

# Nonsuicidal Self-Injury of young adults in relation to personality organization

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**BACKGROUND:** This study builds on previous findings that associate nonsuicidal self-injury (NSSI) with a pathological self-regulatory mechanism in individuals with abnormalities in their psychological profile. The primary aim of the present paper is to assess the presence of borderline personality organization (BPO) in individuals with a history of NSSI and to examine its relationship to the frequency, form, and dynamics of NSSI. **METHODS:** This study employs a quantitative research design. Data were collected online from 104 young adults (aged 18–26) with a history of nonsuicidal self-injury (NSSI). Two instruments were used for measurement: the self-report Inventory of Personality Organization (IPO; Lenzenweger et al., 2001) and a modified version of the structured interview Self-Injurious Thoughts and Behaviours Interview (SITBI; Nock et al., 2007).

**RESULTS:** The results indicate that borderline personality organization (BPO) is demonstrably present in 62% of individuals with a history of nonsuicidal self-injury (NSSI). Women in the sample tended to score higher overall than men. Scores from the IPO also showed a strong correlation with other measured psychological abnormalities, specifically the presence of alexithymia and dissociative symptoms.

**CONCLUSIONS:** The demonstrated presence of borderline personality organization (BPO) in the psychological profiles of a majority of Czech respondents suggests a potential influence on the development or course of nonsuicidal self-injury (NSSI). This presumed influence is further supported by findings of elevated test scores among participants engaged in more severe forms of NSSI, as well as by the observed correlations among all variables examined. The findings underscore the importance of further research into personality organization in relation to NSSI.

**Keywords** | Nonsuicidal Self-Injury – Young adulthood – Personality organization

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## 1 INTRODUCTION

### Nonsuicidal Self-Injury

Nonsuicidal self-injury (NSSI) is a form of risk behaviour that has seen a rise in both incidence and prevalence in recent years (Tørmoen et al., 2020; Mayor, 2019; Borschmann & Kinner, 2019). It is defined as the deliberate but reversible damage to one's own bodily tissue, carried out with a maladaptive self-regulatory purpose of causing harm to oneself, yet without a prior intention to die. This distinguishes it from other forms of self-injurious behaviour, such as severe self-harm, which typically occurs as an isolated symptom of a condition—usually acute intoxication or psychosis—where substantial, often irreversible harm is caused even in the absence of a clear suicidal intent.

NSSI itself can vary in intensity, ranging from mild to moderate to severe (Nock & Favazza, 2009). Behavioural acts commonly associated with NSSI include hitting oneself, biting, or skin piercing. Nock and Favazza (2009) classify these as mild forms of NSSI. In contrast, cutting, burning, or tattooing are considered moderate to severe forms (ibid.). Moderate to severe NSSI is generally linked to a higher prevalence of mental disorders and increasing severity of psychopathology. The intensity of NSSI behaviours, together with the age at which NSSI first occurs, constitutes a risk factor for the increased frequency of NSSI episodes and the development of other self-injurious thoughts and behaviours, including suicidal behaviour.

Some older publications (Pattison & Kahan, 1983) adopt a broader conceptualization of self-injury, which includes behaviours that indirectly damage bodily tissues, such as eating disorders, risky sexual behaviour, or substance abuse. However, because these behaviours lack the direct intention to inflict harm on oneself, this broader understanding of self-injury is not the focus of the present paper.

The onset of NSSI is typically observed in early adolescence, with the first episode usually occurring around the ages of 12 to 13 (Ammerman et al., 2017), and with a higher prevalence among females. Lifetime prevalence varies depending on the frequency of episodes. When focusing on individuals who have experienced only a single episode of NSSI, prevalence rates may reach up to 40%, depending on the country (Gillies et al., 2018). In contrast, the prevalence of repetitive forms of NSSI is lower, at approximately 17% (Farkas et al., 2023).

### Motivational Factors in NSSI

Within the framework of the four-factor model originally introduced by Lloyd et al. (1997), the functions of NSSI can be categorised as automatic negative reinforcement, automatic positive reinforcement, social negative reinforcement, and social positive reinforcement. The first two are considered intrapersonal motivational factors, including motives such as stopping bad feelings or relieving a sense of emptiness (negative reinforcement), and self-punishment or the need to feel something—even if it is pain (positive reinforcement).

