

ROLE OF CUMULATIVE TRAUMA AND EMOTION REGULATION IN SELF-HARM URGES AMONG PRISON INMATES

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Abstract

This study investigated the role of cumulative trauma and emotion regulation in self-harm urge among prison inmates. Participants were one hundred and forty nine (149) male prison inmates of Nsukka prison who were randomly selected among the population of prison inmates in the prison. Their ages ranged between 23 to 65 years with a mean age of 28.49 years ($SD = 6.42$). Cross sectional design was adopted. Result of a Hierarchical Multiple Regression analysis showed that cumulative trauma was a positively significant predictor of self-harm urge ($\beta = .42$, $p < .001$), accounting for 17% of the variance in self-harm urge ($\Delta R^2 = .17$). The result also showed that cognitive reappraisal was a negatively significant predictor of self-harm urge among the inmates ($\beta = -.37$, $p < .001$), accounting for 14% of the variance in self-harm urge ($\Delta R^2 = .14$). Expressive suppression did not significantly predict self-harm urge ($\beta = .15$), although it added an additional 2% to the explanation of the variance in self-harm urge ($\Delta R^2 = .02$). The 3

predictor variables in the regression model contributed 33% to the explanation of the variance in self-harm urge among the prison inmates collectively (total $AR^2 = .33$). The implications of these findings were discussed, and suggestions for further studies were equally made.

Key Words: Cumulative Trauma, Emotion Regulation, and Self-harm Urge.

Introduction

People in all ages, from different cultures, and of both sexes have been known to indulge in such acts as self-harm urge. Till today, it remains a problem that many people are embarrassed or ashamed to discuss. As stated in previous research, self-harm is not a recent phenomenon, it's not a function of the stresses of modern life, rather, is as old as human nature itself (Nock, 2010). Prisoners who deliberately self-harm have, in part, become the focus of research because of their greatly increased risk of suicide (e.g. Hawton, Zahl, & Weatherall, 2003; Owens, Horrocks & House, 2002), and also because of the association between self-harm and a range of psychological disorders (Hurry, 2000). Ordinarily, one would think that individuals (prison inmates inclusive) of all cultures will always shy away from such things as self-harm as it is unfriendly to the body. This is not so, as previous studies have rather indicated that people do it for different reasons. Researchers (Ineme & Osinowo 2015) have maintained that it is all the more striking in the light of the general belief that all living creatures have strong and innate drive towards self-preservation so that (non-suicidal) self-harm, which involves the deliberate attacking of one's own body, is at

odds with this motive and with the putatively universal goal of maintaining health and achieving long life. Self-harm generally entails the hurting of one's self without the intention to end one's life. This non-suicidal act, according to Ineme and Osinow (2015) has been an age long problem in the society. However, because deliberate self-harm is not typically meant to lead to death, one might ponder the purpose of this behaviour. Hence, the need to examine possible reasons that propels Nigerian prison inmates forms the basis of this study.

Some schools of thought believe that self-harm is unbelievable therefore does not exist, while others are of the view that self-harm is senseless and irrational. According to Nock (2010), people who belong to this two do hold the belief that they cannot imagine themselves involving in such act under any circumstances. In contrast, and as opined by Conor (2010), self-harm do exist especially in those who would generally nurse such urge for some time before implementing the act.

Self-harm is any type of intentionally self-inflicted harm, regardless of the severity of injury or whether suicide is intended (Herman, 1997) or alteration of body tissue, without apparent or conscious suicidal intent but resulting in injury severe enough for tissue damage to occur (Gratz, 2003). Often, self-harm is an attempt to cope with emotional or physical distress that seems overwhelming or to cope with a profound sense of dissociation or being trapped, helpless, and "damaged" (Herman, 1997; Santa Mina & Gallop, 1998). Self-harm is associated with past childhood sexual abuse and other forms of trauma as well as substance abuse. Thus, addressing self-harm requires attention to the client's reasons for self-harm. Among the self-harm behaviours reported in the literature are

cutting, burning skin by heat (e.g., cigarettes) or caustic liquids, punching hard enough to self-bruise, head banging, hair pulling, self-poisoning, inserting foreign objects into bodily orifices, excessive nail biting, excessive scratching, bone breaking, gnawing at flesh, interfering with wound healing, tying off body parts to stop breathing or blood flow, swallowing sharp objects, and suicide.

