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Family Conflict and Adolescent Self-Injury: The Mediating Role of Alexithymia

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A B S T R A C T

Objective: This study aimed to examine the relationship between family conflict and adolescent self-injury, with a focus on the mediating role of alexithymia.

Methods and Materials: A descriptive correlational design was employed using a sample of 396 Iranian secondary school students selected based on the Morgan and Krejcie sampling table. Standardized instruments were used to assess family conflict, alexithymia, and self-injurious behavior. Data were analyzed using SPSS-27 for Pearson correlation and AMOS-21 for structural equation modeling (SEM). Assumptions for normality, linearity, and multicollinearity were confirmed prior to analysis. The structural model tested both direct and indirect effects to evaluate the mediating function of alexithymia in the relationship between family conflict and self-injury.

Findings: Pearson correlations showed significant positive relationships among all variables: family conflict and alexithymia ($r = .42$, $p < .01$), family conflict and self-injury ($r = .34$, $p < .01$), and alexithymia and self-injury ($r = .49$, $p < .01$). The structural model demonstrated excellent fit indices ($\chi^2/df = 2.43$, CFI = 0.96, RMSEA = 0.059). Path analysis revealed significant direct effects of family conflict on alexithymia ($B = 0.43$, $\beta = .42$, $p < .001$), alexithymia on self-injury ($B = 0.38$, $\beta = .46$, $p < .001$), and family conflict on self-injury ($B = 0.19$, $\beta = .24$, $p = .004$). The indirect effect of family conflict on self-injury through alexithymia was also significant ($B = 0.16$, $\beta = .19$, $p < .001$), confirming partial mediation.

Conclusion: Findings underscore alexithymia as a critical emotional mechanism linking family conflict to self-injurious behavior in adolescents. Interventions targeting emotional awareness and family communication may help mitigate the risks associated with adolescent self-harm, especially in culturally diverse contexts.

Keywords: *Adolescent self-injury; family conflict; alexithymia; emotional regulation*

1 Introduction

Adolescence is a developmental stage marked by profound emotional, cognitive, and interpersonal transitions, making it a period of heightened vulnerability to self-injurious behaviors. Among the various psychosocial determinants of adolescent self-injury, family dynamics—particularly family conflict—have been consistently identified as key contributors to maladaptive emotional regulation and behavioral outcomes (Campbell et al., 2019; Wan et al., 2025). Research has increasingly turned attention to understanding the mediating mechanisms that link family environment to adolescent self-harm, and alexithymia, or the difficulty in identifying and expressing emotions, has emerged as a salient psychological process in this regard (Kelada et al., 2016; H. Wei et al., 2024).

Non-suicidal self-injury (NSSI) refers to the deliberate, direct destruction of one's own body tissue without suicidal intent and for purposes not socially sanctioned (Agüero et al., 2018). NSSI is not only prevalent across cultures but is particularly pronounced during adolescence, when emotional regulation capacities are still maturing (Moraes et al., 2020; Pawłowska et al., 2016). Studies suggest that nearly one in five adolescents may engage in self-injury, often as a response to overwhelming emotional states or interpersonal stressors (Maria Letícia Coelho de et al., 2020; Vafaei et al., 2023). The family system, as a primary socialization context, plays a critical role in shaping how adolescents cope with emotional distress. Poor family functioning, especially frequent and unresolved conflicts, may disrupt emotional safety and foster internalizing behaviors, such as self-harm (Bjørndal et al., 2024; Roberts et al., 2019).

A growing body of literature indicates that persistent family conflict is strongly associated with adolescent psychological distress and self-harm (Bandzeladze et al., 2019; Cao & Tam, 2021). Conflict with parents can induce chronic stress and a sense of helplessness in adolescents, contributing to emotional dysregulation and lowered self-efficacy in handling distress (McCauley et al., 2018; Zhao et al., 2015). Longitudinal data have shown that unresolved interparental and parent–adolescent conflicts predict higher rates of recurrent NSSI and suicidal ideation (Adrian et al., 2019; DeVille et al., 2020). Furthermore, cultural studies reveal that the perception of family conflict may differ significantly between adolescents and parents, influencing the impact of such discord on psychological outcomes (Li et al., 2023; Wu et al., 2022).