In contrast, social reinforcement reflects interpersonal motivational factors and includes motives such as avoiding school, work, or other activities, avoiding unpleasant tasks, or avoiding the presence of others (negative reinforcement), as well as gaining attention, eliciting a response from others—even if negative—or seeking help (positive reinforcement).

Although findings differ across studies, intrapersonal factors—particularly those serving a self-regulatory function—are generally more frequently reported (Gardner et al., 2021; Klonsky et al., 2015). Among these, emotion or thought regulation appears to be the most extensively studied self-regulatory function.

In addition to these functional motivations, some individuals with a history of NSSI may, over time, develop an addictive tendency beyond the original reason for self-injury. This tendency is believed to relate to the coordination of endogenous opioid systems activated in response to self-injury, as well as to the brain's reward system, which reinforces future engagement in the behaviour (Blasco-Fontecilla et al., 2016). This addictive pattern may resemble behavioural addictions, which are typically associated with increased frequency and intensity of participation in the risky activity (Zou et al., 2017).

### Personality Organisation

The concept of personality organisation is part of the psychodynamic model grounded in object relations theory, originally proposed by Professor Kernberg (Kernberg, 1984; Lenzenweger & Clarkin, 2004). The formal structure of the object relations model consists of self-representations, representations of others in relation to the self, and the affects that link these representations. These components are collectively referred to as object relations dyads. According to the theory, exposure to maladaptive dyadic interactions during childhood can lead to dysfunction in three core dimensions: *identity diffusion, primitive defences, and intact reality testing*.

The combination of these three characteristic features determines the level of personality organisation an individual has reached. Pathological levels of personality organisation exist along a continuum ranging from neurotic to psychotic organisation. The most extensively studied and, for the purposes of this article, the most clinically relevant level is the borderline level.

Borderline personality organisation (BPO) is characterised by pronounced identity diffusion, defined as the inability to form a coherent, integrated sense of self. As a result, individuals with BPO do not develop a stable self-concept but instead experience a series of conflicting self-perceptions. In addition, individuals with BPO tend to rely on primitive defence mechanisms (e.g., devaluation, primitive denial, projective identification). Their reality testing tends to fail in the social domain, although their perception of themselves and the external world typically remains largely intact.

Borderline personality organization (BPO) appears to be closely related to borderline personality disorder (BPD) and is useful for its diagnosis in modern clinical systems (Caligor et al., 2007;

Riegel & Ksinan, 2024). Given that borderline personality disorder (BPD) is a significant predictor of NSSI (Chen et al., 2023), a closer examination of personality organization is warranted.

The theoretical premise is further supported by the study from Ernst et al. (2022), which found that impaired personality functioning (BPO) mediates the relationship between childhood maltreatment and non-suicidal self-injury (NSSI). This confirms that a crucial part of the pathway from early childhood adversity to NSSI is the resulting damage to personality organisation.

## Objectives

The primary aim of this article is to present the results of an online questionnaire survey conducted between 2022 and 2023. The assessment of the level of personality organisation in individuals with a history of repetitive NSSI formed part of a broader research study aimed at providing a comprehensive description of psychological abnormalities within the target population. A secondary aim was to examine the relationships between personality organisation and other variables under investigation—specifically, the presence of alexithymia as a stable personality trait and the presence of dissociative symptoms in the participants' psychological profiles.

## 2 METHODS

### Setting

The data presented in this study were collected through an online questionnaire administered via the platform *survio.com*. Data collection took place between 2022 and 2023. Participants were recruited in three waves, each spaced one month apart via combination of purposive and snowball sampling. Recruitment was carried out through social media groups, thematically focused blogs, mental health influencers, and the Czech organisation *Nepanikař*, which provides first aid for mental health issues.

### Sample

Inclusion criteria for the analysis were: age between 18 and 26 years, corresponding to young adulthood; a history of NSSI; and a minimum of three lifetime NSSI episodes, thus, the target population represented young adults with a life history of NSSI.

