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# The moderating role of trait hope in the association between adolescent depressive symptoms and nonsuicidal self-injury



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ARTICLEINFO	A B S T R A C T
<i>Keywords:</i> Nonsuicidal self-injury Depressive symptoms Trait hope Pathways thinking Agency thinking Adolescence	The present study examined the relationship between trait hope (including two dimensions: pathways thinking and agency thinking) and adolescent nonsuicidal self-injury and whether and how trait hope moderated the association between depressive symptoms and nonsuicidal self-injury. Participants included 1026 Chinese sec- ondary school students (447 girls; $M_{age} = 13.76$ , $SD = 1.27$ ). Adolescents reported their depressive symptoms, trait hope, and nonsuicidal self-injury experiences. Results revealed that hope negatively related to adolescent NSSI, and that hope, particularly the dimension of pathways thinking but not agency thinking, attenuated the association between depressive symptoms and nonsuicidal self-injury among female adolescents. The moder- ating role of trait hope in the association between depressive symptoms and NSSI is discussed.

#### 1. Introduction

Non-suicidal self-injury (NSSI) refers to the direct, deliberate, and socially unsanctioned destruction of one's own body tissue without the intention to die. This behavior usually emerges and peaks during adolescence (Nock, 2010). A meta-analysis demonstrates that the international lifetime prevalence of NSSI among community adolescents is up to 17.2% (Swannell, Martin, Page, Hasking, & St John, 2014). The prevalence among Chinese adolescents is also high (e.g., Jiang, You, Zheng, & Lin, 2017; Tang et al., 2018; Wan, Chen, Sun, & Tao, 2015; You, Leung, Fu, & Lai, 2011). For example, Wan et al. (2015) demonstrated that 24.9% of Mainland Chinese adolescents reported having engaged in NSSI in the past 12 months. NSSI is commonly associated with many emotional disorders, such as mood disorders and anxiety disorders (Bentley, Cassiello-Robbins, Vittorio, Sauer-Zavala, & Barlow, 2015), and causes significant distress for self-injurers themselves and their friends and families (Nock, 2010). More crucially, engagement in NSSI may increase the risk for later suicide attempts (Hamza, Stewart, & Willoughby, 2012; You & Lin, 2015). Thus, it is urgent to explore factors relating to NSSI and develop effective prevention and intervention strategies.

The affect regulation model is one of the most known theoretical frameworks to understand NSSI (Klonsky, 2007). According to this model, NSSI is a maladaptive strategy to regulate one's negative emotions. Among these negative emotions, depressive symptoms that are

prevalent among adolescents (Brooks-Gunn & Petersen, 1991), have been identified as a typical correlate of NSSI (Fox et al., 2015; Lin, You, Wu, & Jiang, 2017; Marshall, Tilton-Weaver, & Stattin, 2013; Plener, Schumacher, Munz, & Groschwitz, 2015; Taliaferro & Muehlenkamp, 2015; Valencia-Agudo, Burcher, Ezpeleta, & Kramer, 2018). Depressive symptoms also often decrease after the engagement in NSSI, and the feelings of relief may further negatively reinforce the use of NSSI as a way of coping with overwhelming depressive moods (Klonsky, 2007; Nock, 2010). Additionally, Plener et al. (2015) and Valencia-Agudo et al. (2018) systematically reviewed past longitudinal studies and concluded that depressive symptoms were a predictor of NSSI.

Despite the risk effects of depressive symptoms on NSSI, not all adolescents experiencing depressive symptoms engage in this self-damaging behavior. Some of these youths have some psychological strengths or positive characteristics, such as self-compassion (Xavier, Pinto-Gouveia, & Cunha, 2016), optimism (Tanner, Hasking, & Martin, 2014), or self-esteem (Lin, You, Ren, et al., 2017), that allow them to resist NSSI. For instance, Xavier et al. (2016) found self-compassion as a positive characteristic buffering the impact of depressive symptoms on NSSI. Examining protective factors buffering the relation of depressive symptoms to NSSI may facilitate the understanding and treatment of NSSI (Wood & Tarrier, 2010). But research of this kind is relatively scarce. Thus, in this study, we attempted to examine trait hope as one of these positive characteristics that might protect against the engagement in NSSI.

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Snyder (2002) conceptualized trait hope as an individual's perceived abilities to produce plausible routes and motivations to use those pathways to achieve life goals. It involves two fundamental components-pathways thinking (i.e., goal-directed planning) and agency thinking (i.e., goal-directed determination). People with high hope may have both the capability to find pathways (i.e., high pathways thinking; "I'll find ways to handle it") and the energy to go through the pathways (i.e., high agency thinking; "I can handle it"). Substantive empirical research have shown that individuals with higher trait hope tend to have better outcomes in academic achievement, physical health, and psychological adjustments (Snyder, 2002). Moreover, hope has been demonstrated to be negatively related to psychopathology. For example, Visser, Loess, Jeglic, and Hirsch (2013) found that youths with greater hope reported fewer depressive symptoms brought about by negative life events. Again, Geiger and Kwon (2010) demonstrated that for undergraduate students who were high in hope, the association between rumination and depressive symptoms was weaker than those who were low in hope.

