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

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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 (Figs et al., 2006).

Such behaviors have received much interest in research and in literature-reviews during recent years (Bjärehed, 2008).

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 (Haw et al., 2006; Haw et al., 2008).

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 (Kovel, 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).

The DSHI is a self-report questionnaire designed to assess 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 (Gratz, 2001).

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 (81 men and 95 women, 1 had not stated sex) between 19-49 years (mean age: 23.6, SD = 3.7) were recruited to answer the questionnaire.

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 questionnaires.

OCCURRENCE OF LIFE-TIME, OCCASIONAL, AND REPEATED SELFHARM IN 500 UNIVERSITY STUDENTS

No Self-Harm (36.1%)

OCCASIONAL SELF-HARM (30.1%)

REPEATED SELF-HARM (33.8%)

The occurrence of self-harm in Sample 1 of 500 university students is as follows:

- No Self-Harm: 36.1%
- Occasional Self-Harm: 30.1%
- Repeated Self-Harm: 33.8%

RELATIONSHIPS BETWEEN SELF-HARM AND MINDFULNESS AND ANXIETY RESPECTIVELY IN 187 UNIVERSITY STUDENTS

The table shows the relationship between self-harm and mindfulness and anxiety in 187 university students.

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 results from Sample 1 suggest that some extreme forms of DSH, such as “rubbed sandpaper on your body”, “dipped acid on 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 small proportion of respondents in non-clinical samples.

It is not have been suggested that DSH could be relatively unstable over time (Bjärehed & Lundh, 2008), and that DSH often start during early adolescence and can generally dissipate over time lower prevalence- rates would be expected when only recent DSH is asked for. DSH has been used to assess DSH in previous research.

The relationship 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 would be that further investigation is needed is the group with recent DSH, as compared to the group of 2 years DSH, are more likely to engage in DSH, i.e. persons with a history of DSH, but no recent such behavior, increase the mean age in this group. This hypothesis should be explored in future studies as early onset of DSH might be indicative of predictive DSH.