The Relationship between Self-endangering Behaviours, Hopelessness Depression and Perceived Social Support in Adolescence

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Abstract: Although the studies have investigated and identified the causes of risk and self-harm behaviours in adolescence, the relationship between Hopelessness Depression (HD), self-endangering behaviours, and the protective role that social support could play has not been sufficiently investigated. The aim of the present study is to investigate the relationship between risk and self-harm behaviours, HD and perceived social support in adolescent students. Furthermore, we want to investigate the predictive role of perceived social support and HD on risk and self-harm behaviours. The results showed that HD is positively related with the risk and self-harm behaviours and predicts them positively. Furthermore, it emerged that social support is negatively related with HD and risk and self-harm behaviours. Finally, the results showed that risk and self-harm behaviours are negatively predicted by instrumental support. Limitations and implications are discussed.

Keywords: Hopelessness depression, Risk and self-harm behaviours, Perceived social support, Adolescent students.

INTRODUCTION

Risk behaviors in adolescence are defined as practices that put at risk, both directly and indirectly, the physical, psychological and social individual functioning (Boyer, 2006). In spite of their dangerousness, these behaviours are implemented, since they allow the adolescent to achieve purposes that are seen as personally significant in relation to the development tasks of a specific culture and social context (Bonino, Cattelino, & Ciairano, 2007).

The consequences of such practices are significant. The first risk that can be faced is social isolation, related to shame, guilt, and abuse of controlled substances until it gets to the development of depression. This can lead to suicidal ideation or suicide attempts if not recognised in time (Marchetti, Bracaglia, Cavalli, & Valle, 2013).

In the last few years, depression has been increasingly diagnosed in adolescence (Kieling, Adewuya, Fisher, Karmacharya, Kohrt, Swartz, & Mondelli, 2019). This can significantly undermine many important areas in the adolescent’s life (Clayborne, Varin, & Colman, 2019; Dacomo & Pizzo, 2012). Hopelessness Depression (HD - Abramson, Metalsky, & Alloy, 1989) is a subtype of depression that differs from other forms of depression not based on the symptoms, but on the causes that determine it. People affected by HD think that only bad things happen to them; they feel like they are incapable of doing anything to change their condition. Consequently, they feel like they are completely hopeless, both in the present and in the future (Abramson *et al*., 1989).

Theory of HD has also been used to explain self-endangering behaviours, suicidal ideation and suicidal behaviours (Smith, Alloy, & Abramson, 2006). In fact, due to previous adverse events, individuals who attribute negative events to internal causes, stable and global, have negative expectations about the future and fail to find effective coping strategies. Therefore, they could have a greater chance of being exposed to the risk of conducting self-endangered behavior and suicide.

Over the years, self-harm has been the subject of several studies that have identified three types of pathological self-harm, based on severity of its consequences (Favazza, 2011): (a) major self-harm, that refers to particularly serious behavior, generally associated with psychotic disorders (*e.g*., castration, eye enucleation); (b) stereotyped self-harm, that refers to repetitive behaviours, usually associated with severe mental impairment (*e.g*., brutally banging one's head or biting oneself); (c) superficial/moderate self-harm, that includes behaviours like cutting, scratching, pinching and burning the skin, pulling hairs or biting the nails or the skin around the nails. This last category can be additionally divided into two subtypes: compulsive and impulsive self-harm. Compulsive self-harm is a habitual

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and repetitive behaviour, ego-dystonic and resistant due to the strong sense of urge that the person feels. Impulsive self-harm is a satisfying event, ego-syntonic, and it is triggered by a specific event; moreover, it is less resistant than compulsive self-harm.

The guidelines of the National Institute for Health and Clinical Excellence [NICE, 2004] define self-harm as the expression of a personal discomfort that the individual performs in private; the nature and the meaning of the self-endangering acts varies from person to person.

Studies have shown that the lack of meaningful emotional ties and social support is associated with mental suffering (Waldrip, Malcolm, & Jensen-Campbell, 2008; Hao, Pang, Wu, Pi, Xia, & Min, 2019).

Social support represents an essential condition in people's lives, so that if it is lacking or inadequate, it can lead to isolation or to the development of somatic and psychic illnesses (Francescato, Tomai, & Ghirelli, 2002). In relation to this, four dimensions of social support have been identified: structural, functional, perceived and received (Cohen, 1988).

