

## Scientific and Methodological Approaches to Researching the Problem of Self-harm in Psychological Theory and Practice

### Науково-методологічні підходи до дослідження проблеми селфхарму у психологічній теорії та практиці

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#### **ABSTRACT**

*The purpose of this article is to systematize scientific and methodological approaches to the analysis of self-harm and to empirically investigate its manifestations among adolescent boys and girls. The objectives of the study include the analysis of contemporary psychological approaches to understanding self-*

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*harm; the examination of forms of self-injurious behavior and their relationship with personality characteristics of young people; and the identification of directions for addressing self-harm based on the research findings.*

**Methods of the research.** *The study employs theoretical analysis, generalization, and systematization of scientific sources, as well as empirical methods, including the Self-Injurious Behavior Functions Scale by N.A. Polskaya, the Buss–Durkee Aggression Inventory, and the Coping Inventory for Stressful Situations by S. Norman, D. Endler, D. James, and M. Parker.*

**The results of the research.** *The article characterizes the problem of self-harm in psychological science and practice. Self-harm is defined as non-suicidal deliberate self-injury that serves the function of reducing internal tension and coping with stressful situations. The study systematizes major theoretical approaches to self-harm, including emotional, socio-behavioral, clinical-psychological, and existential perspectives.*

*The results of the empirical study indicate a predominance of a relatively safe level of self-harm manifestations alongside the presence of high-risk groups, which highlights the need for psychological support. A relationship was found between the propensity for self-injurious behavior and the internalization of aggression (resentment, guilt, indirect aggression), as well as a reduction in external forms of aggression. The findings also reveal a dominance of maladaptive coping strategies (avoidance, distraction) and insufficient problem-focused coping, indicating impaired emotional regulation.*

*Based on the obtained data, directions for psychological support for individuals prone to self-harm are outlined, taking into account individual characteristics and contextual life factors.*

**Conclusions.** *Self-harm is a non-suicidal form of deliberate self-injury that does not aim at suicide but may function as a buffer reducing psychological distress. Its mechanism involves the transformation of emotional pain into physical pain. The study confirms an association between self-harm behavior and emotional regulation difficulties, particularly the internalization of aggression and the predominance of maladaptive coping strategies, which determines appropriate directions for psychological intervention.*

**Key words:** *self-harm, non-suicidal self-injury, self-aggression, emotional regulation, coping strategies, psychological intervention.*

## Introduction

In contemporary conditions, when our country is experiencing a period of external military aggression and profound so-

cial transformations, the younger generation often encounters the phenomenon of emotional pain as a response to significant stressful events. It is associated with negative experiences, a focus on loss, and prolonged emotional deprivation. This emotional state is accompanied by internal tension, reduced adaptive capacity, and disruption of emotional balance, which directly affects an individual's quality of life and mental health. As a result, the number of psychological problems related to emotional behavior is increasing today, among which self-harm occupies a particular place.

In psychological science, self-harm is described as a non-constructive way of coping with emotional pain. Some young men and women resort to the physical release of their emotions through self-injury – cutting with sharp objects, hitting themselves, causing burns, and engaging in extreme self-restriction. Such behavior is considered maladaptive, as it does not contribute to the effective resolution of internal emotional conflicts; instead, it carries potential risks to both mental and physical health. Therefore, this issue is of particular significance in the work of psychological services.

Self-harming behavior is widely prevalent in psychoeducational practice and is actively analyzed within the scientific community. By engaging in self-harm, clients nonverbally signal their internal emotional experiences. Psychologists (Gray, Hasking, & Boyes, 2022; Plener, Bublalo, Fladung, Ludolph, & Lulé, 2012) emphasize that self-harm often serves the function of emotion regulation, helping individuals reduce internal tension or cope with intense affective states.

Self-harm (from English “self-harm”) refers to the act of inflicting injury on oneself through bodily harm (Chandler, 2020). Methods of self-injury are extremely diverse: cutting, self-hitting, acid burns, skin scratching, hair pulling or cutting, nail biting, interference with wound healing, self-poisoning, and others. Research (Gibbons, 2025) shows that 10–25% of individuals in England report having self-harmed at least once, with

self-injury occurring three times more frequently among women than men in the 16–24 age group.

In the work of E. Klonsky, the term “non-suicidal self-injury” is used, defined as the intentional, direct destruction of body tissue without suicidal intent (Klonsky, 2009). In psychological literature, the term “parasuicide” is also sometimes encountered, as most young people who engage in self-harm do not intend to end their lives (Moutier, 2021). In contemporary clinical practice, a clear distinction is made between non-suicidal self-injury (NSSI), which refers to deliberate self-inflicted bodily harm without intent to die, and suicidal behavior, which involves the intention to end one’s life. At the same time, self-harm serves as an indicator of increased risk; therefore, assessment must include the identification of intent, severity, and comorbid disorders.

Scientific studies (Laye-Gindhu, & Schonert-Reichl, 2005; Klonsky, 2007; Muehlenkamp, 2005) demonstrate that self-harm is intentional behavior considered harmful to the individual. It manifests as direct damage to one’s own skin tissues, usually without suicidal intent. The most common form of self-harm is the use of sharp objects for cutting or scratching the skin. Other forms include hitting oneself, burning parts of the body, hair pulling, delaying wound healing, and ingesting toxic substances.

The term “self-harm” is debated, as it encompasses a wide range of behaviors. Some of these result in irreversible bodily damage, while others involve injuries that heal over time. In all cases, the injuries are self-inflicted without external involvement.

