Exploratory Analysis of the Self-Harming Behaviors Among University Students

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Abstract—This study examines the self-harming behavior of some university students and determines the types of self-harming behavior these students engage in. A self-report questionnaire on self-harm was used in this study for 319 students. Results of the study show that the most common self-harming behaviors exhibited by the students were banging the head, abusing alcohol, cutting the self, hitting the self, and scratching the self on purpose, while the least common self-harming behaviors include torturing the self with self-defeating thoughts, being promiscuous, distancing self from God as punishment, driving recklessly on purpose, and engaging in emotionally abusive relationships. There is no significant difference in terms of gender among males and females who engaged in self-harming behaviors. However, exploratory analysis identifies significant mean differences in self-harming behaviors between students from different programs. It is recommended that an intervention program should be prepared in order to protect the mental health of the respondents and the university students in general.

Keywords—Self-harm, Self-harming Behaviors, Psychological Distress, Exploratory Analysis, Mental Health

I. INTRODUCTION

A. Nature and Importance of the Study

Some studies have reported that because of the COVID-19 pandemic, university students experienced mental health challenges (Mudenda, 2021; Cao, et al., 2020) and even experienced high levels of psychological distress, (Hughes, et al., 2022; Akbar & Aisyawati, 2021) which is identified as the most prevalent mental health problem (Gibbons, et al., 2019) and which may lead to anxiety, depression, and stress.

Psychological distress may pose a threat to the safety and well-being of the students, which are linked with risk behaviors and physical illness (Deasy, et al, 2014). This may even reduce the academic performance of the students (Mudenda, 2021). Additionally, students experiencing psychological distress are at risk for suicidal behavior and sometimes search for information regarding self-harm and suicidal behavior.
The prevalence of self-harm is said to be high and affects at least 7% of young people especially girls (Hawton, Rodham, Evans, & Weatherall, 2002). The study of Hawton et al (2007) claimed that the largest number of self-harm cases by age groups were 15 to 19-year-old females and 20 to 24-year-old males, hence it is considered an important public health issue.

Self-harm is described as any behavior wherein anybody may cause harm to themselves as a way to help cope with difficult or distressing thoughts and feelings (Miller, Redley, & Wilkinson, 2021). It is a direct behavior that causes minor to moderate physical injury undertaken without conscious suicidal intent (Mangnall & Yurkovich, 2008). The incidence of self-harm among university students and its effect on mental health has been given significant attention over the years (Mahadevan, Hawton, & Casey, 2010). Research studies show that about 25% of students reported engaging in self-harming behaviors have started doing so in their college years (Jacobson & Gould, 2007; Whitlock, Eckenrode, & Silverman, 2006). Research has confirmed that the act of harming one’s self provides a range of meanings and functions.

In a number of Western countries, self-harm is one of the top five reasons for acute medical admissions (National Health Service Centre for Reviews and Dissemination, 1999). This is the reason why it has become an important focus of social policy and professional practice (Madge et al., 2008).

A lot of studies about self-harming behaviors have been conducted in the national and international areas but too little to none at all in some local areas especially in far-flung places such as the Province of Biliran, hence this study.

**Objectives**

This study aims to identify the self-harming behavior of university students and determine the types of self-harming behavior these students engaged in. Specifically, this study aims to answer the following questions:

1. What is the demographic profile of the respondents in terms of sex and year level?
2. What are the types of self-harming behaviors commonly engaged in by the students?
3. Is there a significant gender difference among males and females who engaged in self-harming behaviors?

**Hypotheses**

1. Head-banging, flesh-cutting, and hitting the self are the types of self-harming behaviors commonly engaged in by the students.
2. There is a significant difference in terms of gender among males and females who engaged in self-harming behaviors.

**B. Framework of the Study**

This study is anchored on psychodynamic perspectives on self-harm and suicidal behavior to understand the possible unconscious meanings and functions of these destructive behaviors against the self. The psychoanalytic theory of Sigmund Freud discussed the development of the ego which is initially derived from bodily sensations, especially those coming from the surface of the body. As the baby becomes more oriented to the external world, which is primarily represented by the mother, its ego develops via a gradual process of
identification with the goodness of the mother through her provision of care and sustenance, which alleviates painful bodily feelings like cold or hunger. Winnicott (1965) and Bion (1970) emphasized the role of the mother’s emotional relationship to the infant’s body enabling the infant to contain anxiety or physically painful states through the mother’s physical and emotional presence which is internalized later into the developing ego.

