

## Repressive/Defensive Coping, Identity Confusion and Social Stress in Non-Suicidal Self-injury among Psychiatric Patients

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### Abstract

**Background.** The research explores the correlation among repressive defensive coping, social stress and identity confusion, within the demographic of non-suicidal self-injury patients among patients facing mental health issues.

**Method.** A between-group cross-sectional research method was used to gather information from a cohort of 70 participants (27 Males and 43 Females) with age range between 20 and 35 years ( $M = 27.3$ ,  $S.D = 4.9$ ). Data collection took place in both government and private hospitals. The assessment of variables was conducted using the Ottawa Self-injury Inventory (OSI) (Nixon & Cloutier, 2005), Rational/Emotional Defensiveness Scale (R/ED) (Swan, Carmelli, Dame, Rosenman & Spielberger, 1991), Brief Fear of Negative Evaluation (BFNE-II) (Carleton, Collimore & Asmundon, 2007), and Erickson Psychosocial Stage Inventory (EPSI) (Rosenthal, Gurney & Moore, 1981).

**Results.** The findings indicated a negative correlation between repressive defensive coping and identity with non-suicidal self-injury (NSSI), whereas social stress exhibited a positive association with NSSI. Predictive analysis further identified anti-emotionality, identity synthesis, confusion, and social stress as significant predictors of non-suicidal self-injury.

**Conclusion.** This study sheds light on key factors and characteristics associated with non-suicidal self-injury, including coping mechanisms and stress levels in individuals. This insight will aid professionals in comprehending the phenomenon and offering more effective assistance to those affected.

**Keywords.** Repressive-defensive coping, Social Stress, Non-Suicidal self-injury, and Identity confusion.



## **Introduction**

The current study was conducted to study the relationship between repressive-defensive coping, identity confusion and social stress in non-suicidal self-injury patients. Non-suicidal self-injury (NSSI) involves the direct, deliberate and deliberate harm or destruction of one's own body tissue in the absence of suicidal intent (Lurigio, Nesi, & Meyers, 2023). Commonly, individual who often indulge in self-injurious behaviors can cause intentional harm to one's body. These behaviors are found to be addictive in nature, can continue repeatedly, based on impulse, and often found to be intentional by the individual. Such acts are non-lethal as the individual is not intended to take his life, just a spontaneous act to find instant relief. Individuals who indulge in self-injurious behaviors often reported these behaviors as their way of coping while dealing with environmental stressors, their own painful memories, to get attention of others, and to discuss traumatic feelings. Self-harming behaviors are not initiated with the intention to kill oneself but considered a coping mechanism of individuals to deal with stressful situations. Usually after harming oneself, individuals feel temporary relief due to which this behavior become repetitive like a self-destructive cycle (Fossati & Somma, 2018).

### **Non-Suicidal Self-Injury (NSSI)**

The term non-suicidal self-injurious behavior is used commonly and to be seen today a lot more frequently. A person deliberately causing destruction on his/her body without having any purpose of ending one's life. Common NSSI includes non-fatal scratches, blisters, scars, or skull beating (Klonsky, Victor., & Saffer, 2014). During self-injury, individuals often report that cutting, for example, doesn't cause pain but provides satisfaction and release from pressure, stress, and nervousness. Those experiencing bodily pain during self-harm may give preference it over the psychological and emotional pain, because such actions or behavior transforms emotional distress into a pain that's is more controllable in the form of bodily sensations (Boehm, Peterson, Kivimaki & Kubzansky, 2011). Individuals who often indulge in self-injurious behaviors often do so to normalize their sentiments, regulate or lessened negative emotions, endure

negative emotional states, manage painful cognitive thoughts, punish themselves, or induce specific feelings (Anderson, Sellbom, Sansone, & Douglas, 2016).

NSSI behaviors encompass a range of actions, including cutting body parts, burning, using destructive objects on the skin, inserting harmful objects, biting, employing chemicals, attempting needle injections, breaking bones, head banging, punching, and impeding wound healing. Cutting is identified as the most commonly reported method for NSSI (Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007). The onset of self-harm typically occurs during adolescence, a critical developmental phase marked by numerous recurrent, less severe self-injury methods. Adolescence introduces significant physical, psychological, and social changes, and unresolved trauma and negative experiences during this period may lead to severe complications in adulthood. The persistence of NSSI during adulthood demands increased attention, impacting various aspects of life, such as work and relationships. The lack of previous literature addressing this issue and its interconnectedness with other phenomena raises significant questions.