The emotional toll of family conflict is compounded by deficits in emotional insight, particularly alexithymia. Alexithymia, defined by difficulty identifying and describing feelings and a tendency toward externally oriented thinking, impairs an adolescent's capacity to process interpersonal distress in adaptive ways (Yekta et al., 2023). Adolescents with high levels of alexithymia are more likely to turn to self-injury as a maladaptive coping mechanism due to their inability to understand and articulate emotional pain (C. Wei et al., 2024; Yang et al., 2021). Indeed, alexithymia has been linked not only to increased risk of NSSI but also to greater severity and chronicity of self-harming behavior across clinical and non-clinical samples (Manuela Almeida da Silva & Dell'Aglio, 2022; Nelson et al., 2023).

The mediating role of alexithymia in the relationship between family conflict and self-injury has been substantiated by several empirical models. For example, Kelada et al. (2016) demonstrated that adolescents from high-conflict families reported significantly higher alexithymia scores, which in turn predicted greater engagement in NSSI (Kelada et al., 2016). This aligns with biopsychosocial frameworks of adolescent development that posit emotional processing abilities as critical intermediaries between environmental stress and behavioral outcomes (Tuohy et al., 2025; Wan et al., 2025). In this context, family conflict is not merely a background stressor but an active disruptor of emotional awareness and expression, leading to maladaptive regulation strategies such as self-injury.

Cultural and socioeconomic contexts further influence the manifestation of family conflict and its psychological consequences. In lower- and middle-income regions, where family cohesion may be strained by structural inequities, adolescent vulnerability to self-injury may be exacerbated by additional stressors such as financial instability, exposure to violence, and limited mental health resources (Pearson et al., 2025; Sari et al., 2024). Studies conducted in diverse settings—including Myanmar, Georgia, and the Amazon region—have highlighted the complex interplay between sociocultural norms, parental expectations, and adolescent distress, reinforcing the need for culturally grounded approaches to family-based interventions (Bandzeladze et al., 2019; Maria Letícia Coelho de et al., 2020; Pearson et al., 2025).

Moreover, gender differences have been observed in how adolescents internalize family conflict and express emotional pain. Female adolescents are more likely to report higher emotional sensitivity and are disproportionately

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represented in NSSI statistics, especially in contexts where emotional expression is discouraged or pathologized (Vafaei et al., 2023; H. Wei et al., 2024). The intersection of gender socialization, emotional development, and familial environment suggests that interventions targeting emotional awareness and family communication may yield differential benefits across gender lines (Campbell et al., 2019; Li & Warner, 2015).

From a developmental perspective, adolescence represents a critical period for the consolidation of identity and emotional self-regulation. According to the bioecological model, proximal family processes exert significant influence on adolescent development, particularly in high-stress environments (Manuela Almeida da Silva & Dell'Aglio, 2022). The quality of family communication and the presence or absence of conflict mediate the adolescent's ability to develop adaptive emotional processing skills, which in turn influence their susceptibility to self-injury (C. Wei et al., 2024; Yang et al., 2021). This theoretical framework underscores the importance of examining alexithymia as a mechanism through which family conflict impacts adolescent behavior.

In Iran, where this study is situated, adolescents face a unique constellation of challenges including historical trauma, economic inequality, and fragmented family structures. These contextual factors amplify the need for empirical research on adolescent mental health and family functioning in non-Western populations (Roberts et al., 2019; Tuohy et al., 2025). Despite the growing recognition of self-injury as a pressing public health concern, there remains a paucity of research examining its underlying psychosocial mechanisms in Iranian adolescents. This gap limits the development of culturally responsive prevention and intervention programs.

The current study aims to address this gap by exploring the relationship between family conflict and adolescent self-injury in a Iran sample, with alexithymia as a mediating variable.

2 Methods and Materials

2.1 Study Design and Participants

This study employed a descriptive correlational design to examine the relationship between family conflict and adolescent self-injury, with alexithymia as a mediating variable. The population consisted of secondary school students from Iran, and the sample included 396 adolescents selected through multistage cluster sampling. The sample size was determined based on the Morgan and Krejcie (1970) table for a population greater than 10,000, ensuring statistical power for correlation and structural equation modeling analyses. Inclusion criteria required participants to be aged between 13 and 18 years, enrolled in public secondary schools, and willing to participate with parental consent. Exclusion criteria included diagnosis of major psychiatric conditions or cognitive impairment that would prevent valid self-reporting.

