



Non-suicidal self-injury in adolescence: A longitudinal study of the relationship between NSSI, psychological distress and perceived parenting



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A B S T R A C T

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Objective: The present study investigates whether either adolescents' psychological distress and/or perceived parenting predicted the occurrence of NSSI. Furthermore, the consequences of NSSI are examined in a three-wave longitudinal study.

Design: The sample at time 1 (age 12) consisted of 1396 adolescent reports and 1438 parent reports. At time 2 (age 13), 827 adolescent reports and 936 parent reports were obtained. Time 3 (age 14) included 754 adolescent reports and 790 parent reports. Psychological distress of adolescents was measured using the Strengths and Difficulties Questionnaire. Perceived parenting behaviors were examined by the Parental Behavior Scale and the Psychological Control Scale.

Results: A total of 10% of the adolescents engaged in NSSI at least once before age 15. Higher psychological distress of adolescents at time 1 was associated with the presence of NSSI at time 2 or 3. The association between psychological distress at time 1 and perception of decreased parental rule setting at time 3 was mediated by the presence of NSSI at time 2.

Conclusions: The present study showed that psychological distress at age 12 predicts NSSI over time and that parental awareness of NSSI changes the perception of parenting behaviors.

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Non-suicidal self-injury (NSSI) refers to socially unacceptable, intentional, and direct injuring of one's own body tissue *without* suicidal intent (Nock & Favazza, 2009). In community samples of adolescents (aged 12–18), the lifetime prevalence of NSSI was estimated to be 18% (Muehlenkamp, Claes, Havertape, & Plener, 2012). When using a single, yes-no item, an average lifetime prevalence of 11% was reported, compared with an average lifetime prevalence of 23% when using multiple items or

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behavior checklists (Muehlenkamp et al., 2012). Research indicates that NSSI tends to occur first during adolescence with an average age of onset between 14 and 15 years (Baetens, Claes, Muehlenkamp, Grietens, & Onghena, 2011; Heath, Toste, Nedecheva, & Charlebois, 2009). The lifetime prevalence estimates of NSSI in young adolescents (age 10–14) have been estimated around 7–8% (Hankin & Abela, 2011; Hilt, Nock, Lloyd-Richardson, & Prinstein, 2008), with an increase in prevalence of NSSI from 14 years onwards (Baetens, Claes, Muehlenkamp, et al., 2011; Hankin & Abela, 2011).

According to the dominant theories (e.g., Crowell, Beauchaine, & Linehan, 2009; Nock, 2009), NSSI is related to both (1) *adolescent* (intrapersonal) and (2) *caregivers* (interpersonal) factors which shape and maintain NSSI. Several intrapersonal correlates (most importantly emotion regulation and psychological distress) are hypothesized to be interwoven with interpersonal correlates (e.g., parenting, attachment, peer influences). With regard to caregivers characteristics, parenting behaviors may play an important role in both onset of NSSI (e.g., modulating physiological arousal/regulation, invalidating emotions, stressful life events such as abuse) and in maintaining NSSI (e.g., controlling behavior of parents). Although both intrapersonal and interpersonal correlates are hypothesized as exerting influences on onset of and maintaining NSSI, until now no longitudinal studies have examined these hypotheses. Furthermore, current dominant theoretical models (e.g., Nock, 2009) lack insight into consequences of NSSI over time. This large-scale, three-wave longitudinal study examined (1) the interaction between intrapersonal and interpersonal vulnerability factors for NSSI, and (2) the consequences of NSSI over time. The present study focuses on the interplay between psychological distress as a potential intrapersonal correlate of NSSI (i.e., levels of internalizing and externalizing symptoms) and perceived parenting behaviors (i.e., levels of support and control) as potential interpersonal correlates of NSSI. We examined these intra- and interpersonal pathways to NSSI at age-of-onset in a longitudinal design.

Intrapersonal correlates of NSSI

With regard to intrapersonal factors, current research shows that adolescents who self-injure report higher levels of subjective distress in response to aversive or stressful experiences (Najmi, Wegner, & Nock, 2007; Skegg, 2005) and exhibit lower levels of distress tolerance (Anestis, Knorr, Tull, Lavender, & Gratz, 2013; Nock & Mendes, 2008). According to Nock (2009), adolescents may exhibit NSSI to cope with elevated levels of general psychological distress, conceptualized as a wide variety of psychological symptoms (Jacobson, Muehlenkamp, Miller, & Turner, 2008; Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006) including both elevated rates of internalizing (e.g., anxiety, depression; e.g., Andover, Pepper, Ryabchencko, Orrico, & Gibb, 2005) and externalizing symptoms (e.g., conduct behavioral problems; e.g., Baetens, Claes, Muehlenkamp, Grietens, & Onghena, 2012; Brunner, Parzer, Haffner, Steen, & Roos, 2007). In line with Baetens et al. (2012) and Klonsky and Olino (2008), it has been suggested that NSSI in community adolescents is a reflection of a general psychological distress and is not always accompanied by a diagnosable psychopathological condition. As this hypotheses has never been examined in a longitudinal perspective, the current study examines the predictive power of psychological distress on the onset and continuation of NSSI in early adolescence. The present study is the first study to examine the role of both internalizing and externalizing symptoms, conceptualized as psychological distress, in a longitudinal design. Previous research has established that internalizing symptoms (e.g., depressive symptoms) contribute to the occurrence of NSSI in two-wave longitudinal studies (Guerry & Prinstein, 2010; Hankin & Abela, 2011; Wilcox et al., 2012). Furthermore, You and Leung (2012) reported that behavioral impulsivity at baseline contributed to both the occurrence and recurrence of NSSI two years later, whereas depressive symptoms failed to predict NSSI frequency. No prospective study thus far has examined the role of externalizing symptoms in predicting NSSI. Although several studies showed an association between NSSI and psychological distress (e.g., Baetens et al., 2012), this association has not been investigated in a longitudinal design.

Interpersonal correlates of NSSI

Parenting behavior is considered the observable behavior of a parent in interaction with his/her child (Rollins & Thomas, 1979). As reviewed by Rollins and Thomas (1979), parenting behaviors can be placed upon a continuum of *support* (behavior wherein a parent shows warmth, acceptance and understanding to the child) and a continuum of *control* (behavior wherein a parent wishes to influence the behavior of the child). On the latter dimension, behaviors are classified into parental control of the child's psychological world (*psychological control*) and control of the child's behavior by punishment, including harsh punishment (*behavioral control*; Barber, Stolz, & Olsen, 2005). Parenting behavior dimensions can be combined into parenting styles. Combining the two dimensions support and control, four main parenting styles can be distinguished: indulgent (low control, high support), authoritarian (high control, low support), authoritative (high control, high support) and uninvolved (low control, low support) parenting (e.g., Barber, 1996; Baumrind, 1991).

Several studies (e.g., Barber et al., 2005; Berg-Nielsen, Vikan, & Dahl, 2002) have shown that high parental support and low parental control are associated with higher levels of adaptive psychosocial functioning (e.g., competence, self-regulation, and academic achievement) and lower levels of internalizing and externalizing problem behaviors. In relation to NSSI behaviors, Bureau et al. (2010) found a positive association between NSSI and perceived parental control, and a negative association between NSSI and perceived support. Previous research (e.g., Baetens et al., 2014; Martin & Waite, 1994; Patton, Coffey, Posterino, Carlin, & Wolfe, 2001) has identified an authoritarian parenting style, conceptualized as high behavioral control and low support, to be a significant risk factor for NSSI, depression, suicide attempts as well as completed suicide during

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