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TÍTULO: La relación entre la impulsividad y el déficit en la regulación cognitiva de la emoción con los intentos de automutilación en soldados ingresados en un hospital militar.

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RESUMEN: El propósito del estudio fue examinar la relación entre la impulsividad, los déficits en la regulación de las emociones cognitivas y la depresión con la automutilación de los soldados. El presente estudio fue descriptivo-correlacional y los resultados mostraron una correlación positiva significativa entre la impulsividad y la automutilación del personal de guardia, entre los déficits cognitivo-emocionales y la automutilación del personal de guardia, y entre la depresión y la automutilación del personal de guardia.

PALABRAS CLAVES: Impulso, déficit en la regulación cognitiva de la emoción, depresión, automutilación.

TITLE: The relationship between impulsivity and deficit in cognitive regulation of emotion with self-mutilation attempts in soldiers admitted to a military hospital

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ABSTRACT: The purpose of the study was to examine the relationship between impulsivity, deficits in cognitive emotion regulation and depression with soldiers' self-mutilation. The present study was descriptive-correlational and the results showed a significant positive correlation between impulsivity and self-mutilation of duty staff, between cognitive-emotional deficits and self-mutilation of duty staff, and between depression and self-mutilation of duty staff.

KEY WORDS: impulsivity, deficit in cognitive regulation of emotion, depression, self-mutilation.

INTRODUCTION.

Self-mutilation refers to localized, and informed self-injury to punish oneself or others, due to the inability to tolerate an individual's internalized aggressive shocks. This is often done with elegance and with cutting devices such as a blade, a knife, a card, a glass and a mirror on the wrist, and the arms and thighs, less likely on the chest and abdomen. The majority of the patients with self-mutilation has high impulsivity and suffers from personality disorder (Sadock and Sadock, 2007). Studies have shown many factors like impulsivity and deficit in cognitive regulation of emotion as risk factors for self-mutilation (Sadook, et. al., 2007).

Emotional cognitive regulation has a significant role in the development and maintenance of emotional disturbances, encompassing a wide range of physiological consciousness, cognitive behaviors, and cognitive processes. Cognitive regulation of emotion refers to all cognitive styles everyone uses to increase or decrease or maintain his emotions (Garnefski et al. 2001). In fact, emotion regulation calls for an optimal interaction of cognition and emotion to deal with negative conditions as humans face it with whatever they interpret, and cognitive interpretations determine the responses of individuals (Ochsner & Gross, 2005).

In the new approaches, the cause of emotional disorders is attributed to the defect in cognitive controls, so that the inability to control the negative emotions is because of the existence of negative thoughts and beliefs about worries and the use of ineffective coping methods (Gross, 2007).

In other words, emotion regulation is a process where people determine what emotions to have consciously and when to experience and express it. Those constantly blaming themselves and consider every small event as catastrophic are on one side and those who have a high acceptance are optimist and do not blame others are on the other (Pakdaman, 2001). Emotional regulation can mostly reduce impulsivity (Dawe & Loxton, 2004).

Another factor affecting self-mutilation is impulsivity. Impulsivity is the core of many social injuries, such as self-mutilation, substance abuse, gambling, personality disorders, and aggressive behavior (Aecw & Santisteban, 2006). This disorder causes waste of time and money in many countries every year (Swann and Hollander, 2002).

Impulsivity may also be considered as acting with the least thought about future behaviors or action based on thoughts not the best option for an individual or others (Swann, 2010; Rincon-Flores et al., 2018). Another important factor involved in self-mutilation is the individual's impulsivity.

Impulsivity is a multi-dimensional concept defined based on being involved in behaviors without prospective thinking and hasty response to the stimulus, which often produces maladaptive consequences. The results show that impulsivity has a role in mood disorders (Sanders and Howton, 2009; Katra & Lupetki, 2018).

