





Original Article

Exploring how core beliefs shape risky self-injury in teens: the bridge of emotional control challenges

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Abstract

Background: Teen years represent a pivotal phase of growth, fraught with distinct risks like tendencies toward self-injurious actions. Our research explored the straightforward connection between core life principles and such behaviors among teens, while probing how challenges in managing feelings act as an intermediary in this dynamic.

Methods: Employing a correlative design with structural equation modeling, we targeted Tehran high schoolers aged 14–18 from the 2023–2024 school term. Through multi-phase clustered random selection, 356 youths joined, filling out tools like the Self-Harm Inventory, abbreviated Portrait Values Questionnaire, and compact Difficulties in Emotion Regulation Scale. We crunched numbers via SPSS 27.0 and AMOS.

Results: The proposed framework aligned well with real-world findings. As predicted, stronger life principles linked inversely to self-injury ($\beta=0.11$, $P=0.044$). Emotional control issues tied positively to these behaviors ($\beta=0.37$, $P=0.001$). Notably, feeling management woes bridged part of the gap between principles and self-injury ($\beta=-0.06$, $P=0.007$).

Conclusion: This study highlights that personal values, emphasizing meaning, purpose, and prosocial behaviors (e.g., benevolence, universalism), protect against adolescent self-harm by enhancing emotion regulation. Integrating values-based interventions and emotion regulation training into prevention programs is recommended for clinicians and educators to reduce self-harm risks effectively.

Keywords: Adolescence; Emotion; Humanism; Self-injurious behavior.

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Introduction

Non-suicidal self-injury (NSSI) involves intentional, physical harm to one's own body without any aim of suicide, setting it apart from actions meant to end life (1). The teenage years, a key growth phase with major shifts in biology, thinking, feelings, and relationships, amplify risks for emotional strain and unhealthy ways to cope, such as self-injury (2, 3). Teens often face heavy

demands—like school stress, social interactions, and building their sense of self—that can worsen mental health threats (4). With NSSI rates climbing worldwide, there's a pressing call for focused efforts to prevent and address it (5).

NSSI, a form of self-harm, specifically means purposeful, immediate injury or change to body tissue, excluding any deliberate wish to die (1). It appears in

various ways, like slicing skin, applying burns, scraping, striking oneself, or deliberately delaying recovery from injuries. Even though it's not about suicide, NSSI fulfills multiple roles for young people, often as a last-resort way to ease intense emotional turmoil, impose self-blame, break free from detachment, or feel something real amid emotional void (6). Studies show varying rates, but many agree that a notable share of teens try it at least once, pointing to its widespread effects (7). Long-term studies further confirm that teen NSSI strongly signals later issues, including higher chances of suicidal thoughts or acts, mood disorders, worry conditions, and deep-seated personality struggles—making quick spotting and support essential (8).

Emotion dysregulation, defined as dysfunctional patterns in managing emotional experiences, is central to the onset and maintenance of self-harm behaviors (9). Adolescents with emotion dysregulation often struggle with identifying and accepting emotions, controlling impulses, and accessing adaptive strategies during distress—deficits that are amplified by their maturing regulatory systems (10). Faced with intense negative affect like sadness, anger, or anxiety, self-harm emerges as a maladaptive means for transient relief when adaptive options are limited (11). Meta-analytic evidence confirms a robust link between emotion dysregulation and NSSI in adolescents (12).

Personal values are conceptualized as enduring beliefs that fundamentally guide an individual's choices, attitudes, and behaviors across a multitude of situations (13). These values differ from related constructs such as beliefs, which are cognitive assumptions about reality, or goals, which are specific, actionable objectives, in that values represent broad, enduring priorities (e.g., benevolence, security) that shape behavior across contexts (14). These deeply ingrained

