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Emotion dysregulation mediates the influence of relationship difficulties on non-suicidal self-injury behavior in young adults

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ABSTRACT

This study examined associations between relationship difficulties with parents and peers and non-suicidal self-injury (NSSI). Particular emphasis was placed on examining mediating pathways through emotion dysregulation, as per commonly accepted theory. Participants were 1153 university students (905 females; $M_{age}=19.35$ years, $S.D.=1.49$); 79 of these participants had engaged in NSSI during the previous 6 months (63 females, $M_{age}=19.35$ years, $S.D.=1.51$). Participants completed questionnaires assessing NSSI, quality of relationships with parents and peers, and emotion dysregulation. Hierarchical logistic regressions suggest that the quality of parent-child relationships has a greater impact on the prediction of NSSI engagement than the quality of peer relationships. Results of a structural equation model showed that feelings of alienation in both parent and peer relationships had indirect effects on NSSI through deficits in emotion regulation (ER). Results suggest the importance of examining emotion dysregulation in association with NSSI, and that both parent and peer relationships are implicated in NSSI engagement through emotion regulation deficits. Important clinical implications regarding the need to acknowledge both emotion dysregulation and interpersonal difficulties when treating NSSI in young adults are discussed.

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1. Introduction

Non-suicidal self-injury (NSSI) is defined as purposeful, self-inflicted injury that is performed without conscious suicidal intent and using methods that are not socially sanctioned (Nixon and Heath, 2009), and which results in tissue damage. Common methods used include cutting, self-burning, and punching or hitting one's self (Nock, 2010). Although NSSI was initially conceptualized as a negative coping behavior common in psychiatrically diagnosed individuals, recent research shows the behavior is also prevalent in community populations, with between 10% and 44% of Canadian and American high school and university student samples reporting having engaged in NSSI (Heath et al., 2009). NSSI is a serious health risk for youth, particularly considering that a number of self-injuring youth will never seek medical attention or treatment (Conterio and Lader, 1998; Rodham and Hawton, 2009), and are thus at increased risk for infection or accidental death (Muehlenkamp, 2006; Whitlock et al., 2007).

Given the risks faced by individuals who engage in NSSI, a great deal of research has focused on identifying risk factors associated with the behavior. The influence of both parent and peer relationships has been investigated extensively in association with NSSI engagement, based on their importance for development during adolescence and early adulthood (Lundh et al., 2009; Bureau et al., 2010; Heilbron and Prinstein, 2010). However, the majority of existing research in this area has addressed parent and peer related influences separately, thus, additional study is needed to fully understand their relative influences in predicting NSSI behavior.

1.1. Linehan's biosocial theory

Linehan's widely accepted biosocial theory (1993) for the development of NSSI proposes that invalidating relationships with parents, in which the individual's emotions are negated or ignored, contribute to deficits in emotion regulating capacities which in turn increase the likelihood of engaging in NSSI behavior to cope with distress. Emotion regulation (ER) deficits arise from biological anomalies combined with exposure to dysfunctional environments (i.e., invalidating relationships with parents) throughout development. The

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invalidating environments component of Linehan's biosocial theory is of particular focus for the current manuscript.

Invalidating family environments are characterized by the parents' unpredictable and insensitive responses to the offspring's emotional expressions. Such environments may feature parent-child relationships in which there is limited trust within the parent-child dyad, where communication is disrupted, and where the child ultimately becomes alienated from the parent (see [Martin et al., 2011](#)). Within such environments individuals' experiences of distressing emotions are overlooked by the parent, and the individuals' understanding of his or her own behavior is disregarded. Family environments in which feelings are discredited, invalidated, or rejected fail to provide the child with the ability to appropriately manage their emotions, particularly negative emotions, using socially appropriate coping behavior. Consequently, as adolescents or young adults, these individuals may be at increased likelihood for engaging in NSSI in order to cope with their emotional limitations.

1.2. Invalidating parent-child relationships, ER difficulties, and NSSI

A great deal of research supports Linehan's theory. Poor quality parent-child relationships characterized by a number of invalidating relational characteristics have been linked with NSSI across multiple adolescent and young adult community samples ([Gratz et al., 2002](#); [Claes et al., 2004](#); [Gratz, 2006](#); [Wedig and Nock, 2007](#); [Bjärehead and Lundh, 2008](#); [Hilt et al., 2008](#); [Yates et al., 2008](#); [Crowell et al., 2009b](#); [Lundh et al., 2009](#); [Bureau et al., 2010](#)). Researchers have also demonstrated links between negative family environments and lapses in emotion regulating capacities. For instance, adequate ER skills are believed to develop through sensitive parental care (see [Calkins and Hill, 2007](#)), and emotion dysregulation may occur as a result of poor emotional support within the family context ([Yap et al., 2008](#)). However, emotion dysregulation as a possible mechanism to explain associations between parent-child relationships and NSSI has been overlooked in the empirical literature.

