

The role of empirical avoidance and difficulty in emotion regulation in predicting self-harm behaviors in borderline adolescentsBakhshipoor A., *¹Goharshahi R.²**Abstract**

Introduction: Adolescents are faced with different crises and one of these crises is the lack of correct emotional reaction to situations and challenges that can lead to self-harming behaviors. The purpose of this research is to investigate the role of avoidance. Experience and difficulty in emotion regulation were predictive of self-harm behaviors in borderline adolescents.

Research method: This research was descriptive and correlational. The statistical population of this research was 60 teenagers who referred to the relaxation center affiliated with the police force located on Azadi Boulevard in Mashhad, in the second half of 2019, of which 52 were based on Morgan's table, by sampling in Available were selected. The research tools included standard self-harm questionnaires, acceptance and action questionnaires, and emotion regulation difficulty questionnaires. In order to analyze the data, Pearson's correlation and linear regression were used step by step.

Results: The research results showed that experiential avoidance and difficulty in emotional regulation had a significant positive relationship with self-harm behaviors ($P < 0.05$). Also, the results showed that experiential avoidance 0.45, lack of emotional awareness 0.22 and non-acceptance of emotional responses 0.41 predict self-harm behaviors.

Conclusion: Considering the role of experiential avoidance and difficulty in emotion regulation in predicting self-harm behaviors, it seems necessary to implement educational workshops based on emotion regulation and experiential avoidance strategies.

Keywords: Boundary Adolescents, Experimental Avoidance, Difficulty in Emotion Regulation, Self-Injury Behaviors

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Introduction:

Adolescence is a period full of changes and challenges, and with the awareness of people in this period, it is possible to create a ground for progress and turn challenges into optimal opportunities for progress. One of the common disorders among teenagers is borderline personality disorder. Borderline personality disorder has been proposed as a disorder that is the result of early trauma in life (1). The approximate prevalence of borderline personality disorder in the normal population is reported between 11 and 23% and is characterized by a stable pattern of instability in relationships, mood, impulse regulation and self-concept (2). Borderline personality disorder with cases such as avoidance of real or imaginary rejection or abandonment, unstable interpersonal relationships, identity confusion, impulsivity, suicidal or self-harming behaviors, emotional instability, chronic feelings of emptiness, inappropriate anger and severe or difficulties in anger control and transient paranoid thinking or severe dissociation symptoms are identified (3 ,4). People with borderline personality disorder have self-harming behaviors or self-harming behaviors and suicidal gestures. Self-harm or self-harm without suicide is a type of self-harm behavior. In this behavior, the person has directly injured different parts of her body, but there is no motive for suicide in this injury. In fact, these teenagers vent their emotions in a way to suppress the lost support by harming themselves. And this is the root cause of many problems in these people. Various factors play a role in the occurrence of self-injurious behaviors, among which we can mention the role of experiential avoidance and difficulty in emotional regulation (5).

One of the important variables in increasing self-harm behaviors is experiential avoidance. Experiential avoidance refers to extreme negative evaluations of emotions, unwanted private thoughts and unwillingness to experience these events and deliberate efforts to control or escape from them (6). And it includes a set of interrelated structures such as thought suppression, emotional suppression, avoidant coping and reappraisal (7). In fact, it is a meta diagnostic variable (8). Scientific evidence shows that experiential avoidance is the basis of many mental and physical health problems (9). There is a positive relationship between experiential avoidance/psychological flexibility with a wide range of psychological problems and risky behaviors (10, 11, 12).

Another variable examined in this research is the difficulty in regulating emotions. Emotional regulation refers to a set of automatic and controlled processes that include initiating, maintaining, maintaining, and changing emotions. This is effective in the occurrence, intensity and duration of emotional states (13). Emotion regulation is one of the most important factors affecting people's mental health (14). The difficulty of emotion regulation is defined by problems in awareness, understanding and acceptance of emotions, lack of access to adaptive strategies in facing different emotions, or inability to control behavior when facing intense emotional stimuli (15). Research results have shown that high-risk behaviors such as self-harm due to the inability to manage emotions are related to difficulty in regulating emotions (16, 17).

