

# PERSONALITY FACTORS MORE PRONE TOWARDS DELIBERATE SELF HARM; A STUDY ON 50 PATIENTS PRESENTING TO A TERTIARY CARE HOSPITAL

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## ABSTRACT

**Objective:** The study is aimed to identify the personality factors of patients admitted with the history of recent deliberate self-harm (DSH).

**Methodology:** Descriptive study with purposive sampling was carried out at Department of Psychiatry Combined Military Hospital (CMH) Lahore, Pakistan from July 2013 to January 2014. Personality profile of total 50 inpatients with DSH admitted in psychiatry department, CMH Lahore were assessed by using The Sixteen Personality Factor Questionnaire. Respondents were informed and assured of the complete confidentiality of their responses. Quantitative research design was employed. The data was analyzed by using SPSS version 17.

**Result:** Results indicated that inpatients with the history of DSH scored high on three factors i.e. Dominance (58%), Apprehension (48%) and Tension (52%). Individuals scored low on 3 factors that are reasoning (4%), Emotional stability (4%) and Liveliness (8%).

**Conclusion:** The findings revealed some personality factors that are more consistently prominent in DSH patients. These increase vulnerability while the later considered lowering the vulnerability to DSH. The findings have therapeutic and preventive implications.

**Keywords:** Deliberate Self Harm (DSH) and Personality Factors

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## INTRODUCTION

Approximately 4% of the general population reports injuring themselves as highlighted in different studies<sup>1</sup>. Asia accounts for 60% of suicides worldwide and each year in Asia at least 60 million people affected by suicide or Deliberate Self Harm (DSH)<sup>2</sup>. Khan<sup>3</sup> estimated rate of DSH acts in Pakistan is around 100,000 annually. DSH defined as an intentional, direct damaging of body tissues without cognizant suicidal aim but resulting in injury that is severe enough for tissue damage to occur<sup>4</sup>. Individual who presented with DSH acts are at significant risk for suicide though their intention was not for suicide attempt, and its range is 40-60 %<sup>5</sup>. Negative interpersonal and intrapersonal factors include shame, social isolation, significant psychological issues and sufferings are having strong relationship with DSH<sup>5-7</sup>. Eysenck Trait theory<sup>8</sup> states, personality is fabrication of wide list of traits or dispositions. Psychologist Gordon Allport<sup>9</sup> recognized more than 4,000 words in English language that could be used to define personality traits. Unnecessary and uncommon terms were eliminated later on by Raymond Cattell. Identification of relationship

between these selected traits carried out by using statistical method known as factor analysis. A list of 16 key personality factors were outcome of this whole process. These 16 traits are possessed by every person with variation that might be high in one and low in another<sup>10</sup>. A more in-depth description of personalities is provided by each factor. In various life settings, the sixteen personality factor questionnaire (16PF) measures personality factors which are found to be efficacious. An individual's motivation and self-control can be assessed by it which exhibits how successfully a person can handle societal affairs, it explains complete personality picture. "Warmth" is the way person proof himself that how nice and descent he is to other people. Low scorers are cold, aloof, impersonal, detached, formal and distant. High scorers are friendly, mindful to others, generous, agreeable, and sociable. "Reasoning" is how efficient a person is at abstract thinking in his daily skills. Low scorers incline toward common sense and sound judgment, high scorers favor unique considering. "Emotional stability" enables a multifaceted emotional framework to immediately keep its harmony skillfully. Emotional stability is how much one is having control on his/her feelings