A total of  $n = 130$  individuals responded to the questionnaire. Of these, 18 respondents exceeded the age limit of 26 and were therefore excluded from the analyses presented in this paper. Their data have been securely retained for potential future analysis.

From the remaining 112 participants, 6 indicated that they had never engaged in NSSI and were also excluded from the main analysis. In the final data cleaning phase, two additional respondents were excluded due to reporting fewer than three NSSI episodes. As a result, the final sample that met all inclusion criteria (age: 18–26; NSSI episodes:  $\geq 3$ ) consisted of  $n = 104$  participants.

The final sample comprised  $n = 97$  women (93.3%) and  $n = 7$  men (6.7%). In total,  $n = 66$  (63.5%) participants were aged between 18 and 20 at the time of completion, while the remaining  $n = 38$  (36.5%) were aged between 21 and 26.

### Ethics

In recognition of the sensitivity of the subject matter, several steps were taken to ensure that the research was conducted in accordance with legal regulations (including GDPR) and the ethical standards of Palacký University Olomouc. Before participating, individuals were advised not to engage with the study if they were not in a stable psychological condition. Throughout the questionnaire, participants were informed at the beginning of each section about its content. At the end of the survey, they were provided with links to platforms offering psychological support.

Participants were also given written informed consent at the outset, clearly stating that the study was voluntary and that they could withdraw at any time without penalty and without needing to provide a reason. Contact details for the researchers were also provided, should participants wish to exercise their right to further information.

### Measures and Statistical Analysis

The instruments used to assess each of the variables under investigation were transferred into a comprehensive online battery hosted on the *survio.com* platform. These included the following tools: SITBI (Nock et al., 2007), IPO (Clarkin et al., 2004), TAS-20 (Bagby et al., 1994), DES (Bernstein & Putnam, 1986), and SDQ-20 (Nijenhuis et al., 1996).

The Self-Injurious Thoughts and Behaviours Interview (SITBI) is a structured interview designed to assess the presence, frequency, and characteristics of self-injurious thoughts and behaviours. In this study, only the sections specifically targeting NSSI were used (the full version also includes questions related to suicidal ideation and behaviour). SITBI gathers information on motivations, age at first NSSI episode, age at onset of NSSI-related thoughts, and the methods used.

The Inventory of Personality Organization (IPO) is a self-report instrument that serves as a screening tool for use prior to the administration of the structured interview STIPO (Clarkin et al., 2004). It assesses three core dimensions of personality organisation: reality testing (f1), identity diffusion (f2), and primitive defence mechanisms (f3). The revised version used in this study contains 57 items, each rated on a five-point Likert scale, where 1 = “completely untrue” and 5 = “always true.” Raw scores range from 57 to 285. In the Czech population, average total scores typically range between 68 and 124 (Riegel et al., n.d.). Scores between 150 and 190 (i.e., above 1.5 standard deviations) suggest elevated traits indicating the presence of BPO. Accordingly, a cut-off score of  $>150$  was used in this study. The cut-off scores for the individual scales were:  $f1 = >49$ ,  $f2 = >64$ , and  $f3 = >46$ .

The internal consistency of the primary scales was satisfactory in the original study (Lenzenweger et al., 2001), with Cronbach's alpha values of: identity diffusion = 0.88, primitive defences

= 0.81, and reality testing = 0.87. Test–retest reliability was similarly robust: identity diffusion  $r = 0.83$ ; primitive defences  $r = 0.81$ ; and reality testing  $r = 0.80$ . The internal validity of the instrument has been confirmed by Smith et al. (2009).

Descriptive statistics were used for data analysis, conducted using Statistica software by TIBCO Software Inc. The remaining three instruments were employed to measure alexithymia (TAS-20) and dissociative symptoms (DES and SDQ-20).

### 3 RESULTS

This study focuses on the description and mapping of personality organisation levels among a population of young adults with a lifetime history of at least three acts of NSSI. It also presents descriptive data on the frequency, forms, and motivations associated with NSSI.

#### NSSI

The mean age at first thought of NSSI was  $\bar{x} = 13.5$  years. The mean age at first actual NSSI act was  $\bar{x} = 14.3$  years. The average duration of NSSI engagement—from the age of the first act to the age of the most recent—was  $\bar{x} = 4.9$  years. The mean number of lifetime NSSI episodes was  $\bar{x} = 224.7$ .