### **Repressive-Defensive Coping**

Coping, defined by Lazarus and Folkman (Berjot & Gillet, 2011), involves a person's abilities and efforts to manage the personal and others stressors by assessing available resources. Repressors, as per Eriksen, possess a high threshold for recognizing anxiety-provoking stimuli. Weinberger characterizes repression as a self-deceptive strategy used by individuals to avoid negative emotions. Those employing repressive-defensive coping aim to shield themselves from negative emotions like anxiety, hostility, depression, and fear. Individuals utilizing this coping mechanism may struggle to recall negative memories, experience difficulty remembering negative information, and report fewer negative events. While repression helps with current threats, prolonged avoidance of anxiety-provoking stimuli may lead to mental health issues (Steenkamp, De Jong, & Baumgartner, 2010).

### **Identity Confusion**

Personal identity, according to Erikson

(1950, 1968), involves an individual's awareness of self-knowledge, synthesis, and consistency over time and situations. Identity synthesis, strongly related to an individual's functioning, contrasts with identity confusion, characterized by a lack of a clear sense of self, purpose, and direction. Erikson posits that healthy ego identity development begins in puberty, a critical phase that, if problematic, can lead to identity confusion and disrupt functioning. Acute identity confusion may contribute to psychiatric issues, such as borderline personality disorder. Those with identity confusion may struggle with family understanding, leading to lower functioning levels (Mitchell, et al., 2021).

### **Social Stress**

Social stress can be elucidated as the uneasiness or apprehension an individual experience during interactions or within various social settings. This discomfort extends to children and adolescents, prompting them to avoid situations where stress may arise. The phenomenon encompasses feelings of threat tied to social relationships, attachments, and self-image. It permeates diverse contexts, including interpersonal dynamics, marital complexities, familial discord, and the fear of judgment or exclusion. It's noteworthy that factors contributing to social stress can exert a profound impact on individuals, especially those grappling with societal stigmatization based on socioeconomic status, race/ethnicity, gender, or sexuality, consequently shaping their mental well-being (Dohrenwend, 2010).

### **Method**

A between-group cross-sectional research design was employed to investigate repressive-defensive coping, identity confusion, and social stress among non-suicidal self-injury patients.

### **Objectives**

The study aimed to explore the relationship of repressive defensive coping, identity confusion and social stress among non-suicidal self-injury patient in psychiatric population. The objectives of the study that are to be studied are as follows:

1. To study the relationship between defensive coping, identity confusion and social stress in non-suicidal self-injury among psychiatric

patients.

2. To study identity confusion and defensive repressive coping as predictors of NSSI in patients.

### **Hypotheses**

The hypotheses of the study are as follows:

1. There is a negative relationship between repressive-defensive coping, identity confusion and non-suicidal self-injury.
2. There is a positive relationship between social stress and non-suicidal self-injury.
3. Identity confusion and social stress will predict non-suicidal self-injury behaviors among psychiatric population.

### **Participants**

A total of 70 participants constituted the sample for the present study, with ages ranging from 20 to 35 years ( $M = 27.3$ ,  $S.D = 4.9$ ). Purposive sampling was employed to select participants from various government and private hospitals in Lahore. The sample consisted of males and females with comorbid psychiatric conditions, excluding those with psychosis and drug addiction-related disorders. Exclusion criteria aimed to ensure that self-injurious behaviors were not primarily related to reasons other than psychiatric conditions such as drug addiction, hallucinations etc.

### **Assessment Measures**

The current study employed various assessment measures and screening tools to evaluate the participants. These instruments included:

*Ottawa Self-Injury Inventory (OSI)* (Nixon & Cloutier, 2005). The OSI was utilized to investigate self-injurious behaviors among the sample population. It comprises both quantitative and qualitative queries, examining the types and functions of non-suicidal self-injury (NSSI). Participants had the flexibility to mark more than one answer, considering the potential use of multiple methods. The OSI demonstrated excellent internal consistency scores of 0.67 to 0.87 in adolescent and adult samples and is appropriate for clinical populations of youngsters and grownups.

*Rational/Emotional Defensiveness Scale (R/ED)* (Swan, Carmelli, Dame, Rosenman, & Spielberger, 1991). The R/ED scale was employed

to measure the extent to which repressive defensive coping as found within the study population. It consists of 12 items with two sub-scales: Anti-emotionality and Rationality. Using a 4-point Likert-type scale (ranging from 1 - 4), participants provided responses. The Cronbach's alpha values were high, at 0.77 and 0.78 for both men and women.

