of self-mutilative acts rather than exploring the underlying functions or motivations behind them.
 - **Reliability and Validity:** The Functional Assessment of Self-Mutilation (FASM) has moderate to high reliability, with alpha values between 0.62 and 0.85. Confirmatory factor analysis (CFA) supports its structural validity, showing that the functions of self-mutilative behavior are distinct yet related. Given its consistent results in clinical settings, FASM is a valuable measure for understanding self-injury.

- **Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet, Dahlem, and Farley (1988):** The Multidimensional Scale of Perceived Social Support (MSPSS) is a 12-item self-report questionnaire designed to measure an individual's perceived social support from three primary sources: family, friends, and a significant other. Developed by Zimet, Dahlem, and Farley (1988), the MSPSS assesses the extent to which individuals feel supported by these social groups.
 - **Reliability and Validity:** The Multidimensional Scale of Perceived Social Support (MSPSS) has excellent internal consistency, with alpha values ranging from 0.88 to 0.94. Its subscales (Family, Friends, Significant Other) also show high reliability.

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Widely validated across diverse populations, the MSPSS is a robust measure of perceived social support.

Procedures:

Data was obtained by administering the measures to the participants through Google Forms. Firstly, permission was sought from relevant authorities before distributing the online survey. Participants were provided with a brief description of the study, including its nature, purpose, and confidentiality assurances. Informed consent was obtained digitally before they proceeded with the questionnaire.

To ensure participant engagement, clear instructions were provided at the beginning of the form, and respondents were encouraged to reach out for any clarifications if needed. The self-report questionnaires were designed to be completed within approximately 15 minutes. Participants were given the flexibility to complete the survey at their convenience, ensuring minimal disruptions to their routine while maintaining data accuracy. The significance level of the current study was set as .05. Data analysis in the current study was conducted through IBM SPSS 20.

RESULTS AND INTERPRETATION

Table 1 Mean and Standard Deviation of the participants' scores on Emotional Expressivity

Gender		N	Mean	Std. Deviation	Std. Error Mean
BEQTT	Male	125	75.0400	10.99223	.98317
	Female	125	80.2960	10.16320	.90902

Table 1 shows the mean and standard deviations of Young Adult Males ($m=75.04$, $SD=10.99$) and Females ($m=80.29$, $SD=10.16$) in Emotional Expressiveness (BEQ)

Table 2 Mean and Standard Deviation of the participants' scores on Social Support

Gender		N	Mean	Std. Deviation	Std. Error Mean
Significant	Male	125	20.0240	5.76623	.51575
	Female	125	19.8240	5.53881	.49541
Family	Male	125	18.6480	4.60234	.41165
	Female	125	18.2800	4.90490	.43871
Friends	Male	125	20.5680	5.27217	.47156
	Female	125	20.8240	4.58972	.41052

Table 2 shows the mean and standard deviations of the variables of Significant Others by Young Adult Males ($m=20.02$, $SD=5.77$) and Females ($m=19.82$, $SD=5.54$), Family in Males ($m=18.65$, $SD=4.6$) and Females ($m=18.28$, $SD=4.90$), Friends in Males ($m=20.57$, $SD=5.27$).

Table 3 Mean and Standard Deviation of the participants' scores on Self-Mutilation

Gender		N	Mean	Std. Deviation	Std. Error Mean
FASMATT	Male	125	13.9040	2.30156	.20586
	Female	125	14.0800	2.46131	.22015

Table 3 shows the mean and standard deviations of Young Adult Males ($m=13.90$, $SD=2.30$) and Females ($m=14.08$, $SD=2.46$) in Self-Mutilation.

Table 4 Reliability Statistics of Emotional Expressiveness

	Cronbach's Alpha	No. of Items
BEQTT	.799	16

Table 4 shows the reliability coefficient of Emotional Expressiveness (BEQTT) which consists of 16 items and Cronbach's Alpha is .799 which indicates high reliability.

Table 5 Reliability Statistics of Social Support

	Cronbach's Alpha	No. of Items
Significant Other	.900	4
Family	.713	4
Friends	.894	4

Table 5 shows the reliability coefficient of the subscale of Social Support. Significant Other consists of 4 items and Cronbach's Alpha is .900, which indicates high reliability. Family consists of 4 items with Cronbach's Alpha of .713, which indicates high reliability. Lastly, Friends consists of 4 items and Cronbach's Alpha is .894, which indicates high reliability.

