Attachment Style and Emotional Regulation in Adolescence: Possible Predictive Factors of NSSI Framed According to the Integrated Gestalt Perspective. A Scoping Review.

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ABSTRACT

Background/Objectives: Non-Suicidal Self-Injury (NSSI) refers to any form of intention- ally self-inflicted injury aimed at achieving psychological relief. This phenomenon inten- sified following the COVID-19 pandemic, which saw a rise in new psychopathological onsets, particularly among the adolescent population. The objective of this review is to understand to what extent NSSI acts represent, for young individuals, an attempt at emo- tional self-regulation and a coping strategy to deal with unpleasant or intolerable emo- tional experiences, and how attachment bonds may serve as predictive factors for the on- set of such behaviors Methods: a scoping review accordings Preferred Reporting Items for Systematic Reviews and Meta-Analyses protocol was conducted Results: Following the analysis of the materials selected in the literature, a strong association was found be- tween deficits in emotional regulation and self-injurious behaviors Conclusions: This lit- erature review has shown that adolescents' use of NSSI can be understood as an attempt to contain emotional distress when faced with significant difficulties in emotional regulation and coping strategies.

Keywords: Non-suicidal self-injury; adolescence; emotional regulation; NSSI; attachment style.

INTRODUCTION

Understanding the nature of non-suicidal self-injury and its spread among the adolescent population is the objective of this scoping review, which is part of a broader re- search project initiated following the observed increase in various types of psychopathological onset that have affected this segment of the population in the aftermath of the COVID-19 emergency [1].

The aim is to frame the phenomenon of self-injury within a holistic perspective to understand its situational nature and consider how it offers, in the patient's experience, a form of 'relief' from psychological suffering. All this is intended to avoid early and thus potentially erroneous diagnoses of borderline personality disorder (BPD), a psycho- pathological condition generally characterized by emotional dysregulation and self harming acts [2; 3].

The epistemological background of the present review is the integrated Gestalt psycho-therapy model, which views the symptom as a behavior aimed at achieving homeostatic equilibrium in the presence of emotional tension that cannot be adequately addressed.

This may occur either due to a lack of affordances (literally 'invitation to use', i.e., the physical quality of an object that suggests to a human being the appropriate actions to manipulate it) [4] in the environment to which one is exposed or due to other factors, such as genetic predispositions.

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Non-Suicidal Self-Injury (NSSI) and Self-Mutilation (SM)

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [5], NSSI refers to 'a series of intentionally self-injurious acts towards one's own body carried out on at least five days in the past year.' NSSI is included in Section III of the manual, which contains all diagnostic entities that require further study and investigation. Thus, non-suicidal self-injury refers to all non-lethal harm inflicted on the body, whether superficial or significant, without suicidal intent.

Socially accepted behaviors such as piercings, tattoos, play piercing, and scarification, religious rituals, or accidental and indirect injuries due to substance abuse and behavioral addictions (e.g., eating disorders) are excluded. Included, however, are behaviors such as cigarette burns, cutting, and self-mutilation (SM), including pinching, scratching, and biting. The most common self-injurious practice is cutting: the act of cutting, wounding, and incising the skin, especially on the arms and legs, using razor blades, pencil sharpeners, broken cans, or sharp knives.

Although not among the most common practices, a 2002 study [6] conducted on a school sample of adolescents revealed that about 14% of students reported having engaged at some point in self-mutilating behaviors, with a higher frequency among females.

Emotional Regulation and Coping Strategies

According to Mauss, Bunge, and Gross [7], emotional regulation is defined as 'the individual's voluntary and automatic attempts to influence the emotions they experience, even while experiencing them, by modulating the experiential and expressive dimensions.' Therefore, the regulation of emotional experiences may have a dual nature: intentional or unintentional. Gross and colleagues' studies identify two distinct categories in the regulatory process of emotional experiences:

- Cognitive emotion regulation

This is voluntary and intentional regulation involving various cognitive processes. Gross identifies five regulatory strategies that intervene at different phases of the emotional process.

Stimulus avoidance: the subject avoids situations and/or contacts that may act as triggers for painful emotions. Environmental modifications: 'problem-focused coping' [8], involving changes to the environment to reduce emotional impact.

