

Analysis of NSSI Behavior and Influencing Factors

Yuan Qin

Jiangxi University of Traditional Chinese Medicine, Nanchang, Jiangxi, 333000, China

Abstract: Non-suicidal self-harm (NSSI) is the behavior that an individual will not take suicide as the purpose, to harm their own body, and will not be recognized by the society. This behavior will mainly produce very serious negative consequences, which has been widely valued by the parents of university hospitals. According to previous studies, the incidence of NSSI is relatively high in early adolescence, and the existence of non-suicidal NSSI behaviors among college students is also highly universal. College students have certain particularity, and belong to the group of collective life, their own education level is relatively high, with personality and ideal. In recent years, the number of NSSI among college students has been further increased, and NSSI has also received wide attention from scholars. The detection rate of NSSI among Chinese college students has reached 16.6%. Although in essence, the actual purpose of NSSI is not suicide, the behavior also represents that individuals are prone to various types of psychological and spiritual problems. Based on the above perspectives, this paper analyzes the behavior of NSSI of college students, and explores the influencing factors. We hope that on this basis, Chinese college students can pay attention to NSSI related problems, and the mental health of college students can be effectively improved [1].

Keywords: College Students, Non-Suicidal Self-Harm, Influencing Factors, Problem Analysis

Non-suicidal self-harm (NSSI) is a behavior that an individual will not take suicide as the purpose, harm his body, and will not be recognized by the society. NSSI behavior often occurs in post-secondary school situations, and students exposed to NSSI behavior may have more serious NSSI behavior, which has been widely paid attention to by university hospitals and parents in recent years [2]. According to the traditional research, it can be found that the incidence of NSSI in the early adolescence in China is relatively high, and NSSI is also relatively common among college students. The relevant researchers have found that the. The detection rate of NSSI among Chinese college students has reached 16.6%. Although in essence, the actual purpose of NSSI is not suicide, the behavior also represents that individuals are prone to various types of psychological and spiritual problems. Related studies show that the incidence of adolescent incidence reaches 7.5%~46.5%, the incidence of college students reaches 38.9%, and the incidence of adults is 40%. Because the students and their own pressure is relatively large. Therefore, the incidence of problems at the psychopsychological level is relatively high. Various NSSI have a 75% probability of occur before the age of 24, and timely intervention plays a very important role. At present, many negative factors such as employment pressure make college students more prone to self-injury and suicide and other risks. Studies have shown that alexithymia, experience avoidance, suicidal ideation and childhood sexual abuse have profound effects on NSSI in Chinese college students with a history of childhood sexual abuse, contributing to the prevention and treatment of [3] of thoughts and behaviors related to NSSI or suicide. Based on the above perspectives, this paper makes a comprehensive analysis of the NSSI behavior status and the corresponding influencing factors. It is hoped that based on this, it can provide some reference for NSSI related research[4].

1. The Basic Characteristics of Non-suicidal NSSI among College Students were Analyzed

College students have certain particularity, and belong to the group of collective life, their own education level is relatively high, with personality and ideal. In recent years, the number of NSSI among college students has been further increased, and NSSI has also received wide attention from scholars. College students have certain particularity, and belong to the group of collective life, their own education level is relatively high, with personality and ideal. In recent years, the number of NSSI among college students has been further increased, and NSSI has also received wide attention from scholars. According to foreign studies, the detection rate of NSSI among college students reaches 14% -30%. Some researchers carry out actual surveys on college students, which can find that girls will cut and scrape more for their non-suicidal self-injury behaviors, while men will take burns. Domestic

