

## Psychology: Personality Traits and Self-Injurious Behaviors in Secondary School Adolescents

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### Abstract

In the educational field, cases of self-injurious behaviors have been found in students between the ages of 12 to 17 years, showing negative emotions such as anger, sadness, and frustration. Sometimes, it happens by imitation or by belonging to a social group showing cuts, blows, scratches, leading to death if they are not identified. For this reason, the aim of the study is to determine the relationship between personality traits and self-injurious behaviors in students from first to fifth year of secondary education between the ages of 12 and 17 years, to make known the trait and their state of mind in which they are immersed when facing different conflicts. Therefore, psychopathological personality traits in adolescents were evaluated. The method studied is a quantitative approach of correlational and cross-sectional type of a single research process, being of a non-experimental design with the aim to check the hypothesis tests, the non-parametric statistic was used, obtaining as a result a direct correlation between personality traits and self-injurious behaviors in the students. Likewise, the data collection instruments present a high degree of reliability in the Personality Inventory (JEPI) with a Cronbach's Alpha of .907, in McDonald's Omega .930 and the SHAGER self-injury scale in the Two-Half method with a coefficient of .917. The reliability of the item analysis ranged from .898 to .917 for Cronbach's Alpha and in McDonald's Omega from .924 to .931. Consequently, in the results, it was identified that 62% of female's self-harm and present conflicts in their adolescence more than males through 37%, and the other important external and internal factors are also involved. The 37.5% of adolescents present a high instability in the personality trait that they develop according to their biological growth. It is concluded that adolescents presenting a high degree of emotional instability are prone to suffer certain mood disorders such as anxiety, hysteria, and depression in different conflict situations, feeling vulnerable..

**Keywords:** Self-injurious behaviors, emotions, personality, risks, prevention, vulnerability.

### Introduction

There are several personality traits (PR) that may be associated with an increased risk of self-injurious behaviors in adolescents:

Low self-esteem in adolescents with a negative self-perception may end up in self-injury to release emotions and deal with inner tension.

Impulsivity that comes with a lack of self-regulation and impulse control can lead adolescents to act without thinking about the consequences, resorting to self-injury to express their emotional pain.

The emotional instability that comes with the difficulty of managing intense emotions can lead some adolescents to resort to self-injury as a coping mechanism. Also, feelings of emotional emptiness or boredom may lead some adolescents to experience self-injury to feel alive or relieve the feeling of emptiness.

The (RP) are identified in different ways in each person from conception and during the process of its development, demonstrating a series of changes in thinking (Caiza and Quillupangui,2022). Likewise, the personality is formed through cognitive, physical, and emotional aspects, being worked internally in their own environment (Hahn, 1967). Similarly, an external interaction is generated causing different reactions in stability and behavior resulting from the

family, educational and social environment (Bermúdez, et al., 2012). However, in a study it was analyzed personality in children, and adolescents, where it was found that (25.62%) of females showed alterations in mood and in males a (29.52%), having a high level in the indicators (Terrones and De La Cruz, 2014).

According to the above, the WHO (2019) points out that a great number of adolescents experience disorders learned in society and many times with those who live around them, in addition to that, there is a proportion of ages or stages in which students suffer episodes of mental illness that affect their learning (Nuria et al., 2022), due to the fact that it is usually difficult in the formation of their personality in children or young people, despite the fact that 79% of suicides occur in countries with low economic resources (Alberdi et al., 2023), it is estimated that between 15 and 19 years of age, anxiety, depression, eating disorders and behavioral disorders are manifested, affecting an imbalance in mood (Martíns et al., 2022), however, this situation makes difficult school attendance, producing isolation and loneliness that could give rise to suicidal ideation (WHO, 2021).

In addition, adolescence maintains a process in the growth of the person through constant changes during childhood and adulthood (Papalia, et al., 2012).

To study personality traits, epistemological approaches may change according to the theoretical currents that support them. Some of the most influential perspectives include empiricist, rationalist, phenomenological, and interactionist approaches, for the research the phenomenological and interactionist epistemological type of theory are considered, being measured by statistics and the field of study in the approach with students.

It is important to note that the presence of these RPs does not guarantee that an adolescent will engage in self-injurious behaviors but may increase the risk.