We propose that trait hope may be negatively related to NSSI. Although no empirical study has directly explored their association, its negative nature may be inferred by the positive relationship between hopelessness and NSSI (Fox et al., 2015; McMillan, Gilbody, Beresford, & Neilly, 2007; Taliaferro & Muehlenkamp, 2015), since hope and hopelessness tap future-oriented expectancies from the inverse directions (Farran, Herth, & Popovich, 1995). But researchers also argued that hopelessness and hope are not the simply two opposite ends of a single bipolar spectrum (e.g., Grewal & Porter, 2007; Huen, Ip, Ho, & Yip, 2015; Snyder et al., 1991). They two correlated but distinct constructs. Hopelessness was from Beck (1974)'s depresison theory and defined as generalized negative expectations towards the future (Beck, Weissman, Lester, & Trexler, 1974), whereas hope was originated from the positive psychology movement and defined as motivations and abilities to achieve goals (Snyder et al., 1991). They shared about only 14%-37% of variance (Huen et al., 2015; Range & Penton, 1994; Snyder et al., 1991). Moreover, Grewal and Porter (2007) argued that using trait hope is superior to using hopelessness in understanding suicide-related behaviors (including NSSI) due to the greater applicability of trait hope to the normal populations. Therefore, it is necessary to directly examine the association between trait hope and adolescent NSSI.

Furthermore, we also propose that hope may mitigate the association between depressive symptoms and NSSI. According to Fredrickson (2001)'s broaden-and-build theory, hope-related positive experiences may broaden individuals' momentary thought-action repertoires, which in turn help to build their enduring personal resources. These resources, ranging from physical and intellectual resources to social and psychological resources, may further help depressive individuals to go through difficult periods. Although the moderating effect of trait hope on the association between depressive symptoms and NSSI has not been tested, researchers have already examined the moderating effect of hope on the relationship between hopelessness and suicidal risk (Chang, 2017; Huen et al., 2015), such that the effect of hopelessness on suicidal ideation was significantly smaller in individuals with high hope than that in individuals with low hope.

Taken together, in light of the potential significance of hope and the limited research of hope in the area of NSSI, the current study was designed to investigate the relation of trait hope to NSSI, and whether and how hope moderated the association between depressive symptoms and NSSI. Due to the positive nature of trait hope, we expected that the association between hope and NSSI would be negative and the strength of the association between depressive symptoms and NSSI would be weaker in adolescents with higher levels of hope than those with lower levels of hope. Moreover, the effects of pathways thinking and agency thinking on NSSI would also be separately but simultaneously examined. As Snyder et al. (1991, p. 571) noted, "The two components of hope are reciprocal, additive, and positively related, but not

synchronous. One may perceive available pathways to a goal, but without the agency." Researchers ever investigated the unique contributions of pathways thinking and agency thinking in predicting depression and anxiety and found a significant negative effect of agency thinking but not pathways thinking (Arnau, Rosen, Finch, Rhudy, & Fortunato, 2010). Since depression and anxiety are two major correlates of NSSI (Bentley et al., 2015), it is possible that pathways thinking and agency thinking also have different effects on NSSI. In addition, considering that adolescent age and gender are often associated with NSSI, depressive symptoms, and hope (Bresin & Schoenleber, 2015; Bronk, Hill, Lapsley, Talib, & Finch, 2009; Marshall et al., 2013), we also examined the moderating roles of age and gender in the associations among hope, depressive symptoms, and NSSI.

#### 2. Methods

#### 2.1. Participants

The participants were recruited from a cooperative school in the urban area of the Foshan city, China. The 2017 annual gross domestic product in Foshan was 6870.74 billion RMB, ranking 3rd of the 21 cities in Guangdong province, China. In the fall of 2014, all the students (N = 1200) of 7th–10th grades were invited, of which 1041 participated. Since the current study focused on adolescent NSSI, 15 students who did not report their NSSI experiences were excluded, so the final sample consisted of 1026 adolescents (43.6% females) aging from 11 to 17 year-old (mean = 13.76, SD = 1.27). About 24.7% of our participants (*n* = 253) studied in Grade 7, 26.7% (*n* = 274) in Grade 8, 28.7% (n = 294) in Grade 9, and 19.9% (n = 204) in Grade 10. All students speak Mandarin Chinese as their primary language. Since Han is the main ethnic in Foshan, we did not assess students' ethnic. Approximately three in four of participants' parents have been reported to have senior high school degree or above (72.1% for fathers and 70.3% for mothers). Participants' parents' occupations spanned from ordinary employee (i.e., white collar) to entrepreneur; the majorities of the fathers (78.3%) and nearly half of the mothers (45.1%) were reported as managers or self-employed.

#### 2.2. Procedure

Our study was in cooperation with the psychological counseling center of the participating school. Before the test administration, the research assistants and the school psychologists were trained by our research group. Then, under the supervision and guidance of the trained research assistants or the school psychologists, all students completed the written questionnaires in the same order in classrooms during regular school hours. Before completing the questionnaire, students were informed about the confidentiality of the collected data and the voluntary nature of participation. Parental passive informed consent was obtained. The survey and all related materials were approved by the ethical board of the corresponding author's university and the participating school's authority.

#### 2.3. Measures

#### 2.3.1. Nonsuicidal self-injury (NSSI)

Participants reported the frequency with which they intentionally injured themselves without the intention to die, during the past year, by each of the following nine methods: self-cutting, carving, burning, severely scratching, inserting sharp objects to the nail or skin, biting to injury, erasing skin, banging the head or other parts of the body against the wall, and punching. Each of the nine NSSI items was rated on a 7-point scale from 1 = never to  $7 = almost \ every \ day$ . These items were selected from the Deliberate Self-Harm Inventory (DSHI; Gratz, 2001) and displayed good psychometric properties among Chinese adolescents (You, Lin, Xu, & Hu, 2016). In this study, the total scores of these

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