Brief report

Brief report: A preliminary comparison of self-compassion between adolescents with nonsuicidal self-injury thoughts and actions

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ABSTRACT

Despite the public health significance of nonsuicidal self-injury (NSSI) among adolescents, little is known about the possible overlaps or differences between individuals with NSSI thoughts and those with NSSI actions. The present study compared between individuals with different NSSI status on self-compassion. With a sample of 606 Chinese adolescents (38.8% females; \( M_{\text{age}} = 13.58, SD = 1.04 \)), we investigated differences on the six subscales of the Self-Compassion Scale (i.e., self-kindness/self-judgment, common humanity/isolation, and mindfulness/over-identification) across three groups: NSSI-action group \((n = 86)\), NSSI-thought group \((n = 98)\), and no-NSSI group \((n = 422)\). Results revealed that individuals with NSSI thoughts and NSSI actions shared greater self-judgment, isolation, and over-identification than those without NSSI, but differed from each other on self-kindness and common humanity, with individuals with NSSI thoughts reporting more self-kindness and common humanity than those with NSSI actions. Further empirical investigations into the influence of self-compassion on NSSI will benefit the development of interventions for adolescent NSSI.

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Nonsuicidal self-injury (NSSI), the deliberate and socially unacceptable destruction or harm of one’s own body tissue without suicidal intent (for a review, see Nock, 2010), has become a major public health concern in adolescents (for a review, see Swannell, Martin, Page, Hasking, & St John, 2014). A growing number of researchers and clinicians are endeavoring to understand NSSI so to promote the development of NSSI prevention and intervention programs.

The phenomenon of NSSI has been divided into NSSI thoughts and NSSI actions (Nock, 2010). NSSI thoughts are ideations of harming oneself; NSSI actions are actual self-injury behaviors, like cutting, biting, etc. Although NSSI thoughts are often related to NSSI actions, they do not 100% lead to acts of NSSI (Nock, Prinstein, & Sterba, 2009). To improve risk assessment and the development of NSSI interventions, we need to understand the similarities and differences between NSSI thoughts and NSSI actions. Empirical research comparing between individuals with NSSI thoughts and NSSI actions, however, is scarce. Several studies involving NSSI thoughts, such as Latzman et al. (2010), Laye-Gindhu and Schonert-Reichl (2005), and Nock...
et al. (2009), only reported the phenomenon of NSSI thoughts. To our knowledge, only two studies involved the comparison of NSSI thoughts to NSSI actions on some related factors. In the first study, Levesque, Lafontaine, Bureau, Cloutier, and Dandurand (2010) found with a sample of college students that both NSSI thoughts and NSSI actions were generally related to anxious attachment style, but that only NSSI actions were related to the experience of intimate partner violence. In the second study also among college students, Martin, Bureau, Cloutier, and Lafontaine (2011) demonstrated that individuals with NSSI thoughts and NSSI actions shared similar negative childhood environments, such that both of them experienced less parental care and more parental control and alienation, and had unresolved parental attachment during childhood. Both of the studies were among young adults and focused on non-intrapersonal factors. It would be of further significance to compare between individuals with NSSI thoughts and actions on some intrapersonal factors among adolescents.

We propose that one intrapersonal factor that may provide some useful information is self-compassion. Substantial studies have evidenced the potential of self-compassion in preventing psychopathology (for a review, see MacBeth & Gumley, 2012). Self-compassion refers to an individual’s ability of showing compassion toward oneself in the face of failures, shortcomings, or sufferings. Neff (2003b) systematically defined it entailing three basic mutual-interplaying components: a) self-kindness, which means extending kindness, care, and understanding rather than showing criticism and judgment toward oneself; b) common humanity, which means recognizing one’s distress as part of the common human experience rather than as isolating or separating; and c) mindfulness, which means keeping painful thoughts and feelings in a mindful and balanced approach rather than ruminating, avoiding, suppressing, or over-identifying with them.

The construct of self-compassion is usually assessed through the Self-Compassion Scale (SCS) developed by Neff (2003a). The scale taps the three basic components, each of which is operationalized through two subscales representing the self-compassionate and the self-uncompassionate aspects, i.e., self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. Each pair of subscales does not necessarily represent the opposite ends of a continuum (Neff, 2003a). For example, that a person is low in self-judgment does not necessarily mean that he/she is high in self-kindness. Thus, increasing studies have used the six subscales of the SCS as separate but correlated components to comprehensively explore the relationships between these components of self-compassion and psychological outcomes (for a review, see Muris & Petrocchi, 2016).

