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# Personality Traits and Non-Suicidal Self-Injury among Young Adolescents

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#### **Abstract**

The study determined the personality traits and the level of non-suicidal injury (NSSI) among the young adolescents of Tiaong, Quezon in the Philippines. A descriptive-correlational research design was used with 70 participants selected through purposive sampling technique. The participants were mostly 18 years old, women, first born children and Roman Catholic. The questionnaire was divided into three parts: respondents' profile as to age, gender, religion, and birth order; the NSSI to assess the self-harm inventory and Big Five Inventory to describe the respondents' personality. Results revealed the respondents' personality with high level of openness to new experience but with severe level of NSSI. It was further revealed that only religion has a significant relationship to NSSI. The results imply that adolescents open to new experience have tendencies to commit non-suicidal self-injury.

Keywords: Non-Suicidal Self Injury (NSSI), Personality Traits, Young Adolescent, Non-Suicidal, Self-Injury

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## 1. Introduction

People may wonder about their different attributes and still find a way to compare themselves to others and their imperfections. The way a person interacts with the outside environment is determined by their personality. But what does "having a personality" mean? Personality is a term describing an individual's characteristic ways of thinking, feeling, and acting across time and place. It is the character of a person that defines how one acts and responds, as well as how one connect and interact with the environment. In general, personality is the distinctive pattern of feelings, emotions, and behaviors that make up a personal characteristic. It involves behavioral features, both inherent and acquired, that distinguish one person from another and that can be seen in the relationships of people with the environment and their social group (Holzman, 2020).

One of the ways of assessing personality is the Big Five Model of Personality: openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. It has to be always remembered that one's behavior is the result of a complex interaction between a person's fundamental personality and environmental factors. The scenario in which a person finds himself or herself has a significant impact on how he or she behaves. People's answers, on the other hand, are usually congruent with their underlying personality features. These dimensions cover a wide range of personality traits. Many people have these clusters of qualities, according to research. Individuals who are gregarious, for example, are likely to be chatty. These characteristics, however, may not usually occur simultaneously. Each person's personality is complicated and unique, and they may exhibit behaviors that span multiple of these characteristics. On another hand, self-harm can be a means to express frustration and upsetting sensations or emotions. Non-Suicidal Self Injury (NSSI) is a kind of self-harm recognized by the DSM-5 and defined as "purposeful self-inflicted damage to the surface of his or her body of a sort that is likely to generate blood, bruises, or discomfort but only mild to moderate bodily harm." (APA, 2013). This description includes behaviors such as cutting, burning, and hitting. It leaves out behaviors that target the body's internal processes, such as swallowing substances or eating disorders. In the absence of intent to die, it is defined as "direct, deliberate destruction of one's body tissue in the absence of intent to die" (Guerreiro et al., 2013).

NSSI is more frequent among teens and young adults. It is defined as any activity that causes hurt or injury to people as a method of coping with difficult feelings and is carried out to regulate an individual's negative emotional state. It is more common among those who are prone to negative self-talk and self-criticism. It generally begins between ages 11 and 15, and can extend until adulthood. Identifying and studying NSSI activities, down to the smallest distinction, can help to understand the underlying mechanisms that may create and maintain problematic coping behaviors, as well as contribute to the development of effective ways for people who struggle with the urge to injure themselves. Commonly, NSSI is used as a way of controlling emotions and actions are carried out to decrease negative emotional states. It usually begins and peaks in adolescence and is a common threat to the mental health of adolescents.

This study demonstrated the importance of personality characteristics as a major element of one's emotional and mental stability, since personality traits are characterized as reflecting the nature of a person's patterns of thoughts, feelings, and actions. The inquiries focused on what motivates a person to do it and how personality factors and dominant attributes influence it. This study focused on the association between NSSI and an individual's personality attributes, notably teens, who are predominantly prospective self-harmers. Moreover, this study focused on identifying the personality profile that can be employed to prevent the risk of self-harm attempts and to identify the common methods of self-harm incidents among young adolescents residing in Tiaong, Quezon, Philippines.

### 2. Literature Review

### 2.1 Personality Traits

Personality is a set of key characteristics and how people communicate with one another. The results of particular tests designed to discover certain personality characteristics are used to determine an individual's personality. Mangal (2014) defined personality as the sum of one's actions toward oneself and others. It encompasses a person's physical, emotional, social, and spiritual characteristics. Furthermore, the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013) or "DSM-5" defined personality traits as the tendency to behave, perceive, and think in relatively consistent ways across time and across situations in which the trait may be manifested. Among the widely accepted structural personality models, the Five Factor Model

(McCrae & John, 1992) arranges these identified personalities hierarchically to five (5) general traits.

