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Proceedings of the International Conference on Research in Psychology
Vol. 2, Issue. 1, 2025, pp. 44-51
DOI: https://doi.org/10.33422/icrpconf.v2i1.776

ISSN: 3030-0622 online

Diamond Scientific Publishing

Relations Between Self-harm and Moral Emotions

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Abstract

Self-harm constitutes a significant yet frequently underestimated public health and quality-of-life issue. It is characterized by a high prevalence across diverse populations, substantial economic and social costs, and a strong association with reduced life expectancy. The phenomenon is further complicated by the lack of clear definitions and classifications in diagnostic frameworks, which often fail to adequately distinguish between suicidal and non-suicidal self-harming behaviors. This study aimed to examine the relationship between moral emotions—specifically guilt, shame, and failure—and self-harm, with a particular focus on non-suicidal self-injury (NSSI). Data were collected from 92 university students using the Self-Harm Inventory questionnaire, with analyses exploring the frequency and types of self-harm, emotional triggers, and post-behavior emotional states. Results revealed a high prevalence of self-harming behaviors, with 50% of participants reporting engagement in such actions with at least moderate frequency. The most common forms included self-tormenting thoughts, scratching, hitting, and fasting. Key emotional triggers included feelings of failure, anger, sadness, and guilt, while post-harm emotions were dominated by relief, guilt, and sadness. Contrary to previous research, guilt was found to be as strongly associated with self-harm as shame, challenging assumptions that guilt serves as a corrective emotional force distinct from shame. Instead, both emotions were shown to contribute to a cyclical pattern of self-harm, driven by the gap between self-perception and ideal self-image. The findings underscore the critical role of moral emotions in self-harming behaviors, suggesting that interventions should not only promote healthier coping strategies but also address underlying issues such as perfectionism, self-criticism, and negative self-image. Future research should focus on disentangling the complex interplay between guilt, shame, and other moral emotions to develop more effective prevention and treatment approaches.

Keywords: self-injury, shame, guilt, anger, failure

1. Introduction

Self-harm represents a serious, yet often overlooked and undervalued, public health and quality-of-life issue. Numerous studies (Muehlenkamp, Claes, Havertape, & Plener, 2012; Swannell, Martin, Page, Hasking, & St. John, 2014) demonstrate its high prevalence across various cultures, its economic burden related to treatment or impact on individual economic activity (AIHW, 2014; Kinchin et al., 2017; Tsiachristas et al., 2017; McLoughlin et al., 2022; Peterson et al., 2024, Démuthová, Démuth, 2025), and its association with reduced life expectancy (approximately 26 years lost; Bergen et al., 2012), even when it does not involve completed suicide.

The ambiguity surrounding self-harm is also documented by the lack of a clear definition and classification in the most common diagnostic manuals, as well as the problematic nature of the discriminative criteria used to identify it. Typically, a distinction is made between suicidal behavior and non-suicidal self-injury (NSSI), with the primary criterion for NSSI being the infliction of harm—suffering and pain—without intending death (Rizvi, Fitzpatrick 2021; Lawrence et al. 2023). Conversely, in cases of suicide, death is often sought as a solution to alleviate pain and suffering. Thus, it appears that these two forms of behavior are indeed distinct in their intentions and should be differentiated. However, it is noted that many forms of non-suicidal self-harm may, over time and with increasing intensity, escalate into suicidal behavior, possibly because NSSI fails to sufficiently address the underlying problems, or because its intensity evolves into unintended suicidal behavior. Whatever the case, "Self-harm includes suicidal behaviors (i.e., suicide attempts) and non-suicidal self-injury (NSSI; Klonsky, 2011), as well as behaviors where the degree of suicidal intent is unclear or ambiguous" (Sheehy et al., 2019). Consequently, it is the reasons behind self-harm, rather than its form, that should be the focus.

