



Forms of non-suicidal self-injury as a function of trait aggression

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Abstract

To date, the considerable body of research on predictors of non-suicidal self-injury (NSSI) has conceptualized NSSI as a unitary construct despite the fact that NSSI can exist in many forms (e.g., hitting, cutting, burning). The goal of the present study is to examine differential prediction of forms of NSSI. Specifically, we examined trait aggression as a predictor of more aggressive forms of NSSI (i.e., hitting). We hypothesized that higher trait aggression would differentiate those who engaged in hitting forms of NSSI from those who did not, whereas other factors (i.e., emotion regulation and trait anger) would serve as a non-specific predictor of NSSI. We also hypothesized that higher trait aggression would be related to lifetime frequency of hitting NSSI, but not other forms of NSSI, whereas emotion regulation and anger would act as predictors of other forms of NSSI. To test these hypotheses, a large sample of young adults completed measures of trait aggression, trait anger, emotion regulation, and NSSI behaviors. Results were generally in line with our hypotheses. Higher levels of trait aggression differentiated those who engaged in hitting NSSI from those who did not and was also associated with greater frequency of hitting NSSI. These results imply that different factors predict different forms of NSSI and that NSSI may be best examined as a multi-faceted construct. © 2014 Elsevier Inc. All rights reserved.

1. Self-hitting versus other non-suicidal self-injury as a function of trait aggression

Non-suicidal self-injury (NSSI) is the intentional damaging of body tissue without the intent of dying [1]. Nearly six percent of the general population is estimated to have engaged in NSSI at some point in their lifetime [2]. Even higher rates have been found in college students, with studies reporting from nearly 15% NSSI engagement in samples [3,4] to over 35% engagement in samples [5]. In addition to the relatively high prevalence, NSSI is a strong correlate of other adverse behavior, including drug use [6] and suicide attempts [7]. NSSI exists in several forms including cutting, biting, burning, hitting oneself or objects, and severe scratching. Individuals tend to prefer one (or several) forms over others. Studies of latent classes find that the

tendency to use one form over another differentiates types of self-injurers. For example, Klonsky & Olinio [8] found that a preference towards aggressive forms of NSSI, such as hitting oneself, is descriptive of one class of self-injurers, whereas a preference towards more common forms of NSSI, such as self-cutting, is descriptive of another class.

Despite the body of research suggesting that preference towards certain forms of NSSI is an indicator of different types of self-injurers, the vast majority of research on NSSI risk is concerned with NSSI as a unitary construct. Such research ignores the possibility of examining the specificity of risk factors to specific forms of NSSI. This is especially relevant given that Klonsky and Olinio [8] have found important differences between groups of individuals with preferences towards specific NSSI forms. For example, individuals who engage in self-hitting tend to have lower levels of depressive symptoms than those who engage in other forms of NSSI. Given that depression is a strong predictor of NSSI when NSSI is examined as a unitary construct [9], Klonsky & Olinio's [8] findings could imply that self-hitting is predicted by a factor other than depression. One such variable might be aggression. Individuals who are high in trait aggression are much more likely to engage in violence towards others [10,11] including fighting (i.e.,

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hitting and punching [12]). Thus, behaviors such as hitting and punching others could be considered part of an aggressive individual's behavioral repertoire. That is, aggressive people are *familiar* with aggressive behaviors such as hitting. Thus, it might be that when an aggressive individual engages in NSSI, they default to these behaviors with which they are familiar.