Openness in various forms is a general love of art, feelings, adventure, odd feelings, imagination, interest, and experience. They seem to be more creative and mindful of their feelings as compared with closed individuals (Schacter et al., 2011).

Conscientiousness is defined as a generally consistent pattern of individual differences in the dispositions to adhere to socially mandated principles and plans, to withhold enjoyment, and to adhere to norms and rules (Che et al., 2018).

Extraversion includes activities such as being talkative, assertive, and outgoing. The principal key to this personality is social contact. They are simple to approach and frequently report higher satisfaction levels (Salmon, 2012).

Agreeableness is a personality trait that influences a person's ability to form and maintain social interactions. People with poor compatibility, on the other hand, care less about social approval and more about protecting themselves and others from danger (Nguyen et al., 2013).

Neuroticism is the tendency of the trait to experience negative results, such as anxiety, self-consciousness, irritability, and depression. Individuals with high neuroticism levels are poorly responsive to environmental stress, see normal conditions as dangerous, and can experience small complaints as hopelessly overwhelming (Widiger et al., 2017).

Every individual can have a dominant personality trait or several dominant personality traits, and it has an obvious effect on an individual. Strong personality traits make it likely that a person often acts in a particular way in certain situations, but it is possible to act in an atypical, more situation-dependent way (Matthews et al., 2013).

## 2.2 Non-Suicidal Self Injury (NSSI)

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V), published by the American Psychological Association (2013) defines NSSI as a diagnosis if in the last year the individual has, on 5 or more days, engaged in intentional self-inflicted damage to the surface of

his or her body of a sort likely to induce bleeding, bruising, or pain with the expectation that the injury will lead to only minor or moderate physical harm. It is used to regulate emotions and communicate distress. Affect regulation, self-punishment, and suicide prevention were the most commonly identified functions for NSSI. It is also used to affirm interpersonal boundaries, seek sensations, and influence others (Horvat et al., 2015). On the other hand, Jutengren et al., (2011), as cited in Benjet et al., (2017) presented that about 25% to 49% of adolescents perform NSSI at least once in their lives and about 10% to 30.9% engage in NSSI. Likewise, the lifetime history of NSSI among adolescents has ranged from 7% to 66% (Somer et al., 2015). Studies from other jurisdictions have also reported wide variation in prevalence estimates of NSSI among adolescents in clinical samples, ranging from 40% (Kaess et al., 2013) to 80% (Auerbach et al., 2014).

## 2.3 Personality Traits and Non-Suicidal Self Injury (NSSI)

One strategy to understand the NSSI phenomenon is to consider the contributions of personality. Personality traits are arranged hierarchically with the most studied level of the hierarchy consisting of five general traits: neuroticism (i.e., stress reactive, prone to negative affect), extraversion (i.e., sociable, prone to positive affect), conscientiousness (i.e., self-controlled, detail oriented), agreeableness (cooperative, trusting), and openness to experiences (interested in new things, intellectual). Several studies indicate that persons who self-injure differ from persons without history of self-injury by high neuroticism and openness and low conscientiousness, agreeableness and extraversion according to the higher-order Big 5 traits (Brown, 2009; Goldstein, Flett, Wekerle, & Wall, 2009; MacLaren & Best, 2010; Mullins-Sweatt et al., 2013).

Personality traits are closely related to self-harm behaviors. Preventing self-harm behaviors should take into account the personality characteristics of adolescents. Extraversion and neuroticism, both risk factors for self-harm, are personality qualities linked to self-harm practices (Liang et al., 2014). The NEO Five-Factor Inventory revealed that NSSI students had greater levels of neuroticism and openness to experience, but lower levels of conscientiousness and extraversion. The findings are consistent with earlier studies on the frequency of NSSI among students and its relationship to personality in other countries (Allroggen et al., 2014).

High neuroticism, on the other hand, has been linked to both current and previous suicide thoughts. Agreeableness was negatively related to thwart belonging, but not perceived burdensomeness, indicating differentiated patterns of relationships between this personality domain and the two suicides constructs. It was conducted with a college sample. It demonstrated the potential benefit of identifying predisposition risk factors for suicide ideation and interpersonal suicide predictors. This may have implications for the development of upstream suicide prevention measures (DeShong et al., 2015).

