

Chapter 5

RELATIONSHIPS WITH PARENTS AND PEERS, ATTITUDES TOWARDS SCHOOL, AND PREFERRED SPARE-TIME ACTIVITIES IN YOUNG ADOLESCENTS REPORTING SELF-HARM

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ABSTRACT

The study is a continuation of a large-scale survey addressing the issue of self-harm prevalence among adolescents in a broader context. The main objective was to examine the connections between the occurrence of self-harming behaviour in young adolescents and the quality of their relationships with parents and peers, attitudes to school, academic aspirations, and preferred spare-time activities. Many authors view self-harm in the nonclinical population of adolescents as a certain means of communication with the social environment, which is being informed about the emotional states experienced by the self-harmer. Through self-harm, the adolescents expose their problems, making an explicit “cry for help in a hopeless situation” (Favazza, 1998) directed towards their nearest ones. For this reason, research regarding the abovementioned factors seems especially important. Significant associations between self-harming behavior in young adolescents and the quality of their relationships with parents and peers, attitudes to school, and preferred spare-time activities were found; these findings may prove important in targeting of the intervention programs.

Keywords: self-harm, peers, parents, school, adolescence.

1. INTRODUCTION

In the past two decades, the prevalence of self-harm in the adolescent population has soared. A behaviour which was recently considered highly pathological by both health professionals and general public has become a normal occurrence to such a degree that a number of authors report as much as 20% of adolescents having experimented with self-harm at least once in their lifetime (Brunner et al., 2007; Swahn et al., 2012). This means that self-harm can no longer be approached merely as a symptom of a psychiatric disorder or disturbed personality development. In the past years, research literature has repeatedly pointed out that it is necessary to come up with a more clearly specified theoretical framework of self-harm. Unfortunately, ever since 1910s, when the term *self-harm* appeared for the first time in a case study by L. E. Emerson (1913), terminological inconsistencies have made it difficult to bring the existing research studies together and derive a unified explanatory model of self-harm. In English, there are many expressions used to describe self-harming behaviour apart from *self-harm*: self-mutilation, local self-destruction, delicate cutting, self-injury, self-inflicted violence, self-battery, self-abuse, deliberate self-harm, non-suicidal self-injury, repetitive self-mutilation syndrome, self-cutting, focal suicide, para-suicide, self-injurious thoughts and behaviour, and others. The definitions by various authors usually differ with regard to the motivation and purpose of self-harm, presence or absence of a diagnosed mental disorder, as well as lethality, i.e. degree of differentiation between self-harm and suicidal behaviour.

Nevertheless, there are still many points in which all recently published research studies agree as far as self-harming behaviour is concerned: The individuals harm themselves intentionally and purposefully, with physical violence and without suicidal intentions. Moreover, the injuries are not inflicted for decorative, ritual or sexual purposes (Kriegelová, 2008). This definition most closely matches the term *non-suicidal self-injury* (NSSI), which is mainly used in American research literature (Lloyd, Kelley, & Hope, 1997).

In the present study, we define self-harm as deliberate self-injury without an explicit intention to die. The study is an extension of our previous large-scale survey (Hrubá, Klimusová, & Burešová, 2012; Klimusová, Burešová, & Bartošová, 2013) addressing the issue of self-harm prevalence among adolescents in a broader context. The main focus in this part of the study is on the quality of relationships with parents and peers in young adolescents reporting self-harm, their reported attitudes towards school, academic aspirations, and also their preferences for spare-time activities. The study focuses on adolescents between 11 and 15 years of age, which is a period scientific literature points out as the beginning and one of the peaks of self-harming behaviour. The period is distinguished, apart from physical maturation and development of secondary sex characteristics, by significant changes in affectivity and cognition, and by identity development. The adolescents' proximal social environment unquestionably plays a crucial part in these processes, as education and socialization are multi-factorial determined phenomena with complex manifestations and consequences, and strongly depend on the relationships between all individuals who participate in these processes. The results obtained in the study should serve as a starting point for the development of adequate intervention programs for students of upper grades of primary school.