and emotions. Low scorers are easily upset, alterable, influenced by emotions, passionately less stable, reactive emotionally. High scorers are mature, adaptive, and emotionally stable and face reality smoothly. "Dominance" is how assertive and confident a person is when managing with people. Low scorers are cooperative, avoids conflict, deferential, submissive, easily led, humble, obedient, accommodating and docile. High scorers are forceful, dominant, aggressive, stubborn and bossy, assertive and competitive. "Liveliness" is amount of vitality one displays in daily social interactions. Low scorers are restrained, serious, introspective and silent. High scorers are animated, spontaneous, lively, enthusiastic, impulsive and expressive. "Rule-consciousness" is the extent to which individual submit to authority figure. Low scorers are nonconforming, disregard rules and self-indulgent. High scorers are, dutiful, rule-conscious, conforming, conscientious, staid and moralistic. "Sensitivity" is how much you can be affected. Low scorers are objective, tough minded, utilitarian, unsentimental, and self-reliant. High scorers are sensitive, aesthetic, tender-minded, sentimental, intuitive and refined. On personality factor "Vigilance", low scorers are unsuspecting, trusting, accepting, easy and unconditional. High scorers are vigilant, skeptical, distrustful, suspicious and oppositional. "Abstractedness" is how imaginative one is. Low scorers are practical, grounded, solution oriented, prosaic, conventional and steady. High scorers are absent minded, abstract, impractical, and absorbed in ideas. "Privateness" is how honest one is about who you are. Low scorers are forthright, artless, open, unpretentious, genuine, naive, and involved. High scorers are discreet, shrewd, non-disclosing, worldly, polished, diplomatic and astute. "Apprehension" is how troubled one is. Low scorers are self-assured, complacent, secure, confident and self-satisfied. High scorers are apprehensive, self-doubting, insecure, guilt prone and self-blaming. "Openness to change" may be defined as one can mold to potential situations. Low scorers are traditional, accepted, attached to familiar, progressive, conservative and respect conventional thoughts. High scorers open to change, experimental, liberal, analytical, critical, and flexible. "Self-reliance" is about self-sufficiency of needs and resources. Low scorers are affiliate and group-oriented. High scorers are independent, solitary, resourceful, self-sufficient and individualistic. "Perfectionism" the restless strives for attaining very high standards, or judging one's self-worth in the light of attainment of those high standards, and lastly experiencing bad consequence for trying to attain such high standards yet going after them. Last trait is Tension. "Tension" is how determinant one is, crossed with impatience. Low scorers are placid, relaxed, tranquil, patient and composed low drive. High scorers are high energy, tense, driven, impatient, over wrought frustrated and time driven. An intimate, nurturing and comforting relationship with

people living around is very important for an individual. This type of relationship provides a secure base for a child to learn about themselves as well as others and to explore the world. Young adolescents and adults are the most important figure for the development of any country. Thus, they should be fit mentally and physically. This research intends to investigate the personality factors that make people more prone towards self-harm. Preventive psychosocial interventions for prevention and management need to incorporate the findings. After reviewing the literature and clinical experience related to DSH, it can be assumed that despite being a common problem it has not been explored and acknowledged enough in Pakistan. Considering the strong impact of personality factors on the occurrence of DSH, it becomes pertinent to identify the links. Little research is available on personality factors related to DSH patients in Pakistan. This study was aimed at examining the relationship between the personality traits and the DSH.

## METHODOLOGY

For this study sample was obtained from CMH Psychiatry Department (CMH) Lahore. Data collected from July 2013 to January 2014. Inclusion criteria were in patients with recent DSH history. Informed consent was obtained from patients and they assured of complete confidentiality. Demographic information also obtained. 56 inpatients requested to fill 16 PF questionnaires out of which 6 inpatients were unable to complete the questionnaire and left the questionnaire half filled. 50 inpatients included in final sample. Completion of 16PF questionnaires took about 40 to 60 minutes. Results were analyzed by using the SPSS for window version 17 by applying descriptive statistics.

## RESULTS

There were more male (N=28) than female (N=22) in our sample. Results indicated that sample scored average on 10 personality factors i.e. Warmth (70%), Rule Consciousness (64%), Social Boldness (62%), Sensitivity (50%), vigilance (34%), Abstractedness (54%), Privateness (46%), Openness to Change (52%), Self-Reliance (60%) and Perfectionism (72%). Sample scored low on 3 personality factors that are reasoning (4%), Emotional Stability (4%) and Liveliness (8%). On the other side they scored high on 3 personality factors. Those factors are Dominance (58%), Apprehension (48%) and Tension (52%). (Table 1)

## DISCUSSION

A million individuals passed away by suicide each year around the world<sup>11</sup>. DSH is the important predictor of suicide. In the present study majority of the sample has showed low scores on reasoning (4%). Low score on reasoning are related with dull and low capacity. Rea-