Attention redirection: focusing attention on specific elements of a situation while disregarding others.

Situation reappraisal: 'emotion-focused coping' [8], involving reevaluating the situation and the demands of the environment to alter its emotional meaning.

Response modulation: acting directly on the emotion while it is occurring, using methods such as suppression, inhibition, medication, or sharing. The first three strategies intervene during the construction phase of the emotional experience, while the latter two act after the generative process, targeting the components of the emotion.

- Automatic emotion regulation:

This is triggered by the mere perception of a sensory input and can be defined as the modification of one's emotions without intentional decision-making and without conscious, controlled attention [9].

Thanks to studies on emotional regulation in children, Nancy Eisenberg et al. [10] proposed a model highlighting the strong correlation between emotional regulation and the ability to adaptively or maladaptively control emotional processes. Thus, a further distinction can be made between two types of emotional control: effortful control (voluntary control), i.e., the ability to inhibit a dominant response in favor of a less dominant one through

behavioral inhibition to enable more adaptive reactions; and reactive control, i.e., unintentional and inflexible control driven by impulses and automatic responses.

According to Eisenberg, the relationship between control and regulation forms a continuum: on one end lies hyper-reactive control, on the other hypo-reactive control, and in between is true regulation, influenced by high or low levels of voluntary control.

Attachment Theory and Emotional Regulation

According to Attachment Theory [11], the child initially depends on the caregiver not only for the satisfaction of primary needs but also for emotional regulation. Over time, children learn to develop their own regulatory abilities through specific caregiver actions, such as validating and encouraging emotional expression, communicating affective states, and modeling strategies for managing distressing emotions [12]. At this critical stage of development, the parent's role is to present the external world in a more digestible form so the child can acquire adaptive tools to face environmental challenges [13].

To study Bowlby's attachment models, Mary Ainsworth developed the Strange Situation experiment [14], identifying the following attachment styles: Secure: the child relies on the caregiver and feels safe to explore the environment even in threatening situations, expressing joy upon the mother's return. Insecure-avoidant: the child does not rely on the caregiver—who likely has not been responsive to needs—and experiences distress at separation but tends to avoid the care- giver upon return. This attachment style often develops in the context of a rejecting, unavailable caregiver.

Insecure-anxious/ambivalent: the child is highly distressed by separation and shows an- ger or hostility upon reunion. This often develops when the caregiver's responsiveness is inconsistent.

A child's attachment style originates from the caregiver's own early attachment experi- ences and, consequently, reflects the parent's adaptive or maladaptive responses to emo- tional distress [15].

Insecure attachment styles are predictive of difficulties in emotional management, in- cluding avoidance of distressing situations or hyper-regulation of internal states—patterns typically associated with insecure-avoidant attachment.

The Adolescent Brain: Between Cutting and Emotional Regulation

To fully understand the phenomenon of non-suicidal self-injury (NSSI) and its prevalence among adolescents, it is necessary to examine the typical features of brain development during this life stage, which help explain NSSI as an emotional regulation strategy. Brain development naturally progresses toward increased integration, resulting in greater specialization of brain regions and more efficient neural networks. These changes enhance the brain's capacity for complex information processing. During adolescence, major brain changes affect the prefrontal cortex and other frontal regions responsible for advanced cognitive functions, including integration, synthesis, and behavioral regulation. These changes are not simply additive but are reorganization processes of unmatched intensity during the lifespan [16]. This increased integration of the cortex allows for the emergence and evolution of com- plex abilities such as cognitive control (reducing impulsivity by increasing awareness of consequences), emotional regulation, and the formation of personal and social identity [17].

The prefrontal cortex acts as a critical hub linking cortical regions with subcortical limbic structures and the brainstem. It integrates inputs from internal body signals (interoception) and external stimuli (exteroception), making it a vital center for coordination and energy distribution.

The limbic system, a subcortical region, plays a key role in detecting salient environmental stimuli—sources of reward or threat. Its primary function is to generate emotions, which, when well-integrated with the prefrontal cortex, enable appropriate responses to environmental demands.

