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Alexithymia as a mediator between childhood trauma and self-injurious behaviors

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Abstract

Objective: The aim of this study was to test whether alexithymia mediates the relationship between childhood maltreatment and self-injurious behaviors (SIB) in college women.
Method: The sample was comprised of 100 female undergraduate students. Measures were the Childhood Trauma Questionnaire [D. Bernstein, L. Fink, Manual for the Childhood Trauma Questionnaire, The Psychological Corporation, New York, 1998], the Toronto Alexithymia Scale-20 [Journal of Psychosomatic Research 38 (1994) 23; Journal of Psychosomatic Research 38 (1994) 33], and the Self-Injurious Behaviors Questionnaire which assessed the lifetime frequency of six methods of superficial self-injury (hair pulling, head banging, punching, scratching, cutting, and burning). Regression analyses were used to test the proposed mediational model.
Results: Forty-one percent of respondents reported having engaged in SIB; most engaged in multiple methods, and self-cutting was the most frequently endorsed method. Results of regression analyses supported the proposed mediational model for all types of maltreatment except sexual abuse. Sexual abuse, considered alone, was not significantly associated with alexithymia which precluded testing for mediational effects.
Conclusions: Results support a link between a history of childhood maltreatment and SIB among college women and the hypothesis that alexithymia mediates this relationship.

Keywords: Alexithymia; Childhood trauma; Self-injurious behaviors

Introduction

The purpose of this study was to examine the factors contributing to self-injurious behavior (SIB) among college women. We tested a mediational model of effects in which childhood maltreatment contributes to SIB via deficits in emotion regulation. The specific deficit under investigation concerned difficulties

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identifying and labeling affective experience (alexithymia). College women were selected as the target sample because SIB predominantly occurs among females and, most frequently, females of this age, intelligence level, and socioeconomic status (Favazza, 1996; Osuch, Noll, & Putnam, 1999), and because there is little information on SIB in nonclinical groups. The following review begins with a description of SIB, which is the dependent variable in the proposed mediational model. We then will examine the links between contributing factors and SIB in the proposed model.

Self-injurious behaviors (SIB)

Intentional non-lethal self-injury, among non-psychotic and non-developmentally disordered individuals, includes behaviors such as head banging, hair pulling, scratching, burning, and cutting self. The most frequently occurring of these methods is self-cutting (van der Kolk, Perry, & Herman, 1991). Such repetitive self-injury is a defining feature of Borderline Personality Disorder (Diagnostic and Statistical Manual of Mental Disorders IV; American Psychiatric Association, 1994) and a correlate of a number of other psychological disturbances, including depression, obsessive-compulsive disorder, posttraumatic stress disorder, eating disorders, and substance abuse (Favazza & Rosenthal, 1993; Suyemoto & MacDonald, 1995; van der Kolk & Fisler, 1994; Zlotnick, Mattia, & Zimmerman, 2001). The typical self-mutilator is a female adolescent or young adult who is single, intelligent, and from a middle to upper-class family (Darche, 1990; Favazza & Conterio, 1988). Incidence among adolescent inpatients has been estimated as high as 40% (Darche, 1990). However, there is limited information on self-injury in nonreferred groups and actual prevalence in the general population is unknown. It is believed that many individuals who engage in SIB do not seek medical care. Furthermore, cases of self-injury without suicidal intent that do appear at hospital emergency rooms frequently are dismissed as ploys for attention that do not warrant mental health referrals (Romans et al., 1995).

Research suggests that SIB typically begins in adolescence and often stops after 10–15 years (Favazza & Rosenthal, 1993; van der Kolk et al., 1991). Thus, many individuals appear to outgrow this behavior. Nonetheless, while ongoing, there can be few clearer signals of psychological disturbance and dysfunction. Furthermore, the stigma and shame associated with such culturally deviant behavior and disfigurement can lead to alienation and isolation which, in turn, can exacerbate disturbance. For some individuals, there also is the potential for these behaviors to increase in frequency and severity (Favazza & Rosenthal, 1993). Effective intervention to stop the behavior requires understanding the factors contributing to self-injury in order to address the underlying issues.

Childhood trauma is associated with SIB

A history of childhood maltreatment is the predictor variable in the proposed mediational model. Considerable literature supports a link between childhood abuse and neglect and SIB (as well as diagnostic correlates of SIB, such as borderline personality) (Favazza & Rosenthal, 1993). For example, Weilderman, Sansone, and Sansone (1999) found that, among women in a primary care setting, all forms of childhood maltreatment, except physical neglect, were related to an increased likelihood of bodily self-harm. van der Kolk et al. (1991) similarly found that 79% of personality disordered patients who reported self-cutting also reported histories of childhood trauma (physical or sexual abuse, or exposure to family violence) and 89% reported major disruptions in parental care (neglect). These researchers noted that initiation of self-cutting was associated with sexual abuse, but continued cutting into adulthood was most strongly