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A systematic review and qualitative meta-synthesis of first-hand conceptualisations of nonsuicidal self-injury (NSSI)

Jaycee Kennett (corresponding author), Imogen Keites, Daniel Steward, Rachel Rahman

Abstract

Nonsuicidal self-injury (NSSI) is a growing phenomenon that correlates with significantly negative outcomes including psychopathology, hospitalisation, and suicide; however, there exists little consensus on how to best understand it. This lack of conceptual consensus risks inconsistent clinical practice in a population that often reports poor experiences of professional support, therefore an understanding of how individuals conceptualise their own NSSI without attempting to fit it into existing causal and functionalist models is needed. This review sought to examine and synthesise first-hand conceptualisations of NSSI in existing qualitative literature using interpretive phenomenological synthesis. A systematic database search of qualitative literature was conducted, including interviews with individuals with experience of NSSI across all ages and settings, published in English from 1950-2022. 23 studies were included in the final meta-synthesis Three superordinate themes were generated via the synthesis; 1) NSSI is embedded in the social world; 2) NSSI is symbolic and communicative; and 3) NSSI represents taking back agency. This synthesis, comprised of both reported data and the themes identified by the researchers in the papers, highlighted that NSSI is a diverse behaviour that is inextricably linked with sociocultural context and that paradoxically, it can be simultaneously communicative and private. This research urges an introspective examination of how clinicians and researchers in the field conceptualise NSSI and how this juxtaposes with how individuals who engage in the behaviour conceptualise it.

Introduction

Nonsuicidal self-injury (NSSI) is a growing concern worldwide, however, the question as how to best conceptualise NSSI is unclear (Swannell et al 2014). This confusion around how to understand this phenomenon is represented in the diversity of nomenclature around NSSI and the lack of consensus as to its definition (Muehlenkamp 2014). By conducting a rigorous review of existing qualitative findings and synthesising them, the present research aimed to advance a more conceptual analysis of the literature in addition to an analytical overview of existing data

Defining NSSI

The prevalence of NSSI has risen significantly since 2000, a trend significantly exacerbated by the Covid-19 pandemic (Plener 2021, Tang et al 2021) Often broadly referred to as self-harm, NSSI is characterised as a deliberate act that causes harm to oneself by physical injury habitually, for reasons assumed to be pathological, although there is little consensus on the specifics of how to define this behaviour (Lengel et al 2021). The clinical communities in the UK and US both stipulate explicit intentionality in the definition of NSSI however they differ in that the US specifies that there must be an absence of suicidal intent in an attempt to damage bodily tissue while in the UK the National Health Service (NHS) expands the definition of NSSI in terms of the method of self-injury– self poisoning or self-injury –and includes acts with suicidal intent (Hawton et al 2012, Muehlenkamp 2014). Throughout the clinical study of NSSI there have been several conceptual variations in how the behaviour is understood and with it, significant discursive shifts in the nomenclature used for it (Millard 2015). The act of self-injury was initially described as a form of 'attempted suicide' by Stengel (1962) however this was overtaken by the term 'parasuicide', retaining the conceptual underpinnings that all self-injury was linked strongly to suicide (Kreitman et al 1970). In the subsequent decades 'self-mutilation' was used in the context of individuals with

borderline personality disorder who self-injured, a term emphasising the severity and destructiveness of the behaviour, although later criticised for being particularly stigmatising (Favazza 1989). In more recent years, the terms 'nonsuicidal self-injury' has become much more widely used, in an attempt to give more clarity to researchers and clinicians studying self-injury (Hooley et al 2020). However this latter discursive shift in nomenclature has significant clinical underpinnings, connoting that NSSI is a clinical and psychiatric entity; the term is not used uniformly and has become interchangeable with 'self-harm' in many societies (DeLeo 2009). This lack of a contemporary and universal definition is a potential barrier to research of the phenomenon as well as finding effective ways to support the growing number of individuals who engage in it. In light of this debate and the intention of the authors to capture a broad range of research, the present review and synthesis focussed on self-injury with nonsuicidal intent, referring to it as 'NSSI' but purposefully did not specify any one method by which it is enacted.

