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Review Paper

The interpersonal processes of non-suicidal self-injury: A systematic review and meta-synthesis

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Background. Understanding the processes underlying non-suicidal self-injury (NSSI) is important given the negative consequences of this behaviour. Qualitative research has the potential to provide an in-depth exploration of this. There has been limited research regarding the interpersonal processes associated with NSSI; therefore, a meta-synthesis was conducted to investigate this.

Methods. A search of PsycINFO, MEDLINE, Web of Science, and CINAHL electronic databases from date of inception to November 2020 was conducted. In total, 30 papers were included in the final review. A meta-ethnographic approach was utilized to synthesize the data.

Results. Two overarching themes were found. Within 'Powerful relational dynamics', NSSI was cited as a response to participants becoming stuck in aversive or disempowering relational positions with others. Within the 'Taking matters into their own hands' subtheme, NSSI was reported as a way for participants to get interpersonal and emotional needs met.

Limitations. Several included papers did not comment on the researcher–participant relationship, which may have affected qualitative results. A small number of potentially eligible papers were unavailable for synthesizing.

Conclusion. Findings provide a more nuanced investigation of the interpersonal processes underlying NSSI. Consistent with relevant theories, NSSI appears to be a way of mitigating difficult interpersonal experiences or getting interpersonal needs met. NSSI may be engaged in as a substitute to other, less damaging ways to cope. An argument is made for a more empathetic understanding of NSSI and the use of relational interventions.

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Practitioner points

- Self-injury may occur in response to interpersonal stressors
- Self-injury can be a means to get interpersonal needs met
- Self-injury may replace other means of coping that become blocked or thwarted
- Emotional distress can be closely linked with interpersonal factors for this group
- Relational therapies may be beneficial where interpersonal processes are linked to NSSI

Non-suicidal self-injury (NSSI) refers to acts of deliberate harm to oneself that occur without suicidal intent, including behaviours such as cutting, hitting, or burning oneself (Nock & Favazza, 2009). The lifetime prevalence of NSSI has been estimated at 17%-18% in adolescents and 4%-6% in adults (Klonsky, 2011; Muehlenkamp, Claes, Havertape, & Plener, 2012; Plener et al., 2016; Swannell, Martin, Page, Hasking, & St John, 2014). NSSI is associated with an increased risk of future psychological difficulties and suicidal behaviour (Daukantaité et al., 2020; Hamza, Stewart, & Willoughby, 2012; Ribeiro et al., 2016) and can impact on an individual's physical health due to risk of infection and potentially death (Lewis, Heath, Michal, & Duggan, 2012; Muehlenkamp, 2006). It is often a sign of deep distress and psychological need (Jacobson & Gould, 2007). Understanding the processes that drive these difficulties can increase knowledge of how to best support those affected, with potential implications for health policy and practice.

Research into NSSI (and into related older concepts such as 'self-mutilation') has long suggested that interpersonal processes may be involved in its occurrence (see reviews by Jacobson & Gould, 2007; Klonsky, 2007; Suyemoto, 1998). For example, self-injury may occur as a means of communicating distress or to affect the social environment (e.g., to gain support or to avoid social situations that are experienced as harmful). NSSI may also emerge as a form of peer affiliation or bonding (Klonsky, Glenn, Styer, Olino, & Washburn, 2015; Young, Sproeber, Groschwitx, Preiss, & Plener, 2014). Interpersonal processes are seen as significant in the psychodynamic literature on self-injury, often drawing on observations from case studies (Yakeley & Burbridge-James, 2018). Within this field, it has been suggested that self-injury may serve to re-affirm psychological boundaries between self and other or provides a way of turning hostile feelings towards others back on the self, where such feelings appear unacceptable or inexpressible. Cognitive-emotional models similarly hypothesize that NSSI may partly function to regulate the interpersonal context and the affective context (Hasking, Whitlock, Voon, & Rose, 2016). Research on the risk factors for the occurrence of NSSI supports the relevance of interpersonal processes, with experiences including interpersonal trauma, conflict, social rejection, bullying, and perceived social support (Cawley, Pontin, Touhey, Sheehy, & Taylor, 2019; Jacobson & Gould, 2007; Karanikola, Lyberg, Holm, & Severinsson, 2018; Muehlenkamp, Brausch, Quigley, & Whitlock, 2012; Turner, Cobb, Gratz, & Chapman, 2016).

In recent years, research has shifted away from individual case studies, and quantitative methods have been dominant in the field of NSSI. Quantitative investigations regarding the reasons or functions individuals give for their NSSI have identified a broad array of functions (e.g., to regulate emotions, distraction, for physiological arousal, self-punishment, peer affiliation, communication, gaining support, or, rarely, to hurt others; Edmondson, Brennan, & House, 2016; Muehlenkamp, Claes, et al., 2012). Intrapersonal and interpersonal functions have been found to load onto distinct factors or dimensions (Dahlström, Zetterqvist, Lundh, & Svedin, 2015; Klonksy et al., 2015). A recent meta-analysis suggests intrapersonal functions are most commonly cited, in particular affect regulation, though self-punishment was also commonly cited (Taylor, Jomar, et al., 2018). Nonetheless, whilst less prevalent, interpersonal factors remained highly endorsed

(e.g., 30%-55% of individuals endorse communicating distress as a function). Reviews in this area have often excluded qualitative research (e.g., Klonsky, 2007; Taylor, Jomar, et al., 2018). However, qualitative research has the potential to go beyond pre-defined categories of NSSI functions and offer a more in-depth and contextualized understanding of the interpersonal processes that may be involved in NSSI (Patton, 2005; Stänicke, Haavind & Gullestad, 2018). When examining topics such as NSSI, understanding the lived experience of individuals is of the utmost importance given its subjective and deeply personal nature (Lincoln, 2009; Peters, 2010).