These psychoanalytic ideas were developed further by the Attachment theory which proposed that the development of the self occurs through the internalization of different types of attachment relationships with significant early caregivers, usually the mother, to form “internal working models” or representations of relationships with these caregivers (Bowlby, 1969). A secure sense of self develops in the presence of a very loving and caring caregiver who is able to mirror the infant’s emotional states, help the infant understand its internal and external environment, identify and tolerate affects, regulate impulses, develop the capacity for symbolization and reflection and gradually develops a stable sense of integrity. However, if the infant’s early experiences are traumatic like when parents are abusive, depriving, or absent, the child internalizes pathological attachment relationships and an impaired capacity to represent and regulate feelings. This will disrupt the healthy development of the sense of self. In psychoanalytic terms, the child’s ego remains fragile and relies on primitive defense mechanisms such as projection, splitting, or projective identification to avoid painful feelings.

The attachment theory implies that securely attached individuals are more likely to exhibit adaptive affect-regulation strategies which can include cognitive and behavioral coping methods and social support seeking, in order to effectively manage negative affect states (Schaffer, 1993; Hazan & Shaver, 1987). On the other hand, anxious and avoidant individuals are inclined to engage in maladaptive affect-regulation strategies specifically self-harm (Cooper, Shaver, & Collins, 1998).

C. Methodology

Research Design and Sampling

This is a quantitative study utilizing exploratory analysis. Convenience sampling was used in this study particularly those who are already identified to have tendencies to commit self-harming behaviors. There were 319 respondents in this study from different programs of the School of Teacher Education of the Biliran Province State University.

Data Collection and Procedures

The research questionnaire is composed of a transmittal letter that explains the purpose of the study, confidentiality, and consent form, as well as the 22-item Self-Harm Inventory (Sansone, Sansone, & Wiederman, 1998). The research study was in a survey form and was given to students identified to have already manifested and/or have tendencies to commit self-harming behaviors.

Data Analysis

To test the first hypothesis, the frequency of each item in the Self-harm scale was analyzed. For the second hypothesis, an independent t-test was conducted to check if there is a significant difference in terms of gender among males and females who engage in self-harming behaviors.
D. Results and Discussion

Frequency Results for the Most Commonly Used Self-Harming Behaviors

Results of the study showed that the most commonly used self-harming behaviors are banging the head (63.5%), abusing alcohol (58.7%), cutting the self (52.2%), hitting the self (49.5%), and scratching the self on purpose (45.7%). Table 1 shows the tabulated summary of the most common self-harming behaviors.

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banging the head</td>
<td>63.5%</td>
</tr>
<tr>
<td>Abusing alcohol</td>
<td>58.7%</td>
</tr>
<tr>
<td>Cutting the self</td>
<td>52.2%</td>
</tr>
<tr>
<td>Hitting the self</td>
<td>49.5%</td>
</tr>
<tr>
<td>Scratching the self on purpose</td>
<td>45.7%</td>
</tr>
</tbody>
</table>

The least common self-harming behaviors on the other hand include torturing the self with self-defeating thoughts (23.2%), being promiscuous (14.8%), distancing self from God as punishment (4.7%), driving recklessly on purpose (3.5%), and engaging in emotionally abusive relationships (3.2%). Table 2 shows the summary of the results.

<table>
<thead>
<tr>
<th>Types</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torturing the self with self-defeating thoughts</td>
<td>23.2%</td>
</tr>
<tr>
<td>Being promiscuous</td>
<td>14.8%</td>
</tr>
<tr>
<td>Distancing self from God as punishment</td>
<td>4.7%</td>
</tr>
<tr>
<td>Driving recklessly on purpose</td>
<td>3.5%</td>
</tr>
<tr>
<td>Engaging in emotionally abusive relationships</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Exploring Gender Differences

The second hypothesis of this study assumed that there would be a significant difference in terms of gender among the males and females who engaged in self-harming behaviors. The data of the sample however, failed to reject the null hypothesis, t= 0.508 (p>.05) The mean difference between the males (M=10.05,
SD=7.57) and females (M=10.50, SD=7.84) is not significant and is due to chance. Table 3 shows the summary of the findings which included the mean, SD, and t-score of males and females who engaged in self-harming behaviors.

Table 3. Independent Sample T-test of Gender Differences

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>10.50</td>
<td>7.84</td>
<td>.508</td>
</tr>
<tr>
<td>Male</td>
<td>10.05</td>
<td>7.57</td>
<td></td>
</tr>
</tbody>
</table>

Note. *p<.05. **p<.01

Exploratory Results Between Programs

An exploratory analysis of self-harm behaviors is conducted among different programs. A One-Way ANOVA showed significance in the results (F=102.194, p<.01). A Post hoc test showed that the BEPED program (M=13.35, SD=9.86) has significant mean differences between the BEED program (M=8.76, SD=6.24), BTLED (M=9.12, SD=7.36) and BSED (M=9.51, SD=7.14). Table 4 shows the summary of the descriptives.