In prove of its global nature, National Collaboration Centre for Mental Health (2004), stated that self-harm is a major public problem accounting for up to 170,000 hospital attendances in the United Kingdom each year. Obviously, it is associated with recurrent psychological problems (Hawton, Houston & Shepperd, 1999), poor long time outcome (Ferguson & Lynskey, 1995) while researchers (Brent, Johnson, Bridge, Rather, & Matha, 1993b) believed it may be sign of an emerging personality disorder.

Self-destructive behaviours differ from self-harming behaviours in that there may be no immediate negative impact of the behaviour on the individual; they differ from suicidal behaviour in that there is no intent to cause death in the short term. For prisoners engaged in it and want to stop but don't know how, psychologists or mental health workers should make them remember that: they deserve to feel better, and can get there without hurting themselves.

The self-punishment hypothesis holds that self-harm has a regulating effect upon feelings and thoughts because it provides the means of atoning for some perceived wrong-doing, or is a response to strong feelings of self-criticism or self-dislike (Nock & Prinstein 2004). Cognitive consistency theory by Aronson and Carlsmith (1962) provides the basis for the self-punishment explanation of the guilt compliance phenomenon. It predicts that an

individual's behaviour will be directed at confirming his self-image and or his behavioural expectations, be they positive or negative. One widely cited estimate of the incidence of impulsive self-injury is that it occurs in at least 1 person per 1,000 annually (Favazza, 1996). A recent study of psychiatric outpatients found that 33% reported engaging in self-harm in the previous 3 months (Zlotnick, Mattia & Zimmerman, 1999). However, individuals who self-harm appear to have higher rates of the following psychological problems (Simeon & Hollander, 2001; Zlotnick, et al., 1999; Zlotnick, et al., 1996): High levels of dissociation, Borderline personality disorder, Substance abuse disorders, Posttraumatic stress disorder, Intermittent explosive disorder, Antisocial personality, Eating disorders.

Self-harm is related to trauma in that those who self-harm (such as prisoners) are likely to have been abused in childhood. Traumatic events can cause people to feel angry, frustrated, helpless, and afraid. They can also make people want to seek revenge. Studies have shown that acting on this anger and desire for revenge can increase feelings of self-injury, anger, guilt, and distress rather than decreasing them (Katy, 2008). Also, research has shown that exposure to trauma may result in a change in brain chemistry and function. Trauma is an inescapable part of life; every individual is subjected to some form of trauma at some point (Katy 2008). Painful events, life challenges, and emotional struggles are an integral part of the human experience, as are happiness, joy, and achievement (Katy, 2008). All of these elements frame our development and influence our perception of ourselves and the world around us.

Both the short term and the long term, trauma

comprises a range of reactions from normal (e.g., being unable to concentrate, feeling sad, having trouble sleeping) to warranting a diagnosis of a trauma-related mental disorder (Babiker & Arnold, 1997). Most people who experience trauma have no long-lasting disabling effects; their coping skills and the support of those around them are sufficient to help them overcome their difficulties, and their ability to function on a daily basis over time is unimpaired. For others, though, the symptoms of trauma are more severe and last longer (Babiker & Arnold, 1997).

Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life (van der Kolk, 1996). In addition to terrifying events such as violence and assault, some researchers suggest that relatively more subtle and insidious forms of trauma such as discrimination, racism, oppression, and poverty are pervasive and, when experienced chronically, have a cumulative impact that can be fundamentally life-altering (van der Kolk, 1996). Following this, it will not be an over statement to say that prison inmates who must have in one way or the other experienced some of these forms of trauma are compelled to engage in self-harm to avenge the anger. Links have also been found between self-harm and feeling numb or feeling as if you're outside your body. In fact, previous empirical findings show that more severe, more frequent, or longer-lasting sexual abuse is linked to an increased risk of engaging in self-harm in one's adult years (Kira, Templin, Lewandowski, Ashby, Oladele & Odenat, 2012). Often those who self-harm have low self-esteem, and they do not tend to express their feelings. Therefore the present study tests the hypothesis that Cumulative trauma will significantly predict self-harm urge among prison inmates (H_1).