Self-injurious behaviors in adolescents can manifest themselves in a variety of ways, such as cutting, burning, hitting, hair pulling, or biting, among others.

These actions are often an attempt to release overwhelming emotions, communicate emotional distress or seek temporary relief.

Risk factors for self-injury in adolescents include traumatic experiences, abuse, mental health problems such as depression and anxiety, as well as a dysfunctional family environment.

Frequently, in the family approach there is a progressive detachment in an independent manner, they prefer to relate socially seeking to feel safe (Lilio, 2014), this is how they experience unstable situations (Jiménez et al., 2023), which, in turn, are accompanied by emotional changes in their personal development (Moran, 2006). During adolescence, children personality is developed little by little to discover an identity through vulnerability, decision making and confronting a conflict, (Cerutti, et al., 2008 as cited in Manca, 2011).

Subsequently, Universidad Científica del Sur (2019) specifically the Faculty of Psychology made research where the studies were carried out bringing concern for the attention to these students of secondary education. Being a study object, those who were responsible for mental health putting into practice the care plans for students with extreme cases that harm and threaten the very life of these school-age adolescents.

On the other hand, MINSA (2017), referred that young people between 12 and 17 years of age are accustomed to injure themselves such as cuts, burns, hair pulling in moments of crisis using it as a method of relief, to release feelings of anger, rage, anger, sadness even schizophrenia (Castro, 2014) reason why they feel guilty by causing marks on their bodies, hiding it under clothing or wristbands (Nader y Boehme 2003).

Similarly, PAHO (2018) and (Ayon, 2018), reported that the causes for suicide and accidental deaths in adolescents are due to self-injurious behaviors, manifesting a frequent high risk of 67 000 deaths in 2015, since cuts on the body can be symptoms of suffering from a mental disorder (Ávila and Pachar, 2016) and Dávila (2015), produced by an emotional disorder that is considered worrisome among schoolchildren (Andina, 2019).

Other studies carried out at the national level, such as: Moran (2019) with a sample of 433 secondary students, 53.5% of females and 46.5% of males between 14 to 16 years, showed a significant relationship related to sex in the dimension of emotional stability and neuroticism. Likewise, Sempertigue and Garcia (2018), investigated the relationship between the research variables proposed in this edition of search to know who are facing serious threats to mental health, by many specific factors related to the age and the case of dysfunctional family nucleus that makes

them in depressive states, emotionally destroyed by the lack of paternal, maternal and all those who claim to be part of the family or their own home affection, this has allowed the use of EHS Scale and the CAL Card, getting as results a low level of social skills being an indication of self-harm. In the same way, Varela (2016) in the research sample found significant differences Dávila (2015) of RP related to sex and age, in students of the EBR.

Some important aspects of the epistemology of self-injurious behaviors include clinical and empirical approaches: these are used to understand self-injurious behaviors and the factors that may contribute to them. These approaches often involve data collection from clinical observations, questionnaires, interviews, and medical records.

The epistemology of self-injurious behaviors also includes psychosocial approaches, which consider how emotional, social, and environmental factors may influence the occurrence and persistence of these behaviors.

Another relevant aspect is neuroscientific research that seeks to understand the biological and neurochemical basis of self-injurious behaviors.

The epistemology of self-injurious behaviors benefits from a multidisciplinary perspective, due to it involves contributions from fields such as clinical psychology, psychiatry, neuroscience, sociology, and anthropology, among others.

Because self-injurious behaviors can be a sensitive and painful topic, the epistemology of this field must be approached with ethical sensitivity, making sure to protect privacy.

The epistemology of self-injurious behaviors is composed by a variety of approaches and methodologies aimed at improving the understanding and approaching of this complex and serious phenomenon. At the moment of applying rigorous and ethical approaches, it is hoped that the knowledge generated will help to develop more effective interventions to prevent and treat self-injurious behaviors and promote mental health in those who experience them. Thus, these self-injurious behaviors (Fernández et al., 2022), are related to the behavior that develops in the adolescent (Frías et al., 2012). Similarly, Millon (1990) mentions that people show very intense qualities when facing daily situations even when facing social networks (Perugini,2021), likewise, it is interesting to predict undesirable social behavior (Ruiz, 2007), in this sense some authors have affirmed certain introverted and neurotic characteristics (Varela et al., 2017), connected in the appearance of an unstable mood

## **Research Methods**

This research presents a quantitative approach of correlational type with a non-experimental and cross-sectional design, it was applied the survey through the Likert scale, being carried out without the manipulation of the database received in the survey (Hernández, Fernández and Batista, 2014), (Supo, 2012) and (Tamayo, 2003).