researchers found in the study that the detection rate of NSSI in domestic college students reached 12.2%, and the self-injury body is mainly upper limbs. In turn, hands, arms, wrists and other main common ways for nails, or other objects pinch, grasp, so that its skin marks or bleeding. Secondly, deliberately biting oneself, or even leaving a mark, is also a more obvious behavior. Specific research can find that the non-suicidal behavior of college students has many characteristics, such as repetition, concealment and relatively mild injury degree, which has prominent essential differences from suicidal behavior. However, according to the self-inflicted behavior of college students, it can be found that the reporting rate reaches 20%, and boys and girls are relatively high, occasionally self-inflicted behavior, deliberately beating themselves is a relatively more method. Some self-injury behavior is a relatively common method, and for college students with difficulties in conduct, emotional and social adaptation, the incidence of self-injury behavior is higher than that of students without psychological sub-health state [5]. One of the mechanisms of self-harm is lower distress tolerance, usually assessed using a self-reported distress tolerance scale. First, higher and lower order models of psychological distress tolerance scales were tested and compared in a sample of university students and in subgroups of individuals with and without a history of NSSI to determine the best fit model. Second, the best-fit model was tested for measurement invariance among individuals with or without a history of NSSI. Slabbert A et al provide support for the assessment of two models in the distress-tolerance scale and the test of measurement invariance in the low-order four-factor model. The low-order four-factor model appears to be statistically superior and may provide a more comprehensive understanding of specific aspects of distress tolerance and the relationship between behaviors, such as NSSI behavior. Moreover, under the most stringent invariance criterion, the low-order four-factor model proves invariance at the scalar level, satisfying only the partial and complete residual invariance. Although further studies in other samples are needed, these results suggest that the distress tolerance scale can be safely used and that true group differences will be reflected in the score is shown in Figure 1 [6].



Figure 1: Non-suicidal NSSI

2. Various Influencing Factors of NSSI among College Students were Analyzed

2.1 Personal Factors were Analyzed

Personal factors will be analyzed from many perspectives, mainly in the personality factors, personality factors, psychological factors, sexual orientation, sexual behavior and other factors to explore. First, as far as personal factors are concerned, personality is the main feature of the continuous,

stable and high persistence of individual spiritual activities, which will be reflected in many manifestations such as emotional activities and volitional behavior. According to the research, many personality disorders, such as borderline, anxiety, and antisocial disorders, can further increase the incidence of NSSI behavior. Christoforou R et al. investigated the emotional characteristics of college students who had experienced non-suicidal NSSI and their relationship with different NSSI functions and other dysregulated behaviors (including risky drinking, borderline personality disorder symptoms, eating disorders, anxiety, depression, and stress). These emotional traits and their relationship with NSSI function can be used to develop more human-centered NSSI interventions [7]. According to specific researchers, non-suicidal NSSI students are more neurotic and less responsible and extroverted. Neuroticism can positively predict depression and NSSI behavior and influence NSSI through the mediation of ER and depression. Therefore, it is suggested to improve neuroticism from the perspective of emotion regulation and depression, thus reducing the NSSI behavior [8] in college students with high neurotic personality. Second, analyze the personality factors. To a certain extent, personality will decide the ability to adapt to the environment and the way to deal with things. At the personality level, there are competitive, rude, aggressive, and expect many individuals, who are more likely to commit suicide or self-harm. Third, the analysis of psychological factors, some researchers pointed out that mental illness is college students self-harm behavior is extremely important factors, especially depression is the main reason, mental health, moderate / severe depression and / or anxiety symptoms is closely related to college students suicidal tendency, these findings to further understand and solve the mental health needs of college students provides a potential opportunity to [9]. The self-injury of Chinese college students has reached 44%. Park YH Explore the relationship between college students' attitude to suicide, frustrated interpersonal needs and non-suicidal self-injury behavior, the results show that depression in the relationship between suicide attitude and self-injury behavior completely mediation, suicide attitude and frustration interpersonal needs are important factors for college students to carry out self-injury prevention and intervention [10]. Most of the self-injured will have anxiety, tension, sadness, anger, depersonality and corresponding experiences, which to get rid of and self-control. Some studies have found that the psychological sub-health state is a very prominent risk factor for suicidal behavior. From the perspective of psychology, a kind of help information behind one's own behavior, hoping to obtain new response through the corresponding behavior. However, this kind of method is commonly used for college students, so non-suicidal behavior is an inappropriate mode for college students to regulate their negative emotions, which can be regarded as emotional regulation behavior. Fourth, the analysis of gay and sexual behavior. According to some studies, premature sexual behavior, bisexuality and homosexuality further increase the risk of non-suicidal self-harm, and most college students with premature sexual behavior are more impulsive. The reason for the reason for the increased risk of non-NSSI among bisexual and gay college students may be that in some areas, homosexuality cannot be effectively recognized in most areas. However, the corresponding people will be under the pressure of public opinion and morality, and students lack experience compared with adults, which have some confusion about their sexual orientation with others, and there may be more types of mental health problems, leading to a further increase in the incidence of NSSI[11]. da Silva Bandeira BE et al investigated non-suicidal NSI behaviors among college graduates and found relationships between NSSI and sociodemographic characteristics, suicidal behavior and previous mental health disorders female, self-reported black color, dissatisfaction with the selected course, history of bullying and previous mental disorders were associated with self-harm behavior. The suicidal behavior risk is 10 times higher, and this risk is higher [12] in repeated NSSI behaviors. University stakeholders reported significantly higher stigma towards NSSI than mental illness. Compared with students and staff, students and staff have higher cognition and comfort of self-harm and have higher cognition of self-harm. There are studies showing that more training and resources are needed to reduce stigma and increase knowledge of NSSI [13] on international university campuses. With the deepening of the research, the relationship between self-harmony and NSSI behavior has attracted the attention of many scholars. There is a significant negative correlation between self-harmony and negative emotions, and negative emotions and negative emotions can mediate the relationship between self-harmony and self-injury. Compared with men, women's self-harmony effect on negative emotions is more likely to regulate [14]. Table 1 and Figure 2 results shows that the gender differences were significant. Girls scored higher than boys on all variables including neuroticism, cognitive reappraisal, expression suppression, depression and NSSI behavior.