One of life's great challenges is successfully

regulating emotions. Everyone experience moments our emotions control our actions. There is much evidence to suggest that prison inmates who survive different forms of cumulative trauma experience difficulty regulating their emotions (e.g., Cloitre, Miranda, Stovell-McClough, Chase & Han, 2005). The development of emotion regulation begins in early childhood (e.g., sucking a thumb, social referencing) and continues throughout life. Hence, the study of emotion regulation has roots that go back over a century to early psychoanalytic theorizing about the nature of psychological defences (Breuer & Freud, 1957; Freud, 1946). Another related tributary has been the stress and coping tradition (Lazarus, 1966; Lazarus & Folkman, 1984). Together, these pioneering theoretical efforts laid the groundwork for contemporary empirical work on emotion regulation in both children (Thompson, 1991) and adults (Gross, 1986b).

Developing skill in emotion regulation involves many factors, including self-awareness of emotion, an appreciation of the origins of emotional experience, an understanding of the potential consequences of emotional expression in different circumstances, and strategies for modifying emotion (Thompson, 2001). Emotion dysregulation plays a central role in the development and maintenance of mental disorders (Gross, 1998). Indeed, the majority of disorders in the *DSM-IV-TR* include at least one symptom reflecting a disturbance in emotion regulation (APA, 1994). Empirically supported theories of how emotion dysregulation manifests in, maintains, and contributes to mental disorders are increasing, which in turn has stimulated evidence-based treatment development (Sloan, 2009). This forms the basis of the present study which aims at investigating how emotion

dysregulation manifest in, maintains and contributes to self-harm among prison inmates. Hence, learning to regulate emotions plays a big role in avoiding self-harm. **Emotional self-regulation** or regulation of emotion is the ability to respond to the ongoing demands of experience with the range of emotions in a manner that is socially tolerable and sufficiently flexible to permit spontaneous reactions as well as the ability to delay spontaneous reactions as needed (Cole, Michel & Teti, 1994). It is a complex process involving initiation, inhibiting, or modulating one's state or behaviour in a given situation. For example the subjective experience (feelings), cognitive responses (thoughts), emotion-related physiological responses (for example heart rate or hormonal activity), and emotion-related behaviour (bodily actions or expressions) (Niven, Totterdell & Holman, 2009). Functionally, emotional regulation can imply processes such as the tendency to focus one's attention to a task and the ability to suppress inappropriate behaviour under instruction. If prison inmates notwithstanding their cumulated traumas can view life as described above, the problem of self-harm which is increasing in recent times will be ameliorated. However, emotional regulation is a highly significant function in human life (Niven, Totterdell & Holman, 2009).

Every day, people are continually exposed to a wide variety of potentially arousing stimuli. Inappropriate, extreme or unchecked emotional reactions to such stimuli could impede functional fit within society; therefore, people must engage in some form of emotion regulation almost all of the time (Koole, 2009). In contrast, individuals who are emotionally dysregulated exhibit patterns of responding in which there is a mismatch

between their goals, responses, and/or modes of expression, and the demands of the social environment (Zeman, Cassano, Perry-Parrish & Stegall, 2006). For example, there is a significant association between emotional dysregulation and symptoms of depression, cutting, anxiety, eating pathology, and substance abuse (Aldao, Nolen-Hoeksema & Schweizer 2010; Aldao & Nolen-Hoeksema, 2010; Gratz & Roemer, 2004). Emotion regulation refers to the processes by which we influence which emotions we have, when we have them, and how we experience and express them (Gross, 1998b). Two major strategies of emotion regulation were of primary interest in this study. They includes; cognitive reappraisal and expressive suppression.

Cognitive reappraisal is an emotion regulation strategy that involves changing the trajectory of an emotional response by reinterpreting the meaning of the emotional stimulus (Niedenthal, 2006). It involves two parts, (a) recognition of one's negative response, and (b) reinterpretation of the situation to either reduce the severity of the negative response, or exchange the negative attitude for a more positive attitude. However, the second hypothesis (H_2) tested in this study is that cognitive reappraisal will significantly predict self-harm urge among prison inmates. Expressive suppression is an aspect of emotion regulation. It is based on individual's knowledge which includes knowledge about the causes of emotion, about their bodily sensations and expressive behaviour, and about the possible means of modifying them (Niedenthal, 2006). Expressive suppression signifies the act of masking facial giveaways

in order to hide a current emotional state. In fact, suppressing the facial expressions that accompany certain emotions can affect the individual's experience of emotion (Niedenthal, 2006). Hence, the third hypothesis (H_3) that expressive suppression will significantly predict self-harm urge among prison inmates.