A total of 150 secondary students from the early morning classes of an educational institution in the district of Villa El Salvador participated. The study conducted is non-probabilistic by convenience and intentionally, in other words, the number of respondents to the instrument measuring RPs was 100 students. The Eysenck instrument for children (JEPI) on RPs was used and adolescents were evaluated by means of self-report. This instrument is made up of 2 fundamental scales through a scale of lies, which emphasizes the personality dimensions whose valuation are 24 (neuroticism – emotional stability), 24 (extraversion - introversion) and 12 (scale of lies) made up of 60 Likert scale type items which was modified because originally it has a dichotomous form.

In the case of the variable self-injurious behaviors, it has the following dimensions: acceptable self-injury, punishment against one's own body, reducing and communicating feelings, whereof there are 30 items to be answered and then studied during the statistical process.

In its original version, the instrument presented a 0.89 construct validity in the Introversion-Extraversion dimension with a score of 0.63, likewise, in Neuroticism a reliability of 0.78 and 0.71 for the L scale, confirming its average and high reliability, resulting in 0.90, being the highest (Varela, 2016).

On the other hand, the SHAGER instrument allows identifying the four components: acceptable self-injury is considered by the students as if it were natural to self-harm or to be captive to bodily harm in their daily lives, punishing to their own bodies shown by the scratches on their hands, faces and other parts of the body, cuts with knives or sharp instruments. This instrument is made up of 30 Likert-type items.

Likewise, in the content validity Aiken's V for each of the established items exceed 0.80, therefore, all the items are valid for the application, also according to the results presented in the validation and reliability process  $\alpha=0.957$  (Dávila, 2015).

First, the descriptive analysis was performed measuring the central tendency and the related differences between the variables and according to Spearman's "r" statistic there is a direct correlation, considering the margin of error of .05, with the aim to analyze if there is relationship between the first and second variable of the present study. In this sense, Whitney and Krukan Weill were used for the significant differences, the percentage of correlations between 20, 50 and 80 were calculated by interpreting weak, average, and strong correlations (Ferguson, 2009).

### Result and Discussion

In the RPs, the introversion level shows 23.1% indicating that these adolescents enjoy spending time alone with themselves; on the other hand, in the extroversion tendency, 22.1% of the adolescents prefer to carry out activities with other individuals, as shown in Table 1. However, there is a combination of both levels (ambiverted) with 19.2% among their characteristics.

**Table 1. Frequencies and percentages of introversion-extroversion dimension**

	n	%
Introvert	24	23,1
Introverted tendency	18	17,3
Ambiverted	20	19,2
Tendency to extroversion	23	22,1
Extroverted	15	18,3
Total	100	100,0

In addition, figure 1 shows the frequencies according to the PR presented by adolescents.

**Image 1: Personality traits and their dimensions in adolescents.**

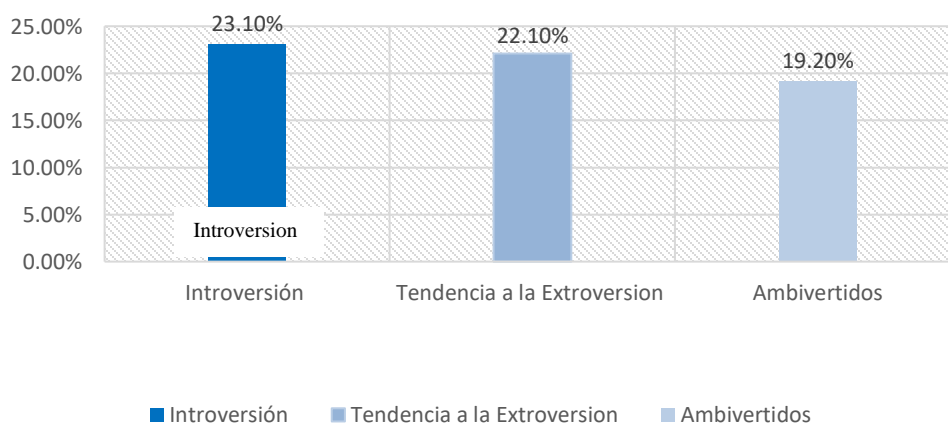


Table of the adolescents present high instability in the personality trait they are developing, as shown in Figure 2.