***Erickson Psychosocial Stage Inventory (Rosenthal, Gurney & Moore, 1981).*** The EPSI, focusing on Erikson's developmental theory, assessed identity confusion in the current study. The Identity Scale, consisting of 12 items, measures both identity synthesis and identity confusion. Scores range from 1 (Strongly Disagree) to 5 (Strongly Agree), and the identity subscale's Cronbach's alpha values were 0.82 for Identity Synthesis, 0.73 for Identity Confusion, and 0.69 overall.

***Brief Fear of Negative Evaluation Scale – Revised (BFNE-II) (Carleton, McCreary, Norton & Asmundson, 2006; Carleton, Collimore, & Asmundson, 2007).*** The BFNE-II, a self-report scale, was employed to investigate the phenomena of fear among the sample of negative evaluations from others, indicative of stress in social situations and apprehension. Comprising 12 items which were assessed on a 5-point Likert scale (0 to 4), BFNE-II exhibited excellent internal consistency ( $\alpha = 0.97$ ). A

clinically significant social anxiety cutoff score was set at 25 or greater.

## **Procedure**

To conduct the study, permissions were obtained from the authors to use and translate the tools into Urdu. Standardized procedures were followed for translation and adaptation. Permissions were obtained from psychiatry wards in hospitals to collect data from the patients. The demographic sheet collected information regarding one's schooling, age group, religious inclination, profession, socio-economic status, and household structure.

Applicants were briefed regarding the study's goals, its objective, and aims, and informed consent was obtained. Privacy, identity, and the right to withdraw were assured. The questionnaire was distributed, and data were collected individually in written or oral form, accommodating participants' needs. The data collection took approximately 20 minutes per participant.

## **Results**

The present research was conducted to explore the relationship between repressive defensive coping, identity confusion and social stress among non-suicidal self-injury psychiatric patients.

**Table 1*****Inter-Correlations Among Coping, Identity, and Social Stress (N=70)***

It is hypothesized that there was likely to be a significant relationship between repressive defensive coping, identity confusion and social stress among non-suicidal self-injury psychiatric patients. It was assumed that there is likely to be a negative relationship of repressive defensive coping and identity confusion in non-suicidal self-injury patients and there is likely to be a positive relationship between repressive defensive coping and social stress in non-suicidal self-injury patients.

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	<i>M</i>	<i>SD</i>
<b>1. Social Stress</b>	--	-.46**	-.37**	-.47**	-.64**	-.43**	-.66**	.21	.07	.09	.36**	-.29*	.37**	.37**	33.57	9.23
<b>2. Repressive Defensive Coping</b>		--	.88**	.96**	.25*	.15	.27*	.16	.16	.24*	-.14	.39**	-.03	-.22	27.16	6.29
3. Rationality			--	.72**	.25*	.16	.26*	.13	.09	.19	-.06	.24**	.07	-.17	9.64	2.47
4. Anti-Emotionality				--	.22	.12	.25*	.17	.19	.25*	-.18	.43**	-.09	-.23	17.51	4.27
<b>5. Identity Scale</b>					--	.84**	.89**	-.24*	-.06	.95	-.40**	.21	-.45**	-.60**	29.51	9.07
6. Identity Synthesis						--	.49**	-.25*	-.11	.04	-.21	.01	-.36**	-.39**	16.84	4.70
7. Identity Confusion							--	-.17	-.01	.12	-.45**	.32**	-.42**	-.63**	12.67	5.75
<b>8. Non-Suicidal Self-injury</b>								--	.78**	.75**	.38**	.58**	.55**	.36**	90.0	18.18
9. Internal emotional regulation									--	.55**	.29*	.56**	.13	.07	18.56	5.61
10. Social influence										--	.01	.67**	.11	-.11	12.40	7.30
11. External emotional regulation											--	-.27*	.49**	.42**	10.51	1.93
12. Sensation seeking												--	-.14	-.17	4.09	3.89
13. Addictive features													--	.64**	17.36	5.35
14. Urge														--	7.30	1.98

Negative significant correlations were found between social stress and coping mechanisms, rationality, anti-emotionality, identity factors, and sensation-seeking. Social stress positively correlated with external emotional regulation, addictive features, and urges. Repressive defensive coping significantly correlated positively with rationality, anti-emotionality, identity factors, social influence, and sensation-seeking. Rationality positively correlated with anti-emotionality, identity factors, identity confusion, and sensation-seeking. Anti-emotionality correlated positively with identity confusion, social influence, and sensation-seeking.