However, eight individuals in the total sample reported extreme recurrence of NSSI (more than 500 episodes, with a maximum of 10,000). Due to the influence of these outliers on the overall data, they were excluded from the calculation of average frequency. After their exclusion, the mean number of NSSI episodes was reduced to  $\bar{x} = 62$ .

**Table 1** | Frequencies of NSSI Methods

NSSI Method	Absolute Frequency (n = 104)	Relative Frequency (%) n = 104
Cutting or carving into the skin	89	85.6
Hitting oneself intentionally	56	53.8
Burning the skin	34	32.7
Tattooing oneself	15	14.4
Stabbing with a sharp object	18	17.3
Scratching oneself	54	51.9
Pinching oneself	11	10.6
Pinching oneself	7	6.7
Other methods	13	12.5

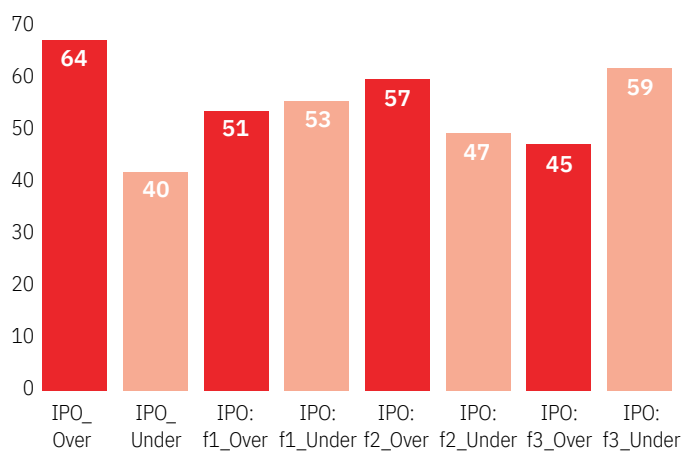
Table 1 shows that the most frequently reported method of NSSI was cutting or carving into the skin, which Nock (2009) classifies as a moderate to severe form. In contrast, the least frequently reported method was biting oneself, which falls under the mild category in the same classification system.

### Personality Organisation

Out of the total of 104 participants, 64 reached the clinical cut-off score indicating the presence of BPO. When examining the individual dimensions of the instrument, the highest number of participants exceeded the cut-off score in factor f2 (identity diffusion;  $n = 57$ ) and factor f1 (reality testing;  $n = 51$ ), while the lowest number did so in factor f3 (primitive defence mechanisms;  $n = 45$ ).

These results are also presented in the summary chart (Figure 1).

We also focused on descriptive statistics concerning the proportional scores obtained in the IPO, as illustrated in the summary chart (Figure 1).



**Figure 1** | Number of Respondents Scoring Over Clinical Cut-off Score reality testing (f1), identity diffusion (f2) and primitive defences (f3)

With a mean score of  $\bar{x} = 159.8$  ( $SD = \pm 36.6$ ; 95% CI = 152.6–166.9), the 104 participants scored well above both the average score in non-clinical populations ( $\sim 91$ ) and the clinical cut-off score of 150 on the IPO. The range of scores on this measure was relatively wide, with the lowest score being 90—corresponding to the population average—and the highest score reaching 269, representing a deviation of approximately two standard deviations from the mean. Such a result indicates a strong borderline personality organisation and closely approaches the maximum possible score on the instrument (285).

The mean scores on the IPO subscales for the first two factors exceeded the respective cut-off values: f1 = reality testing ( $\bar{x} = 49.9$ ;  $SD = \pm 14.0$ ; 95% CI = 47.2–52.7) and f2 = identity diffusion ( $\bar{x} = 65.1$ ;  $SD = \pm 15.0$ ; 95% CI = 62.2–68.0). The third subscale, f3 = primitive defences, however, did not exceed the cut-off score of 46 ( $\bar{x} = 44.7$ ;  $SD = \pm 11.7$ ; 95% CI = 42.4–47.0).