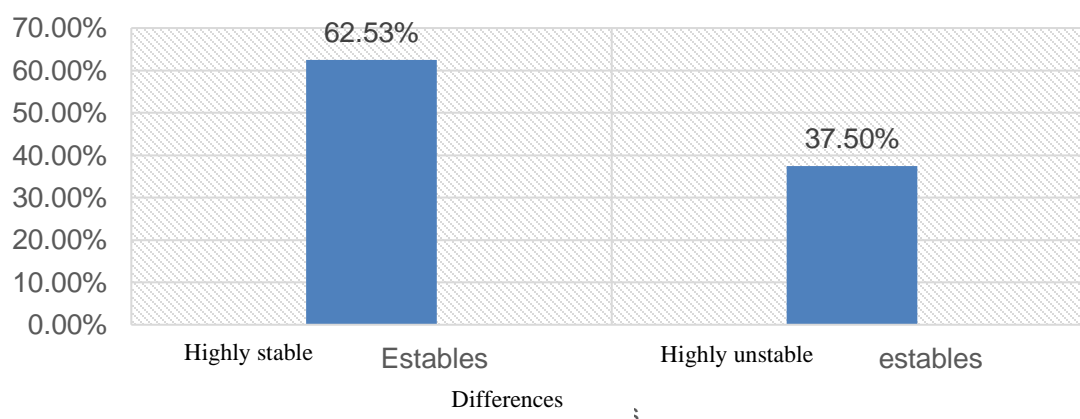
**Table 2**

*Frequencies and percentages of introversion-extroversion dimension.*

		n	%
Valid	Highly stable	24	23,1
	Very stable	22	21,2
	Stable	19	18,3
	Tendency to unstable	20	19,2
	Highly unstable	15	18,3
	Total	100	100,0

**Image 2**

*Difference of highly stable and unstable adolescents in personality trait.*



The descriptive analysis of each variable shows the tendencies of each dimension of RP as introversion – extroversion and neuroticism – stability. In table 3 it can be observed that the variable introversion – extroversion of personality traits presents an M=13.28, SD= 3.680, in addition to a median of 13 and a mode of 15.

**Table 3**

*Descriptive statistics of the introversion – extroversion personality traits variable.*

Variable/Dimensions	M	Mdn	Mo	D.E	Variance	Asymmetry	Kurtosis
Introversion - extroversion	13.28	13	15	3,680	13.543	-323	0,515

**Table 4**

*Descriptive statistics of the variable RP neuroticism – emotional stability.*

Variable/Dimensions	M	Mdn	Mo	D.E	Variance	Asimmetry	Kurtosis
Neuroticism - Emotional Stability	11.79	11	9	3,680	5,900	,184	-1,205

In table 4 it is observed that the dimensions neuroticism – emotional stability of RP presents an M=11.79, in addition to a median of 11 and a mode of 19.

**Table 5:** Frequencies and percentages of levels of total self-injurious behavior.

		n	%
Valid	Low	29	27,9
	Average	41	42,3
	High	30	29,8
	Total	100	100,0

Table 5 shows that 42.3% of students are at an average level, followed by 29.8% at a high level and 27.9% of adolescents at a low level in terms of the frequency of self-injurious behavior.

