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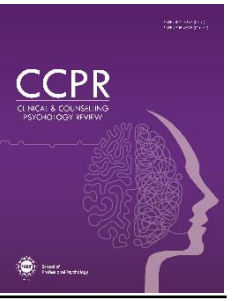

Title:	**Family Communication Patterns, Alexithymia, and Functions of Non-suicidal Self-injury among a Clinical Sample of Young Female Adults**
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Family Communication Patterns, Alexithymia, and Functions of Non-suicidal Self-injury among a Clinical Sample of Young Female Adults

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Abstract

Non-suicidal self-injury (NSSI) refers to the conscious or intentional attempt to harm oneself without the aim of suicide (Klonsky, 2011). This study aims to identify family communication patterns and alexithymia as the correlates and predictors of two functions of NSSI (interpersonal & intrapersonal) among a sample of 82 (M_{age} = 21.76; *SD* =2.34) young adult females with mental health disorders and a history of NSSI. This study used a correlational research design, and through a purposive sampling strategy, the data were collected from a government hospital in Lahore. The study used the Revised Family Communication Patterns Scale, Toronto Alexithymia Scale, and Inventory of Statements about Self-Injury. The findings revealed a strong positive and significant relationship of conformity orientation (a subscale of family communication patterns), difficulty in identifying feelings, and difficulty in describing feelings (two facets of alexithymia) with the intrapersonal function of NSSI. The intrapersonal function of NSSI was also significantly and positively predicted by difficulties in describing feelings of Alexithymia. The findings of the study contribute to the indigenous literature and help mental health professionals design interventions in treating NSSI targeting emotional regulation and parent-child communication.

Keywords: alexithymia, conformity orientation, family communication patterns, NSSI, intrapersonal function.

Introduction

Non-suicidal self-injury (NSSI) is conscious and intentional self-harm. It is prevalent in approximately 22% of the general population, with females being more likely to engage in NSSI than males (Liu, 2021). Common methods of NSSI include scratching, burning, cutting, hitting, biting, and banging oneself, with cutting being the most frequently used method (Klonsky, 2011; Liu, 2021), although NSSI is not limited to these

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behaviours. The Diagnostic and Statistical Manual-Fifth Edition (DSM-5) recognizes NSSI as a distinct condition, which emphasizes its clinical importance (American Psychiatric Association [APA], 2022). While NSSI is generally understood as a maladaptive coping strategy for emotional pain, it has also been linked to trauma histories, personality disorders, and emotional dysregulation (Zobel et al., 2023), and this behaviour is particularly common among adolescents and young adults (Zetterqvist et al., 2021), with 18-29 years being the most pronounced group (Liu, 2021). However, in psychiatric populations, the prevalence of NSSI can reach up to 27% (Liu, 2021), and this percentage goes up to 50% among clinical samples of adolescents and young adults (Zetterqvist et al., 2021). However, higher rates of NSSI are observed in females irrespective of whether they belong to clinical or non-clinical populations (Ren et al., 2024). Empirical evidence suggests that this might be due to females experiencing internalizing disorders, interpersonal trauma, and emotion regulation difficulties more than males (Suh & Jeong, 2021). Evidence from a Pakistani sample of young adults also indicates a 50% prevalence of NSSI, of whom 41.5% were females (Khan & Kausar, 2020), and recent research from Pakistan also shows that 25% of all people who engaged in deliberate self-harm had at least one psychiatric disorder (Tharani et al., 2022).

It becomes critically important to understand the risk factors associated with a condition like NSSI, given its prevalence and negative psychological consequences. The mechanism of self-injury has been explained by several theoretical models, but the Four-Function Model (Nock & Prinstein, 2004) addresses NSSI behaviors as a result of a combination of multiple risk factors, including early adverse childhood experiences, poor coping and communication skills, self-punishment, etc. One of the most important and under-researched factors linked to NSSI is family communication and family functioning. These factors significantly influence the risk of NSSI, linked to difficulties in emotional regulation and heightened emotional reactivity (Wester et al., 2018; Zobel et al., 2023). Researchers in the early 1970s highlighted how communication within the family can shape children's emotional processing and proposed two key dimensions: concept orientation and socio-orientation, each reflecting consistent relational styles (McLeod & Chaffee, 1973). This model was later revised and reconceptualised with dimensions as conversation orientation, characterized by open, autonomous, discussion-based communication within the family, and conformity orientation, characterized by rule

adherence, obedience, and avoidance of conflict within the family unit (Koerner & Fitzpatrick, 2002).