Prevalence

The prevalence of self-injury has risen worldwide over the past two decades and although exact figures vary by country, sample setting, and method of data collection, Swannell et al (2014) conducted a meta-analysis demonstrating a lifetime prevalence of NSSI in community settings to be approximately 13% to 17%. This figure was echoed by Tang et al (2021) in a more recent study with McManus et al (2019) reporting prevalence specifically among individuals in the UK over 16 to have more than doubled between 2000 and 2014.

Beyond broad prevalence rates, the field of NSSI is mixed as to the specific prevalence of the phenomenon. DeLeo et al (2009) detailed the variety of terms recorded in clinical practice that may refer to self-injury, with differing meanings depending on method used to self-injure, frequency, and intention. This represents a methodological issue with epidemiological studies seeking to examine the prevalence of NSSI, highlighted again in a review by Muhelenkamp et al (2012). More recently in attempting to examine longitudinal links between NSSI and psychiatric disorders, Stead et al (2019) concluded that even specifying a narrow parameter of individuals (adults who self-injured by damaging their skin and had been diagnosed with borderline personality disorder (BPD)), the methodological disparities in the literature base (e.g. how to define and subsequently measure NSSI, which aspects of NSSI are of clinical importance, at what point NSSI should be considered to 'start' and 'end') makes it impossible to meaningfully compare different epidemiological studies. This

conceptual confusion regarding how to accurately conceptualise NSSI has led to inconsistencies in comparing differing research designs, presenting an obstacle to meaningful and productive investigation as to the nature of NSSI and its prevalence.

Correlates of NSSI

NSSI has been shown to quantitatively predict higher suicidal ideation and more suicide attempts both in the short term and longitudinally compared to individuals who have not engaged in the behaviour, a significant link maintained regardless of age, gender, and socioeconomic status (SES) (Asarnow et al 2011; Claes et al 2010; Hamza et al 2012). This importance is further underlined by the quantitative links between NSSI and depression, hopelessness, poor family function, trauma, and several psychiatric pathologies (Andover and Gibb 2010, Wilkinson et al 2011). In addition to presenting problems on an individual level, the more an individual engages in NSSI the more likely they are to spend time as a psychiatric inpatient and more likely to require lengthier input from specialist mental health services (Fox et al 2015, Whitlock et al 2013). As such, NSSI also represents a problem from a socioeconomic perspective, placing a higher economic burden on local health authorities and health and social care systems.

Conceptualising NSSI

In addition to disparities in the prevalence of NSSI by gender, age, and sexuality, when measured in an inpatient setting, rates of NSSI rise to approximately 40%-60% (Klonsky et al 2014). These diverse quantitative findings lead to further questions about how best to conceptualise NSSI; for example, it has been often argued that self-harm can be characterised as a social contagion, and so more likely to spread in inpatient settings (Conigliaro and Ward-Ciesielski 2021). Should this be the case, this characterisation places NSSI in the category of a fundamentally social phenomenon that spreads within interpersonal networks. Contrasting with this sociological conceptualisation of NSSI is a biomedically based narrative which characterises it as either an extension of existing psychopathology or a pathological disorder in its own right (Zetterqvist 2015). This biologically based way of understanding NSSI is further supported by studies showing impaired opioid regulation mechanisms in individuals who engage in NSSI, in turn arguing that engaging in NSSI is a way of increasing β-endorphin levels and returning the opioid system to homeostasis (Bresin and Gordon 2013, Kaess et al 2021, Störkel et al 2021). While the true aetiology of NSSI– whether it is fundamentally a biological or psychosocial object –is still uncertain, the ways in which the

academic and clinical communities conceptualise it is of crucial importance, with conceptual clarity as to the nature of NSSI in turn affecting how the phenomenon is studied and how individuals who engage in it are supported.

A key additional area of discord is whether NSSI differs in nature between children and adults. Due to NSSI disproportionately affecting individuals under the age of 25 epidemiologically, most research on NSSI has focussed on adolescents. (Fox et al 2015, McManus et al 2019). Despite this, quantitative research has elucidated correlations suggesting that the younger an individual begins to engage in NSSI: a) the longer they are likely to continue the behaviour, b) the more severe their NSSI during that period is likely to be, and c) the more versatile their methods of self-injury are likely to be (Muehlenkamp et al 2019) This apparent difference in NSSI by age further shows the complexity of the phenomenon and confounds models that have attempted to conceptualise it uniformly (Silverman 2011).