2.2 Measures

2.2.1 Self-Injury

To assess adolescent self-injury, the Deliberate Self-Harm Inventory (DSHI) developed by Gratz (2001) was used. This self-report tool consists of 17 items designed to evaluate the frequency, methods, and characteristics of deliberate self-harm behaviors over the past year. Respondents indicate whether they have engaged in specific self-injurious behaviors (e.g., cutting, burning, or hitting oneself) and how often. The DSHI provides both a total score reflecting the number of different self-injurious behaviors and frequency scores for each behavior type. Scoring is straightforward, with higher scores indicating greater engagement in self-injury. The DSHI has demonstrated excellent internal consistency (Cronbach's alpha > .80), test-retest reliability, and strong construct validity in adolescent and clinical populations, confirming its utility in studies on non-suicidal self-injury.

2.2.2 Alexithymia

Alexithymia was measured using the Toronto Alexithymia Scale–20 (TAS-20), developed by Bagby, Parker, and Taylor (1994). This widely used instrument comprises 20 items across three subscales: Difficulty Identifying Feelings (DIF), Difficulty Describing Feelings (DDF), and Externally-Oriented Thinking (EOT). Respondents rate each item on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores reflecting greater alexithymic traits. The TAS-20 has been validated in both adolescent and adult populations and has consistently shown good internal consistency (α = .78–.82) and test-retest reliability, along with convergent validity with emotional awareness and psychological distress measures.

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2.2.3 *Conflict Behavior*

Family conflict was assessed using the Conflict Behavior Questionnaire (CBQ) originally developed by Robin and Foster (1989). The adolescent version includes 20 true-false items that assess perceived conflict, communication problems, and emotional distance between the adolescent and their parents. Items cover both overt and covert forms of familial conflict, with higher total scores indicating greater conflict. The CBQ has demonstrated strong psychometric properties, including internal consistency coefficients typically above .80, and it correlates significantly with other measures of family dysfunction and adolescent behavioral problems. It has been widely used in clinical and developmental research involving adolescents and family dynamics.

2.3 *Data Analysis*

Data analysis was conducted using SPSS version 27 and AMOS version 21. Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to summarize demographic characteristics. Pearson correlation coefficients were computed to assess the bivariate relationships between self-injury (dependent variable), alexithymia, and family conflict (independent variables). Structural Equation Modeling (SEM) was applied to test the hypothesized mediating role of alexithymia in the relationship between family conflict and self-injury. Model fit was evaluated using indices including Chi-square (χ^2), Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), and Tucker–Lewis Index (TLI). Significance was set at $p < .05$.

3 Findings and Results

Among the 396 adolescents who participated in the study, 213 (53.79%) were female and 183 (46.21%) were male. The mean age of participants was 15.42 years (SD = 1.68). Regarding grade level, 29.04% (n = 115) were in Grade 9, 35.10% (n = 139) in Grade 10, 23.74% (n = 94) in Grade 11, and 12.12% (n = 48) in Grade 12. In terms of family structure, 61.36% (n = 243) reported living with both parents, while 38.64% (n = 153) lived in single-parent or blended households. These frequencies suggest a balanced representation across gender and school grades.

Table 1

Descriptive Statistics for Main Variables (N = 396)

Variable	Mean (M)	Standard Deviation (SD)
Family Conflict	38.46	6.82
Alexithymia	56.13	8.74
Self-Injury	11.92	3.47

Participants reported a moderate level of perceived family conflict (M = 38.46, SD = 6.82). Alexithymia scores were above the scale's midpoint (M = 56.13, SD = 8.74), indicating a relatively high tendency toward emotional processing difficulties. The mean self-injury score was 11.92 (SD = 3.47), consistent with other studies of non-clinical adolescent populations (Table 1). Before conducting correlation and SEM analyses, assumptions of normality, linearity, multicollinearity, and outliers were assessed. Skewness and kurtosis values for all main variables ranged between −0.73 and +0.81, indicating acceptable normal distribution. Mahalanobis distance (critical χ^2 at $p < .001$ = 16.27) was calculated to detect multivariate outliers, and only 3 cases exceeded this threshold and were removed. Variance Inflation Factor (VIF) values ranged from 1.12 to 1.39, confirming no multicollinearity concerns. Additionally, scatterplots confirmed linearity between variables, and homoscedasticity was visually inspected and upheld.

