



A longitudinal investigation of the relation between nonsuicidal self-injury and spirituality/religiosity



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ABSTRACT

Despite increased research on factors that predict engagement in nonsuicidal self-injury (NSSI), one factor that has been neglected is spirituality/religiosity. While some researchers suggest that spiritual/religious beliefs and practice may protect against aversive mental health outcomes, it also is possible that certain aspects of spirituality/religiosity - specifically doubt and questioning - may be distressing. In this study, we examined whether multiple dimensions of spirituality/religiosity, including the often-overlooked experience of doubt/questioning, were associated with engagement in NSSI among university students over time. Participants included 1,132 (70.5% female) first-year undergraduate students (Mean age=19.06, $SD=1.05$) from a Canadian university who were surveyed first in their freshman year, and again one year later. Auto-regressive cross-lagged analyses revealed a bidirectional relation between doubt/questioning and NSSI, where higher doubt/questioning predicted increased NSSI over time (after controlling for baseline depressive symptoms), and vice versa. There were no longitudinal associations between general spirituality/religiosity (i.e., general beliefs/practice) and NSSI. Our findings suggest questioning and doubt may be distressing for some individuals, and predict increased risk for NSSI as a form of coping. Further, higher NSSI may predict increases in questioning/doubt over time. However, the hypothesis that general spirituality/religiosity may protect against NSSI, was not supported.

1. Introduction

Nonsuicidal self-injury (NSSI)¹, which refers to the direct and deliberate destruction of bodily tissue (American Psychiatric Association, 2013), is a widespread mental health concern, particularly among university students. Recent estimates suggest that as many as 38% of young adults report lifetime histories of NSSI (Gratz et al., 2002; Hamza et al., 2013), and as many as 15–19% of students self-injure during the university years (Mental Health Commission of Canada, 2015). Despite increased research on risk factors for NSSI engagement in recent years, one widely neglected factor that may be associated with NSSI engagement is an individual's spirituality/religiosity (i.e., beliefs in the sacred/higher power and involvement in religious organizations). Although spirituality/religiosity may serve as a protective factor for aversive mental health outcomes (Hackney and Sanders, 2003; Ano and Vasconcelles, 2005), certain aspects, such as religious/spiritual questioning or doubt, may be associated with psychosocial distress (Ano and Vasconcelles, 2005; Krause, 2008).

Little research, however, has been conducted examining how different facets of spirituality/religiosity may be linked to NSSI. In the present study we examined bidirectional associations between NSSI and multiple dimensions of spirituality/religiosity, including the often-overlooked experiences of doubt and questioning.

1.1. Predictors of NSSI

Nock (2009) proposed that NSSI occurs when an individual's ability to cope with distress becomes overwhelmed, which often occurs in the context of intrapersonal (e.g., difficulties with emotion regulation, low distress tolerance) and interpersonal difficulties (e.g., poor social problem-solving, lack of social support). As a result, individuals may engage in NSSI to reduce distress and obtain relief from aversive social and emotional experiences (Klonsky et al., 2015). In support of Nock's model, individuals who engage in NSSI report higher emotion dysregulation, depressive symptoms, anxiety (Heath et al., 2008; Martin et al., 2011; Hamza and Willoughby, 2014; Muehlenkamp et al., 2010),

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¹ Nonsuicidal self-injury (NSSI) refers to the direct and deliberate destruction of bodily tissue.

parental criticism, parental alienation, and lack of peer support (Heath et al., 2008; Hamza and Willoughby, 2014; Martin et al., 2011) than their non-injuring peers. Despite increased research on intrapersonal and interpersonal risk factors for NSSI, however, longitudinal examinations on predictors of NSSI engagement are scarce.

1.2. Spirituality/religiosity and NSSI

One factor that has been neglected in the literature on NSSI is an individual's spirituality/religiosity. Spirituality is often defined as the search for the sacred, divine, or nonmaterial aspects of life, and religiosity as behaviors and beliefs associated with organized religion (Zinnbauer et al., 1997). Despite their differences, the two constructs are moderately to strongly correlated (e.g., Kelley and Miller, 2007; McCullough and Willoughby, 2009, p. 74), and organized religion is a common means by which spirituality is facilitated (Smith and Denton, 2005). Rather than define spirituality and religiosity as completely unique constructs, therefore, Good and Willoughby (2014) suggested it is useful to conceptualize a general construct of “spirituality/religiosity” that encompasses two dimensions: institutional (i.e., involvement in and attitudes towards religious organizations/traditions) and personal (i.e., feelings toward and behaviors facilitating a connection with the sacred).

