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

Bjärehed, Jonas; Johansson, Olof

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Deliberate self-harm (DSH) can be defined as intentional self-induced harming of one’s own body resulting in relevant tissue damage (Foley et al., 2006).

Such definitions have received much interest in research and in literature-reviews during recent years (Bjärehed, 2004).

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 (Ivan et al., 2008; Hock et al., 2004).

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 (Kiviniemi, 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 (DSH; Gratz, 2001).

RESULTS

The Mindful Attention Awareness Scale (Bjärehed & Lundh, 2008) for occurrences of 9 forms of DSH during the last 6 months was used for the lifetime occurrences of 16 different forms of DSH was used respondents to report how many times they have engaged in a number of acts.

The Deliberate Self-Harm Inventory (Bjärehed & Lundh, 2008; Bjärehed & Lundh, 2008), that had previously been used with Swedish adolescents was administered to a second sample of university students. The reason for using the DSH-I was that a shorter instrument would be easier and quicker for participants to answer.

The correlation between DSH and anxiety and the elevated level of 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 results from Sample 1 suggests that some extreme forms of DSH, such as “rubbed sandpaper on your body”, “dipped 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.

A further shortened version of the instrument called the Deliberate Self-Harm Inventory (7-item version-revised (DSH7r); Bjärehed & Lundh, 2008) that had previously been used with Swedish adolescents was administered to a second sample of university students. The reason for using the DSH-7r was that a shorter instrument would be easier and quicker for participants to answer.

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When respondents were asked whether DSH was caused by similar to the prevalences found when similar methodology has been used to assess DSH in previous research.

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.

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