Examining Characteristics of Mother-Daughter Relationships and Adolescent Self-Injury Author: Melinda White

Background and Purpose

Adolescent self-injury is a serious problem. Community studies suggest between 15%-56% of adolescents report self-injury, which is a leading predictor of borderline personality development and suicide. Environmental factors interact with biological vulnerabilities to increase risk for self-injury (Crowell, Beauchaine, & Linehan, 2009; Linehan, 1993). While there is a growing literature on adolescent SII, little is known about mothers of adolescent self-injurers. This study examined mother-daughter interaction patterns with self-injuring, depressed, and control adolescents. The biosocial theory and coercion theory framed this research (Linehan, 1993; Patterson, 1992). These theories posit that high-risk environmental factors contribute to emotion dysregulation and psychopathology.

Hypotheses

Compared to controls, mothers of depressed and self-injuring adolescents would report greater difficulty with emotion regulation, parenting (e.g. monitoring, supervision, involvement, positive engagement) and less positive affect. Further, in mother-daughter conflict discussions, mothers of SII and depressed adolescents would exhibit higher observed aversive behavior than controls.

Methods

Data on 75 mother-daughter dyads were analyzed (25 depressed, self-injuring, and control). Maternal self-reports included the Difficulties in Emotion Regulation Scale (DERS), Alabama Parenting Questionnaire (APQ), and Positive and Negative Affect Schedule (PANAS). Maternal aversiveness was measured through observation of a 10-minute mother-daughter conflict discussion.

Using planned orthogonal contrasts, DERS, APQ, and PANAS data were analyzed with linear regression and bias corrected accelerated bootstrapping. Conflict discussion data were examined using multilevel modeling.

Findings

The first planned comparison differentiated between combined SII and depressed dyads compared to controls and a second comparison between the SII and depressed group. The DERS, APQ, and PANAS measures captured differences between the control group and the combined clinical groups, while the conflict analysis showed mothers of SII adolescents exhibited higher levels of aversiveness than mothers of depressed or control adolescents. The combined SII and depressed dyads differed significantly from controls on overall emotion dysregulation difficulties (t = 2.4), impulse control (t = 2.0), access to emotion regulation strategies (t = 2.9), awareness of emotion (t = 2.3), and less positive affect (t = -2.436, all p < .05). SII and depressed dyads differed significantly from controls on poor monitoring and supervision and inconsistent discipline (all $ts \ge 5.1$, all ps < .05). Additionally, mothers of SII adolescents differed from the depressed group showing less involvement (t = -2.1, p < .05). Conflict analysis showed no difference between the combined SII and depressed groups compared to controls; the SII group exhibited higher aversiveness over time ($\beta_{12} = 0.42$) when compared to depressed and control group (p < .05).

Conclusions and Implications

This study is one of the first to contrast mothers of SII, depressed adolescents, with a nonclinical group on emotional regulation, parenting, and conflict. Consistent with theory, mothers may contribute to adolescent risk and could benefit from parenting interventions. Findings are contextualized in terms of coercion and biosocial theory and contribute to social work knowledge of human development and environmental risk for psychopathology.