**Table 1: Frequencies of personality factors (n=50)**

S.No	FACTORS	DIMENTION	FREQUENCY	%	SCORE
1	Dominance	Submissive mild	4	8	HIGH
		Dominant, aggressive	29	58	
2	Apprehension	Confident, unshakable	8	16	HIGH
		Insecure, anxious	24	48	
3	Tension	Phlegmatic, composed	9	18	HIGH
		Tense, excitable	26	52	
4	Warmth	Aloof, cold	15	30	AVERAGE
		Warm, social			
5	Rule conscious	Casual undependable	18	36	AVERAGE
		Conscientious, persistent			
6	Social boldness	Timid shy	19	38	AVERAGE
		Adventurous, thick			
7	Sensitivity	Tough realistic	25	50	AVERAGE
		Sensitive, effeminate			
8	Vigilance	Trustful, Adaptable	29	56	AVERAGE
		Suspecting Jealous			
9	Abstractedness	Conventional practical	23	46	AVERAGE
		Bohemian unconcerned			
10	Privateness	Simple awkward	27	54	AVERAGE
		Sophisticated, polished			
11	Openness to change	Conservative, accepting	22	44	AVERAGE
		Experimenting, critical			
12	Self-reliance	Dependent, imitative	20	40	AVERAGE
		Self-sufficient, resourceful			
13	Perfectionism	Lax, unsure	14	28	AVERAGE
		Controlled, exact			
14	Reasoning	Dull low capacity	33	66	LOW
		Bright, intelligent	2	4	
15	Emotion stability	Emotional, unstable	44	88	LOW
		Mature, calm	2	4	
16	Liveliness	Glum, silent	25	50	LOW
		Enthusiastic, talkative	4	8	

soning is an important factor in one's personality that is not essential for occupational functioning but also for social functioning. Lower IQ scores with poor perceived academic performance are associated with an elevated risk of attempted suicide by any mean<sup>12</sup>. Our findings are similar to those of Nock & Mendes<sup>13</sup> who after getting report from mothers of DSH concluded that children with low IQ and low cognitive abilities are at great risk of being engaging in self-harm behavior. Similarly another study conducted by Julia et al,<sup>14</sup> found the relation between low memories specificity and DSH.

Emotional stability (4%) is another factor on which our sample has showed low score. It means, DSH patients are having more unstable personality along with low ego strength as they are less calm and mature. Research by Nock & Mendes<sup>13</sup> finds that self-injuring adolescents are tending to exhibit high level of physiological reactivity in response to stress. A study by Claes et; al<sup>15</sup>, showed that adolescents with history of DSH rated them lower in emotional stability. Deficits of affective regulation have been associated with the presence of DSH in many other researches<sup>7,16,17</sup>.

The third personality factor on which individuals showed low score is Liveliness (8%). A study showed that they are high on eccentric perceptions, detachment and disinhibition<sup>14</sup>. Individuals with a self-injury history reports high level of depression<sup>18,19</sup>. As loss of pleasure, interest and energy are important symptoms of depression that made them low on liveliness and they become glum and silent. Isolation is a significant stressor to trigger DSH act<sup>20</sup>.

Sample scored high on apprehension (27%) and tension (52%) that shows they have many insecurities and anxieties regarding their daily life routine. As they are also having high ergic tension and to relieving their tension a person inflict harm on oneself in an attempt to ends one's life<sup>21</sup>. Anxiety has a significant relationship with DSH<sup>19</sup>. Similarly Floto<sup>21</sup> found that anxiety plays major role in psychopathology of self-injury. Ross & Heath<sup>22</sup> also concluded that high level of anxiety is a key component of DSH act. It is mostly common in young ones who are having problem in coping with anxiety.

Our sample got high score on aggression. History of aggression and aggressive acts has been found significantly higher in adolescents with history of self-injury as compared to those who do not harmed themselves. Findings of our study replicate the result of other studies on which the participants with history of self-injury scored high on negative temperament and aggression<sup>14,22</sup>. It is proved by previous researches that aggression is the key ingredient of DSH<sup>23,24</sup>. Ouma-yaet al,<sup>24</sup> also found that suicide attempters are more aggressive and display high level of affective instability.

## LIMITATION

The present study has some limitations, such as the sample is only taken from Psychiatry Department CMH, Lahore. Various socio economic and political factors could be reason for non-proportionate representation of all provinces and culture in hospital run by the Armed forces of Pakistan. Sample taken from psychiatry department of Military hospital may not be truly representative.

## CONCLUSION

The picture of DSH patients obtained from this study shows that they have many peculiar characteristics of personality factors. They scored high on 3 factors i.e. dominance (58%), apprehension (48%) and tension (52%). DSH patients scored low on 3 factors that are reasoning (4%), Emotional stability (4%) and Liveliness (8%). The former may be considered to extend vulnerability while the later considered cutting down the shortcoming to DSH. Health care professionals need to assess all reported self-injuries with an offer of comprehensive personality assessment. So as to develop a comprehensive management plan focused to reduce comorbidity and motility.

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#### CONTRIBUTORS

FSS designed the study, interpreted and analyzed the results. SG helped in collection and analysis of data and wrote the manuscript. SMS helped in design and interpretation and writing the manuscript. All authors contributed significantly to the final manuscript.