According to several studies, those who self-injure have high neuroticism and openness while having low conscientiousness, agreeableness, and extraversion (Mullins et al., 2013). Extraversion and agreeableness were shown to be protective variables against NSSI, while neuroticism was found to be a risk factor (You et al., 2016). NSSI groups scored substantially higher on neuroticism and significantly lower on extraversion, agreeableness, and conscientiousness than those who did not have NSSI, according to Arthurs, et al., Tan (2017). Research has also shown that NSSI in students is related to high neuroticism and openness to experience and low agreeableness and conscientiousness (Allroggen et al., 2014).

Results of the study conducted by Masana et al. (2021) to fifty one (51) participants in a battery test revealed that adolescents at risk for NSSI exhibited high levels of neuroticism and openness to experience but low levels of extraversion and conscientiousness. Hence, the current research endeavored to explicate the personality and behavioral characteristics that illustrate the behavioral dynamics of non-suicidal self-injury as experienced by Filipino adolescents. Behavioral dynamics include the descriptive analysis of the personality traits which motivate or cause the overt, external behavior (Pam, 2013).

## 2.4 Adolescence and Non-Suicidal Self Injury (NSSI)

As stated by McAndrew (2018), personality traits can be good predictors of behavior. Adolescents who self-harm are more likely to interpret ordinary situations as threatening and minor frustrations as hopelessly difficult, and they are more likely to engage in anti-social behavior compared to adolescent non-self-harmers. According to Brickell et al. (2014), adolescents use NSSI to manage negative feelings and communicate through suffering when they

cannot apply more effective solutions, as it brings out soothing experiences that ease the emotional pain.

Poor emotional control among adolescents at risk for NSSI is common. Adolescents who perform NSSI often have problems controlling intense emotions (Floyd, 2019). As adolescents are vulnerable to hard life experiences due to developmental changes that they experience, emotions cascade. Adolescents use NSSI to manage these feelings and to communicate suffering when they cannot apply more effective solutions (Brickell et al., 2014). NSSI brings about soothing experiences that ease emotional pain (Klonsky et al., 2014).

Goodyear et al. (2011) mentioned that self-injury is a relatively common phenomenon in adolescents. Often, there is no suicidal intention; rather, action is used for one or more reasons related to reducing distress, inflicting self-punishment, and/or signaling personal distress to important others. Adolescents with both NSSI and suicide attempts reported significantly more adverse life events and trauma symptoms than adolescents with NSSI alone, regardless of the frequency of NSSI. The greatest differences (effect sizes) were found for interpersonal negative events and symptoms of depression and posttraumatic stress (Zetterqvist, et al., 2012).

To date, only a few studies examining non-suicidal self-injurious behaviors among adolescents in non-western countries, like the Philippines, have been published. There was an attempt to convey the context of NSSI among Filipino adolescents in the Ilocano community (Banaticla et al., 2016). However, the findings might be generalized only to adolescents from Ilocos and not to other regions in the Philippines. It is also reported that NSSI surfaces mostly among high schools or junior high schools in the Philippines (Estanislao, 2013).

#### 2.5 Sex and Non -Suicidal Self Injury (NSSI)

There is evidence of sex differences in frequencies and specific methods of NSSI that may also have implications for intervention and prevention programs. While women may prefer cutting, scratching, bruising, and nail biting more often than men, men are more likely to report burning behaviors, and the most preferable method for men is self-hitting. Moreover, some studies have found that men reported more episodes of NSSI per day than women, although others have revealed that women reported an earlier age of onset.

On a cross-sectional study conducted by Galicia & Bautista (2017) involving six colleges from a university in Manila, the results revealed that among the respondents who engaged in any self-harming behavior (N=76), 62% (47 out of 76) were female while 37% (28 out of 76) were males. The respondents endorsed the three most common forms of NSSI: 1) severe scratching (43%), 2) cutting (37%), and 3) punching self (32%). The majority of the respondents (62% or 47 out of 76) who endorsed engaging in self-harming behaviors employed multiple forms of self-harming behavior. The mean age of onset for any form of self-harm was found to be 13.75 years.

According to Barrocas et al. (2012), past studies reporting effects of sex on NSSI engagement have focused on early and middle adolescents, but not children, and they did not test for gender by age interaction for NSSI engagement. Although some research has found that more girls than boys report NSSI, other research has shown no gender difference. Results from the current study showed a grade by sex interaction for lifetime NSSI. In younger youth (i.e., third and sixth graders), NSSI rates did not differ between girls and boys. Older girls (i.e., in ninth grade) were more likely to engage in NSSI than same-aged boys. This study suggests that it is not until the transition to adolescence that the gender difference in NSSI engagement emerges. Three times as many adolescent girls engaged in NSSI compared with boys.

