

FAMILY COMMUNICATION AND SELF-INJURIOUS BEHAVIOUR IN COLLEGE STUDENTS: THE MEDIATING ROLE OF EMOTIONAL NEGLECT

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ABSTRACT

Objective: To find out the mediating role of emotional neglect between family communication and self-injurious behaviour.

Methodology: In this cross sectional study, total 312 college students from an urbanized city of Lahore were surveyed using the Family Communication Scale, the Emotional Neglect Scale, and the Self-injurious Behaviour Scale. Data were entered and analysed with the help of SPSS version 19. The relationships among family communication, emotional neglect, and self-injurious behaviour were explored through the Pearson Product-Moment Correlation. Mediation Analysis was carried out on PROCESS using Hayes Model.

Results: The correlation analysis showed a significant negative relationship among family communication, emotional neglect, and self-injurious behaviour and a significant positive relationship between emotional neglect and self-injurious behaviour. Mediation analysis revealed that emotional neglect fully mediated the relationship between family communication and self-injurious behaviour.

Conclusion: Emotional neglect is a significant risk factor for the mental health of an individual, especially if it occurs in a family set up.

Key Words: Communication, Family, Neglect, Self-injurious behaviour, Students

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INTRODUCTION

Self-injurious behaviour (SIB), also known as Non-Suicidal Self-Injury (NSSI), refers to a deliberate act of harming one's body tissues and skin (cutting, scratching, and burning) without any suicidal intention¹. It affects approximately 25% of young adults and adolescents². In adolescents of age 11-15 years, the prevalence estimate is between 7-11% with a greater increase in SIB in 13-16 years of age, the peak in prevalence being from age 15 onwards^{3,4}. Besides the physical damage, these behaviours are associated with different pathologies like anxiety, depression, substance abuse, and increased risk of suicidal behaviours^{5,6}. Thus, the prevention of self-injurious behaviour is a growing concern for mental health professionals. The alarming increase in the incidence of SIB has led researchers to identify early risk factors to prevent the onset and related mental health concerns in young people⁷. Many studies have found that familial, interpersonal factors, and life stressors are the leading causes of SIB⁸.

Family and quality of parent-child relationship is said to be a pivotal factor in the mental health functioning of young adults including self-injurious behaviour⁹. The parent-child communication plays a central role in the growth and development of a growing individual, exchange of ideas, freedom of emotional expression, exploring doubts and apprehensions with one's parents tend to be associated with overall psychological well-being¹⁰. On the other hand, low parental emotional responsiveness, controlling parenting, conformity, and hierarchical orientated communication, conflict avoidance and enforced thinking pattern in the family is associated with depression, social anxiety, withdrawal and self-injurious behaviour^{11,12,13}. A rigid family environment and less opportunity to communicate and express in the family is associated with self-criticism and internalized expression of emotions which further leads to SIB^{14,15}.

The risk of engaging in self-injurious behaviour is elevated in individuals with childhood experience of maltreatment, abuse, and emotional neglect¹⁶. Emotional neglect, lack of expressivity, and inappropriate coping

are stronger predictors of SIB than physical and sexual abuse¹⁷. According to developmental psychopathology and attachment theory's perspective, negative experiences with the primary attachment figure are associated with emotion dysregulation, internalized anger, and maladaptive coping like SIB^{18,19}. Attachment theory further explains that insufficient parental care, nurturance and emotional support which is a biological need of a helpless infant, may lead to the development of maladaptive attachment patterns which inhibit emotional expression, lack of self-confidence and problem-solving skills. This leads to inadequate coping strategies like self-harm which serves the role of escape from negative life experiences and attention-seeking from emotionally unavailable parents²⁰.

