

BAR-ILAN UNIVERSITY

**Is Emotional Regulation Moderating the Relation
between Parental Relation and Non-Suicidal Self-
Injury?**

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Abstract

Non-suicidal self-injury (NSSI) is defined as direct and deliberate harming of the human body which is done without suicidal intent (Nock, 2009). Self-harming is generally expressed in cutting, scratching, etching, and self-hitting (Nock, 2010). There are many risk factors which have been found to be connected to non-suicidal self-injury, including depression, anxiety, low self-esteem and drug abuse (Nixon, Cloutier & Jansson, 2008).

In recent years, mental health professionals have reported a spike in the number of people asking for help following NSSI (Whitlock, Eells, Cummings, & Purington, 2009). A study undertaken in the United States and Canada showed that most educational counsellors reported moderate knowledge of self-injury and its symptoms, causes and treatment methods. The study also found that the school analysed had no standardized protocol for treating NSSI (Duggan, Heath, Toste, & Ross, 2011). The situation in Israel is no different; the Ministry of Education also doesn't have a standardized protocol for treating NSSI. Consequently, it's important to investigate the issue among students.

Many studies have discussed the role of emotional regulation with respect to Non-suicidal self-injury (Klonsky, 2007; Prinstein, 2004). In the present study I will refer to emotional regulation as defined by Garnefski (2011), who defines it as a wide range of social, biological, as well as cognitive and non-cognitive processes. Emotional regulation can also be expressed through unconscious cognitive processes (selective attention), or conscious processes (self-blame) (Garnefski, Kraaij, & Spinhoven, 2001). In this study, we will address five of the nine types of regulation defined: acceptance; refocus on planning; positive refocusing; putting into perspective; and positive reappraisal.

Apart from reference to emotional regulation, the literature deals with adolescent-parent relationships in the context of non-suicidal self-injury. The study shows that adolescent-parent relationships play an important role in the context of non-suicidal self-injury both in terms of duration of, and in terms of the incidence of, self-injury. In addition, there is a link between the types of parenthood as perceived by the adolescent and self-injury (Baetens et al., 2014; Bureau et al., 2010).

In this study, I examined emotional regulation as moderating the connection between relationships with parents and self-injury. There is a lack of research on the issue of non-suicidal self-injury among a sample in Israel, in terms of the scope of the phenomenon, the knowledge of the professionals treating this population, and desirable coping methods. This study may be of great value to counselors, teachers and educators in the hope that the accumulated data will help provide tools for coping and development, as well as for prevention and intervention programs.

The Study Hypothesizes: (1) that differences will be found in the quality of the relationship between the adolescents and their parents, so that the parental relationship will be better between adolescents and their mothers when compared to the relationship with their fathers; (2) a negative correlation will be found between the relationship between adolescents' relationship with their parents and self-harm; (3) a positive relationship between emotional regulation and adolescent-parent relationships is hypothesized; (4) a negative correlation between emotional regulation and self-harm is hypothesized; and (5) the higher the emotional regulation, the weaker the connection between an adolescent's relationship with their parents and self-harm.

Participants. The sample consisted 594 high-school students (54.4% males, average age - 14.96) from five schools throughout Israel. All schools are public and under the supervision of the Ministry of Education.

Instruments. Self-report indicators included in this study are: An NSSI questionnaire (Gratz, 2001), for example - have you ever “punched your head against something that caused a serious wound”? (Pedersen, 1994); “My mother allows me to decide things for myself”, and a questionnaire on emotions (Garnefski, Kraaij & Spinhoven, 2001), which is grouped into five factors: acceptance (“I think I have to accept that this has happened”), positive refocusing (“I think about pleasant experiences”), refocus on planning (“I think how I can change the situation”), positive reappraisal (“I think how I can learn from the situation”) and putting into perspective (“I think other people are going through things that are much harder”).

Procedure. After approval by the Israeli Chief Scientist, the questionnaires were distributed in schools by graduate students in the educational counseling track. Students who received approval from their parents could participate in the study. The questionnaires were carried out in small groups, and they were filled by the students. The questionnaires were handed out in separate rooms for each group. The duration of the questionnaire and the receipt of the explanation did not exceed 45 minutes.

Findings. Prior to performing the statistical analyses, the students were divided into groups according to the severity of the self-harm in the following manner: Students who did not harm themselves at all were put into the “non-harming” group. Students who had injured themselves fewer than six times were placed in the “infrequent harming” group. Finally, students who reported that they had injured themselves six times or more were placed in the “frequent harming” group (Ammerman, Jacobucci, Kleiman, Muehlenkamp & McCloskey, 2016).

Results of the study. Several key points arise from the study’s findings. First, with respect to gender and NSSI, it was found that boys hurt themselves more than

girls. This finding is consistent with data on suicidal thinking in Israel (Fischer et al., 2014).

Regarding adolescents' relationship with their parents, the findings reveal several things. Initially, adolescents reported a higher quality relationship with their mothers. A negative correlation was found between adolescent relationships with parents and self-harm; the group of adolescents who did not harm themselves reported a better relationship with the mother than the self-harming group. In addition, examination of the link between emotional regulation and adolescent-maternal relationships revealed a significant positive relationship between all types of emotional regulation other than acceptance, meaning that the higher emotional regulation, the stronger an adolescent's relationship with their mother.

Regarding self-harm and emotional regulation, differences were found between the types of emotional regulation and the various injury groups. Thus, the non-self-harming group reported a significantly lower level of use of "acceptance" emotional regulation than the infrequent self-harming group. The "re-focus on planning" and "positive reappraisal" emotional regulation behaviors were found to be inversely correlated; the self-harming group reported a higher level of use of these regulations than the self-harming group. Finally, the infrequent self-harming group reported greater use of "putting into perspective" emotional regulation than the frequent self-harming group.

The hypothesis which aimed to examine whether there is interaction such that the higher the emotional regulation, the weaker the relationship between parents and self-harm, was not supported. This hypothesis was based on a literature review that focused on emotional regulations, relationships with parents, and self-harm (Baetens et al., 2014; Bureau et al., 2010).

Summary. The findings of the study demonstrate the importance of emotional regulations with respect to self-harm, and the need to distinguish between the different types of regulation. It is apparent that each type of regulation relates differently to self-injury, so that, for example, emotional regulation in the form of acceptance increases the risk of self-harm, while emotional regulations such as re-planning or focusing on the positive reduce the likelihood of injury. These data provide professionals with additional knowledge and points which can be used to create a self-harm prevention program. Another important point relates to the adolescent-parent relationship: Although all the subjects reported good relations with their parents, we still saw that they hurt themselves – something of great significance in terms of early identification and treatment.