In psychological practice, various approaches to the study of self-harm as a psychological problem are distinguished. The most prevalent is the emotional theory of self-harm. Its proponents (Берегова, & Повстюк, 2020: 13–16) describe self-harm as a destructive form of emotional expression, a means of coping with emotional stress, and a reflection of an individual’s suppressed emotional state. Given that emotional suffering is the primary symptom, the role of repressed emotional states and difficulties

in their expression is considered central to understanding self-injurious behavior. Within the emotional approach, self-harm is viewed as a means of coping with difficult feelings, painful memories, challenging situations, and negative experiences.

In studies of the neuroimaging of non-suicidal self-injury, researchers (Plener, Bubalo, Fladung, Ludolph, & Lulé, 2012) report increased activity in the limbic system in response to emotional stimuli, particularly in the amygdala, hippocampus, and cingulate cortex. Hyperactivation of the middle and inferior orbitofrontal cortex has also been observed compared to healthy control groups.

A number of scholars argue that the relationship between self-harm and emotions is well established. Its causes may include psychological distress, difficulties in emotion regulation, and unmet interpersonal needs (Gray, Hasking, & Boyes, 2022). Some clients use self-harm as a means of releasing aggression; in such cases, auto-aggression is directed toward the self. Self-harm is often accompanied by feelings of guilt, emotional emptiness, loss, loneliness, and low self-evaluation of one's abilities and behavior (Мостова, 2023: 234).

By engaging in self-harm, individuals punish themselves for their perceived inability to function effectively in various situations. Accordingly, researchers describe self-harm as a way to express what is difficult to articulate verbally, to reduce painful emotional states, to convert emotional pain into physical pain, to shift the locus of control, and to create an opportunity for physical self-care. In this way, individuals attempt to demonstrate to others that they are suffering. Physical pain helps them feel alive: "I cut myself with a blade and did not feel it – It seemed like the only way to silence my inner experiences". Emotional pain thus becomes a tangible construct that can be observed and responded to.

Thus, self-harm helps clients reduce emotional tension; after an episode of self-injury, a brief sense of relief may occur. However, the pain resulting from self-harm subsequently inten-

sifies emotional distress and worsens physical well-being. Therefore, full recovery from self-harm is only possible through addressing the underlying causes of emotional pain and feelings of emptiness.

Within the study of self-harm, significant attention is given to the social-behavioral theory. Researchers (Chandler, King, Burton, & Platt, 2020; Hodgson, 2004; Wu, Chang, Huang, Liu, & Stewart, 2013) argue that self-injury is provoked by social factors such as a negative family environment, parental conflict, peer influence in which self-harm is perceived as a sign of uniqueness or difference, and adolescent perfectionism. Causes may also include social problems such as abuse, bullying, parental difficulties, sibling conflict, family member depression, foster care experience, friendship problems, school pressure, or the promotion of self-harm through social media. Environments in which parents suppress children's emotional expression may contribute to difficulties in articulating emotions and increase the risk of parasuicidal behavior. Any form of family violence or childhood trauma is considered a high-risk factor. Physical loss of relatives or social orphanhood also represents a risk factor (Jordan, & Chandler, 2018). Additional social contributors include war, poverty, and unemployment.

Gibbons (Gibbons, 2025) suggests that most cases of self-harm (80-90%) occur within the community. Individuals are continuously influenced by interpersonal relationships, social norms, and expectations, which may intensify emotional stress and trigger self-harm as a means of regulating internal experiences. Social triggers such as conflict, bullying, feelings of rejection within peer groups, failures in romantic or gender relationships, and emotional distancing significantly increase the risk of self-injurious behavior. Hodgson (Hodgson, 2004) adds academic or workplace pressure, family conflicts, bereavement, violence, and abusive relationships to these factors.

Thus, the social environment serves not only as a context in which emotional distress manifests but also as a factor that

may sustain or intensify vulnerability to self-harm. Previous research (Wu, Chang, Huang, Liu, & Stewart, 2013) has shown that the relationship between social rejection and self-harm may be mitigated by social support. This aligns with socio-psychological theories that view self-injury as a complex interaction of individual and social determinants.

Another factor contributing to self-harm as parasuicidal behavior is personality disorders or borderline states. A need for attention or the satisfaction of unmet personal needs – requests that the patient is unable to express directly – may underlie such behavior. These acts are often distinguishable by their demonstrative nature, whereas self-injury caused by other factors is usually concealed. For example, self-harm may serve as a form of communication or even manipulation in patients with intellectual disabilities in institutional settings who require assistance from staff. Therefore, the clinical-psychological approach increasingly focuses on self-harm as related to borderline personality disorder. Auto-aggressive behavior is seen as a manifestation of neurotic personality disturbance and may be associated with bipolar disorder and temperament or character accentuations. Repeated self-injurious acts may lead to the development of dependency, where self-inflicted pain becomes a coping mechanism for relieving distress (Joyce, Light, Rowe, Cloninger, & Kennedy, 2010).

In the Diagnostic and Statistical Manual of Mental Disorders, self-harm is classified as a symptom of borderline personality disorder. It is sometimes associated with other psychopathological conditions such as depression or eating disorders. However, most individuals who engage in self-harm are not mentally ill. Some may be depressed, experience significant personal difficulties, or struggle with substance dependence. Major associated disorders include post-traumatic stress disorder, borderline personality disorder, bipolar disorder, depression, phobias, and behavioral disorders. Individuals with schizophrenia, particularly young patients, are at high risk

of parasuicidal behavior. Substance abuse is also a significant risk factor.

