

Characterizing Interpersonal Difficulties Among Young Adults Who Engage in Nonsuicidal Self-Injury Using a Daily Diary

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Compared to people who have never engaged in nonsuicidal self-injury (NSSI), people with a history of NSSI report multiple interpersonal problems. Theories propose that these interpersonal difficulties play a role in prompting and maintaining NSSI. The cross-sectional nature of most studies in this area limits our understanding of how day-to-day interpersonal experiences relate to the global interpersonal impairments observed among individuals with NSSI, and vice versa. This study compared young adults with ($n = 60$) and without ($n = 56$) recent, repeated NSSI on baseline and daily measures of interpersonal functioning during a 14-day daily diary study. Groups differed in baseline social anxiety, excessive reassurance seeking, and use of support seeking relative to other coping strategies, but did not differ in self-perceived interpersonal competence. In terms of day-to-day functioning, participants with (vs. without) NSSI had significantly less contact with their families and friends, perceived less support

following interactions with friends, and were less likely to seek support to cope, regardless of level of negative affect. With the exception of contact with family members, these group differences in daily interpersonal functioning were accounted for by baseline levels of social anxiety and use of support seeking. Contrary to expectations, participants with NSSI had *more* frequent contact with their romantic partners, did not differ in perceptions of support in romantic relationships, and did not report more intense negative affect following negative interpersonal interactions. This study provides a novel test of recent interpersonal theories of NSSI using daily reports.

Keywords: nonsuicidal self-injury; self-harm; social support; experience sampling; daily diary

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ALTHOUGH NONSUICIDAL SELF-INJURY (NSSI) has been recognized for decades as a serious clinical problem due to its associations with psychopathology, suicidality, and functional impairment (Glenn & Klonsky, 2013; Selby, Bender, Gordon, Nock, & Joiner, 2011), recent evidence suggests that NSSI is also associated with impairments in interpersonal functioning. Compared to individuals without a history of NSSI, those with NSSI report pervasive interpersonal problems, including poorer quality relationships with peers and caregivers (Claes, Houben, Vandereycken, Bijttebier, & Muehlenkamp, 2010; Gratz, Conrad, & Roemer,

2002; Hilt, Nock, Lloyd-Richardson, & Prinstein, 2008; Hoff & Muehlenkamp, 2009), greater loneliness (Giletta, Scholte, Engels, Ciairano, & Prinstein, 2012; Glenn & Klonsky, 2013; Guertin, Lloyd-Richardson, Spirito, Donaldson, & Boergers, 2001), higher rates of peer victimization (Giletta et al., 2012; Hilt et al., 2008), lower perceived support (Heath, Ross, Toste, Charlebois, & Nedecheva, 2009; Muehlenkamp, Brausch, Quigley, & Whitlock, 2013), and worse social problem-solving abilities (Nock & Mendes, 2008). Recent interpersonal theories of NSSI propose that interpersonal experiences may contribute to the development and maintenance of NSSI as both antecedents (e.g., rejection, conflict) and consequences (e.g., support) of this behavior (Nock, 2008, 2009; Prinstein, Guerry, Browne, & Rancourt, 2009; Yates, 2004). To date, however, the predominantly cross-sectional nature of existing studies has limited our understanding of potential deficiencies in the day-to-day interpersonal functioning of people who engage in NSSI. Examining how the daily interpersonal experiences of individuals with NSSI differ from those without NSSI may help to refine interpersonal models of NSSI.

Evidence that NSSI sometimes functions to meet interpersonal needs (see Klonsky, 2007, for a review) underscores the important role of interpersonal precipitants and consequences in NSSI. Identified interpersonal functions of NSSI include communicating distress, eliciting social support, escaping from undesired interpersonal situations or demands, asserting autonomy or demonstrating strength, and seeking belonging or acceptance within a group (Klonsky, 2007). Nock's (2008) anthropological model organizes these functions into three core domains: (a) eliciting caretaking or soothing from others, (b) warding off potential aggressors or unwanted demands by providing a signal of strength, and (c) increasing affiliation with desired groups. These interpersonal functions of NSSI highlight both the interpersonal situations that may precede or prompt NSSI behavior (e.g., interpersonal demands, conflict) and the interpersonal consequences (e.g., support, soothing) that are likely to reinforce this behavior. Given that NSSI is a relatively high-cost method of meeting interpersonal needs (Nock, 2008), the presence of such interpersonal functions may signal the existence of particular interpersonal skills deficits. For instance, individuals who use NSSI to elicit soothing from others may struggle to get this need met in other ways, perhaps due to deficits in their social skills repertoire, problems in the responsiveness of their interpersonal environment, or both (Nock, 2008). Although previous studies have found that interpersonal functions of NSSI are endorsed less often and less strongly than intrapersonal functions

(Klonsky, 2007), recent findings suggest that interpersonal reinforcement may nonetheless be important for understanding and predicting daily episodes of NSSI (Turner, Cobb, Gratz, & Chapman, 2016). Thus, previous work examining the interpersonal functions of NSSI provides clues about the specific interpersonal tasks that may be most difficult for individuals with NSSI and most relevant to NSSI behavior.

Several researchers have articulated interpersonal theories of NSSI (Nock, 2008, 2009; Prinstein et al., 2009; Yates, 2004). According to the social signaling hypothesis (Nock, 2008), NSSI is enacted when less intense and less costly behaviors, such as verbal communications of distress, have not been effective in achieving communicative goals due to poor signal quality or clarity or insufficiently responsive environments. Alternatively, the cognitive vulnerability–stress model (Guerry & Prinstein, 2010) suggests that people who engage in NSSI tend to make more negative attributions when they encounter interpersonal stressors, resulting in more affective arousal and greater reliance on maladaptive behaviors to cope with the resultant distress. Finally, Yates' (2004) developmental model suggests that traumatic experiences in childhood, especially maltreatment, lead to impairments in motivational, emotional, and relational skills, which, in turn, contribute to the use of NSSI (vs. more adaptive strategies) to meet emotional and interpersonal needs.

Past studies using cross-sectional self-report methods have supported aspects of these interpersonal theories of NSSI. Consistent with all three theories, individuals with (vs. without) NSSI rate themselves as less competent at meeting interpersonal goals (Baetens, Claes, Muehlenkamp, Grietens, & Onghena, 2012) and less likely to seek social support to cope with distress (Andover, Pepper, & Gibb, 2007). Consistent with the developmental and social signaling models, the relationship between childhood maltreatment and NSSI has been found to be mediated by cognitive processes such as self-criticism (Glassman, Weierich, Hooley, Deliberto, & Nock, 2007), which, in turn, may increase interpersonal reactivity (Guerry & Prinstein, 2010). Finally, consistent with the cognitive vulnerability–stress model, a negative attributional style has been found to strengthen the association between negative life events (including interpersonal stressors) and NSSI in a prospective study of adolescents (Guerry & Prinstein, 2010). Together, past research in this area suggests that individuals with (vs. without) NSSI may have deficits in the ability to: (a) initiate or maintain relationships with desired groups or individuals, (b) communicate personal and emotional information to others, (c) experience or interpret interactions

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