Links to clinical practice

The conceptual difficulties understanding NSSI are also evident at the level of clinical practice with a systematic review of 74 studies worldwide Saunders et al (2012) finding that views of clinicians on those who self-injure vary significantly depending on the age and gender of the individual in question, the method by which they self-injure and how the clinician perceives the individual's intent. In a quantitative systematic review, Rees et al (2014) highlighted that the more education clinical staff received regarding NSSI, the more confident they felt in supporting individuals who presented to them having recently self-injured

This variation in attitudes on a clinical level has significant effects on those individuals who do seek support for NSSI, with Veysey (2014) and Martin (2013) describing individuals who self-injure feeling discriminated against. These studies linking education to attitudes to clinical practice, evidence a link between accurate and consistent clinical conceptualisation and quality of support provided for individuals who engage in NSSI– with uncertainty in the former producing inconsistency in the latter.

First-person accounts of NSSI are unique; they are able to shed light on the depth and nuance of how individuals conceptualise their NSSI without attempts to fit the behaviour into

traditional psychological functionalist and causal models. As has been detailed by qualitative researchers focussing on other aspects of mental health, these first-person understandings are able to add both depth and nuance to our understanding of complex phenomena (Davidson et al 2008).

While there have been a small number of reviews of first-person accounts of NSSI, Stänicke et al (2018) restricted their search strategy to adolescents only and used a framework synthesis to focus on purposes of NSSI rather than eliciting a broad understanding of the phenomenon. Similarly limited are systematic reviews by Edmondson et al (2016) and Stänicke et al (2018) who both used *a priori* concepts taken from existing quantitative research to guide their analysis .By restricting their analyses in this way, previous reviews have not taken a truly phenomenological approach and examined descriptive understandings of NSSI without prior interpretive generalisations– a qualitative approach, the importance of which has been highlighted by Van Manen (2016) .The most recent review of first-hand accounts by Brennan et al (2022) is similarly limited by restricting of search and analysis to what helps people to reduce and stop NSSI rather than phenomenologically examining the phenomenon; to not limit the search strategy this way, this review aims to elicit a broad in-depth understanding of its meaning to the individuals who engage in it.

Research aims

The current study sought to:

- To examine how individuals who engage in NSSI understand and conceptualise their behaviour.
- To examine the meaning of NSSI, as described by individuals who engage in it.

Methodology

The review and subsequent synthesis followed the systematic review process outlined by Lachal et al (2017) in which they detailed the process for their systematic review and meta-synthesis for suicidal behaviour in adolescents (Lachal et al 2015). The research conformed

to ENTREQ guidelines on reporting syntheses of qualitative research and was pre-planned rather than iterative and utilised a comprehensive sampling strategy using electronic and citation snowballing (Tong et al 2012). Only qualitative or mixed methods papers fully reported and published in English between 01-1950 and 08-2021 were included.

1950 was chosen as a starting date to coincide with the first inclusion of mental disorders in the international classification of diseases (ICD) in 1949 and the first publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1952; as these advances in communication and classification in psychology and psychiatry standardised clinical research. (American Psychiatric Association 1952, Sanders 2011, World Health Organisation 1948).

Research that solely focussed on interviews with family members or healthcare professionals was also excluded; to restrict the focus to meanings and understandings of NSSI, qualitative research that exclusively focussed on interventions for individuals who self-injure was not considered in-depth enough and therefore was not eligible for inclusion. Only peer reviewed and published papers were included to ensure methodological rigour.

The present research primarily used electronic databases but the primary author also hand searched the reference lists of relevant systematic reviews and relevant textbooks; although as the topic is broad, generic web searches and google scholar were not used. To ensure the most relevant studies were found, the search string used to search the electronic databases was informed by a quantitative systematic review by Meszaros et al (2017) in which the frequency of different terms used to describe NSSI was reported.

Selection process

To screen and sift studies, an initial search of databases and reference lists was conducted and the title and abstract of every returned study was screened by author JK and compared against the inclusion and exclusion criteria. All 37 studies not excluded by title and abstract were read in full by reviewer A1 and two additional reviewers author IK and author DS to screen for suitability based on adherence to the inclusion and exclusion criteria with regular meetings to discuss areas of ambiguity. Following these discussions, a consensus on which papers to include or exclude was reached in all cases, leaving 24 papers to be quality appraised.