In clinical practice, self-harm is associated with other psychological conditions such as excessive perfectionism (e.g., in adolescents), masochism, neuroses, a negative self-concept, and pervasive feelings of inferiority. The researcher (McAllister, 2003) describes individuals with masochistic tendencies who experience gratification from self-harm and a form of "love" for pain and suffering. In such cases, self-harm may be described as a dissociative state or depersonalization. Personality disorders may be more severe; in schizophrenia, self-harm may be triggered by imperative (command) hallucinations, where individuals hear voices instructing them to injure themselves and are often unable to resist. It is estimated that 30% of individuals with autism spectrum disorders engage in self-injurious behaviors at some point, including scratching, hand biting, and head banging.

Proponents of the existential approach to self-harm conceptualize it as an experience of loss of meaning, self-control, and personal identity. Self-destructive behavior becomes a way of coping with an internal crisis and feelings of emptiness. Young people frequently encounter uncertainty and a sense of lost control in their lives. Life values change, and individuals reassess meanings of existence, uniqueness, and personal freedom, accompanied by intensified internal experiences. In this context, self-harm may function as a bodily expression of existential tension and an attempt to restore a sense of self-control, when other means of managing life appear inaccessible.

In exploring the existential dimensions of subjective social well-being, researchers (Галян І., & Галян А., 2025) consider existential experiences to be foundational for subjective well-being, describing the influence of self-distancing and self-transcendence on perceived quality of life.

In the studies of Armando (Armando, 2011), self-harm is described as a destructive reflection of the search for meaning

and identity. Self-injurious behavior may signal unmet self-actualization needs and arise as a desperate attempt to cope with a profound existential crisis. It represents a way of transforming internal invisible pain into physical form in order to affirm one's existence. Thus, through self-harm, individuals symbolically "feel alive".

### **The aim of the article**

The theoretical analysis of the psychological problem of self-harm has demonstrated that, within the scientific literature, only certain aspects of this phenomenon have been addressed. In domestic scholarship, research on self-harm remains sporadic and limited in scope. In light of this, the aim of the article is to systematize scientific and methodological approaches to the study of self-harm and to conduct an empirical investigation of this issue among male and female youth.

### **The problems of the study**

- To analyze contemporary scientific approaches to understanding the phenomenon of self-harm in psychology.
- To empirically investigate forms of self-injurious behavior among young people and determine their relationship with personality characteristics.
- Based on the research findings, to identify directions for addressing and reducing self-harm among male and female adolescents.

### **Methods of the research**

The study employed a range of general scientific and specialized methods, including a comparative analysis of approaches proposed by different scientific schools to the interpretation of self-harm; generalization and systematization of scientific sources on the topic; and methods of empirical research, namely: the Scale of Reasons for Self-Injurious Behavior by N.A. Polskaya; the Aggression Questionnaire by A. Buss and A. Durkee; and the Coping Inventory for Stressful Situations developed by S. Norman, D. Endler, D. James, and M. Parker.

### Results and their discussion

The first stage of the study involved identifying forms of self-harm among male and female adolescents using the Self-Injurious Behavior Scale by N.A. Polskaya (experimental sample  $n = 176$ ). Actions associated with self-injurious behavior were analyzed, including cutting, burning, hitting, hair pulling, skin irritation, and others (see Table 1).

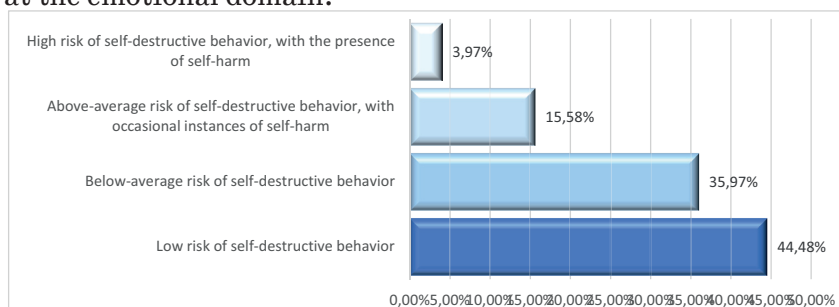
Table 1

#### Analysis of indicators and levels of self-harm among male and female adolescents (data presented in %)

No.	Self-harm-related behaviors	Low risk of self-harm (never, 1 point)		Below-average risk of self-harm (once, 2 points)		Above-average risk of self-harm (occasionally, 3 points)		High risk of self-harm (frequently, 4 points)	
		n	%	n	%	n	%	n	%
1.	Cutting with a razor blade or other sharp objects	117	66.5%	41	23.3%	14	8.0%	4	2.3%
2.	Piercing the skin with sharp objects	138	78.4%	20	11.4%	15	8.5%	3	1.7%
3.	Self-inflicted burns	141	80.1%	19	10.8%	13	7.4%	3	1.7%
4.	Self-inflicted hitting	146	82.9%	17	9.7%	11	6.3%	2	1.1%
5.	Hair pulling	71	40.3%	69	39.2%	30	17.0%	6	3.4%
6.	Skin scratching	21	11.9%	137	77.8%	11	6.3%	7	3.9%
7.	Nail biting	9	5.1%	81	46.0%	72	40.9%	14	8.0%
8.	Interfering with wounds to prevent healing	106	60.2%	45	25.6%	20	11.4%	5	2.8%
9.	Lip biting	11	6.3%	89	50.6%	61	34.7%	15	8.5%
10.	Cheek or tongue biting	23	13.1%	115	65.3%	27	15.3%	11	6.3%
	<b>Mean value:</b>		<b>44.48%</b>		<b>35.97%</b>		<b>15.58%</b>		<b>3.97%</b>
		<b>Low values indicator</b>				<b>High values indicator</b>			
		<b>80.45%</b>				<b>19.55%</b>			

As can be seen from the table, the most prevalent forms of self-harm include lip biting (high levels in 8.5% of respondents); nail biting (onychophagia) (8.0%); and biting the cheeks or tongue with teeth, which represents an automatized response to tension (6.3%). Moderately common behaviors include skin scratching (excoriation, dermatillomania) (3.9%); hair pulling (trichotillomania) (3.4%); and wound interference aimed at preventing healing (2.8%). Less frequently observed are cutting with a razor blade or other sharp objects (2.3%); skin piercing with sharp objects (1.7%); self-inflicted burns (1.7%); and self-hitting (punching, striking the head against hard surfaces) (1.1%).