Structural support refers to quantitative aspects, that is, the number of ties between individual and his social network (*e.g.*, number of parents and friends, presence of absence of a partner, membership of a religious group). All these aspects represent an "objective" measure of possibility that the individual can receive support when needed. *Functional support* refers to the material and psychological resources that the social network can provide. This construct usually includes "tangible support", which is all the material aid; "emotional support", which refers to the ability to express empathy, reassure, listen and build a certain degree of trust; and "informative support", which consists in giving information, pieces of advice, and recommendations helpful to improve the coping strategies of the individual. *Perceived support* corresponds to the subjective evaluation of the individual, with respects to the willingness of their social network of belonging, to provide them with support if needed. *Received support* refers to the frequency with which the subject actually receives support in different forms and during a limited period of time or during a specific situation (Cohen, 1988).

Social support influences the individual's health by protecting them from the negative impact of stressful events or from risky behaviours (Prince, Epstein, Nurius, Gorman-Smith, & Henry, 2019). This is possible because the individual feels comforted knowing that the others can help them in case of difficulty (Zani & Cicognani, 2000).

In order to live a regular emotive growth, the adolescent needs to maintain an approximately stable relationship with their parents and simultaneously build an independent and solid network of intimate friendships and close ties with a more broad community (Steinberg, 2001). Regarding the family, if the adolescent receives support from the parents, it is hypothesized that he is more likely to develop independence and confidence (Revee & Jang, 2006).

Although the studies have investigated and identified the causes of risk and self-harm behaviours in adolescence, the relationship between Hopelessness Depression (HD), self-endangering behaviours, and the protective role that social support could play has not been sufficiently investigated.

The aim of the present study is to investigate the relationship between risk and self-harm behaviours, HD and perceived social support in adolescent students. Based on the literature, it is hypothesized that the presence of HD is positively related with the risk and self-harm behaviours and negatively with perceived social support. Moreover, it is hypothesized that with the increasing of perceived social support, risk and self-harm behaviours decrease. Furthermore, we want to investigate the predictive role of perceived social support and HD on risk and self-harm behaviours.

METHOD

Participants

The sample was composed of 269 participants, 181 females (67%) and 88 males (33%), aged between 18 and 21 years (M=18.94; SD=1.19). A part of the participants has been recruited from scientific, classical and industrial high schools in the city of Reggio Calabria (Italy), while another part (undergraduate students) completed the protocol of instruments online. All of the students identified themselves as being Italian and were Italian speaking. The only inclusion criterion was that the participating students did not have an intellectual disability. Regarding socioeconomic status, 32% of the families belonged to a medium socioeconomic status (both parents completed secondary school, and at least one parent completed university), 27% of the families belonged to a lower socioeconomic status (both parents completed primary

school, and at least one completed secondary school), and 41% belonged to a higher socioeconomic status (both parents earned a university degree). The parents' educational status is considered one of the most stable aspects of Socio Economic Status (SES) because it is typically established at an early age for the children and tends to remain the same over time (Sirin, 2005). For this reason, family socioeconomic status was based on the education of the father and the mother, merging maternal and paternal educational level, into a single category of SES (see Sirin, 2005).

Instruments

The Interpersonal Support Evaluation List (ISEL; Cohen & Hoberman, 1983) was used to assess the level of social support perceived. The questionnaire is composed of four subscales of 10 items each. The subscale "Instrumental support" measures the perception of availability to receive material help in case of need; the subscale "Information support" evaluates the perception of the possibility of talking to someone about their problems; the subscale "Affiliate support" measures the perception of possibility to do and share activities with other people; lastly, the subscale "Emotional support" evaluates the perception of being emotionally supported and positively evaluated. Participants responded on a 4-point Likert-type scale, ranging from 0 (strongly disagree) to 3 (strongly agree).

The Hopelessness Depression Symptom Questionnaire is the Italian translation of the questionnaire HDSQ (Metalsky & Joiner, 1997). It is composed of 32 items that assess the HD symptom (*e.g.*, "In the last two weeks I depend on other people"; "I am a burden to others"). Participants responded on a 4-point Likert-type scale, ranging from 0 (never) to 3 (always). The Italian version is still being validated. For this sample the test showed a good reliability index (Alfa = .93).