The brain functions in a 'state-dependent' manner, meaning it is highly influenced by context: environmental conditions and emotional states can either interfere with or sup- port integration processes [18]. Integration is a

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key condition for the development of self- awareness, empathy, emotional balance, and modulation of intense emotions or disruptive experiences, which are essential for sound decision-making [19, 20]. When integration is lacking, subcortical regions activate without the calming influence of the prefrontal cortex, increasing vulnerability to impulsive behaviors such as NSSI.

The Influence of Attachment on Neurobiological Development

Looking back to earlier developmental stages, it is important to recognize that brain formation begins in utero and continues intensively during the first years of life. In this period, as previously mentioned, the environment plays a substantial role in shaping the development and functioning of the central nervous system. This environment is primarily defined by the presence—or absence—of an attentive and responsive caregiver. Such caregiving helps modulate the development of prefrontal and limbic areas (including the amygdala, a key center for threat detection and fear regulation) through the quality of attachment and the experience of relational safety [21]. When insecure or disorganized attachment patterns persist into adolescence, there is typically hyperactivity of the amygdala in response to perceived threats, resulting in difficulties with emotional inhibition and conscious regulation. This impairs the integrated processing of bodily sensations and emotions, leaving the adolescent in a state of disconnection or confusion regarding their inner experience [22].

NSSI from a Gestalt Perspective

Among the various epistemological frameworks through which the phenomenon of NSSI can be interpreted, this review adopts the Gestalt psychotherapy perspective. Gestalt offers a reading of psychopathological experience by integrating somatic, experiential, and phenomenological models [23].

The Gestalt view does not define psychopathology based on the presence, absence, or duration of specific symptom patterns, but rather sees symptoms as creative acts of the organism in relation and response to its environment. From this perspective, even the most dysfunctional and distressing symptomatic behavior is considered a creative function of the organism [24], which attempts to maintain homeostatic equilibrium when faced with an environment perceived as unsustainable or lacking in adequate affordances.

Accordingly, the symptom is understood as the best creative adaptation [note] that the individual has been able to devise in response to unmet needs or emotional demands that could not otherwise be integrated. This unique manifestation of the phenomenon becomes comprehensible when we recognize that the individual, with their experiential history, is in constant interaction with the environment—modifying and being modified by that contact [25]. Fritz Perls, one of the founding figures of Gestalt psychotherapy, in his works 'Ego, Hun- ger, and Aggression' [26] and 'Gestalt Therapy: Excitement and Growth in the Human Personality' [27], describes a theory of encounter with the world that takes place at the 'contact boundary'—represented by the skin, our primary sensory organ. For Perls and subsequent Gestalt theorists, experience unfolds in a cyclical process, the so-called con- tact cycle [note], beginning from bodily impulses and needs. Neurosis, in this framework, is a maladaptive yet creative interruption of this cycle to protect the organism at the cost of its nourishment. The symptom, then, is 'the best possible compromise that the organism was able to construct' at the contact boundary [27]. From this viewpoint, self-injury represents the only adaptive response available to the adolescent to manage intolerable emotional experiences. The interruption of emotional contact occurs through a deflection from emotional to physical pain. In some narratives, self-harm is described as a way to interrupt ego-driven experiences by breaking through the thickened contact boundary to feel something—anything—again through physical injury.

In Gestalt terms, NSSI is understood as a 'redemptive symptom' [28], a creative act of the organism that, unable to access functional self-regulation, resorts to this survival strategy. It is an attempt to reestablish contact with the environment, the body, and experience—protecting the individual from the risk of emotional dissolution or internal fragmentation.

Goodman [27] refers to this as a 'protective block,' something that simultaneously obstructs and safeguards against full contact with overwhelming experience.