In 2019, Kate Sheehy et al. published a study examining the relationship between certain moral emotions and self-harm. Based on available research, they hypothesized that shame and guilt are among the most common reasons for self-harming behavior. Although similar and often connected, Sheehy distinguishes shame as a cognitive-affective construct involving negative judgments about oneself (Chou et al., 2018). These judgments are global, undesirable, and characterized by evaluating oneself as fundamentally flawed, inadequate, or bad (Blythin et al., 2018; Carden, Saini, Seddon, Watkins, & James Taylor, 2018; Gilbert & Procter, 2006). Traditionally, shame is conceptualized as an individual's self-perception. However, some researchers differentiate this from how an individual is perceived by others, specifically "external" shame, which relates to an individual's belief that others view them negatively (Gilbert, 1997, 1998, Sadath et al. 2024). In contrast, guilt pertains to one's behavior and its negative evaluation (Tangney et al., 2007; Tangney & Dearing, 2002). Here, the focus is on something an individual has done that is perceived as wrong, rather than on the individual's inherent worth (Sheehy, 2019).

Despite the possibility of considering objective guilt and responsibility in legal or theological contexts, from a psychological perspective, subjective experiences of guilt are critical, as they can lead to various mental health issues, including shame, regret, inferiority, and depression. Guilt, however, encourages amending the act itself, whereas shame involves rejecting one's very self-image—a rupture between how one perceives oneself (or believes others perceive them) and who one ought to be. Therefore, according to Sheehy, shame as a form of self-hatred is more frequently linked to self-harm than is guilt.

To test her hypotheses, Sheehy conducted a detailed meta-analysis of 30 studies examining the relationship between shame, guilt, and both forms of self-harm (SI and NSSI). The findings showed that (a) shame is positively correlated with self-harm, (b) guilt appears unrelated to

self-harm inclination, but (c) individuals with a history of self-harm experience higher state guilt. These results support the cyclical self-validation hypothesis of self-harm suggested by Sutton (2007).

This study aimed to empirically test Sheehy's and Sutton's assumptions about the relationship between moral emotions and non-suicidal self-harm. The objectives were to identify:

(a) what are the most common forms of self-harm,
(b) which moral emotions are most often associated with self-harm, and
(c) which are most common emotional states that follow self-harming behaviors.

2. Methods and Sample

Sample: The research was conducted in October 2024 at the Faculty of Arts, University of Ss. Cyril and Methodius in Trnava (Slovakia), involving a sample of 94 participants, all psychology students. A total of 92 participants consented to the publication of their data, of whom 84 (91%) were female. The age distribution was as follows: 15 participants (16%) were under 19 years, 65 (71%) were 19 years, and 12 (13%) were over 20 years. In terms of worldview, 56 participants (61%) identified as religious (in any faith, denomination, or metaphysical perspective), 24 (26%) as non-religious, 10 (11%) were uncertain, and 2 did not disclose their beliefs. Data collection was conducted through an online form in the Forms application, and data were subsequently processed using statistical software.

Methods: To measure the extent and types of self-harming behavior, we utilized the abbreviated version of the Self-Harm Inventory questionnaire developed by Sansone and Sansone (2010). The questionnaire comprised three sections. The first section focused on informed consent and the collection of demographic data from the research participants. The second section provided a brief explanation of the difference between intentional and unintentional self-harm and gathered data on the occurrence and frequency of twenty specific forms of intentional self-harm (e.g., cutting, burning, hitting, head banging, scratching, alcohol use, sleep deprivation, overdose, wound healing prevention, worsening health condition, medication misuse, relationship sabotage, distancing from God, toxic relationship, suicide attempt, deliberate injury, self-destructive thoughts, fasting, excessive exercise, laxative abuse). In the third section (Task 6), respondents indicated the most frequent emotional state that led to their intentional self-harming behavior; in Task 7, they described the predominant emotion they experienced after engaging in self-harm (e.g., anger, fear, guilt, disgust, shame, hatred, injustice, failure, resignation, sadness, unrequited love, problematic relationships). The frequency of each form of self-harm and the associated moral emotions was recorded using a forced-choice Likert scale (never (0), rarely (0.25), sometimes (0.5), often (0.75), almost always (1)).