Meta-analyses have revealed that certain aspects of institutional and personal spirituality/religiosity positively predict mental health (Smith et al., 2003; Ano and Vasconcelles, 2005²). Although the relation between spirituality/religiosity and NSSI has not been well-researched, some aspects of spiritual/religious beliefs may promote positive coping strategies (e.g., Gall and Guirguis-Younger, 2013), which suggests that individuals who are spiritual/religious may be less likely to engage in NSSI to reduce negative emotions. Indeed, two recent studies found that college students who reported religious affiliations had lower rates of NSSI than those than those who identified as non-religious (Borrill et al., 2011; Kuentzel et al., 2012). Further, in a longitudinal study, Andrews et al. (2014) reported that high school students who considered themselves to be “religious or spiritual” were less likely to report onset of NSSI over the course of one year than those without such identifications. Finally, using a sample of nearly 15,000 college students, Kress et al. (2015) found small but significant negative relationships between NSSI and both importance of spirituality/religion and belief in the afterlife.

While these investigations provide preliminary support for the idea that some aspects of spirituality/religiosity may reduce the risk of NSSI, much remains unknown about the relation between these constructs, for three reasons. First, the domains of spirituality/religiosity that have been assessed in the aforementioned studies were limited (e.g., one-item questions on narrow aspects of the construct such as religious affiliation or importance of religion/spirituality). A more comprehensive understanding of the relation between NSSI and spirituality/religiosity would be gained by assessing multiple aspects of spirituality/religiosity.

Second, researchers have overlooked the fact that some aspects of spirituality/religiosity may be a *source* of distress (Koenig, 2008) rather than a comfort. A growing body of research, however, has focused on “religious and spiritual struggles,” defined as those aspects of a person's spiritual/religious beliefs and behavior that cause distress (Exline, 2013). Three broad categories of struggles are proposed to exist, namely, “divine struggles” (i.e., seeing God in a negative manner, anger at God), “intrapersonal struggles” (i.e., struggles with an inward focus, for example, feelings of moral imperfection or doubting one's beliefs), and “interpersonal struggles” (i.e., struggles involving conflicts with others over spiritual/religious matters). Studies have demon-

strated that struggles in each domain are associated with negative emotional functioning (e.g., Ellison and Lee, 2010). Given that one of the main factors that motivate individuals to engage in NSSI is the *experience of negative emotions*, it is possible that some adolescents use NSSI to regulate distress provoked by spiritual/religious struggles. One study has provided some preliminary evidence that spiritual/religious struggles may be linked to engaging in NSSI for the purpose of regulating negative emotions. Using a sample of 30 adolescents being treated for NSSI, Westers et al. (2014) found that negative religious coping (a type of struggle characterized by maladaptive religious responses to stressors, such as questioning God's love or believing one is being punished by God) predicted greater endorsement of using NSSI to control negative emotions.

Thus, it is possible that spiritual/religious struggles may be a risk factor for NSSI. One type of struggle that may be particularly relevant for university students is the experience of uncertainty, doubt, and questioning of religious/spiritual beliefs (see Hunsberger et al. (1996)). As students undertake the task of identity formation, trying to decide “who I am” and “what I believe” in the domain of spirituality/religiosity may provoke gloomy reflections on topics such as the meaning(lessness) of life, what happens after death, whether or not God exists, and if the religious/spiritual principles they were (or were not) taught as children are true (Krause and Wulff, 2004). In adult samples, Krause (2008), Krause and Wulff (2004) found that religious doubt was associated with higher depressive affect, and lower satisfaction with health, self-esteem, life satisfaction, and optimism. In this paper, therefore, we focus on the specific struggle of doubt and questioning, and assess its association with NSSI.

Finally, the body of literature on the relation between spirituality/religiosity and NSSI is limited because the few studies that have explored this issue have not evaluated the direction of effects. It is critical to ascertain whether prior levels of various aspects of spirituality/religiosity (e.g., personal, institutional, struggles) predict subsequent changes in engagement in NSSI, or, conversely, prior NSSI engagement predicts later changes in domains of individuals' spirituality/religiosity. It may also be that the relation is bidirectional.

The aim of the present study, therefore, is to assess the direction of effects in the relationship between NSSI and multiple dimensions of spirituality/religiosity, including the often-overlooked experience of doubt/questioning, which is part of the more general domain of spiritual/religious struggle. Given the literature reviewed above, we predicted that higher levels of personal and institutional spirituality/religiosity would be associated with a decreased risk for engagement in NSSI over time, but that greater doubt/questioning would be linked with increased risk for NSSI over time. To test our predictions, we used a sample of individuals who were first-year university students at the first assessment point, as it has been suggested that the first few years of post-secondary education may be a particularly important period for the development of one's spiritual/religious beliefs (Barry and Nelson, 2010), as well as the onset of NSSI (Heath et al., 2008; Hamza and Willoughby, 2014). To ensure that any significant longitudinal relations between NSSI and spirituality/religiosity were not due to third variable effects, we controlled for depression symptoms in first year, as well as age, sex, parental education, and whether a participant was born in Canada.

2. Methods

2.1. Subjects

Subjects were 1,132 (70.5% female) first-year undergraduate students (Mean age=19.06, SD=1.05) from a mid-sized Canadian university who were surveyed first in the Winter term of their freshman year, and then again one year later. In total, 87.5% of the participants were born in Canada. Within this domestic-Canadian group, participants also indicated whether their family belonged to another culture

² These reviews also show that some aspects of spirituality/religiosity may negatively predict mental health, as will be further explored below.

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