Previous literature has found family-level communication deficits to be associated with emotional dysregulation. Raposo and Fransisco (2025) demonstrated that individuals coming from a conflicted and less cohesive family environment do not develop emotional awareness, hence increasing their vulnerability for emotional and internalizing problems. Parents can also disrupt the development of emotional regulation skills in their children by over-parenting (Love et al., 2022). Consistent with Nock and Prinstein's (2004) model, individuals who engage in NSSI frequently display problems in interpersonal functioning, like poor communication, etc. Within this pattern of emotional-interpersonal vulnerabilities, alexithymia emerges as the core emotional dysregulation issue. Alexithymia, defined by difficulties in identifying, describing, and expressing emotions, was first noted in 1981 among individuals engaging in NSSI (Lesser, 1981). Alexithymia encompasses deficits in emotional awareness, a tendency toward externally oriented thinking, limited emotional vocabulary, and reliance on maladaptive coping (Bagby et al., 2009). Alexithymia has also been found to be more prevalent in clinical populations than non-clinical populations (Davies & Griffin, 2025), including various mental health disorders such as depression, obsessive-compulsive disorder, eating disorders, and substance use disorders (Dong et al., 2023). Researchers in Pakistan have found a positive link between alexithymia and interpersonal problems (Rauf & Sajjad, 2025). Importantly, family dysfunction can also increase alexithymia in young adults as they do not develop emotional awareness (Raposo & Fransisco, 2025).

Such family dynamics and emotional problems are the central component of understanding the risk of NSSI. Previous researches show that individuals are less likely to engage in NSSI when the communication patterns with parents are perceived as open and easy (Wester et al., 2018). Similarly, recent research has shown that positive-parent-child communication has also significantly lowered the NSSI risk through its influence on emotions (Ge et al., 2025). Individuals raised in families with open communication and high emotional expressiveness are also more likely to seek parental support during distress, lowering NSSI rates (Wester, 2018). In contrast, individuals raised in families characterized by high criticism and limited communication may engage in NSSI to cope with

emotional distress (Wester et al., 2018). In many Asian cultures, including Pakistan, emotional restraint is often encouraged, which may contribute to the relationship between alexithymia, NSSI, and family-related challenges. The family level dysfunction and alexithymia collectively also increased the risk of NSSI (Tseng & Ditchman, 2023). Hence, these findings underscore the central role of family dynamics in understanding emotional and behavioural outcomes, such as NSSI.

The current study is grounded in the functional model of NSSI proposed by Nock and Prinstein (2004), which outlines four primary reasons behind engagement in NSSI. These reasons fall into two broader dimensions: automatic reinforcement and social reinforcement. Family communication patterns relate to social reinforcement, while alexithymia aligns with automatic reinforcement. Both factors significantly influence the behaviors of the target population: young adult females with a history of NSSI. Family communication styles significantly shape an individual's emotional distress management. For instance, young women from families with poor communication may struggle to find adaptive coping support, whereas those with higher levels of alexithymia often struggle to identify, articulate, and regulate emotions, leading to maladaptive coping strategies such as NSSI, seeking both automatic negative (e.g., relief from distress) and positive (e.g., sensation generation) reinforcement. Klonsky and Glenn (2009) further suggest that the automatic and social functions of NSSI correspond to intrapersonal (affect regulation, self-punishment, and anti-suicide) and interpersonal (communication, boundaries, autonomy, and peer bonding) motivations, respectively. Together, these dimensions help explain the diverse reasons individuals may engage in NSSI, which this study seeks to investigate.