To our knowledge, only [Adrian et al. \(2011\)](#) have directly examined ER difficulties as a mediator between invalidating family environments and NSSI. These researchers found that negative family relationships (i.e., lack of family cohesion, family conflict, and punishing emotion socialization) directly predicted increased frequency of NSSI behavior. Moreover, these characteristics *indirectly* predicted more frequent NSSI through corresponding links with ER difficulties (i.e., emotion dysregulation patterns, expressive reluctance, and lack of emotional awareness). These findings are just as one would expect given the details of Linehan's biosocial theory outlined above ([Linehan, 1993](#)).

1.3. Invalidating peer relationships, ER difficulties, and NSSI

Adolescence and young adulthood are developmental periods during which peer relationships become equally or even more important to one's psychological adjustment as relationships with parents ([Larson and Richards, 1991](#); [Rose and Rudolph, 2006](#)). As a result, [Crowell et al. \(2009a\)](#) extended Linehan's theory (1993) to incorporate the impact of continued social detriment through disrupted peer relationships as an additional interpersonal predictor of NSSI engagement.

Emotional support from peers is a known protective factor against the effects of life stressors, while negative interactions, including peer victimization, increase the risk for maladjustment ([Prinstein et al., 2001](#); [Storch et al., 2003](#); [Storch and Masia-Warner, 2004](#); [La Greca and Harrison, 2005](#)). The limited research regarding quality of peer relationships and NSSI specifically demonstrate similar results. [Lundh et al. \(2009\)](#) showed that peer

relationships characterized by poor emotional tone were correlated with a greater NSSI frequency for both boys and girls in a sample of 992 adolescents. Similarly, [Hilt et al. \(2008\)](#) found that girls reporting poor communication with their peers were more likely to engage in NSSI when also exposed to peer victimization in a sample of 94 female middle and high school students.

Information regarding the role of invalidating peer relationships in association with ER difficulties is more limited, though links have been established between peer victimization and experiencing more negative emotions ([Heilbron and Prinstein, 2010](#)). Further, adequate peer support ([Thompson et al., 2002](#); [Brugha et al., 2005](#)) and social engagement within the peer group ([Scrimenti, 2002](#); [Steffens et al., 2005](#)) may protect against deficits in mental health and social functioning, suggesting additional associations between positive peer interaction and optimal ER strategies. Thus, as proposed by [Crowell et al. \(2009a\)](#), negative experiences with peers appear to be associated with deficits in ER. This establishes a potential mechanism similar to that described above regarding parent-child relationship quality, by which quality of peer relationships would predict NSSI through corresponding ER deficits.

Again, [Adrian et al. \(2011\)](#) are the only researchers to have empirically tested this notion to date. These authors found that peer relational problems (i.e., over victimization, relational victimization, and negative interactions) predicted greater NSSI frequency indirectly through links with ER difficulties, but not directly. This preliminary information suggests that poor peer relationships may not be sufficient in themselves in predicting NSSI behavior, but rather the corresponding emotional deficits associated with poor peer interaction are influential. These findings, combined with those discussed previously regarding the role of invalidating parent-child relationships, provide important preliminary information regarding the validity of the biosocial theory for NSSI's development ([Linehan, 1993](#); [Crowell et al., 2009a](#)). However, this model was tested within a small ($N=99$) clinical sample of females, and it is unclear if these findings would replicate in a larger sample collected from a non-psychiatric source.

1.4. The current study

The goal of the present study was to build upon findings from [Adrian et al. \(2011\)](#) within a larger, co-ed, normative sample ($N=1153$). In particular, the use of a larger sample provides a more robust analysis of structural equation modeling (SEM; e.g., recommended minimum sample size of 200; [Kenny, 2012](#)). The current study represents an important empirical contribution such that it addresses statistical support for the biosocial theory of NSSI ([Linehan, 1993](#); [Crowell et al., 2009a](#)), and further elucidates the roles of important relationships and ER difficulties within a community sample of late adolescents and young adults.

1.4.1. Objectives and hypotheses

The current study was guided by four over-arching hypotheses. First, as a preliminary step, we expected that relationship difficulties would predict NSSI engagement in an additive manner; that is, difficulties across both parent and peer relationships would account for more variance in NSSI engagement than would either type of difficulty alone. Second, we expected that relationship difficulties with parents and peers (represented by three variables measured separately for parents and for peers: lack of trust, poor communication and alienation), and difficulties in ER (represented by one measured variable) would directly predict engagement in NSSI behavior. Third, relationship difficulties with parents and peers were expected to directly predict difficulties in ER. Finally, it was hypothesized that difficulties in ER would mediate associations between relationship difficulties with both parents and peers

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