Method

Participants

One hundred and forty nine (149) male prisoners drawn from Nsukka prison Enugu State, Nigeria participated in the study. Participant's age ranged from 23 years to 65 years with a mean age of 28.49 years ($SD = 6.42$). Information about participants demographics such as religion and ethnic group were gotten using the questionnaires. Out of the participants that participated in the study; sixty one (61) were married, eighty three (83) were single, four (4) were separated while only one (1) is divorced. For religion; one hundred and seven (107) were Christian, thirty eight (38) were Islam, two (2) were African Traditional Religion (ATR) while two (2) belong to other religions. The denominations of the participants are; sixty three (63) for Catholics, thirty one (31) for protestants, eleven (11) for Pentecostal, three (3) for other religions, and forty one (41) for missing system. One hundred and seventeen (117) were SSCE holders, sixteen (16) were OND/NCE holders, thirteen (13) were HND/BSC holders while only three (3) hold other educational qualifications. Seventy two (72) participants were convicted, thirty five (35) were awaiting trial while forty two (42) participants were lifers.

Instruments

Three instruments were used in the study. They are Prison Inmates Self-Harm Urges Scale, Cumulative Trauma Scale and Emotion Regulation Questionnaire.

Prison Inmates Self-Harm Urges Scale:

The Prison Inmates Self-Harm Urges Scale was developed by Ineme and Osinowo (2015). It is a 19 items scale that measures people's intention to harm self. The scale contains three sub-scales. Sub-Scale 1 (items 1 to 11) measures urges for physical harm; Sub-Scale 2 (items 12 to 15) measures urges for verbal harm; and Sub-Scale 3 (items 16 to 19) measures urges to transfer harms to others. It is 4 point likert scale with its response options as; Never = 1, Sometimes = 2, Often = 3, and Very Often = 4. Sample items includes; I feel like banging my head/I feel like squeezing my throat for sub-scale 1; I feel like using bad words on myself or cursing myself/I like calling myself bad names for sub-scale 2, and I feel like transferring my self-harm urge to other inmates by fighting them/When the urge to harm myself come, I feel like hitting or squeezing other inmates. The mean score of the scale is 35; norm was established at 2 standard deviations above the mean; score below the norm show low self-harm urge while scores above the norm score showed high self-harm urges. Specifically, scores from 1 to 37 show low self-harm while scores from 38 to 76 showed high self-harm. The developers realised a general Cronbach's coefficient of .83 for the 19 items and Cronbach's coefficient of .93, .84, .76 for sub-scale 1, 2 and 3 respectively.

Cumulative Trauma Scale

The cumulative *CTD measure* was developed by Kira Templin, Lewandowski, Ashby, Oladele & Odenat (2012). It is a 16 items

scale intended to measure individuals' trauma. For each item, client was asked to identify on a five-point scale (0 - 4) the degree he/she experienced the symptom: (0) Does not Apply, (1) I am not sure, (2) Somewhat present, (3) Much Present, (4) Very Much Present. It has high *alpha reliability* ranged from .85 and .95, showing that the scale has adequate reliability, construct, concurrent and discriminative validity that are replicated across two studies. Exploratory and confirmatory factor analysis provided evidence of *content and construct validity* as it found a parsimonious hierarchical structure that include the four dimensions of CTD that were identified in its operational definition. For the present study, the researchers got a reliability Cronbach's alpha coefficient of .74 using a population of forty (40) prison inmates.

