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NSSI Stigma Toward Adolescent Girls and Boys

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NSSI Stigma Towards Adolescent Girls and Boys



Presented by
MacKenzie L. Dallenbach

Thesis Defense Spring 2020

Non-Suicidal Self-Injury

- The American Psychiatric Association defines NSSI as the act of inflicting damage to the surface of one's body without the intent of dying (APA, 2013).
- Methods of NSSI vary. Examples may include burning, cutting, and/or scratching oneself.
- Expectations (APA, 2013)
 - Relief from negative thoughts
 - Escape from interpersonal difficulty
 - Create a positive state of being
- Most common comorbid diagnoses are major depressive disorder (MDD) and borderline personality disorder (BPD)
- Age of onset: between ages 12 to 16 years (Muehlenkamp & Gutierrez, 2004; Nock & Prinstein, 2004; Whitlock et al., 2006a; Klonsky et al., 2014).

Prevalence

- Prevalence of NSSI has varied in recent and past research, with community and clinical samples varying drastically.
 - Community samples estimating anywhere from 6 to 20% among college students/adults (Ammerman, Jacobucci, Kleiman, Muehlenkamp, & McCloskey, 2017; Klonsky, 2011; Whitlock, Eckenrode, & Silverman, 2006a) and 15.9% among adolescents (Muehlenkamp & Gutierrez, 2004)
- An appropriate estimated prevalence is 17%, with exceptions among clinical populations
- Several research studies and the *DSM-5* estimate that there are more females engaging in NSSI than males, with a ration of 1 male to every 4 females (BA, 2013, p. 804; DiCorcia et al., 2017; Xavier et al., 2017)
 - This is a grey area as several studies have seen more male participants engaging in NSSI or no sex difference

Sex Differences

There are three observed sex difference in NSSI.

1. **Injury Site** (Whitlock et al., 2008)
 - a. Males: injure their hands
 - b. Females: injure thighs and wrists
2. **Method of NSSI** (DiCorcia et al., 2017; Klonsky et al., 2012; Whitlock et al., 2008; Klonsky et al., 2014)
 - a. Males: self-battery methods (i.e. hitting or punching)
 - b. Females: cutting, scrapping, carving, or pulling out hair
3. **Emotional Regulation**
 - a. Females are more likely to engage in NSSI to diminish negative feelings or emotions (DiCorcia et al., 2017; Xavier et al., 2017).

NSSI Stigma

- Little research done on NSSI stigma
- Self-stigma
 - Worried about being labeled, misjudged, or deemed as “attention-seeking” (Klonsky et al., 2014, p. 457)
- Nielsen and Townsend (2018) study:
 - Public stigma towards NSSI
 - Employed an experimental design using a vignette character (female; Megan)
 - Results found that older participants were more sympathetic towards the vignette and elicited less stigma than their younger counterparts.
 - Older participants were also more likely to support less segregative and coercive treatment strategies

Current Study

- Focuses on public stigma towards NSSI and its perceived severity in comparison to major depressive disorder (MDD)
- Examines whether there are sex differences in stigma towards an individual engaging in NSSI based on *their* sex.
- Employed an experimental design using vignettes to depict the individual engaging in NSSI behaviors.
 - Differences on sex (male or female) and psychological condition (MDD or NSSI)

Hypotheses 1

Participants will differ significantly on stigma towards the character in the vignette, measured using the *Mental Illness Stigma Scale (MISS)*.

- It was hypothesized that:
 - males characters in the vignettes will elicit more stigma than female characters (main effect of sex).
 - characters engaging in NSSI will elicit more stigma than characters depicting depression (main effect of disorder).
 - male characters engaging in NSSI will elicit more stigma than any other combination (interaction).

Hypothesis 2

A negative correlation is predicted between LOF and MISS

- Participants' familiarity with NSSI increases, it is hypothesized that they will report significantly less stigma towards the characters in the NSSI vignettes.