Prevalence studies have shown that SIB is a major concern that is associated with long term mental health problems. While several studies have shown that many biological, social, emotional, and familial factors can lead to SIB including disruptive and rigid family communication and traumatic experience of emotional neglect. While there is a rich evidence on the nature, causes, and management of SIB in the western literature, there is a scarcity of studies on the understanding of SIB in a collectivistic culture like Pakistan, where family bonding, conformity, and cohesiveness is given priority. This research will help us understand the nature, types, and counselling options for SIB in young adolescents from a general population. The current study aimed to find out the mediating role of emotional neglect between family communication and SIB.

METHODOLOGY

This cross sectional study was conducted on 312 college students recruited through purposive sampling from different colleges of Lahore city. The study was approved by the Institutional Review Board with IRB No. 2019-05-014. Informed consent was acquired from all study participants with the assurance of confidentiality and anonymity. The sample size was determined based on criteria given by Harris²¹ which indicates that the number of participants must exceed the number of

predictors by at least 50. As there are two predictors in this study, therefore the minimum sample size for this research was more than 52. The inclusion criteria to recruit the participants was 14 to 18 years old college students who live in an intact family system with both parents alive and living together. Students with known psychiatric illnesses and substance abuse were excluded.

We used the Family Communication Scale (FCS)²², a 10-item Likert type self-report scale, to measure the level of communication in the family as perceived by an individual (internal consistency of 0.78). Emotional Neglect Scale²³, a 24-item scale measures the experience of emotional neglect ($\alpha=.89$) on a 4-point Likert-type scale from 0 (not at all) to 3 (more often). Self-injurious behaviour was measured through Self-Injurious Behaviour Scale²⁴, a 17-item self-report measure ($\alpha=.93$) rated on a 4-point Likert type scale. All scales were used in Urdu. The research was carried out in a group setting with the help of a paper-pencil format.

The relationships among family communication, emotional neglect, and self-injurious behaviour were explored through the Pearson Product-Moment Correlation. Mediation Analysis was carried out on PRO-CESS using Hayes Model²⁵.

RESULTS

Family communication was found to be significantly negatively associated with emotional neglect and self-injurious behaviour. Findings also indicated a significant positive association between emotional neglect and self-injurious behaviour. Furthermore, a higher level of emotional neglect is associated with a higher level of self-injurious behaviour as shown in table 1.

Findings of Pearson Product-Moment Correlation confirmed the significant relationships among family communication, emotional neglect and self-injurious behaviour. Therefore, the mediating role of emotional neglect in the association between family communication and self-injurious behaviour was identified through Hayes bootstrapping approach²⁵ as shown in figure 1.

Figure 1: Mediating role of emotional neglect (M) in the association between family communication (X) and self-injurious behaviour (Y)

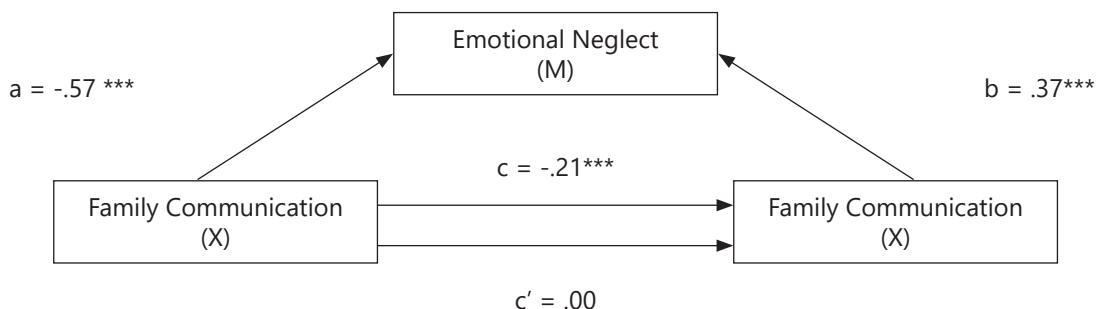


Table 1: Inter-correlations among family communication, emotional neglect and self-injurious behaviour

Variables	M	SD	FC	EN	SIB
FC	26.51	9.05	-	-.41***	-.21***
EN	14.32	12.67	-	-	.52***
SIB	5.69	9.02	-	-	-

Note. FC = Family communication; EN = Emotional neglect; SIB = Self-injurious behaviour.

