



An Investigation into Psycho-Social Factors of Non-Suicidal Self-Injury and Suicidal Ideation Among Adolescents

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Abstract

Background: Non-suicidal self-injury (NSSI) behavior is a significant public health problem that affects millions of adolescents every year. Studies indicate that this problem needs much attention in research to build theory and preventive strategies. The present study aims to examine the differences between NSSI and non-NSSI adolescent groups in terms of various psychosocial factors (parent-child relationship, identity formation, and personality type) and also to find out the role of non-suicidal self-injury in suicidal ideation.

Method: The research design of this study is correlational. Data were collected from 204 adolescents aged 13 to 19 years. Five scales were utilized in the research: the Inventory of Non-Suicidal Self-Injury Behaviors (Klonsky & Glenn, 2009), the Suicidal Ideation Scale: SBQ-R (Osman, Bagge, Guitierrez, Konik, Cooper, & Barrios, 2001), the Parent-Child Relationship Scale (Armsden & Greenberg, 2017), the Identity Formation Scale (Rosenthal, Gurney, & Moore, 1981), and the NEO-FFI Personality Inventory (Costa & McCrae, 2000). The collected data were analyzed using SPSS.

Results: The results of the t-test comparing the two groups reveal that adolescents who engage in non-suicidal self-injury (NSSI) exhibit lower levels of trust and quality communication with their parents, along with a heightened sense of alienation, when compared to those who have not engaged in any NSSI behaviors. Additionally, the findings indicate that the NSSI group scored higher in neuroticism while demonstrating lower levels of openness, extraversion, and agreeableness relative to the non-NSSI group. Regression analyses also showed that NSSI significantly predicted suicidal ideation among adolescents. In conclusion, the notable differences between the two groups suggest that psychosocial factors play a role in the onset of NSSI behaviors, which may, in turn, lead to suicidal thoughts in adolescents. Therefore, it is imperative to implement educational and awareness programs to educate families and adolescents about NSSI and its negative consequences to prevent the emergence and recurrence of such behaviors.

Keywords: Non-suicidal self-injury, Parent-child relationship, Identity Formation, Personality, Suicidal Ideation.

Introduction

Self-harm is a kind of destructive behavior in which a person harms himself. It is socially unacceptable behavior. In literature, the terms non-suicidal self-injury (NSSI), self-harm, and deliberate self-harm are used interchangeably (Salme, Diane, Michel, Jonathan, & Marie-Rose, 2016). Such Self-injury behaviors appear in various forms, including scratching, banging, burning, hitting body parts, and interfering with wound healing. Self-cutting is the most common type of NSSI. Most committed behaviors are reported, including banging/hitting (12.0%), pinching (10.0%), and pulling hair (9.8%) (Xiao, Song, Huang, Hou, & Huang, 2022). A meta-analysis conducted by Xiao et al. highlights a high prevalence of NSSI among non-clinical samples of adolescents, indicating a pressing need for further research on its risk factors. Their review of published studies from 2010 to 2021 found that the lifetime prevalence of NSSI is 22% among 64,484 adolescents and 23.2% among 212,752 adolescents over the past 12 months. The overall prevalence of episodic NSSI is 8.3%, while repetitive NSSI is reported at 20.3%. Research indicates that adolescents are at a higher risk of developing NSSI compared to other age groups (Gandhi et al., 2019). Adolescence is a time of rapid physical, emotional, and sexual changes that affect interests, social roles, and friendships, often creating a demand for greater independence. During this period, individuals may be more susceptible to developing negative attitudes and behaviors toward themselves and others, especially in the absence of quality relationships with parents and proper guidance. NSSI is often used as a maladaptive coping strategy to manage problems and is significantly associated with poor mental health and suicidal thoughts (Bulat, Susac, & Ajdukovic, 2024). Therefore,



studying the connection between NSSI and suicide attempts, as well as exploring the factors associated with NSSI, is crucial for healthcare providers and professionals. Such research can aid in preventing NSSI and its negative consequences, including suicidal thoughts and attempts (Bulat et al., 2024).