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MATERIALS AND METHODS

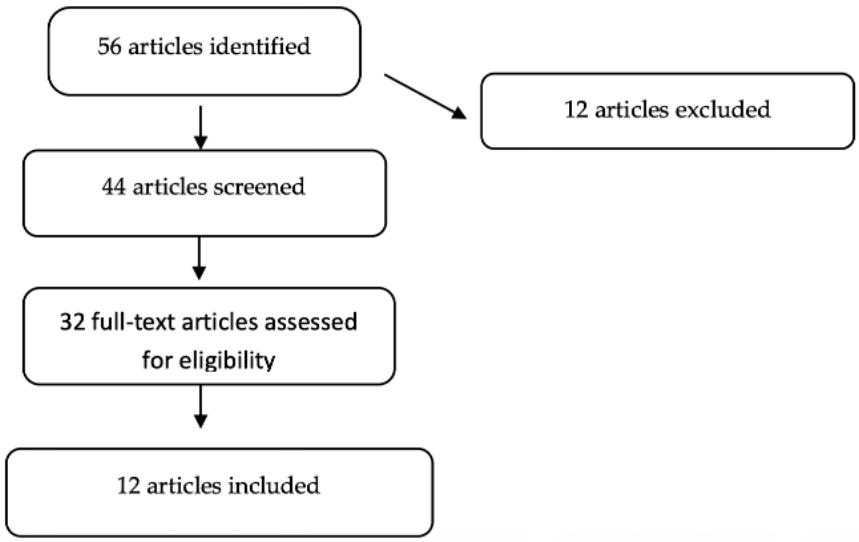
To examine the most recent scientific findings in the international literature, as well as to identify potential directions for future research, was conducted a scoping review following the PRISMA extension for scoping reviews (PRISMA-ScR) [29], that provides 20 criteria (plus two optional ones) that the researcher is asked to answer in order to identify their work within the Scoping Reviews category.

The main sources of data and research materials were the following electronic data- bases: Google Scholar and PubMed. From these, articles relevant to recent scientific research from the years 2013 to 2023 were selected. The selected articles were predominantly in English. A total of 44 articles were identified as suitable for the purposes of the review using keywords; a larger number, after reading the abstracts, did not meet the inclusion criteria. (See Table 1 and Figure 1).

Table 1. Inclusion and Exclusion Criteria

Criterion	Inclusion	Exclusion
Year of Publication	2013 – 2023	Before 2013
Language	English	Italian
Article Type	Original studies, opinion articles	Theses, review articles
Study Focus	Non-suicidal self-injury in adolescence; correlations between NSSI and emotion regulation; correlation between emotion regulation and attachment style; investigations into attachment styles and coping strategies such as NSSI	NSSI in relation to specific psychopathological frameworks; NSSI in adolescence according to specific psychotherapeutic models
Target Sample	Adolescents	Children, adults, elderly

Fig. 1 Flowchart of Article Selection and Screening Process



The keywords used for the search were: adolescents; self-injurious behavior; self-injury; emotion regulation; attachment theory; coping style; attachment bond (see Table 2).

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Table 2. Keywords

Adolescents
Self-injurious behavior
Self-injury
Emotion regulation
Attachment Theory
Coping style
Attachment bond

The characteristics of the selected studies were summarized in schematic information contained in Table 3, relating to the author, title, year of publication, purpose, data collection method and tools used, sample size and study design.

Table 3

	Author	Title	Year	Purpose Method	Data collection	Sample size	Study design
1	A. M. Brausch, S. E. Woods	Emotion Regulation Deficits and Nonsuicidal Self - Injury Prospectively Predict Suicide Ideation in Adolescents	2018	Understanding the relationship between emotion regulation and NSSI behaviors	ISAS (Inventory of Statements About Self Injury)	436 adolescents aged between 11 and 16	Longitudinal study
2	C. L. Robillard, B. J. Turner, M. E. Ames, S. G. Craig	Deliberate self-harm in adolescents during COVID-19: The roles of pandemic-related stress, emotion regulation difficulties, and social distancing	2021	To investigate the association between stress related to the Covid-19 pandemic emergency and self-harm behaviors (SHD) and whether difficulties in emotional regulation moderate/mediate this relationship	Online questionnaires: Statistics Canada COVID-19 Stress Scale, Emotion Regulation Scale, Ontario Child Healthy Study Scales		Qualitative/ quantitative Research
3	L. Kelada, P. Hasking, G. Melvin	Adolescent NSSI and Recovery: The Role of Family Functioning and Emotion Regulation	2016	To examine how family functioning and emotion regulation strategies are associated with both NSSI and histories of NSSI hospitalization.	Questionnnaries	272 adolescent students aged between 12 and 18	Qaulitative/ quantitative Research
4	C. Guèrin – Marion, J. Martin, M. Lafontaine, J. Bureau	Invalidating Caregiving Environments, Specifc Emotion Regulation Defcits, and Non-suicidal Self-injury	2019	To examine the indirect effects of specific aspects of invalidating family environments on NSSI through specific difficulties in emotion regulation	Questionnaries	120 adolescents/ young adults aged 17 to 25	Qaulitative/ quantitative Research
5	R. Tatnell, P. Hasking, L. Newman, J. Taffe & G. Martin	Attachment, Emotion Regulation, Childhood Abuse and Assault: Examining Predictors of NSSI Among Adolescents	2016	To highlight specific risk factors for NSSI behaviors among adolescents, from a prevention and intervention perspective	Questionnaries	2637 adolescents aged between 12 and 18	Qaulitative/ quantitative Research