**Table 6:** Descriptive statistics of the variable self-injurious behavior.

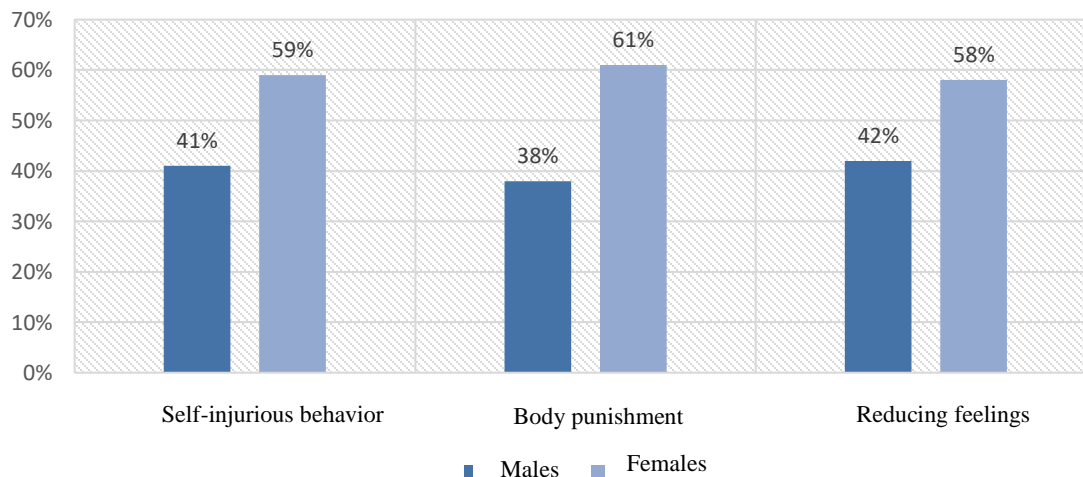
		Acceptable self-injuries	Body punishment	Reducing feelings	Communicating feelings	Self-injurious behavior
N	Valid	104	104	104	104	104
	Lost	0	0	0	0	0
Mean		18,8558	16,7115	7,7885	3,6923	47,0481
Median		18,5000	16,0000	6,0000	3,0000	44,0000
Mode		13,00 <sup>a</sup>	17,00	6,00	3,00	39,00
Deviation Standard		6,19806	5,20394	3,06459	1,23128	13,49533
Variance		38,416	27,081	9,392	1,516	182,124
Asymmetry		,607	1,177	2,142	1,915	1,392
Kurtosis		-,404	1,457	4,190	3,058	1,864

There are multiple modes. The smallest value is shown.

In table 6 it is observed that the variable self-injurious behavior presents a total mean of 47.04, showing that this score is at an average level. In addition, the dimension acceptable self-injury shows a mean of 18.85, the dimension punishment with the body 16.71, reducing feelings 7.78 and communicating feelings a score of 3.69.

**Image 3**

Significant difference in self-injurious behavior between males and females.



**Table 7**

*Kruskal Wallis test, to establish significant differences in self-injurious behavior and its dimensions, according to grade.*

Grade	N	Average range	Chi-square	GI	Asymptotic Sig.	
Acceptable self-injuries	1	15	53.23	3.906	4	0.419
	2	18	54.94			
	3	28	52.23			
	4	22	44.25			
	5	17	62.32			
	Total	100				
Body punishment	1	15	43.73	3.048	4	0.550
	2	18	56.44			
	3	28	54.91			
	4	22	48.15			
	5	17	58.74			
	Total	100				
Reducing feelings	1	15	59.73	3.582	4	0.465
	2	18	56.53			
	3	28	54.73			
	4	22	46.13			
	5	17	47.91			
	Total	100				
Communicating feelings	1	15	53.70	0.804	4	0.938
	2	18	56.69			
	3	28	50.32			
	4	22	51.83			
	5	17	51.62			
	Total	100				
Self-injurious behavior	1	15	49.97	3.249	4	0.517
	2	18	56.31			
	3	28	53.25			
	4	22	45.12			
	5	17	60.76			
	Total	100				

Table 7 shows that there were no significant differences in self-injurious behavior and its dimensions,  $p > 0.05$ .