Youth reported using different behavioral methods of NSSI across different developmental periods and genders. Past research shows that adolescents and young girls report cutting their skin at higher rates than boys of the same age. In the current sample, girls reported cutting or carving their skin most often; boys reported hitting themselves. Older youth (i.e., ninth-graders) reported cutting or carving their skin most often; younger youth (i.e., third-graders) reported hitting themselves most often. Based on these findings, it seems important to take into account developmental trends and gender when assessing NSSI behaviors and to assess a greater breadth of NSSI behavioral methods.

## 2.6 Birth Order and Non-Suicidal Self Injury (NSSI)

As previously mentioned, the research conducted by Rohrer et al. (2015) debunked the notion that birth order had any effect on personality, but what is interesting is that they also found significant results for birth order on other variables. For instance, they stated that birth order has a significant effect on intelligence, saying that firstborns have a slightly higher intellect

than later-born children (Rohrer et al., 2015). Another study (Barclay et al., 2016) has shown that being born later than your siblings gives you disadvantages in life. For example, you are more likely to be hospitalized for alcohol or narcotic use.

Salmon et al. (2011) found that first and last-born children reported being favored by their parents, which implies that there are differences in how parents favor their children depending on birth order. To the best of our knowledge, there is still a great gap when it comes to empirical research conducted on birth order, and especially when linking it to non-suicidal self-injury.

#### 2.7 Religion and Non-Suicidal Self Injury (NSSI)

In most cases, religion provides people with something to believe in, a feeling of order, and, in most cases, a community of people with whom they may connect through shared ideas. These aspects can have a significant positive influence on mental health—research shows that religion lowers the incidence of suicide, self-harming alcoholism, and drug abuse (Greenstein, 2016).

According to Busser et al. (2017), in their pre-investigation, spiritual unhappiness is on the rise. In the research, religious coping was linked to an increase in non-suicidal self-injury (NSSI) among individuals. Negative religious coping is a technique that incorporates thoughts that God or a higher power has abandoned or neglected you while you're stressed.

Doubt or depressed feelings may arise when a person is conflicted or challenged by religious matters. Spiritual or religious problems can cause changes in one's beliefs and practices, as well as one's conduct and sentiments toward others and one's connection with oneself. Those who doubt their religion may feel off-balance or dread divine punishment for their doubts, particularly if their faith is founded on trust in a punishing deity (Pargament, 2013).

## 2.8 Theoretical Framework

This study is anchored on the Five-Factor Theory of Personality by McCrae and Costa (1984). Based on this detailed review and years of researching and interviewing people, McCrae

and Costa described the five key qualities that define a personality: Neuroticism, Extraversion, and Openness to Experiences, Agreeability, and Conscientiousness.

It is a wide spectrum of features that explain variations in the behavior of the person. The basic traits that serve as the building block of personality have been identified. A collection of individual traits contributes to more complex aspects of personality within each factor. There are key provisions that continue through maturity and form our acts, and can be applicable in our lives.

## 3. Methodology

Descriptive-correlational approach was employed in this study to investigate the association that exists between personality factors and non-suicidal self-injury (NSSI) in the respondents. The study's participants were young adolescents from Tiaong, Quezon, Philipppines. Seventy (70) respondents were obtained by the researchers. The respondents are young teenagers ranging in age from sixteen to nineteen (16–19) years old, as these adolescent years are more complex in terms of thinking and may ponder self-harm more clearly (Jacobson et al., 2009).

Purposive sampling was performed to find participants who are reported to have harm themselves. Strict criteria were imposed. First, the participants should have residence in Tiaong, Quezon, Philippines. Second, participants should be sixteen to nineteen (16–19) years old. Third, participants should have been reported to have harmed themselves. Lastly, self-harming had to be for six months to one year only.

The study used available online tools and technologies to gather significant information and critical data that would be beneficial and relevant in completing this investigation. In addition, the usage of several published articles were examined. The consent forms were issued that included the researchers' names, the objective of their study, the protocols for conducting this study, and the advantages; it also included confidentiality terms, contact information, and conditions surrounding their voluntary participation and assent. Questionnaire and consent forms were delivered using Facebook, an online social media platform. Participants volunteered to take part in this study by logging in to their email accounts and answering the questionnaire. All the responses to this survey were kept in a database that concealed the names of the participants and any email or Internet information. Utmost confidentiality and anonymity of the participants were

observed. Completed tests and questionnaires were gathered, and the findings were collated, evaluated, and interpreted.