Impulsivity is one of the main aspects of self-mutilation actions and behaviors (Fossati, et. al. 2007). Impulsivity and impulsive behavior are the core of many psychiatric disorders such as hyperactivity / attention deficit, personality disorders, learning disabilities, conduct disorder, impulse control disorder, substance abuse and self-mutilation and suicidal behaviors (Corruble, et. al. 2003).

Self-mutilation can be associated with various types of diagnosis such as drug abuse, eating disorder, post-traumatic stress disorder, severe depression, anxiety disorders and schizophrenia, and any personality disorders, especially BPD (Eisenberg et. al., 2001). Additionally, there is a relationship between borderline personality traits and analytical disorder disorders, major depression, anxiety, impulsivity, and cognitive-emotional regulation problems with self-mutilation (Fathi, 2009). In major depressive disorder, impulsivity is considered as one of the main aspects of self-mutilation actions and behaviors.

Evaluating the mental status of soldiers, as part of the military community, is an issue dealt with less. According to the studies, the number of 18-year-old males in Iran in 2004 and 2006 was 892955 and 890000, respectively, of whom according to the current laws and to protect and protect the Islamic Republic of Iran, a high percentage has entered the service of holy duty. The experience of the new conditions in life for this group of young people may be very stressful and lead to adaptive problems and some malformations in them, which is a typical example of being suicidal and suicidal (Ekhtiari et al. 2005; Al Tariq, 2018).

The existence of self-mutilation among soldiers in any size and extent has negative psychosocial and social effects considered a serious problem for the health system of the country and the armed forces. Generally, self-mutilation in military units may cause fears among young soldiers and find hostile feelings towards officials and commanders. Examining self-mutilation is a specialized, complex, scientific, and usually preventable topic. Correct intervention can obviously modify or eliminate self-mutilation (Yousefi, 2006).

According to the above and because of the increase in the relative prevalence of self-mutilation among soldiers and few studies in this case, it seems necessary to study the relationship between impulsivity and deficit in cognitive regulation of emotion as two important factors in self-mutilation attempts in draftee soldiers. It also seems that the implementation of the study can develop knowledge about the

self-mutilation and better identify the causes and motivation for committing self-mutilation among the draftee and help authorities to identify the causes and the motivations of self-mutilation to stop them.

The increasing spread of self-mutilation in recent years in adolescents and young people age groups, especially during the duty of soldiers, has increased the need to address this social problem (Rahmanto et al, 2018; Villalobos, 2018; Ajallooeian et al, 2015). As impulsivity and deficit in cognitive regulation of emotion are the most important factors in self-mutilation, according to the results of this study, and the significant relationship between impulsivity and deficit in cognitive regulation of emotion with self-mutilation, the more severity of these two variables is, the probability of committing self-mutilation is more. Thus, it is possible to use the results of this study and the proposed strategies to prevent self-mutilation and mental health of the draftees (Shirvani et. al, 2015; Alwahdani, 2019).

Thus, the present study tries to answer the question of what the effective and ineffective factors are in self-mutilation aggravation and how much impulsivity and deficit in cognitive regulation of emotion are predictive of self-mutilation.

DEVELOPMENT.

Methodology.

The present study was descriptive-correlational conducted as cross-sectional in the year 2017. The population was all the soldiers admitted to the specialized psychiatric army hospital, with the inclusion criteria, such as BPD based on psychiatric diagnosis, and conducting structured clinical interviews and having the diagnostic criteria, fifth edition of statistical guide and diagnosis of mental disorders for soldiers, history of self-mutilation, at least 5 attempts at self-mutilation during the last year until the study, having at least 3rd grade guide school education, and willingness to participate in the study, and being at least 18.

The sample size was determined using Cochran's formula as 130 people, who were selected using convenience sampling method and entered the study.