Identity factors correlated significantly positively with identity synthesis and confusion, negatively with non-suicidal self-injury, external emotional regulation, addictive features, and urges. Identity synthesis correlated positively with identity confusion and negatively with non-suicidal self-harm, addictive features, and urges. Identity confusion correlated positively with sensation-seeking and negatively with external emotional regulation, addictive features, and urges.

**Table 2***Multiple Regression Analysis showing predictors of Non-Suicidal Self-Injury(N=70)*

Variable	B	SE	Non-Suicidal Self-injury	
			$\beta$	95 % CI
Constant	106.5*	7.9*		(90.7, 122.3)
Identity Synthesis	-.98*	.45*	-.25*	(-1.88, -.076)
R <sup>2</sup>	.25			
$\Delta R^2$	.06			
F	4.7*			

Note: \* $p < .05$ , B=unstandardized coefficients, SE=standard error,  $\beta$ =beta, CL= confidence interval, R<sup>2</sup>=Multiple Regression Correlation Square

The overall regression model was significant,  $F(1,68) = 4.7, p > .05$ . Identity synthesis emerged as a significant predictor of non-suicidal self-injury, indicating that a decrease in identity synthesis is associated with an increase in non-suicidal self-injury. The model explained 25% of the variance ( $R^2 = .064$ ).

**Table 3***Multiple Regression Analysis for Social Influence and its significant predictors (N=70)*

Variable	Social Influence									
	Model 1		Model 2			Model 3				
	B	SE	B	B	SE	B	B	SE	$\beta$	95 % CI
Constant	5.0*	3.6*		-5.3**	6.2**		-18.1***	8.1***		(-2.3, 12.2)
Anti-Emotionality	.42*	.20*	.25*	.63**	.22**	.37**	.68***	.22***	.40***	(.02, .83)
Social stress				.20**	.10**	.26**	.39***	.12***	.51***	(.00, .39)
Identity Confusion							.45***	.19***	.35***	(.07, .83)
R <sup>2</sup>	.06			.12			.18			
$\Delta R^2$	.06			.05			.07			
F	4.5*			4.3**			4.9***			

Note: \*\*\* $p < .001$ , \*\* $p < .01$ , \* $p < .05$ , B=unstandardized coefficients, SE=standard error,  $\beta$ =beta, CL= confidence interval, R<sup>2</sup>=Multiple Regression Correlation Square

The overall regression model was significant,  $F(1,68) = 4.5, p < .001$ . Anti-emotionality, social stress, and identity confusion were found to be significant predictors of non-suicidal self-injury. An increase in anti-emotionality, social stress, and identity confusion was associated with an increase in non-suicidal self-injury. The model explained 6% ( $R^2 = .06$ ) for anti-emotionality, 12% ( $R^2 = .12$ ) for social stress, and 18% ( $R^2 = .18$ ) for identity confusion of the variance.

**Table 4***Multiple Regression Analysis for External Emotional Regulation and Identity Confusion (N=70)*

Variable	<i>B</i>	<i>SE</i>	External Emotional Regulation	
			$\beta$	95 % CI
Constant	12.4***	.51***		(11.4, 13.5)
Identity Confusion	-.15***	.04***	-.45***	(-.23, -.08)
$R^2$	.21			
$\Delta R^2$	.21			
<i>F</i>	17.6***			

Note: \*\*\* $p < .001$ , *B*=unstandardized coefficients, *SE*=standard error,  $\beta$ =beta, *CL*= confidence interval,  $R^2$ =Multiple Regression Correlation Square

The overall regression model was highly significant,  $F(1,68) = 4.7$ ,  $p > .05$ . Identity confusion was identified as a highly significant predictor of external emotional regulation in non-suicidal self-injury. A decrease in identity confusion was associated with an increase in external emotional regulation. The model explained 21% of the variance ( $R^2 = .21$ ).

