Deliberate self-harm in Swedish university students – onset and relationships with anxiety and mindfulness

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Onset and relationships with anxiety and mindfulness

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Previous research

- Deliberate self-harm (DSH) can be defined as intentional self-induced harming of one´s own body resulting in relevant tissue damage (Flige et al., 2009).
- Such behaviors have received much interest in research and in literature-reviews during recent years (Nock, 2009).
- DSH typically has its onset in early adolescence and is strongly correlated with psychiatric symptoms, but occurs over many different disorders, as well as in non-clinical samples (Heath, et al. 2008; Nock, et al., 2006).
- DSH is generally viewed as a dysfunctional coping mechanism or as a non-adaptive strategy to regulate tension and other negative emotions used by some people (Klonsky, 2007).
- Regrettably, the research in this field has been obstructed by methodological shortcomings, such as the lack of a unison definition of DSH and reliable instruments to measure such behaviors. One attempt to amend these methodological problems has been the development of the Deliberate Self-Harm Inventory (DSHI; Gratz, 2001).

Present study

- To date no Swedish data on the prevalence of DSH in university students exists.
- Therefore, this study was planned in two steps:
  - ➡ First a shortened Swedish adaptation of the *Deliberate Self-Harm Inventory - short* (DSHI-s; Lund, Karim, & Quilsich, 2007) was used in a sample of university students. This version of the instrument screened for the life-time prevalence of a broad range of different forms of DSH and was thus used to establish if these behaviors indeed were present in university students.
  - ➡ Second, a further shortened version of the instrument called the *Deliberate Self-Harm Inventory 9-item version-revised* (DSHI9-r; Bjärehed & Lund, 2008), that had previously been used with Swedish adolescents was administered to a second sample of university students. The reason for using the DSHI-9r was that a shorter instrument would be easier and quicker for participants to answer.

Method

- Data reported in this study was collected on two separate occasions with about one year interval in two separate samples of university students at one Swedish University.

PARTICIPANTS

- In Sample 1 a total of 512 university students were recruited to respond to the questionnaire. After excluding participants with extensive missing data 500 (247 men and 252 women, 1 had not stated sex) remained. Age of respondents was between 18-49 years (mean age: 24.0, SD = 4.9).
- In Sample 2, a total of 187 university students (91 men and 95 women, 1 had not stated sex) between 19-45 years (mean age: 23.6, SD = 3.7) were recruited to answer the questionnaire.

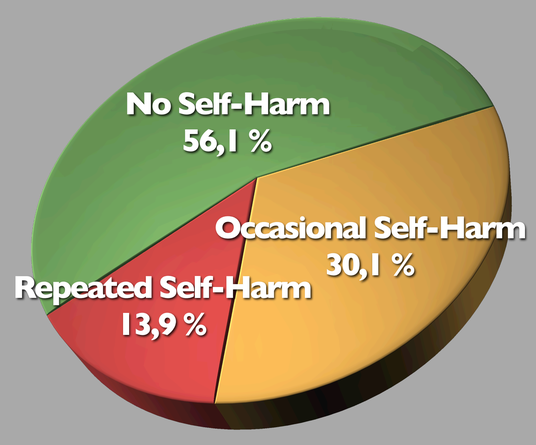
PROCEDURE

- In both cases of data collection participants were approached on the University campus by research assistants. They were given general information about the study and asked to fill out the questionnaire.