The research tools were:

- CERQ-P questionnaire has 36 items and 9 subscales (blaming oneself, blaming others, accepting, attention to planning again, positive attention again, mental rumination, positive re-evaluation, evaluating positively, adopting perspective and disastrous perception. Its validity and reliability are confirmed in various studies (Basharat, 2009; Hasani, 2010; Heidary & Riahi, 2018; Ekhtiari, et al. 2008).
- BDI-II of Beck, Ward, Mendelson, Mock, and Arbog has 21 items evaluating responses on a 4-option scale; validation studies usually have a high correlation between the scores of this questionnaire and other depression scales.
- BIS-ll by Barratt has 30 questions developed on a 3-option Likert scale with three cognitive impulsivity subscales, motor impulse, and impulsive impulsivity. In an attempt to determine the validity and reliability of the Persian version of the Eysenck, Barat, Dickman, and Zuckerman questionnaires in determining risk behaviors and impulsivity, Ekhtiary et al. (2008) stated the alpha coefficients for Barrett scales good (Vin & Pina, 2010) and impulsivity alpha Cronbach's in this study is 0.75.
- A researcher-made demographic information questionnaire containing information on individual characteristics like age, education, marital status, place of residence, birth order, service units, history of self-mutilation, frequency of self-mutilation, and various areas of the body where it is done on. The history of admission to psychiatrists and psychologists, drug use and so on are reviewed in this questionnaire, which can provide useful and effective information.

Pearson correlation and stepwise regression analysis were used for data analysis.

Results and discussion.

To examine the main hypothesis, "There is a significant relationship between impulsivity, depression and cognitive-emotional deficiency with self-mutilation of the draftees," Eta correlation coefficient was used, and the results are presented in Table 1.

Table 1: Correlation matrix between impulsivity, depression and cognitive-emotional deficit with self-mutilation attempts among the draftees.

Variables	Self-mutilation attempts
Impulsivity	0.71**
Depression	0.62**
Cognitive-emotional deficit	0.58**

Significance level at 0.01 (**).

Table 1 shows that the coefficients of correlation between impulsivity and self-mutilation (r = 0.71), depression and self-mutilation (r = 0.62) and cognitive-emotional deficient with self-mutilation (r = 0.58) that were statistically directly significant at (P <0.01). In other words, with increase in impulsivity, depression and cognitive-emotional deficit of the draftees will increase so will self-mutilation attempts. Thus, there is a significant relationship between impulsivity, depression and cognitive-emotional deficit with draftees' self-mutilation.

to examine the hypothesis 1 - "There is a significant relationship between impulsivity and self-mutilation of draftees" - the correlation coefficient (Eta) was used with the results are presented in Table 2.

Table 2: Correlation matrix between impulsivity and self-mutilation of draftees.

Variables	Self-mutilation attempts
Impulsivity	0.71**

(**) Significance level at 0.01

Table 2 shows that the coefficient of correlation between impulsivity and self-mutilation (r = 0.71) is statistically significant at (P<0.01). In other words, with increase in impulsivity, self-mutilation attempts increase as well.

To test the hypothesis 2 - "There is a significant relationship between cognitive-emotional deficit and self-mutilation of draftees" - Eta correlation test was used with the results are presented in Table 3.

Table 3: Correlation matrix of cognitive-emotional deficit and self-mutilation of draftees.

Strategies	Variables	Self-mutilation attempts
Negative emotion-regulation Strategies	Blame oneself	0.48*
	Rumination	0.34*
	Catastrophizing the incident	0.32*
	Blaming others	0.39*
Positive emotion-regulation Strategies	Accepting the incident	-0.31*
	A positive re-consideration of the incident	-0.48*
	Attention to reprogramming	-0.39*
	Positive reassessment of the incident	-0.29*
	Adopting an opinion from the incident	-0.33*

Significant at 0.05 (*)

Table 3 shows that the coefficients of correlation between dimensions of negative emotion regulation (blame oneself, rumination, catastrophizing the incident and blaming others) are statistically significant (P<0.05). Furthermore, the relationship between the aspects of positive emotion regulation strategies (event acceptance, positive re-consideration of the incident, attention to reprogramming, positive re-assessment of the incident, and adopting an opinion from the incident) with self-mutilation was statistically significant reverse at (P<0.05). In other words, with increase in the use of negative emotion control strategies (blaming self, rumination, catastrophizing events and

blaming others), self-mutilation of draftees increases as well. However, with increase in the use of positive emotion regulation strategies (event acceptance, positive re-consideration of the incident, attention to reprogramming, positive re-assessment of the incident, and adopting an opinion from the incident), self-mutilation attempts by the draftees decreases.

