



An examination of the relationship between body image factors and non-suicidal self-injury in young adults: The mediating influence of emotion dysregulation

Jamie M. Duggan^{a,*}, Jessica R. Toste^b, Nancy L. Heath^a

^a Department of Educational & Counseling Psychology, McGill University, Montreal, Quebec, Canada

^b Department of Special Education, Vanderbilt University, Nashville, TN, USA

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ABSTRACT

The current study explored the differential roles of dimensions of body image (i.e., affective, cognitive, and behavioral) among a sample of 101 young adults (72.3% female, $M=19.45$; $S.D.=1.28$) who reported having engaged in non-suicidal self-injury (NSSI), and a matched comparison group of young adults who did not. A mediational model of NSSI was tested, based on the hypothesis that emotion dysregulation would mediate the relationship between dimensions of body image and engagement in NSSI. Preliminary examination of the variables revealed that negative attitudes, suicide-related rumination, and behavioral practices associated with physical appearance significantly differentiated young adults who reported having engaged in NSSI and those who did not, regardless of gender. Path analytic modeling provided partial support for the proposed mediational model, with significant direct and indirect effects between dimensions of body image and NSSI through emotion dysregulation. Discussion focuses on the importance of understanding the differential roles of dimensions of body image and emotion dysregulation as intrapersonal risk factors related to NSSI engagement.

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1. Introduction

Over the past decade, research and interest within the field of non-suicidal self-injury (NSSI) has grown considerably. Defined as intentional, self-inflicted damage to body tissue resulting in immediate damage, without suicidal intent and for purposes not culturally sanctioned (Favazza, 1998), NSSI has been recognized as a self-destructive behavior observed among clinical populations, with prevalence rates range from 38% to 82% among adolescents (Nixon et al., 2002; Nock and Prinstein, 2004) and 21% to 65% among adults (Briere and Gil, 1998; Claes et al., 2005). Researchers and clinicians have since discovered that NSSI is also prevalent among community populations, with lifetime rates of occurrence ranging from 13% to 25% among adolescents (Yates, 2009; Heath et al., 2009a; Rodham and Hawton, 2009; Hankin and Abela, 2011) and 12% to 20% among young adults (Whitlock et al., 2006; Heath et al., 2009b). Taken together, the documentation of NSSI across a spectrum of developmental stages and populations (e.g., clinical and community samples), demonstrates that it is not strictly a clinical phenomenon, underscoring the

importance of gaining an accurate understanding of the etiology of this behavior.

1.1. Body image, suicidality, and NSSI: A theoretical framework

One theoretical argument for why an individual may engage in NSSI behaviors focuses on the role of body image (e.g., Cross, 1993; Orbach, 1996), a complex and multidimensional construct (see Cash and Pruzinsky (2002) for a review). Body image encompasses (a) perceptions, subjective estimations of an individual's body size and physical appearance, (b) emotions and (c) cognitions, two dimensions which concern attitudes, feelings, and thoughts associated with the body and physical appearance, and (d) behaviors, defined as practices related to controlling or influencing an individual's overall body shape and appearance (Cash, 1994b; Muth and Cash, 1997). Deviations from the normative development of body image (i.e., body image disturbances) are the product of dissatisfaction, negative experiences and evaluations, and perceptual distortions related to the body and/or physical appearance (Garner and Garfinkel, 1981; Cash, 2002).

Such disturbances form the basis of Orbach's theoretical perspective of the role of bodily experiences in self-destructive behaviors. As described by Orbach (1996), Orbach et al. (2006) the body is a central component of how an individual experiences him or herself in the world. Positive bodily experiences, attitudes,

* Correspondence to: Department of Educational and Counselling Psychology, McGill University, 3700 McTavish Street, Montreal, Quebec, Canada H3A 1Y2. Tel.: +1 514 398 1232.

E-mail address: jamie.duggan@mail.mcgill.ca (J.M. Duggan).

and feelings form the basis of body protection, which in turn enhances the tendency to engage in behaviors that support self-preservation (Orbach, 1996; Orbach et al., 2006). Extreme negative life events (e.g., physical and mental trauma) can produce emotional distress and alter individual's attitudes, feelings, and perceptions related to the body (Orbach et al., 2006; Yates, 2009), resulting in negative views and attitudes regarding body experiences. Such alterations combined with pre-existing emotional distress can diminish the likelihood of self-preservation, leading to a reduction in an individual's "natural shield protecting the body," facilitating self-destructive behaviors (Orbach, 1996, pp. 608).

Orbach's (1996) framework was initially developed to explain suicidal acts, arguably the most extreme form of self-destruction. Empirical evidence provides support for the role of negative bodily experiences in suicidal ideation and suicidal behaviors among both clinical and community samples of young adults and adolescents (Orbach and Mikulincer, 1998; Orbach et al., 2001; Miotto et al., 2003; Orbach, 2006; Brausch and Muehlenkamp, 2007). For example, Orbach and colleagues examined the role of body experiences among a mixed sample of clinical (suicidal and non-suicidal inpatients) and non-clinical (comparison group) adolescents. Results suggested that suicidal youth endorsed significantly lower levels of body feelings, body care, and body protection when compared to non-suicidal youth. Additionally, all three dimensions of body experiences were significantly correlated with attitudes towards life and death, suicidal tendencies, and physical anhedonia; providing further support for the role of bodily disturbances in self-destructive behaviors (Orbach et al., 2001). Continuing to investigate the role of body image in suicidal behaviors, Orbach and colleagues (2006) reported that a clinical sample of male and female youth with previous suicide attempts exhibited significantly more negative attitudes and body experiences than both clinical and non-clinical adolescents who did not have a history of suicide attempts. Such findings further validate Orbach's (1996) theory, and demonstrate the relationship between body disturbances and self-destructive behaviors generalize to both male and females, as body image disturbances were equally prevalent across genders (Orbach et al., 2006).