Summarizing the research findings, it can be stated that the proportion of respondents with a high and above-average risk of self-harm constitutes 19.55%. Adolescents prone to self-injurious behavior are characterized by increased emotional vulnerability, hypersensitivity to rejection, and instability of emotional and psychological equilibrium. Self-injurious acts serve for them as a specific mechanism of emotional regulation, contributing to temporary emotional stabilization, the formation of an illusion of increased control and subjective safety, as well as an enhanced capacity for conscious engagement with reality. Such individuals require targeted psychological support aimed at the emotional domain.



**Fig. 1.** Comparative analysis of self-harm propensity (data presented in %)

Although the obtained results demonstrate a predominance of relatively safe levels of the psychological phenomenon (80.45%), the presence of groups with high and above-average risk of self-harm (19.55%) highlights the need for systematic preventive and corrective interventions. Particular attention should be paid to the, albeit small, group with a high level of risk (3.97%), which is characterized by systematic manifestations of self-harm. Despite its relatively small proportion, this group represents a population of elevated psychological concern and requires targeted psychological intervention.

In accordance with the emotional theory of self-harm, thoroughly analyzed above, emotional behavior is conceptualized not merely as an externally determined reaction, but as a complex, multidimensional emotional-energetic construct reflecting deep regulatory processes of personality functioning. In this context, it is appropriate to examine aggression, which tends to manifest in both externalized and internalized forms, thereby transforming into inwardly directed experiences. For the empirical investigation of this phenomenon, the Aggression Questionnaire by A. Buss and A. Durkee was employed as a valid psychodiagnostic instrument for identifying the structure and dominant forms of aggressive responding. The method allows for a differentiated assessment of physical aggression, indirect aggression, irritability, negativism, resentment, suspicion, verbal aggression, and feelings of guilt, thereby ensuring a comprehensive analysis of both external and internal manifestations of aggression. The analysis of the obtained indicators provides a deeper understanding of the emotional strategies of respondents (see Table 2).

For a more in-depth examination of self-harm characteristics, all participants were divided into two experimental groups: individuals with a tendency toward self-harm and individuals with normative behavior. Significant differences between these two groups were identified during the experiment, both in the frequency of specific forms of aggression and in the direction of their expression.

Table 2

**Analysis of forms of aggressive responses in individuals with a tendency toward self-harm and those with normative behavior (data presented in %)**

No	Forms of aggressive responses	Individuals with a tendency toward self-harm	Individuals with normative behavior	Pearson correlation coefficient (r)
1.	Physical aggression	27.5%	44.1%	-0.329040
2.	Indirect aggression	48.9%	31.1%	0.374337
3.	Irritability	35.9%	42.6%	0.160402
4.	Negativism	37.1%	34.2%	0.275814
5.	Resentment	54.5%	15.5%	0.534719
6.	Suspiciousness	23.8%	31.1%	0.133089
7.	Verbal aggression	23.5%	48.3%	-0.358074
8.	Feelings of guilt	69.3%	26.7%	0.456456

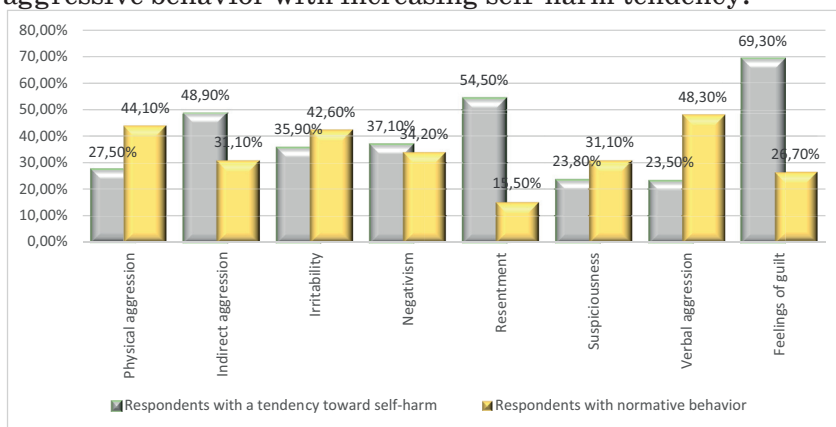
In the group of individuals with a tendency toward self-harm, internally directed and indirect forms of aggression prevail. The highest scores were observed for feelings of guilt (69.3%), resentment (54.5%), and indirect aggression (48.9%). Elevated levels were also found for negativism (37.1%) and irritability (35.9%). These results indicate a high level of emotional tension, a tendency toward internalized conflict experiences, and the internalization of negative emotions.

In the group of individuals with normative behavior, externally expressed forms of aggression are more prominent. In particular, verbal aggression accounts for 48.3%, physical aggression for 44.1%, and irritability is also relatively high (42.6%). Compared with the first group, these participants show significantly lower levels of resentment (15.5%) and feelings of guilt (26.7%), which suggests more adaptive and socially regulated forms of emotional expression.