convictions regarding what is truly meaningful and important in life function as internal compasses, profoundly influencing the pursuit of personal goals, decision-making processes, and overall psychological well-being (14). Values possess the capacity to serve as significant protective factors by imbuing an individual's life with a profound sense of purpose, meaning, and direction. This existential grounding can, in turn, foster psychological resilience and promote the adoption of adaptive coping strategies when confronted with adversity (15). For adolescents, the clear articulation of and genuine commitment to personal values can provide a stable psychological anchor amidst the inherent turbulence of developmental transitions, thereby facilitating the constructive navigation of identity formation and peer-related pressures (16). Theoretically, individuals whose actions and aspirations are more closely aligned with their core personal values are likely to experience enhanced emotional clarity, demonstrate greater motivation to engage in health-promoting behaviors, and possess a more integrated and coherent sense of self. All these factors collectively contribute to more efficacious emotion regulation capabilities and, consequently, a reduced propensity for engagement in maladaptive behaviors such as self-harm (15).

While theoretical frameworks and preliminary evidence suggest that personal values offer significant protective benefits, the exact mechanisms through which they exert their influence on self-harm, especially concerning their intricate relationship with emotion regulation, remain less clearly delineated. Unraveling this key indirect link holds vital value for crafting broader, more potent treatment plans that move past surface-level symptom relief to tackle the underlying thought patterns and drives behind self-injury. This kind of focused inquiry can guide asset-oriented strategies that smartly tap into young people's built-in mental strengths. As

a result, our main goals here were to closely probe the straight-line tie between core life principles and self-harming actions in teens, plus to deeply assess how emotional handling struggles bridge that connection.

Methods

Design and Participants

We used a correlative approach, leveraging structural equation modeling (SEM) to evaluate predicted links between core life principles, emotional control difficulties, and self-injurious actions. The target group included every Tehran high schooler in the 2023–2024 school session. Via layered cluster-based random picks, we enlisted 356 young participants (average age 16.2 years, $SD = 1.1$; ages spanning 14–18). First, five of Tehran's 19 educational districts were randomly selected, followed by 12 high schools within those districts. Classes were then randomly chosen, and all eligible students in those classes were invited to participate. Inclusion criteria required current high school enrollment, age 14–18 years, Farsi proficiency for questionnaire completion, and informed consent (with parental assent for minors). We barred entry to anyone with serious mental health diagnoses (such as schizophrenia or bipolar disorder), determined through educational records or personal accounts of inpatient care, aiming for trustworthy data. Participant numbers drew from SEM power evaluations, advising 10 subjects minimum per variable (roughly 30 overall) to achieve 80% power with $\alpha = 0.05$, setting a floor of 30 enrollees. Ethical protocols emphasized voluntary participation, anonymity, and data confidentiality throughout. From 400 invited students, 44 declined, yielding an 89% response rate.

Procedure

After securing ethics committee clearance, we gained approvals for data gathering from the Tehran regional education authority and the administrations of the selected high schools. Fieldwork spanned

October 2023 to February 2024, conducted on school premises during regular hours in quiet, private settings to promote participant comfort and concentration. Trained research assistants, versed in ethical protocols and questionnaire protocols, detailed study aims, clarified informed consent and parental assent forms, and resolved queries. For minors under 18, assent forms were distributed via students for parental/guardian signature and return prior to involvement. Participants completed self-report measures in a single 30–45-minute session. All engagement was voluntary, with explicit assurances of withdrawal rights sans repercussions. Completed surveys were sealed in envelopes to uphold anonymity.

Instruments

Self-Harm Inventory (SHI): Created by Sansone and colleagues (18), the SHI is a 22-question self-assessment tool that tracks past self-injury through simple yes/no answers (yes=1; no=0). It covers overt harms like slashing, scorching, or even suicide efforts that cause instant bodily damage, plus subtler risks such as drug abuse, dangerous speeding, or unprotected encounters. Scores add up the "yes" replies (0–22 total), with higher numbers signaling more intense or repeated self-harm. Earlier checks showed solid reliability (Cronbach's $\alpha=0.71$; 19), and here it hit even stronger marks ($\alpha=0.82$).

