Relating mindfulness and self-control to harm to the self and to others

Cleoputri Yusainy a, b, Claire Lawrence b

a Psychology Programme, Faculty of Social and Political Science, University of Brawijaya, Malang, Indonesia
b Personality, Social Psychology, and Health (PSPH) Group, School of Psychology, University of Nottingham, Nottingham NG7 2RD, UK

Abstract

Aggression to others and harm to the self (self-harm) have both been associated with similar possible antecedents; however, literatures on aggression and self-harm are commonly separated. This web-based study (N = 241) aimed to explore the dynamics of self-reported mindfulness and self-control towards aggression and self-harm. As predicted, those who were more mindful and more self-controlled reported being less aggressive and self-harmless typically. Bootstrap analyses suggested that self-control mediated the link between mindfulness and general trait aggression, physical aggression, anger, hostility, and self-harm, but not verbal aggression. With the inclusion of self-control, the direct effect of mindfulness on trait aggression, anger, and hostility, but not on physical aggression and self-harm, remained significant. Self-control, therefore, may be a pertinent individual difference on the link between mindfulness and behaviours that are physically harmful to the self and to others.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

A previous review (Hillbrand, 2001) has pointed out that although aggression and self-harm often coexist, the risk assessment of these behaviours are typically separated. It could be argued that those who self-harmed are less likely to harm others, as some research suggest that self-harm is psychological distress, particularly anger, directed inwards (Hill & Dallos, 2012). Repetition of self-harm is also related to intraputitive but not extraputitive hostility (Brittlebank et al., 1990). Even so, the presence of similar possible mechanisms for harm to the self and to others, such as lower levels of serotonin (Barbui, Esposito, & Cipriani, 2009) and cerebrospinal fluid monoamine metabolite (Placidi et al., 2001), would mean that aggressive individuals may, in fact, also lack inhibition to harm themselves.

As proposed by Selby, Anestis, and Joiner (2008), when dealing with intense negative emotions, individuals may ruminate on these emotions, or use thought suppression as an attempt to stop rumination. Because both strategies may paradoxically increase the intensity and frequency of negative emotions, some individuals might then engage in a dysregulated behaviour to distract themselves. Indeed, emotional relief has been reported as the most common reason for self-harm in studies using self-report methodologies (Brown, Comtois, & Linehan, 2002). Similarly, ruminating about a provocation increases the likelihood of displaced aggression (Bushman, 2002). By contrast, mindfulness may decrease both over-engagement (i.e., rumination) and avoidance of experiences, by bringing attention back to the “here-and-now” with a nonjudgemental attitude (Hayes & Feldman, 2004).

The current literature has increasingly documented the application of mindfulness as an intervention technique for aggressive behaviours (Singh et al., 2012) and repeated episodes of self-harm (Williams, Dugan, Crane, & Fennell, 2006). Nevertheless, mindfulness has also been conceptualised as a natural predisposition to pay attention to and be aware of on-going events in daily life (Brown & Ryan, 2003). Mindfully keeping attention on experiences, with minimal effort to act on them, should lead to a situation of exposure and, in turn, extinction (Baer, 2003). Thus, although all individuals may encounter situations that potentially could trigger aggressive and self-harmful behaviours, those who are mindful may experience the resulting habitually associated responses to a reduced extent. As shown elsewhere, trait mindfulness is associated with lower levels of self-reported aggressiveness (e.g., Borders, Earleywine, & Jajodia, 2010; Brown & Ryan, 2003). The mechanisms of mindfulness towards aggression and self-harm, however, are yet unclear.

Borders et al. (2010) found that while rumination may be a crucial mechanism between self-reported mindfulness and verbal aggression, anger, hostility, other mechanisms could come into play for reductions of physical aggression. This highlighted the importance of testing not only general trait aggression but also
its specific components. Borders et al. suggested that the effect that mindfulness has on behavioural aggression may be mediated through relaxation, emotion regulation, better cognitive functioning and flexibility, and decrease impulsivity. Some of these suggested mechanisms appear to be related to the capacity of the self to control itself by altering its dominant response tendencies (Tangney, Baumeister, & Boone, 2004). Self-control was explicitly mentioned (but not tested) by Heppner et al. (2008) as a potential mediator between mindfulness and aggression. In self-harm studies, self-controlled emotion regulation is typically measured separately from mindfulness (e.g., Gratz & Roemer, 2004; Slee, Spinthoven, Garnefski, & Aresnman, 2008). It is a key aim of the current study, therefore, to examine the dynamics of self-reported mindfulness, self-control, aggression, and self-harm.