Quality Assessment

Studies were appraised for quality as per the method specified by (Hannes and Macaitis 2012) with four general themes: assessment of study conduct, appraisal of study reporting, implicit judgement of the content and utility of findings. The Critical Appraisal Skills Program (CASP) recommended by Cochrane Collaboration (Boeije et al 2011, Noyes et al 2011). Each paper was separately reviewed by JK and IK with regular meetings to discuss discrepancies in scoring; the variation was mainly due to a lack of ethical considerations, particularly concerning the reflexive nature of qualitative research, reflected in criterion 6 of the framework (Noyes et al 2011).

Analysis Method

The method of analysis was guided by the qualitative synthesis described by (Lachal et al 2017). It consisted of four steps:

- Step 1: a close reading and rereading of each study included with the "Intention of collating a synthesisable set of accounts*"* (Lee et al 2015: 342).
- Step 2: a close line-by-line coding of each study by the lead reviewer with the goal of bracketing the interpretations of the researchers (and the raw interview data of the participants included in each paper) in a phenomenological fashion similar to that of Interpretive Phenomenological Analysis (IPA)
- Step 3: themes were synthesised from the codes in step 2, distinct from the themes reported by the authors in the included studies. These themes represented a *triple hermeneutic* perspective as described by Jonathan Smith et al (1999).
- Step 4: involved the creation of third order concepts, superordinate thematic concepts that went beyond the content of the original studies and simple descriptive synthesis; this elucidated several superordinate themes that composed a conceptual rather than analytical style of argument (Lachal et al 2017). See online appendix 3for details on which of the included studies contributed to each superordinate and subordinate theme.

As the present article did not collect data from participants and only examined already published research, ethical approval was not required.

Figure 1. search process

[INSERT FIGURE 1 HERE]

Key: WOS=Web of Science (including Social Science Citation Index, Arts and Humanities Citation Index, Emerging Sources Citation Index, BIOSIS, Web of Science Core Collections), SSSJ=SAGE Social Science Journals

Alt text: a flowchart detailing each stage of the search process and the number of papers excluded at each stage.

Results

Quality appraisal

Based on the CASP quality appraisal process, the papers included in the review varied in quality although all but 1 scored moderate or above (see online appendix 1for scores) as per the CASP Cochrane framework (Boeije et al 2011). There is no current consensus on whether to exclude research from a systematic review based on quality appraisal however the primary and secondary authors decided to exclude Weber (2002) from the final analysis based on significant quality issues that would have otherwise impacted the synthesis inappropriately (Long et al 2020, Noyes et al 2015). The decision to exclude was made based on the vagueness of epistemological stance in the paper, in particular reasons for the sampling method and little information on the method of analysis used; this in turn led to a vagueness about the paradigmatic stance of the researchers with little information on reflexive awareness.

Characteristics of papers included

The final review and synthesis consisted of 23 papers: Adams et al 2005, Aggarwal et al 2020, Alexander and Clare 2004, Baker et al 2013, Brooke and Horn 2010, Chandler 2018, Dunlop et al 2022, Grandclerc et al 2019, Gulbas et al 2015, Inckle 2014, Kokaliari and Berzoff 2008, McAndrew and Warne 2014, Meheli et al 2021, Miller et al 2021, Morris et al

2015, Naz et al 2019, Quarshie et al 2020, Rouski et al 2020, Shaw 2006, H Smith 2013, Stänicke 2021, Wadman et al 2018, Wadman et al 2017.

The 23 studies included ranged in date of publication from 2004-2022 and represented a total sample of 420 participants aged 12-51 (online appendix 2). 10 of the studies comprised of purely community samples while 6 focussed solely on inpatient samples; 4 used outpatient samples (participants who were receiving formal mental health support while in the community); 2 used samples of participants in residential care; and 1 used a mixed sample. Differences between studies using sampling from the either community or inpatient settings were examined but no meaningful associations were found.

Solely female samples were used in 10 studies, with 1 study utilising a solely male sample (10), and 12 using mixed samples. In total the number of individuals identifying as female across the papers included was n=312, participants identifying as male n=97, and non-binary or 3rd gender n=11.