6	K. Glazebrook, E. Townsend & K. Sayal	Do Coping Strategies Mediate the Relationship Between Parental Attachment and Self-Harm in Young People?	2015	Investigating the role of attachment on NSSI behaviors through its effects on coping strategies and problem-solving skills	Questionnaries	314 students aged between 18 and 20	Qaulitative/ quantitative Research
7	A. Gandhi, L. Claes, G. Bosmans, I. Baetens, T. F. Wilderjans, S. Maitra, G. Kiekens, K. Luyckx	Non-Suicidal Self-Injury and Adolescents Attachment with Peers and Mother: The Mediating Role of Identity Synthesis and Confusion	2015	Examining associations between maternal and peer attachment, identity formation, and NSSI	Questionnaries	528 adolescents aged between 11 and 19 years	Qaulitative/ quantitative Research
8	Y. Tao, X. Bi M. Deng	The Impact of Parent–Child Attachment on Self-Injury Behavior: Negative Emotion and Emotional Coping Style as Serial Mediators	2020	Investigating the relationship between attachment style, coping strategies, and NSSI among adolescents	Questionnaries	662 adolescents aged between 13 and 18	
9	P. Clery A. Rowe M. Munafò L. Mahedy	Is Attachment Style In Early Childhood Associated With Mental Health Difficulties In Late Adolescence?	2021	To identify factors that contribute to mental health difficulties in adolescents in order to evaluate preventive strategies	Questionnaries/ Clinical Interview Schedule – Revised		Qualitative/ quantitative Research
10	G. Rogier C. Petrocchi M. D'aguanno P. Velotti	Self – Harm and Attachment in Adolescents: What Is The Role of Emotion Dysregulation?	2020	Examining the association between attachment style, self-harm, and emotional dysregulation in adolescents.	Questionnaries	740 adolescents aged between 13 and 19	Qualitative Research
11	Y. Wan R. Chen S. Wang A. Clifford S. Zhang S. Orton F. Tao	Associations of Coping Styles with Nonsuicidal Self – Injury in Adolescents: Do They Vary With Gender and Adverse Childhood Experiences?	2020	To identify gender differences in the impact of positive coping strategies on NSSI and investigate the impact of adverse childhood experiences	Questionnaries	9704 adolescents aged between 11 and 19 years	Qaulitative/ quantitative Research
12	G. Bautista Hernandez J. A. Vera Noriega F. A. Machado Moreno C. K. Rodriguez Cavajal	Depression, emotion dysregulation and coping strategies in adolescents with self – injurious behaviours.	2022	To determine the relationship between self-harm and depression, emotional dysregulation and coping strategies to generate an explanatory model of the problem under examination		5835 adolescents aged between 11 and 15 years	Quantitative Research

RESULTS

Following the analysis of the materials selected in the literature, a strong association was found between deficits in emotional regulation and self-injurious behaviors [see Tab. 3, nos. 10, 13]. In particular, a study conducted on a sample of 436 adolescents [Tab. 3, no. 1], focusing on two aspects of emotional regulation—difficulties in dealing with unpleasant emotions and difficulties in recognizing emotional experiences through interoceptive awareness—clearly highlighted the psycho-regulatory function of self-injury. The results indicated that NSSI acts as a moderator in the relationship between emotional dysregulation and suicidal ideation, suggesting a potential amplifying effect on risk

The use of NSSI practices as a strategy for emotional regulation was also confirmed in another study [Tab. 3, no. 3] involving a sample of 272 students, 48 of whom reported having used cutting as a means of achieving psychological relief. This study linked fam- ily functioning and emotional regulation capacity as predictive elements for increased engagement in NSSI, finding a positive correlation between poor family functioning and greater risk of self-injury, and identifying emotional regulation as a moderating factor in this relationship. The study concluded that a central role in adolescents' use of self-injurious strategies is played by living in problematic family environments and adopting maladaptive emotional regulation strategies.