Table 2

Pearson Correlations Between Study Variables

Variables	1. Family Conflict	2. Alexithymia	3. Self-Injury
1. Family Conflict	—	.42**	.34**
2. Alexithymia	.42**	—	.49**
3. Self-Injury	.34**	.49**	—

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There was a significant positive correlation between family conflict and alexithymia ($r = .42$, $p < .01$), as well as between family conflict and self-injury ($r = .34$, $p < .01$). Alexithymia showed the strongest correlation with self-injury ($r = .49$, $p < .01$), suggesting its central role as a mediating factor (Table 2).

Table 3

Goodness-of-Fit Indices for the Structural Equation Model

Fit Index	Value	Recommended Threshold
χ^2	116.78	—
df	48	—
χ^2/df	2.43	< 3.00
GFI	0.94	≥ 0.90
AGFI	0.91	≥ 0.90
CFI	0.96	≥ 0.95
TLI	0.94	≥ 0.90
RMSEA	0.059	≤ 0.08

The model exhibited excellent fit: $\chi^2(48) = 116.78$, $p < .001$, with $\chi^2/df = 2.43$, RMSEA = 0.059, CFI = 0.96, and GFI = 0.94. These indices indicate that the hypothesized mediation model is statistically supported and reflects the observed data well.

Table 4

Direct, Indirect, and Total Effects Between Study Variables

Path	B	SE	β	p
Family Conflict → Alexithymia	0.43	0.06	.42	<.001
Alexithymia → Self-Injury	0.38	0.05	.46	<.001
Family Conflict → Self-Injury	0.19	0.07	.24	.004
Family Conflict → Self-Injury (Indirect)	0.16	0.04	.19	<.001
Family Conflict → Self-Injury (Total)	0.35	0.06	.43	<.001

The path from family conflict to alexithymia was significant ($B = 0.43$, $\beta = .42$, $p < .001$), as was the path from alexithymia to self-injury ($B = 0.38$, $\beta = .46$, $p < .001$). The direct effect of family conflict on self-injury remained significant but reduced in magnitude ($B = 0.19$, $\beta = .24$, $p = .004$), while the indirect effect through alexithymia was also significant ($B = 0.16$, $\beta = .19$, $p < .001$). The total effect of family conflict on self-injury was strong and significant ($B = 0.35$, $\beta = .43$, $p < .001$), supporting the mediating role of alexithymia (Table 4).

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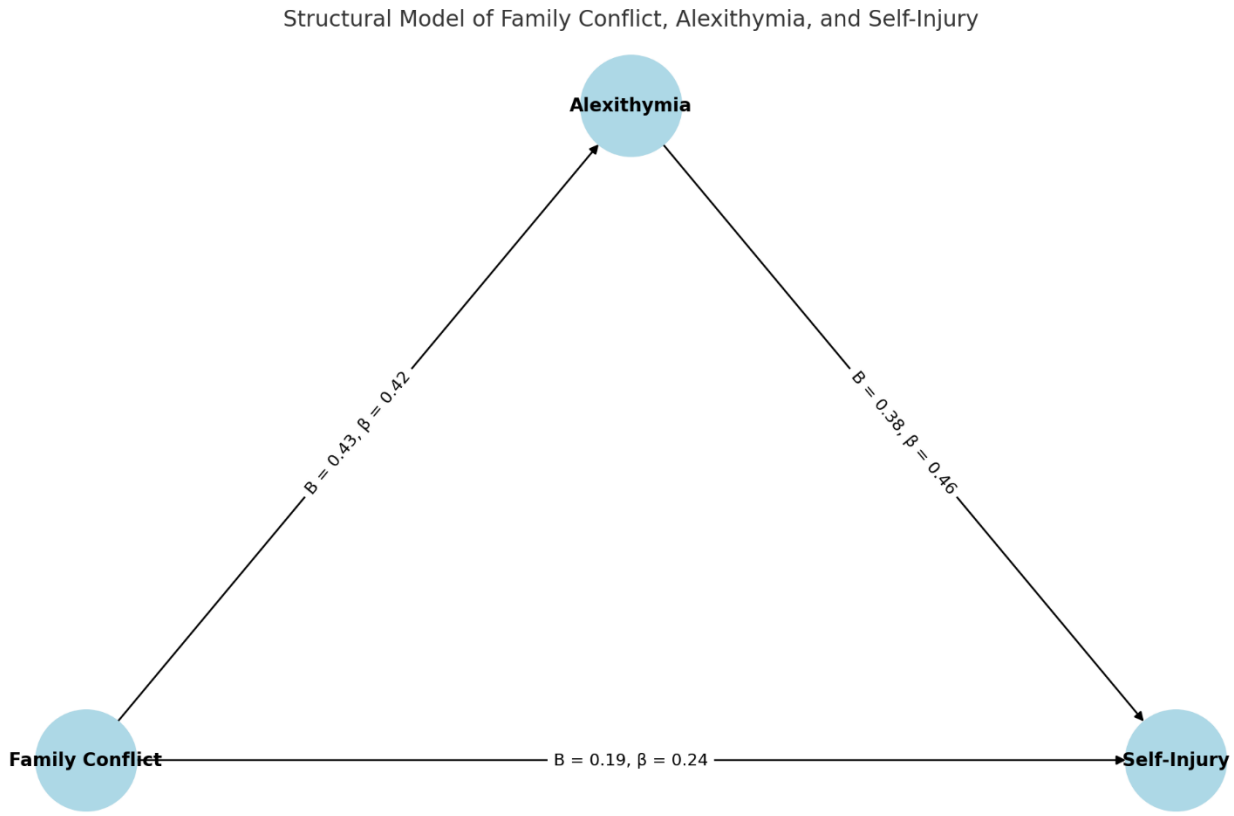
Figure 1

