



Rethinking pathology in adolescent self-harm: Towards a more complex understanding of risk factors



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ABSTRACT

Researchers have begun to consider whether there may be more than one psychological profile to describe adolescents who engage in self-harm. Limited past research suggests multiple different profiles. Australian high school students ($n = 1,521$, age 11–19, 56.4% female) completed an online questionnaire reporting risk and protective factors and self-harm frequency. Non-hierarchical cluster analysis allocated 256 students who reported 6-month self-harm to mutually exclusive profiles based on psychological similarity. Five distinct psychological profiles were identified: 1) Psychologically 'normal'; 2) Anxiety symptoms; 3) Impulsive; 4) Pathological; and 5) Pathological-Impulsive. The proportion of adolescents that reported 11 or more episodes of self-harm varied from 5.7% in the psychologically 'Normal' group to 27.7% in the 'Pathological-Impulsive' group. These results indicate that multiple psychological profiles exist. Adolescents with different risk factors may require disparate strategies for treatment and prevention. Given the variability in profiles, screening may assist in detecting adolescents who self-harm.

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Self-harm refers to self-inflicted, intentional injury (Morgan, 1979). Self-harm occurs with and without suicidal thoughts (Madge et al., 2008), and self-harm is a strong risk factor for a subsequent suicide attempt (Taliaferro & Muehlenkamp, 2014) and completed suicide (Yoshimasu, Kiyohara, & Miyashita, 2008). People who self-harm report a range of motives, including intrapersonal and interpersonal reasons (Klonsky, Glenn, Styer, Olin, & Washburn, 2015). Commonly reported reasons for self-harm in adolescence are *to gain relief from a mental state, to escape, or to seek help* (Madge et al., 2008). Self-harm rates are thought to peak in mid-adolescence, with an average onset around age 12–14 (Jacobson & Gould, 2007). In a paper proposing directions for future research into self-harm, Nock (2012) asserts that, while research in recent decades has improved our understanding of self-harm, there is still a great deal that remains unknown and rates remain high. The questions themselves are fairly basic: Who self-harms, why, and what can we do about it? But the answers cannot be simplistic, given the complex interactions that underpin self-harm behaviour. This paper sets out to develop a deeper understanding of a key area in self-harm research: risk and protective factors in adolescence.

A 'risk factor' can be defined as 'a correlate shown to precede the outcome' (Kraemer, Stice, Kazdin, Offord, & Kupfer, 2001, p. 848). However, much of the self-harm risk factor research is cross-sectional, and the causal pathway for self-harm is not well understood (Nock, 2012). According to the Experiential Avoidance Model (EAM), people engage in self-harm as an attempt to regulate and reduce overwhelming emotional responses (Chapman, Gratz, & Brown, 2006). These unwanted

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emotional states could be triggered by thoughts, feelings or sensations that accompany a broad range of risk factors such as depression, anxiety, low self-esteem, relationship difficulties, stressors or upsetting events. Drawing on the EAM, this study focuses on the psychological factors that may precede self-harm that are well supported in past research. Psychological risk factors include depression and anxiety, low self-esteem, impulsivity, and attention and conduct difficulties (Brunner et al., 2014; Slap, Goodman, & Huang, 2001) protective factors include coping strategies (Guerreiro, Figueira, Cruz, & Sampaio, 2015), meaning in life (Kleiman & Beaver, 2016) and life satisfaction (Heisel & Flett, 2004). To provide context for these psychological factors, this study includes a range of social and environmental factors: age, female gender, ethnicity, parental divorce/separation, bullying, self-harm modelling, supportive relationships and spirituality (Brunner et al., 2014; Hawton, Saunders, & Connor, 2012).