Emotion Regulation Questionnaire (Gross & John 2003)

The 10-item Emotion Regulation Questionnaire (ERQ) was developed by Gross and John (2003) to measure the habitual use of 2 emotion regulation strategies: cognitive reappraisal and expressive suppression. Cognitive reappraisal items are 1, 3, 5, 7, 8, 10 (e.g., When I'm faced with a stressful situation, I make myself think about it in a way that makes me stay calm); while expressive suppression items are 2, 4, 6, 9 (e.g., When I am feeling negative emotions, I make sure not to express them). Each subscale's scoring is kept separate. Items were scored on a 5-point Likert scale of: Strongly disagree (1), disagree (2), neutral (3), agree (4) and Strongly agree (5). Both the cognitive reappraisal subscale (Cronbach's alpha coefficient values ranging from .75 to .82) and emotional suppression subscale (Cronbach's

alpha coefficient values ranging from .68 to .76) have shown very good internal consistency and three month test-retest reliability ($r = .69$) (Kulkarni, 2010). Several studies using student samples have provided evidence of the two-factor structure of the ERQ with exceptional model fit (e.g., Spaapen, Waters, Brummer, Stopa & Bucks, 2014). Using a population of forty (40) prison inmates, the researcher realised a general reliability Cronbach's alpha coefficient of .75. For the sub-scales, the researchers realised a reliability coefficient of .61 and .63 for reappraisal subscale and expressive suppression subscale respectively.

Procedure

The researchers obtained permission from the comptroller of the prison used for the study. Afterwards, the researchers were assigned 2 warders as assistants in administering the questionnaires. Participants were assured that their responses will be treated with confidentiality and that participation in the study was voluntary. The questionnaires were administered with the help of 2 research assistants. The questionnaires were collected back from the participants after they were filled. One hundred and sixty (160) questionnaires were distributed. The questionnaires were cross checked after they were collected back from the participants. After cross checking the questionnaires, only one hundred and forty nine (149) questionnaires were found to be properly filled and were used for data analysis.

Design/statistics

The design is cross-sectional design. Analysis of data was done using Hierarchical Multiple Regression. Statistical Package for the Social Sciences (SPSS) version 20 was employed for the data analyses.

Results

Table 1: Correlations of demographic variables, emotion regulation, cumulative trauma and self-harm urge among prison inmates

Variables	1	2	3	4	5	6	7	8	9	10
1 Gender	-									
2 Age	-.10	-								
3 Marital status	-.02	-.26**	-							
4 Religion	.04	.26**	-.19*	-						
5 Denomination	.18	.10	-.13	.40***	-					
6 Education	.07	.14	.08	.37**	.08	-				
7 Prison status	-.10	.06	-.11	-.13	-.12	-.05	-			
8 Suppression	-.01	.03	-.04	-.04	-.01	-.11	-.03	-		
9 Reappraisal	.02	.12	-.07	-.07	-.10	.15	.02	.35***	-	
10 Cumulative trauma	-.04	-.01	.07	.12	-.10	-.12	-.01	.39***	.08	-
11 SelfHarm	.00	-.19*	.02	.12	.17	-.07	-.07	.17*	-.37***	.42***

*** $p < .001$; ** $p < .01$; * $p < .05$

Correlations in Table 1 showed that among all the demographic variables, only age was significantly associated with self-harm urge ($r = -.19$, $p < .05$). The negative correlation showed that older prisoners had lesser self-harm urge. There was a positive relationship between expressive suppression and cognitive reappraisal ($r = .35$, $p < .001$), as well as cumulative trauma ($r = .39$, $p < .001$). Expressive suppression was positively and significantly associated with self-harm urge ($r = .17$, $p < .01$). More expressive suppression was associated with more self-harm urge among the inmates. Cognitive reappraisal had a negative relationship with self-harm urge ($r = -.37$, $p < .001$), indicating that prison inmates who used more cognitive reappraisal of events had lower self-harm urge. Cumulative trauma was positively related to self-harm urge ($r = .42$, $p < .001$), showing that persons who have more cumulative trauma also had more urge to engage in self-harm behaviours.

Table 2: Hierarchical multiple regression predicting self-harm urge from cumulative trauma and emotion regulation.

Predictors	Step 1			Step 2			Step 3		
	B	SE	T	B	SE	t	B	SE	t
Cumulative trauma	.28	.42	5.54	.29	.44	6.43	.26	.38	5.23
Cognitive reappraisal				-.52	.37	-5.36	-.59	.42	-5.75
Expressive suppression							.37	.15	1.94
AR ²	.17			.31			.33		
ΔR ²	.17			.14			.02		
ΔF									

$p < .001$

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Cumulative trauma	.28	.42*	5.54	.29	.44*	6.43	.26	.38*	5.23
Cognitive reappraisal				-.52	-.37*	5.36	-.59	-.42*	-5.75
Expressive suppression							.37	.15	1.94
ΔR^2	.17			.31*			.33		
$\eta^2 R^2$.17			.14			.02		
$\eta^2 F$									

* $p < .001$

Hierarchical multiple regression results in Table 2 showed that cumulative trauma (step 1) was a positively significant predictor of self-harm urge ($\beta = .42, p < .001$). The ΔR^2 showed that 17% of the variance in self-harm urge was explained on account of cumulative trauma ($\Delta R^2 = .17$). Prisoners who have experienced more traumatic events had higher self-harm urge. In step 2, Cognitive reappraisal was a negatively significant

predictor of self-harm urge among the inmates ($\beta = -.37, p < .001$). Those who utilised more cognitive reappraisal in processing their emotions had lower self-harm urge. It accounted for 14% of the variance in self-harm urge ($\Delta R^2 = .14$). In step 3, expressive suppression did not significantly predict self-harm urge ($\beta = .15$), although it added an additional 2% to the explanation of the variance in self-harm urge ($\Delta R^2 = .02$). On the whole the 3 predictor variables in the regression model contributed 33% to the explanation of the variance in self-harm urge among the prison inmates (total $\Delta R^2 = .33$).

Discussion

This study examined the role of cumulative trauma and emotion regulation in self-harm urge among prison inmates. The finding of the study showed that cumulative trauma is a positively significant predictor of self-harm urge among prison inmates. This finding did confirmed the first hypothesis that cumulative trauma will significantly predict self-harm urge among prison inmates. The finding is consistent with extant finding by Layne, Greeson, Ostrowski, Kim, Briggs, Fairbank and Pynoos (2014), which showed that trauma exposure increased high risk of engaging in risky behaviours. The finding is also consistent with previous empirical works (e.g., Whitlock, Muehlenkamp, Eckenrode, Purington, Gina Baral, Barreira & Kress, 2012; House, Van Horn, Coppeans & Stepleman, 2011) indicating that both experiences of interpersonal trauma and sexual discrimination were associated with increased likelihoods of engaging in suicidal and non suicidal self-injury. In addition, participants at the greatest risk of self-harm were those experiencing high levels of both interpersonal trauma and sexual discrimination. Similarly, history of non

suicidal self-injury did significantly predict concurrent or later suicidal thought and behaviour independent of covariates common to both. Among those with prior or concurrent self-harm (non suicidal self-injury), risk of suicidal thought and behaviour is predicted by many lifetime self-ham incidents.

The finding is in line with self-verification theory which assumes that when people fail to gain self-verifying reactions through the display of identity cue or through choosing self-verifying social environments, they may still acquire such evaluations by systematically evoking confirming reactions (Swann, 1983). As stated by Sampler, Taft, King and King (2004) cumulative trauma can lead to a state of apathy, hopelessness, and even rage, can freeze a person into rigid response patterns that cannot be adapted to new situations. Therefore, untreated trauma survivors may be sensitive to flashbacks and prone to exaggerated emotional responses, and may have difficulty dealing effectively with new stressful situations.

The second finding of the study showed that cognitive reappraisal was a negatively significant predictor of self-harm urge among prison inmates. Like the first finding, this finding did confirm the second hypothesis that cognitive reappraisal of emotion regulation will significantly predict self-harm urge among prison inmates. The finding is consistent with previous empirical studies (e.g., **In-Albon, Bürli, Ruf & Schmid** 2013; Mikolajczak, Petrides & Hurry 2009) showing that emotional coping was a particularly powerful mediator, suggesting that self-harm may be a way to decrease the negative emotions that are exacerbated by maladaptive emotional coping strategies, such as rumination, self-blame, and

helplessness. Also, the relationship between emotional intelligence trait and self-harm was partly mediated by the choice of coping strategies (emotional regulation). Similarly, researches have shown that patients with borderline personality disorder (BPD) portray self-injurious behaviour. Hence, these findings may inform treatment-matching efforts, and suggest that emotion regulation difficulties may constitute a key therapeutic target following betrayal trauma.