We subsequently focused on a more detailed analysis of differences within specific subgroups, defined by gender, age, and severity of NSSI. Age was divided into two clusters—18–20 and 21–26—coded as “younger” and “older” participants. Based on the classification by Nock and Favazza (2009), NSSI methods were grouped by severity into mild and severe forms. Mild forms included: *hitting oneself, stabbing the skin or area under the nail,*

*pinching, and biting.* Severe forms included: *cutting or carving the skin, burning, tattooing, and scratching.*

The final item, “other method,” was classified qualitatively. During qualitative data review, an unusual phenomenon was observed: in five out of seven cases where only one severe form of NSSI was marked, participants indicated “scratching.” This led us to consider revising the severity model and to analyse “scratching” as a mild form of NSSI. A supplementary categorisation—“severity: adjusted”—was therefore introduced, reflecting this alternative model, in which “scratching” is reclassified from a severe to a mild NSSI method.

Significance testing using the Mann–Whitney U test did not reveal any statistically significant differences between the subgroups, with the exception of gender. The only significant result was the difference between men ( $\bar{x} = 132.6$ ;  $n = 7$ ) and women ( $\bar{x} = 161.7$ ;  $n = 97$ ), who scored significantly differently on the IPO ( $U = 180.5$ ;  $p = 0.037$ ). A one-tailed test (men < women) further confirmed this difference ( $U = 180.5$ ;  $p = 0.019$ ), indicating that the female group scored higher than the male group.

### Correlation Analysis

Finally, we present a correlation analysis of all the instruments used in the study. Given the non-normal distribution of the data, the non-parametric Spearman’s rank correlation coefficient was employed. At a significance level of  $\alpha = 0.001$ , all measures were found to be significantly and positively correlated with each other.

The IPO showed strong correlations with all other instruments, with the highest correlation observed with the SDQ-20 ( $\rho = 0.570$ ). The SDQ-20 measures the presence of somatoform dissociation, which may indicate a probable interconnection between these psychological abnormalities within the participants’ profiles.

**Table 4 |** Results of Spearman’s Rank Correlation Coefficient (\*\*\*) significance level)

Correlation	TAS-20	IPO	DES	SDQ-20
<b>TAS-20</b>	1	0.53	0.39	0.38
<b>IPO</b>	0.53	1	0.53	0.57
<b>DES</b>	0.34	0.53	1	0.69
<b>SDQ-20</b>	0.38	0.57	0.69	1

## 4 DISCUSSION

The aim of this study was to empirically explore the relationship between personality organisation and NSSI. While previous research has shown a link between NSSI and borderline personality organization (Lenzenweger & Clarkin, 2004; Clarkin et al., 2006; Ernst et al., 2022), a recent study (Sepahvand et al., 2025) further elucidates this relationship through structural modeling. This study found that among both military personnel with borderline personality disorder and healthy individuals, personality organization and reflective function had a significant effect on self-harming behaviors. Which suggests that individuals who engage in NSSI are more likely to operate at a borderline level of personality organisation.

Although the generalisability of these findings is limited by the relatively small sample size ( $n = 104$ ), the results may still serve as a useful guide for future research. The verified majority presence of BPO within the NSSI population in our study highlights the relevance of this concept and acts as a warning sign, pointing to a key area of focus in therapeutic work with this group. Several authors have addressed the treatment possibilities for pathological forms of personality organisation (Caligor et al., 2007; Clarkin et al., 2007). If future research targets therapeutic interventions tailored to individuals with NSSI and BPO, the

**Table 2 |** Descriptive Statistics for IPO and Its Dimensions (N = 104)

Test	N	Mean ( $\bar{x}$ )	95% CI	95% CI	Median	Minimum	Maximum	SD
IPO	104	159.75	152.6	166.9	162.5	90	269	36.60
IPO: f1	104	49.94	47.2	52.7	48.0	24	88	14.03
IPO: f2	104	65.10	62.2	68.0	67.0	34	105	14.98
IPO: f3	104	44.71	42.4	47.0	42.5	23	76	11.70

