



Short Communication

The importance of origin: Differences in interpretation of self-inflicted versus environmentally-inflicted scars



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ABSTRACT

Injuries from nonsuicidal self-injury (NSSI) often result in scars that can serve as a reminder of the act of injury or an emotional event. In this study we examined whether there are differences in meanings and behaviors associated with scars from NSSI compared to other scars. Participants reporting scars from NSSI ($n = 49$) were compared to those with environmentally-induced scars ($n = 54$) on scar-related interpretations, behaviors, and functions. Participants with NSSI scars were more likely to attach meaning to their scars, view them as a marker of shame, and as a reminder of overcoming adversity compared to those with environmental scars, although majorities in both groups viewed their scars as part of their identity. Those with NSSI scars reported attending to their scars more often, attempting to conceal their scars, and noticing their scars when stressed. These findings suggest that individuals with scars from NSSI attach greater significant meanings and functions to their scars than those with environmental scars.

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1. Introduction

Nonsuicidal self-injury (NSSI) is the deliberate destruction of bodily tissue in the absence of suicidal intent or socially sanctioned purposes (American Psychiatric Association, 2013). Many theorists conceptualize NSSI as a coping behavior used to regulate emotions (Klonsky, 2009). NSSI may result in permanent damage to the body via scarring. Evidence suggests that NSSI scars can affect the daily experience of individuals long after self-injurious behaviors have remitted, as many go to great lengths to hide or alter their scars and avoid discussing scar-related concerns (Lewis, 2016).

Recent studies indicate that a majority of individuals with a history of NSSI ascribe significant meaning to their self-injury scars. For example, a thematic analysis of posts from an online NSSI message board indicated that self-injury scars can be associated with positive interpretations, including narratives of growth or change since the injury, as well as negative interpretations with feelings of scar-related stigma or shame (Lewis & Mehrabkhani, 2016). The narratives assigned to NSSI scarring may be important as interpretations of growth have been associated with improved clinical outcomes, whereas scar-related shame has been linked to increased depressive and borderline personality symptoms, self-disgust, NSSI scar regret, and likelihood of future self-injury (Bachtelle & Pepper, 2015).

Little is known, however, regarding how interpretations of NSSI scars differ from other scars. This question is of clinical relevance, as clinicians may miss opportunities for intervention by overlooking the origins of their clients' scars, inferring NSSI-related concerns have remitted since the behavior has ceased (Lewis, 2016). Those with NSSI scars may be more critical of their scars due to their deliberate involvement in their creation (Lewis, 2016). For example, 60.4% of undergraduate students with NSSI scars endorsed thinking of their scars as a marker of stigma or shame (Bachtelle & Pepper, 2015) compared to 11.0% of a general undergraduate sample with unspecified scarring (Weitz, 2011). Self-injury scars have also been associated with increased negative body image and perceived scar visibility (despite no objective differences in scar size) relative to scars via surgery or accidents (Dyer, Hennrich, Borgmann, White, & Alpers, 2013; Kleindienst et al., 2014).

Attendance to self-injury scars has yet to be examined, but research examining perceptions of burn scars indicates that it is not the objective scar severity, but perceived visibility and attendance to scarring that predicts scar-related psychological distress (Lawrence, Fauerbach, & Thombs, 2006). Increased attendance to NSSI scarring compared to other scars may explain the relative negative perceptions or meanings assigned to self-injury scars. Similarly, qualitative examinations found that NSSI scarring may be associated with more extensive covering or obscuring of scars (via clothing, surgery, or tattooing) compared to scars from other types of injury (Chandler, 2014; Lewis & Mehrabkhani, 2016). Finally, NSSI scars may serve similar affect regulation properties to actual NSSI behaviors (Bachtelle & Pepper, 2015), implying different functions associated with NSSI scars. Specifically, individuals with NSSI

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scars may use their scars to relieve negative emotion more frequently than individuals with environmentally obtained scars.

Thus, interpretive, behavioral, and functional differences between NSSI scars and environmentally-inflicted scars are mostly speculative. The current study addressed this gap in the literature by examining interpretations, attendance, and behaviors associated with self-inflicted versus environmentally-inflicted scars in a sample of undergraduate students. Specifically, we hypothesized that individuals with self-inflicted scarring would differ from individuals with environmentally-inflicted scars in 1) higher endorsement of scar-related importance, 2) greater attention to their scars 3) more frequent behaviors to hide their scars, and 4) greater endorsement of using their scars to regulate their emotion.

2. Method

2.1. Participants

Participants were undergraduate students ($N = 103$) fulfilling psychology research credit. Of 898 students screened, 219 endorsed history of self-injury, of which 106 reported having NSSI-related scars. These individuals were invited to participate in the NSSI group. The remaining 679 students could participate in the study if they endorsed having a scar. Two individuals in the Environmental scar group were excluded from analysis due to the origin of the scar (i.e. self-injury or trauma). Participants in the NSSI group ($n = 49$) endorsed a history of self-injury (see Bachtelle & Pepper, 2015), with most NSSI participants ($n = 26$, 54.2%) endorsing self-injury within the past 12 months. The Environmental group ($n = 54$) endorsed acquiring a scar from an external source. Participants (76.5% female) ranged from 18 to 47 years ($M = 19.83$, $SD = 3.79$).

The majority of the sample was European-American (94.1%), non-Hispanic (88.2%), and identified as heterosexual (93.1%). The NSSI and Environmental scar groups significantly differed on identified sexuality, $\chi^2(1) = 6.82$, $p = 0.033$. In the NSSI group, 42 individuals reported heterosexuality, five reported bisexuality, and none endorsed homosexuality compared to the Environmental group which had 53 individuals report heterosexuality, one report homosexuality, and no endorsement of bisexuality. There were no group differences on gender, $\chi^2(1) = 0.109$, $p = 0.741$, race, $\chi^2(1) = 3.50$, $p = 0.174$, ethnicity, $\chi^2(1) = 0.159$, $p = 0.690$, or age, $t(97) = 1.89$, $p = 0.062$.