**Table 5***Multiple Regression Analysis for Sensation seeking, Identity confusion, and anti-emotionality (N=70)*

	Sensation Seeking						
	Model 1			Model 2			
	<i>B</i>	<i>SE</i>	$\beta$	<i>B</i>	<i>SE</i>	<i>B</i>	95% CI
Constant	-2.7***	1.8***		-3.7***	1.8		(-6.3, .88)
Anti-emotionality	.39***	.10	.43***	.34***	.10	.37	(.19, .59)
Identity Confusion				.15***	.08	.22	(.01, .30)
$R^2$	.181			.227			
$\Delta R^2$	.181			.046			
<i>F</i>	15.04			9.86			

Note: \* $p < .05$ , *B*=unstandardized coefficients, *SE*=standard error,  $\beta$ =beta, *CL*= confidence interval,  $R^2$ =Multiple Regression Correlation Square

The overall regression model was highly significant,  $F(1,68) = 4.7$ ,  $p < .001$ . Both anti-emotionality and identity confusion emerged as highly significant predictors of sensation-seeking in non-suicidal self-injury. An increase in anti-emotionality and identity confusion was associated with an increase in sensation-seeking. The model explained 18% ( $R^2 = .18$ ) for anti-emotionality and 23% ( $R^2 = .23$ ) for identity confusion of the variance.

**Table 6**

*Multiple Regression Analysis showing predictors of Addictive features, anti-emotionality, and non-suicidal self-injury (N=70)*

Variable	<i>B</i>	<i>SE</i>	Addictive Features	
			$\beta$	95 % CI
Constant	25.2***	2.0***		(21.3, 29.1)
Anti-Emotionality	-.27***	.06***	-4.5*	(-3.9, -.14)
R <sup>2</sup>	.21			
$\Delta R^2$	.21			
F	17.5***			

*Note: \*p < .05, B=unstandardized coefficients, SE=standard error,  $\beta$ =beta, CI= confidence interval, R<sup>2</sup>=Multiple Regression Correlation Square*

The overall regression model was significant,  $F(1,68) = 17.5, p < .001$ . Anti-emotionality was identified as a significant predictor of non-suicidal self-injury. An increase in anti-emotionality was associated with an increase in non-suicidal self-injury. The model explained 21% of the variance ( $R^2 = .21$ ).

**Table 7**

*Multiple Regression Analysis predicting urge and Identity confusion as predictors of non-suicidal self-injury (N=70)*

Variable	<i>B</i>	<i>SE</i>	Urge	
			$\beta$	95 % CI
Constant	10.1***	.45***		(9.2, 10.1)
Identity Confusion	-.22***	.03***	-.63***	(-.28, -.15)
R <sup>2</sup>	.40			
$\Delta R^2$	.40			
F	45.4***			

*Note: \*\*\*p < .001, B=unstandardized coefficients, SE=standard error,  $\beta$ =beta, CL= confidence interval, R<sup>2</sup>=Multiple Regression Correlation Square*

The overall regression model was significant,  $F(1,68) = 45.5, p < .001$ . Identity confusion emerged as a significant predictor of urges in non-suicidal self-injury. A decrease in identity confusion was associated with an increase in urges. The model explained 40% of the variance ( $R^2 = .40$ ).



## Discussion

According to the studies conducted by Claes, Luyckx, and Bijttebier in 2014, self-injurious behaviors are addictive in nature as the person would likely to indulge in them repeatedly even after knowing the harmful impact on one's body as they provide them relief emotionally and psychologically. The correlation analysis in this study revealed a significant negative relationship between coping (repressive/defensive) with identity synthesis and identity confusion among the patient who often indulge in self-injurious behaviors. Research also revealed a positive correlation between social stress and non-suicidal self-injury behaviors, while revealing a negative relationship with identity confusion and identity synthesis.

Study conducted by Ostberg, Graziotin, Wagner, and Derntl in 2020 suggested that social stress can lead to one engage in continuous efforts to adjust one's identity or belief about himself which may encourage many individuals to indulge in risky behaviors for instance self-injurious behaviors to find relief. Consistent social pressures and confused identity can lead to poor coping mechanisms one adapts to deal with the stressors present in the environment. The results of the present study also align with the above-mentioned finds revealing that identity synthesis and identity confusion negatively predict non-suicidal self-injury while social stress predicted non-suicidal self-injury positively. Another study supported the idea that identity crisis are the significant predictors of self-harm behaviors (Luyckx, et al., 2015).

## Limitations

- The study sample size was small because it was difficult to obtain within the certain time frame. So, the results can be used for further study direction but can't be generalized.
- Additionally, the sample is based on individuals who are facing psychiatric issues which suggested that results can't be used for normal population.
- Due to limited resources, the sample population as based on Lahore hospitals only, affecting the sample diversity.
- Correlational design was used to determine the relationship while longitudinal and

experimental designs were recommended to further study the phenomena.

## Declaration

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**Availability of data and materials.** The information about dataset and analyses for the present study is available from corresponding author.

**Ethical approval and consent to participate.** The informed consent was taken from the study participants before administration.

**Competing interest.** The authors have no competing interest to declare.

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