Lastly, the study used the following statistical tools: frequency and percentage distribution were used to describe the respondents' profile data; mean and standard deviation were used to measure the average and variability of the scores of the respondents; Pearson Product Moment Correlation was used to measure the significant relationship of Non-Suicidal Self Harm and the personality traits of young adolescents.

## 4. Findings and Discussion

**Table 1**Self-Harm Inventory of the Respondents

Indicators	Mean	S.D.	Interpretation
1. Overdosed?	0.84	0.37	High
2. Cut yourself on purpose?	0.86	0.35	High
3. Burned yourself on purpose?	0.83	0.38	High
4. Hit yourself?	0.79	0.41	High
5. Banged your head on purpose?	0.77	0.42	High
6. Abused alcohol?	0.76	0.43	High
7. Driven recklessly on purpose?	0.67	0.47	Moderate
8. Excessively scratched yourself on purpose?	0.74	0.44	High
9. Prevented wounds from healing?	0.67	0.47	Moderate
10. Made medical situations worse on purpose (e.g skipped medications)	0.66	0.48	Moderate
11. Been promiscuous? (i.e. had many sexual partners)	0.04	0.2	Low
12. Set yourself up in a relationship to be rejected?	0.76	0.43	High
13. Abused prescription of medication?	0.69	0.47	High
14. Engaged in emotionally abusive relationships?	0.64	0.48	Moderate
15. Attempted suicide?	0.94	0.23	High
16. Lost a job on purpose?	0.19	0.39	Low
17. Engaged in sexually abusive relationships?	0.13	0.34	Low
18. Exercised an injury on purpose?	0.87	0.34	High
19. Tortured yourself with self-defeating thoughts?	0.91	0.28	High
20. Starved to hurt yourself?	0.96	0.2	Moderate
21. Abused laxatives to hurt yourself?	0.49	0.5	Moderate
OVERALL MEAN	0.68	0.09	High

Legend: High 0.68-1.00; Moderate 0.34-0.67; Low 0.00-0.33

Table 1 shows that the respondents have a high level of NSSI as they overdosed, cut themselves on purpose, burned themselves on purpose, hit themselves, banged their heads on

purpose, abused alcohol, excessively scratched themselves on purpose, set themselves up in a relationship to be rejected, abused prescription medication, attempted suicide, exercised an injury on purpose, and tortured themselves with self-defeating thoughts. On the other hand, the following indicators, namely: Were driven recklessly on purpose, prevented wounds from healing, intentionally made medical situations worse, engaged in emotionally abusive relationships, starved to hurt themselves, and abused laxatives to hurt themselves, revealed a moderate level of NSSI. Lastly, the indicators: being promiscuous, intentionally losing a job, and engaging in sexually abusive relationships showed a low level of NSSI.

The overall mean of 0.68, with a standard deviation of 0.09 implies that the respondents have been highly engaged in Non-Suicidal Self Injury (NSSI). The highest indicator was involved in directly hurting and setting themselves into an emotional situation. It shows that young adolescents used it to cope with painful or strong emotions. It is their way of getting control over their feelings and relieving them.

There are different types of self-injury; they may be present in isolation or as a complex constellation of behaviors. NSSI includes behaviors such as cutting, hitting, burning, and scraping one's skin, biting oneself, and other types of behavior that may bring on physical pain. In a multi-national study, the lifetime NSSI rate was 18% (Zetterqvist et al., 2020).

 Table 2

 Personality Traits of the Respondents as to Openness to Experience

Indicators			
I see myself as someone who	Mean	S.D.	Interpretation
1. Is original, comes up with new ideas.	3.64	0.76	High
2. Is curious about many things.	4.2	0.75	High
3. Is ingenious, a deep thinker.	3.81	0.87	High
4. Has an active imagination	4.09	0.78	High
5. Is inventive.	3.07	0.89	Moderate
6. Values artistic, aesthetic experiences.	3.84	0.86	High
7. Prefers work that is routines.	2.69	0.81	Moderate
8. Likes to reflect, play with ideas.	3.67	0.74	High
9. Has few artistic interests.	2.56	0.83	Low
10. Is sophisticated in art, music or literature.	3.4	1.04	Moderate
OVERALL MEAN	3.5	0.09	High

Legend: Very High 4.21-5.00; High 3.40-4.20; Moderate 2.61-3.40; Low 1.81-2.60; Very Low 1.00-1.80

Table 2 shows that respondents have a high level of openness to experience as they come up with new ideas, are curious about many things, are ingenious or deep thinkers, have an active

imagination, value artistic and aesthetic experiences, and like to reflect or play with ideas. Meanwhile respondents are on the moderate level on being inventive, prefer work that is routine and is sophisticated in art, music, or literature. Lastly, respondents have a low level of openness to experience, as well as having few artistic interests.