Correlation analysis using Pearson's coefficient revealed both positive and negative relationships between self-harm tendencies and different forms of aggressive responses. The

strongest positive correlations were found with resentment ( $r = 0.535$ ), feelings of guilt ( $r = 0.456$ ), and indirect aggression ( $r = 0.374$ ), indicating that these variables increase alongside self-harm propensity. Weak positive correlations were identified for negativism ( $r = 0.276$ ), irritability ( $r = 0.160$ ), and suspiciousness ( $r = 0.133$ ).

At the same time, negative correlations were found with physical aggression ( $r = -0.329$ ) and verbal aggression ( $r = -0.358$ ), indicating a reduction in outwardly expressed forms of aggressive behavior with increasing self-harm tendency.



**Fig. 2.** Comparative analysis of forms of aggressive responses in individuals with a tendency toward self-harm and individuals with normative behavior (data presented in %)

The obtained results provide a scientific substantiation of the specificity of aggressive tendencies among respondents with self-harm behavior (see Fig. 2). According to contemporary psychological approaches, self-harm is conceptualized as a form of aggression internalization, which is confirmed by the empirical findings of this study. Elevated levels of guilt and resentment reflect internal conflict and a tendency toward self-blame, whereas reduced levels of physical and verbal aggression indicate inhibition of outward expression of aggressive impulses and

their redirection inward. Thus, it has been established that self-harm tendency is associated with a predominance of internally directed forms of aggression and a reduction in external aggressive manifestations, thereby supporting the hypothesis of the auto-aggressive nature of this phenomenon.

In coping with psychological difficulties, the younger generation consistently employs cognitive and behavioral strategies aimed at mobilizing personal resources. In psychology, these strategies are referred to as coping behavior. The study of stress-coping strategies was conducted using the questionnaire developed by S. Norman, D. Endler, D. James, and M. Parker, adapted by T. Kryukova. The range of possible responses to stressful situations among male and female adolescents was examined, as presented in Table 3.

*Table 3*

**Assessment of coping behavior in stressful situations among individuals with a tendency toward self-harm and individuals with normative behavior (data presented in %)**

No.	Types of coping behavior	Individuals with a tendency toward self-harm	Individuals with normative behavior	Overall Pearson correlation coefficient (r)
1.	Task-oriented coping	18.2%	51.3%	$r = -0.780984$
2.	Emotion-oriented coping	26.1%	42.1%	$r = -0.352030$
3.	Avoidance-oriented coping	63.8%	20.0%	$r = 0.532676$
4.	Distraction	53.9%	26.7%	$r = 0.163587$
5.	Seeking social support	51.4%	34.0%	$r = 0.509175$

As a result of the empirical study of coping behavior among individuals with a tendency toward self-harm and individuals with normative behavior, significant differences were identified in the predominance of coping strategies, as well as in the nature of their relationship with the studied variable. Specifically, in the group of individuals with normative behavior, task-oriented coping prevails (51.3%), whereas in the group with a tendency

toward self-harm this indicator is considerably lower (18.2%). The identified strong negative correlation ( $r = -0.780984$ ) indicates that as the tendency toward self-injurious behavior increases, the orientation toward constructive, problem-focused coping with stress significantly decreases.

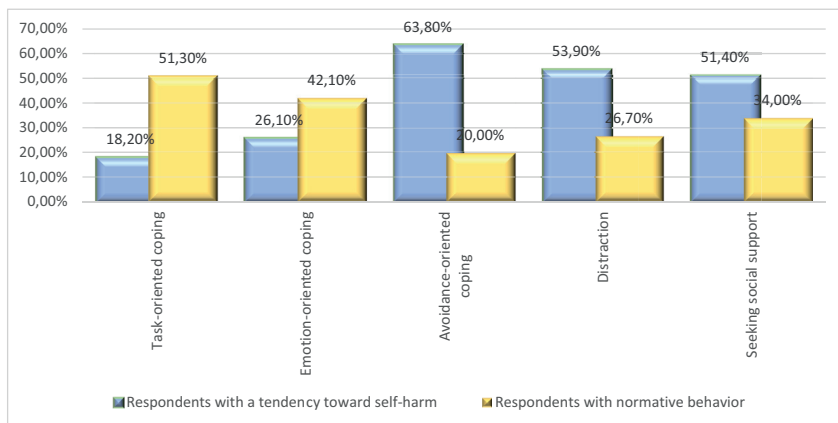
A similar trend, although less pronounced, is observed for emotion-oriented coping: 42.1% in the normative group versus 26.1% in the self-harm group ( $r = -0.352$ ). This suggests a relative reduction in the ability to recognize and process emotions in stressful situations among individuals with self-injurious behavior.

At the same time, avoidance-oriented coping strategies predominate in the group with a tendency toward self-harm. Thus, the level of avoidance orientation is 63.8% compared to 20.0% in the normative group, which is supported by a moderate positive correlation ( $r = 0.532$ ). This indicates a tendency to avoid problematic situations rather than actively addressing them.

A similar pattern is observed for distraction (53.9% versus 26.7%;  $r = 0.163587$ ), although the weak correlation suggests that this strategy may play a supplementary role.

Furthermore, individuals with a tendency toward self-harm demonstrate a higher level of seeking social support (51.4%) compared to the normative group (34.0%), with a moderate positive correlation ( $r = 0.509$ ). This may indicate an increased need for external support; however, such support is not always accompanied by effective coping strategies for managing stress.

The obtained results indicate that individuals with a tendency toward self-harm are characterized by a predominance of maladaptive coping strategies, particularly avoidance and distraction, alongside a reduced level of problem-focused coping. This supports the assumption of impaired emotional regulation and a decreased capacity for constructive stress management in this category of respondents.