NSSI and Psychosocial Factors

The study indicates that parental behaviors, such as abusive conduct, neglect, and harsh disciplinary practices, significantly influence physiological arousal and regulation, which are associated with the onset and persistence of non-suicidal self-injury (NSSI) (Baetens et al., 2014). The parent-child relationship is characterized by interactions involving discipline, support, warmth, and nurturing. The occurrence of self-injurious behavior is closely linked to the quality of parent-child attachment (Tao, Bi, & Deng, 2020). Interpersonal and systemic models of self-injury behavior suggest that NSSI often arises from family dysfunction (Tao, Bi, & Deng, 2020). Effective communication between parents and children is essential for establishing an emotional bond, as sharing information, emotions, and ideas nurtures healthy development. This connection can be fostered only through consistent interaction and appropriate guidance from parents. Research highlights that the parenting styles of mothers and fathers differ, impacting NSSI behavior in distinct ways. Fathers typically spend less time with their children than mothers and are more involved in physical and outdoor activities, whereas mothers tend to engage in caregiving and household interactions (Oliveri, Ortiz, & Levin, 2018). Conversely, a cross-sectional study found that family dynamics do not have a direct relationship with NSSI; instead, these associations are mediated by poor family functioning and depressive symptoms (Victor, Hipwell, Stepp, & Scott, 2019; Zhong, Gu, Cheng, 2024). Furthermore, research indicates that specific factors, such as communication, trust, and feelings of alienation, are strongly correlated with various behavioral and emotional issues in adolescents, including NSSI and suicidal ideation. Therefore, it is crucial to examine these particular aspects to gain a comprehensive understanding of the challenges faced by young individuals and to guide future research and interventions (Gandhi et al., 2016).

Identity formation is a crucial developmental process adolescents face as they transition from childhood. During this stage, individuals often experience role confusion due to various factors impacting their physical, cognitive, and social development. Research indicates a direct connection between non-suicidal self-injury (NSSI) and identity synthesis among adolescents (Claes et al., 2014). Increasing evidence suggests that difficulties in establishing a clear sense of identity are linked to a greater likelihood of engaging in NSSI. For instance, a study involving 532 high school students found a positive association between NSSI and identity confusion, while it was negatively associated with identity synthesis (Gandhi et al., 2016). The struggle to form a stable identity is significant in developing and persisting NSSI behavior in adolescents (Ercegović et al., 2018). Furthermore, a comparative analysis between non-clinical female adolescents and female psychiatric patients revealed that identity confusion was significantly linked to NSSI, even more so than traditional risk factors such as anxiety, depression, and age (Luyckx, Gandhi, Bijttebier, & Claes, 2015).

Personality is a significant factor in attitude, thinking, and behavior. One study shows that a small percentage of people who engage in NSSI stop the behavior after some time. For example, approximately 40% of college students who self-injured stopped engaging in NSSI within one year (Whitlock et al., 2006). There has been limited research on personality traits in non-clinical populations of adolescents with NSSI. However, some findings suggest an association between specific traits and NSSI behavior. One such trait is neuroticism, characterized by heightened negative emotionality, which has been consistently linked to those who engage in NSSI (Brown, 2009). Emerging research examining the connection between NSSI and the Big Five personality traits indicates that individuals with NSSI tend to exhibit lower levels of conscientiousness and agreeableness while displaying higher levels of neuroticism (McLaren & Best, 2010). Further supporting this, Luyckx et al. (2015) found a positive relationship between neuroticism and NSSI. In contrast, higher levels of conscientiousness and agreeableness have been associated with a reduced likelihood of engaging in NSSI among adolescents. Additionally, findings suggest that impulsivity is more prevalent in adolescents who experience NSSI compared to their non-self-injurious peers. Understanding these personality traits may provide valuable insights into the psychological factors contributing to NSSI behaviors.

NSSI and Suicide

Every year, a staggering 140,000 young individuals between the ages of 10 and 24 tragically lose their lives to suicide, positioning it as the second leading cause of death in this vulnerable age group on a global scale (Grandclerc, Labrouhe, Spodenkiewicz, Lachal & Moro, 2016). Suicidal ideation, often referred to as suicidal thoughts, encompasses the contemplation or planning of self-harm. Both non-suicidal self-injury (NSSI) and suicidal ideation fall under the broader category of self-destructive behavior, yet they diverge significantly, particularly in terms of intent. Research has demonstrated that NSSI serves as a critical indicator of future suicide attempts among young people grappling with depression. The prevalence of both NSSI and suicidal



