Reasons for self-harming behavior among adolescent boys and girls: the context of the nuclear and a single-parent family

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Abstract Self-harm is a type of relatively frequent risk behavior in young people. Especially in the last years (or decades), self-harming behavior is considered to be one of the major public health problems being high in teenage years. As the reasons that lead to self-harm may differ based on specific family circumstances, to identify the most frequent motives for self-harming behavior among adolescents in the context of living in a nuclear or single-parent family is the aim of this study. The pilot study was conducted in 235 participants (age range 11 to 18 years). The modified version of the SHI questionnaire (Self-Harm Inventory – Sansone & Sansone, 2010) and ISAS (Inventory of Statements about Self-Injury – Klonsky & Glenn, 2009) was used to identify reasons for self-harming among participants. Results showed that the most often reasons for self-harming behavior among young people are those which belong to the areas of self-punishment and emotion regulation.

Key words self-harm, motives, adolescent boys and girls, family

1. INTRODUCTION

Self-harm is a type of relatively frequent risk behavior in young people, which has undergone many changes in recent decades, whether in the area of prevalence, comorbidity, or increased rates of its forms. It is often studied among psychiatric patients (e.g. Lauw, Abraham & Loh, 2018), and usually reported only as a part of other disorders. Recently, the focus becomes much more oriented on the prevalence of self-harming behavior in the nonclinical population (Nixon, Cloutier & Jansson, 2008; Démuth & Démuthová, 2019). Research focuses on self-harm and what its adequate definition should be, what are the ways, reasons and sources of self-harm (Démuthová & Václaviková, 2019) as well as its correlates (Démuthová & Rojková, 2019; Doktorová, 2019). Of course, research attention is devoted also to the relationship between this self-aggressive and suicidal behavior (Hawton, Saunders, & O'Connor, 2012; Šefarová, 2019).

Tisovičová (2007) emphasizes the fact, that the period of early adolescence requires increased attention in the topic of the selfharm, because it is a period of positive (signs of euphoria) and negative (signs of depression) developmental waves. Adolescence, a developmental period of complex biological and psychological transformations that underlie a wide range of behaviors, is perceived as a period of increased risk of manifestations of problem behavior in many forms (Modecki, 2016). Definitely, self-harming behavior could be one of them; based on findings from many international studies, Hawton et al. (2012) claim that around 10% of adolescent youth report having self-harmed, girls significantly more often than boys. Question is, if there is a difference in frequency of self-harm only, or if girls also cause harm themselves for different reasons.

Self-harm refers to intentional self-poisoning or self-injury, irrespective of the type of motive, or the extent of suicidal intent (Hawton et al., 2012). It is considered to be auto-aggressive and conscious, with a repetitive character and, although the main goal of this activity may not be the suicide, it could happen to be the more or less (in)voluntary result.

There are many ways in which an individual can intentionally harm him- or herself. Suyemoto (1998) includes cutting the skin on the wrist and other parts of the body to the most common methods, other possibilities are burning the skin with acid, fire or embers, or swallowing various objects (McManus, Hassiotis, Jenkins, & al., 2014).

According to research (e.g. Evans, Hawton, & Rodham, 2004; Hawton et al., 2012), self-harm (and suicide) in adolescents are the endproducts of a complex interplay between genetic, biological, psychiatric, psychological, social, and cultural factors. In general, deliberate self-harm was more common in adolescents who used drugs, were bullied, physically or sexually harassed, and showed signs of depression, anxiety, impulsivity, and decreased self-esteem. Another psychological factors are perfectionism (Doktorová, 2019), helplessness and underdeveloped ability to solve problems as well as low ability to cope with stressful situations. Among individuals predisposed to biological, personality, and cognitive vulnerabilities in combination with exposure to negative life events, including both early and recent life adversity, and psychiatric disorders, there is a higher risk of self-destructive behaviors across the lifespan. From the external environment, several risk factors have been identified; including dysfunctional family background (Suyemoto, 1998), experience of childhood trauma, neglect, and insecure attachment (Gratz, 2003). Hofmann (2006) names risk factors that cause mental injuries to individuals, such as violent attacks, rape, life-threatening experiences, and long-term abuse.

