

Emotional Dysregulation And Self Harm Urges In Young Adults

Keerthana R¹, Mr. Manoj R², Ms. Shalini R³

^{1, 2, 3}Dept of Psychology

^{1, 2, 3} Dr. MGR Educational and Research Institute

Abstract- *The study looks at the connection between emotional dysregulation and the desire to injure oneself in young adults between the ages of 18 and 25. Descriptive statistics and Pearson's correlation were used to examine the data using a sample of 350 individuals and standardized instruments (DERS and NSSI-AT). The results showed a weak and non-significant correlation between low self-harm impulses and moderate emotional dysregulation. This suggests the impact of additional psychological and social factors, as emotional dysregulation by itself does not significantly predict self-harm urges in non-clinical groups.:*

Keywords: Emotional Dysregulation, Self-Harm Urges, NSSI, Young Adults, Psychological Distress

I. INTRODUCTION

Young adults' self-harm has grown to be a serious mental health issue, especially in metropolitan and academic environments. Instead of having suicidal intent, many people use non-suicidal self-injury (NSSI) as a maladaptive coping mechanism to deal with severe emotional pain. Self-harming behaviors are closely linked to emotional dysregulation, which is the inability to comprehend, accept, and regulate emotions. Self-harm desires are more common in people who struggle with emotional management, according to research. According to research by Gratz and Roemer (2008), self-harm is strongly associated with impulse control issues, a lack of emotional acceptance, and a lack of coping mechanisms. According to other studies, stressful life events raise emotional dysregulation, which raises the risk of self-harm. Emotional dysregulation and NSSI are consistently and strongly correlated across groups, according to extensive reviews.

People are more susceptible to unhealthy coping mechanisms throughout the crucial developmental stage of young adulthood, which is characterized by emotional instability, identity exploration, and elevated stress. The goal of the current study is to investigate the connection between emotional dysregulation and impulses to self-harm, as well as the function of certain elements such as emotional awareness, clarity, and impulse control.

The multifaceted concept of emotional dysregulation, which is frequently impacted by biological vulnerability and environmental circumstances, includes challenges with emotional awareness, clarity, acceptance, and regulation. Repetitive thoughts or impulses to damage oneself without suicidal intent are known as self-harm urges, and they usually occur as a means of regaining control or easing mental distress.

THEORITICAL FRAMEWORK:

According to functionalist theory, emotions are adaptable, but when people are unable to control them, they become maladaptive, which can result in behavioral, social, and mental health issues, including self-harm. According to biosocial theory, biological vulnerability (high emotional sensitivity) and invalidating surroundings interact to cause emotional dysregulation. This combination makes maladaptive coping strategies like self-harm more likely. According to evolutionary theory, emotions are survival strategies. However, these adaptive emotional reactions may become maladaptive in contemporary settings, and self-harm may serve as a means of expressing discomfort or controlling strong emotions.

According to the experiential avoidance theory, people self-harm in order to get away from or avoid painful interior experiences. While it offers short-term respite, it eventually promotes negative coping mechanisms. According to interpersonal theory, emotions of loneliness (thwarted belongingness) and perceived burdensomeness have an impact on self-harm desires, making people more susceptible to emotional discomfort and self-harming actions.

NEED FOR STUDY:

Academic, social, and personal stresses increase the likelihood of self-harm and non-suicidal self-injury (NSSI) among young adults, especially college students. Although prior studies have mostly concentrated on clinical groups, little is known about these behaviors in young adults who are not clinical. Researching this population is crucial for the early detection and avoidance of severe mental health problems. In

order to lessen self-harming behaviors, focused therapies, counseling techniques, and mental health programs can be developed by looking at particular aspects of emotional dysregulation, such as impulse control and emotional clarity.

II. REVIEW OF LITERATURE

According to Gratz (2003), self-harmers have greater levels of emotional dysregulation, especially impulse control and emotional awareness issues. The creation of the DERS (Gratz & Roemer, 2004) provided more evidence that self-harm tendencies and experiencing avoidance are closely linked to deficiencies in emotion regulation.

Chapman et al. (2006) explain self-harm through experiential avoidance, where individuals engage in it to escape unpleasant emotions and internal experiences. Although it provides short-term relief, it reinforces the behavior and maintains emotional dysregulation. Those with high emotional reactivity and low distress tolerance are more vulnerable, highlighting the need for acceptance-based interventions.

Wolff et al. (2019) found a strong and consistent relationship between emotional dysregulation and non-suicidal self-injury across populations. Key predictors were impulse control difficulties and limited regulation strategies. The study highlights emotional dysregulation as a major risk factor and emphasizes early detection and emotion-focused interventions to prevent self-harm.

Nock and Prinstein (2004) discovered that intrapersonal factors, particularly coping with negative emotions like anxiety, grief, and anger, are the primary cause of self-harm in young people. Self-harm is a maladaptive coping mechanism that is more common in people with poor emotional regulation and is reinforced by momentary emotional relief.

According to Selby et al. (2008), self-harm practices are highly predicted by emotional cascades, which are cycles of severe negative feelings and rumination. Self-harm reinforces the activity by momentarily lowering these emotions. According to the study, self-harm is sustained by emotional dysregulation and rumination, and therapies should focus on these issues.