behavior becomes notably pronounced during adolescence, affecting between 20% and 46% of teenagers. Studies exploring the connection between NSSI and suicidal thoughts reveal alarming statistics: among adolescents with a history of NSSI, a staggering 70% have made at least one suicide attempt, while more than half—55%—have attempted suicide on multiple occasions (Grandclerc et al., 2016). The period immediately following an episode of NSSI is particularly perilous, as the risk of death by suicide is heightened significantly within the first six months. However, this risk tends to diminish as time passes (Olfson et al., 2018). Therefore, recognizing adolescents who engage in NSSI becomes essential in efforts to prevent suicide. While numerous studies underscore the profound and direct impact of NSSI on suicidal thoughts, plans, and actions in clinical and psychiatric settings, there remains a pressing need for research that examines the implications of NSSI among non-clinical populations, particularly in general school environments (Bulat et al., 2024; Gandhi et al., 2021). This gap in knowledge highlights the importance of understanding how self-destructive behaviors manifest across different contexts and the urgent need for effective prevention strategies.

Objectives of Study

A review of the aforementioned studies indicates that non-suicidal self-injury (NSSI) constitutes a significant public health concern among both clinical and non-clinical adolescent populations, warranting focused attention in research and practice (Bulat et al., 2024; Victor et al., 2014). There has been limited research addressing adolescents facing this issue, particularly in India, highlighting the need for further investigation (Gandhi et al., 2021; Zhou et al., 2024). Consequently, the present study aims to achieve the following two objectives:

1. To examine the differences between adolescents who have engaged in non-suicidal self-injury and those who have never exhibited such behavior, specifically in relation to parent-child relationships, the formation of self-identity, and the five dimensions of personality.
2. To investigate the relationship between NSSI behavior and suicidal ideation.

Participants

The study sample comprised 204 school-going girls and boys (104 adolescents with NSSI and 100 non-NSSI) selected through a purposive sampling method. Participants were randomly approached in different schools in Varanasi city, UP. The age range of the participants was 13 years old to 19 years. The mean age of NSSI adolescents was 15.77 (*SD*, 2.08), and non-NSSI adolescents were 15.77 (*SD*, 2.04). A total of 20 participants were boys (20.80%), and 84 were girls (87.30%) in NSSI group. The education of all participants was between 9th to 12th standard who were studying in various educational institutions of Varanasi city. In NSSI adolescents, 36 (34%) participants belonged to the upper class, 37 (35%) to middle, and 31 (29%) to lower socio-economic families. In non-NSSI adolescents, 33 (33%) participants belonged to the upper class, 36 (36%) to middle, and 31 (%) to lower socio-economic families. Similarly, 65 (62.5%) NSSI adolescents belonged to single-family and 39 (37.5%) belonged to joint families.

Procedure

After approval of this research proposal by the departmental research committee (Psychology Department, Faculty of Social Science, Banaras Hindu University), work on data collection was started. Several ethical considerations were considered to ensure the dignity and integrity of research work. Verbal permission for data collection was taken from the participants' parents and schools. A written informed consent was obtained from each participant. Parents and participants were informed about the purpose and process of the research verbally. Only those willing to participate in the study were recruited for data collection. They were also told that they could willingly withdraw themselves from participation. It was said that their information and privacy are essential in research and were kept confidential in the study and report writing.

Measures

1. Non-suicidal self-injury inventory (Klonsky & Glenn, 2009)

This inventory assessed the frequency of NSSI behavior with seven items. There are 12 types of non-suicidal self-injury behaviors with the frequency given in the scale. Adolescents who had ever harmed themselves with non-suicidal self-injury behavior were listed as participants in the NSSI group. The reliability of this scale is 0.84.

2. Suicidal ideation-SBQ-R (Osman, Bagge, Guitierrez, Konick, Kooper & Barrios, 2001)

This scale measured suicide thoughts with the help of 4 items. A sample item is "Have you ever thought about or attempted to kill yourself" or "How often have you thought about killing yourself in the past year? A Total score on this inventory ranges from 3-to 18. A score of 7 or more indicates that the individual is at risk of suicidal attempts. The alpha coefficient of this scale is 0.93.

3. Parent-child relationship (Armsden & Greenberg, 2017)



This scale measured parental attachment with 50 items, in which 25 items measured father attachment, and the rest 25 items measured mother attachment with the child. It is a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always) points. The reliability of this scale is .89.