3. Results

3.1 Frequency Analysis

The research confirmed that only 15 out of 92 respondents (16.3%) reported no forms of self-harming behavior. Conversely, a high level of self-harming behavior (at least one form with a frequency of "often" or "almost always") was observed in 24 respondents. Another 22 respondents admitted to engaging in at least one form of self-harm with moderate frequency ("sometimes"). The average frequency of any form of self-harming behavior was recorded at 0.09.

The most common forms of self-harming behavior included intentional self-torment with self-destructive thoughts (0.28), scratching (0.23), hitting oneself (0.18), fasting (0.18), remaining in an emotionally abusive relationship (0.13), intentional injury, excessive exercise with the intent to suffer, and cutting oneself (each 0.11). The least frequent form of self-harming behavior was the intentional use of laxatives (0.02).

As the most common reasons or emotions leading to self-harming behaviors, respondents reported feelings of failure (0.39), anger (0.36), sadness (0.31), guilt (0.29), disgust (0.25), hatred (0.2), and shame (0.19). The least common responses were feelings of fatalism (0.02), a sense of injustice (0.125), unrequited love (0.15), and fear (0.17).

According to respondents, the emotions most frequently experienced as a consequence of self-harming behavior were relief (0.28), sadness (0.26), disappointment (0.24), guilt (0.21), shame (0.18), and a sense of control (0.17). On the other hand, the least common emotions following self-harm were feelings of justice (0.06), competence (0.06), anger (0.08), and forgiveness (0.09).

3.2 Bivariate Analysis

The first five forms of self-harming behavior represent externalized, self-directed aggressive actions (cutting, burning, hitting, head banging, and scratching). These behaviors were found to correlate most significantly with feelings of anger, which respondents identified as a trigger for self-harming actions (anger and hitting = 0.683; anger and scratching = 0.552).

In contrast, internalized forms of self-harm (self-tormenting thoughts, distancing from God, fasting, and sleep deprivation) showed the strongest correlation with feelings of failure (0.603).

The sense of relief experienced following self-harm was most strongly correlated with anger (0.688), feelings of failure (0.534), and guilt as a behavioral trigger (0.526). These emotions, however, also showed a significant correlation with a subsequent recurrence of guilt (guilt2) (anger and guilt2 = 0.539; failure and guilt2 = 0.578; guilt1 and guilt2 = 0.518). These triggering emotions, on the other hand, did not show a strong correlation with subsequent feelings of forgiveness (ranging from 0.214 to 0.377), suggesting that the temporary relief achieved through self-harm does not arise from forgiveness as a resolution of the issue.

The results similarly demonstrated a moderately strong correlation between internally directed emotions as triggers for self-harm (feelings of guilt, shame, and failure) and a subsequent recurrence of shame (shame2) (failure = 0.551; hatred = 0.539). The sense of control following self-harming behavior was weakly correlated with most triggers, except for its relationship with feelings of failure prior to self-harming (0.491).

4. Analysis and Interpretation of Results

The findings demonstrated a high prevalence of self-harming behavior among adolescents (50% reported engaging in such behavior sometimes or more frequently), with a relatively high proportion (26.01%) engaging in frequent or near-constant self-harm. The types of self-harming behaviors reported align with our previous findings (Démuthová, Démuth, 2019) and correspond with research conducted in other parts of the world.