The Risk-Taking and Self-Harm Inventory (RTSHIA; Vrouva, Fonagy, Fearon, & Roussow, 2010) has been used to investigate risk and self-harm behaviors in adolescents. The questionnaire consists of 27 items and is composed of two subscales: risk-taking behavior and self-harm behavior. Participants responded on a 4-point Likert-type scale, ranging from 0 (never) to 3 (very often).

Procedure

Participants completed all the questionnaire online in a single session with previous informed consent. Privacy and the anonymity of their answers were guaranteed. Participation required about 30 minutes.

DATA ANALYSES

Descriptive analyses, Cronbach'Alpha, correlations, and regressions were applied to the data variables using SPSS.

RESULTS

Descriptive Statistics, Reliability and Correlation

Table **1** presents the means, standard deviation, skewness, kurtosis, and correlations for all measures considered in this study. The descriptive analysis showed that all scales have good symmetry and kurtosis scores.

Correlational analyses shows that HD is positively correlated with risk and self-endangering behaviours, while it is negatively correlated with perceived social support. Furthermore, perceived social support is negatively correlated with risk and self-endangering behaviours.

Table 1: Descriptive Statistics and Correlation Among Variables

	M	SD	Skew	Kurt	1	2	3	4	5
1. Instrumental support	2.37	.51	-.89	.45					
2. Information support	1.97	.54	-.53	-.26	.60**				
3. Affiliate support	2.07	.58	-.55	-.26	.67**	.65**			
4. Emotional support	2.02	.53	-.54	-.06	.59**	.59**	.78**		
5. Hopelessness	1.77	.41	.99	.75	-.38**	-.42**	-.55**	-.66**	
6. Risk and self-harm behaviors	5.68	4.89	1.29	1.62	-.21**	-.14*	-.17**	-.25**	.44**

Note: **p<.01; *p<.05

Regression Analyses

A linear regression analyses was conducted to assess the role of perceived social support and HD in predicting risk and self-endangering behaviours.

Regression analyses [F (5,263) = 16.072; p< .01] showed that risk and self-endangering behaviours are negatively predicted by instrumental support [t (263) =-2.51, β = -.19, p<.05)], while they are positively predicted by HD [t (263) = 7.41, β=.54, p<.01)].

DISCUSSION

The present study investigated the relationship between risk and self-harm behaviours, HD and perceived social support in adolescent students.

In accordance with hypothesis, the results showed that HD is positively related with the risk and self-harm behaviours and predicts them positively. This results are in line with the literature, according to which individuals with HD higher possibilities to be exposed to the risk of conducting self-endangering behaviours and suicide (Abramson *et al*., 1989).

Furthermore, it emerged that perceived social support is negatively related with HD and risk and self-harm behaviours. Indeed, social support protects the individuals from the negative impact of stressful events and risky behaviours (Zani & Cicognani, 2000; Francescato *et al*., 2002; Rodrigo, Maiquez, & Garcia, 2004). Finally, the results showed that risk and self-harm behaviours are negatively predicted by instrumental support. This could indicate that adolescents need more material and tangible support, which can play a protective role from risk behaviors.

CONCLUSION

In conclusion, this study provide significant contribution to the existing literature by identifying a relationship between depression in adolescence and risk behaviors. In particular, the importance of social support as a protective factor emerged.

From a practical point of view, it would be useful for school and clinical psychologists to develop specific training for both students, parents and teachers that addresses areas of concern. For the students, the training should focus on their dysfunctional beliefs and on emotional aspects related to the development of HD. For the parents and teachers, the training should focus on implementing supportive behaviors that play a protective role from the negative impact of stressful events or from risky behaviours for adolescents.

Despite this implications, the present study does suffer from a few limitations, such as the fact that the study was cross-sectional in nature. Further studies might consider using a longitudinal design. Moreover, the sample of this study was limited to a small number of Italian students; future research should extend these results in a bigger and more heterogeneous samples to explore the generalizability of the findings. Furthermore, the sole use of students' self-reporting could be considered an additional limitation of the study.

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