2. BACKGROUND

The prevalence of self-injurious behaviour in the non-clinical population of adolescents is viewed by many authors (e.g. Nawaz, 2011) as connected to identity formation, a process in which parent and peer influence are believed to play a crucial role (Sartor & Youniss, 2002). At the same time, this period of maturation is characterized by relatively many conflicts both with the members of one's family and with one's peers. Since we do not address the issue of self-harm from the motivational perspective in the present chapter, we do not describe the existing explanatory models in detail (e.g., Suyemoto, 1998; Power & Brown, 2010). However, it is worth pointing out that most authors consider unsatisfactory relationships with significant others as one of the major background mechanisms of self-harm, together with increased demands on the part of the social environment, and the resulting emotional stress. It is these conflict situations, perceived lack of understanding or feelings of betrayal, which are often cited as the triggers of the first episodes of self-harm (Whitlock, Powers, & Eckenrode, 2006).

The developmental period of early adolescence itself is a major risk factor in the onset of teenage problem behaviours, with the rapid physical, emotional and social changes acting as potential stressors (Mrug, Hoza, & Bukowski, 2008). Harrington (2001) argues that it is typical for episodes of self-harm in adolescence to be preceded by stressful life events. These mostly include arguments with parents, other family problems, and rejection by a boyfriend/girlfriend, or problems at school. In all these cases, self-harm is a form of maladaptive coping. Thus, our main objective was principally to examine the connections between the occurrence of self-harming behaviour in young adolescents and the quality of their relationships with parents and peers, as these significant others play an inherent part in the adolescents' psychosocial developmental contexts and exercise the greatest influence on the formation of their psychosocial environment. The second research objective was to explore potential differences regarding school attitudes and academic aspirations between adolescents reporting and not reporting self-harm, as school may often become a significant source of psychological distress resulting in episodes of self-harm. This could be caused by increased pressure for good academic performance on the part of teachers and parents as well as by an increased importance of peer bonds in this life domain (Poledňová, 2012).

3. DESIGN

The study was conducted as a part of a large research project "Psychometric properties of assessment methods for screening of prevalence and forms of self-harm in early adolescents". In accordance with the research objectives, we were interested in quantitative, exploratory data, best obtainable through one-shot cross-sectional survey using self-report measures. The questionnaire was first piloted on a limited number of participants to test the psychometric

properties of the individual measures and the appropriateness of the measures for the target population. We also devoted extra attention to the ethical issues, offering help in conducting prevention programmes at schools with high prevalence of self-harm among the students. All schools were provided with a summary of partial results of the study in all domains, so they learned how they did in comparison with other schools.

3.1. Objectives

The objective of the present sub-study was to explore potential role of perceived relationships of young adolescents reporting self-harm with their parents and peers, their reported attitudes towards school, academic aspirations, and also their preferences for spending free time, in self-harming behaviour. In particular, we focused on the differences between respondents who never harmed themselves, those with sporadic, “experimental” experience with self-harm, and those who engaged in self-harming behaviour repeatedly and/or for a long period of time. These associations have been largely neglected by the previous research.

3.2. Methods

Self-harm was measured by the Self-Harm Inventory (Sansone, Sansone, & Wiederman, 1995) and the Self-Harm Behavior Questionnaire used by Gutierrez and colleagues (Gutierrez, Osman, Barrios, & Kopper, 2001). The original version of the SHI (Sansone, Sansone, & Wiederman, 1995) asks about the respondent’s experience with 22 different forms of self-harm and the frequency of occurrence of each behaviour in the respondent’s personal history. With each item, the respondents indicate whether and how many times they have engaged in the given self-harming behaviour. For the purpose of our study, we have excluded all items which were inadequate for the target population (e.g., “Lost job on purpose”). The obtained version was only 14 items long. The scale has a high reported internal consistency of about .89-.90.

The SHBQ (Gutierrez et al., 2001) measures self-harm and suicidal behaviour. The author intended the questionnaire for a nonclinical population of young people. With respect to our research objective, only Scale I, measuring self-harming behaviour, was included in the survey. The other sections, which address suicidal behaviour, were omitted. The selected section contains screening items asking whether the respondents have ever hurt themselves and – if yes – why, how old they were at the time of the self-harming episode, and whether they tended to confide this experience to other people – family, peers, or mental health professionals. The scale we used contained 11 items, some of which were yes/no questions, some were multiple-choice questions, and one was a free response item. The author of the scale reported an internal consistency of .95. Other measures included a set of items addressing various issues relevant to the research focus described above.