Rationale

The current study aimed to focus on a clinical sample of young female adults. Female populations report higher rates of NSSI, particularly in clinical samples (Liu, 2021). In Pakistan, samples from both: clinical and university populations, report substantial higher rates of NSSI among women (Tharani et al., 2022; Yasmeen & Sitwat, 2023). Given the high rates of NSSI, understanding what motivates Pakistani females to engage in NSSI is not only clinically significant to understand but also urgently needed. Although the severity of NSSI is highlighted by data available globally, Pakistan-specific patterns, especially among young women,

remain an under-researched area, making the current study necessary. Existing literature emphasizes the necessity of examining these constructs in clinical populations (Saleem et al., 2021). Pakistani families often put greater emphasis on obedience, hierarchy, and conflict avoidance, which may lead to more emotional restraint on women, as Akram et al. (2024) showed greater self-silencing in women, leading to lower emotional regulation. Similarly, the communication patterns within the family may contribute uniquely to why women engage in NSSI (Saleem et al., 2021). Such environments can restrict the emotional expression of women, which may contribute to the development of alexithymia. These emotional regulation difficulties are associated with deliberate self-harm in the Pakistani context (Gul & Najam, 2021).

Emotional suppression in Asian cultures combined with communication problems within the family may intensify the NSSI, making family communication patterns and alexithymia key variables to study in the Pakistani young female population. Through this link with NSSI functions (interpersonal or intrapersonal), we will be able to understand at a deeper level why Pakistani females engage in NSSI, not just whether they do or not. The focus on young females is aligned with the clinical context in Pakistan, where such women constitute a high-risk group for self-injurious behaviors. While this cultural dimension is overlooked by existing literature, examining it can help understand the culturally specific pathways to NSSI, which global models do not capture fully. The current study's functional lens makes the finding clinically relevant and actionable for developing effective strategies to prevent and manage NSSI in a Pakistani mental health setting targeting young females.

Objectives

The current study aims to explore the role of family communication patterns and alexithymia in predicting the functions of NSSI among a clinical sample of young female adults. Specifically, the aim is to examine whether conversation orientation and conformity orientation differentially predict interpersonal and intrapersonal function of NSSI, and whether the condition of alexithymia contributes to these functions beyond family communication patterns. Young females often face challenges regarding gender roles, cultural expectations, and family pressures in Asian cultures. By including participants from non-academic settings and using purposive sampling, this study aims to enhance the contextual relevance of the

understanding of the functions of NSSI in Pakistan.

Hypotheses

- Family communication patterns are likely to have a positive association with functions of NSSI among a clinical sample of young female adults.
- Alexithymia is likely to have a positive association with functions of NSSI among a clinical sample of young female adults.
- Family communication patterns and alexithymia are likely to predict functions of NSSI among a clinical sample of female young adults.

Method

Research Design

A correlational research design was used to recruit 82 young adult female participants from Lahore, Punjab, Pakistan.

Sample and Sampling Strategy

A purposive sampling strategy was used. Adhering to general guidelines for regression analysis, a sample size of approximately 70 was deemed sufficient (Field & Wilcox, 2017). The study included a slightly larger sample of 82 participants. Participants were young adult females aged 18–30 years, diagnosed with a mental health disorder by a clinical psychologist, and with a history of intentional self-harm (defined as at least five episodes within the last 12-month period according to DSM-5). Eligibility was screened through the first part of the ISAS instrument, which assesses the frequency of self-harming behaviors. Participants were asked to respond to items according to their experience in the past one year. ISAS includes items related to the type of self-harm performed, the number of times self-harm was performed, the age of the first and recent self-harm, and the intention of the individual behind self-harm (Klonsky, 2011). Only participants who had at least five episodes of self-harm during the last 12 months were recruited. Participants were also required to be diagnosed with a psychological disorder, currently receiving treatment from a clinical psychologist, and have at least one living parent. Participants were recruited through practicing clinical psychologists from private and public sector hospitals and clinics. Participants needed to be able to read and understand either Urdu or English.

Exclusions included having deceased parents or being adopted, due to

the study's focus on family communication patterns. Individuals with physical disabilities were excluded to maintain sample consistency.

Measures

Demographic Information Questionnaire

Socio-demographic information about the participants, such as age, education level, marital status, religion, and family system, was acquired in a demographics form. Other questions about the death of parents, whether the participants were living with their parents, and the most recent presentation of NSSI were asked for the purpose of screening the participants. Questions about psychological illness, treatment satisfaction, sector of treatment center (private or government), intent to quit self-harm, and history of suicidal behavior were also asked in order to obtain more transparent information about the participants.