Of the 23 studies, 15 did not explicitly include information on confirmed psychiatric diagnoses of participants while 8 did. Across the papers reviewed, there was a lack of clarity around reporting whether clinical samples were exclusively comprised of individuals with mental health diagnoses and if so, which diagnoses. With the current focus on the links between psychopathology and self-harm, this is a noteworthy gap in the research.

Of the 23 included studies, 15 did not exclude participants based on the method by which they self-harmed; 5 specifically utilised participants who self-harmed by damaging their skin; 2 studies did not specify the methods by which the participants self-injured; and 1 study confined participant recruitment to individuals who self-injured by self-poisoning. Across the studies included, there was little consensus on what behaviours/methods constituted self-harm leading to the lack of consistency of recruitment criteria. This lack of consensus as to a concrete definition of NSSI means that different studies focus on slightly different targets and this dispersion of focus is a barrier for collaborative research on NSSI between researchers. Furthermore, this also makes examining potential differences in meaning dependent on stipulated method used to self-injure used in research recruitment.

Qualitative synthesis findings

The synthesis generated three superordinate findings from the studies included. These were 1. *NSSI is embedded in the social world,* 2. *NSSI is symbolic and communicative,* 3. *NSSI represents taking back agency.* These broad conceptual themes were constituted by a total of eight subordinate themes (see online appendix 3). Within the phenomenological framework of IPA, the participants described their own personal conceptualisations of NSSI in a Heideggerian fashion as opposed to a Husserlian one– that is, it was impossible to 'bracket' out their subjective understandings of NSSI from their understanding of their sociocultural contexts. This interplay between experiential understandings of NSSI and individual's location in their social world favoured Heidegger's existential phenomenology rather than NSSI appearing to be entirely transcendental in the Husserlian sense (Smith, Flowers, and Larkin, 2009)

1. NSSI is embedded in the social world

Across over two thirds (n=16) of the papers included, individuals with first-hand experiences of NSSI indicated that their self-injury was inexorably linked to, and embedded in, their immediate social world. This superordinate theme generated in the synthesis was comprised of two subordinate themes, that self-harm exists specific to social contexts and that NSSI is often a highly regulated social practice.

1.1 NSSI is specific to social context

Within the superordinate theme that NSSI is embedded in the social world, a more specific theme was a link between the way participants related NSSI to the immediate social world around them (n=14). In this way, self-injury seemed to be a relatively heterogeneous phenomenon but one that clearly occurs locally, specific to both interpersonal relationships and an individual's wider social world.

> "I can't study, the whole environment is disturbed now, and that's why I feel even more stressed and tense." (Naz et al 2019) (Gender of participant not specified)

> "I have had experiences [referring to a physical relationship and medical termination of pregnancy] that an unmarried girl should not have had." (Aggarwal et al 2020) (Female participant, India, brackets from original authors)

> "I am wondering if it says something about our culture's need to deal with something on your own as opposed to deal with something with other people or with healthy means.…You can't rely on other people to help you, and sort of like an independent self-sufficient mentality is pretty widespread." (Kokaliari and Berzoff 2008) (Female participant, UK)

In these contrasting excerpts, the participants all relate their self-injuring to anchors situated in their social world– studying at school, societal attitudes around childbearing and abortion, and cultures of individualisation of distress (respectively). This is eloquently captured by the female participant in the included paper by Kokaliari and Berzoff (2008) who reflects on general attitudes and cultural norms in the UK. Although these anchors are different depending on the social world in which the participant resided, it was clear across the papers included that NSSI is inextricably linked to its relative social context.

1.2 NSSI is often a socially regulated practice

An additional subordinate theme that emerged was that NSSI is often a socially regulated practice (n=3). Not only was the phenomenon of NSSI localised to social context as in 1.1 but the act appeared to be a practice that can be regulated by strict social rules. Chandler (2018) identified that to show one's own self-inflicted injury to someone with similar experience of NSSI was a symbol of kinship and solidarity, whereas showing the same injuries on a social media site like Facebook was highly frowned upon and provoked anger.