Tripković et al. (2017) examined the relationship between the degree of self-harm in 701 adolescents (aged 14 to 19) and their financial conditions and marital status in the family. The results of

the research showed that the financial situation in the family is related to the occurrence of self-harm in a given adolescent (higher rates of self-harm were observed in adolescents who were in a household with lower financial conditions than the average). Furthermore, it has been shown that a higher rate of self-harm is also manifested in adolescents who come from a single-parent family (living with only one parent). The importance of parental attachment for adolescents has also been emphasized by experts Wang, Zhang, & Chen (2019). The research took place in China and the main focus was on adolescents whose single parent or both parents are migrating. The highest rate of self-harm (its prevalence, frequency, or severity) was shown by adolescents whose parents migrated. High levels of self-harm also occurred in adolescents with one migrant parent, in contrast to the comparison group, where neither parent migrates. The study also demonstrated the importance of a mother-father-child link that is preventive of self-harm.

Despite the amount of academic literature on factors explaining the phenomenon of self-harm, Edmondson, Brennan, & House (2016) recommend to conduct more studies that report personal accounts of the non-suicidal reasons for self-harm offered by individuals who have harmed themselves. As we can do nothing but agree, our study focuses on the motivation of an individual to harm him- or herself and, more specifically, we aim to identify potential differences based on family circumstances (nuclear vs. single-parent family). Review conducted by mentioned authors found many articles describing reasons for self-harm that fitted the eight themes outlined by Suyemoto (1998), Klonsky (2007), Klonsky & Glenn (2009) and the related themes outlined by Nock & Prinstein (2004). Most widely reasons researched were managing distress (affect regulation) and self-harm as a means of exerting interpersonal influence (including help-seeking), followed by punishment and managing dissociation. Less frequently described but nonetheless repeatedly endorsed were reasons to do with averting suicide, sensation-seeking, defining personal boundaries and expressing or coping with sexuality. According to Tisovičová (2007), self-harm is a manifestation of the effort to emphasize one's personality, which means that the individual tries to draw attention of the environment and express his or her dissatisfaction. Carr-Gregg (2012) points to the motivation of acting by another peer who is hurting himself and the desire to try what the intentional self-harm will bring.

Thus, the main objective of the research is to identify the most frequent reasons that lead to intentional self-harming behavior among Slovak youth, separately in group of adolescent boys and girls from nuclear and single-parent family.

2. METHOD

2.1 Participants

Anonymous data collection was attended by 400 respondents, students of primary and secondary schools in Slovakia. The selection of respondents took place occasionally and the administration of the test battery was carried out with the help of trained administrators. 165 questionnaires were excluded. Thus, data from 235 respondents, who confirmed their experience with self-harm and subsequently stated the reasons for this type of behavior, were included in the statistical analysis. The research sample consisted of young people aged 11 to 18 years (M = 15.22), of whom 48.5% (N = 114) were boys and 51.5% (N = 121) girls. 67.2% (N = 158) of respondents lived in the complete family and 32.8% (N = 77) of respondents stated the type of single-parent family.

2.2 Methods

To identify the experience with self-harming behavior in adolescents, a modified version of the SHI questionnaire (Self-Harm Inventory; Sansone & Sansone, 2010) has been used. The original version of the SHI contains 22 questions dealing with the presence of various forms of self-harm. Four items in our testing were excluded as they were not suitable for the adolescents and the questionnaire was adapted for data collection in the population of young people in Slovakia. On the other hand, two items were added to the questionnaire (Démuthová & Rojková, 2019).

In order to find out the reasons for self-harm in the respondents, the second part of the ISAS questionnaire (Inventory of Statements about Self-injury, Klonsky & Glenn, 2009) has been used. The questionnaire identifies thirteen possible reasons (functions) of selfharm. These include regulation of emotions, prevention of dissociation or suicide, autonomy, interpersonal boundaries or influence, pointing out distress, strengthening relationships with peers, revenge, self-care, self-punishment, seeking excitement, and toughness. Each of these thirteen areas includes 3 items (statements) rated on a three-point scale, which means that the questionnaire contains a total of 39 statements. Respondents who confirmed their experience of self-harm, for example, indicated that when they hurt themselves, they calmed down, punished, or thus released the emotional pressure that had grown in them. Based on their experience, they further indicated whether the statements applied to them completely, somewhat or not at all.

3. RESULTS

In general, we were interested in the most common reasons for selfharm in young people. The results of the descriptive analysis of the first research question processed by the statistical program IBM SPSS (The Statistical Package for Social Sciences) are presented in Table 1. As the table shows, the most common reasons for self-harm in young people were: "I express my anger at myself for being incompetent or stupid" (N=140), "I am punishing myself by it" (N = 133), and "by this, I release the emotional pressure that has increased in me" (N = 132). Based on these results, we can claim that self-punishment, and the effort to regulate emotions are the main reasons for self-harm in young people in our research sample.