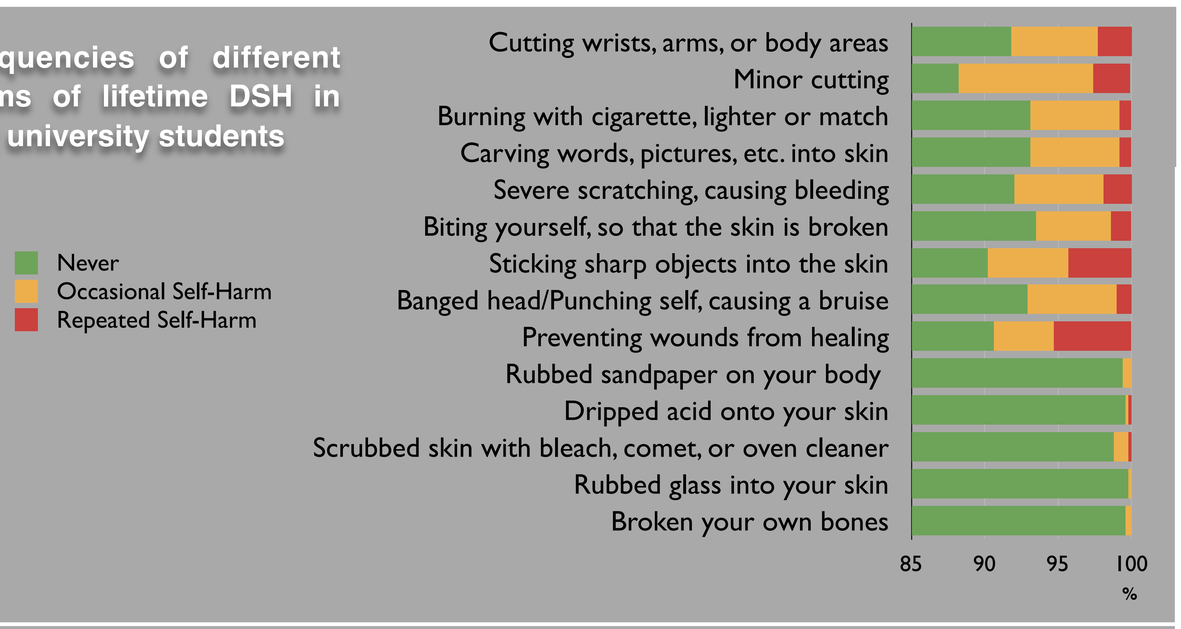
Results

Sample 1

Occurrence of life-time, occasional, and repeated self-harm in 500 university students

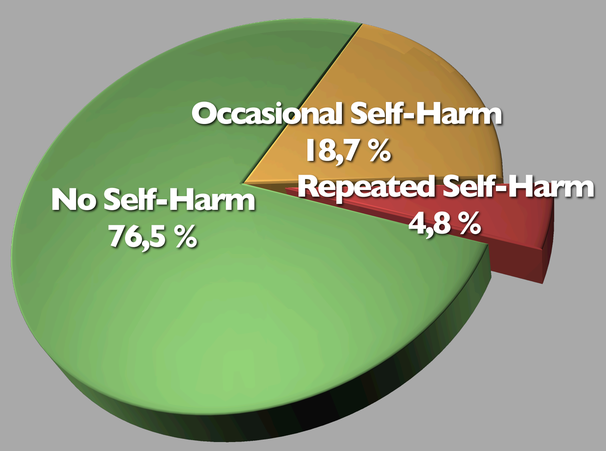


Frequencies of different forms of lifetime DSH in 512 university students

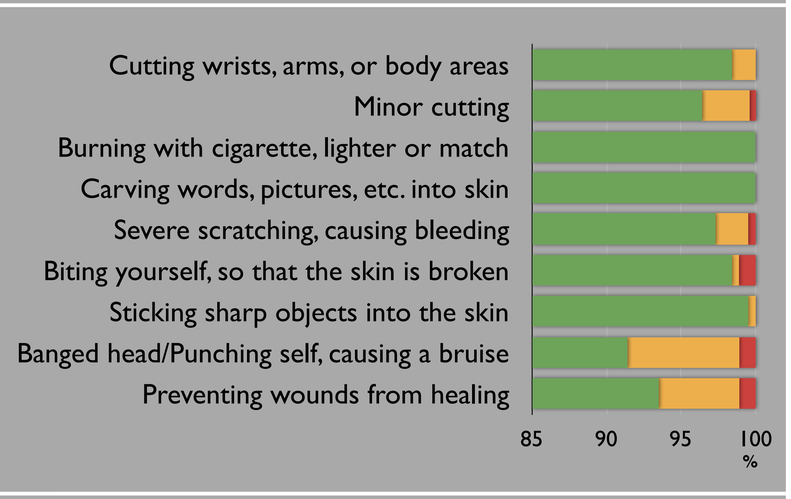


Sample 2

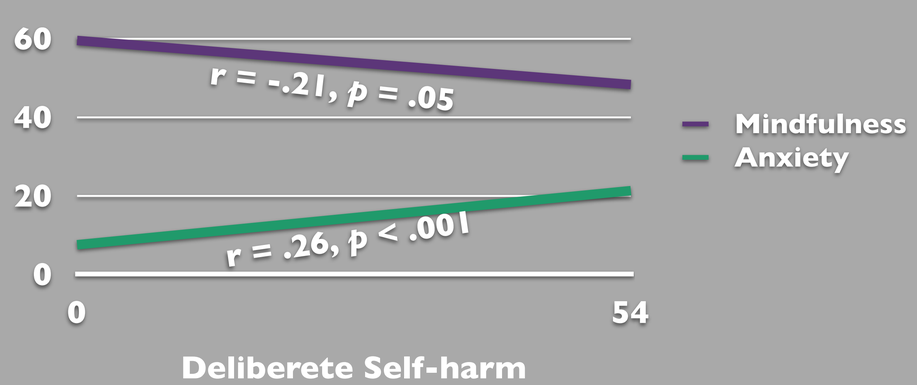
Occurrence of occasional and repeated self-harm during last 6 months in 187 university students