**Table 3 |** Descriptive Statistics for Specific Subgroups on the IPO

IPO	N	Mean ( $\bar{x}$ )	95% CI	95% CI	SD
Men	7	132.57	106.99	158.15	27.66
Women	97	<b>161.71</b>	154.36	169.07	36.50
Younger	66	<b>159.61</b>	151.15	168.07	34.42
Older	38	<b>160.00</b>	146.65	173.35	40.61
<b>Severe form</b>	97	<b>160.69</b>	153.30	168.08	36.68
<b>Severe form: adjusted</b>	92	<b>161.24</b>	153.51	168.97	37.35
<b>Mild form</b>	7	146.71	113.81	179.62	35.58
<b>Mild form: adjusted</b>	12	148.33	129.83	166.83	29.12

effectiveness of care provision for this population may be significantly improved.

Dissociation, as measured by the DES and SDQ-20, represents a complex separation of aspects of conscious experience, often serving as a protective mechanism in response to stress (Krause-Utz et al., 2017). Paradoxically, dissociation may also generate secondary pressure on the individual's sense of integrity, which they may attempt to manage through pathological coping strategies, such as substance use or NSSI. As discussed in the introduction, the tendency to resort to such dysfunctional strategies is characteristic of BPO.

The literature has also highlighted a strong connection between dissociation and borderline personality disorder—the most typical manifestation of borderline organisation (Krause-Utz et al., 2017). This relationship is so significant that dissociation is included as one of the diagnostic criteria for borderline personality disorder in the DSM-5 (2013). The correlation between dissociation and BPO identified in our study further confirms this association.

## Limitations

Despite the interpretative possibilities offered by these findings, it remains too early to draw definitive conclusions based solely on the results of this study. Due to the nature of the sample, establishing causal relationships is difficult. In addition to the relatively small and sample size, the study is also limited by the imbalance among observed subgroups and the data collection method, which relied on online participation. This approach introduces a potential self-selection bias, as online studies generally attract a disproportionately higher number of female participants (Wu et al., 2022). This tendency, combined with the fact that the NSSI is generally more prevalent among women than men (Moloney et al., 2024), further contributed to the significant gender discrepancy in our sample (93 % female participants).

Another limitation lies in the study's focus on the lifetime prevalence of NSSI, rather than its occurrence within the past year, which is generally the more widely recommended and commonly used criterion for defining target populations. The decision to use lifetime prevalence was made to allow for a broader reach in recruiting participants from the target group.

## 5 CONCLUSIONS

This study has provided valuable insights into the relationship between personality organisation and NSSI in young adults. The findings clearly show that borderline personality organisation is significantly present among individuals with a history of NSSI, suggesting its potential role in the development and maintenance

of such behaviour. The result that 62% of participants exhibited features of BPO—substantially higher than in the general population—highlights the clinical relevance of this concept.

In addition, the study revealed significant correlations between personality organisation, dissociation, and other psychological variables. These correlations suggest a complex interplay between various aspects of the psychological profile in individuals who engage in self-injury. The strong correlation between BPO and NSSI can be analytically understood through Kernberg's theoretical framework. The core features of BPO—namely, identity diffusion and the reliance on primitive defence mechanisms such as splitting—may directly contribute to the emotional dysregulation and inner turmoil characteristic of individuals with NSSI. In particular, the strong correlation between personality organisation and somatoform dissociation underscores the need for a comprehensive treatment approach that addresses both structural and symptomatic aspects of psychopathology.

From a practical perspective, the study emphasises the importance of assessing personality organisation in individuals with NSSI. Clinical interventions should aim to target underlying structural issues—such as identity diffusion and primitive defence mechanisms—alongside the treatment of comorbid symptoms like dissociation. Integrating these insights into clinical practice may lead to more effective prevention and treatment strategies for NSSI.

In conclusion, this study contributes to the growing body of evidence concerning the role of personality organisation in self-injury. The findings underscore the need for a comprehensive and individualised treatment approach that accounts for the complex interplay of psychological factors affecting this vulnerable population.

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**Authors' contributions:** DV and RP designed the study. DV analyzed data. All other authors contributed to the interpretation of data. All authors read and approved the final version of the manuscript.

**Declaration of Interest:** The authors declare that they have no competing interests.

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