Table 1. The most frequent reasons for self-harm in adolescents

Rank	Reason	
1.	express my anger (Self-punishment)	140
2.	punishing myself (Self-punishment)	133
3.	release emotional pressure (Affect regulation)	132

Further, we divided the research group by sex and identified the most common reasons for self-harm among adolescent boys and girls. The reason "I express my anger at myself for being incompetent and stupid" was the most common reason for self-harm in boys (N = 68) as well as in girls (N = 72). Again, the reason "by this, I release the emotional pressure that has increased in me" was one of the most common causes of self-harm in boys (N = 63), as well as in girls (N = 69). In the group of boys, another reason seems to be very common: 66 boys claim that they do self-harm "to find out whether I could endure pain", while in girls (N = 71), the second most common reason for self-harm is "punishing myself". Therefore, we can assume that there are similar reasons for self-harm among boys and girls – those related to self-punishment and efforts to regulate emotions. At the same time, we note a difference

in the appearance of a motive of hardiness or resistance to pain in the group of boys. The results of the descriptive analysis are shown in Table 2.

Table 2. The most frequent reasons for self-harm in adolescent boys and girls

	Girls		Boys		
Rank	Reason	Ν	Reason	Ν	
1.	express my anger (Self-punishment)	72	express my anger (Self-punishment)	68	
2.	punishing myself (Self-punishment)	71	resisting pain (Toughness)	66	
3.	release emotional pressure (Affect regulation)	69	release emotional pressure (Affect regulation)	63	

Finally, we examined the occurrence of the most common reasons for self-harm in young people living in complete or incomplete families, separately for both sexes. Reason for self-harm: "by this, I express my anger at myself for being incompetent or stupid" most often occurring in boys (N = 48) and girls (N = 53) from complete families. There were also reasons for self-harm in boys from complete families: "by this, I find out whether I can endure the pain" (N = 42), and "by this, I release the emotional pressure that increased in me" (N = 39). The same reasons appeared in boys from single-parent families (N = 24). For boys from single-parent families, they were also the most common reasons for self-harm "I punish myself" (N = 26), "I express my anger at myself for being incompetent or stupid", and "I push my limits in a way similar to parachuting or other extreme activities" (N = 20).

Other reasons for self-harm in girls from complete families included: I punish myself (N = 49), "I create a physical sign that I feel terrible" and "I release the emotional pressure that has increased in me" (N = 47). Girls from single-parent families most often gave reasons: "I calm myself" and "I reduce anxiety, frustration, anger, or other emotions that flood me" (N = 24), "I punish myself" and "I release the emotional pressure that has grown inside me" (N = 22), "I create a physical sign that I feel terrible" and "to point to the emotional pain I am experiencing" (N = 21). Even in this case, the areas of emotion regulation and self-punishment were among the basic reasons for self-harm. For boys from both complete and single-parent families, there was again a motive for pain resistance, but for boys from single-parent families, one of the dominant reasons was the search for excitement. On the other hand, a pointing out distress appeared to be an important reason for girls in both types of families, and a motive belonging to the area of interpersonal influence also appeared for girls from single-parent families. The results of the statistical descriptive are shown in Table 3.

 Table 3. The most common reasons for self-harm in adolescent boys

 and girls from complete and single-parent families

	Boys		Girls	
	Complete family	Single- parent family	Complete family	Single- parent family
Rank	Reason (N)		Reason (N)	
1.	express my anger at myself (N=48)	punish myself (N=26)	express my anger at myself (N=53)	calm down (N=24) reduce anxiety, (N=24)
2.	resist	resist	punish	punish

	pain (N=42)	pain (N=24)	myself (N=49)	myself (N=22)
		release emotional pressure (N=24)		release emotional pressure (N=22)
3.	release emotional	express my anger at myself (N=20)	create a physical sign (N=47)	create a physical sign (N=21)
	pressure (N=39)	push my limits (N=20)	release emotional pressure (N=47)	point to the emotional pain (N=21)