> "Like, posting it on Facebook. Not like the whole cutting, like, but posting it on Facebook. That's minging. 'They shouldn't do that'. And then they just put, like, 'don't judge me', and that. Shut up. If you put it on Facebook, people are going to judge you." (Chandler 2018) Male participant, UK)

This social regulation of NSSI was also evident in H Smith (2013) where in an entirely different environment– an adult prison in the USA –inmates also explicitly made the distinction between which self-injury is acceptable in their environment and which is not.

> "That everyone around me in prison is cutting now. See they all know how to access the help through cutting, it is attention seeking. But this is getting me upset because I need the help and they (fake cutters) don't. It (SIBs) [self-injurious behaviours] is deeper than manipulation. A lot of people don't understand cutting, it is the only way to get it out, is to take it out on yourself." (H Smith 2013) (Male participant, USA.)

Within these qualitatively different social worlds there emerged 'right' and 'wrong' ways to self-injure or to show self-injury. This demarcation of acceptable and unacceptable ways of self-injuring was indicative of the socially embedded nature of NSSI but also the way that these social contexts have a regulatory effect on the behaviours and understanding of the individuals within them.

2. NSSI is symbolic and communicative

The second superordinate theme describes how acts of self-injury have an intrinsic meaning; their specific symbolic and communicative nature was evident across over two-thirds of papers included (n=16). Rather than the traditional view that NSSI primarily represents a deliberate cry for help (see Muehlenkamp et al (2013)) the synthesis elucidated that key to the symbolic and communicative nature of self-injury were the three subordinate themes; the importance of the visual element, the delimitation of self and Other, and the interface between the internal and external world.

2.1 The visual symbolism of NSSI

A theme that was evident amongst numerous papers (n=11) was the importance of the visual element of NSSI. Participants in these different studies all gave graphic descriptions of their self-injury, most commonly the cutting of flesh and the sight of blood.

> "Seeing blood calms, me down quite a bit, as it comes out and it sort of drips. There used to be a point where I used to self-harm to see the blood and to see the blood was like, 'yea, you are still alive'." (Miller et al 2021) (Female participant UK)

An important visual element appeared to be key for many people in the included studies who had first-hand experience of NSSI, whether the importance was drawn from scars following skin damage or the immediate aftermath of skin damage (e.g blood). While limited by the lack of available research with individuals who choose other methods of NSSI than skin damage, the synthesis showed that this strong visuality is key in giving self-injury its symbolic meaning, whether in private or not.

2.2 The self vs the Other

Across the papers included the act of NSSI (particularly if the act results in skin damage) appeared to acts as an interface between the self and the Other (n=12). This theme was demonstrated in how the individuals in these studies denoted an important feature of their NSSI being communicative but also often private, and so functioned as a message with no specifically defined recipient— the Other.

> "In other excerpts from the interviews, the traces, marks, the scars of cutting make it possible to control what can be seen, what can be hidden from the other's eyes, thus delimiting the borders of the self and of the body." (Grandclerc et al 2019) (Researcher quote, France)

This passage eloquently describes how the visual element of NSSI– the marks that it leaves – functions as an interface which mediates the relationship of the individual who self-injures and the Other.

2.3 The internal vs the external

Another prominent subordinate theme within the synthesis was that NSSI uses the body as another interface– that between the internal and external (n=12). This was often described by participants as a way to release intense emotions and so using the act of self-injury to mediate the boundary between internal distress and the external world. A participant in an examination of repetitive NSSI in young adults by Wadman et al (2017) eloquently described

the building of inner emotions followed by a release accompanied with the feeling of making them external:

> "I always imagine it like a volcano, and there's like all this pressure and tension building up in it; and eventually it'll like, sort of, come on and when it does, it really gets bad [and] just erupts' (Wadman et al 2017) (Female participant, UK)

In this way, self-injury is a unique act in which individuals can use their bodies to mediate these boundaries (internal/external and self/Other). Ergo, NSSI is both symbolic and communicative.

3. NSSI represents taking back agency

Evident across the papers included was that for many individuals, the choice to engage in NSSI represented an attempt to take back agency over their relationships, lives, and emotions (n=16). The synthesis showed that in some situations, individuals felt like self-injuring was not only a deliberate and active choice but also a positive act; the synthesis broke this down into three subordinate themes– individuals self-injuring as an attempt to survive, to enable them to engage in and complete everyday tasks that otherwise they believe they could not do, and specifically to take back control.