The data empirically confirmed the significance and role of moral emotions in self-harming behavior. Feelings of guilt, shame, and especially failure were among the most commonly associated emotions with self-harm, particularly correlating with introverted forms of self-harm (such as self-tormenting thoughts, fasting, and physical suffering during exercise). Contrary to Sheehy et al.'s (2019) hypothesis, however, guilt was shown to be as strongly, if not

more strongly, associated with self-harming than shame. Sheehy's suggestion—that guilt tends to motivate the removal of unwanted behavior, while shame is more existentially oriented toward self-worth—was not supported by our findings. Instead, our study confirmed that self-harm is primarily driven by the perceived gap between an imperfect self-image and an unattainable ideal.

The second group of common self-harming behaviors comprised various forms of externalized aggression as self-directed behaviors (such as hitting, banging, burning, scratching, and cutting). This aggression is directed "outward" toward the physical body, aiming to transform psychological pain into physical suffering (Démuth, Démuthová, 2021). The moral emotions most frequently triggering these forms of self-harm were anger and hatred. This corresponds to a more impulsive and less controlled form of self-harm compared to, for instance, fasting or deliberate self-injury.

5. Discusion

It also emerged that these externalized, body-focused forms of self-harm most frequently and significantly correlate with feelings of relief experienced shortly after self-harm. The reasons for this extend beyond neurobiological mechanisms—such as the release of endorphins, reduction of psychological tension, and masking of emotional pain with physical pain—to include psychological aspects, namely the desire to quickly and efficiently vent tension when feeling anger. This release of tension is often perceived as relief, though frequently only in the short term.

The short-lived nature of relief from anger-motivated self-harm is indicated by the fact that the emotional state following self-harm does not typically include feelings of forgiveness or reconciliation. On the contrary, guilt (0.21) and shame (0.18) are common emotional states experienced afterward. These emotions are especially pronounced when the triggers for self-destructive behavior are feelings of failure, guilt, or previous shame. This supports Sutton's cyclical model of self-harm, indicating that individuals often feel ashamed of their actions, further reinforcing self-harm as a maladaptive coping strategy that becomes a source of concealment and additional self-harm.

Sheehy's hypothesis—that guilt is less intensely associated with self-harm than shame—was not supported by our findings; rather, the opposite appears true. Guilt, failure, and shame are closely interrelated and are among the primary reasons for self-harming behavior. Further, detailed exploration of their distinctions and impacts requires additional in-depth investigation.

6. Limits and Future Research

We recognize that our validation study has several limitations that may have influenced the results. One of the primary limitations lies in the size and structure of the research sample. Our sample is not representative in terms of size, age distribution, the overwhelming predominance of female participants, or the diversity of education and interests. Nevertheless, it clearly demonstrates the existence of a cyclical effect of moral emotions on self-harming behavior. The respondents were psychology students (therefore, the predominance of female participants), chosen based on the assumption that they are more capable of accurately and sensitively distinguishing between various emotions compared to the general population. On the other hand, this sample selection may have contributed to a certain "hypersensitivity" to specific forms of self-harm.

This points to a broader issue common to most psychological research. As in many other studies, our sample is structurally WEIRD (Western, Educated, Industrialized, Rich, and

Democratic – Heinrich et al., 2010), which means that our findings can be generalized to broader populations (e.g., those shaped by different cultural norms, values, and challenges) only with considerable caution. These limitations underscore the need for further research to verify and address these constraints.

Additionally, it is evident that future research should more rigorously differentiate certain key moral emotions—such as feelings of failure, guilt, shame, self-disgust, or self-contempt—in order to deepen our understanding of the internal structure and dynamics of these emotions and their role in the process of self-harm.