There is some precedent for aggression predicting NSSI when measured as a unitary construct. Trait aggression is linked with the tendency to engage in NSSI [13–15]. At clinical levels, aggression is a component of intermittent explosive disorder, which is associated with increased prevalence of NSSI [16]. In adolescents, aggression is found to be a distal predictor of NSSI, which is mediated by emotion regulation [17]. Other studies have found that a family history of aggression distinguishes those who have engaged in NSSI from those who have not [18]. Finally, NSSI and suicidal behavior are strongly correlated [7], and several studies have found that trait aggression predicts suicidal behavior [19,20]. Thus, there is clear support for trait aggression as a predictor of NSSI and factors related to NSSI. However, all previous studies of aggression and NSSI have examined NSSI as a unitary construct and did not examine it in relationship to specific forms of NSSI. It is anticipated that aggression will be most strongly related to more “aggressive” forms of NSSI, such as hitting oneself or an object, because aggressive people are likely used to engaging in aggressive, violent behaviors. Thus, when engaging in NSSI aggressive, individuals would be expected to turn to more aggressive means of self-injury.

1.1. The present study

The present study examined the role of trait aggression as a differential predictor of NSSI forms. Specifically, it was hypothesized that trait aggression would differentiate those who engage in hitting as a form of NSSI from those who engage in other forms (e.g., cutting). In addition to exploring the role of aggression as a differential predictor of NSSI forms, the current study explored two other variables that could serve as comparison variables: trait anger and general emotion regulation difficulties. Emotion regulation is arguably the factor that is most often studied in relationship to NSSI (see [21] for review), and angry mood inductions are

often used in experimental NSSI paradigms [22]. Thus, it was hypothesized that poorer emotion regulation and higher levels of anger might act as non-specific risk factors for NSSI, differentiating individuals who have never engaged in NSSI from those who have engaged in either hitting or non-hitting forms of NSSI.

2. Method

2.1. Participants

Participants were 2,290 young adults (62.2% female) from a large, diverse, urban university in the northeast. The average age was 20.79 years (SD = 3.21 years). The sample was 60.8% Caucasian, 13.8% Asian, 13.2% African American, and the rest self-identified as another race or as multiple races. Approximately 27% of the participants had engaged in at least one form of NSSI. Further demographic information as a function of NSSI group is shown in Table 1.

2.2. Procedure

On a secure website, participants completed self-report measures as part of a larger, IRB-approved study on aggression. Participants received course-required research credit for their participation.

2.3. Measures

2.3.1. Aggression

The Buss–Perry Aggression Questionnaire (BPAQ; [23]) is a 29-item self-report measure of trait aggression that encompasses verbal aggression, physical aggression, anger, and hostility. Higher scores on all scales equal higher levels of aggression. In the present study, the BPAQ had acceptable internal consistency ($\alpha = .84$).

2.3.2. Anger

The State–Trait Anger Expression Inventory 2 — Trait Subscale (STAXI-T [24]) is a 10-item self-report measure of trait anger. Higher scores represent higher levels of anger. The STAXI-T has strong utility in determining groups of individuals with clinically relevant levels of anger [25]. In the present study, the STAXI-T had acceptable internal consistency ($\alpha = .85$).

Table 1
Demographics by NSSI group.

Measure	Total (n = 2,290)	No NSSI (n = 1,666)	NSSI Groups			F/ χ^2
			Hitting only (n = 98)	Non-hitting only (n = 365)	Hitting + non-hitting (n = 161)	
Age (SD)	20.79 (3.21)	20.84 _a (3.33)	20.54 _a (2.33)	20.74 _a (3.02)	20.60 _a (2.93)	0.78
Female gender (%)	1424 (62.2%)	1006 _a (60.4%)	33 _b (33.6%)	278 _a (76.5%)	108 _a (67.4%)	99.16***
Race (%)						16.40*
Caucasian	1393 (60.8%)	991 _a (59.5%)	63 _a (64.3%)	231 _a (63.3%)	108 _a (67.1%)	
African American	302 (13.2%)	240 _a (14.4%)	9 _a (9.2%)	44 _a (12.1%)	9 _b (5.6%)	
Other	595 (26.0%)	435 _a (26.1%)	26 _a (26.5%)	90 _a (24.7%)	44 _a (27.3%)	

Columns in each row with different subscripts are significantly different at $p < .05$ ***, $p < .001$ *, $p < .05$.

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