**Table 10**

*Kruskal Wallis test, to establish significant differences in self-injurious behavior and its dimensions, according to age.*

Age	N	Average range	Chi-square	GI	Asymptotic Sig.
12	10	42.25	9.734	5	0.083
13	17	67.12			

Acceptable self-injuries	14	18	39.92	7.724	5	0.172
	15	32	52.17			
	16	19	52.03			
	17	8	65.00			
	Total	104				
Body punishment	12	10	44.25	10.499	5	0.062
	13	17	55.65			
	14	18	40.75			
	15	32	59.16			
	16	19	47.68			
	17	8	67.38			
	Total	104				
Reducing feelings	12	10	55.00	4.841	5	0.436
	13	17	65.59			
	14	18	38.06			
	15	32	54.84			
	16	19	47.00			
	17	8	57.75			
	Total	104				
Communicating feelings	12	10	46.70	9.794	5	0.081
	13	17	59.88			
	14	18	44.11			
	15	32	51.72			
	16	19	56.71			
	17	8	56.06			
	Total	104				
Self-injurious behavior	12	10	42.85			
	13	17	64.38			
	14	18	37.83			
	15	32	54.56			
	16	19	51.53			
	17	8	66.38			
Total	104					

Table 140 shows that self-injurious behavior and its dimensions do not show significant differences according to age  $p>0.05$ .

**Table 11**

*Correlation analysis between personality traits and self-injurious behavior dimensions.*

		Self-injurious behavior	
Spearman's Rho	Extraversion	Correlation	,117
	Introversion	Coefficient	
		(bilateral) Sig.	,239
		N	104
		Correlation	



	Neuroticism Stability	Coefficient (bilateral) Sig. N	,545** ,000 104
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\*\* . The correlation is significant at the level 0,01 (bilateral).

According to Spearman's Rho correlation coefficient, it can be seen that the extraversion and introversion traits do not correlate with self-injurious behavior ( $p > 0.05$ ), however, the neuroticism – stability personality traits show a very significant positive relationship ( $p < 0.01$ ), showing that the lower the score, the higher the stability, the lower self – injurious behaviors and the higher the score, the higher the neuroticism or instability, the higher the presence of self-injurious behaviors.

**Table 12**

*Correlation analysis between PR and dimensions of self-injurious behavior.*

		Acceptable self-injurious	Body punishment	Reducing feelings	Communicating feelings
Extraversion Introversion	Correlation Coefficient	0.148	0.143	-0.081	-0.151
	(bilateral) Sig.	0.133	0.149	0.413	0.127
	N	104	104	104	104
Neuroticism Stability	Correlation Coefficient (bilateral) Sig.	,352**	,622**	,578**	,224*
	N	0.000	0.000	0.000	0.022
		104	104	104	104

The data shown in table 12 demonstrate that the Spearman's Rho correlation coefficient, extraversion and introversion do not correlate with the dimensions of self-injurious behavior; however, there is a relationship between the neuroticism – stability dimension and the dimension of acceptable self-injury ( $\rho = 0.352^{**}$ ). In addition, a relationship was also found with the dimension punishment the one's own body ( $\rho = 0.622^{**}$ ), in the dimension of reducing feelings shows a significant level of ( $\rho = 0.578^{**}$ ) and finally, the greater the presence of neuroticism or instability ( $0.022, 0.224^*$ ), the greater the search for affective communication through sexual behaviors

## DISCUSSION

Based on the results found, the general objective was to determine the relationship between personality traits and self-injurious behaviors in adolescents, so it was found that dimension of neuroticism and stability show an average positive relationship ( $p < 0.01$ ), indicating that if the child has a stable mood will be less likely to self-harm, but he/she suffers from instability or vulnerability the risk is higher. Likewise, Dávila (2015) evaluated that self-harm is susceptible to occur between 48.7% to 51.3% in adolescents who manifest states of vulnerability with significant differences  $p < .001$  by sex, age, and school type.

On the other hand, the first specific objective was to identify personality traits, showing a result of 62.53% in students between stable and highly stable, which indicates that they do not engage in antisocial behavior, they are supportive, altruistic, empathetic, and kind people, while 37.5% of adolescents share antisocial, emotionally and unempathetic

characteristics. In the same way, two studies conducted in Lima by Morán, (2019) found a significant relationship according to sex in the dimension of emotional stability and neuroticism around 53.5% in females and 46.5% in males between 14 and 16 years in Lima Sur.