**Fig. 3.** Comparative analysis of coping behavior in stressful situations among individuals with a tendency toward self-harm and members of the normative group (data presented in %)

## Conclusions

Thus, from the perspective of our study, self-harm is understood as a psychological problem involving the deliberate non-suicidal infliction of harm to oneself through systematic self-injury. Contrary to widespread belief, self-harm does not constitute an initiation of suicidal intent. On the contrary, it may function as a protective mechanism against suicide, as it alleviates psychological suffering and reduces the likelihood of a suicide attempt. In our study, we adhere to the view that the psychological mechanism of self-harm involves the dampening or displacement of emotional pain through physical pain, enabling the expression and regulation of emotional states via bodily sensations of pain.

The analysis of theoretical research allows for the identification of four main approaches to the study of self-harm. The most widespread is the emotional theory of self-harm, which explains the phenomenon through deep affective experiences (H. Берегова, Т. Мостова, О. Повстюк, М. Boyes, N. Bubalo,

A. Fladung, N. Gray, P. Hasking, A. Ludolph, D. Lulé, P. Ple-ner). The social-behavioral approach conceptualizes self-harm as originating from dysfunctional interpersonal relationships (C. Burton, A. Chandler, C. Chang, R. Gibbons, S. Hodgson, H. Huang, A. Jordan, C. King, S. Liu, S. Platt, R. Stewart, C. Wu). Less represented is the clinical-psychological approach, which focuses on self-harm as associated with borderline personality disorder (C. Cloninger, P. Joyce, K. Light, S. Rowe, M. Kennedy, M. McAllister), and the existential approach, which interprets it as a manifestation of loss of meaning and personal identity (A. Галян, I. Галян, R. Armando).

The results of the empirical study indicate that, despite the predominance of relatively safe levels of self-harm, the presence of high-risk groups emphasizes the need for targeted psychological intervention. It was established that a tendency toward self-injurious behavior is associated with the predominance of internally directed forms of aggression, particularly resentment, feelings of guilt, and indirect aggression, alongside a reduction in externally expressed aggressive behaviors. This supports the view of aggression internalization as one of the key mechanisms underlying self-harm. At the same time, individuals with self-harming tendencies demonstrate a predominance of maladaptive coping strategies, particularly avoidance and distraction, accompanied by a reduced reliance on problem-focused coping. Thus, the findings indicate a systemic disruption of emotional regulation and behavioral strategies, which necessitates comprehensive psychological intervention.

In accordance with the described theories of self-harm and the conducted empirical research, psychocorrectional work should be directed toward: overcoming emotional difficulties (reorienting the internal locus of aggression, developing emotion regulation skills, and fostering stress resilience); eliminating adverse social factors and developing effective coping strategies and communication skills; reducing the influence of maladaptive personality factors (such as the development of as-

sertiveness and the ability to set personal boundaries); and reinterpreting personal life experiences.

### Literature

- Берегова Н.П., Повстюк О.Ю. Селфхарм як деструктивна форма переживання стресів. *Теорія і практика сучасної психології*. 2020. Вип.1. Т.1. С. 13–16. DOI : <https://doi.org/10/328-40/2663-6026-2020/1-1.2> URL: <https://ru.scribd.com/document/955767758/селфхарм-стаття>
- Галян І., Галян А. Екзистенційні виміри суб'єктивного соціального благополуччя особистості. Інсайт: психологічні виміри суспільства. 2025. № 14. С. 13–34. DOI : <https://doi.org/10.32999/2663-970X/2025-14-2> URL: <https://doi.org/10.32999/2663-970X/2025-14-2>
- Мостова Т. Психологічний супровід клієнтів із самоушкоджуючою поведінкою. *Особистісні ресурси людини на різних етапах життя : колективна монографія* / заг. ред. З. О. Кіреєва. Одеса : ОНУ імені І.І. Мечникова, 2023. С. 213–237. URL: <https://dspace.onu.edu.ua/items/60979f9b-f906-4bdb-884e-8a52ff2f3b4c>
- Armando R.F. Bodies under siege : self-mutilation, nonsuicidal self-injury, and body modification in culture and psychiatry. Baltimore : Johns Hopkins University, 2011. 333 p. DOI : <https://doi.org/10.1542/peds.2006-0840> URL: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3338185/>
- Chandler A., King C., Burton C., Platt S. The social life of self-harm in general practice. *Soc Theory Health*. 2020. Vol.18, No 3. P. 240–256. DOI : <https://doi.org/10.1057/s41285-020-00139-9> URL: <https://pubmed.ncbi.nlm.nih.gov/32855622/>
- Gibbons R. The psychodynamics of self-harm. *BJPpsych Advances*. 2025. Vol. 31, No 3. P. 164–172. DOI: <https://doi.org/10.1192/bja.2024.68> URL:<https://www.cambridge.org/core/journals/bjpsych-advances/article/psychodynamics-of-selfharm/8F3C9A4B6F821509C57E9F9548870975>
- Gray N., Hasking P., Boyes M. Cognitive and emotional factors associated with the desire to cease non-suicidal self-harm. DOI : <https://doi.org/10.1002/jclp.23336> URL: <https://onlinelibrary.wiley.com/doi/full/10.1002/jclp.23336>;
- Hodgson S. Cutting Through the Silence: A Sociological Construction of Self-Injury. *Sociological Inquiry*. 2004. Vol. 74, No 2. P.162–179. DOI: <https://doi.org/10.1111/j.1475-682X.2004.00085.x> URL:[https://www.researchgate.net/publication/229516746\\_Cutting\\_through\\_the\\_Silence\\_A\\_Sociological\\_Construction\\_of\\_Self-Injury](https://www.researchgate.net/publication/229516746_Cutting_through_the_Silence_A_Sociological_Construction_of_Self-Injury)
- Jordan A., Chandler A. Crisis, what crisis? A feminist analysis of discourse on masculinities and suicide. *Journal of Gender Studies*. 2018.