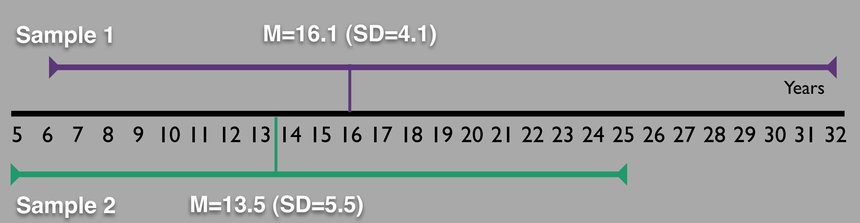
Frequencies of different forms of DSH during last 6 months in 187 university students



Relationships between self-harm and Mindfulness and Anxiety respectively in 187 university students



Mean age, and range of reported first occurrence of DSH, as reported by participants in Sample 1 and 2 respectively



INSTRUMENTS

- *The Deliberate Self-Harm Inventory*. The DSHI (Gratz, 2001) asks respondents to report how many times they have engaged in a number of self-harming behaviors. In Sample 1 a version of the DSHI that asks for the life-time occurrences of 16 different forms of DSH was used (Lundh et al. 2007). In Sample 2 a shortened version of the DSHI that asks for occurrences of 9 forms of DSH during the last 6 months was used (Bjärehed & Lundh, 2008).
- *The Mindful Attention Awareness Scale*. The MAAS (Brown & Ryan, 2003) measures dispositional mindfulness, i.e. awareness of and attention to events and experience in the present moment. The MAAS is composed of 15 self-report items that asks how often participants experience different day-to-day experiences like “I could be experiencing some emotion and not be conscious of it until some time later.” on a 1 (almost always) to 6 (almost never) scale where high scores represent high degree of mindfulness.
- *The Hospital Anxiety and Depression Scale*. The HADS (Zigmond & Snaith, 1983) is a commonly used measure to detect states of depression and anxiety. The scale consists of 7 items that measur anxiety, like “I feel tense or wound up” and 7 items that measur depression, like “I still enjoy the things I used to enjoy”.

Conclusions

- As in several previous studies, DSH was found to be fairly common in the two separate non-clinical samples of university students studied here, and is similar to the prevalences found when similar methodology has been used to assess DSH in previous research.
- The number of behaviors asked for and also the time-period measured is important for the overall estimate of DSH prevalence in a particular sample and have to be considered when interpreting results over different studies.
- The results from Sample 1 suggests that some extreme forms of DSH, such as “rubbed sandpaper on your body”, “dripped acid onto your skin”, “used bleach, comet, or oven cleaner to scrub your skin”, “rubbed glass into your skin” and “broken your own bones” are only reported by a very small proportion of respondents in non-clinical samples.
- As it have been suggested that DSH could be relatively unstable over time (Bjärehed & Lundh, 2008), and that DSH often start during early adolescence and then generally dissipate over time lower prevalence-rates would be expected when only recent DSH is asked for. DSH reported during the last 6 months, might therefore be more relevant as an estimate of the prevalences of commonly found forms of DSH in non-clinical populations
- The correlation between DSH and anxiety and the elevated level of anxiety in the group of self-harming participants is consistent with the view of DSH as a symptom of psychopathology. It would also be consistent with the view that DSH could be a dysfunctional strategy to regulate negative emotion (i.e. anxiety). The relationship with mindfulness also fits this model as high mindfulness related to more functional emotional regulation, and low mindfulness would be found correlating to both DSH and elevated anxiety in this model.
- This is the first Swedish study reporting onset of DSH. Mean age of onset in Sample 1 was 16.1 years while the mean age of Sample 2 was lower, 13.5 years. One possible interpretation of this difference that would warrant further investigation is that the group with recent DSH, as compared to life-time DSH, are younger when they first engage in DSH, e.i. persons with a history of DSH, but no recent such behavior increase the mean age of onset for the group. This hypothesis should be explored in future studies as early onset of DSH might be indicatory of pervasive DSH.

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