4. Identity formation (Rosenthal, Gurney, and Moore (1981).

Identity formation is assessed with Erikson's psychological stage inventory (EPSI). This scale consists of 2 dimensions, namely, identity synthesis and identity confusion. *Identity synthesis* measures a self-determined set of ideals, values, and goals of adolescents. Reversely, *identity confusion* measures an inability to develop a workable set of goals and commitments. It is a 12-item scale in which six items measured identity synthesis and rest six items measured identity confusion. This inventory recorded responses on a 5-point Likert scale ranging from 1- 'totally disagree' to 5- 'totally agree'. The Cronbach's alpha coefficient of the scale is 0.75 for identity synthesis and 0.63 for identity confusion.

5. Personality (NEO-FFI Personality Inventory, Costa & McCrae, 2000).

The NEO-FFI Personality Inventory developed by Costa & McCrae (2000) assessed five personality types: openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. This inventory consisted of 60 items, of which 12 measure each type. Participants were asked to describe how they see themselves by agreeing or disagreeing with statements using a five-point Likert scale where the response ranges from 1- 'strongly disagree' to 5- 'strongly agree'.

The Cronbach's alpha coefficient of the scale is .750. Reliability was found .745 for openness to experience, .720 for conscientiousness, .718 for extraversion, .803 for agreeableness and .713 for neuroticism

Results

Results of NSSI behavior and its frequencies in adolescents showed that most frequent behaviour is pinching (33.7%), which is followed by banging or hitting self (27.5%) and biting (22.5%). Other forms of self-harm included cutting (11.25%), burning (7.5%), carving (12.5%), pulling hair (20%), severe scratching (13.7%), Interfering w/ wound healing (17.5), Rubbing skin against rough surface (13.7), Sticking self w/ needles (5) and Swallowing Dangerous substance (6.25).

Results of the significance of difference tests between means

Tests of significance of difference of means were calculated for the parent-child relationship, peer-bonding, identity synthesis-confusion, suicidal ideation, and personality between the two groups of adolescents with NSSI and without NSSI behaviors. These results are presented in table 1.

Results of the father-child relationship indicated that adolescents with NSSI significantly scored low compared to adolescents without NSSI in trust [$M_1=32.52(14.204)$; $M_2=41.39(5.097)$; $t = 5.891$, $p < .001$] and communication [$M_1=26.60(13.960)$; $M_2=35.09(5.966)$; $t = 5.611$, $p < .001$]. In contrast, the NSSI group scored high in alienation compared to the non-NSSI group [$M_1=14.58(5.859)$; $M_2=12.95(6.328)$; $t = 1.906$, $p < .05$]. Similar results were found for the mother-child relationship, in which the NSSI group statistically scored low on the dimension of trust [$M_1=27.22(14.239)$; $M_2=41.64(5.304)$; $t = 9.511$, $p < .001$] and communication [$M_1=28.32(13.088)$; $M_2=34.99(5.450)$; $t = 4.72$, $p < .001$] compared to the non-NSSI group. Unlike in the alienation dimension, the NSSI group statistically scored high compared to the non-NSSI group [$M_1=14.13(5.153)$; $M_2=12.63(6.090)$; $t = 1.895$, $p < .05$].

Table 1: presenting the results of the t-test for predictors and criterion variables (parent-child relationship, identity synthesis-confusion, five domains of the personality and suicidal ideation of with NSSI and without NSSI groups of adolescents).

Variable	Adolescents with NSSI		Adolescents without NSSI		t
	M	SD	M	SD	
Parent-child relationship					
Father-child relationship					
Trust	32.52	14.204	41.39	5.097	5.891***
Communication	26.60	13.960	35.09	5.966	5.611***
Alienation	14.58	5.859	12.95	6.328	1.906*
Mother-child relationship					
Trust	27.22	14.239	41.64	5.304	9.511***
Communication	28.32	13.088	34.99	5.450	4.720***
Alienation	14.13	5.153	12.63	6.090	1.895*
Identity synthesis and confusion					
Identity synthesis	19.83	8.900	23.16	4.942	3.289**
Identity confusion	18.23	5.97	14.53	8.824	3.521***
Personality					