The overall mean of 3.5, with a standard deviation of 0.09 implies that respondents have a high level of openness to experience. It shows that respondents enjoy trying new things and are usually liberal or open-minded. They are knowledgeable and adventurous, which may lead them to have a high level of openness to new experiences. As openness to experience refers to people with a high level of this characteristic, they have a diverse set of interests. They are fascinated by the world and other people, and they are ready to learn new things (Cherry, 2010).

Table 3 Personality Traits of the Respondents as to Conscientiousness

Indicat	cors			
I see m	yself as someone who	Mean	S.D.	Interpretation
1.	Does thorough job.	3.26	1.03	Moderate
2.	Can be somewhat careless.	2.49	1	Low
3.	Is reliable worker.	3.6	0.92	High
4.	Tends to be disorganized.	2.96	1.07	Moderate
5.	Tends to be lazy.	2.77	1.07	Moderate
6.	Perseveres until the task is finished.	3.52	0.81	High
7.	Does thing efficiently.	3.57	0.77	High
8.	Makes plans and follows through them.	3.4	0.84	Moderate
9.	Is easily distracted.	2.59	1.23	Low
OVER.	ALL MEAN	3.13	0.15	Moderate

Legend: Very High 4.21-5.00; High 3.40-4.20; Moderate 2.61-3.40; Low 1.81-2.60; Very Low 1.00-1.80

Table 3 shows that respondents have a high level of conscientiousness as they are reliable workers, persevere until the task is finished, and do things efficiently. At the moderate level, the respondents do a thorough job, tend to be disorganized, tend to be lazy, and make plans and follow through on them. Respondents have a low level of conscientiousness as they can be somewhat careless and easily distracted.

The overall mean of 3.13 with a standard deviation of 0.15 implies that respondents have a moderate level of conscientiousness. Overall, it shows that respondents were responsible, organized, and goal oriented, which led them to have a moderate level of conscientiousness, and in the indicators, numbers three, six, and seven, it implies the positive attributes of being a good worker and hard-working person. Conscientiousness refers to a personality attribute defined as the ability to control one's urges and act in socially acceptable ways (Ackerman, 2020).

Personality Traits of the Respondents as to Extraversion

Table 4

Indicators			
I see myself as someone who	Mean	S.D.	Interpretation
1. Is talkative.	3.56	1.14	High
2. Is reserved.	2.69	0.94	Moderate
3. Is full of energy.	3.19	1.08	Moderate
4. Generates a lot of enthusiasm.	3.31	0.77	Moderate
5. Tends to be quiet.	2.54	1.23	Low
6. Has an assertive personality.	3.34	0.78	Moderate
7. Is sometimes shy, inhibited.	2.36	0.89	Low
8. Is outgoing, sociable.	3.44	1.03	High
OVERALL MEAN	3.05	0.17	Moderate

**Legend:** Very High 4.21-5.00; High 3.40-4.20; Moderate 2.61-3.40; Low 1.81-2.60; Very Low 1.00-1.80

Table 4 shows that respondents have a high level of extraversion as talkative and outgoing or sociable. On the moderate level, the respondents are reserved, full of energy, generate a lot of enthusiasm and have an assertive personality, and lastly, they have a low level of extraversion as they tend to be quiet and are sometimes shy or inhibited.

The overall mean of 3.05, with a standard deviation of 0.17 indicates that respondents have a moderate level of extraversion. Overall, respondents can express their emotions, are somewhat socially active and somehow carefully think before speaking, which leads them to have a moderate level of extraversion. Extraversion refers to thriving in social circumstances. They get invigorated and thrilled when they are in the company of others. They are also full of sociability, talkativeness, assertiveness, and a high level of emotional expressiveness (Cherry, 2010).

Table 5 shows that respondents have a high level of agreeableness as they are helpful and unselfish with others, start quarrels with others, have a forgiving nature, are generally trusting, are considerate and kind to almost everyone, and like to cooperate with others. The respondents are on the moderate level as they tend to find fault with others and are sometimes rude to others. Lastly, respondents have a low level of agreeableness as they can be cold and aloof.