3.1 An attempt to survive

A feature which emerged numerous times in the synthesis was that participants described their NSSI as a deliberate choice and as a form of survival (n=11). Many participants were explicit that the act of self-injury was an alternative to committing suicide– a participant in Wadman et al (2018) described this explicitly when talking about making the choice to self-injure:

> "but I suppose, if my life's in danger then I have to, otherwise I'm going to die." (Wadman et al 2018) (Female participant, UK)

> "I'm a suicidal teenager and self-harm is MY way of LIVING; There's a lot of stigma about self-harm and people feel that self-harm is a way of dying when it's not, like

> self-harm for me and for a lot of other young people is we self-harm to LIVE, not to die." (Miller et al 2021) (Female participant, UK)

This subordinate theme, generated by the synthesis, made clear that for some individuals, self-harm can be a deliberate choice– an act with a specific function that can be seen by the individuals who engage in it as positive (i.e. to protect against suicide).

3.2 Self-harm as an enabler

Linking with 3.1, the synthesis also made clear that for some individuals, self-harm is not strictly an entirely negative act, rather it can enable (n=12). Participants across the included studies described self-injury as having a purpose that allowed them to participate in their chosen day to day livelihoods and function in their respective sociocultural spheres.

> "I use cutting like a "go to" man in basketball. You may not use him now, but you want him on your team as a "go to." (H Smith 2013) (Male participant, USA)

> "There would be so much going on in my head that I could not focus on my homework. So like, every couple of hours…it was like smoking a cigarette. Every couple of hours, I would, just make, like, one little cut, and then I could, like, deal with that and then go back and focus. But then, like, it was really awful. I mean…it really…was like taking a cigarette break, and it was something that enabled me to do what I had to do…what I needed to do." (Kokaliari and Berzoff 2008) (Female participant, UK)

This theme is similar to but extends further than the concept elucidated in 3.1; rather than just being a last resort to prevent suicide, self-injury can be a tool utilised by an individual at will for perceived beneficial effects.

3.3 Taking back control

The concept that the act of self-harm gives one a sense of control was evident across the included papers (n=9). Although the precipitating emotion was not uniform (some cited interpersonal precipitants while others identified intrapersonal ones), participants described a key element of their self-harm being to obtain a feeling of control, often using their bodies to localise distress and gain perceived agency over it.

> "I hate the feeling that other people can make me cry so it's a relief that they are not controlling me crying this time I can do it myself" [sic] (Gulbas et al 2015) (Female participant, USA)

> "Yeah. I mean, it is the way that you can determine what's going on with you and your body" (Kokaliari and Berzoff 2008) (Female participant, UK)

In situations where participants felt powerless (most evident in studies involving young people in care (Wadman et al 2018) and incarcerated adults (H Smith 2013)) the synthesis identified that to use their bodies as a form of last resort and the chance to be in control functioned as an adaptive strategy in distressing situations.

Discussion

This meta-synthesis of 23 studies examining the experiences of individuals who have experience of NSSI has allowed the first re-analysis and synthesis of qualitative literature on this topic from a truly phenomenological perspective without restricting its focus to purposes or functions of self-injury. This reviewed spanned several theoretical paradigms and ways of understanding self-harm, made possible with the inclusion of studies which used diverse epistemological stances.

The distinction between nonsuicidal self-harm (NSSI) and self-harm with intent to commit suicide is clearly established in quantitative literature. This distinction was echoed in the present meta synthesis, with NSSI being represented as a deliberate and conscious choice with an intended function in mind, although it is noteworthy that the intended function varied by individual.

Two subordinate themes that arose from the meta-synthesis, that NSSI can be a way to take back control and that the act of self-harm uses the body as an interface between the internal and external world endorses both quantitative and qualitative literature on NSSI in adolescents. However these findings are novel in that itextends this to adults who engage in NSSI, with the age of participants in the present meta-synthesis ranging from 12-51 (Rodham

et al 2004, Stänicke et al 2018). The finding that these two ways of conceptualising NSSI do not qualitatively differ between young people and adults contrasts with quantitative literature, which has examined differences in the prevalence, methods, and function between adults and children, arguing for a distinct difference in these two populations (Fliege et al 2009, Hjelmeland and Grøholt 2005). By providing a qualitative contrast to these quantitative arguments, this synthesis instead suggests that while NSSI may express itself in different ways between adults and young people there are more complex and nuanced qualitative elements intrinsic to NSSI— more qualitative literature utilising both participants of all ages is needed to examine this further.