7. Conclusion

Self-harm represents a serious yet often overlooked public health issue that impacts quality of life. Like its external manifestations, the underlying motivations for self-harm frequently remain hidden. Our findings confirm the complex role of moral emotions in motivating self-harm, especially the intertwined presence of guilt, shame, and self-failure. Contrary to Sheehy's assumptions, guilt may not act as a corrective emotional force distinct from shame. Instead, both emotions appear integral to the cyclical reinforcement of self-harm. These results highlight the importance of a nuanced examination of moral emotions, as they are not only influential but potentially interdependent in self-harming behaviors. Study has shown that anger, guilt, shame, and a sense of failure are common drivers of self-destructive behavior, which may provide short-term psychological relief (by releasing tension and masking emotional suffering with physical pain) but generally fails to resolve the underlying issues. On the contrary, self-harm often leads to renewed feelings of shame, guilt, or failure (this time due to the maladaptive coping mechanism), which, along with its physiological effects, may further entrench dependence on this destructive coping strategy. Therefore, it is not enough to simply guide individuals toward more constructive coping methods. It is equally important to work on improving their self-image, addressing perfectionistic self-criticism, and understanding the role of moral emotions in their behavior. Given that the study involves a non-clinical population, a potential solution could lie in skill-training interventions and improving emotion regulation techniques (Witt et al., 2021; Iwakabe et al., 2023). These may include: psychoeducation (Lam et al., 2020), cognitive reappraisal (Buhle et al., 2014), mindfulness practices (Chiesa et al., 2013), acceptance and commitment therapy (Blackledge & Hayes, 2001), or dialectical behavior therapy, which has proven effective for clients with emotional dysregulation (Asarnow et al., 2021).

Acknowledgment

This work was supported by the Slovak Research and Development Agency under the Contract no. APVV-23-0181.

References

AIHW: Harrison, J., E.& Henley, G. (2014). Suicide and hospitalised self-harm in Australia: trends and analysis. *Injury research and statistics series* no. 93. Cat. no. INJCAT 169. Canberra: AIHW.

Asarnow, J., Berk, M., Bedics, J., Adrian, M., Gallop, R., Cohen, J., Korslund, K., Hughes, J., Avina, C., Linehan, M., & McCauley, E. (2021). Dialectical behavior therapy for suicidal self-harming youths: Emotion regulation, mechanisms, and mediators. *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(9), 1105–1115. https://doi.org/10.1016/j.jaac.2021.01.016

Blackledge, J., & Hayes, S. (2001). Emotion regulation in acceptance and commitment therapy. *Journal of Clinical Psychology,* 57(2), 243–255. https://doi.org/10.1002/1097-4679(200102)57:2<243::AID-JCLP9>3.0.CO;2-X

Buhle, J., Silvers, J., Wager, T., Lopez, R., Onyemekwu, C., Kober, H., Weber, J., & Ochsner, K. (2014). Cognitive reappraisal of emotion: A meta-analysis of human neuroimaging studies. *Cerebral Cortex*, 24(11), 2981–2990. https://doi.org/10.1093/cercor/bht154

Chiesa, A., Serretti, A., & Jakobsen, J. (2013). Mindfulness: Top-down or bottom-up emotion regulation strategy? *Clinical Psychology Review,* 33(1), 82–96. https://doi.org/10.1016/j.cpr.2012.10.006

Démuth, Démuthová, S. (2021). Aesthetics and Moral Emotions as reason for Selfharm. *8th SWS International Scientific Conferences on SOCIAL SCIENCES - ISCSS Proceedings* 2021, Vienna (A) : SWS Scientific Society, 239-246, https://doi.org/10.35603/sws.iscss.va2021/s06.24

Démuthová, S. Démuth, A. (2019). The Prevalence and Most Frequent Forms of Self-Harm in Adolescents. *Proceedings of The International Conference on Research in Psychology.* London (UK) : Diamond Scientific Publication, 39-51.