Adolescents are faced with different crises and one of these crises is the lack of correct emotional response to situations and challenges, which can lead to self-harming behaviors. Considering the

importance of adolescence and the prevalence of self-harm behaviors in adolescents, in the present research, we seek to answer the question of whether experiential avoidance and difficulty in emotion regulation are predictors of self-harm behaviors in borderline adolescents?

Research method:

In terms of practical purpose and data collection method, it is descriptive and correlational. The statistical population of the research includes all teenagers who referred to the relaxation center affiliated with the police force in Mashhad, in the second half of 2019, who were arrested due to high-risk behaviors. There were 60 people, and according to the table of Karjesi and Mogan, 52 people were selected from among them by available sampling method. It should be noted that all borderline adolescents with psychiatric diagnosis were diagnosed with borderline disorder. Research tools:

Self-injury questionnaire (SHI): The self-harm questionnaire was designed by Sanson et al. (17) and has 22 items. In this questionnaire, behaviors that were done intentionally for self-harm are investigated. Such as abuse of drugs or substances and alcohol, self-injury, harm, self-harm, and losing a job on purpose. The method of answering the questionnaire is yes and no. A zero score is given to the no option and a score of 1 to the yes option. To get the overall score of this questionnaire, the yes answers are added together and the negative answers do not play a role in scoring. Subsequent studies have investigated the convergent validity of this tool with self-report tools of borderline personality, depression and history of childhood abuse. In Mikaili et al.'s study, the Cronbach's alpha of the questionnaire was 0.74 (17).

Acceptance and Action Questionnaire (AAQ-II): This questionnaire consists of 10 items that were created by Band et al. (21). The initial version of this questionnaire had 36 items, which was compiled by Hayes et al. (2006). This scale measures a construct related to diversity, acceptance, experiential avoidance and psychological flexibility. Higher scores indicate greater flexibility. The average alpha coefficient was 0.84 and the retest reliability was 0.81 and 0.79, respectively, between 3 and 12 months (21). Also, in Abbasi et al.'s research (2013), this questionnaire was translated into Farsi and then standardized, and the results showed that the internal consistency of the questionnaire is 0.84. In Mahmoudpour et al.'s research (2017), Cronbach's alpha of this questionnaire was 0.78. In another study, Cronbach's alpha of the whole scale was 0.84 (22). Cronbach's alpha obtained in this research is 0.72.

Emotion Regulation Difficulty Questionnaire (DERS): To measure the difficulty of emotion regulation, the scale introduced by Gratz and Roemer (15) was used. This questionnaire contains 36 items and 6 subscales. The subscales of this questionnaire include non-acceptance of emotional responses, difficulty in performing purposeful behavior, difficulty in impulse control, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. The scoring of the questionnaire is in the form of a 5-point Likert scale (very rarely = 1 and almost always = 5). Items 7, 6, 2, 1, 8, 17, 10, 20, 22, 24 and 34 have reverse scoring. Scores between 36

and 72 indicate difficulty in regulating emotion at a low level, scores from 72 to 108 indicate difficulty in regulating emotion at an average level, and scores above 108 indicate difficulty in regulating high emotion. Also, this questionnaire has a significant correlation with Hayes et al.'s acceptance and practice questionnaire. The overall internal reliability for the questionnaire in the research of Gratz and Roemer is equal to 0.93 and for each subscale it is 0.85, 0.89, 0.86, 0.80, 0.88, 84 respectively. 0 / has been reported. Basharat (15) obtained the retest reliability of the difficulty in emotion regulation scale on two occasions with intervals of 4 to 6 weeks for the entire questionnaire from 0.71 to 0.87. In the research of Kerami, Zakii, Hatmian and Bagheri (23), its Cronbach's alpha was reported as 0.87.