Revised Family Communication Patterns Instrument (RFCP)

RFCP was used to analyze communication patterns among parents and children as conversation or conformity orientation (Koerner & Fitzpatrick, 2002). It has 26 items; 15 measuring Conversation Orientation (degree of open communication within a family) and 11 measuring Conformity Orientation (families who value conformity, obedience to authority) scored on a 5-point response scale ranging from 1 = *disagree strongly* to 5 = *agree strongly* with Cronbach's alpha values of 0.79 for conformity and 0.89 for conversation dimension (Koerner & Fitzpatrick, 2002). RFCP (only children version) was translated into Urdu to omit the language barrier, following the MAPI guidelines (Mapi Research Trust, n.d.). RFCP has shown consistent reliability and validity across Asian samples (Kanth et al., 2024). A pilot study was also conducted using the Urdu version of RFCP, adhering to guidelines for pre-testing of measurement instruments.

Toronto Alexithymia Scale (TAS-20)

TAS-20 was utilized to measure levels of alexithymia among participants (Bagby et al., 2009). The scale has 20 items graded on a 5-point scale from 1 (*strongly disagree*) to 5 (*strongly agree*) and has three subscales: externally oriented thinking (EOT) (8 items), difficulty articulating feelings (5 items), and difficulty identifying feelings (7 items). The scale is widely used and has a Cronbach's alpha ranging from 0.80 to 0.83 (Bagby et al., 2009). The Urdu translation was also provided by the

author with scoring procedures and normative data on TAS-20-UR (Zahid et al., 2021). The Urdu version has also shown reliable consistency in previous research (Ghayas et al., 2017). Cronbach's alpha value of subscales of alexithymia was in the poor range in the current study, which could be because of a smaller number of items (only 5 and 8) (Tavakol & Dennick, 2011).

Inventory of Statements about Self-Injury (ISAS)

ISAS was used to measure the NSSI behaviors and functions. The first part was used to assess the frequency of self-harming behaviors (7 items), whereas the second part was used to assess 13 functions of these behaviors, divided into two groups, i.e., intrapersonal (5 subscales with 15 items; 3 items each) and interpersonal (8-subscales with 24 items; 3 items each) and by a total of 39 items. The participants responded on a 3-item rating scale ranging from 0 (*not relevant*) to 2 (*very relevant*). Internal consistency for intrapersonal and interpersonal functions is reported as 0.88 and 0.80, respectively (Klonsky & Glenn, 2009). The Urdu version of ISAS was also obtained, and it has shown good internal consistency in previous research (Nisar et al., 2020).

Procedure

This research followed ethical guidelines, including institutional approval and permission to utilize scales from the authors. All materials were also provided in Urdu. Following the MAPI guidelines, the RFCP (children's version) was first translated by two bilingual psychologists translated the scales from English to the Urdu language. The best translated items were selected by the research supervisor, and then this version was sent to an expert in the Urdu language (MA Urdu), followed by minor changes. Then, two other bilingual clinical psychologists performed back translations from Urdu to the English language. This version was also reviewed by an expert in language (MS English Literature). The final version was compared with the original English questionnaire to ensure conceptual uniformity, and a pilot study was also conducted on a small group representative of the target population to assess their appropriateness for the target population. Participants completed the pre-final version and provided their feedback, which was incorporated to refine item wording before conducting the research (Cruchinho et al., 2024). Then, data was collected from government hospitals and private clinics through practicing

clinical psychologists. Only those clinical psychologists were approached who had at least MS in Clinical Psychology/ADCP, and were practicing full-time for the last two years. Permission for data collection was first sought from the hospitals and clinics. Clinical psychologists then referred their patients diagnosed with a psychological disorder and a history of self-injurious behaviors. Further, referred patients were screened out for at least 5 NSSI presentations in the last 12 months. Only participants who had at least 5 or more presentations of NSSI in the past 12 months were eligible to participate in the study. Although psychological diagnoses were not independently reassessed by researchers, referral-based recruitment is widely accepted in psychological research, especially in South Asian countries, due to logistical restraints. Ethical considerations were strictly adhered to, ensuring informed consent, confidentiality, and the right to withdraw. Data were analyzed through SPSS version 22 employing descriptive statistics, Pearson product-moment correlation coefficient, and multiple hierarchical regression analysis to investigate the correlates and predictors of two functions of NSSI behaviors.