Short Form of the Portrait Values Questionnaire (PVQ-21): Crafted by Schwartz and team (20), this 21-question self-assessment tool gauges core life priorities in four broad categories: Self-enhancement (encompassing power and success), Conservation (including conformity, customs, and safety), Openness to Change (covering autonomy and excitement), and Self-transcendence (featuring universalism and kindness). Participants indicate how closely they identify with brief character sketches on a 6-point scale (1 = "not like me at all" to 6 = "just like me"). Soheili and colleagues (21)

verified its solid reliability (Cronbach's α ranging 0.70–0.85 per category), and in our cohort, it averaged $\alpha = 0.78$ across subscales.

The Difficulties in Emotion Regulation Scale-Short Form (DERS-SF): Bjureberg et al. (22) designed this 16-item self-report survey to probe five core aspects of emotional mishandling: unclear feelings, trouble staying task-focused amid stress, issues curbing impulses, scarce effective coping tools, and resistance to one's emotions. Responses use a 6-point scale (1 = "rarely" to 6 = "nearly always") to capture how often these occur. Fallahi and associates (23) found good to excellent subscale reliability (Cronbach's $\alpha = 0.68–0.91$), and here it showed strong overall consistency ($\alpha = 0.89$).

Data Analysis

We processed data using SPSS 27.0 for basics like averages, variability measures, variable interlinks, and early prep work. Gaps in responses were handled by full-case removal, impacting under 5% of

entries. AMOS 27.0 powered the structural equation modeling to probe direct and indirect (mediator) effects. Fit quality drew from indices including GFI, AGFI, CFI, and RMSEA. Variance inflation factors (VIFs) for emotion dysregulation subscales were <3 , confirming no multicollinearity. Mediation was evaluated using bootstrapping for indirect effects.

Results

This research involved 356 adolescent participants, with the majority being female (232 participants, 65.17%) and 124 males comprising 34.83% of the sample. Table 1 outlines key summary metrics—such as averages, variability, asymmetry, and peakedness—for the main variables and their components. With asymmetry scores spanning -0.42 to 0.69 and peakedness from -0.97 to -0.40, the datasets showed near-normal patterns, justifying the use of standard statistical methods. It further displays pairwise associations between core beliefs, self-injurious patterns, and emotional mishandling.

Table 1. Descriptive statistics and correlation coefficients for the study variables

Variables	1	2	3	4	5	6	7	8	9	10
1- Personal values - conservation	-									
2- Personal values - openness to change	0.64**	-								
3- Personal values - self-enhancement	0.46**	0.43**	-							
4- Personal values - self-transcendence	0.45**	0.43**	0.38**	-						
5- Emotion dysregulation - lack of clarity	-0.32**	-0.30**	-0.23**	-0.20**	-					
6- Emotion dysregulation - difficulty engaging in goal-directed behaviors	-0.23**	-0.19**	-0.17**	-0.12*	0.51**	-				
7- Emotion dysregulation - difficulty controlling impulsive behavior	-0.29**	-0.22**	-0.21**	-0.19**	0.49**	0.30**	-			
8- Emotion dysregulation - limited access to effective emotion regulation strategies	-0.31**	-0.26**	-0.19**	-0.18**	0.44**	0.56**	0.49**	-		
9- Emotion dysregulation - non-acceptance of emotional responses	-0.35**	-0.29**	-0.22**	-0.18**	0.37**	0.45**	0.51**	0.57**	-	
10- Self-harm behaviors	-0.32**	-0.24**	-0.20**	-0.23**	0.33**	0.39**	0.34**	0.41**	0.46**	-
Mean	21.93	21.56	13.81	17.98	6.77	10.40	9.82	15.85	9.41	6.06
Standard deviation	4.32	4.33	3.08	3.19	2.49	3.46	2.68	3.74	2.92	1.88
Skewness	0.30	0.05	-0.42	0.18	-0.11	-0.26	-0.03	-0.08	-0.25	0.69
Kurtosis	-0.54	-0.89	-0.40	-0.79	-0.83	-0.57	-0.88	-0.97	-0.86	-0.78

** : P<0.01; * : P<0.05

Strikingly, self-injury linked robustly and positively to emotional struggles ($r=0.33$, $P<0.01$), pointing to greater regulation issues fueling heightened self-harm risks. In contrast, self-injury tied inversely to every belief category (for instance, stronger security-oriented beliefs curbed it: $r=-0.32$, $P<0.01$; flexibility values: $r=-0.24$, $P<0.01$; altruism focus: $r=-0.23$, $P<0.01$; ambition drive: $r=-0.20$, $P<0.01$), implying that firmer priorities in any area help dial down self-harm inclinations. Furthermore, personal values demonstrated significant negative correlations with various dimensions of emotion dysregulation, as expected.