Complex measures of self-harm were chosen with respect to the issue that emerged in the meta-analysis by Muehlenkamp, Claes, Havertape, and Plener (2012) who analysed studies focusing on prevalence of self-harm published in 2005-2011 and found that authors who used single-item methods tended to report significantly lower prevalence compared with those who used complex lists of various forms of self-harm. When respondents were asked to indicate their experience with any of the behaviours listed, the accumulated prevalence was substantially higher.

3.3. Data Collection

The data was collected through random sampling, with an increased emphasis on ethical issues involved. First, a pilot study ($N = 235$) was conducted, successfully validating basic psychometric properties of the research tools. In the next stage, the questionnaire was administered to a large sample ($N = 1708$) selected to match the target population of adolescents aged between 11-16 years ($M = 13.65$), with a gender distribution of 52% female, 48% male. Personal experience with self-harming behavior was self-reported in 341 out of 1708 (19.96 %) respondents. Prior to the data analysis, the obtained sample was balanced in terms of age and gender. The total sample thus consisted of 1371 respondents (687, i.e. 50.11 % females) containing an equal number of 13, 14 and 15-year-old adolescents ($N = 457$ in each age group).

Next, the sample was divided into three groups according to the respondents' experience with self-harm: respondents who had no experience at all ("non-self-harmers"; $N = 784$), respondents who harmed themselves less than 5 times ("experimenters"; $N = 292$), and respondents who engaged in self-harming behaviour more than 5 times ("true self-harmers"; $N = 295$). We were also interested whether the respondents came from single-parent/divorced ($N = 410$) or double-parent ($N = 945$) families.

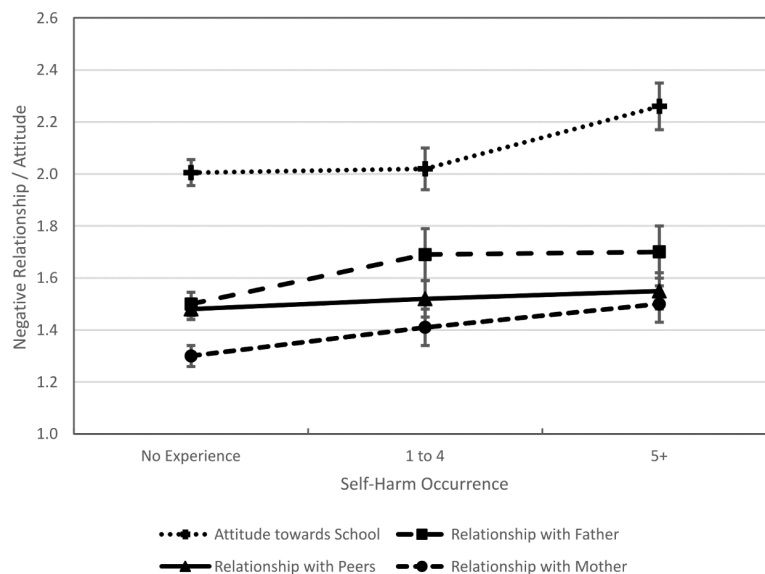
4. RESULTS

The results of the study yielded valuable information contributing to the nomological network of self-harming behaviour in adolescents in a broader psychosocial context. There is a whole range of models aiming to explain self-harming behaviour. It appears that research findings in this area support the idea of a multi-factorial causality of the phenomenon, which is quickly spreading. Understanding the roots and causes of self-harm and the progress of its development might help in devising effective preventive practices, making proper and early diagnosis, and finding adequate treatment strategies. Due to the complexity of the study, we present a selection of most relevant findings for better comprehensibility, dividing the outcomes into three major parts.

4.1. Self-harm occurrence, perceived quality of relationships with parent and peers, and attitudes towards school

The results of the ANOVA and LSD post-hoc tests show there were significant differences between the self-harm occurrence groups in almost all observed variables. In the area of family relationships, the group with no self-harm experience ("non-self-harmers") reported significantly better relationships with mothers than both self-harming groups ($F = 17.38$; $p < .001$), with the frequent self-harmers reporting marginally worse relationships than experimental (< 5 times) self-harmers ($p = .08$). The same was observed for relationships with fathers ($F = 11.25$; $p < .001$), with "experimenters" and "true self-harmers" scoring at the same level, showing worse relationships than respondents reporting no self-harm. This means that worse quality of parent-child relationships is associated with self-harm more-or-less regardless of the frequency of occurrence. In contrast, no significant differences were found regarding the quality of respondents' relationships with their peers. As far as attitude towards school is concerned, the group that showed significantly more negative attitude than the other two were the "true self-harmers" ($F = 19.40$; $p < .001$). All of the abovementioned results are summarized in the diagram below (Figure 1).