Openness to experience	34.24	9.916	36.62	4.799	2.168*
Conscientiousness	40.72	11.555	42.30	7.199	1.166
Extraversion	35.47	11.798	38.12	5.41	2.047*
Agreeableness	35.55	12.031	39.38	5.78	2.881**
Neuroticism	21.94	12.820	18.24	8.23	2.333**
Suicidal Ideation	9.04	3.92	4.18	1.69	11.555***

* $p < .05$, ** $p < .01$ (two tailed)

Table 1 also showed that the mean value of NSSI adolescents [$M=19.83$ (8.900)] was significantly lower ($t = 3.289$, $p < .001$) than the non-NSSI group [$M=23.16$ (4.942)] in identity synthesis. Reversely, identity confusion is statistically high ($t = 3.521$, $p < .001$) in adolescents with NSSI [$M=18.23$ (5.97)] than in the non-NSSI [$M=14.53$ (8.824)].

Results of personality (table-1) showed that the NSSI group and non-NSSI group significantly differed in openness to experience [$M_1 = 34.24$ (9.916); $M_2=36.62$ (4.799); $t = 2.168$, $p < .05$], extraversion [$M_1=35.47$ (11.798); $M_2=38.12$ (5.41); $t = 2.047$, $p < .05$], agreeableness [$M_1=35.55$ (12.031); $M_2=39.38$ (5.78); $t = 2.881$, $p < .01$], and neuroticism [$M_1=21.94$ (12.820); $M_2= 18.24$ (8.23); $t = 2.444$, $p < .01$]. However, a statistical difference result was not found for conscientiousness [$M_1=40.72$ (3.926); $M_2=4.18$ (1.69); $t = 11.55$, $p > .001$]. Results also indicate that suicidal ideation is higher in NSSI group ($M_1=9.04$ (3.92) than non NSSI group ($M_2=4.18$ (1.69); $T=11.55$, $p < .001$).

Role of NSSI in Predicting Suicidal Ideation

The result of multiple regression analysis (Table 2) revealed that after controlling the demographic variables, NSSI significantly contributed 17.8 percent of variance (F change= 15.789, $p > .01$) in the score of suicidal ideations. The positive beta value ($\beta = .437$, $p < .01$) indicate that NSSI behavior is significant factor of suicidal ideation among adolescents.

Table 2: Summary of hierarchical regression analysis with NSSI as the predictor and Suicidal Ideation as criterion

Variable		Suicidal Ideation	
Control (Demographic)	Variable	Step 1 (β)	Step 2 (β)
	Gender	-.021	.088
	Age	-.005	.045
	Socio-economic status	.040	.027
	Family status	-.016	.013
Predictor Variable			
	NSSI		.437**
Overall R^2		.002	.178
Adjusted R^2		.051	.122
R^2 Change		.002	.178**
F		.042	3.198**
F change		.042	15.789**

* $p < .05$, ** $p < .01$ (two tailed)

Discussion

The twofold aims of the present study are to examine the role of the parent-child relationship, identity synthesis/confusion, and five types of personality in NSSI behaviors, in addition to examining the predicting role of NSSI behaviors in suicidal ideation. Adolescents in the NSSI group reported lower trust, communication, and higher alienation feelings toward their mother and father, which indicates important risk factors for NSSI behaviors. These results are consistent with previous findings of research done by Tschan, Schmid, and In-Albon (2015), which showed that adolescents who suffered from NSSI reported poor family experiences. Their parents had more psychological control and showed less warmth or support toward the child. Warmth and a healthy relationship between parent and child play a crucial role in NSSI behaviors. A child's upbringing in a positive and warm environment hinders the development of NSSI's thoughts and behavior. Maladaptive psychosocial development of adolescents is associated with various bio-psychosocial factors. Parenting is the



most prevalent factor that influences the development of competencies, skills, and attitudes of adolescents. A supportive family environment is a protective shield to develop negative thoughts and behaviors in the child (Gatta et al., 2017).

Moreover, the finding of the study revealed that the NSSI group scored higher in identity confusion than synthesis, which indicates that difficulties in establishing a clear sense of identity are linked to a higher susceptibility to engaging in NSSI (Ercegović et al., 2018; Gandhi et al., 2016). Gandhi et al. (2021) found that the clinical group with NSSI scored higher on lack of identity and disturbed identity type than the non-clinical group. Zhong, Gu, and Cheng (2024) found that poor parental relationships that promote punitive parenting were associated with the frequency of NSSI. In such a situation, adolescents do not develop an organized self-identity and struggle with confused self-identity and maladaptive coping strategies.

