

別紙 4

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主論文の要旨

論文題目 Assessing Risk and Protective Factors of Self-Injurious Behavior

自傷行為のリスク及び保護要因の検討

氏名 TRESNO Fiona

論文内容の要旨

Nonsuicidal self-injury (NSSI) refers to a direct and intentional physical harm to one's body without conscious suicidal intent (e.g., pinching, cutting, hitting), mostly to alleviate negative affect. NSSI represents a serious clinical concern and is common among young people, including in Japan and Indonesia. However, this phenomenon has received little empirical study.

Most self-injurers report difficulties with mood regulation. Trauma in childhood is considered an important risk factor that may lead individuals to develop poor interpersonal relations and impaired emotion-regulation, which in turn lead to maladaptive coping such as self-injury. Depression is mentioned as a key factor associated with an increase of self-injury episodes and also suicide risk. Understanding how these variables correlate with NSSI is crucial for early identification and for guiding intervention before severe consequences occur. Many questions remain unanswered in the literature, such as what are the risk factors for NSSI, and what are aspects of people that protect them from engaging in self-injury?

This thesis is intended to answer some of these questions. It comprises four studies. Study 1 examined what distinguishes self-injury with the presence of a suicide attempt from NSSI in a sample of 307 Indonesian students. While most self-injurers do not intend to die, a number of those engaging in self-injury report having made a suicide attempt. Results of the current study reported those with

suicide attempt show more impairment than individuals with NSSI in levels of maltreatment in childhood, lower confidence in regulating negative emotions, and depression. In addition, the number of self-injuring methods used, and using self-cutting, increased the risk for a suicide attempt. Childhood maltreatment is a strong predictor of self-injury, however not all who have a history of abuse engage in self-injury. Therefore, Study 2 examined potential protective factors that lessen the likelihood of self-injury, even if the individual experienced maltreatment as a child.

Study 2a in Chapter 3 compares NSSI group with those who never self-injurer among 313 Japanese students. The levels of childhood maltreatment, depression, and negative mood regulation expectancies distinguished NSSI from non-self-injury individuals. Since not all who were maltreated in the past develop NSSI, this study found that a strong belief in one's ability to regulate negative mood buffered the effect of child maltreatment on NSSI, resulting in only modest increases in NSSI frequencies. Study 2b replicated Study 2a on an Indonesian sample using the data from Study 1 and demonstrated consistent results with Study 2a. Some survivors of child maltreatment apparently develop resources and skills to protect them from engaging in maladaptive behavior, leading to the question on what factor contributes to develop more confidence on adaptive mood regulation.

Studies in Chapter 4 assessed interpersonal features related to NSSI in addition to emotion regulation to explain the pathways by which childhood maltreatment may lead to NSSI. The research shows individuals who exhibit poor mood regulation within an unsupportive environment may face difficulties managing strong negative emotional experiences in adaptive ways. Study 3a tested an integrated model showing a link from childhood maltreatment, as distal factor, to self-injury, through perceived social support and negative mood regulation expectancies. Results were that childhood maltreatment was indirectly linked to self-injury through perceived social support and negative mood regulation expectancies. In addition, perceived support from father and peers increases one's confidence in regulating difficult emotions, which in turn reduces risk for NSSI. The integrated model was tested again using an Indonesian sample in Study 3b and reported similar findings. Believing that someone will provide emotional support is important to building more positive coping, which in turn lower the risk for self-injury or suicide.

Overall findings of my thesis suggest that childhood maltreatment increases risk for self-injury among maltreatment survivors. However, strong beliefs in regulating negative emotion may reduce the severity of NSSI. A supportive environment, especially family and friends, may also help to develop positive and adaptive coping when facing stressful events, which in turn may reduce the use of maladaptive coping behavior.