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## Buffering the effects of peer victimization on adolescent non-suicidal self-injury: The role of self-compassion and family cohesion



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### ABSTRACT

Non-suicidal self-injury (NSSI) is a significant behavioral problem among adolescents all over the world. This study examined the longitudinal relationship between peer victimization and NSSI, as well as the buffering effects of self-compassion and family cohesion on this relationship. Data were collected at two time points from 525 secondary school students (226 girls;  $M_{age} = 12.97$ ,  $SD = 1.02$ ) in China. Results showed that peer victimization (marginally) significantly predicted NSSI over time even after controlling for Wave 1 NSSI. This association was weakened under the condition of high levels of self-compassion. Findings of this study emphasize the buffering effect of self-compassion in the relationship between peer victimization and NSSI, and are informative for prevention and intervention of this behavioral problem.

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Non-suicidal self-injury (NSSI) refers to the direct, deliberate, and socially unacceptable destruction of one's own body tissue in the absence of lethal intent. This behavior usually emerges and peaks during adolescence (Nock, 2010). According to a recent meta-analysis, the lifetime prevalence of NSSI among community adolescents over the world is 17.2% (Swannell, Martin, Page, Hasking, & St John, 2014). In China, the 12-month prevalence of NSSI among adolescents was 15.5% in the mainland (Tang et al., 2011), and up to 24.9% in Hong Kong (You, Leung, & Fu, 2012). The high rates of NSSI are alarming because NSSI is associated with many psychological disorders (e.g., borderline personality disorder, anxiety, depression, and eating disorder) and causes significant distress for self-injurers themselves and their friends and families (Nock, 2010). Moreover, NSSI increases the risk for later suicide attempts (Guan, Fox, & Prinstein, 2012; Tang et al., 2011; You & Lin, 2015). In 2013, NSSI has been included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a separate condition (American Psychiatric Association, 2013), indicating that this problematic behavior deserves more attention. Extant studies on NSSI primarily focus on its risk factors (Fox et al., 2015), while protective factors for NSSI are understudied. The current study aimed to simultaneously examine peer victimization as a potential risk factor and self-compassion and family cohesion as potential protective factors for adolescent NSSI.

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## Peer victimization and NSSI

Peer victimization has been defined as aggression from one peer against another with the intention to hurt or obtain a social goal of dominance in the peer hierarchy (Jutengren, Kerr, & Stattin, 2011; Kochenderfer & Ladd, 1996; Pellegrini & Long, 2002). It is associated with a variety of internalizing and externalizing problems, such as anxiety, depression, and aggression (Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Reijntjes et al., 2011). Peer victimization may also increase the risk for the engagement in NSSI. Their relationship may be understood through two theoretical perspectives: the general strain theory and the interpersonal model of NSSI. The general strain theory asserts that strain pressures individuals into deviance (Agnew, 1992). According to this theory, strain usually results from disturbed relationships or stressful situations in which individuals are not treated as they would like. In these individuals, strain will arouse negative emotions, which will in turn increase the likelihood of committing deviant behaviors. Peer victimization is an important source of strain (Agnew, 2001), and may thus enhance the risks of conducting deviant behaviors, such as NSSI (Hay & Meldrum, 2010). Another theoretical perspective that could explain the relationship between peer victimization and NSSI is the interpersonal model of NSSI. This model proposes that negative interpersonal events usually precede NSSI and NSSI serves as a maladaptive coping strategy to reduce stress or tension resulting from these experiences (Prinstein, Guerry, Browne, & Rancourt, 2009). For adolescents, peer victimization is a significant and relatively common negative interpersonal event (Scholte, Burk, & Overbeek, 2013). After being victimized, adolescents may resort to NSSI to regain the sense of control and to relieve negative emotions resulting from victimization.

Over the recent years, a number of empirical studies have examined the association between peer victimization and NSSI among adolescents. A meta-analysis of nine such studies revealed a significant relationship between the two variables, with victimized adolescents reporting NSSI more often (OR = 2.10, [95% CI = 1.62–2.71]) than adolescents without victimized experiences (van Geel, Goemans & Vedder, 2015). Among the nine studies being reviewed, eight used a cross-sectional design and only one used a longitudinal design (Jutengren et al., 2011). Jutengren et al. (2011) followed adolescents for one year and reported a significant predictive effect of peer victimization on NSSI. However, another longitudinal study that was not included in the aforementioned review, reported no significant association between peer victimization and NSSI two years later (Heilbron & Prinstein, 2010). Given the paucity of longitudinal studies on the relationship between peer victimization and NSSI and the inconsistency in the results of prior studies, more research should be conducted to elucidate the longitudinal effect of peer victimization on NSSI.

## Moderators of the relationship between peer victimization and NSSI

Although the general strain theory suggests a link from strain to deviance, it also indicates that strain does not always result in deviance (Agnew, 1992). Various contextual and individual factors may moderate the association between strain and deviant behaviors. The present study aimed to examine two such moderators: self-compassion and family cohesion, in the relationship between peer victimization and NSSI.

### Self-compassion as a moderator

Self-compassion, according to Neff (2003a,b), refers to showing compassion to oneself when confronting personal pain, failure, inadequacies, or difficult life circumstances. It has three components: a) the ability to be kind, caring, and understanding toward oneself in face of pain or failure (self-kindness), rather than to be harshly self-critical (self-judgment, as the opposite construct to self-kindness); b) the ability to recognize that mistakes, failure, or hardships are part of the common human experience (common humanity), rather than to view them as isolating (isolation, as the opposite construct to common humanity); and c) the ability to keep a mindful and balanced approach of painful thoughts and feelings (mindfulness), rather than to ruminate, avoid, suppress, or over-identify (over-identification, as the opposite construct to mindfulness). A growing body of research has demonstrated that self-compassion is positively associated with psychological well-being, and negatively associated with mental health problems (Barnard & Curry, 2011; MacBeth & Gumley, 2012). People with high self-compassion tend to use adaptive strategies to cope with negative events (Allen & Leary, 2010), whereas people with high self-criticism (as the opposite to self-compassion) are more likely to engage in maladaptive behaviors (e.g., NSSI) as coping strategies (Nock, 2010). Hence, although no studies have empirically addressed the protective effect of self-compassion on the association between peer victimization and NSSI, it is reasonable to speculate that self-compassion may act as a buffer against engaging in NSSI.

### Family cohesion as a moderator

The overall quality of family environment is critical in promoting adolescent holistic development (Shek & Sun, 2014). In relation to NSSI, Linehan (1993)'s biosocial theory proposes that invalidating family environments may contribute to deficits in individuals' emotion regulation capabilities, which may, in turn, increase the vulnerability of engaging in NSSI when faced with distress. As an indicator of family environment, family cohesion refers to the emotional bonding and the feeling of closeness among family members (McKeown et al., 1997; Moos, 1990). Walsh (2012) argued that the perception of relationship qualities between family members may confer risk for NSSI. Recent research have supported this argument and identified that perception of low family cohesion was a risk factor for NSSI (Cruz, Narciso, Pereira, & Sampaio, 2013; Liang

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