In the literatures of NSSI, adequate evidences suggest that NSSI actions are often conducted to regulate one’s emotional states or to punish the self (Nock, 2010). Accordingly, as a useful emotional regulation strategy and a positive self-construct (Neff, 2003b), self-compassion may be one significant factor that is related to NSSI (Van Vliet & Kalnins, 2011). Research on self-compassion in the context of NSSI, however, is in its infancy. To our knowledge, only two quantitative studies were located. Xavier, Pinto-Gouveia, and Cunha (2016) found that self-compassion moderated the association between depressive symptoms and adolescent NSSI actions. Jiang et al. (2016) also revealed that self-compassion protected against adolescents’ engagement in NSSI from peer victimization. Both of these studies, however, used a total scale score of self-compassion and measured only NSSI actions. In order to clarify the association between self-compassion and NSSI, the present study was designed to further explore the possible similarities and/or differences among adolescents with different NSSI status (i.e., no NSSI, NSSI thoughts, and NSSI actions) on the six specific components of self-compassion (i.e., self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification).

1. Method

1.1. Participants and procedure

Participants were recruited from a secondary school in Qingyuan, China. Of the 660 students invited, 658 gave assent and participated. After excluding 52 respondents due to missing responses on gender or NSSI experiences, the final sample included 606 students (38.8% females; 11–16 years old, $M_{age} = 13.58$, $SD = 1.04$). Attrition analyses revealed no differences in age $(t(636) = 0.25, p > 0.05)$ or self-compassion (Wilks’ $\lambda$, $F(2, 655) = 0.07, p > 0.05$) between adolescents in the analytic sample and those excluded. All materials and procedure were approved by the ethical board of the first author’s university and the participating school’s authority.

Based on participants’ responses on NSSI experiences in the past year (see below measures), we classified them into three groups: a) the no-NSSI group ($n = 422$; 154 females), which included students who had neither thought about nor engaged in NSSI; b) the NSSI-thought group ($n = 98$; 39 females), which consisted of individuals who had only thought about engaging in NSSI; and c) the NSSI-action group ($n = 86$; 42 females), which was comprised of those who had engaged in NSSI actions.

1.2. Measures

NSSI thought and action were assessed by two self-developed items: “Have you ever thought about injuring yourself, like cutting, burning, and banging, without the intent to die, in the past year?” and “Have you ever engaged in self-injury, like cutting, burning, and banging, without the intent to die, in the past year?” Responses were recorded using a yes-no format.

Self-compassion was measured by the 26-item Self-compassion Scale (Neff, 2003a). It was used to assess overall self-compassion and the six components of self-compassion: self-kindness/self-judgment, common humanity/isolation, and mindfulness/over-identification. According to our purpose, we used the six subscale scores of SCS in this study. Participants indicated their responses on a 5-point Likert scale from $1 = not like me at all$ to $5 = like me very much$. Mean score of each
compared with adolescents in the NSSI-thought group, those in the no-NSSI group reported less self-judgment, isolation, and mindfulness, \(\alpha = 0.74\); self-judgment, \(\alpha = 0.70\); common humanity, \(\alpha = 0.74\); isolation, \(\alpha = 0.76\); mindfulness, \(\alpha = 0.63\); over-identification, \(\alpha = 0.73\).

2. Results

Chi-square test revealed that females (17.87%, \(n = 42\)) reported more incidences of NSSI actions than males (11.86%, \(n = 44\)), \(\chi^2(2, N = 606) = 4.27, p = 0.039\), but similar incidences of NSSI thoughts as males, 20.20%, \(n = 39\) vs. \(18.04\%, n = 59\), \(\chi^2(2, N = 520) = 0.37, p > 0.05\).