Participants

- Recruited via Amazon Mechanical Turk (MTurk)
 - An online platform that links participants to the author's Qualtrics Survey
 - MTurk has a history of recruiting more diverse samples than the typical American university (Shapiro, Chandler, & Mueller, 2013).
- 170 participants made up the current sample following data cleaning.
- Demographics ($N = 170$):
 - Age: 33.85 years ($SD = 9.34$)
 - Level of Education: Bachelor's degree (53.5%)
 - Prior Mental Health Diagnosis: 41 (24%)
 - History of NSSI: 48 (22%)

Participants

Characteristic	Percent of Sample
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Biological Sex

Female	38.0
Male	61.8

Ethnicity

Black/African/ African American	11.7
Asian/Asian-Canadian	28.7
Middle-Eastern	0.6
Caucasian/White	49.7
Latino/Latina/Hispanic	4.7
Native American/ Alaskan Native	1.2
Biracial/Multiracial	1.2
Other	1.8

Measures

Mental Illness Stigma Scale(MISS; Day, Edgren, & Eshleman, 2007)

- Consists of twenty-eight items that measure an individual's attitudes towards mental illness, via seven specific factors
 - Four were utilized for the current study:
Recovery, Disruptive Relationships, Anxiety, and Treatability
- Likert-type scale, ranging from *strongly disagree* (1) to *strongly agree* (7)
- Example 1: "There are effective medications that can help Emma return to her normal and productive life"

Level of Familiarity Scale(LOF; Corrigan, 2004)

- Self-report questionnaire that asks the individual if they have ever been exposed to 11 independent scenarios
 - Yes or No
- Example: "A friend of the family has engaged in self-harm"
- Scored based on highest level of exposure based on ordinal rank
 - Highest level of exposure being, "I have self-harmed".

Vignettes

```
graph TD; Vignettes[Vignettes] --- NSSI_Female[NSSI - Female (Emma)]; Vignettes --- MDD_Female[MDD - Female (Emma)]; Vignettes --- NSSI_Male[NSSI - Male (Jacob)]; Vignettes --- MDD_Male[MDD - Male (Jacob)];
```

NSSI - Female
(Emma)

MDD - Female
(Emma)

NSSI - Male
(Jacob)

MDD - Male
(Jacob)

Example Vignette

(Jacob/Emma) is a sophomore in high school who has recently become a victim of bullying. In the last couple months, (Jacob/Emma) has been feeling worried about (his/her) friendships, self-critical, and has had (depressed thoughts/thoughts about harming (himself/herself)). In fact, (he/she) has (felt very down, (he/she) is not able to sleep, and (he/she) is losing interest in things (he/she) used to enjoy/started self-harming by cutting (his/her) arms with a razor and burning (his/her) legs with a cigarette).

Results: Hypothesis 1a and 1b

- a. Male vignettes would elicit more stigma than female vignettes (Main Effect of Sex)
 - i. Not supported
 - ii. ($F(1, 170) = 1.96, \phi = .16; M_{Male} = 4.00, [SD_{Male} = .89]; M_{Female} = 4.07, [SD_{Female} = .94]$).
- b. NSSI vignettes would elicit more stigma than MDD vignettes (Main Effect of Condition)
 - i. Not supported
 - ii. ($F(1, 170) = .18, \phi = .07; M_{NSSI} = 4.13, [SD_{NSSI} = .87]; M_{MDD} = 3.93, [SD_{MDD} = .95]$).

Results: Hypothesis 1c

c. NSSI/Male vignette

would elicit the most stigma.

