



Functions of nonsuicidal self-injury among Chinese community adolescents



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A B S T R A C T

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This study examined functions of nonsuicidal self-injury (NSSI) among a large sample of Chinese high school students over a six-month period. Among Chinese adolescents, we identified three factors of NSSI functions, namely, Affect Regulation, Social Influence, and Social Avoidance. Affect Regulation was the most frequently endorsed function of NSSI, followed by Social Influence and Social Avoidance. Adolescent male self-injurers were more likely to endorse the Social Influence function than their female counterparts. Moderate/Severe Self-injurers did not differ from Minor Self-injurers on the endorsement of various NSSI functions. All functions of NSSI exhibited small to moderate stability over the six-month assessment period. Findings suggest that Chinese adolescents engaged in NSSI for multiple reasons. These reasons also varied considerably over time within individuals. Assessment of NSSI should thus regularly assess functions of the behavior.

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Nonsuicidal self-injury (NSSI), the deliberate, direct, socially unacceptable destruction or alteration of body tissue without conscious suicidal intent (Nock & Favazza, 2009), has become a major public health concern. The most vulnerable group for NSSI is the adolescents. The lifetime prevalence estimates for NSSI among community adolescents vary from 5.5% to 30.7%, the 12-month prevalence rates vary from 7.5% to 37.2%, and the 6-month prevalence rates vary from 13.9% to 16.3% (Muehlenkamp, Claes, Havertape, & Plener, 2012). This behavior is a costly health problem. It can not only incur economic costs for health care such as psychotherapy and unintended medical visits to treat cuts, burns, or bruises, but may also lead to decreased productivity at work and school, damaged or lost relationships, and self-conscious negative emotions such as shame and embarrassment (Laye-Gindhu & Schonert-Reichl, 2005). Together, these two seemingly contradictory characteristics of NSSI: prevalence and negative consequences, pose a perplexing question: why people still engage in this behavior despite these negative consequences?

To answer this question, an important place to start is in understanding the function of the behavior. Early researchers tried to understand the function of NSSI from the psychodynamic perspective. They proposed six functional models of NSSI (Suyemoto, 1998), namely, a) environmental (i.e. NSSI is a way of serving the needs of the environment by sublimating and expressing inexpressible and threatening conflicts), b) antisuicide (i.e. NSSI is a compromise between life and death drives), c) sexual (i.e. NSSI punishes for or controls sexual feelings or actions), d) affect regulation (i.e. NSSI expresses extreme psychological pain that cannot be expressed verbally or through other means), e) dissociation (NSSI ends dissociation resulting

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from intense affect), and f) boundaries (i.e. NSSI creates a boundary between self and others) models. These models served as the first attempts in understanding the functions of NSSI. However, like other psychodynamic models, they received little empirical support.

An alternative approach to the examination of NSSI is through functional analysis, which is derived from the behavioral perspective. This approach attempts to examine the situational cues that trigger NSSI, as well as the dysfunctional cognitive and affective processes that mediate the situational cues – NSSI relations (Claes & Vandereycken, 2007). Situational cues to NSSI include not only the setting in which NSSI occurs, but also some specific features that are repeatedly linked with reinforcing consequences produced by NSSI. The mediating cognitive and affective processes may refer to maladaptive beliefs, self-views, affects, and self-regulation plans (Mischel & Shoda, 1995).

Along the line of functional analysis of NSSI, Nock and Prinstein (2004) proposed a “Four-Factor Model”, which is the most widely cited functional model of NSSI. This model emphasizes the immediate antecedents and consequences of NSSI, which trigger and maintain the behavior. In this model, Nock and Prinstein proposed two dimensions along which reasons to self-injure can be described: for intrapersonal (goals related to the self) or social reasons (goals related to interpersonal relationships), and to add something previously absent (positive reinforcement) or to remove something that is unwanted (negative reinforcement).

Two studies have provided direct support for this Four-Factor Model. In Nock and Prinstein’s (2004) original study, 108 adolescent psychiatric inpatients exhibiting self-injurious thoughts and/or behaviors rated 22 items, each assessing one specific reasons for engaging in NSSI. Confirmatory factor analysis (CFA) supported the four-factor structure of the NSSI function. Results also showed that although participants tended to endorse multiple functions, the majority of them rated the intrapersonal negative and positive reinforcement functions as the most common ones for NSSI. In another study among 261 high school students who self-injured, Lloyd-Richardson, Perrine, Dierker, and Kelley (2007) also confirmed the Four-Factor Model of NSSI using CFA and suggested that self-injurers were likely to endorse both intrapersonal and social reinforcement functions.