This study was reviewed and approved by the Institutional Review Board. All participants provided written consent prior to participation.

2.2. Measures

2.2.1. Inventory About Self-Injury

The Inventory of Statements About Self-Injury (ISAS; Klonsky & Glenn, 2009) was used as a screening measure to confirm presence of self-injury in the NSSI group and absence of NSSI for the environmental scar group. An additional yes/no question was added concerning whether NSSI engagement led to NSSI scar(s) (e.g., "Did your self-harm result in a scar, or multiple scars?"). Individuals with a history of NSSI who endorsed this item were invited to participate in the study.

2.2.2. Self-Report Scar Questionnaire

The Self-Report Scar Questionnaire (S-RSQ; Bachtelle & Pepper, 2015) was developed to assess the specific functions of NSSI scars based on Weitz's (2011) attributional meanings of physical scars. For the Environmental group, every item containing the term "self-injury scar" was modified to "scar." The question, "Is your [self-injury] scar ever a..." is followed by seven dichotomous yes/no options: a) reminder of overcoming adversity, b) reminder of loved ones, c) marker of strength, d) reminder to ignore physical appearances, e) reminder to avoid foolish choices, f) marker of stigma or shame, and g) other category (Weitz, 2011).

Additional questions ask whether individuals deem their scars important, with items gauging whether scars represent a significant time in one's life, whether it is important to look at, touch/rub, or think about their scar, and whether there is a higher propensity to notice or think about a scar when stressed. Questions also ask about attention to scars, measuring frequency of using a scar to regulate emotion, attempt to cover or conceal scars from others, and use of topical cream to reduce scar appearance. For this study, the S-RSQ displayed moderate internal reliability (Cronbach's alpha = 0.85).

2.3. Procedure

Students were recruited from psychology mass-testing screening. For the NSSI group, participants were invited to the lab and completed questionnaires followed by an interview (see Bachtelle & Pepper, 2015). For the Environmental group, individuals completed questionnaires as part of a larger project.

3. Results

The NSSI group endorsed more frequent overall meaning than the environmentally-inflicted group $\chi^2(1) = 10.71$, $p = 0.001$. Additionally, the NSSI group displayed higher endorsement of *reminder of overcoming adversity*, $\chi^2(1) = 7.65$, $p = 0.006$; *reminder to avoid foolish choices*, $\chi^2(1) = 14.61$, $p < 0.001$; and *marker of stigma or shame*, $\chi^2(1) = 45.59$, $p < 0.001$. There were no significant group differences in endorsement of *reminder of loved ones*, $\chi^2(1) = 0.097$, $p = 0.755$; *marker of strength*, $\chi^2(1) = 2.78$, $p = 0.095$; and *reminder to ignore physical appearances*, $\chi^2(1) = 0.696$, $p = 0.404$ (see Table 1).

Multivariate tests showed significant differences in scar-related importance dependent on scar origin, $F(3, 97) = 5.14$, $p = 0.002$, Wilk's $\Lambda = 0.863$, $\eta_p^2 = 0.137$. Univariate testing showed the NSSI group reporting more frequent endorsement of one's scar representing a significant time in one's life, $F(1, 99) = 4.75$, $p = 0.032$, $\eta_p^2 = 0.046$, than the Environmental group. Alternatively, the Environmental group reported viewing one's scar as a badge of honor or courage, or something to be proud of, $F(1, 99) = 5.62$, $p = 0.020$, $\eta_p^2 = 0.054$, more frequently than the NSSI group. There were no significant group differences in viewing the scar as part of one's identity, $F(1, 99) = 2.50$, $p = 0.117$, $\eta_p^2 = 0.025$ (see Table 2).

A MANOVA was used to assess whether scar origin was related to self-reported attention to scars, behaviors, and functions of scars. Multivariate tests showed significant differences in scar-related importance dependent on scar origin, $F(9, 85) = 7.34$, $p < 0.001$, Wilk's $\Lambda = 0.563$, = 0.437. Univariate testing showed significant effects of scar origin, with the NSSI group reporting greater importance in looking at one's scar, $F(1, 93) = 10.23$, $p = 0.002$, $\eta_p^2 = 0.099$; touching or rubbing one's scar, $F(1, 93) = 7.42$, $p = 0.008$, $\eta_p^2 = 0.074$; thinking about one's scar, $F(1, 93) = 14.76$, $p < 0.001$, $\eta_p^2 = 0.137$; noticing or looking at one's scar, $F(1, 93) = 7.17$, $p = 0.009$, $\eta_p^2 = 0.072$; attempting to

Table 1
Frequency of participants endorsing "yes" to importance of self-injury scar questions.

Variable	NSSI scar		Environmental scar	
	n	(%)	n	(%)
Do you find significant meaning in your [self-injury] scar?	41	(85.4%)	30	(55.6%)
Is your [self-injury scar] ever a...				
Marker of stigma or shame	29	(60.4%)	0	(0.0%)
Reminder to avoid foolish choices	24	(50.0%)	8	(14.8%)
Other reason not mentioned	23	(47.9%)	19	(33.3%)
Reminder of overcoming adversity	21	(43.8%)	10	(18.5%)
Marker of strength	17	(35.4%)	28	(51.9%)
Reminder of loved ones	11	(22.9%)	11	(20.4%)
Reminder to ignore physical appearances	6	(12.5%)	10	(18.5%)

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