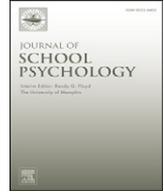




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Adolescents' deliberate self-harm, interpersonal stress, and the moderating effects of self-regulation: A two-wave longitudinal analysis

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ABSTRACT

The predictive effects of peer victimization and harsh parenting on deliberate self-harm were examined. As derived from the experiential avoidance model, the study also tested whether these links were moderated by individual self-regulation approaches. Data were collected at two points in time from 880 junior high school students (mean age = 13.72) in Sweden. Analyses using structural equation modeling revealed that Peer Victimization was predictive of self-harm. Although Harsh Parenting was not predictive of self-harm, this link was moderated by adolescents' gender. No moderating effect of self-regulation was revealed. The study concludes that the high prevalence of deliberate self-harm recently found in community samples of adolescents cannot be prevented without attending to environmental psychosocial factors.

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1. Introduction

Young people who intentionally hurt their own bodies with sharp objects or any other physical means typically report that the act of self-harm brings relief from emotional distress (Klonsky, 2007). Self-harm has been associated with problems such as victimization by peers, parental emotional neglect, childhood sexual abuse, insecure attachment, anxiety, depression, low self-esteem, body dissatisfaction, poor school achievement, drug consumption, dissociative symptoms, and general psychopathology (Bjärehed & Lundh, 2008; Brodsky, Cloitre, & Dulit, 1995; Gratz, Conrad, & Roemer, 2002; Hawton, Rodham, & Evans, 2006;

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Klonsky, Oltmanns, & Turkheimer, 2003; Laukkanen et al., 2009; Ross & Heath, 2002; van der Kolk, Perry, & Herman, 1991; Zlotnick et al., 1997).

Definitions of self-harm vary with the inclusion or exclusion of behaviors such as attempted suicide, self-poisoning and general self-destructive behavior. Based on theoretical arguments that both the antecedent causes and the expected outcome of self-harm differ fundamentally from those of attempted suicide (Favazza, 1998; Gratz, 2001; Messer & Fremouw, 2008; Muehlenkamp, 2005), we define self-harm in this study as the deliberate, direct destruction or alteration of body tissue without conscious suicidal intent but resulting in injury severe enough for tissue damage (e.g., scarring) to occur (see Gratz, 2001).

Using the above definition of self-harm, recent investigations have reported one-year estimates of the prevalence of self-harm among adolescents to be as high as 40% in Sweden (Bjärehed & Lundh, 2008) and 26% to 46% in the United States (Hilt, Cha, & Nolen-Hoeksema, 2008; Lloyd-Richardson, Perrine, Dierker, & Kelly, 2007; Yates, Tracy, & Luthar, 2008). Because these reports regard socially and ethnically diverse community samples recruited through schools, such a high prevalence of self-harm indicates that it deserves even more attention than previously recognized.

1.1. A model explaining deliberate self-harm

In a recent review of theoretical models explaining deliberate self-harm, Messer and Fremouw (2008) discussed the *experiential avoidance model* (Chapman, Gratz, & Brown, 2006) as a potential basis for future research into the etiology of deliberate self-harm, because it integrates empirically supported aspects of previous explanatory models. The experiential avoidance model also benefits from being developed to apply to deliberate self-harm across multiple populations, ranging from psychotic groups of inpatients to community-based samples of normally functioning individuals. In their model, Chapman et al. (2006) suggested that deliberately harming oneself is a maladaptive strategy of escaping from uncomfortable or distressing internal experiences in the form of thoughts, feelings, or somatic sensations. Aversive experiences may be triggered by interpersonal stress originating from relationships with peers or parents, for instance, or from any other external or internal stimulus, such as anguish or poor future prospects. As individuals experience temporary relief from aversive emotions after a self-harming act (Bennum & Phil, 1983), long-term self-harming behavior is believed to be maintained and habituated by negative reinforcement. The experiential avoidance model also suggests that the likelihood of experiential avoidance behavior in response to aversive emotions increases with (a) trouble self-regulating when aroused, (b) the inability to implement skillful behaviors in response to distress, (c) capacity deficits in distress tolerance, and (d) high emotion intensity.

Although not explicitly suggested, the experiential avoidance model, in conjunction with empirical research (McLaughlin, Miller, & Warwick, 1996), implies that relationships with peers and parents constitute two social contexts in which adolescents can be exposed to interpersonal stress that, although within the normal range, might be severe enough for them to engage in deliberate self-harm. Adolescents' relationships with peers and parents are similar in that they take place within domains from which they rarely can escape.

1.2. Peer victimization and deliberate self-harm

As peer acceptance becomes increasingly important in early adolescence (Brown, Clasen, & Eicher, 1986), one might expect that victimization adds to internal distress at this age in particular. Peer victimization has been defined as aggression from one peer against another with the intention to hurt or obtain a social goal of dominance in the peer hierarchy (Olweus, 1999; Pellegrini & Long, 2002). Although there is an extensive empirical literature on peer victimization (see Jimerson, Swearer, & Espelage, 2010), only a few studies have examined the specific link between peer victimization and deliberate self-harm. Cross-sectionally, being a victim of bullying has typically been associated with deliberate self-harm in community-based cross-sectional studies of adolescents (Hawton, Rodham, Evans, & Weatherall, 2002; Hay & Meldrum, 2010; Hilt et al., 2008). Results concerning the long-term influence of peer-victimization on self-harm are less consistent. On the one hand, in a study of high-school students over a 2-year period, Heilbron and Prinstein (2010) found no association between peer victimization and later self-harm. On the other hand, evidence for such a link was observed in a 3-year follow-up study by Sourander et al. (2006).

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