4. DISCUSSION

To some extent, self-harm is related to the personality structure of the individual and his or her ability to regulate emotions. According to Hawton et al. (2012), people who tend to be irritable, feel unable to cope, suffer from chronic anger (mostly to themselves) and anxiety, people more impulsive, more depressed, and helpless, are more likely to experience self-harm. Using a descriptive analysis of the data obtained from research sample, we found that the most common reasons for self-harm in adolescents are those that fall into the areas of self-punishment and affect regulation. Even when the research sample is divided, self-punishment and affect regulation remain the most prevalent reasons of self-harm in boys and girls, both from complete and single-parent families. We would like to note that self-punishment is represented by several statements - one of them is rather direct ("I am doing that to punish myself"), the other one rather implicit, implying questions about possibilities or skills to manage negative feelings by adolescents ("I express my anger at myself"). In this finding, we perceive further possibilities for psychological research, and, mostly, for interventions based on understanding the subtle context of motivation to self-harm.

Our findings are partially consistent with the results of previous research by Suyemoto (1998), Klonsky (2007), Edmondson et al. (2016), and Démuthová & Václaviková (2019), where affect regulation is the most frequent motive of self-harm. Individuals use this behavior in order to calm themselves down (Klonsky & Glenn, 2009), to relieve the emotional pain and prevent bad memories and thoughts to emerge. Thus, self-harm in adolescents is the way they cope with an unpleasant emotional state. It may be that physical injury to one's own body helps adolescents lower emotional suffering, which is sometimes perceived as being worse than physical pain. The need to provide adolescents with professional support (even trainings) in managing emotions seems even more urgent from this point of view.

Self-punishment as motive to cause harm to oneself is reported very frequently, Edmondson et al. (2016) identified this motive in over half of analyzed quantitative studies. In our research, self-punishment as a motive for self-harm occurred in dominant positions especially among girls. The statement "by this I respond to the fact that I am unhappy or disgusted with myself" to a certain extent corresponds with findings of Flett et al. (2012), where higher rates of self-harm were identified among women who were not satisfied with their appearance or abilities. Authors draw attention to their findings that women who are very self-critical, or those who are ashamed of their body and behavior, or their abilities, show a higher likelihood of self-harm than women who are confident.

Subsequently, in our research, boys, unlike girls, also mentioned the most common factors of self-harm, which fall into the area of toughness and the search for excitement. These motives for self-harm in boys may be closely related to their sudden physical changes during adolescence. The shoulders of the boys expand, there is an intense muscle development, which is also related to the increase in strength and it expands their physical capabilities. Due to hormonal activity, they could become more aggressive, fearless, and therefore more courageous. In girls, such physical development usually does not occur. Therefore, we think that the tendency to prove ourselves or others our strength, resilience to pain, and fearlessness could be one of the causes of self-harm in boys during adolescence.

Even when participants are divided along family status as well as sex, the areas of emotion regulation and self-punishment are among the basic reasons for self-harm. For boys from both complete and single-parent families, there was again a motive for pain resistance mentioned very frequently, but for boys from single-parent families, one of the dominant reasons was the search for excitement. On the other hand, a motive to point out distress appeared for girls in both types of families, and a motive belonging to the area of interpersonal influence also appeared as frequent for girls from single-parent families. With regard to the above-mentioned results and the studies (Tripković et al., 2017; Wang et al., 2019), we can assume that not only the frequency of self-harm varies with respect to the completeness of the family, but also the reasons that lead to it may be specific to adolescents with different family arrangements. Of course, the formulation of conclusions must still be preceded by a more detailed examination of the issue.

5. CONCLUSION

We conducted an initial attempt to understand individual motives of self-harming behavior among Slovak adolescents with different family background. As we are aware of the limits of our study (especially in terms of sample size and methodological accuracy), we would like to continue our research in a more precious way - for example, it would be interesting to monitor more variables that could create different context and, subsequently, lead to selfharming behavior based on different motives and fulfilling different needs. Edmondson et al. (2016) claim that a precise review of those motives is worthwhile because it may increase our understanding in two areas: first, we know relatively little about the positive personal (rather than social) functions that might be served by self-harm, and such functions might help to explain the persistence of such behavior in the individual's life, and second, we need to develop new interventions, especially those that depend upon finding alternative less damaging means to meet the same needs currently met by self-harm.