In order to test the sub-hypothesis 3 - "There is a significant relationship between depression and self-mutilation attempts of the draftees," correlation test (Eta) was used with the results are presented in Table 4.

Table 4: Correlation matrix between depression and self-mutilation of the draftees.

Variables	Self-mutilation
Depression	0.62**

(**) Significance level at 0.01

Table 4 shows that the correlation coefficient between depression and self-mutilation ($r = 0.62$) is statistically significant ($P < 0.01$). In other words, with the increase in depression, the level of self-mutilation increased as well.

As seen in the results, the main hypothesis of the study - there is a significant relationship between impulsivity, depression and cognitive-emotional deficit with self-mutilation at the level ($P < 0.01$) - was confirmed.

Consistent with this hypothesis, the results of studies have shown that using maladaptive strategies of cognitive emotion regulation is related to emotional problems and mental health.

The common results of the studies show that among maladaptive strategies - self-blame, rumination and catastrophizing thinking - there is a strong correlation with negative emotions including depression, anxiety, stress and anger, and impulsivity components (Hellgren and Carlberg, 2008; Michael, 2010). Those with a high score in reassessment showed less impulsivity in response to the provocative situation (Murphy, 1988).

The results showed that changing the habitual method in individuals when responding to anger can be an important component in anger management interventions and emotional regulation is a major factor in impulsivity (arnefski, and Kraaij, 2006).

Different studies have shown that attempting to regulate the negative emotions forms a subset of emotional regulation, which is the deliberate strategies that individuals use to reduce negative emotions (such as distraction and reinterpretation) (Gotlib, I.H, et al. 2005).

Negative emotions include fear, anger, hatred and sadness. In addition, empirical studies have focused on this subdivision of emotional disturbances, which will have the potential to affect the results of clinical interventions (New, et al. 2009).

CONCLUSIONS.

According to the results obtained and the studies mentioned, the higher the intensity of impulsivity, depression and deficit in cognitive regulation of emotion, the higher the risk of self-mutilation in depressed and impulsive individuals will be. In fact, there is a direct relationship between self-mutilation and depression, impulsivity and deficit in cognitive regulation of emotion.

According to the above, there is a relationship between impulsivity, depression and deficit in cognitive regulation of emotion with self-mutilation. The impulsive person has deficit in emotions and in some conditions cannot control his or her emotions. The people with a defect in the emotional system experience a kind of mood instability and the ones with depression have a type of emotional instability, all of which triggers high-risk behaviors.

In addition, the results showed a significant relationship between impulsivity and self-mutilation of the draftees, which is in line with this hypothesis. Many studies have shown this between impulsivity and a range of psychological damage based on this model.

A study shows a correlation between the aspects of the urgency and the emotion seeking of this division, according to which a questionnaire made with alcohol abuse, is correlated (Schutte et al. 2007). Miller, Barnes, Sabo, Melnick, and Emotion-seeking will be the most important predictor of high-risk self-mutilation behaviors, involvement in delinquent practices, and drugs and alcohol abuse, and the lack of intent is the most important impulse dimension with a stable relationship with externalizing behaviors (antisocial personality disorder, psychopathy, and various types of delinquent acts) (Joorman and Gotlibm 2007). A positive relationship was reported between willingness to use alcohol, impulsiveness and risk taking.

Risky decisions are of the characteristics of impulsive people. Disorder in this kind of decision-making is the core of impulsive phenomena and impulsive behaviors. Impulsiveness is a main cause of social harm, such as substance use, self-mutilation, gambling, illness, and personality disorder, sexual and criminal misconduct. The impulsive person is shocked by the situations of stress in a hasty, silly, and emotional way. According to the studies, the effects of impulsive personality are self-mutilation and aggressiveness because they are unable to think about their actions in a situation where they have a negative emotion.