Table 1: Sex differences and their associations of the variables

variable	sex	M ± SD	1	2	3	4	5
1. Neuroticism	man	16.33 (± 3.64)	1				
	woman	17.78 (± 3.40)	1				
	overall	17.13 (± 3.58)	1				
2. Cognitive reevaluation	man	26.98 (± 6.20)	-0.19 **	1			
	woman	28.36 (± 5.02)	-0.26 **	1			
	overall	27.74 (± 5.61)	-0.19 **	1			
3. Suppressed emotional expression	man	19.26 (± 4.17)	-0.25 **	0.85 **	1		
	woman	19.85 (± 3.25)	-0.25 **	0.80 **	1		
	overall	19.58 (± 3.70)	-0.23 **	0.82 **	1		
4. Depression	man	49.09 (± 9.10)	0.45 **	-0.07	-0.16 *	1	
	woman	51.66 (± 9.33)	0.39**	-0.07	-0.17 **	1	
	overall	51.66 (± 9.33)	0.44 **	-0.04	-0.14 **	1	
5. Self-injury behavior	man	0.79 (± 3.60)	0.09	-0.14 *	-0.18 **	0.32 **	1
	woman	2.47 (± 5.61)	0.20 **	-0.08	-0.10	0.38 **	1
	overall	1.71 (± 4.88)	0.19 **	-0.07	-0.11 *	0.32 **	1

Note: * p < 0.05, ** p < 0.01.