The link between self-control and aggression per se has been well documented (see Moffitt et al., 2011), and self-reported measures of mindfulness and self-control are strongly related with each other (Bowlin & Baer, 2012; Brown & Ryan, 2003). As the influential theory of feedback loops (Carver & Scheier, 1982) implies, self-control demands a continuous monitoring of one’s current states against some desirable goals or standards. Since this process is not affectively neutral, individuals who mindfully monitor their emotions may be better attuned to when self-control is required before impulsive reactions occur (Brown, Ryan, & Creswell, 2007, Teper, Segal, & Inzlicht, 2013). It is recently shown that in experienced mindfulness meditators, emotional acceptance and brain-based performance monitoring are related to greater self-control (Teper & Inzlicht, 2013). Arguably, mindfulness may also decrease aggression and self-harm through successful self-controlled efforts to refrain from acting on impulses to harm the self and others.

Accordingly, the current study examines three hypotheses. First, self-reported mindfulness and self-control will be positively correlated to each other, negatively associated with aggression and self-harm. Second, individual differences in aggression will be positively associated with self-harm. Third, self-control will mediate any relationships between mindfulness and aggression and self-harm. If mindfulness and self-control could predict individuals’ tendency to harm themselves in the same way as they predict harm to others, then the risk factors of aggression that potentially curable through mindfulness may also include self-harm and poor behavioural self-control (e.g., impulsivity), in addition to problems of anger. We focus on self-harm in the absence of suicidal intent as suicide attempts are frequently correlated to each other. Those who consented were then presented with a series of questionnaires, and an option to enter an email address to win a £25 prize draw incentivising the study. To examine whether participants provided more than one set of data, they were also asked to enter some “security details” (e.g., the last letter of most favourite colour). Finally, an electronic debriefing about the study hypotheses and useful points of contact was presented.

2. Materials

2.2.1. Mindful Attention Awareness Scale (MAAS: Brown & Ryan, 2003)

The MAAS consists of 15 items assessing the absence of a single factor encompassing attention and of the present reality in daily life (e.g., “I find myself preoccupied with the future or the past”) on a 6-point Likert-scale (1 = almost always and 6 = almost never). Higher MAAS scores were related to less reactivity during emotional threat as indicated by bilateral amygdala response and prefrontal cortical activation (Creswell, Way, Eisenberger, & Lieberman, 2007). Evidence for the predicted validity of the MAAS has been reported in a number of studies (Sauer et al., 2013). Internal reliability in the current sample was good (α = .88).

2.2.2. Brief Self-Control Scale (Brief SCS: Tangney et al., 2004)

The brief version of the SCS covered the same range of content with the full 36-item version (i.e., control over thoughts, emotional control, impulse control, performance regulation, and habit breaking). Participants responded to 13 statements reflecting how they typically are (e.g., “People can count on me to keep on schedule”) on a 5-point Likert-scale (1 = not at all and 5 = very much). Compared to other widely used self-reported measures of self-control, the SCS showed stronger relationships to overall behaviour (De Ridder, Lensvelt-Mulders, Finkenauer, Stok, & Baumeister, 2012). Internal reliability in the current sample was good (α = .82).

2.2.3. Aggression Questionnaire (AQ: Buss & Perry, 1992)

The AQ is one of the most broadly used self-reported measures of aggression. It consists of four subscales, i.e., physical aggression (9 items, e.g., “If somebody hits me, I hit back”), verbal aggression (5 items, e.g., “I tell my friends openly when I disagree with them”), anger (7 items, e.g., “When frustrated, I let my irritation show”), and hostility (8 items, e.g., “I am sometimes eaten up with jealousy”), along with a composite of the 29-score of trait aggression. Participants indicated how accurately each item described the way in which they act when they feel angry or aggressive on a 5-point Likert-scale (1 = very inaccurate and 5 = accurate). Good internal reliability was shown in the current sample (α = .90, .84, .74, .78, .80 for total score, physical aggression, verbal aggression, anger, and hostility, respectively).

2.2.4. Deliberate Self-Harm Inventory (DSH: Gratz, 2001)

Participants indicated “yes” or “no” to a list of 17 items (e.g., “Have you ever intentionally (i.e., on purpose), cut your wrist, arms, or other area(s) of your body? (without intending to kill yourself?)”, and rated the number of times they have administered each act. Responses to item number 17 (i.e., “Have you ever intentionally done anything else to hurt yourself that was not asked about in this questionnaire? If yes, what did you do to hurt yourself?”) would be included only if they were consistent with Gratz’s (2001) definition of deliberate self-harm. As a final score, a dichotomous self-harm variable was derived by assigning a score of “1” to participants who provided the rating of “five times or more” on any items, and a score of “0” to the rest of the participants (Gratz & Chapman, 2007).
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات