

Body Regard as a Moderator of Pain Endurance and NSSI

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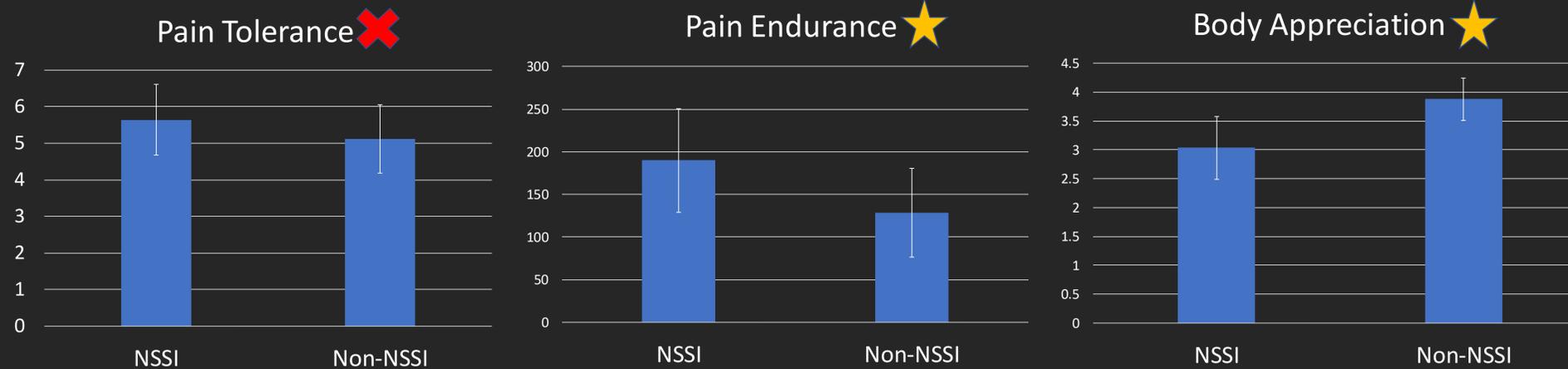
BACKGROUND

People who engage in NSSI have been found to endure physical pain for larger quantities of time compared to those who do not self-injure, and this endurance has been associated with increased engagement in NSSI behavior. Prior literature suggests that a person's decreased resistance to NSSI is fueled by pain tolerance/endurance *because* the person has poor regard for their body. IMV theory, pain-offset relief theory, and the benefits and barriers model support the idea that moderators, such as body regard, affect engagement in, and frequencies, of NSSI. We hypothesized that body regard would moderate the relationship between pain endurance and NSSI such that poor body regard would strengthen the association of pain endurance NSSI frequency, and high body regard would weaken it.

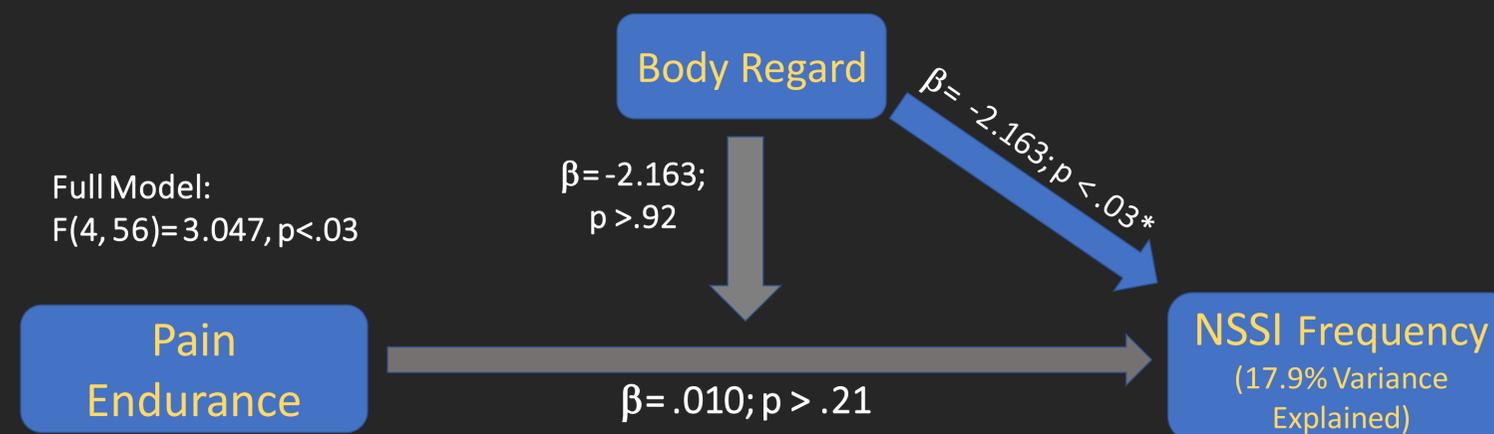
METHODS

Participants (n=62, 57% female, 62% white) were college-age students attending a midwestern university who were recruited via the study participation management system used by the Psychology department and through fliers posted around campus. After consenting, participants completed a set of self-report questionnaires evaluating NSSI, body regard, and subjective experiences of pain. Participants also completed a cold pressure task to measure pain tolerance and endurance. Within the sample, 42% (n = 30) reported a past year history of NSSI (mean frequency = 3.87 acts, SD= 5.86).

Individuals with NSSI reported greater pain endurance and lower body appreciation/body regard than those without NSSI. Pain tolerance did not differ between those with and without NSSI.



Body appreciation/regard was associated with lower NSSI frequency but **did not** moderate the relationship between pain endurance and NSSI.



IMPLICATIONS

Results from the independent sample t-tests replicate previous studies showing that body regard and pain endurance differentiate those with and without a history of NSSI, and therefore may be important factors to consider when understanding risk for this behavior. Contrary to our hypotheses, body regard did not moderate the relationship between pain endurance and NSSI but did hold a significant main effect. This suggests that while pain endurance may be associated with NSSI, body regard appears to hold a stronger overall influence on frequency of NSSI. Improving body regard may help to reduce NSSI behaviors.

Future studies: Additional studies are needed to replicate the observed effects given that our data is limited by a small, demographically homogeneous sample characterized by overall low NSSI frequency. It is possible that the effects may change within a more clinically severe, or diverse, sample. It is also possible that the lack of effect observed for pain tolerance and endurance is because the pain caused by the cold pressure task does not adequately represent NSSI-specific pain.

Clinical Application: Strategies that build body appreciation and positive regard for the body may off-set other risk factors, thereby reducing NSSI. Incorporating body image interventions into treatment may be beneficial to reducing NSSI behaviors.