Model with Beta Coefficients



4 Discussion and Conclusion

The present study aimed to explore the relationship between family conflict and adolescent self-injury, with a particular focus on the mediating role of alexithymia. Consistent with the hypothesized model, the results confirmed that perceived family conflict significantly predicts self-injurious behavior in adolescents, and this relationship is partially mediated by alexithymia. The use of structural equation modeling provided robust evidence supporting the indirect pathway, whereby higher levels of family conflict were associated with increased alexithymia, which in turn predicted greater engagement in self-injury. These findings contribute to a growing body of research emphasizing the emotional and interpersonal underpinnings of adolescent non-suicidal self-injury (NSSI), particularly in culturally diverse contexts such as Iran.

The direct association between family conflict and adolescent self-injury observed in this study supports previous findings that have underscored the destructive impact of a hostile or unsupportive family environment on adolescent mental health (Campbell et al., 2019; Roberts et al., 2019). Adolescents who are routinely exposed to interparental disputes, criticism, and emotional disengagement may experience chronic stress and emotional insecurity, leading to maladaptive coping behaviors such as self-harm (McCauley et al., 2018; Wan et al., 2025). These results echo findings from other studies indicating that unresolved family conflict is a significant predictor of NSSI, not only in clinical populations but also among community-based adolescents (Kelada et al., 2016; Li et al., 2023). In particular, conflict-laden family dynamics appear to compromise the adolescent's ability to internalize healthy emotion regulation strategies, thereby increasing vulnerability to self-injurious behavior.

In line with the study's second hypothesis, alexithymia emerged as a significant mediator in the relationship between family conflict and self-injury. Adolescents reporting higher levels of family conflict also reported greater difficulties in identifying and expressing emotions, which was significantly related to their self-harming behavior. This finding is consistent with emotion regulation models that propose alexithymia as a core mechanism linking interpersonal dysfunction to self-directed harm (H.

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Wei et al., 2024; Yekta et al., 2023). When family interactions are conflictual and emotionally invalidating, adolescents may learn to suppress or dissociate from emotional experiences, leading to elevated alexithymic traits (Yang et al., 2021). In turn, this emotional constriction makes it more difficult to manage distress through verbal or relational means, increasing the likelihood of physical acts of self-injury as an outlet.

These results are supported by international research that highlights the emotional deficits associated with alexithymia in adolescents who self-injure. For example, studies have shown that adolescents with high alexithymia scores are more likely to report frequent NSSI episodes and use more severe methods of self-harm (Manuela Almeida da Silva & Dell'Aglio, 2022; Nelson et al., 2023). Moreover, alexithymia has been found to moderate the effects of family-based stressors, amplifying the psychological impact of interparental conflict on youth adjustment (DeVille et al., 2020; Kelada et al., 2016). The current study adds to this literature by demonstrating that alexithymia is not merely a co-occurring trait but a mediating process that helps explain how dysfunctional family environments give rise to self-injurious tendencies.

