Preference for Solitude, Social Isolation, Suicidal Ideation, and Self-Harm in Adolescents

Kaori Endo, Ph.D.a, Shuntaro Ando, M.D., Ph.D.a,b,1, Shinji Shimodera, M.D., Ph.D.,b,c,* Syudo Yamasaki, Ph.D.a, Satoshi Usami, Ph.D.d, Yuji Okazaki, M.D., Ph.D.c,f, Tsukasa Sasaki, M.D., Ph.D.g, Marcus Richards, Ph.D.h, Stephani Hatch, Ph.D.i, and Atsushi Nishida, Ph.D.a

aDepartment of Psychiatry and Behavioural Science, Tokyo Metropolitan Institute of Medical Science, Setagaya-ku, Tokyo, Japan
bDepartment of Neuropsychiatry, Graduate School of Medicine, The University of Tokyo, Bunkyo-ku, Tokyo, Japan
cDepartment of Neuropsychiatry, Kochi Medical School, Kochi University, Nankoku-shi, Kochi, Japan
dDepartment of Psychology, University of Tsukuba, Tsukuba, Ibaraki, Japan
eKouseikai Michinoo Hospital, Nagasaki-shi, Nagasaki, Japan
fTokyo Metropolitan Matsuzawa Hospital, Setagaya-ku, Tokyo, Japan
gDepartment of Physical and Health Education, Graduate School of Education, The University of Tokyo, Bunkyo-ku, Tokyo, Japan
hMRC Unit for Lifelong Health and Aging, University College London, London, United Kingdom
iDepartment of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King's College London, United Kingdom

Article history: Received November 9, 2016; Accepted February 22, 2017

Keywords: Preference for solitude; Social isolation; Suicidal ideation; Self-harm; Adolescence

ABSTRACT

Purpose: Social isolation is associated with suicidal ideation (SI) and self-harm (SH) among adolescents. However, the association between preference for solitude (PfS), SI, and SH is unknown. The prevalence of adolescents who have both of PfS and social isolation and the risks for SI and SH among them are also unknown.

Methods: Information on PfS, social isolation, SI, and SH was collected in a large-scale school-based survey on adolescents, using a self-report questionnaire. Associations between PfS, SI, and SH were examined by logistic regression analysis. The interactions between PfS and social isolation on SI and SH were also investigated. The odds of SI and SH were examined for groups defined by presence of PfS and social isolation.

Results: Responses from 17,437 students (89.3% of relevant classes) were available. After adjusting for demographic characteristics and social isolation, PfS was associated with increased odds of SI (odds ratio [OR] = 3.1) and SH (OR = 1.9). There was no interaction between PfS and social isolation on SI and SH. After adjusting for demographic characteristics, the odds for SI (OR = 8.6) and SH (OR = 3.8) were highest among adolescents with both PfS and social isolation (8.4% of all respondents).

Implications and Contribution
Adolescents with a preference for solitude, particularly those who are socially isolated, are at increased risk of suicidal ideation and self-harm. These results suggest focusing suicide prevention efforts on those who say they prefer solitude and have no one to consult with about worries or troubles.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

Clinical trials registry site and number: none.

*Address correspondence to: Shinji Shimodera, M.D., Ph.D., Department of Neuropsychiatry, Kochi Medical School, Kochi University, Oko-cho Kohasu, Nankoku-shi, Kochi 783-8505, Japan.
E-mail address: shimodes@kochi-u.ac.jp (S. Shimodera).
1Equal contribution to first author.
Conclusions: PFs was associated with increased odds of SI and SH in adolescents. No interaction effect between PFs and social isolation on SI and SH was found, but adolescents with PFs and social isolation had the highest risk for SI and SH. Parents and professionals should pay attention to suicide risk in adolescents with PFs.

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Suicide is the second leading cause of death in young people, accounting for 8.5% of total deaths in young people [1]. In Japan, the leading cause of death among 15- to 39-year-olds is suicide, while road traffic accidents is the leading cause in many other developed countries [2]. Also, self-inflicted injury is now recognized as a risk factor for suicidal problems [1,4]. Since a rapidly changing social world increases the likelihood of social isolation during adolescence [5], more attention should be paid for adolescents who experience social isolation.

Preference for solitude (PFs) in adolescence can be regarded as a developmental process. PFs has been said as a broad construct of unsociability and avoidance [6] and motivated by low approach and low-to-high avoidance [7]. The desire for solitude increases during adolescence, and time spent alone in adolescence can sometimes be beneficial for adjustment, perhaps because solitude facilitates individuation or identity formation [8]. As children grow older, solitude becomes more acceptable and they report solitude as more positive and important [8–10]. It also has been suggested that spending time alone in a volitional and autonomous manner is associated with higher levels of well-being [11]. On the other hand, negative aspects of PFs have also been reported. Several studies showed that PFs in early adolescence is associated with peer difficulties and maltreatment [12–14] and, in adolescence more generally, with low self-esteem, anxiety/depression, and emotional dysregulation [6,7]. Therefore, it is possible that risk for suicidal ideation (SI) and self-harm (SH) is increased in adolescents with PFs.

However, to the best of our knowledge, this has not been investigated. Furthermore, no studies have examined the prevalence of adolescents who had both PFs and social isolation and the risk of SI and SH among them. The objective of this study therefore was to examine these possible associations.

Methods

Study design

The present study was a cross-sectional survey of students in public junior and senior high schools (7th–12th graders, age range 12–18 years). The survey was conducted between 2008 and 2009 using a self-report questionnaire. The principal investigator of the study asked all heads and administrators of public junior high schools in the city of Tsu, (the second biggest city in a rural prefecture, having about 290,000 people), and public junior and senior high schools in Kochi Prefecture, (a rural prefecture, having approximately 780,000 people), to participate into the survey. Of the 138 junior and 36 senior high schools invited, 47 junior and 30 senior high schools participated.

Preference for solitude

The question, “Do you prefer to be alone rather than to be with someone?” was used to evaluate PFs. This question had the highest loading among the four items for measuring PFs in the previous study [6]. The four possible responses were “no,” “probably no,” “probably yes,” and “yes.” Students who replied “yes” or “probably yes” were defined as those who had PFs.

Social isolation

In this article, considering the previous studies [15], we defined social isolation as the lack of quantity of social contacts for emotional support. The question “With how many people can you consult about your worries or troubles?” was used. The five possible responses were “no one,” “one,” “two,” “three,” and “more than four.” Individuals who answered “no one” were defined as those who were socially isolated.

Suicidal ideation

Current SI was assessed by the question “Do you currently have thoughts that your life is no longer worth living?” The four
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