Results:

In this section, the descriptive and inferential analysis of the data is discussed. The target sample was male teenagers whose average age was 15.85 and the standard deviation of their age was 1.35.

Table 1: Descriptive indices of research variables

Variable	Mean	standard deviation
Self-injurious behaviors	17	1.26
Experiential avoidance	21.81	4.10
Difficulty regulating emotions	34.5	3.12

Before running the statistical tests, first, in order to use parametric tests and use the regression analysis test, its presuppositions (normality test of score distribution and Durbin-Watson test) were examined. The results of the Kolmogorov-Smirnov test showed that the assumptions of normality of data distribution are also valid for the research variables ($p > 0.01$).

Table 2: Results from Pearson correlation analysis

dependent variable	Self-injurious behaviors	
independent variable	Pearson coefficient	p Value
Experiential avoidance	0.225	0.000
Not accepting emotional responses	0.414	0.000

Difficulty in purposeful behavior	0.319	0.0001
Difficulty controlling impulses	0.418	0.0001
Lack of emotional awareness	0.643	0.000
Limited access to emotional regulation strategies	0.218	0.001
Lack of emotional clarity	0.513	0.000
Not accepting emotional responses	0.311	0.000

There is a positive and significant relationship between experiential avoidance in emotion regulation and self-harm behaviors in adolescents. Also, there is a positive relationship between the dimensions of difficulty in emotional regulation, i.e. not accepting emotional responses, difficulty in performing purposeful behavior, difficulty in impulse control, lack of emotional awareness, limited access to emotional regulation strategies, and lack of emotional clarity with self-harm behaviors in adolescents. There is significant. This means that with the increase in experiential avoidance and difficulty in regulating emotion and its dimensions, self-harm behaviors also increase and vice versa.

In order to predict self-harm behaviors based on predictive variables, step-by-step regression analysis has been used.

Table 3: Predicting self-harm behaviors based on lack of emotional awareness and rejection of emotional responses

Model		SS	R	R²	df	MS	F	P
First step	regression	21726.436	0.653	0.735	1	21726.436	688.605	0.000
Experiential avoidance								
	Remaining	7824.753			98	31.551		
	Total	29551.216			99			
Second step	Regression	22533.203	0.671	0.763	2	11266.602	396.530	0.000

Lack of emotional awareness								
	Remaining	7018.013			97	28.413		
	Total	29551.216			99			
Third step	regression	23279.170	0.776	0.778	3	7759.723	304.349	0.000
	Remaining	6272.046			96	25.496		
	Total	29551.216			99			

Considering that the value of Watson's camera statistic in this test is equal to 1.294; Therefore, this value is in the desirability range of 1.5 to 2.5 and it can be concluded that the residuals are independent. Therefore, it is possible to use the regression method. According to the findings of Table 3, experiential avoidance has a high and significant correlation with self-harm behaviors. And with the observed F value of 688/605, it enters the model in the first stage and alone can predict 0.65 of the variance of self-harm behaviors in teenagers. Also, in the second stage, the lack of emotional awareness is entered into the equation with the observed F value of 396.530, and the predictive power increased to 0.67%. In the third stage, the non-acceptance of emotional responses with the observed F value of 304.349 was entered into the equation and the predictive power increased to 0.78%. This means that predictor variables; That is, experiential avoidance, lack of emotional awareness and non-acceptance of emotional responses in three stages and jointly can predict 0.77% of the variance of the criterion variable i.e. self-harm behaviors in adolescents.