(Interaction)

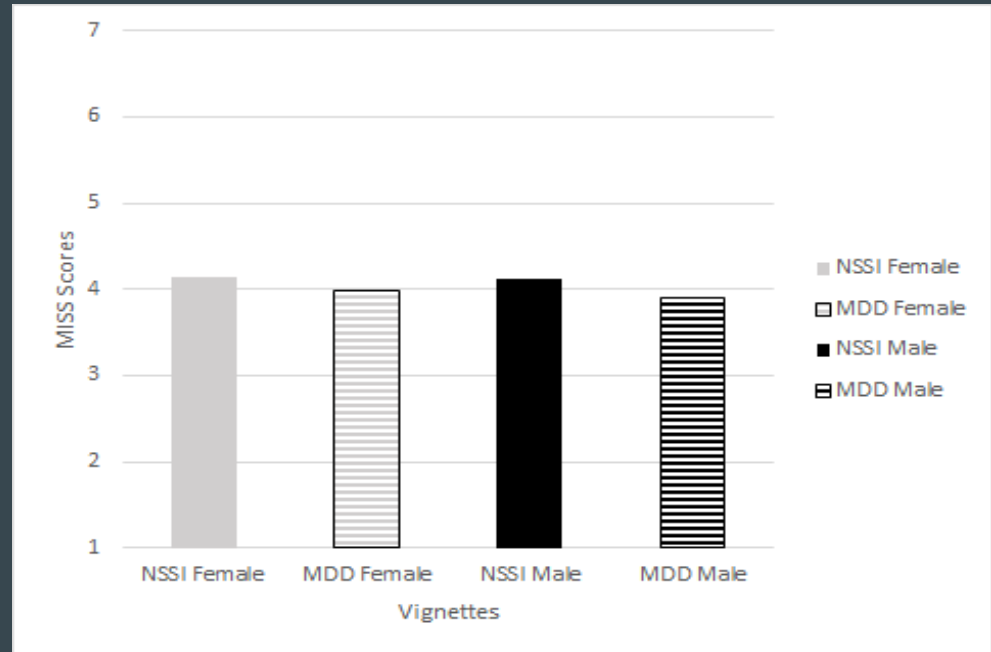
i. Not supported

ii. ($F(1, 170) = .82, p = .37$;

Figure 1)

Figure 1.

Participant Reported MISS Stigma for Each Individual Vignette



Note. All comparisons were non-significant.

Results: Hypothesis 2

- The more familiarity an individual has with NSSI, the less they would have towards NSSI (negative correlation).
- A Pearson's correlation was conducted, using only participants with NSSI vignettes (89).
- Results yielded null findings, indicating that familiarity of NSSI did not affect one's stigma towards the behavior.
 - $(r(89) = .19, p = .07)$

Discussion

- The current study utilized a vignette-based experimental design to observe public stigma of NSSI towards adolescent girls and boys.
- Vignettes varied based on sex (male or female) and psychological symptoms (MDD or NSSI).
- After collecting and cleaning the data, data from 170 participants was used to test the current study's two hypotheses. The results came yielded null findings for both hypotheses, meaning the following:
 - No difference in stigma based on the sex or psychological symptoms of the vignettes.
 - Familiarity of NSSI has not effect on a participant's stigma towards the behavior(s).

Limitations & Future Directions

A. Lower Power

- a. Prior to data collection, it was determined that 45 participants were needed for each individual vignette.
- b. After excluding participants based on a number of factors (e.g. duplicate IP addresses), there were roughly 41 participants per vignette. Given the low power, it is possible researchers were not able to detect true effects
- c. **Moving forward** it is recommended that researchers recruit 35% more participants than needed for the study. This will serve as a cushion during the exclusion process.

B. Lack of Attention Checks

- a. Thus allowing the potential for retaining participants in the dataset that were not paying attention.
- b. Future directions would include installing attention checks throughout the study.
- c. The current study did instruct participants to generate their own unique code as an attempt to check for attention. However, this was done at the very end and completion of the study.

Limitations & Future Directions (continued)

C. Low Internal Consistency of the LOF Scale

- a. $\alpha = 0.69$
- b. Due to the nature of the scale, researchers do not believe the low internal consistency to have had an impact on the results. The LOF Scale looks at different interactions an individual has or has not had with a particular illness/disorder (mental, physical).
- c. Example: “My job involves providing services/treatment for persons engaging in self-harm.”
- d. Many participants may not work with individuals with the portrayed populations. This lowers the alpha, but does not necessarily causing a problem with the data.

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