According to the results and the studies done, it was found that impulsivity is the most important predictor of high-risk behaviors such as self-mutilation. Thus, the more the impulsivity is, the greater the chance of self-mutilation in the impulsive person will be.

The results also showed a significant relationship between cognitive-emotional deficit and self-mutilation of the draftees. In confirmation of these results, various studies have shown a significant relationship between cognitive-emotional deficits and high-risk behaviors and education of adolescents to increase emotional awareness and ability to regulate emotions, which leads to reduction of risk behaviors in them (Ritchey, et al. 2011).

The results of a meta-analysis study on emotional regulation strategies (admission, avoidance, problem solving, re-evaluation, rumination and repression) in people with psychological trauma (anxiety, depression, eating disorders, suicide and self-mutilation, and drug-related disorders) showed that high rumination techniques, avoidance, problem solving, and moderate suppression, and market introduction and acceptance were used slightly in people with mental disorders (anxiety, depression, eating disorders, and substance-related disorders).

Individuals attempting self-mutilation have characteristics such as mood instability, physical and mental deficit, and physical inferiority. The researchers attribute the main cause of emotional deficit to defects in cognitive controls. The inability to control negative excitement results from the existence of the negative thoughts and beliefs about worries and the use of ineffective coping practices. Major deficits in the ability to understand the regulation of emotions and mood create high-risk behaviors such as self-mutilation. In confirming this, individuals with personality disorder can be stated that many diagnostic criteria for borderline personality disorder (e.g., self-mutilation and emotional instability) are a reflection of emotional regulation failure.

According to the above and the studies conducted, there was a direct correlation with self-mutilation and emotion regulation and leads to the use of negative person's cognitive strategies towards high-risk behaviors such as suicide and self-mutilation.

Furthermore, the results showed a significant relationship between depression and self-mutilation of the draftees and the people with major depressive disorder suffering from defect in negative emotional regulation. The results of their study showed a selective defect in regulating negative emotions.

According to positive emotions, neither amygdala activity, nor activity in surveillance networks in assessment or distraction had changed in the patients with major depressive disorder compared to the control group. This helps understand the emotional regulation of depression as all previous

studies that reported only negative emotional stimuli. As depression is a disorder affected by negative emotions and symptoms related to low self-esteem and loss of interest and pleasure in activity, this is an acceptable result. In contrast to low positive emotion regulation, there is evidence that patients with major depressive disorder have problems with increasing or maintaining positive emotions or using cognitive regulation.

The patients with major depressive disorder tend to increase their negative emotional dissociation and reduce their positive emotions. The mood disorders re coupled with a negative side effect on perception and interpretation coming from emotional information. Other studies have shown that patients with major depressive disorder show biased attention to grief and restlessness and tend to be neutral or negative in terms of negative information compared to non-depressed subjects.

Patients with depression are unable to experience positive emotions and suffer from a deficit in regulating negative emotions. Feeling hopeless and frustration, worthlessness, low self-esteem and low self-confidence, and feeling emptiness in depressed persons make them vulnerable, leading them to risky behaviors like self-mutilation. According to the results and the studies conducted, the higher the degree of depression, the greater the risk of self-mutilation and the more the person is at high-risk behaviors, so there is a direct relationship between depression and self-mutilation.

Self-mutilation is one of the most common crimes among soldiers, with many reasons involved in it. As examined in this study, many causes are involved in pushing a draftee to self-mutilation. Furthermore, as the soldiers are in a different environment than the community, and due to inconsistency with the environment and other reasons, its prevalence increases among the soldiers. It is obvious that self-mutilation by soldiers has negative aftermath for the armed forces. Thus, it is necessary to conduct comprehensive studies on this issue both at the level of the armed forces and the judiciary of the armed forces and academic environments.

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