Table 4: Results of regression coefficients

Variable	B	SE	Beta	t	P
Constant	0.351	2.006		5.175	0.000
Experiential avoidance	0.274	0.037	0.451	7.380	0.000
Lack of emotional awareness	0.439	0.074	0.22	5.948	0.000

Not accepting emotional responses	0.552	0.102	0.41	5.409	0.000
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The results of Table 4 show that experiential avoidance, lack of emotional awareness and non-acceptance of emotional responses can predict self-harm behaviors in adolescents at a significance level of 0.001.

Discussion and Conclusion:

The present study was conducted with the aim of investigating the role of experiential avoidance and difficulty in emotion regulation in predicting self-harm behaviors in borderline adolescents. The results of the present study showed that there is a relationship between experiential avoidance and difficulty in emotion regulation with self-harming behaviors in borderline teenagers. And experiential avoidance, lack of emotional awareness and non-acceptance of emotional responses can predict high-risk sexual behaviors of adolescents.

The results of this research regarding the existence of a relationship between experiential avoidance and self-harm behaviors are in line with the results of Javadi-Ponelli et al. (12), Dorat et al. In the explanation of these findings, it can be said that experiential avoidance is the unwillingness to experience painful and annoying personal events and is accompanied by efforts that the form and frequency of these events are the grounds that these situations create. slow It restrains and inhibits. As a result, in the long term, it leads to the formation of an inflexible pattern of experience and response. Avoiding the experience ultimately leads to the formation of a type of psychological vulnerability, based on which, a variety of adverse psycho-social consequences, including self-harm behaviors, will be created and these behaviors will continue. As a result of this, people with harmful behaviors experience unpleasant feelings and thoughts such as a sense of failure, And disturbing and inevitable negative consequences lead to the creation of the cycle of experiential avoidance, and it can be clearly seen that there is a relationship between experiential avoidance and self-harm behaviors. In fact, it can be said that people who have borderline problems have a high experience of avoiding emotional confrontations due to psychological and emotional problems. As a result, with self-harm and self-harm behaviors, they try to express this emotional confrontation in this style.

Also, the results of this research regarding the existence of a relationship between difficulty in regulating emotions and self-harm behaviors are consistent with other studies by Thomas and Jag (14) and Werner and Gross (16). In fact, according to the extent to which people show difficulty in regulating their emotions (not accepting emotional responses, difficulty in performing purposeful behavior, difficulty in impulse control, lack of emotional awareness, limited access to emotion regulation strategies and lack of clarity emotional) risky thoughts and more risky

behaviors are created for them. Borderline teenagers are more likely to engage in self-harming behaviors in terms of lack of proper emotional regulation. In general, emotional experiences and their regulation based on cognitive processes play a special role in the occurrence or non-occurrence of ideation of self-harm behaviors (14). Occurrence of self-harming behaviors throughout life is a sign of experiencing stressful life events and signs of psychological problems and lack of emotion regulation. Based on this, it can be said that teenagers who have more intense emotional reactivity, such as borderline people, who have problems in accepting, evaluating and controlling their emotional responses, are prone to various types of self-harming behaviors. Based on this, it can be said that difficulty in emotional regulation is a risk factor in the occurrence of self-harm behaviors based on the level of emotional regulation.

Limitation:

The current research has some limitations that should be kept in mind when interpreting and generalizing to other groups. This study was conducted on teenagers with borderline disorder who refer to harm reduction centers and it is suggested to be conducted on other vulnerable or injured groups in future research. Also, in the present study, research data were collected using a questionnaire, and it was not possible to control other factors such as education, family income, and the history of risky behaviors in other family members. It is suggested that interviews be used in future researches to identify the factors affecting harmful behaviors. In general, according to the findings obtained and the review of past researches, it is necessary to carry out more extensive studies in this field in order to significantly reduce future injuries. Finally, it is suggested that in order to reduce self-harming behaviors, psychological training and interventions should be put on the agenda of counseling centers and reformation centers in order to regulate the emotions of border teenagers.

Conflict of interest:

The present research was conducted without any financial support from a specific organization and its results do not have any conflict of interest for the authors.

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