Past risk factor research primarily takes a one-dimensional approach to understanding self-harm by producing a single list of the most important risk factors. Yet research identifies diversity in the function, severity and trajectory of self-harm behaviour (Bracken-Minor, McDevitt-Murphy, & Parra, 2012; Hamza & Willoughby, 2013; Klonsky & Olino, 2008; Whitlock, Muehlenkamp, & Eckenrode, 2008). While some engage in low frequency and short-lived self-harm, others engage in repeated self-harm over a prolonged period (Duggan, Heath, & Hu, 2015). And as expected, greater self-harm frequency is associated with greater psychological difficulties, self-harm severity and suicidal thoughts (Brunner et al., 2007; Klonsky & Olino, 2008).

Therefore, researchers have begun to consider whether there may be more than one profile to describe those who engage in self-harm. In a predictive model, variables might be eliminated from the model because they are not sufficiently incrementally useful over another set of predictors. In contrast, the profile approach utilises all characteristics that help to discriminate and in addition indicates what distinct subgroups exist among individuals who self-harm. For example, in a Turkish high school sample, Somer et al. (2015) considered subgroups in self-harming adolescents based on characteristics of self-harm behaviour. They identified four groups: low-level self-harm, self-battery, self-cutting, and multiple methods. The three groups with higher self-harm frequency also reported greater psychological difficulties and suicidal ideation, which was particularly evident in the multiple methods group. Research in adult samples corroborates that groups with higher self-harm severity and frequency had greater psychological and suicidal pathology (Bracken-Minor et al., 2012; Hamza & Willoughby, 2013; Klonsky & Olino, 2008; Whitlock et al., 2008).

Amongst the nascent self-harm profile research there is little that focuses on the psychological profiles of those who self-harm. Previous research has identified three psychological profiles among adolescents who reported self-harm in a community sample (Stanford & Jones, 2009). This included a 'pathological' group that conformed to the general typecast of risk factors for self-harm, displaying symptoms of depression and anxiety, and lower self-esteem. Another group were impulsive; this group contained a higher proportion of males compared with the other profiles. And a final group was psychologically 'normal' in that as a group they were not on average elevated on any negative psychological trait. This was the largest group of self-harming youth, and this group did not fit the profile of psychological and social difficulties that has been built through prior research.

This study extends past work into psychological profiles among adolescents in four key ways. First, while past work combined high school and university students into one study, the sample in this study is larger and has a narrower age range, focusing on high school students. Second, this study includes self-harm frequency that is associated with greater psychological difficulties, self-harm severity and suicidal thoughts (Brunner et al., 2007; Klonsky & Olino, 2008). Third, profiles are based on recent self-harm rather than lifetime self-harm to exclude adolescents who have self-harmed in the past, potentially several years prior. Fourth, factors were selected based on a literature review that identified the risk and protective factors with the strongest evidence, as shown through prolific and consistent findings (Stanford & Jones, 2015).

The present study seeks to identify distinct psychological profiles of adolescents who self-harm to determine whether different profiles are associated with differential self-harm rates. The psychological factors considered include depression and anxiety, low self-esteem, impulsivity, attention and conduct difficulties, coping strategies, meaning in life and life satisfaction. Finally, the study describes the profiles in terms of key social and environmental risk factors: increasing age, female gender, ethnicity, parental divorce or separation, bullying, self-harm modelling, supportive relationships and spirituality. The hypothesis is that adolescents who self-harm will not be psychologically homogeneous, and it will be possible to identify multiple psychologically distinct subgroups. Further, it is expected that self-harm frequency will vary between the profiles, and a higher rate of more frequent self-harm will be associated with greater psychological pathology.

1. Methods

1.1. Sample

The sample included 1521 high school students in year 7–12 (aged 11 to 19); 56.4% were female ($n = 858$), and the mean age was 14.9 ($SD = 1.6$). Students were recruited from eight private schools in Sydney and the NSW Central Coast, Australia. There were six mainstream co-educational schools, one girls' school, and one small alternative learning school. All participating schools were private, fee-charging schools (Independent or Catholic); however, the socio-demographic of the participating schools varied. The median weekly income for suburbs of participating schools ranged from \$711 to \$2513 (Census 2011). The ethnic composition in the suburbs of the participating schools was also varied, including suburbs that were predominantly White Australian and suburbs with higher than the national average of Aboriginal and Torres Strait

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