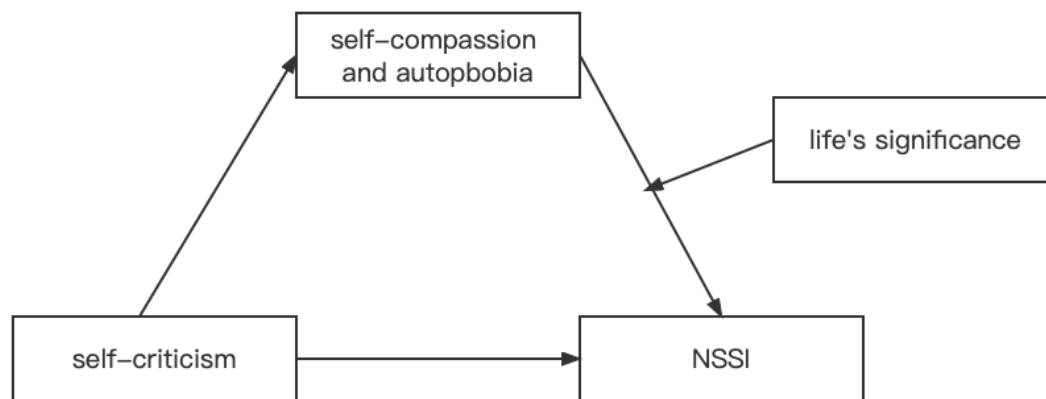


Figure 2 Model of mediation effects

2.2 Analysis of Family Factors

To some extent, the emotions and behavior of college students will be comprehensively affected by the family function, family structure, and the interaction between family members. If the parent-child relationship is relatively tense, parents are too strict, or for children too spoil, parents marriage is not harmonious, parents divorced, parents died early or there are domestic violence, such as behavior, will lead to college students are extremely negative mental health situation, abnormal psychological form, lead to a significant increase in the incidence of self-harm behavior. Compared with other college students, some college students with a family history of self-harm behavior have more risk of self-harm injury. Some researchers have found in their studies that college students with negative parent-child relationship are more likely to have serious non-suicidal self-SI. Relevant researchers have shown that the parenting model of severe parental punishment is a major risk factor for NSSI behavior among college students. A more warm and understanding and important way can effectively protect NSSI behavior. Most students reported moderate ("average difficulty") to high ("disorder") difficulties in emotion regulation; but where the opposite pattern was found in the rest ("low difficulty"; 19.6%), who reported a rather low level of disorder even when compared to the non-nssi comparison group. Students in the dysregulated group also attributed particularly negative experiences to their fathers, felt generally alienated by their parents, and participated in the most severe and most cognitively-prone NSSI behaviors. In contrast, students in the low-difficulty group also performed the least severely in NSSI behaviors, besides the least overall negative experiences with their parents. The current study underestimated the concept that not all college students involved in NSSI would exhibit typical overactivation and emotional dysfunction. Indeed, a considerable number of them may report very small problems in emotion regulation and / or exhibit other less pronounced forms of dysregulation.

This is an important guiding point for both researchers and clinicians as it highlights the need to inject more nuance into the mainstream concept of NSSI etiology and considers the possibility that NSSI may occur in a broader continuum of emotional coping styles. Furthermore, the current study contributes to the growing body of research highlighting the association between negative parent-child dynamics and self-harming emotional dysregulation in young adults, and further highlights the paternal influence. In the university student population, prevention and intervention efforts aimed at reducing NSSI should continue to target parent-child relationship stressors to help alleviate emotional dysregulation and support the development of healthier coping adaptations to [15]. In addition, economic status may be the main risk factor for self-harm among college students. For example, students from low-income families cannot get more timely psychological treatment and psychological counseling, which will further increase their own risk. From studies of NSSI behavior over the years. In the family environment, childhood trauma experience is the key content of scholars' research. It is very important to explore the experience of childhood trauma for the influence of non-suicidal self-SI. The main trauma of childhood is in childhood abuse and adult childhood neglect. Related studies point out that the annual trauma experience and the self-injury behavior of college students are closely related to the emotion, and psychosis is the main regulating factor[16]. Holden RR et al extend knowledge of the mechanisms by which childhood ineffective environments lead to NSSI in young adults, and although a negative family history cannot be eliminated, its negative sequelae may be alleviated by addressing the mediators of depression and mental distress. The effects of parental invalidation on NSSI in childhood may be mitigated by interventions that target not only address depression but also psychological distress; this may have potential clinical implications but does require experimental validation of [17].

2.3 Analysis of Social Factors

Social factors can be mainly explored from the perspectives of school environment, cultural factors, and negative life events. Specifically, it can be analyzed from the following perspectives. First, learn to analyze the school environment. If in the school environment, students can not get along harmoniously, and the students are too stressed, teachers have serious criticism, they are confused about the future, and parents' expectations are too high, which will lead to extremely serious NSSI behavior of students. Some researchers have found that self-injury behavior is older than that of senior students. The main reason is that college students have a relatively low adaptability to life, so they cannot further adjust their study and life conditions. Second, the cultural factors are analyzed. Magazines, the Internet, TV, movies and many other media with new media, may involve the corresponding self-injury pictures and content. And the surrounding human self-injury behavior will also produce a certain degree of psychological implication, so that students produce imitation psychology, leading to induce potential suicidal behavior. Mindfulness programming includes both formal and informal mindfulness exercises and is being increasingly made available to college students. However, for students with a history of non-suicidal NSSI, formal mindfulness practice requires constant attention to thoughts, emotions, and physical sensations, and difficulties in emotional regulation, self-criticism, and potentially complex relationships with the body may undermine the benefits of formal mindfulness practice. These students may better tolerate informal mindfulness practice [18]. Third, the negative life events. When students encounter various kinds of revival events, there will be a certain degree of pressure. If they cannot carry out reasonable psychological adjustment, it will lead to extremely serious non-suicidal self-injury behavior[19]. Secondly, one of the studies on the possible changes in self-injury behavior and impulsiveness since the COVID-19 outbreak. Although it can be hypothesized that a pandemic leads to an increased incidence of each disease, the Lewis SP findings suggest that this is not the case. Indeed, although some participants experienced this increase, 80% reported no change or even reduced NSSI behaviors and their impulsivity. Thus, their findings not only complement recent reports that people with prior mental health problems show determination during these difficult times, but also involve the resilience [20] possessed by people who have experienced NSSI.