Research has continued to document this relationship in community samples of adolescents. Miotto de Coppi and colleagues (2003) reported that suicidal ideation was associated with negative body attitudes in both male and female participants. Brausch and Muehlenkamp (2007) also examined the role of suicidal ideation and body image among a community sample of adolescents and found that, for both males and females, body image represented a unique contribution to current suicidal ideation, after controlling for traditional risk factors such as depression, hopelessness, and history of suicidal ideation. More recently, Brausch and Gutierrez (2009) investigated the role of body image in suicidal ideation among a community sample of adolescents; although body image did not directly increase risk of suicidal ideation, it indirectly contributed by way of depression, suggesting that body image is a precursor related to suicidal ideation. Furthermore, gender differences did not emerge following cross validation of the model (Brausch and Gutierrez, 2009), underscoring the importance of acknowledging body image as a risk factor related to suicide and suicidal ideation among both males and females.

1.2. NSSI and body image: an intrapersonal risk factor

Although NSSI is, by definition, distinct from suicide, a large proportion of individuals who report having engaged in NSSI are at an increased risk for suicide-related behaviors (Nock et al., 2006; Lofthouse et al., 2009). Based on the association between

the two behaviors, and their similar body-focused symptomatology, researchers have begun to acknowledge the role of negative body image as a critical psychosocial risk factor related to NSSI among clinical and non-clinical samples of adolescents and young adults (Walsh and Rosen, 1988; Cross, 1993; Muehlenkamp et al., 2005; Walsh, 2006; Favaro et al., 2007; Ross et al., 2009; Yates, 2009; Claes et al., 2010a; Muehlenkamp et al., 2011). In one of the first studies to examine the association between body image and self-mutilation among a clinical sample of adolescents, Walsh and Rosen (1988) reported results from a study which indicated that body alienation emerged as the most salient predictor of self-mutilation within a residential treatment center of youth aged 15–21, demonstrating more negative attitudes related to body image than youth who did not engage in self-mutilation. Similarly, a more recent study by Muehlenkamp and colleagues (2011) investigated NSSI among a clinical population of female adolescents with eating disorders, and demonstrated a significant association between negative attitudes and NSSI behavior. It is of note that there was the weak relationship between the two variables, suggesting that additional variables appear to influence the relationship between body dissatisfaction and NSSI.

Extending this line of inquiry to non-clinical populations, Ross et al. (2009) examine the role of body image disturbances among a community sample of adolescents and reported that those who engaged in NSSI were more likely to rate themselves lower on physical attractiveness, higher on overall body dissatisfaction, and demonstrate deficits in affect regulation, when compared to their non-self-injuring peers. Similarly, an investigation of self-concept among community adolescents (Claes et al., 2010b) revealed that when compared to their peers, adolescents who engaged in NSSI rated themselves lower on physical attractiveness, social skills, academic intelligence, and emotional stability. Moreover, those who engaged in NSSI were more likely to have a greater number of friends who also engage in NSSI, and having more NSSI peer acquaintances was negatively related to self-esteem (Claes et al., 2010a). Brausch and Gutierrez, 2010 examined differences among adolescents with varying levels of self-destructive behaviors (i.e., NSSI, NSSI and previous suicide attempts, comparison group), body dissatisfaction was significantly higher and self-esteem significantly lower in both NSSI groups than the comparison group, but such factors did not significantly distinguish the two NSSI groups. Such findings illustrate that youth who report engaging in NSSI view themselves, and their bodies, differently than youth who do not engage in this behavior.

1.3. Emotion dysregulation and NSSI

Theoretical models of NSSI have presented conceptualizations of the behavior as serving primarily an emotion regulatory function (Linehan, 1993; Gratz, 2003). Such models have been substantiated by empirical studies identifying emotion regulation as a central risk factor for NSSI among both clinical and community samples of young adults (Gratz, 2003; Gratz and Roemer, 2004; Gratz, 2007; Klonsky and Muehlenkamp, 2007; Yates, 2009; Claes et al., 2010a, 2010b). As defined by Gratz and Roemer (2004), emotion regulation concerns the awareness, understanding, and acceptance of emotions, in addition to being able to control behaviors and employ appropriate emotion regulation strategies to modulate responses when faced with distress. Deficits in any of these skills are indicative of an inability to control behaviors when experiencing negative emotions, regardless of the severity, referred to as emotion dysregulation (Gratz and Roemer, 2004). Certain individual psychological characteristics may explain why NSSI is used as an emotion regulation strategy. As summarized by Klonsky and Muehlenkamp (2007), individuals who engage in NSSI exhibit elevated levels of negative

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