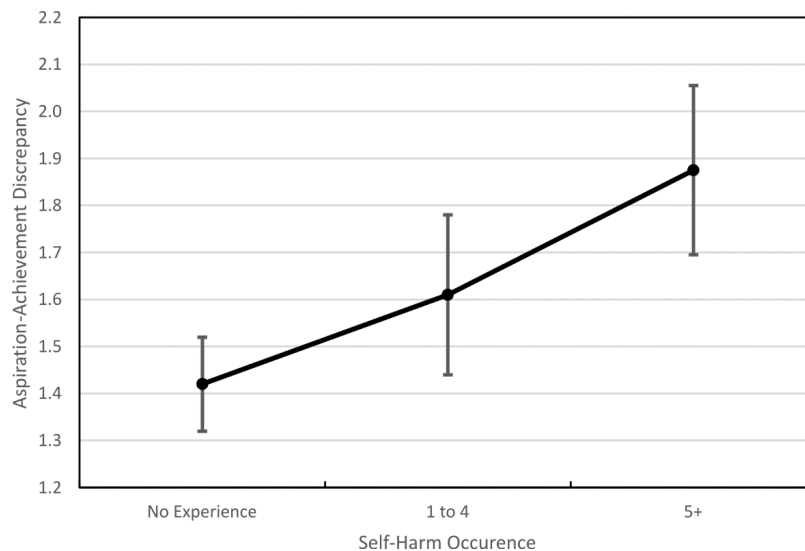
Figure 1. Plot of means showing differences between the three self-harm occurrence groups regarding relationships with parents and peers and attitudes towards school.



4.2. Self-harm occurrence and academic aspirations

The analysis of academic aspirations in the three groups of adolescents yielded an interesting finding: As illustrated by the graph below (Figure 2), there was a significant positive relationship between the occurrence of self-harming behavior and the discrepancy between one's academic aspirations and the actual school grades. Significant differences were found between all three groups ($F = 10.67$; $p < .001$).

Figure 2. Differences between the three self-harm occurrence groups in self-reported aspiration-achievement discrepancies.



4.3. Self-harm occurrence and leisure-time activity preferences

The results obtained from the last part of the study were also quite surprising. All three groups reported relatively large amounts of time spent hanging out with friends. However, while non-self-harmers and experimenters reported relatively comparable amounts of time, true self-harmers reported spending as much as 5 hours per week more than the other two groups hanging out with their peers ($F = 9.80$; $p < .001$). At the same time, true self-harmers also devoted one hour per week more than their peers to sports club activities ($F = 3.74$; $p < .05$), which might indicate attempts to diffuse physical tension. True self-harmers also spent significantly more time attending to their physical appearance ($F = 5.40$; $p < .01$), which might signify increased preoccupation with one's own body. However this finding could also reflect the self-harmers' attempts to conceal the signs of their self-injurious behavior. Finally, it is also worth mentioning that true self-harmers spent as much as 2 hours per week more "doing nothing" ($F = 4.48$; $p < .01$) than the other two groups.

5. FUTURE RESEARCH DIRECTIONS

Our results point to the fact that in order to achieve a deeper insight in the problem of self-harm, it is necessary to explore the nomological network of this phenomenon from a much broader perspective than the one presented in the existing research literature. Apart from the results presented here, our extensive research project explored the associations with parenting styles, self-esteem, personality, and depressive symptoms. Yet, many crucial areas are still relatively unexplored. Our prospective research objective therefore involves conducting a large-scale qualitative study to examine how self-harm is perceived by adolescents who have never engaged in this behaviour, those who have merely "experimented" with self-harm, and those who harm or harmed themselves repeatedly and for a long period of time. We are interested in differences between these three groups, which factors they perceive as protective and which, conversely, as those that might fuel the development of self-harming tendencies.