Table 2 outlines the goodness-of-fit metrics for our proposed framework. Overall, the model aligned solidly with the real-world data. In detail, the χ^2/df ratio came in at 2.47, comfortably inside the 1–3 guideline. GFI scored 0.98 (top-tier, ≥ 0.95), CFI reached 0.98 (outstanding, ≥ 0.95), and RMSEA landed at 0.06 (well under the <0.08 limit). All told, these benchmarks affirm that the conceptual setup faithfully mirrors the ties between variables.

Tables 3 and Figure 1 lay out the normalized coefficients for both straight and mediated routes in our analytical framework. Aligning with our predictions, core life principles exerted a clear inverse direct impact on self-injurious actions ($\beta=-$

0.11, $P=0.044$), meaning firmer principles forecast reduced self-harm engagement. Emotional mishandling, meanwhile, displayed a strong positive direct influence on these actions ($\beta=0.37$, $P=0.001$), highlighting how intensified regulation woes propel greater self-harm risks. Of note, core principles also linked inversely to emotional mishandling ($\beta=-0.16$, $P=0.007$), implying that robust principles correlate with smoother emotional navigation. Above all, emotional mishandling proved a key partial bridge in the principles-to-self-harm pathway (indirect $\beta=-0.06$, $P=0.007$), underscoring how principles curb self-harm in part by bolstering emotional control skills.

Discussion

Our core aim was to closely explore the complex ties between teens' fundamental life priorities and their self-injurious patterns, zeroing in on how emotional handling glitches act as a partial go-between in this dynamic. The meticulously constructed structural equation model for this purpose demonstrated a robust fit with the empirical data, with its indicators collectively suggesting that the proposed theoretical framework comprehensively and adequately represents the complex interplay among the variables within the studied adolescent population.

Table 2. Model fit indices for the research model

Fit indicators	χ^2	df	(χ^2/df)	GFI	CFI	RMSEA
Research Model	167.96	68	2.47	0.98	0.98	0.06
Acceptable range	-	-	<3	>0.95	>0.95	<0.08

Table 3. Direct and indirect pathways in the research model

Paths	B	SE	β (95% CI)	P
Personal values → Emotion dysregulation	-0.07	0.03	-0.16 (-0.22, -0.10)	0.007
Personal values → Self-harm behaviors	-0.15	0.06	-0.11 (-0.20, -0.02)	0.044
Emotion dysregulation → Self-harm behaviors	1.10	0.16	0.37 (0.27, 0.47)	0.001
Personal values → Self-harm behaviors through emotion dysregulation	-0.08	0.03	-0.06 (-0.10, -0.02)	0.007