Some findings also support the hypothesis that, under experiential conditions characterized by prolonged psychological stress, self-injury emerges as a coping strategy in adolescents. This consideration particularly emerged from the analysis of a study [Tab. 3, no. 2] that observed widespread engagement in such behaviors during the COVID-19 pandemic—a period of extreme and prolonged emotional distress. The results of this research demonstrated that prolonged stress conditions marked by a lack of control— such as those experienced during the pandemic—generate complex, poorly tolerable emotional experiences and a perceived inability on the part of adolescents to alter these emotions. In addition to difficulties in emotion regulation, other factors contributing to the use of this maladaptive coping strategy were found to include self-punishment, sensation-seeking, and the need to generate emotional feeling.

Regarding the hypothesis that attachment bonds may play a role in the incidence of the phenomenon, acting as either protective or risk factors, one study included in the review [Tab. 3, no. 8] revealed that poor-quality attachment with caregivers is strongly associated with self-injurious behaviors. Negative emotions stemming from dysfunctional re- lationships with caregivers may mediate the connection between attachment bonds and NSSI: individuals who reported engaging in NSSI exhibited anxious attachment and a tendency to suppress emotional expression. Conversely, high-quality attachment, as several studies demonstrate [Tab. 3, nos. 5, 7], appears to function as a protective factor against the onset of NSSI behaviors. One study highlighted that the mediating model of attachment differs depending on the caregiver figure: attachment to the father is based on emotional coping style, while attachment to the mother is associated with emotional experiences and thus activates different mechanisms in triggering self- injurious behaviors, consistent with the hypothesis of attachment specificity.

One study contradicts this assumption [Tab. 3, no. 6], favoring instead the hypothesis that the correlation between attachment style and increased vulnerability to self-injurious behavior in the context of poor emotional coping is indirect. The study suggests that the relationship between attachment and self-injury is mediated by coping strategies: a secure attachment may indirectly promote the development of problem-focused coping abilities. Paternal attachment has a specific influence on the adolescent’s perceived problem-solving capacity, and insecure paternal attachment—being linked to lower self-efficacy—may facilitate involvement in NSSI. Lastly, insecure attachment styles tend to hinder the development of effective emotional regulation and may thus increase vulnerability to self-injurious behaviors.

DISCUSSION

This literature review has shown that adolescents’ use of NSSI can be understood as an attempt to contain emotional distress when faced with significant difficulties in emotional regulation and coping strategies.

The main risk factors include difficulty tolerating negative emotions and limited access to functional regulation strategies, exacerbated by vulnerable environmental conditions—such as insecure attachment, low family support, and prolonged stress (e.g., the COVID-19 pandemic).

Although the non-suicidal nature of self-injury might suggest a low level of danger, the scientific literature highlights its serious clinical and social relevance.

These findings are supported by the Gestalt perspective, which views the symptom as meaningful and redemptive—an attempt at psychological and emotional survival through creative reorganization of the self. Though dysfunctional, self-injury is considered the best available strategy to maintain equilibrium and self-contact when other regulation modes have become inaccessible.

Neuroscience reminds us that during adolescence, subcortical areas responsible for emotional reactivity mature earlier and are more active, while prefrontal areas responsible for regulation, problem-solving, and planning are still developing. This neurological imbalance makes adolescents naturally prone to impulsive behavior, including self-inury—especially when triggered by dysfunctional relational or environmental factors and lacking effective emotional regulation strategies.

All this evidence suggests the need to move beyond a symptom-based view of the phenomenon and instead adopt a bio-psycho-social and phenomenological perspective that considers adolescents within their relational, familial, school, and community contexts [30].

Future therapeutic practice should evolve toward ecological and systemic approaches that integrate bodily, relational, and experiential dimensions. This calls for the development of a complex methodology that incorporates the adolescent's context—the system in which they act, live, and build meaning.

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