Results

Results were obtained using the software, SPSS (Statistical Package for Social Sciences), version 22. The analysis included both descriptive and inferential statistics, which are presented below.

Table 1

Psychometric Properties of Study Variables (N = 82)

Scale	*k*	*M*	*SD*	*Range*	*a*
Conversation Orientation	15	38.65	13.67	0 - 75	.94
Conformity Orientation	11	42.65	8.67	0 - 55	.90
Difficulty Identifying Feelings	7	27.67	4.80	0 - 35	.78
Difficulty Describing Feelings	5	19.00	3.05	0 - 25	.47
Externally Oriented Thinking	8	22.28	4.55	0 - 40	.53
Interpersonal Function	24	15.80	9.37	0 - 72	.88
Intrapersonal Function	15	18.61	5.48	0 - 45	.75

The Cronbach alpha values for all scales can be seen in Table 2, and all values provide evidence of adequate reliability of questionnaires used in this study (Souza et al., 2017) except for two subscales of alexithymia, and the reason for it could smaller number of items (Tavakol & Dennick, 2011).

Table 2

Sociodemographic Characteristics of the Participants (N= 82)

Characteristics	*M*	*SD*	*n*	%
Age	21.76	2.34		
Marital Status				
Single			77	93.9
Married			5	6.1
Student [a]			62	75.6
Working [a]			22	26.8
Part time			9	11
Full time			13	15.9
Family System				
Nuclear			52	63.4
Joint			30	36.6
Parents Alive				
Both alive			75	91.5
Only mother alive			4	4.9
Only father alive			3	3.7
Living with Parents [a]			74	90.2
Physical Illness [a]			22	26.8
Diagnosed Psychological Illness				
Bipolar & Related Disorders			6	7.3
Depressive Disorders			32	39.0
Anxiety Disorders			22	26.8
Obsessive-Compulsive & Related Disorders			3	3.7
Trauma & Stress Related Disorders			8	9.8
Personality Disorders			11	13.4
Satisfaction with treatment				
Very unsatisfied			3	3.7
Unsatisfied			15	18.3
Neutral			48	58.5
Satisfied			15	18.3
Very satisfied			1	1.2
Hospital/Clinic type of treatment				
Government			40	48.8
Private			42	51.2
History of Suicidal Behavior [a]			45	54.9

Characteristics	*M*	*SD*	*n*	%
Total no. of times NSSI behaviors were performed	118.70	246.65		
Participant's main form of Self-Harm [b]				
Cutting			51	62.2
Severe scratching			5	6.1
Biting			1	1.2
Banging or hitting oneself			12	14.6
Burning			1	1.2
Interfering with wound healing			1	1.2
Pinching			3	3.7
Pulling hair			7	8.5
Other			1	1.2
Age at which First Self-Harm was performed	14.95	3.64		
Age at which the most Recent Self-Harm was performed	21.54	2.41		
Time elapsed from the urge to act on the urge to self-harm				
Less than 1 hour			32	39
1-3 hours			15	18.3
3-6 hours			6	7.3
6-12 hours			2	2.4
12-24 hours			5	6.1
More than 1 day			22	26.8
Intent to quit self-harm [a]			70	85.4

Note. [a] Reflects the number and percentage of participants answering "yes" to this question. [b] Reflects the number and percentage of participants' main form of self-harm, as all participants reported engaging in more than one type of NSSI.

Table 3

Descriptive Statistics and Pearson Product-Moment Correlation of Study Variables

Variable	*n*	*M*	*SD*	1	2	3	4	5	6
1. Conversation Orientation	82	2.58	.91	-					
2. Conformity Orientation	82	3.88	.79	-.69***	-				
3. Difficulty Identifying Feelings	82	3.95	.68	-.23*	.22*	-			

Variable	*n*	*M*	*SD*	1	2	3	4	5	6
4. Difficulty Describing Feelings	82	3.80	.61	-.16	.18	.56***	-		
5. Externally Oriented Thinking	82	2.78	.57	-.26**	.21*	.07	.11	-	
6. Interpersonal Function	82	.66	.39	.07	-.05	.10	.01	.14	-
7. Intrapersonal Function	82	1.24	.36	-.13	.21*	.21*	.31**	-.12	.34***

Note. *p< .05. ** p< .01. *** p< .001.