Bibliography

- Carr-Gregg, M. (2012). Psychické problémy v dospívání. Praha: Portál, 2012.
- Démuth, A. & Démuthová, S. (2019). The prevalence and the most frequent forms of self-harm in adolescents. International Conference on Research in Psychology. London: Diamond Scientific Publication, 39-51.
- Démuthová, S. & Rojková, Z. (2019). Špecifiká osobnosti sebapoškodzujúcich sa adolescentov s výskytom suicidálnych pokusov. Kondášove dni 2019. Trnava: Univerzita sv. Cyrila a Metoda v Trnave, 18-25.
- Démuthová, S. & Václaviková, I. (2019). Rozdiely v motivácii k sebapoškodzovaniu u adolescentov so suicidálnymi pokusmi a

bez nich. Kondášove dni 2019. Trnava: Univerzita sv. Cyrila a Metoda v Trnave, 26-34.

- Doktorová, D. (2019). Perfekcionizmus a jeho spojitosť so sebapoškodzovaním v strednom školskom veku. Kondášove dni 2019. Trnava: Univerzita sv. Cyrila a Metoda v Trnave, 2019, 35-43.
- Edmondson, A. J., Brennan, C. A., & House, A. O. (2016). Nonsuicidal reasons for self-harm: A systematic review of selfreported accounts. Journal of Affective Disorders, 191, 109– 117.
- Flett, L. G. et al. (2012). Predictors of Deliberate Self-Harm Behavior Among Emerging Adolescents: An Initial Test of a Self-Punitiveness Model. Current Psychology, 31, 49-64.
- Gratz, K. L. (2003). Risk factors for and functions of deliberate self-harm: An empirical and conceptual review. Clinical Psychology: Science and Practice, 10(2), 192-205.
- Hawton, K., Saunders, K. E., & O'Connor, R. C. (2012). Selfharm and suicide in adolescents. The Lancet, 379(9834), 2373-2382.
- Hofmann, A. (2006). EMDR Terapia psychotraumatických stresových syndrómov. Trenčín: Vydavateľstvo-F.
- Klonsky, E. D. (2007). The functions of deliberate self-injury: a review of the evidence. Clinical Psychology Review, 27(2), 226-239.
- 12. Klonsky, E. D. & Glenn, C. R. (2009). Assessing the functions of

non-suicidal self-injury: Psychometric properties of the Inventory of Statements About Self-injury (ISAS). Journal of Psychopathology and Behavioral Assessment, 31(3), 215-219.

- 13. Lauw, M. S. M., Abraham, A. M., & Loh, CH. B. L. (2018). Deliberate self-harm among adolescent psychiatric outpatients in Singapore: prevalence, nature and risk factors. Child and Adolescent Psychiatry and Mental Health, 12(35).
- 14. McManus, S., Hassiotis, A., Jenkins, R., Dennis, M., Aznar, C., Appleby, L., ... & Brugha, T. (2014). Suicidal thoughts, suicide attempts and self-harm. Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014.
- Modecki, K. L. (2016). Do risks matter? Variable and personcentered approaches to adolescents' problem behavior. Journal of Applied Developmental Psychology, 42, 8-20.
- Nock, M., & Prinstein, M. (2004). A Functional Approach to the Assessment of Self-Mutilative Behavior. Journal of Consulting and Clinical Psychology, 72, 885-890.
- Nixon, M. K., Cloutier, P., & Jansson, S. M. (2008). Nonsuicidal self-harm in youth: a population-based survey. Canadian Medical Association Journal, 178(3), 306-312.
- Sansone, R. A., & Sansone, L. A. (2010). The Self-Harm Inventory (SHI): development of a scale for identifying selfdestructive behaviors and borderline personality disorder. Journal of Clinical Psychology, 54(7), p. 973-983.
- Suyemoto, K. L. (1998). The functions of self-mutilation. Clinical Psychology Review, 18(5), 531-554.
- Šefarová, I. (2019). Na ostrí žiletky: Sebapoškodzovanie vo vzťahu k rodinnému prostrediu ako rizikovému faktoru. Kondášove dni 2019. Trnava: Univerzita sv. Cyrila a Metoda v Trnave, 99-106.
- Tisovičová, A. (2007). Poruchy správania a ich klasifikácie. Ružomberok: Pedagogická fakulta Katolíckej univerzity v Ružomberku. 114 p.
- 22. Tripković, M. et al. (2017). Family financial situation, parental marital status and self-harm amongst adolescents in Croatia. Acta Clinica Croatica, 56(3), 469-477.
- Wang, Y., Zhang, M., & Chen, H. (2019). Self-Injury Among Left-Behind Adolescents in Rural China: The Role of Parental Migration and Parent-Child Attachment. Frontiers in Psychology, 9.