***p < .001, df = 311.

Table 2: Regression coefficients, standard error, and model summary information for the family communication, emotional neglect and self-injurious behaviour

Antecedent	Consequent							
	M (EN)				Y (SIB)			
		B	SE	p		β	SE	p
FC (X)	a	-.57	.07	.001***	c'	.00	.05	.99
EN (M)		---	---	---	b	.37	.04	.001***
Constant	i	29.42	1.92	.001***	i	.38	1.65	.82
	R2 = .17				R2 = .27			
	F (1, 348) = 68.99, p = .001***				F (2,347) = 64.85, p = .001***			

Note. FC= Family communication, EN= Emotional neglect, SIB = Self-injurious behaviour.

***p<.001.

DISCUSSION

Findings of the current study showed that inconsistent parenting, lack of emotional bond, and insecure attachment is associated with SIB. Self-injurious behaviour is a very prevalent mental health concern for mental health professionals throughout the world. Research evidence has shown that SIB is related to long term disruption in social, emotional and personal functioning especially for growing adolescents^{5,7}. Many studies have been carried out to identify the risk and protective factors for timely intervention in the disabling influence of SIB. familial factors such as parenting, quality of the parent-child relationship, and child maltreatment are the most significant predictors^{9,18,19}.

The results of our study are consistent with previous literature. In other terms, the more the individual feels satisfied with the communication pattern in the family, the less he indulges in self-harm behaviour. Open environment, freedom of expression, and involvement in family discussion facilitates emotional ventilation and emotions regulation, increases self-esteem and learning of effective problem-solving skills. Whereas, harsh, rigid, and controlled family communication promotes anxiety, internalized anger, and inappropriate coping with stressful situations^{11,15}. Results also revealed that emotional neglect is positively associated with self-injurious behaviour. Emotional neglect refers to a lack of emotional bonding, nurturance, and parental neglect. It is

strongly associated with psychopathologies. Results of the mediation analysis revealed that emotional neglect fully mediated the relationship between family communication and emotional neglect. This indicates that the experience of several types of maltreatment might increase the likelihood of self-injurious behaviour. It is interesting to note that family communication has a direct effect on SIB, but its influence mitigates as we add emotional neglect. These findings can be understood in the framework of attachment theory which states that physical security, nurturance, and care is the basic need of a child. The primary caregiver, in providing emotional response and fulfilling security needs, tends to form secure attachment pattern which provides a template for future interpersonal relationship and self-definition¹⁹. Whereas, insecure, inconsistent, and absence of nurturance and emotional responsiveness inhibits the learning of problem-solving skills and creates an internalized state of anxiety which exhibits in self-harm behaviour; escape from stress²⁰.

The findings of the current research can also be explained in the cultural context of a traditional collectivistic Pakistani society, where parents are the most important and influential figures in an individual's life. Parental authority and involvement in major life decisions is a norm and is valued. In this cultural background family, communication means parental authority and obedience and conformity from children is considered a form of a cohesive family environment. It may not influence

directly on the mental health of individuals yet lack of parental involvement, lack of attention, nurturance, care and support is more devastating and disrupting. This sense of rejection is perhaps being internalized and promotes such behaviours which can elicit parental attention.

CONCLUSION

Lack of family communication, emotional abuse and neglect play a significant role in SIB. Parental training and psycho-education are needed to promote family harmony.

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CONTRIBUTORS

SS conceptualized the idea, drafted, revised the manuscript and carried out statistical analysis. STZ helped in making a plan for the project, helped in writing manuscript, collected and interpreted data and searched literature. AK and ZM helped in data collection and interpretation, refining the manuscript, looking into ethical aspects and compiling bibliography. All authors contributed significantly to the submitted manuscript.