Pearson product-moment correlation analysis was computed. Findings suggest there is a significant, positive relationship between the conformity orientation pattern of family communication and the intrapersonal function of NSSI. There is also a significant, positive relationship between difficulty identifying feelings and difficulty describing feelings aspects of alexithymia, and the intrapersonal function of NSSI. The current study found no significant relationship between the study variables with interpersonal function of NSSI, indicating that interpersonal motivations operate through alternative pathways not captured by the current variables.

Table 4

Multiple Hierarchical Regression Showing Predictors of Intrapersonal Function of NSSI

Variables	*B*	β	SE	*t*	*p*	95% CI for B	
						LL	*UL*
Model I							
Constant	1.56		.12	13.05	.000	1.32	1.80
History of Suicidal Behavior [a]	-.22	-.30	.08	-2.81	.006	-.37	-.06
Model II							
Constant	.99		.38	2.58	.012	.23	1.75
History of Suicidal Behavior	-.24	-.33	.08	-3.13	.002	-.39	-.09
Conversation Orientation	.03	.08	.06	.53	.599	-.09	.15
Conformity Orientation	.14	.29	.07	2.02	.047	.00	.27
Model III							
Constant	.69		.48	1.43	.156	-.27	1.65
History of Suicidal Behavior	-.22	-.30	.08	-2.88	.005	-.37	-.07
Conversation Orientation	.02	.05	.06	.37	.710	-.09	.14
Conformity Orientation	.12	.26	.07	1.82	.073	-.01	.25
Difficulty Identifying Feelings	.01	.01	.07	.11	.915	-.12	.14

Variables	*B*	β	SE	*t*	*p*	95% CI for B	
						LL	*UL*
Difficulty Describing Feelings	.16	.27	.07	2.19	.032	.01	.31
Externally Oriented Thinking	-.10	-.16	.07	-1.54	.129	-.24	.03

Note. [a] History of Suicidal Behavior 1 = Yes; 2 = No.

Multiple hierarchical regression was run to identify the predictors of intrapersonal function of NSSI among a clinical sample of young female adults. Two dimensions of family communication patterns and three dimensions of alexithymia were entered as predictor variables, and the intrapersonal function of NSSI was the outcome variable. All regression assumptions were fulfilled. In model 1, predictor variables from demographic characteristics, i.e., history of suicidal behavior, were entered and the regression model was significant, R^2 = .09, F (1, 80) = 7.89, p=.006. In Model II, dimensions of family communication were entered as predictor variables along with covariates, and the regression model turned out to be significant, R^2 = .15, F(3, 78) = 4.57, p =.005. When the effect of model I was excluded from model II, model II turned out to be insignificant, ΔR^2= .06, F (2, 78) = 2.75, p=.070. In model III, dimensions of Alexithymia were entered as predictor variables along with dimensions of family communication and covariates, and the regression model was significant, R^2 = .24, F (6, 75) = 3.95, p=.002. When the effect of model I and model II was excluded from model III, model III turned out to be significant, ΔR^2= .09, F (3, 75) = 2.98, p=.037. Among all predictors entered, difficulty describing feelings emerged as a significant positive predictor of the intrapersonal function of NSSI among a clinical sample of young female adults.

Table 5

Multiple Hierarchical Regression Showing Predictors of Interpersonal Function of NSSI

Variables	*B*	β	SE B	*t*	*p*	95% CI for B	
						LL	*UL*
Model I							
Constant	.52		.13	3.93	.000	.26	.79
History of Suicidal Behavior[a]	.09	.12	.09	1.08	.282	-.08	.27
Model II							
Constant	.52		.44	1.19	.240	-.35	1.39

Variables	*B*	β	SE B	*t*	*p*	95% CI for B	
						LL	*UL*
History of Suicidal Behavior	.10	.12	.09	1.08	.283	-.08	.27
Conversation Orientation	.02	.04	.07	.27	.789	-.11	.15
Conformity Orientation	-.01	-.02	.08	-.15	.878	-.17	.14
Model III							
Constant	-.03		.57	-.05	.964	-1.17	1.11
History of Suicidal Behavior	.09	.11	.09	.97	.333	-.09	.26
Conversation Orientation	.04	.10	.07	.64	.524	-.09	.18
Conformity Orientation	-.02	-.04	.08	-.26	.794	-.18	.13
Difficulty Identifying Feelings	.09	.16	.08	1.16	.250	-.07	.25
Difficulty Describing Feelings	-.04	-.06	.09	-.47	.641	-.22	.13
Externally Oriented Thinking	.12	.17	.08	1.44	.154	-.04	.28

Note. [a] History of Suicidal Behavior (1 = Yes; 2 = No).