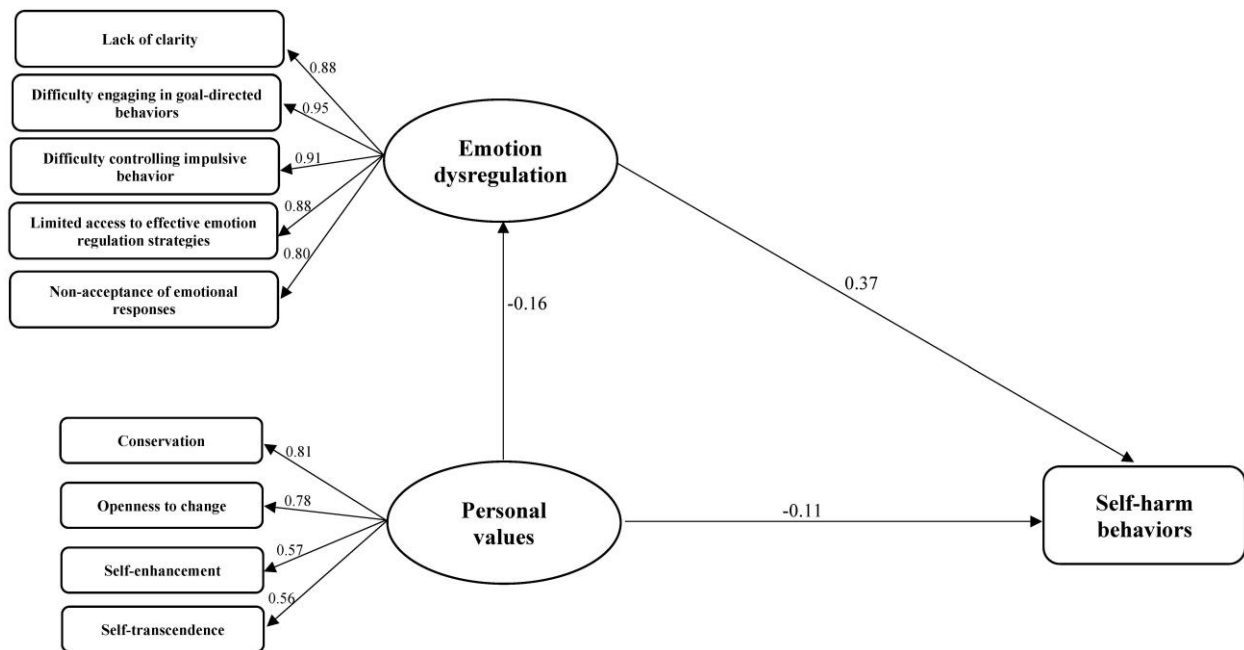


Figure 1. Standardized parameters of the structural research model

This cohort comprised 356 participants, predominantly females, reflecting a demographic common in mental health research. The seminal findings emanating from this research yield invaluable insights into the nuanced pathways through which personal values may confer a protective influence against self-harm, primarily by enhancing the capacity for effective emotion regulation.

A significant direct negative relationship was unequivocally observed between personal values and self-harm behaviors. This pivotal finding resonates strongly with and further corroborates an expanding body of scholarly literature that posits a strong and well-integrated system of personal values as a vital protective asset against a spectrum of maladaptive psychological outcomes, including self-harm (15). Core life principles naturally infuse people with a deep feeling of direction and life's significance, acting like inner guides that steer decisions and habits toward paths matching their core beliefs (24). Among teens—navigating a turbulent phase of self-discovery and fragility—well-defined,

harmonious values can powerfully build toughness, boost self-esteem, and sharply curb the urge for harmful acts as misguided ways to handle inner turmoil (16). The uniform inverse links seen in every value category, even flexibility-oriented ones, imply that traits like autonomy, thrill-seeking, tradition-keeping, and altruism together help temper self-injury drives by building direction and steadiness. As a result, our data firmly supports weaving in counseling methods focused on uncovering and embracing values, which could markedly ease self-harm patterns. On the ground in Iran, this points to blending value-exploration sessions with feeling-management drills into educational and therapy setups, strengthening youth defenses and curbing injury threats.

Echoing a broad swath of solid earlier studies, our findings spotlighted a clear, strong direct tie between emotional mishandling and self-injury patterns. This finding emphatically underscores the well-understood premise that inherent difficulties in competently managing and adaptively responding to a diverse range of

emotional experiences constitute a cardinal vulnerability factor for non-suicidal self-injury within adolescent populations (9). When adolescents are bereft of the requisite skills to effectively identify, comprehend, accept, and constructively modulate their emotional states, they may regrettably resort to self-harm as a swift, albeit ultimately deleterious, expedient for transiently alleviating intense emotional pain or, conversely, for experiencing a tangible sensation when profound emotional numbness prevails (25). The discernible strength of this particular relationship critically highlights emotion dysregulation as an imperative and direct target for clinical intervention, thereby reinforcing the pressing need for comprehensive and evidence-based emotion regulation skills training in both preventative public health initiatives and specialized clinical contexts.