- P.1–13. DOI : <https://doi.org/10.1080/09589236.2018.1510306>  
URL:[https://www.researchgate.net/publication/327189163\\_Crisis\\_what\\_crisis\\_A\\_feminist\\_analysis\\_of\\_discourse\\_on\\_masculinities\\_and\\_suicide](https://www.researchgate.net/publication/327189163_Crisis_what_crisis_A_feminist_analysis_of_discourse_on_masculinities_and_suicide)
- Joyce P.R., Light K.J., Rowe S.L., Cloninger C.R., Kennedy M.A. Self-mutilation and suicide attempts: relationships to bipolar disorder, borderline personality disorder, temperament and character. *The Australian and New Zealand Journal of Psychiatry*. 2010. Vol. 44, No 3. P.250–257. DOI : <https://doi.org/10.3109/00048670903487159> URL: <https://pubmed.ncbi.nlm.nih.gov/20180727/>
- Klonsky E.D. The functions of self-injury in young adults who cut themselves: clarifying the evidence for affect regulation. *Psychiatry Res*. 2009. Vol. 166, No 2-3. P.260–268. DOI : <https://doi.org/10.1016/j.psychres.2008.02.008> URL:<https://www.sciencedirect.com/science/article/abs/pii/S0165178108000577?via%3Dihub>
- Mcallister M. Multiple meanings of selfharm: A critical review. *International Journal of Mental Health Nursing*. 2003. Vol. 12, No 3. P. 178. DOI : <https://doi.org/10.1046/j.1440-0979.2003.00287.x> URL: <https://pubmed.ncbi.nlm.nih.gov/17393644/>
- Moutier C: Innovative and timely approaches to suicide prevention in medical education. *Acad Psychiatry*. 2021. Vol. 45, No 3. P. 252–256. DOI : <https://doi.org/10.1007/s40596-021-01459-2> URL: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8099389/>
- Plener P.L., Bubalo N., Fladung A.K., Ludolph A.G., Lulé D. Prone to excitement: Adolescent females with non-suicidal self-injury (NSSI) show altered cortical pattern to emotional and NSS-related material. *Psychiatry Research: Neuroimaging*. 2012. Vol. 203, No 2-3. P. 146–152. DOI : <https://doi.org/10.1016/j.psychresns.2011.12.012> URL: <https://pubmed.ncbi.nlm.nih.gov/22901627/>
- Wu C., Chang C., Huang H., Liu S., Stewart R. The association between social relationships and self-harm: a case-control study in Taiwan. *BMC Psychiatry*. 2013. Vol. 13, No 101. P. 1-7. DOI : <https://doi.org/10.1186/1471-244X-13-101> URL: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3621841/pdf/1471-244X-13-101.pdf>

## References

- Beregova, N.P., & Povstiuik, O.Yu. (2020). Selfkharm yak destruktivna forma perezhvannia stresiv [Self-harm as a destructive form of stress experience]. *Teoriia i praktyka suchasnoi psykholohii – Theory and practice of modern psychology*, 1(1), 13–16. Retrieved from <https://doi.org/10/328-40/2663-6026-2020/1-1.2> [in Ukrainian].

- Halian, I., & Halian, A. (2025). Ekzystentsiini vymiry subiektyvnoho sotsialnoho blahopoluchchia osobystosti [Existential dimensions of subjective social well-being of an individual]. *Insait: psykholohichni vymiry suspilstva – Insight: psychological dimensions of society*, 14, 13–34. Retrieved from <https://doi.org/10.32999/2663-970X/2025-14-2> [in Ukrainian].
- Mostova, T. (2023). Psykholohichni suprovid kliientiv iz samoushkodzhuiechoiu povedinkoiu [Psychological support for clients with self-harming behavior]. *Osobystisni resursy liudyny na riznykh etapakh zhyttia – Personal resources of a person at different stages of life*. Odesa: ONU imeni I.I. Mechnykova, 213–237. Retrieved from <https://dspace.onu.edu.ua/items/60979f9b-f906-4bdb-884e-8a52ff2f3b4c> [in Ukrainian].
- Armando, R.F. (2011). *Bodies under siege : self-mutilation, nonsuicidal self-injury, and body modification in culture and psychiatry*. Baltimore : Johns Hopkins University. Retrieved from <https://doi.org/10.1542/peds.2006-0840>.
- Chandler, A., King, C., Burton, C., & Platt, S. (2020). The social life of self-harm in general practice. *Soc Theory Health*, 18(3), 240–256. Retrieved from <https://doi.org/10.1057/s41285-020-00139-9>.
- Gibbons, R. (2025). The psychodynamics of self-harm. *BJPsych Advances*, 31(3), 164–172. Retrieved from <https://doi.org/10.1192/bja.2024.68>.
- Gray, N., Hasking, P., & Boyes, M. (2022). Cognitive and emotional factors associated with the desire to cease non-suicidal self-injury. *Clinical Psychology*, 78(9), 1896–1911. Retrieved from <https://doi.org/10.1002/jclp.23336>.
- Hodgson, S. (2004). Cutting Through the Silence: A Sociological Construction of Self-Injury. *Sociological Inquiry*, 74(2), 162–179. Retrieved from <https://doi.org/10.1111/j.1475-682X.2004.00085.x>.
- Jordan, A., & Chandler, A. (2018). Crisis, what crisis? A feminist analysis of discourse on masculinities and suicide. *Journal of Gender Studies*, 1–13. Retrieved from DOI : <https://doi.org/10.1080/09589236.2018.1510306>.
- Joyce, P.R., Light, K.J., Rowe, S.L., Cloninger, C.R., & Kennedy, M.A. (2010). Self-mutilation and suicide attempts: relationships to bipolar disorder, borderline personality disorder, temperament and character. *The Australian and New Zealand Journal of Psychiatry*, 44(3), 250–257. Retrieved from <https://doi.org/10.3109/00048670903487159>.
- Klonsky, E.D. (2009). The functions of self-injury in young adults who cut themselves: clarifying the evidence for affect regulation. *Psychiatry Res*, 166(2-3), 260–268. Retrieved from <https://doi.org/10.1016/j.psychres.2008.02.008>.