Notably, the study's findings resonate with cross-cultural research showing that the pathways linking family conflict to adolescent self-injury are robust across diverse social and economic contexts. For instance, similar associations have been documented among adolescents in Myanmar, where conflict exposure and weak familial support were linked to higher psychological distress and self-harming behaviors (Pearson et al., 2025), and among Brazilian adolescents living in the Amazon region (Maria Letícia Coelho de et al., 2020). These findings suggest a degree of universality in the mechanisms through which family conflict affects adolescent well-being, while also underscoring the need to contextualize interventions within local cultural and familial structures.

The results also reinforce the relevance of biopsychosocial and ecological models of adolescent development, which posit that maladaptive outcomes such as self-injury emerge from complex interactions between individual vulnerabilities (e.g., alexithymia) and contextual stressors (e.g., family conflict) (Manuela Almeida da Silva & Dell'Aglio, 2022; Moraes et al., 2020). Adolescents exposed to emotionally impoverished or hostile family environments may experience developmental delays in emotional literacy, which in turn impairs their ability to communicate distress and increases reliance on physical expressions of pain. This pattern of internalization and somatization is particularly concerning in resource-limited settings, where access to psychological services and emotional education may be limited.

Importantly, the findings of this study have implications for the design of family-centered prevention and intervention programs aimed at reducing adolescent self-injury. Interventions that focus on improving parent–adolescent communication, emotional validation, and conflict resolution skills may be particularly effective in mitigating the risks associated with alexithymia and self-harming behavior (Cao & Tam, 2021; Tuohy et al., 2025). Moreover, clinicians working with self-injurious adolescents should assess for both family conflict and alexithymia, as addressing these domains simultaneously may enhance treatment efficacy. Previous research suggests that adolescents with alexithymic traits may respond better to interventions that include non-verbal or experiential components, such as art therapy or mindfulness training (C. Wei et al., 2024; Yekta et al., 2023).

Furthermore, the significant findings from this study align with evidence pointing to the importance of parental emotional regulation and self-control in shaping family dynamics and adolescent outcomes. For instance, Campbell et al. (2019) found that parental self-control moderated the impact of family conflict on youth with chronic conditions, suggesting that parent-focused interventions may also hold promise in addressing NSSI (Campbell et al., 2019). Similarly, research by Sari et al. (2024) in early adolescents highlighted the protective function of overall family functioning in relation to self-harm, reinforcing the notion that improving family cohesion and structure is a vital component of mental health promotion (Sari et al., 2024).

Despite its strengths, this study is not without limitations. First, the cross-sectional design precludes any definitive conclusions about causality. Although the mediation model was theoretically driven and statistically supported, longitudinal data would be necessary to establish temporal precedence and directionality among the variables. Second, the data were based entirely on adolescent self-report, which may introduce common method bias and limit the accuracy of assessments regarding family conflict and emotional traits. Future studies should incorporate multiple informants, such as parents or teachers, as well as observational data to triangulate findings. Third, although the sample was demographically diverse within the Iranian context, the results may not be generalizable to adolescents in other countries or cultural settings, particularly those with

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different familial norms or conflict resolution styles. Finally, while the study measured alexithymia using a validated tool, it did not assess other related emotional regulation variables such as depression, anxiety, or impulsivity, which may also play significant roles in adolescent self-injury.

Future studies should consider longitudinal designs to examine how family conflict and alexithymia evolve over time and their long-term impact on adolescent self-injury trajectories. It would be particularly valuable to explore whether improvements in emotional awareness or family communication mediate reductions in NSSI over time. Additionally, further research should explore the differential roles of maternal versus paternal conflict, and whether gender moderates these associations. Exploring the role of cultural and ethnic identity in shaping emotional expression and family relationships could also provide important insight into the generalizability and cultural specificity of the mediation model. Finally, future work may benefit from integrating biological measures—such as cortisol levels or heart rate variability—to gain a more comprehensive understanding of the physiological processes that co-occur with emotional dysregulation and self-injury in high-conflict family environments.

The findings of this study suggest that clinicians, educators, and mental health professionals working with adolescents should actively screen for both family conflict and alexithymia when assessing risk for self-injury. School-based mental health programs could integrate emotion literacy and interpersonal problem-solving into their curricula to help adolescents develop healthier coping mechanisms. Family therapy interventions should prioritize improving communication patterns, emotional responsiveness, and conflict resolution strategies among family members. In resource-limited settings, training community health workers or school counselors in the identification and referral of adolescents with high alexithymic traits and family distress may serve as a cost-effective approach to early intervention. Additionally, digital platforms and mobile health tools could be utilized to deliver psychoeducation and self-regulation strategies to both adolescents and their families.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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