3. The Prevention and Control of Non-suicidal NSSI Behaviors in College Students were Analyzed

Because of the relatively high detection rate of non-suicidal behavior in college students, and the relatively many influencing factors, it plays a very important role in the prevention and control of non-suicidal self-injury, which needs to be highly targeted. The seriousness of this problem needs to be paid attention to, and the identification and management of intentional self-harm behavior should be strengthened. At present, the number of prevention and control studies on NSSI behavior is relatively

small, and the number of randomized controlled group studies is relatively small. Some researchers put forward the theory of tertiary prevention, for the effective prevention and control of non-suicidal self-injury, its main contents are as follows. First, do primary prevention. Its main content is to strengthen the mental health education, form the atmosphere of caring for life and respecting for life, and improve the environmental safety facilities. Further multimedia information is reviewed by relevant departments to effectively prevent the development of NSSI tendency in various ways. Second, the development of secondary prevention. The corresponding content mainly lies in the effective crisis intervention for individuals with NSSI tendency, so that many factors and conditions that may lead to the existence of NSSI behavior can be effectively controlled. For example, individuals with severe physical illness or loss of function or experiencing major traumatic life events need to pay effective attention to them. Third, conduct tertiary prevention. Its main content is to prevent people who have had NSSI to conduct corresponding NSSI again. For high-risk groups of psychological intervention and service work effective optimization, according to the correspondence, reasonable prevention of adolescent behavior at the same time, a comprehensive evaluation of intervention measures, need to pay attention to help for many times, and build a network of survivors, form IQ alliance, the intervention effect is improved from multiple angles[7].

In addition, there is no empirical study on the treatment of NSSI. The evaluation of the treatment effect of NSSI mainly lies in the actual treatment of patients at risk of wind suicide. Among them, after the corresponding empirical test, the most applied ways are problem-solving therapy and dialectical behavior therapy. In the practical application process of problem solving therapy, the main theory is that NSSI originates from the actual separation of behavior and cognitive separation in the actual process of problem solving by people[21-25]. In the actual process, the main goal of problem-solving therapy is to effectively improve people's ability to solve problems in a healthy way. Some studies point to the combination of problem-solving therapy and psychotherapy. At the same time, combined with the use of cognitive behavioral therapy, it has a more excellent treatment effect. In addition, some researchers have proposed the treatment of non-suicidal self-injury through dialectical behavior therapy. The corresponding content is initially effectively developed by cognitive and behavioral therapy, and the corresponding treatment is mainly used in the treatment process of chronic self-injury patients with borderline personality disorder. Dialectic behavior therapy is an important basis for biological social theory and dialectics, which can integrate Oriental philosophy and Zen thought[26-29]. At the same time, the corresponding psychoanalysis is applied through a variety of therapies combined with cognitive behavior. In the specific treatment process, the treatment will be carried out from the following perspectives. First, do individual psychotherapy once a week and one hour a week. Second, do two and a half hours of skill training a week. Third, conduct a telephone consultation. Fourth, advisory group meetings are held during weekly treatment.

4. Conclusion

Through the above studies, it can be found that the NSSI behavior of college students has a certain degree of universality, and the actual pathogenesis is highly complex. The influencing factors of NSSI can be further refined into personal factors, social factors, family factors and negative life events. Therefore, in the actual development process of China, it is necessary to further combine families, schools and communities to carry out comprehensive mental health education intervention activities. At the same time, the need to study college students NSSI line, for college students NSSI behavior and protection factors, risk factors for detailed analysis, build a more integrity of college students NSSI system monitoring mode, make NSSI can get more high quality management basis, improve the management quality of management, reduce the number of college students NSSI behavior.

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About the author: Yuan Qin, 198805, female, Han, Yichun, Jiangxi province, postgraduate, lecturer, research direction: "The Problems and countermeasures of Aging society in China", "The Behavior and psychological characteristics of Chinese elderly people", "the mental health and development of teenagers".

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