- Mcallister, M. (2003). Multiple meanings of self-harm: A critical review. *International Journal of Mental Health Nursing*, 12 (3), 178. Retrieved from <https://doi.org/10.1046/j.1440-0979.2003.00287.x>.
- Moutier, C. (2021). Innovative and timely approaches to suicide prevention in medical education. *Acad Psychiatry*, 45(3), 252–256. Retrieved from <https://doi.org/10.1007/s40596-021-01459-2>.
- Plener, P.L., Bubalo, N., Fladung, A.K., Ludolph, A.G., & Lulé, D. (2012). Prone to excitement: Adolescent females with non-suicidal self-injury (NSSI) show altered cortical pattern to emotional and NSS-related material. *Psychiatry Research: Neuroimaging*, 203(2-3), 146–152. Retrieved from <https://doi.org/10.1016/j.psychres.2011.12.012>.
- Wu, C., Chang, C., Huang, H., Liu, S., & Stewart, R. (2013). The association between social relationships and self-harm: a case-control study in Taiwan. *BMC Psychiatry*, 13 (101), 1-7. Retrieved from <https://doi.org/10.1186/1471-244X-13-101>.

**Гончарук Наталія. Науково-методологічні підходи до дослідження проблеми селфхарму у психологічній теорії та практиці.**

**Мета статті** – систематизувати науково-методологічні підходи до аналізу селфхарму та емпірично вивчити його прояви у юнаків і дівчат. Основними завданнями дослідження є аналіз сучасних підходів до розуміння селфхарму в психології; дослідження форм самопошкоджувальної поведінки та їх зв'язку з особистісними характеристиками молоді; визначення напрямів подолання селфхарму за результатами дослідження.

**Методи дослідження:** теоретичний аналіз, узагальнення та систематизація наукових джерел; емпіричні методи із застосуванням шкали причин самопошкоджувальної поведінки Н.А. Польської, опитувальника агресивних реакцій А. Басса – А. Дарки, тесту копінг-поведінки С. Нормана, Д. Ендлера, Д. Джеймса, М. Паркера.

**Результати дослідження.** У представленій публікації охарактеризовано проблему селфхарму у психологічній науці та практиці. Автором охарактеризовано селфхарм як несуйцидальне самопошкодження, що полягає у навмисному травмуванні себе. З'ясовано, що самопошкодження виступає як механізм зниження внутрішнього напруження або реагування на стресові обставини. У статті висвітлено підходи до вивчення селфхарму на основі системного аналізу його проявів. Здійснено аналіз проблеми на емоційному, соціально-поведінковому, особистісному та екзистенційному рівнях.

*Отримані результати експериментального дослідження засвідчили переважання відносно безпечного рівня проявів селфхарму за наявності груп підвищеного ризику, що зумовлює потребу психологічного супроводу. Встановлено зв'язок схильності до самопошкоджувальної поведінки з інтерналізацією агресії (образа, почуття провини, непряма агресія) та зниженням її зовнішніх проявів. Також виявлено домінування неадаптивних копінг-стратегій (уникання, відволікання) при недостатності проблемно-орієнтованого подолання стресу. Отримані дані свідчать про порушення емоційної регуляції та необхідність комплексного психологічного втручання.*

*На основі отриманих даних окреслено пріоритетні напрямки психологічної підтримки осіб, схильних до селфхарму. Аналіз соціальних і психологічних факторів свідчить про необхідність урахування індивідуальних особливостей та контексту життєвого середовища при розробленні найбільш важливих напрямів профілактичної та корекційної роботи.*

**Висновки.** *Селфхарм – це психологічне явище, що характеризується навмисним несудичальним самоушкодженням свого тіла шляхом систематичного нанесення порізів, опіків, травмувань. Воно не виступає спробою самогубства, але стає його буфером, зменшуючи психологічний дистрес. Психологічний механізм самоушкодження передбачає придушення або перетворення емоційного болю на фізичний. Аналіз наукової літератури дозволяє виділити чотири основні підходи до вивчення самоушкодження: емоційний, соціально-поведінковий, клініко-психологічний та екзистенційний. Проведена експериментальна робота підтверджує взаємозв'язок між схильністю до самоушкоджувальної поведінки та особливостями емоційної регуляції, зокрема переважанням інтерналізованих форм агресії й неадаптивних копінг-стратегій подолання стресу, що визначає відповідні напрями психологічної допомоги особам зі схильністю до селфхарму.*

**Ключові слова:** *селфхарм, психологічна проблема, емоційна поведінка, несудичальне самопошкодження, аутоагресія, психологічна корекція.*

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