**Table 5**Personality of the Respondents as to Agreeableness

Indicators			
I see myself as someone who	Mean	S.D.	Interpretation
1. Tends to find fault with others.	3.27	0.95	Moderate
2. Is helpful and unselfish with others.	3.79	1.02	High
3. Starts quarrels with others.	3.41	1.04	High
4. Has forgiving nature.	3.83	0.92	High
5. Is generally trusting.	3.7	0.98	High
6. Can be cold and aloof.	2.57	0.97	Low
7. Is considerate and kind to almost everyone.	3.89	0.84	High
8. Is sometimes rude others.	2.96	0.84	Moderate
9. Likes to cooperate with others.	3.5	0.84	High
OVERALL MEAN	3.43	0.08	High

Legend: Very High 4.21-5.00; High 3.40-4.20; Moderate 2.61-3.40; Low 1.81-2.60; Very Low 1.00-1.80

The overall mean of 3.43, with a standard deviation of 0.08 indicates that the respondents have a high level of agreeableness. Overall, the respondents' care a lot for other people and show them kindness and affection, which leads to a high level of agreeableness. It also shows that they are trustworthy and forgiving, preferring to work together rather than compete. Agreeable individuals have the capacity to be kind, empathic, trustworthy, cooperative, and sympathetic, which is determined by their ability to be agreeable (Gordon, 2020).

Table 6 shows that respondents have a high level of neuroticism as they can be tense, worry a lot, be moody, and get nervous easily, while the respondents have a moderate level of neuroticism as they are depressed or blue, relaxed or handle stress very well, are emotionally stable and not easily upset, and remain calm in tense situations.

The over-all mean of 3.31, with a standard deviation of 0.11 implies that respondents have a moderate level of neuroticism. Overall, the respondents can endure worrying about things and experiencing dramatic shifts in mood, which may lead them to a moderate level of neuroticism.

**Table 6** *Personality Traits of the Respondents as to Neuroticism* 

Indicators			
I see myself as someone who	Mean	S.D.	Interpretation
1. Is depressed, blue.	2.79	1.12	Moderate
2. Is relaxed, handles stress very well.	2.7	0.99	Moderate
3. Can be tense.	3.6	0.86	High
4. Worries a lot.	3.93	0.87	High
5. Is emotionally stable, not easily upset.	2.94	1.01	Moderate
6. Can be moody.	3.87	0.82	High
7. Remains calm in tense situations.	2.93	1.05	Moderate
8. Gets nervous easily.	3.73	0.9	High
OVER-ALL MEAN	3.31	0.11	Moderate

**Legend:** Very High 4.21-5.00; High 3.40-4.20; Moderate 2.61-3.40; Low 1.81-2.60; Very Low 1.00-1.80

Neuroticism refers to a personality trait that is characterized by irritability and emotional instability. Individuals with this personality type are more likely to have mood swings, anxiety, impatience, and melancholy (Cherry, 2010).

**Table 7** *Test of Correlation between the Profile of the Respondents and Non-Suicidal Self Injury* 

Non-Suicidal Self-Injury Variables			
	r-value	p-value	Interpretation
Age	0.115	0.058	Not Significant
Sex	0.13	0.058	Not Significant
Birth Order	-0.136	0.061	Not Significant
Religion	0.262	0.016	Significant

*Legend:* p < 0.05, *significant;* p > 0.05, *not significant* 

Table 7 shows the test of correlation between the profile of the respondents and non-suicidal self-injury. Among the profiles of the respondents, which include age with a p-value of 0.058, gender with a p-value of 0.058, birth order with a p-value of 0.061 and religion with a p-value of 0.016, only religion is significant for non-suicidal self-injury. This indicates that the age, gender, and birth order of the respondents do not affect their level of self-harm.

There is a significant relationship between religion and NSSI, which states that respondents engage in NSSI because they may feel abandoned by God and have lost faith in Him. Respondents are not fully committed to their religion, which is why they feel ignored and use self-harm as their own way of coping. Spirituality may potentially be a risk factor for NSSI. The link between NSSI and religiosity is ambiguous: religion may serve as a means of coping; yet, negative forms of religious coping may lead to a rise in NSSI. On the other hand, NSSI may be a method of dealing with some parts of religiosity. Questioning and uncertainty, for example, might lead to the usage of NSSI as a coping mechanism in religion. Spiritual dissatisfaction and religious coping, for example, might be linked to NSSI. Furthermore, NSSI's functions may be influenced by religious self-identity ("higher religiousness was associated with greater use of NSSI to communicate with or gain attention from others, whereas lower religiousness was associated with greater use of NSSI to relieve unwanted emotions"), requiring different treatment.

The onset of non-suicidal self-injury usually starts in adolescence (Glenn & Klonsky, 2011; Hankin & Abela, 2011; Klonsky, 2011) and decreases throughout late adolescence and young adulthood (García-Nieto et al., 2015; Jacobson & Gould, 2007). These are the reasons why the researchers focused the study on young adults.