Démuthová, S. Démuth, A. (2025). Mental Problems in the Context of Self-Harming Behaviour (A Review Study). *Proceedings of the 5th International Conference on Research in Psychology.* 2(1), pp. 12-28, https://doi.org/10.33422/icrpconf.v2i1.763

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world?. *The Behavioral and brain sciences*, *33*(2-3), 61–135. https://doi.org/10.1017/S0140525X0999152X

Iwakabe, S., Nakamura, K., & Thoma, N. C. (2023). Enhancing emotion regulation. *Psychotherapy research: journal of the Society for Psychotherapy Research*, 33(7), 918–945. https://doi.org/10.1080/10503307.2023.2183155

Kinchin, I., Doran, C. M., Hall, W. D., & Meurk, C. (2017). Understanding the true economic impact of self-harming behaviour. *The lancet. Psychiatry*, *4*(12), 900–901. https://doi.org/10.1016/S2215-0366(17)30411-X

Lam, A., Leung, S., Lin, J., & Chien, W. (2020). The effectiveness of a mindfulness-based psychoeducation programme for emotional regulation in individuals with schizophrenia spectrum disorders: A pilot randomised controlled trial. *Neuropsychiatric Disease and Treatment*, 16, 729–747. https://doi.org/10.2147/NDT.S231877

Lawrence, H. R., Balkind, E. G., Ji, J. L., Burke, T. A., & Liu, R. T. (2023). Mental imagery of suicide and non-suicidal self-injury: A meta-analysis and systematic review. *Clinical psychology review*, *103*, 102302. https://doi.org/10.1016/j.cpr.2023.102302

McLoughlin, A., Sadath, A., McMahon, E., Kavalidou, K., & Malone, K. (2022). Associations between humiliation, shame, self-harm and suicidal behaviours among adolescents and young adults: A systematic review protocol. *PloS one*, *17*(11), e0278122. https://doi.org/10.1371/journal.pone.0278122

Peterson, C., Haileyesus, T., & Stone, D. M. (2024). Economic Cost of U.S. Suicide and Nonfatal Self-harm. *American journal of preventive medicine*, *67*(1), 129–133. https://doi.org/10.1016/j.amepre.2024.03.002

Rizvi, S. L., & Fitzpatrick, S. (2021). Changes in suicide and non-suicidal self-injury ideation and the moderating role of specific emotions over the course of dialectical behavior therapy. *Suicide & life-threatening behavior*, *51*(3), 429–445. https://doi.org/10.1111/sltb.12691

Sadath, A., Kavalidou, K., McMahon, E., Malone, K., & McLoughlin, A. (2024). Associations between humiliation, shame, self-harm and suicidality among adolescents and young adults: A systematic review. *PloS one*, *19*(2), e0292691. https://doi.org/10.1371/journal.pone.0292691

Sansone, R. A., & Sansone, L. A. (2010). Measuring self-harm behavior with the self-harm inventory. *Psychiatry (Edgmont (Pa. : Township))*, *7*(4), 16–20.

Sheehy, K., Noureen, A., Khaliq, A., Dhingra, K., Husain, N., Pontin, E. E., Cawley, R., & Taylor, P. J. (2019). An examination of the relationship between shame, guilt and self-harm: A systematic review and meta-analysis. *Clinical psychology review*, *73*, 101779. https://doi.org/10.1016/j.cpr.2019.101779

Sutton, J. (2007). *Healing the Hurt Within: Understand Self-injury and Self-harm, and Heal the Emotional Wounds.* 3Rev Ed edition. Oxford: How To Books p.187.

Tsiachristas, A., McDaid, D., Casey, D., Brand, F., Leal, J., Park, A. L., Geulayov, G., & Hawton, K. (2017). General hospital costs in England of medical and psychiatric care for patients who self-harm: a retrospective analysis. *The Lancet. Psychiatry*, *4*(10), 759–767. https://doi.org/10.1016/S2215-0366(17)30367-X

Witt, K. G., Hetrick, S. E., Rajaram, G., Hazell, P., Taylor Salisbury, T. L., Townsend, E., & Hawton, K. (2021). Psychosocial interventions for self-harm in adults. *The Cochrane database of systematic reviews*, 4(4), CD013668. https://doi.org/10.1002/14651858.CD013668.pub2