Apart from the two studies directly confirming the factor structure of the Four-Factor Model of NSSI function, other studies have also provided evidence for the four functions. The most widely supported function is the intrapersonal negative reinforcement function, or the affect regulation function, as suggested by several reviews (Chapman, Gratz, & Brown, 2006; Klonsky, 2007; Messer & Fremouw, 2008). Specifically, several lines of research supported this function, including studies assessing self-reported reasons for NSSI (e.g., Baetens, Claes, Muehlenkamp, Grietens, & Onghena, 2011; Briere & Gril, 1998; Laye-Gindhu & Schonert-Reichl, 2005; Nixon, Cloutier, & Aggarwal, 2002; Whitlock et al., 2011), self-reported phenomenology of NSSI (e.g., Briere & Gril, 1998; Laye-Gindhu & Schonert-Reichl, 2005), and physiological changes following the performance of NSSI proxies (e.g., Brain, Haines, & Williams, 1998; Haines, Williams, Brain, & Wilson, 1995). Social reinforcement functions were also evidenced mostly by studies assessing self-reported reasons for NSSI (e.g., Briere & Gril, 1998; Brown, Comtois, & Linehan, 2002; Hilt, Cha, & Nolen-Hoeksema, 2008). One longitudinal study demonstrated an increase in the quality of father–child relationship after children’s engagement in NSSI (Hilt, Nock, Lloyd-Richardson, & Prinstein, 2008), also providing support for the social function.

Although the Four-Factor Model of NSSI function has received extensive support, there are still some areas need to be addressed. First, most of the previous studies assessed functions of NSSI among clinical samples (e.g., Kumar, Pepe, & Steer, 2004; Nock & Prinstein, 2004). Functions of NSSI, however, may differ across clinical and nonclinical populations. For instance, as compared to community adolescent self-injurers in Lloyd-Richardson et al.’s (2007) study, psychiatric inpatient self-injurers in Nock and Prinstein’s (2004) study endorsed intrapersonal functions more (e.g., the endorsement rates for the function of “to stop bad feelings” were 52.9% vs. 37.9%) because they might suffer more intense psychological pain. On the contrary, community adolescents who self-injured were more likely to endorse social functions than their inpatient counterparts (e.g., the endorsement rates for the function of “to get attention” were 35.6% vs. 14.1%), which may be due to that they had more social interactions. Thus, more studies are needed to examine functions of NSSI among community samples.

Second, to our knowledge, functions of NSSI were assessed exclusively in the West. Little is known about why people in China engage in NSSI. Given the cultural difference between western countries and China, such that western countries emphasize individualism while China emphasizes collectivism (Markus & Kitayama, 1991), it is speculated that individuals in China may conduct NSSI more for social reasons. This speculation needs to be examined in future research.

Third, functions of NSSI may differ across gender. For example, female were more likely than males to do NSSI to relieve negative feelings (Claes, Vandereycken, & Vertommen, 2007), and to punish themselves (Lloyd-Richardson et al., 2007; Rodham, Hawton, & Evans, 2004); males, on the other hand, were more likely to conduct NSSI to make others angry (Lloyd-Richardson et al., 2007), to get attention, and to show others how strong they are (Claes et al., 2007). Additionally, self-injurers using different types of NSSI (e.g., self-cutting and self-hitting) may also have different reasons. Lloyd-Richardson et al. (2007) found that individuals using moderate/severe NSSI endorsed more motivations than those using minor NSSI. Moderate/severe NSSI was also highly correlated with all four functions of NSSI, while minor NSSI was correlated only with intrapersonal reinforcement functions. Further research should continue to study differences in NSSI functions across gender and across different types of self-injurers.

Last but not least, longitudinal studies of NSSI functions were scarce, with one exceptional study conducted by Glenn and Klonsky (2011). In this study, researchers examined one-year stability of NSSI functions. Results showed that interpersonal functions exhibited higher stability than intrapersonal functions, and the affect regulation function displayed the lowest stability. Additionally, endorsement of both intrapersonal and interpersonal functions exhibited a decrease over the one-year

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