6. CONCLUSION

The presented study focused on selected associations between the occurrence of self-harm, perceived quality of relationships with parent and peers, and attitudes towards school. Significant differences were found between the self-harm occurrence groups in almost all observed variables. In the area of family relationships, the group with no self-harm experience reported significantly better relationships with mothers than both self-harming groups. The same pattern was observed for the relationships with fathers. Worse quality of parent-child relationships was associated with the presence of self-harming behaviour more-or-less regardless of the frequency of its occurrence. The results did not reveal any significant differences regarding the quality of the respondents' relationships with peers. As far as attitude towards school was concerned, the group that showed significantly more negative attitude than the other two groups were the high frequency (5 or more times) self-harmers. Interesting connections were observed between self-harm and academic aspirations: There was a significant positive relationship between the occurrence of self-harming behavior and the discrepancy between one's academic aspirations and the actual school grades. Differences were found between all three groups of respondents: the "non-self-harmers", the "experimenters", and the "true self-harmers". Another finding worth mentioning is the association between self-harm occurrence and leisure-time activity preferences. It was shown that 'true self-harmers' spent as much as 5 hours per week more than the other two groups hanging out with friends and also spend as much as 2 hours more per week "doing nothing". In future research, it would be useful to look more closely at the fact that self-harmers devote as much as one hour per week more than their peers to sports club activities and also spend significantly more time attending to their physical appearance. An alarming finding is that only 65.7% respondents who reported some experience with self-harm had talked to someone else about the issue. Moreover, in most cases (67.5%) the information was shared among peers; only 15.3 % of self-harmers told their parents, and just a mere 2% consulted a professional.

6.1. Discussion

We believe that the present findings can be considered an appreciable contribution to the understanding of the extremely complex issue of self-harm in nonclinical adolescent population. Out of the above presented results, we would especially like to emphasize the role of parent-child relationships in the adolescent's self-harming behaviour, which is often neglected or underrated by self-harm researchers, overshadowed by the increased significance of peer relations in this developmental stage. One of the most typical features of adolescence is the transformation of interpersonal relationships (Macek & Lacinová, 2006). The indicators of emotion, cognition and identity awareness clearly point to changes in personality development, which might in adolescence be very turbulent. It is quite understandable that these changes are subsequently reflected in social relationships. While relations with parents in many respects recede into the background, peer relations, especially close friendships and first romantic partners, increase in significance. However, parent-child relationships are still very important at this stage because adolescents still need the support of their parents in finding new perspectives in completing their developmental tasks. The three factors that are especially important for normal development of an individual in a family context are parents' interest, emotional involvement, and – last but not least – parenting styles. In addition, family climate and prevailing communication styles also play an essential role (Macek & Štefánková, 2006). Macek and Širůček (2005) argue that the level of an adolescent's self-confidence strongly depends on perceiving the parents as open-minded, emotionally involved and responsive (as cited by Macek & Štefánková, 2006). Family environment determines children's personality development and their attitudes to other groups of people; it also shapes their value systems and teaches them how to resolve conflicts and cope with stressful situations, while serving as essential support and anchor. The fact that peer relationship quality does not seem to be related to the occurrence of self-harm is also supported by other results of our study which suggest that peers are those to whom self-harmers are most likely to confide their self-harm experiences (in 67% of cases). This indicates that even adolescents engaging in self-harming behavior

appear to maintain good and supporting relationships with their peers. Self-harming adolescents who can communicate openly in the family and who report a sense of support on the part of their parents tend to show less suicidal ideation than those who report the opposite. Interestingly, no such differences were found with respect to peer support. Emotional experience of peer relations thus seems to be – despite the specific features of this developmental stage – less important than the experience of support on the part of primary family (Brausch & Gutierrez, 2010).