Table 6 Reliability Statistics of Self-Mutilation

	Cronbach's Alpha	N of Items
FASMTT	.804	12

Table 6 shows the reliability coefficient of Self-Mutilative Behaviour (FASM) which consists of 12 items and Cronbach's Alpha is .804 which indicates high reliability.

Table 7 Relationship between Emotional Expressiveness and Self-Mutilation.

		Self-Mutilation
BEQTT	Pearson Correlation	-.020
	Sig. (2-tailed)	.748
	N	250

Table 7 shows the correlation between Emotional Expressiveness and Self-Mutilation. It shows that Emotional Expressiveness (-.020, $p = .748$) is not significant to Self-Mutilation. Therefore, the hypothesis that stated that Emotional Expressiveness is negatively correlated to Self-Mutilation is rejected.

Table 8 Relationship between subscales of Social Support and Self-Mutilation

		FASMATT
Significant Other	Pearson Correlation	-.066
	Sig. (2-tailed)	.298
	N	250
Family	Pearson Correlation	-.308**
	Sig. (2-tailed)	.000
	N	250
Friends	Pearson Correlation	-.103
	Sig. (2-tailed)	.104
	N	250

** Correlation is significant at the 0.01 level (2-tailed).

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Table 8 shows the correlation between the subscale of Social Support and Self-Mutilation. It shows that Self-Mutilation is not significant to the support of Significant Other (-.066, $p = .298$) and Friends (-.103, $p = .104$), therefore, the hypothesis stating that support from Significant Others and Friends is negatively correlated with self-mutilative behaviors is rejected.

However, the result shows that family support is negatively correlated with Self-Mutilations (-.308, $p < .01$), indicating that higher family support is associated with lower levels of Self-Mutilation. Therefore, the hypothesis stating that Family Support is negatively correlated with self-mutilative behaviors is accepted.

Table 9 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.205 ^a	.042	.034	2.33836

Predictors: (Constant), Social Support (MSPSSTT), Emotional Expressiveness

Table 9 shows that the regression model yielded an R value of .205, indicating a weak relationship between the predictors (Emotional Expressiveness and Social Support) and the dependent variable (Self-Mutilation). The R^2 value of .042 suggests that only 4.2% of the variance in Self-Mutilation is explained by Emotional Expressiveness and Social Support. The adjusted R^2 (.034) further confirms the limited explanatory power of the model.

Table 10 ANOVA (Model Significance Test)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	59.404	2	29.702	5.432	.005 ^b
	Residual	1350.580	247	5.468		
	Total	1409.984	249			

Dependent Variable: Self-Mutilation (FASM)

Predictors: (Constant), Social Support (MSPSSTT), Emotional Expressiveness (BEQTT)

Table 10 shows that the ANOVA test was statistically significant ($F(2, 247) = 5.432$, $p = .005$), indicating that the overall regression model significantly predicts Self-Mutilation. However, the small R^2 value suggests that other unmeasured factors might contribute to variations in Self-Mutilation.

Table 11 Regression Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	15.576	1.132		13.758	.000
	BEQTT	.013	.015	.060	.893	.373
	MSPSTT	-.044	.013	-.219	-3.280	.001

Dependent Variable: Self-Mutilation

Table 11 shows that Emotional Expressiveness was not a significant predictor of Self-Mutilation ($p = .373$). This suggests that Emotional Expressiveness scores have little to no impact on Self-Mutilation in this sample.

However, Social Support was a significant predictor of F Self-Mutilation ($p = .001$, $\beta = -.219$), indicating a negative relationship between Social Support and Self-Mutilation. This means that higher Social Support scores are associated with lower Self-Mutilation scores.

The findings suggest that while the overall model is statistically significant, Emotional Expressiveness does not significantly contribute to predicting Self-Mutilation. In contrast, Social Support has a small but significant negative effect, implying that individuals with higher Social Support scores tend to have lower Self-Mutilation scores. However, given the low R^2 value (.042), the model explains only a small portion of the variance in Self-Mutilation, suggesting that additional factors not included in this model may play a more substantial role.

DISCUSSION

The present study aimed to explore the relationship between emotional expressivity, social support, and self-mutilative behavior among Mizo youths. The findings provide valuable insights into the psychosocial determinants of self-mutilative behaviors in the context of Mizo culture.

