



## Brief report: Emotion regulation and coping as moderators in the relationship between personality and self-injury

Penelope A. Hasking<sup>a,\*</sup>, Sarah J. Coric<sup>a</sup>, Sarah Swannell<sup>b</sup>, Graham Martin<sup>b</sup>,  
Holly Knox Thompson<sup>a</sup>, Aaron D.J. Frost<sup>b</sup>

<sup>a</sup> School of Psychology, Psychiatry & Psychological Medicine, Monash University, Caulfield East VIC 3145, Melbourne, Australia

<sup>b</sup> Discipline of Psychiatry, University of Queensland, Brisbane, Australia

### A B S T R A C T

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Self-injury without conscious suicidal intent is an increasingly prevalent phenomenon particularly among adolescent populations. This pilot study examined the extent and correlates of self-injurious behaviour in a school population sample of 393 adolescents (aged 13–18 years) using a self-report questionnaire. Specifically, we aimed to determine whether personality was related to self-injury and whether this relationship was moderated by emotion regulation or coping strategies. Few personality and coping variables were directly related to self-injury after controlling for age and psychopathology. However the relationship between personality and self-injury was moderated by coping skills and emotion regulation. We suggest future research explore these relationships in order to determine the role of coping skills and emotional regulation training in prevention of self-injury.

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Most of our knowledge regarding non-suicidal self-injury (NSSI) is based on adult or hospitalised samples, with little research conducted among young people in the general community. Yet, research suggests NSSI usually begins in adolescence and is increasing among non-clinical samples (De Leo & Heller, 2004; Klonsky, Oltmanns, & Turkheimer, 2003). Further, the examination of NSSI has historically been a-theoretical, with insufficient data to inform theory development. If we are to understand NSSI in relationship to suicide and psychological problems, and develop a-theoretical framework for future work in this area, it is important to study the relationships between NSSI and key psychological variables in community adolescents.

Personality disorders are more common among those who self-injure (Claes, Vandereycken, & Vertommen, 2003; Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006). While recent studies have examined the relationships between traits such as perfectionism and self-injury (O'Connor, Rasmussen, Miles, & Hawton, 2009), to our knowledge no work has examined the relationship between NSSI and general personality traits (e.g. 'Big 5' – openness to experience, conscientiousness, extraversion, agreeableness, neuroticism) in non-clinical samples. Philip (1970), observed excess hostility, anxiety, introversion and less conscientiousness in suicide attempters relative to non-attempters, while Kumar and Pradhan (2003) found suicidal ideation was significantly associated with psychoticism and introversion. Although NSSI and suicidality are distinctly different (Muehlenkamp & Gutierrez, 2004), similar personality traits may pre-dispose some individuals toward self-destructive behaviour. Identification of risk factors which pre-dispose young people to NSSI would be important for early intervention programs.

\* Corresponding author. Tel.: +61 3 9903 1148; fax: +61 3 9903 2501.  
E-mail address: [Penelope.Hasking@med.monash.edu.au](mailto:Penelope.Hasking@med.monash.edu.au) (P.A. Hasking).

Both clinical (Connors, 2000) and theoretical (Linehan, 1993) literature point to NSSI serving a survival function of emotional avoidance, representing an inability to appropriately deal with problems. NSSI seems to be a means of coping (Evans, Hawton, & Rodham, 2005; Favazza, 1998; Warm, Murray, & Fox, 2003), and of regulating negative emotion (Briere & Gill, 1998; Dieter, Nicholls, & Pearlman, 2000; Gratz, Conrad, & Roemer, 2002; Zlotnick, Donaldson, Spirito, & Pearlstein, 1997). Coping strategies not only predict NSSI rates but also frequency of NSSI in those who already self-injure (Chapman, Gratz, & Brown, 2006). Thus adaptive coping strategies and emotion regulation may serve to protect those with personality traits which pre-dispose them to NSSI.

While other factors may also relate to NSSI (e.g. Crowell et al., 2005; Jacobsen & Gould, 2007), the roles of coping and emotion regulation appear to have the most empirical support. Consequently, this pilot study aimed to examine whether NSSI in adolescents is related to the 'Big 5' personality traits, and whether coping and emotion regulation strategies moderate these relationships. Given the exploratory nature of our proposal firm hypotheses cannot be proposed. However, based on previous literature we expected that adaptive coping strategies and ability to regulate emotion would serve a protective role in those with high levels of neuroticism and introversion, while less adaptive coping and poor emotion regulation would negate the negative relationship between conscientiousness and NSSI.

## Method

### Participants

Three hundred and ninety three adolescents (124 males, 269 females) aged 13–18 years (mean 14.80, SD = .92) participated in this study. Most participants were in their second (34.8%) or third (46.1%) year of secondary school. The majority reported living with both parents (73.3%), with 19.7% reporting living with their mother only. Most participants were born in Australia (87%). 5.6% reported a previous psychiatric diagnosis, the most frequent (2.6%) being major depression. Participants were recruited from four government schools and ten private schools. Three schools were located in regional areas.

### Materials

#### Self-injury

Respondents were asked to indicate whether or not they had ever engaged in deliberate cutting, burning, severe scratching, wound interference or any self-nominated form of NSSI. Respondents were required to indicate, for each form of NSSI, the frequency, location (on the body), recency and severity. To assess frequency and recency of NSSI, respondents were asked to select from a 5-point scale ranging from "0 = never" to "5 = daily/today". Severity was assessed using a 4-point scale ranging from "not at all serious" to "life-threatening" (see Hasking, Momeni, Swannell, & Chia, 2008; Williams & Hasking, *in press*).

#### International Personality Item Pool (IPIP: Goldberg, 1999)

Fifty items assess five personality dimensions: Openness to experience; Conscientiousness; Extraversion; Agreeableness; and Neuroticism. Items are assessed on a 5-point Likert scale from 1 (very inaccurate) to 5 (very accurate). This scale has solid internal consistency and validity (Costa & McCrae, 1992; Goldberg, 1999). Cronbach's alphas in this sample were Openness .84, Extraversion .71, Conscientiousness .74, Agreeableness .84, and Neuroticism .73.

#### Adolescent Coping Scale (ACS; Frydenberg & Lewis, 1993)

The ACS short form assesses 18 coping strategies frequently used by adolescents, each on a 5-point Likert scale. Items are summated to give three higher order coping strategies; problem-solving, reference to others and non-productive coping. The ACS has been widely used in adolescent research and has demonstrated reliability and validity (Frydenberg & Lewis, 1993). Cronbach's alphas in this sample were: problem-solving .63, reference to others .61 and non-productive coping .71.

#### Emotion regulation scale (Gross & John, 2003)

This 10-item questionnaire assesses individual differences in two emotion regulation strategies; cognitive reappraisal and expressive suppression. Items are measured on a 7-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree). This scale exhibits solid reliability (Gross & John, 2003). Cronbach's alphas in this sample were emotional reappraisal .79 and emotion suppression .74.

#### Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983)

The BSI is a 54-item measure of psychopathology. Participants indicate how much a problem has distressed them in the past seven days. Items are rated on a 5-point Likert scale ranging from 0 (not at all) to 4 (extremely). The scale has acceptable internal consistency and test-retest reliability (Derogatis & Melisaratos, 1983). The Global Severity Index (GSI) was utilised in this study to provide a measure of general psychological distress. In this sample the GSI was observed to have excellent internal consistency ( $\alpha = .98$ ).

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