A 3 (group) \(\times 2\) (gender) multivariate analysis of covariance (MANCOVA) with age as the covariate was then conducted to determine group differences on the six subscales of self-compassion. Only the main effect of group was significant (Wilks’ \(\lambda, F(12, 1188) = 6.53, p < 0.001\), partial \(\eta^2 = 0.06\)). As shown in Table 1, post hoc Tukey’s LSD tests demonstrated that adolescents in the no-NSSI group reported greater self-kindness, common humanity, and mindfulness, but less self-judgment, isolation, and over-identification (mean differences: \(-0.65, -0.42, ps < 0.001\)) than those in the NSSI-action group. Moreover, compared with adolescents in the NSSI-thought group, those in the no-NSSI group reported less self-judgment, isolation, and over-identification (respective mean differences = \(-0.30, -0.44, and -0.43\), all \(ps < 0.001\)), while those in the NSSI-action group demonstrated less self-kindness and common humanity (respective mean differences = \(0.33\) and \(0.31\), \(ps = 0.001\) and \(0.006\)).

3. Discussion

Advancing the previous literatures examining the potential value of global self-compassion against youth NSSI actions (Jiang et al., 2016; Xavier et al., 2016), the present study took NSSI thought into consideration and explored the associations between six specific dimensions of self-compassion (i.e., self-kindness/self-judgment, common humanity/isolation, and mindfulness/over-identification) and NSSI status (i.e., no NSSI, NSSI thought, and NSSI action). The findings are discussed below.

In our sample, 14.2% of adolescents reported having engaged in NSSI actions in the past year. This prevalence figure is within the range of the 12-month prevalence (i.e., 7.3%–16.2%) reported by other studies also using a single-item assessment for NSSI (Muehlenkamp et al., 2012). We also found that the 12-month prevalence of NSSI thought in the present sample was 16.2%, which was somewhat similar as previous ones (e.g., 20.9% in Latzman et al., 2010). Although these adolescents did not engage in NSSI in the past year, they were at high risks for future engagement in NSSI actions or suffering other psychological maladjustments. Collaborated with previous studies (e.g., Latzman et al., 2010; Levesque et al., 2010; Martin et al., 2011), the present findings suggest that youths with only NSSI thoughts should be concerned as well as those with NSSI actions.

An NSSI thought can be seen as a negative cognitive-emotional state of distress or suffering. It is highly correlated to, but does not necessarily lead to an actual NSSI action. Regarding the overlap between NSSI thoughts and actions, we found that compared with adolescents with neither NSSI thoughts nor actions, those with only NSSI thoughts and those with NSSI actions both tend to harshly self-criticize (self-judgment), to view their distress as separating (isolation), and to ruminate, avoid, suppress, or over-identify with their emotions or ideations (over-identification). It suggests that for adolescents who only think about harming themselves, no matter whether or not they ultimately engage in NSSI acts, they would have high self-uncompassionate minds similar to those who engage in actual NSSI actions. The result also suggests that the self-punishment hypothesis may explain the generation of NSSI thoughts as well (Nock, 2010). For some adolescents with high self-uncompassionate minds, merely thinking about harming themselves may be enough to serve the self-punishment function.

Table 1

<table>
<thead>
<tr>
<th></th>
<th>no-NSSI (N)</th>
<th>NSSI-thought (T)</th>
<th>NSSI-action (A)</th>
<th>Between-subjects effects (F)</th>
<th>Partial (\eta^2)</th>
<th>Significant group differences(^*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-kindness</td>
<td>3.47 (0.64)</td>
<td>3.38 (0.70)</td>
<td>3.06 (0.69)</td>
<td>13.44***</td>
<td>0.04</td>
<td>N &gt; A*** N &gt; T *** T &gt; A***</td>
</tr>
<tr>
<td>Self-judgment</td>
<td>2.88 (0.69)</td>
<td>3.19 (0.74)</td>
<td>3.37 (0.72)</td>
<td>20.83***</td>
<td>0.07</td>
<td>N &lt; A*** N &lt; T *** T &lt; A***</td>
</tr>
<tr>
<td>Common humanity</td>
<td>3.68 (0.69)</td>
<td>3.55 (0.80)</td>
<td>3.27 (0.89)</td>
<td>10.17***</td>
<td>0.03</td>
<td>N &gt; A*** N &gt; T *** T &gt; A***</td>
</tr>
<tr>
<td>Isolation</td>
<td>2.74 (0.89)</td>
<td>3.16 (0.90)</td>
<td>3.35 (0.94)</td>
<td>23.17***</td>
<td>0.07</td>
<td>N &lt; A*** N &lt; T *** T &lt; A***</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>3.65 (0.61)</td>
<td>3.53 (0.73)</td>
<td>3.35 (0.72)</td>
<td>7.51***</td>
<td>0.02</td>
<td>N &gt; A*** N &gt; T *** T &gt; A***</td>
</tr>
<tr>
<td>Over-identification</td>
<td>2.64 (0.77)</td>
<td>3.09 (0.81)</td>
<td>3.17 (0.82)</td>
<td>22.37***</td>
<td>0.07</td>
<td>N &lt; A*** N &lt; T *** T &lt; A***</td>
</tr>
</tbody>
</table>