Table 4. Descriptives of STED Programs

<table>
<thead>
<tr>
<th>STED Programs</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>F (5.313)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEPED</td>
<td>63</td>
<td>13.35</td>
<td>9.86</td>
<td>4.378**</td>
</tr>
<tr>
<td>BECED</td>
<td>32</td>
<td>11.06</td>
<td>5.84</td>
<td></td>
</tr>
<tr>
<td>BSNED</td>
<td>23</td>
<td>10.26</td>
<td>8.02</td>
<td></td>
</tr>
<tr>
<td>BSED</td>
<td>79</td>
<td>9.51</td>
<td>7.14</td>
<td></td>
</tr>
<tr>
<td>BTLED</td>
<td>46</td>
<td>9.12</td>
<td>7.36</td>
<td></td>
</tr>
<tr>
<td>BEED</td>
<td>76</td>
<td>8.76</td>
<td>6.24</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>319</td>
<td>10.24</td>
<td>7.68</td>
<td></td>
</tr>
</tbody>
</table>

Note. P.<.05. Subscripts denote that mean differences among programs are significant using a post hoc test.

Discussion

This study began with demographic queries. What are the most and least common self-harming behaviors exhibited by the respondents in this study? Is there a significant gender difference? This paper is one of the first local studies of self-harm among the students of the School of Teacher Education in Biliran Province State...
University. This study seeks to improve the current understanding of the said construct and how to use the data obtained in order to help the students involved safeguard their mental health.

**Commonly Used Self-harming Behaviors**

The first finding is that students around 16-21 years old commonly used self-harming behaviors such as banging their heads, abusing alcohol, cutting themselves, hitting themselves, and scratching themselves on purpose. The results showed that these behaviors especially banging the head, and cutting and hitting themselves are on top because they require less medical attention. Self-cutting for example is done using razor blades or knives (Austin & Kortum, 2004) and is rarely assessed by professionals unless the cutting is severe. This result is supported by other research studies, such as the survey conducted in one large school involving 6,000 pupils from 41 schools in England, it was found that 6.9% of adolescents self-harmed by cutting themselves but only 12.6 % of them were referred to hospitals (Hawton et al., 2002).

In the Philippines, taking into consideration the cultural perspective, the Filipinos in general, according to the Edmonton Seniors Coordinating Council, have, in general, the tendency not to seek medical attention immediately. This is congruent with the results of this study wherein the top common self-harming behaviors require less medical attention. It is notable that the least common self-harming behaviors exhibited by the respondents show some involvement of other people just to harm themselves like engaging in promiscuous relationships and engaging in emotionally abusive relationships. We may take it as a move on the part of the respondent to still want to connect unconsciously but the behavior manifested is the opposite of what the person wants to really happen. Also, the least common self-harming behaviors highlighted the private nature of some of them like torturing the self with self-defeating thoughts and distancing the self from God as punishment. There is no harm done here physically to the person but the damage may be mental or psychological.

**Exploring Gender Differences**

Lipschitz et al (1999) argued that girls are significantly more likely to self-mutilate than boys. One explanation is that most studies conducted on self-harm have females as the majority of participants (Schoppmann, Schrock, Schnep, & Buscher, 2007). Another reason is that men are less likely to express their emotions because of the male stereotype or the fear of rejection or being called gay (Gratz & Chapman, 2007). But past research studies have found that self-harm was far more common in males than in females (Evans, Hawton, Rodham, & Deeks, 2005). It was because of this that it was hypothesized that a significant gender
difference in terms of self-harming would be detected. The results however failed to reject the null hypothesis, thus implying that there was no significant gender difference.

**Further Analysis Exploring STED Programs**

Results showed that there are significant mean differences among STED programs such as BEPED with a mean value of 13.35 to that of BEED which has the lowest mean of only 8.76 among the 6 programs. This means that students from the BEPED program are more aware and in touch with their emotions compared to BEED students. This may be because of the nature of the BEPED program where students are more engaged in activities like dancing and other physical activities compared to BEED students and so the former have more outlets to channel their negative emotions compared to the latter.

**II. CONCLUSIONS**

In recent years, research studies regarding the incidence of self-harm among university students have been given much attention. One assumption in understanding it is through psychodynamic perspectives like the psychoanalytic and attachment theory of Freud and Bowlby, respectively. The latter explains how insecure attachments could lead to self-harming behaviors. Thus, it seems that developing a secure attachment with one’s attachment figure may promote good mental health. Building a healthy relationship between a child and a caregiver is one thing that should be considered for the prevention of possible problems and threats to mental health.

It is recommended that an intervention program be prepared in order to protect the mental health of the respondents and the university students in general. The university guidance counselor may plan and devise strategic activities such as conducting routine interviews, seminars, and talks enabling self-awareness and the promotion of the health and emotional well-being of the students. They may also include the participation of parents or caregivers in their planned programs. The administration, and student body organizations, with the help of peer facilitators, may create a permanent support group within the campus that is open every day and will provide psycho-education, and promote effective communication through the sharing of recent experiences and coping strategies among the participants.

A qualitative study is also recommended to get more information on the lived experiences of individuals who resort to self-harming behaviors.

**ACKNOWLEDGEMENT**

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REFERENCES