III. METHODOLOGY

Problem statement

Self-harm and other maladaptive coping strategies are associated with emotional dysregulation. Stress levels are higher among young adults, but little study has been done on non-clinical populations, which affects the early detection and prevention of self-harm tendencies.

Aim

With an emphasis on how emotional regulation issues impact maladaptive coping behaviors, the study intends to investigate the connection between emotional dysregulation and self-harm impulses among young adults aged 18 to 25.

Objectives

In order to better understand their link and psychological ramifications, the study intends to measure emotional dysregulation levels and investigate the existence and frequency of self-harm desires among young adults.

Sampling technique

Convenience sampling was used to identify 300–350 young adults from communities and colleges between the ages of 18 and 25 who willingly participated in the study after learning about it.

Tools

While NSSI-AT evaluates self-harm behaviors, desires, and functions, DERS measures emotional dysregulation across numerous dimensions, offering meaningful and trustworthy information for comprehending emotional and behavioral patterns.

Research design

In order to ethically examine the connections between emotion regulation and self-harm desires, a quasi-experimental method is employed in which participants are categorized according to emotional dysregulation levels without random assignment.

Analysis of Statistics

Using Pearson's correlation to evaluate relationships and linear regression to ascertain if emotional dysregulation significantly predicts self-harm impulses among young adults, data were analyzed using SPSS.

Hypothesis

The null hypothesis, which directs statistical testing and interpretation of study results, asserts that there is no meaningful connection between emotional dysregulation and impulses to self-harm among young people.

IV. RESULT AND DISCUSSION

Descriptive Statistics:

According to the descriptive statistics, self-harm desires were comparatively modest ($M = 17.62$) with reduced variability, whereas participants exhibited moderate to high emotional dysregulation ($M = 113.31$) with significant range. This suggests that while self-harm desires are more consistently low throughout the sample, emotional regulation issues vary greatly among people.

Correlations

Emotional dysregulation and self-harm desires were shown to have a weakly negative correlation ($r = -0.066$), however this link was not statistically significant ($p = .215$). This suggests that self-harm urges among research participants are not significantly influenced or predicted by emotional dysregulation.

DISCUSSION

The results indicate that self-harm desires were generally low and stable, despite the participants' various degrees of emotional dysregulation. The lack of a substantial correlation between the two variables suggests that other psychological or environmental factors may be more significant in explaining self-harm impulses than emotional dysregulation alone.

SUMMARY:

The study looked at emotional dysregulation and self-harm tendencies in young people. The findings revealed varying levels of emotional dysregulation, but overall mild and consistent self-harm desires. There was no significant link discovered, implying that emotional dysregulation alone does not predict self-harm inclinations, and that other contributing factors may be involved.

V. CONCLUSION

The study's findings indicate that emotional dysregulation did not significantly predict self-harm impulses in this group. Despite experiencing emotional issues, participants did not express a wish to harm themselves,

emphasizing the necessity of taking into account larger psychological, social, and environmental aspects.

LIMITATIONS

Despite the high sample size, the results may be limited in their generalizability. The use of self-report measures may add bias, such as social desirability and unwillingness to divulge sensitive information, influencing the accuracy of reactions to emotions and self-harm desires.

RECOMMENDATIONS

Additional characteristics to consider in future research include stress, coping techniques, social support, and mental health issues. Longitudinal designs are advised, as are interventions that focus on emotional regulation skills and awareness programs to decrease self-harm.

REFERENCES

- [1] Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review, 30*(2), 217–237. <https://doi.org/10.1016/j.cpr.2009.11.004>
- [2] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). APA Publishing
- [3] Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*(1), 27–45. <https://doi.org/10.1177/1073191105283504>
- [4] Baião, R., Gilbert, P., McEwan, K., & Carvalho, S. (2015). Forms of self-criticism and self-reassurance: Their relationship with psychopathology. *Psychology and Psychotherapy: Theory, Research and Practice, 88*(4), 438–452. <https://doi.org/10.1111/papt.12049>
- [5] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- [6] Brausch, A. M., & Gutierrez, P. M. (2010). Differences in non-suicidal self-injury and suicide attempts in adolescents. *Journal of Youth and Adolescence, 39*(3), 233–242. <https://doi.org/10.1007/s10964-009-9482-0>
- [7] Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality disorder: Elaborating and extending Linehan's theory. *Psychological Bulletin, 135*(3), 495–510. <https://doi.org/10.1037/a0015616>
- [8] Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). Sage Publications.

- [9] Fox, K. R., Franklin, J. C., Ribeiro, J. D., Kleiman, E. M., Bentley, K. H., & Nock, M. K. (2015). Meta-analysis of risk factors for non-suicidal self-injury. *Psychological Bulletin*, *141*(2), 462–486. <https://doi.org/10.1037/a0039026>
- [10] Hasking, P., Whitlock, J., Voon, D., & Rose, A. (2017). A cognitive-emotional model of non-suicidal self-injury. *Clinical Psychology Review*, *60*, 65–78. <https://doi.org/10.1016/j.cpr.2017.10.006>