According to Linehan (1993) and in support of the present finding, the development of BPD occurs within an invalidating developmental context. This invalidating environment is characterized by intolerance toward the expression of private emotional experiences, in particular emotions that are not supported by observable events. Furthermore, although invalidating environments intermittently reinforce extreme expressions of emotion, they simultaneously communicate to the child that such emotional displays are unwarranted and that emotions should be coped with internally and without parental support. Consequently, the child does not learn how to understand, label, regulate, or tolerate emotional responses and instead learns to oscillate between emotional inhibition and extreme emotional lability.

In contrast to the above findings, the present finding showed that Expressive suppression did not significantly predict self-harm urge among prison inmates. The finding did not support the hypothesis that expressive suppression will significantly predict self-harm urge among prison inmates. This finding is consistent with previous finding (e.g., Gross, 2002) indicating that suppression decreases behavioural expression, but fails to decrease emotion experience, and actually

impairs memory. Suppression also increases physiological responding for suppressors and their social partners.

This study has some practical implications. Cumulative trauma was a positively significant predictor of self-harm urge among prison inmates. The practical implication for this nascent finding is that self-harm does not just happen on its own rather it occurs as a result of accumulated negative experiences spinning from childhood through adult hood. Some of these negative experiences are caused by environmental factors, family, peers etc. Therefore, for prison inmates who always see the world as ended, and sometimes wish to give up, these negative experiences which occupies their minds begins to manifest in form of self-harm urge. As a means of bringing an end to this ugly situation, this study advocates for a total restructuring of our prisons such that prison inmates will think less of self-harm or even suicide and other negative acts. Facilities that will improve prison inmates especially long serving prison inmates should be put in prisons in a way that prison inmates on release will rather found life interesting and worth living other than thinking to self-harm as a revenge.

Cognitive reappraisal was a negatively significant predictor of self-harm urge among prison inmates. Ordinarily, one would expect this to be true. A practical implication of this is that when prison inmates continue to think of negative situations, and as well seeing the world as worthless the result will always result to negative acts like self-harm. An individual will always act in line with his/her thought processes. Therefore, to avoid this problem from existing amongst prison inmates, there is need for series of mind orientations, psychological empowerment, positive thoughts, as well as motivational talks about life generally in our prisons.

Another nascent finding of this research is that the 3 predictor variables contributed 33% to the explanation of the variance in self-harm urge among the prison inmates. A practical implication for this is that for prison inmates with past negative experience records, negative thoughts and lacks opportunity to express oneself in positive or motivating ways, the likelihood that self-harm urge will manifest is high. Thus, since this study in line with some previous findings have shown these variables as factors leading to self-harm urges amongst prisoners; there is need for complete improvement of our prisons both materially and human resources.

This research work is not without difficulties. The researchers also encountered difficulties accessing the prison inmates because of the nature of our prisons, and the rigorous steps involved in entering prisons for academic exercise. The sample size for this study was limited and only prison inmates from Nsukka out of numerous prison inmates in the country was used. Notwithstanding, future researchers interested in this dependent variable (with less research at present in our country) should look at other variables like moral reasoning, self-efficacy, personality type, religious orientation, dispositional mindfulness, ethnic group, gender, Parental style as factors of and their link with self-harm urges. The inclusion of larger sample size is necessary to give room for more generalization and conclusion.

Summary and Conclusion

In conclusion, the finding of this study has contrasted the ordinary thought that individuals of all cultures will always shy away from such things as self-harm as it is unfriendly to the body. Since it has been found to exist amongst human, and that it may be an emerging disorder as postulated by some researchers, it is therefore necessary to pay

serious attention to it. Self-harm if not checked in our country Nigeria at its budding stage and the world at large might be deadly than some existing societal problems. As a way of cubing this ugly situation that is gradually setting in our present day society, the study advocates for total over hauling of our country's prisons. However, it important to note that been a prison inmate is not an end to life. Similarly, conditions that propel individuals to engage in this ugly situation should be restructured to rather be motivating. This is important as some members of the society other than prison inmates could be situations that triggers thought of self-harming.

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