Regarding attitudes towards school, the group that showed significantly more negative attitude than the other two groups were the “true” self-harmers. We might speculate that the long-lastingly dissatisfactory emotional bonds might have a negative impact on academic performance, which, in turn, increases the self-harmers’ discomfort and the level of negative emotional experience. A closer examination of the link between self-harm occurrence and academic aspirations yielded an interesting finding: There was a significant positive relationship between the occurrence of self-harming behavior and the discrepancy between one’s academic aspirations and the actual school grades. This means that while adolescents who never harmed themselves seemed to achieve as good grades as they wished for, those who had at least some experience with self-harm were more likely to fail to meet their own academic standards, with the “true self-harmer” group being the worst off. So far, this area has not been sufficiently addressed in self-harm research; yet, it is clear that the association might be of high significance and should be taken into account when designing appropriate intervention programmes targeted at self-harming behaviour. A discrepancy between academic aspirations and academic results might, after all, also cause long-standing emotional distress to the adolescent, and might become a trigger – not only a consequence – of self-harming episodes.

Similarly, little or no attention has been devoted in previous research to potential connections between self-harm occurrence and leisure-time activity preferences. In our study, all three self-harm occurrence groups reported relatively large amount of time spent hanging out with friends. However, while “non-self-harmers” and “experimenters” scored relatively comparably in this area, the “true self-harmers” reported spending as much as 5 hours per week more than the other two groups hanging out with their peers. Apparently, self-harmers in our sample do not seem to fit the profile of reclusive, socially withdrawn adolescents at all, but rather incline towards promoting and consolidating positive peer relationships and mutual sharing of experiences. At the same time, “true” self-harmers also devote one hour per week more than their peers to sports club activities, which might indicate a tendency towards diffusing physical tension. This group also spends significantly more time attending to their physical appearance, which might signify increased preoccupation with one’s own body. However, this finding could also potentially reflect the self-harmer’s attempts to conceal the signs of self-injurious behavior. Finally, it is also worth mentioning that the group of high-occurrence self-harmers spent as much as 2 hours more per week “doing nothing”, which might actually provide space for experimenting with self-harm as well as other risk behaviours, such as alcohol or drug abuse.

A majority of respondents who reported self-harm (65.7 %) had told someone else about the issue. In most cases (67.5%), the information was shared among peers; only 15.3 % told their parents, and just a mere 2% consulted a professional. This might be a logical implication of our findings regarding the differences between self-harmer and non-self-harmer groups of adolescents in the domain of parent-child relationships.

All of the alarming results summarized in this article should be taken into consideration in the development of effective intervention programs addressing the issue of self-harm in senior elementary school/junior high school students. Our findings will surely find application in the sphere of educational and psychological counselling. We advise that helping professionals focus their attention on pedagogical guidance of adolescents both at school and in the family, especially in the area of rule setting, the degree and regularity of adherence to the rules, perceived emotional support, and the degree of freedom the child is allowed. Some studies (Oldershaw, Richards, Simic, & Schmidt, 2008), in accordance with our own findings, indicate that parents know much more about their children’s self-harming behaviour than the adolescents

think; most parents, however, choose to “wait what happens next”. Therefore, we also suggest preventive programs be developed that would be aimed directly at parents of children between 12 and 13 years of age, to help them gain greater insight into the issue of self-harm, become more sensitive to the symptoms of self-injurious behaviour, and learn about intervention options, such as improving communication in the family or adjusting one’s parenting style (Harrington, 2001; Wedig & Nock, 2007; Miller, Rathus, & Linehan, 2007; Brausch & Gutierrez, 2010). The mental health professionals engaged in self-harm research consistently argue that a lack of emotional support on the part of the parents is not only directly associated with the occurrence of self-harm, but, in addition, increases the risk of self-harm indirectly through affecting the frequency of depressive moods in teenagers. Therefore, we believe that improved communication between adolescents and their parents as well as teachers might help significantly in achieving better emotional bonds and reducing pathological phenomena in the population.

6.2. Limitations

Apart from the common limitations of self-report surveys, such as subjective responding, data verifiability, etc., there are several problems specific to this type of research. One of them is social stigmatization potentially connected with the status of a self-harmer. Because the data are typically collected through group administrations in the class, absolute privacy in responding cannot be completely guaranteed, which means that the data might be somehow biased by social desirability. The students might also be distrustful of the researchers’ promise of anonymity and provide untruthful data out of fear that the information will be passed on to their teachers and/or parents. A specific category is constituted by the problem of comparability of research findings across studies, which often yield different results especially due to terminological inconsistency typical of this research area, extreme differences in research samples (nonclinical v. clinical population, adults v. adolescents, etc.), or unequal methodological choices (self-harm questionnaires v. single-item responses).

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