The findings of the present study additionally show that neuroticism is high in adolescents with NSSI behavior, and openness, extraversion, and agreeableness are lower than in adolescents without NSSI. There are many studies that have found an association between high levels of neuroticism and NSSI behaviors (Bulat et al., 2024). Neuroticism is a personality type characterized by anxiety, nervousness, restlessness, weakness, and insecurity. Adolescents with neurotic tendencies adopt inappropriate strategies to cope with stress in uncertain and stressful situations (Goddard et al., 2021). The quality of behavior by parents in the upbringing of such adolescents is found to be low. Such adolescents do not have a positive social and family environment, which is linked to low clarity about their self, abilities, and capabilities. These children's basic psychological needs are also not appropriately satisfied, which is a significant risk factor for the onset of NSSI. They have low awareness of their emotions and appropriate skills to control them. Adolescence is a time marked by significant hormonal, physical, and mental transformations. This developmental phase can lead to various social and personal challenges without proper guidance, particularly in an environment filled with uncertainty and heightened emotions. Consequently, adolescents may turn to ineffective coping strategies (Zhou et al., 2024). In contrast, individuals who are agreeable, conscientious, open, and extroverted exhibit assertiveness, demonstrate a willingness to help others and maintain a sympathetic attitude when needed. Those with a tendency toward openness are typically eager to explore innovative strategies in the face of challenges. Their identity tends to synthesis, mainly when supported by positive environmental factors, such as nurturing parenting and family support.

Further, in the present study, NSSI and suicidal ideation are positively associated, which stands with the other studies (Guan, Fox & Prinstein, 2012). A study on high school students reports NSSI behavior as a significant predictor of suicidal ideation (Guan, Fox & Prinstein, 2012). According to Sarah, Styer, and Washburn (2015), NSSI is strongly associated with suicidal ideation and attempts in a diverse community. In their study, Agudo, Burcher, Ezpeleta, and Kramer (2018) show that NSSI predicts future suicide. An intervention-based study done by Sarah et al. (2015) on adolescents and adult patients reported that NSSI leads to suicidal ideation, which needs intervention to help them.

Implications

NSSI is a public health problem that demands more research attention. In this connection, the present study's findings will help understand the nature and characteristics of NSSI and suicide, which will guide the counselor and practitioner in this field in developing an intervention to help the sufferers of NSSI and suicidal ideation. Results suggest that NSSI intervention should include adolescents' family and developmental challenges. Family is the primary source of love and care. They provide love and safety from many evil forces around the child. Intervention may include parental education for child-rearing practices, youth development programs, and assistance programs with counseling. Schools are also crucial in this matter. Teachers and school administration should keep their eyes on the different kinds of student behaviors. An awareness program that integrates parents, teachers, and schools would be beneficial.

Limitations and Future Direction

Although this study has many implications, some limitations of the present study might be addressed in future research. The first limitation of the study was the sample size. The participants were 204 adolescents who belonged to one City of India only. Future research may replicate a more heterogeneous sample of various places and schools. The present study was conducted on a non-clinical sample with a cross-sectional design, which can not be directly generalized to a clinical population. Future research should include large clinical and non-clinical samples with a longitudinal design for causal inferences and to explore the associated factors of NSSI. The next drawback of this study is the studied variables. Future research should include more variables to test intervening mechanisms between NSSI and associated factors and outcomes.

Conclusion

Non-suicidal self-injury (NSSI) and suicidal ideation are major public health problems. These behaviors are considered unacceptable and require significant attention from public health research. Adolescents grappling with NSSI encounter multifaceted challenges, particularly in their relationships with parents and peers, developing their identity, and forming their personalities. The struggles faced by these adolescents extend



beyond their personal experiences, affecting both their familial and societal interactions. This complex interplay between internal and external factors makes them highly susceptible to emotional and behavioral problems. The findings of the present study will help understand NSSI and suicidal ideation, which guide the counselor and practitioner of this field in developing interventions to help the sufferers of NSSI and suicidal ideation.

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