Aside from prevalence data, only a few studies have looked at how NSSI traits differ between boys and females. According to data from studies of undergraduate college students, women and men use the same number of NSSI techniques. However, there may be differences in other NSSI features, such as medical severity and the relevance of social and internal self-injury functions (Whitlock, 2011). This shows that non-suicidal self-injurious conduct may emerge differently in girls and males under various circumstances. Interestingly, while it is typical for individuals to believe that NSSI is more frequent in women, general population studies indicate equal prevalence in men and women. However, there appears to be a gender difference in the

NSSI methods used: women are more likely to use cutting, whereas men are more likely to use beating or burning. In recent years, birth order has struggled to yield major empirical results in several sectors of social science, such as personality (Rohrer et al., 2015).

Positive religious coping was linked to a lower risk of using NSSI to relieve unpleasant feelings, whereas poor religious coping was linked to a higher risk of using NSSI for this reason, as well as to avoid punishment or unwanted responsibilities, and lower religiousness was linked to more NSSI use to relieve unpleasant feelings (Wieman, 2014).

**Table 8** *Test of Correlation between Non-Suicidal Self Injury and Personality of the Respondents* 

	Non-Suicidal Self-Injury			
Variables	r-value	p-value	Interpretation	
Openness	-0.097	0.089	Not Significant	
Conscientiousness	-0.004	0.051	Not Significant	
Extraversion	-0.059	0.063	Not Significant	
Agreeableness	0.152	0.105	Not Significant	
Neuroticism	0.086	0.078	Not Significant	

**Legend:** p < 0.05, significant; p > 0.05, not significant

Table 8 presents the test of correlation between personality traits and non-suicidal self-injury of the respondents. Result showed that there is no significant relationship between NSSI and openness to new experiences of the respondents. The p-value of 0.089 indicates that the respondents are open-minded and willing to consider new ideas. Rather than hurting themselves, they tend to be curious and imagine what they can do to cope with their problems. A person with this personality trait tends to be attentive to their inner feelings.

Result showed that there is no significant relationship between non-suicidal self-injury and conscientiousness. The p-value of 0.051 indicates that the respondents who are conscientious are more organized and disciplined. It also showed that there is no significant relationship between non-suicidal self-injury and extraversion, The p-value of 0.063 indicates that the respondents who are extraverted seem to be talkative and sociable and focus more on intrapersonal relationships. They are possibly not able to engage in self-harming because they are

open about themselves and can use their socializing skills as a coping mechanism rather than hurting themselves.

Result showed that there is no significant relationship between non-suicidal self-injury and agreeableness, with a p-value of 0.105, which indicates that the respondents are not likely to engage in self-harming because they are optimists, kind, and friendly. They can communicate and reflect on other people, which may not lead to self-hurt. Instead, they allow themselves to talk and share their thoughts with other people.

Result showed that there is no significant relationship between non-suicidal self-injury and neuroticism. The p-value of 0.078 indicates that the respondents are having anxiety, going through depression, and other negative feelings, but they are not on the high level of neuroticism; instead, they are only on a moderate level, which means they tend to control their negative emotions.

As a result of previous research, according to Olsen (2012), many of the personality traits were inconsistent with past studies, and the results were surprising because of the changes. Based on their results, conscientiousness, agreeableness, openness to new experiences, and neuroticism were not significantly correlated to self-harm, while extroversion was. On the other hand, the result of extroversion in our research was high and the positive attributes of this trait were possessed by our respondents.

In a study done by Holsen (2012), several of the personality variables were inconsistent with past studies and expectations. Conscientiousness, as expected, was significantly and negatively correlated with deliberate self-harm (DSH), also known as self-injurious behavior or self-injury, or the intentional, direct destruction of body tissue (most commonly by cutting, burning, scratching, self-hitting, and head banging) without conscious suicidal intent but resulting in injury severe enough for tissue damage to occur (APA, 2013). This means that when someone has a high score on the conscientiousness scale, the number of times they self-harm will be low.

#### 5. Conclusions

Based on the findings of the study, the results proved that there is no significant

relationship between the profile of the respondents as to age, gender, and birth order and Non-Suicidal Self Injury (NSSI), while there is a significant relationship with religion. In addition, there is no significant relationship between the Non-Suicidal Self Injury and personality traits of the respondents. Furthermore, results showed that self-harming of the respondents has nothing to do with their age, gender, and birth order. It also has nothing to do with their personality.

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