In the second objective, the level of self-injurious behavior was determined, having a result of 42. In the second objective, the level of self-injurious behavior was determined, resulting that 42.3% of students are at an average level in their behavior, causing irreversible damage through non-suicidal thoughts, also in the high level they usually present acceptable acts of self-injury through piercing or tattooing, showing emotional suffering, so it is related to the findings identified by Caiza & Quillupangui (2020), obtaining a repetitive medium level of practice of cutting and risks in women with a high level of 60.9% taking as a personality trait of independence and anxiety. In the third objective, the significant differences of the variable personality traits were analyzed, it was evidenced that no significant differences were found in extraversion and introversion according to sex ( $p > 0.05$ ), however, in the neuroticism dimension and stability according to sex, significant differences are found, similarly, (Varela, 2016) found the level of 0.63 in introversion extroversion, neuroticism 0.78 and scale 0.71. with significant differences in personality traits of sex and age, also adding the type of school.

Now that it has been specified the prevalent methods, the study indicate that teenagers whose ages are between 12 to 17 years old present an introversion level showing that they enjoy being alone with themselves, but in the case of extraversion they prefer to get involved with people in their environment, presenting acts of self-harm and socially unacceptable behaviors, making it without thinking about it and do not seeing it as a problem by getting piercings, tattoos showing emotional suffering being a system of psychological disorder as mentioned by (Varela, 2016). Through the literature review we found that the relationship between personality traits mentioned above, fit with that cited by Millon (1990; 2001).

This emphasis is of great interest, considering that one of the fundamental characteristics of adolescents is their behavior showing vulnerability and conflict.

In the fourth objective, the significant differences in the variable self-injurious behavior was analyzed, showing that there are only significant differences according to sex in the dimension of punishment with their own body, reducing feelings, and in total self-injurious behavior, with  $p < 0.05$ ., for these dimensions; on the contrary, Dávila, (2015) found significant differences  $p < .001$  for sex, age and type of school, however, regarding the prevalence of self-injurious behavior by sex, we found that women self-injure more between 55% to 60%, these results are similar to the finding by Gallego, (2017) showing that self-injurious thoughts and practice predominates mostly in women due to family problems and moods. Our results are related to recent studies in which they difference between sexes are found (Sempertigue y Quillupangui, 2018); (Caiza y Quillupangui, 2020).

Finally, in the fifth objective, the relationship between the dimensions of personality traits and self-injurious behaviors were identified, we can see that the prevalence of personality traits and self-injurious behaviors in adolescents is 62.3% in females and 37.5% in males, for this reason in the dimensions neuroticism – stability is related to the dimension of acceptable self-injury, in other words, the greater the neuroticism, the greater the presence of the need to harm oneself, as well as to cause vomiting, however, a relationship was found with the dimension of self-punishment, these results are related to a study conducted in Colombia by Avila and Pachar (2016) with students from public and private institutions, where they found that 26.6% self-harmed. On the other hand, Basantes, and Porrás (2016) found that females are more susceptible to self-harm with 93% with emotional problems being an indicator in school children showing a passive aggressive personality trait or vice versa.

## CONCLUSIONS

According to identification of these behaviors or the personality traits mentioned above, it is essential that parents, caregivers, and health professionals provide appropriate support and guidance. The treatment may include individual or family therapy, self-harm prevention programs, and strengthening coping and conflict resolution skills to help adolescents manage their emotions in a healthier way. Open communication and empathic understanding are the key to help adolescents overcoming these challenges and promoting their emotional well-being.

It is worth mentioning that RPs are related to self-injurious behavior, as evidenced by students who show low

emotional instability by punishing their own bodies, getting tattoos, and having suicidal thoughts. Likewise, if adolescents maintain an acceptable emotional stability, they do not intentionally seek accidents or use psycho-addictive substances, which is why adolescents change their moods, feeling depressed, frustrated, powerless and that the world is ending, but their behavior is repetitive, as referred to by (Ruiz, 2007).

Likewise, it can be concluded that adolescents presenting a high degree of emotional instability are often susceptible to suffer from certain mood disorders such as anxiety, hysteria, depression in different situations of conflict, feeling vulnerable; adding to the above, this is related to what is expressed by (Castro, 2014), (Nader and Boehme, 2003). (Ayon, 2018) said that self-injurious behaviors are often involved with other types of mental disorders, likewise it is often involved with the family, educational and social aspect, causing in them emotions of rejection with themselves generating irreversible damage to their body, through blows, scratches, which at the time of doing it produces a repetitive behavior that can quietly end in death.

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