Note

**\(p < 0.01\), *\(p < 0.05\), \(**p < 0.001\), \(***p > 0.05\).

\(^*\) Examined by post-hoc Tukey’s LSD tests with the effects of gender and gender \(\times\) group interaction controlled. Age was included as a covariate and not shown in the table.
Differences between individuals with NSSI thoughts and NSSI actions on self-compassion were found on self-kindness and common humanity. The results suggest that adolescents with only thoughts of harming themselves in minds may have greater abilities of extending kindness, care, and understanding toward themselves and recognizing their distress as part of the common human experience than those who ultimately engage in actual NSSI acts. This may be related to the positive self-regulating feature of self-compassion dynamic (Allen & Leary, 2010; Breines & Chen, 2012). For adolescents with high self-compassionate minds, NSSI thoughts-related distressing feelings may be kept in awareness with balance, warm, kindness, understanding, and a sense of connectedness. They are likely to have the ability to monitor their own emotions and to use this information to guide their cognitions and behaviors in appropriate ways (Neff, 2003a), rather than to progress into actual NSSI actions.

Because of the nature of the cross-sectional design, the associations discussed above could also be interpreted as that adolescents who engaged in NSSI actions or had NSSI thoughts in minds may feel stigmatized about these behaviors (or thoughts), and then develop negative perceptions of the self, which then lead to greater self-uncompassionate minds and less self-compassionate minds (You et al., 2017). Future studies with a longitudinal design or using the ecological momentary assessment (EMA) method may provide a more valuable insight into the potential of self-compassion in protecting against the engagement in NSSI.

Apart from the cross-sectional design, several other limitations in this study should also be noted. First, participants in this study were recruited from one single junior high school in South China. So whether the results can be generalized to adolescents from other districts of China or other countries or cultures needs to be tested in the future. Second, the 12-month prevalence of NSSI thoughts and actions may be over- or under-estimated because of the single-item measurements (Muehlenkamp et al., 2012). Meanwhile, the yes/no respondent format did not allow us to collect some important information regarding the severity of NSSI experiences. Also, those who reported having only NSSI thoughts in the past year might have in fact engaged in NSSI actions a year ago. Or, some individuals in the no-NSSI group had NSSI thoughts or engaged in actions prior to the past year. Last, the relatively low reliability of the subscales of self-compassion (especially for the subscale of mindfulness, α = 0.63) may also limit the interpretation of our results. Future research with more elaborate assessments of NSSI experiences and self-compassion is highly advocated.

Nonetheless, given the limited literatures concerning NSSI thoughts and self-compassion as a dynamic construct, an important implication can be drawn from the present study. That is, self-compassion-related intervention programs, such as the compassion-focused therapy (Van Vliet & Kalninš, 2011), the Mindful Self-Compassion (MSC; Germer & Neff, 2013), and the adolescent friendly version of MSC (Bluth & Eisenlohr-Moul, 2017), would be helpful in treating adolescents with NSSI experiences through down-regulating the levels of self-judgment, isolation, and over-identification, and up-regulating self-kindness, common humanity, and mindfulness. Of course, more research regarding how self-compassion or related training and intervening programs can best address adolescent NSSI are encouraged.

Author contributions

Yongqiang Jiang conceived of the study, participated in its design, performed the statistical analysis, and drafted and revised the manuscript; Jianing You participated in the design, helped draft and revise the manuscript, and provided language and logistic help; Yaxuan Ren and Jianjun Zhu participated in the interpretation of the data and offered logistic help; in the revised process, Yaxuan Ren, Rui Sun and Shiyi Liao provided significant contributions. Na Ma provided language help and approved the final manuscript.

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The authors declare that they have no conflict of interest.

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