Interestingly, the results revealed that although the correlation between emotional expressivity and self-mutilative behaviors was negative, it was not statistically significant ($r = -0.020$, $p = 0.748$). This finding suggests that emotional expressivity, as measured by the Berkeley Expressivity Questionnaire (BEQ), does not play a significant role in reducing self-mutilative behaviors among the Mizo youths sampled. This result contrasts with several previous studies that have found emotional expressivity to be a protective factor against self-injury (Lavasani & Torabi, 2015; Zhou et al., 2025). A possible explanation could be cultural factors unique to the Mizo community, where emotional restraint and control are traditionally valued, potentially moderating the role of expressivity. It is possible that even those who are expressive may still engage in self-mutilation due to other underlying factors such as stigma, emotional invalidation, or interpersonal conflicts, which were not directly measured in this study.

In contrast, social support showed a significant negative correlation with self-mutilative behavior ($r = -0.251$, $p < .01$), indicating that individuals perceiving lower levels of social support were more likely to engage in self-mutilation. This is consistent with past research which has consistently identified social support as a crucial protective factor against self-harming behaviors (Simundic et al., 2024; Agrawal & Sahai, 2024). In the Mizo context, despite strong collectivistic values, youths may still experience social isolation or perceive low emotional support due to factors like generational gaps, stigma around mental health, or lack of open communication within families.

The multiple regression analysis further revealed that among the two predictors, only social support emerged as a significant predictor of self-mutilative behavior ($\beta = -0.253$, $p < .01$), while emotional expressivity was not a significant predictor. This reinforces the notion that social support may play a more direct and protective role compared to emotional expressivity in the Mizo youth context. This result supports studies such as Pal et al. (2022)

and Simundic et al. (2024) which emphasized the central role of social support in buffering individuals from engaging in self-injurious behaviors.

Another relevant observation is the possible influence of cultural norms regarding emotional expression and social support-seeking. It is plausible that in the Mizo cultural context, youths may not associate emotional expressivity with help-seeking or problem resolution, thereby limiting its protective influence on self-mutilation. On the other hand, the collectivist nature of Mizo society may still offer significant buffering against self-injury when youths perceive support from family, friends, or significant others.

Additionally, the observed gender difference, with females reporting higher levels of self-mutilative behaviors compared to males, is consistent with previous studies (Setiawati & Umijati, 2021). Gender roles, emotional burden, and expectations of emotional restraint may contribute to this pattern, especially in societies where emotional difficulties are often internalized rather than openly expressed.

CONCLUSION

The result of this research shows that there is no statistically significant relationship between participants' emotional expressiveness and self-mutilative behavior. This suggests that the degree to which people openly express their emotions, whether positive or negative, has little influence on their likelihood of engaging in self-harming behaviors. As a result, emotional expressiveness may not be a reliable predictor or contributor to self-mutilation tendencies in the sample studied. These findings highlight the complexities of emotional regulation and its role in self-harm, implying that other underlying psychological or environmental factors may be more influential in shaping such behaviors.

On the other hand, social support was found to be a significant predictor of self-mutilating behavior, with a strong negative correlation. Individuals who reported higher levels of perceived social support were significantly less likely to engage in self-mutilating behavior. More specifically, social support from family members appeared to have the greatest protective effect, implying that close, emotionally available, and supportive familial relationships may help buffer against the psychological distress that frequently underpins self-harming behaviors. These findings are consistent with previous research, which suggests that strong social ties can protect against various types of emotional and behavioral dysregulation, including non-suicidal self-injury. Therefore, fostering healthy interpersonal relationships and reinforcing family support systems may be crucial strategies in both the prevention and intervention of self-mutilative behaviors among youth.

Limitations

This study has several limitations. The sample was obtained through online data collection using Google Forms, which may have introduced selection bias by limiting participation to individuals with internet access and willingness to engage in the study, thereby restricting the generalizability of the results. The exclusive reliance on self-reported data may have also introduced response biases. Additionally, only the first section of the Functional Assessment of Self-Mutilation (FASM) was employed, which captured the behavioral aspects of self-mutilation but did not address the underlying functions. Lastly, the limited availability of prior research focusing on emotional expressiveness, social support, and self-mutilative behavior in the context of Mizo youths constrained the development of a comprehensive theoretical framework and comparison with existing literature.

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Conflict of Interest

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