Multiple hierarchical regression was run to identify the predictors of interpersonal function of NSSI among a clinical sample of young female adults. Two dimensions of family communication patterns and three dimensions of alexithymia were entered as predictor variables, and the intrapersonal function of NSSI was the outcome variable. All regression assumptions were fulfilled. In model 1, predictor variables from demographic characteristics, i.e., history of suicidal behavior, were entered and the regression model was not significant, R^2 = .01, F (1, 80) = 1.17, p=.282. In Model II, dimensions of family communication were entered as predictor variables along with covariates, and the regression model turned out to be insignificant, R^2 = .02, F(3, 78) = 15, p =.697. When the effect of model I was excluded from model II, model II remained insignificant, ΔR^2= .00, F (2, 78) = .14, p=.864. In model III, dimensions of Alexithymia were entered as predictor variables along with dimensions of family communication and covariates, and the regression model was not significant, R^2 = .06, F (6, 75) = 1.14, p=.567. When the effect of model I and model II was excluded from model III, model III remained insignificant, ΔR^2= .04, F (3, 75) = 1.14, p=.341.

Discussion

The study examined the relationship between family communication patterns and alexithymia in predicting the functions of Non-Suicidal Self-

Injury (NSSI). Consistent with the hypothesis, the research found a significant positive relationship between conformity orientation type of family communication pattern and difficulty in identifying and describing feelings with the intrapersonal function of NSSI. This suggests that young female adults coming from families where communication was not easy and open, and who are involved in self-injurious behaviors, are likely to engage in these behaviors due to internal motivation.

Previous studies have linked poor family functioning and communication to self-harming and NSSI behaviors due to interpersonal relationships (Ge et al., 2025; Wester et al., 2018). However, most studies also have traditionally emphasized family and intrapersonal factors in the prediction and initiation of NSSI (Tseng & Ditchman, 2023). The current study, however, did not find a significant relationship between communication patterns and alexithymia with the interpersonal function. However, significant results with the intrapersonal function of NSSI are consistent with previous literature. NSSI is notably common in people with childhood abuse, perceived anxious or avoidant attachment with parents/caregivers, and low family satisfaction (Marrero et al., 2023). Family environments that prioritize compliance and conformity have also been associated with higher rates of NSSI as a coping mechanism for emotional dysregulation (Wester et al., 2018). In Pakistani culture, emotional neglect at the family level is a critical factor for self-injurious behaviors. Poor family functioning, conflicting family environment, and emotional neglect significantly correlate with NSSI (Saleem et al., 2021). Hence, making the young female adults engage in NSSI because of intrapersonal reasons.

NSSI in South Asian contexts has also been largely observed among clinical populations, and the major motivation behind their engagement has been found for intrapersonal function such as emotional regulation (Ren et al., 2018). Consistent with the literature, the current study found intrapersonal function to be associated with poor family communication and alexithymia. Females in collectivist cultures like Pakistan are extremely vulnerable to mental health issues stemming from internalizing behaviors associated with overprotectiveness and rejection from caregivers. Such factors are also associated with depression and anxiety, making it difficult for young females to cope with distress and manage their emotions. Khan and Kasusar (2020) found that collectivist cultures like Pakistan often

prioritize interpersonal harmony and discourage open communication about personal struggles. This cultural context might have compelled females to use NSSI for intrapersonal reasons rather than interpersonal ones. Females are also perceived negatively in such societies when they do not conform to conventional roles (Qamar et al., 2021). This can foster low self-esteem and the use of NSSI among females residing in such cultures for emotionally compensatory reasons. NSSI serves as an intense emotional experience for them and also as a replacement form of emotional expression.