Furthermore, the present investigation definitively identified a significant direct negative association between personal values and emotion dysregulation. This compelling finding indicates that adolescents who consistently report a stronger adherence to and embodiment of their personal values tend to experience fewer inherent difficulties in effectively regulating their emotions. From a theoretical standpoint, it can be posited that individuals anchored by clear and salient personal values likely possess a more resilient internal framework, which intrinsically empowers them to process complex emotional experiences with greater efficacy and to steadfastly engage in goal-directed behaviors even when profoundly distressed (14). Values can impart a crucial sense of psychological control and predictability, thereby diminishing the pervasive emotional overwhelm that frequently contributes to maladaptive dysregulation. This observed relationship thus compellingly suggests that the deliberate cultivation of a robust and integrated value system may inherently augment an individual's innate capacity for

adaptive emotion regulation, consequently forging an indirect yet potent protective pathway against a spectrum of negative psychological outcomes.

Above all, our analysis firmly confirmed that emotional mishandling serves as a partial bridge linking core life principles to self-injurious patterns in youth. Though fresh in spotlighting values among Iranian teens, this insight extends earlier work on emotional control as a go-between for self-harm (9, 12). It marks a fresh, meaningful advance, revealing how principles shape injury risks not just head-on, but powerfully through bolstering one's emotional steering abilities. Put plainly, the evidence shows that tighter grip on personal priorities ties to sharper regulation prowess, which then sharply lowers odds of self-harm involvement (26). By mapping this indirect route, we gain richer clarity on how values deliver their safeguards, pointing to therapy tactics that nurture value-aligned habits—potentially sharpening emotional skills and slashing overall injury threats (27). In Iran, this translates to actionable steps for educational and counseling setups, like fusing priority-discovery sessions with feeling-management drills to fortify teen toughness and curb self-harm dangers. This pivotal insight underscores the imperative for a holistic therapeutic approach that judiciously considers both cognitive (values) and emotional (regulation) components as integral to effective strategies for addressing self-harm.

Even though it offers valuable academic insights, this work carries some inherent method drawbacks that deserve attention. Drawing from a one-time snapshot design—ideal for validating our theoretical setup—it can't firmly pin down cause-and-effect directions in the patterns we uncovered. Future longitudinal investigations are thus imperatively needed to precisely ascertain the temporal precedence and causal direction of these intricate associations. Additionally, the exclusive reliance on self-report measures,

while standard practice in psychological research, introduces the potential for response biases. Moreover, confining the sample to just Tehran-based teens curbs the applicability of these results across different cultural or regional backdrops, urging follow-ups with broader, varied cohorts. Going forward, upcoming work could smartly zero in on which value facets most strongly signal emotional handling and self-injury patterns, probe additional bridges or buffers in depth, and solidly gauge the impact of priority-aligned and emotion-tuned therapies on curbing harm in high-risk youth.

Conclusion

Our research delivers robust proof that fundamental life priorities function as a shield versus self-injurious tendencies among Tehran youth, wherein emotional handling deficits form a partial connector in this linkage. By fostering values such as conservation and self-transcendence, and enhancing emotion regulation skills, clinicians and educators in Iran can develop targeted interventions to reduce self-harm risks. These findings advocate for integrating values-based and emotion-focused strategies into school counseling and clinical practice to support adolescent mental health.

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Authors' contribution

Mozhdeh Samadi Ahari: Conceptualization, study design, data acquisition, data analysis and interpretation, and statistical analysis. Sahar Safarzadeh and Fatemeh Sadat Marashian: Administrative, technical, and material support; study supervision. Sahar Safarzadeh and Marzieh Talebzadeh Shoushtari: Critical revision of the

manuscript for important intellectual content.

Ethical considerations

Informed consent was obtained from all participants and their legal guardians prior to data collection. The research protocol was reviewed and approved by the Ethics Committee of the Ahvaz Branch, Islamic Azad University (Ethical code: IR.IAU.AHVAZ.REC.1403.382).

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Conflicts of interest

The authors declare no conflicts of interest.

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