



## Brief report

## Brief report: A preliminary comparison of self-compassion between adolescents with nonsuicidal self-injury thoughts and actions



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## ABSTRACT

Despite the public health significance of nonsuicidal self-injury (NSSI) among adolescents, little is known about the possible overlaps or differences between individuals with NSSI thoughts and those with NSSI actions. The present study compared between individuals with different NSSI status on self-compassion. With a sample of 606 Chinese adolescents (38.8% females;  $M_{age} = 13.58$ ,  $SD = 1.04$ ), we investigated differences on the six subscales of the Self-Compassion Scale (i.e., self-kindness/self-judgment, common humanity/isolation, and mindfulness/over-identification) across three groups: NSSI-action group ( $n = 86$ ), NSSI-thought group ( $n = 98$ ), and no-NSSI group ( $n = 422$ ). Results revealed that individuals with NSSI thoughts and NSSI actions shared greater self-judgment, isolation, and over-identification than those without NSSI, but differed from each other on self-kindness and common humanity, with individuals with NSSI thoughts reporting more self-kindness and common humanity than those with NSSI actions. Further empirical investigations into the influence of self-compassion on NSSI will benefit the development of interventions for adolescent NSSI.

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Nonsuicidal self-injury (NSSI), the deliberate and socially unacceptable destruction or harm of one's own body tissue without suicidal intent (for a review, see [Nock, 2010](#)), has become a major public health concern in adolescents (for a review, see [Swannell, Martin, Page, Hasking, & St John, 2014](#)). A growing number of researchers and clinicians are endeavoring to understand NSSI so to promote the development of NSSI prevention and intervention programs.

The phenomenon of NSSI has been divided into NSSI thoughts and NSSI actions ([Nock, 2010](#)). NSSI thoughts are ideations of harming oneself; NSSI actions are actual self-injury behaviors, like cutting, biting, etc. Although NSSI thoughts are often related to NSSI actions, they do not 100% lead to acts of NSSI ([Nock, Prinstein, & Sterba, 2009](#)). To improve risk assessment and the development of NSSI interventions, we need to understand the similarities and differences between NSSI thoughts and NSSI actions. Empirical research comparing between individuals with NSSI thoughts and NSSI actions, however, is scarce. Several studies involving NSSI thoughts, such as [Latzman et al. \(2010\)](#), [Laye-Gindhu and Schonert-Reichl \(2005\)](#), and [Nock](#)

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et al. (2009), only reported the phenomenon of NSSI thoughts. To our knowledge, only two studies involved the comparison of NSSI thoughts to NSSI actions on some related factors. In the first study, Levesque, Lafontaine, Bureau, Cloutier, and Dandurand (2010) found with a sample of college students that both NSSI thoughts and NSSI actions were generally related to anxious attachment style, but that only NSSI actions were related to the experience of intimate partner violence. In the second study also among college students, Martin, Bureau, Cloutier, and Lafontaine (2011) demonstrated that individuals with NSSI thoughts and NSSI actions shared similar negative childhood environments, such that both of them experienced less parental care and more parental control and alienation, and had unresolved parental attachment during childhood. Both of the studies were among young adults and focused on non-intrapersonal factors. It would be of further significance to compare between individuals with NSSI thoughts and actions on some intrapersonal factors among adolescents.

We propose that one intrapersonal factor that may provide some useful information is self-compassion. Substantial studies have evidenced the potential of self-compassion in preventing psychopathology (for a review, see MacBeth & Gumley, 2012). Self-compassion refers to an individual's ability of showing compassion toward oneself in the face of failures, shortcomings, or sufferings. Neff (2003b) systematically defined it entailing three basic mutual-interplaying components: a) self-kindness, which means extending kindness, care, and understanding rather than showing criticism and judgment toward oneself; b) common humanity, which means recognizing one's distress as part of the common human experience rather than as isolating or separating; and c) mindfulness, which means keeping painful thoughts and feelings in a mindful and balanced approach rather than ruminating, avoiding, suppressing, or over-identifying with them.

The construct of self-compassion is usually assessed through the Self-Compassion Scale (SCS) developed by Neff (2003a). The scale taps the three basic components, each of which is operationalized through two subscales representing the self-compassionate and the self-uncompassionate aspects, i.e., self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. Each pair of subscales does not necessarily represent the opposite ends of a continuum (Neff, 2003a). For example, that a person is low in self-judgment does not necessarily mean that he/she is high in self-kindness. Thus, increasing studies have used the six subscales of the SCS as separate but correlated components to comprehensively explore the relationships between these components of self-compassion and psychological outcomes (for a review, see Muris & Petrocchi, 2016).

In the literatures of NSSI, adequate evidences suggest that NSSI actions are often conducted to regulate one's emotional states or to punish the self (Nock, 2010). Accordingly, as a useful emotional regulation strategy and a positive self-construct (Neff, 2003b), self-compassion may be one significant factor that is related to NSSI (Van Vliet & Kalnins, 2011). Research on self-compassion in the context of NSSI, however, is in its infancy. To our knowledge, only two quantitative studies were located. Xavier, Pinto-Gouveia, and Cunha (2016) found that self-compassion moderated the association between depressive symptoms and adolescent NSSI actions. Jiang et al. (2016) also revealed that self-compassion protected against adolescents' engagement in NSSI from peer victimization. Both of these studies, however, used a total scale score of self-compassion and measured only NSSI actions. In order to clarify the association between self-compassion and NSSI, the present study was designed to further explore the possible similarities and/or differences among adolescents with different NSSI status (i.e., no NSSI, NSSI thoughts, and NSSI actions) on the six specific components of self-compassion (i.e., self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification).

## 1. Method

### 1.1. Participants and procedure

Participants were recruited from a secondary school in Qingyuan, China. Of the 660 students invited, 658 gave assent and participated. After excluding 52 respondents due to missing responses on gender or NSSI experiences, the final sample included 606 students (38.8% females; 11–16 years old,  $M_{age} = 13.58$ ,  $SD = 1.04$ ). Attrition analyses revealed no differences in age ( $t(636) = 0.25$ ,  $p > 0.05$ ) or self-compassion (Wilks'  $\lambda$ ,  $F(2, 655) = 0.07$ ,  $p > 0.05$ ) between adolescents in the analytic sample and those excluded. All materials and procedure were approved by the ethical board of the first author's university and the participating school's authority.

Based on participants' responses on NSSI experiences in the past year (see below *measures*), we classified them into three groups: a) the no-NSSI group ( $n = 422$ ; 154 females), which included students who had neither thought about nor engaged in NSSI; b) the NSSI-thought group ( $n = 98$ ; 39 females), which consisted of individuals who had only thought about engaging in NSSI; and c) the NSSI-action group ( $n = 86$ ; 42 females), which was comprised of those who had engaged in NSSI actions.

### 1.2. Measures

NSSI thought and action were assessed by two self-developed items: "Have you ever thought about injuring yourself, like cutting, burning, and banging, without the intent to die, in the past year?" and "Have you ever engaged in self-injury, like cutting, burning, and banging, without the intent to die, in the past year?" Responses were recorded using a yes-no format.

Self-compassion was measured by the 26-item Self-compassion Scale (Neff, 2003a). It was used to assess overall self-compassion and the six components of self-compassion: self-kindness/self-judgment, common humanity/isolation, and mindfulness/over-identification. According to our purpose, we used the six subscale scores of SCS in this study. Participants indicated their responses on a 5-point Likert scale from 1 = *not like me at all* to 5 = *like me very much*. Mean score of each

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