The finding that there is a qualitative similarity intrinsic to the act of NSSI regardless of setting, age, and gender is evidenced by the lack of meaningful associations found by the review and meta-synthesis between the included studies that either utilised community-based sampling or clinical populations. While quantitative literature has detailed the differences in frequency, method used to engage in NSSI, and function of NSSI between community and clinical populations, the present review and meta-synthesis suggests that NSSI's embedding in the social world, its communicative elements, and the way in which it represents taking back agency are elements common to all NSSI even though it is a nuanced and diverse phenomenon.

The findings of the present review and meta-synthesis suggests that NSSI is fundamentally socially embedded critiques reductionist attitudes towards NSSI that are often found within both the clinical and academic communities (Steggals 2015). These reductionist attitudes make NSSI the object of psychiatric scrutiny, thereby locating it within a neurochemical self and in doing so, takes away agency and control from those who engage in it. This is challenged by the current review and synthesis, which found that NSSI is often an attempt to regain control. The present finding that NSSI is localised to its social context –questions the utility of a more reductionist view of the behaviour, in that to make an *a priori* assumption that NSSI is an entirely homogenous phenomenon located in the neurochemical self, regardless of setting, risks missing the social and cultural context of the experiences of individuals who engage in it.

The insights uncovered by meta-synthesis are unique in showing that for many people who engage in it, NSSI is understood as an enabling behaviour. In this respect, the current

research critiques the underpinning philosophy of the significant body of research devoted to investigating the most effective interventions to stop an individual engaging in NSSI, as described in systematic reviews by Mummé et al (2017) and Gonzales and Bergstrom (2013). The present meta-synthesis serves to question the utility of these efforts, moving towards a position that while accepting that to engage in NSSI both confers risk and is potentially dangerous, for some individuals it may be functional. This critique also extends to the American Psychiatric Association (APA)'s inclusion of 'Nonsuicidal Self-Injury Disorder' (NSSID) as a condition for further study included the DSM-5 (American Psychiatric Association 2013). This review and synthesis questions this, as to qualify as a mental disorder, crucially a phenomenon must significantly and consistently impair an individual's functioning. This biomedically based codification of NSSI, first proposed by Shaffer and Jacobson (2009) is based on the assumptions that the phenomenon is both unchanging and transcendent and on the ontological claim locating it in a "psychobiological dysfunction." (Stein 2010, p1761); where NSSI is not codified as its own diagnostic entity, it is nonetheless frequently pathologized as a symptom of an existing psychiatric disorder even in contemporary clinical guidance (see Larscelles et al. 2022). The present review and synthesis argues instead for the diversity of conceptualisations of NSSI, differing by sociocultural context, and locating it instead in the psychosocial self. This has implications for treating and supporting individuals who engage in NSSI, suggesting that in avoiding reducing it to a mere biological or neurochemical dysfunction, a psychosocial conceptualisation of NSSI may avoid removing agency from the individuals who engage in it, the very aspect of their lives this synthesis has shown they are often trying to regain.

To expand upon the argument presented by this review and meta-synthesis, both quantitative and qualitative research in psychology may wish to examine the consequences of these diverse conceptualisations of NSSI and whether evidence for these links may be found in other aspects of the psychological selves of the individuals who engage in this behaviour.

Conclusion

The present meta-synthesis provides novel insights into the experiences and perspectives of individuals who engage in NSSI, using a broad range of research consisting of a large number

of participants, all of whom had been interviewed. The synthesis elucidated the socially embedded nature of the behaviour, the importance of its inherent symbolism, and that it functions in a deliberate manner– often to take back agency. It both compliments and critiques existing thinking around NSSI, particularly challenging the concept that it is a uniform and homogenous phenomenon. Additionally, it provides fresh perspectives on individual conceptions of NSSI and suggests novel avenues for future research and a need for continued qualitative research in the area.

Conflicts of interest:

All authors declare that they have no conflicts of interest.

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