Emotional dysregulation and deliberate self-harm have a strong relationship as the existing literature suggests (Saleem et al., 2021; Shahbaz et al., 2019). To mitigate emotional challenges like difficulty identifying feelings and difficulty describing feelings, females often resort to self-harm as a coping strategy (Ren et al., 2024; Zobel et al., 2023). On the other hand, exposure to negative thoughts can lead to the use of NSSI as an avoidance mechanism, according to experience-avoidance theory. In Pakistan, open emotional expression and the pursuit of help for emotional regulation are discouraged and stigmatized. So, individuals with alexithymia are specifically prone to the use of self-harm as a way of intrapersonal emotional regulation.

Family communication patterns and alexithymia were also evaluated as predictors of NSSI functions. Difficulty describing feelings of alexithymia emerged as a significant positive predictor of the intrapersonal function of NSSI. This indicates that clinically diagnosed females who have difficulty describing their feelings are more likely to use non-suicidal self-harm as a coping strategy to manage their emotions. The results were consistent with existing literature, which suggests that emotion regulation challenges often lead to NSSI because of intrapersonal reasons (Taylor et al., 2017). However, inconsistent with previous literature, the current study did not find a significant prediction of functions of NSSI through family communication patterns (Marrero et al., 2023). One plausible interpretation for this inconsistency is that in Pakistan, the restrictive communication patterns are commonly used as hierarchical family structures are established; however, the urge to engage in NSSI can be better explained by individual-specific factors such as emotional regulation, coping, managing personal distress, and self-punishment. In addition to that, open communication is often discouraged and a socio-cultural stigma is attached to mental health, which might have influenced participants' reluctant to

communicate openly, in doing so affecting their perceived communication patterns. The clinical sample mostly comprised females diagnosed with depressive disorders, suggesting that mental health issues may exert a stronger influence on NSSI than familial communication. Other factors, such as personality traits and coping mechanisms, could also play a significant role. Variability within the sample, including the history of suicidal behavior, age of NSSI onset, treatment satisfaction, cultural-gender roles, and trauma related to cultural expectations, could further contribute to those findings.

Conclusion

Thus, the results of the study indicate that family communication patterns and alexithymia have a significant positive relationship with the intrapersonal function of NSSI. Among all predictors entered, difficulty describing feelings emerged as a significant positive predictor of the intrapersonal function of NSSI among the sample. With a rise in the use of NSSI by young females, the researchers showed the role of communication patterns and alexithymia in contributing to the use of NSSI for intrapersonal reasons. The results highlight the importance of systematically assessing emotional-expression deficits and the communication dynamics of females engaging in self-injurious behaviors in clinical settings. The findings also highlight the need for appropriate interventions that can help young females articulate their emotions and strengthen their emotional processing. Furthermore, family-based psychoeducation, awareness, and communication skills training may also be beneficial for a holistic treatment strategy for such females. Early assessment may also direct the future therapeutic planning for young females, addressing more adaptive coping skills for emotional dysregulation.

Limitations

Using a correlational research design, the study did not focus on causal inferences between the variables. The reliability of subscales of alexithymia (difficulty describing feelings and externally oriented thinking) was in a poor range; .47 and .53, respectively. The study also included participants with a history of suicidal behavior; however, their effect was excluded in regression analysis. The sensitive nature of the research topic might have instigated social desirability biases in participants and may have faced hesitancy in disclosing specific aspects regarding NSSI or communication

patterns due to cultural stigma.

Future Implications

- Examining this combination of variables in males and across cultures can give rich knowledge regarding gender and cultural comparisons.
- Qualitative and mixed-method future research can provide a more detailed and comprehensive understanding of the functions of NSSI.
- Findings are clinically significant for guiding interventions aimed at young females with NSSI, focusing on emotional regulation and family-level interventions.
- College and university campus counselors may also facilitate females with NSSI through emotional regulation interventions promoting healthy emotion expression styles.
- Findings are helpful in psycho-educating parents about the treatment to improve emotional well-being and decrease NSSI in their children.

Author Contribution

Iqra Arif: conceptualization, methodology, investigation, data curation, formal analysis, writing – original draft, writing – review & editing, visualization, project administration. **Sara Asad**: supervision, resources, validation, writing – review & editing.

Conflict of Interest

The authors of the manuscript have no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

Data Availability Statement

The data associated with this study will be provided by the corresponding author upon request.

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