A meta-synthesis of 20 qualitative studies supports the idea that NSSI often functions to help manage or cope with aversive internal states or generate preferred internal states, but also highlights how self-harm may be used to protect others (by directing anger towards the self), or to connect with others (e.g., through a shared identity; Stänicke et al., 2018). This review focused on adolescents specifically and self-harm (including suicidal behaviour) rather than NSSI. NSSI is arguably qualitatively different to suicidal behaviour, with distinct functions, intentions, triggers, and consequences (Zareian & Klonsky, 2019), and may even be used as a way to prevent suicidal thoughts and behaviour (Klonsky, 2007; Muehlenkamp, 2014). Hence, synthesizing the literature specific to NSSI is important.

The aim of the current study was to synthesize the qualitative literature concerning the interpersonal processes of NSSI. In particular, this review focuses on the proximal, interpersonal processes related to the occurrence of NSSI, that is, the factors occurring within a close time frame of NSSI, such as triggers, causes, or precipitating factors. Previous literature suggests that proximal and distal factors (i.e., factors that occur a longer time frame from NSSI, such as childhood abuse) may have separate impacts on NSSI (Hankin & Abela, 2011). Whilst the perceived interpersonal functions of NSSI are relevant to this review, we use the term 'interpersonal process' to reflect a broader domain of investigation (e.g., causal or precipitating processes).

In contrast to meta-analysis, which involves aggregation of quantitative data, meta-synthesis seeks to provide a higher-order, conceptual account of the phenomenon in question through a synthesis of qualitative research studies (Schreiber, Crooks, & Stern, 1997; Toye et al., 2013). Whilst a meta-analysis generates pooled effect size estimates, a meta-synthesis can generate higher-order qualitative themes by unpacking and synthesizing the data across individual studies. Themes are allowed to emerge from the data rather than the research team imposing pre-existing categories or concepts. Meta-synthesis is a widely used and accepted method, though many different approaches exist (see Nye, Melendez-Torres, & Bonell, 2016; Walsh & Doone, 2005). This review extends the recent review by Stänicke and colleagues (2018) by not only focussing specifically on NSSI and on interpersonal processes, but also broadening the focus beyond adolescents. The present review identifies 28 additional studies not included by Stänicke and colleagues (2018), and hence, the present review expands substantially on earlier work.

Method

Search strategy

This meta-synthesis was comprehensive and conducted in accordance with the 'Enhancing transparency in reporting the synthesis of qualitative research' (ENTREQ; Tong, Flemming, McInnes, Oliver, & Craig, 2012) guidelines. A protocol was pre-registered (ID: CRD42019122807).

Table 1. Use of SPIDER search tool

SPIDER component	Search Terms
Sample	(self-harm* or self-injur* or non-suicidal* or NSSI or self-cutt* or self-mutiliat* or DSH or suicid* or parasuicide)
Phenomenon of interest	(relationship* or relational* or interpersonal* or social*) and (trigger* or cause* or precipitating)
Design	(interview* or focus group* or case stud*)
Evaluation	(experience*)
Research type	(qualitative or mixed method)

Electronic databases (PsycINFO, MEDLINE, Web of Science, and CINAHL) were searched from the earliest available date to March 2019. The search was updated in November 2020. Based on a scoping search of the literature and informed by the SPIDER search tool (Cooke, Smith, & Booth, 2012), the search terms and Boolean operators within Table 1 were used.

Following exclusion of duplicates, titles and abstracts were screened against the inclusion and exclusion criteria and papers clearly not meeting the criteria were removed. Full texts of remaining papers were screened for eligibility. Forward and backward citation searching was used to identify further studies that may have been missed by the original searches. The corresponding authors of all eligible papers were also contacted via email, where available, to request any further potentially relevant published or unpublished studies. Previous reviews in the area were checked for eligible papers (Edmondson et al., 2016; Klonsky, 2007; Stänicke et al., 2018). The screening of full texts was undertaken in parallel by two independent researchers, who obtained 100% agreement following discussions regarding initial discrepancies.

Inclusion and exclusion criteria

Studies were included if i) English language; ii) employed a qualitative or mixed (including a qualitative component) methodology; iii) recruited a sample of participants with personal experiences of NSSI; and iv) at least one qualitative theme focussed on interpersonal processes of NSSI. In this instance, 'interpersonal' relates to interactions that occur between people (e.g., verbal and non-verbal communication) as opposed to interactions with oneself (e.g., self-reflections). As such, experiences such as feeling lonely or feeling a burden on others would not be included within this review, as whilst they are relational, they are arguably inherently intrapersonal experiences. Following standard definitions of NSSI, 'socially sanctioned' forms of injury (such as tattooing or body piercing) or behaviours associated with eating disorders (such as binging or purging) or substance use were not included (Klonsky, 2011). It is recognized that eating disorders and NSSI often co-occur, but they are typically treated as distinct clinical phenomena (e.g., Claes & Muehlenkamp, 2014).

Studies were excluded if they provided no new data (e.g., reviews, commentaries, or discussions), did not give a first-hand account of the participant's NSSI experience (e.g., case studies from the perspective of a researcher or therapist), or analysed existing text, such as from Internet forums or newspaper articles.

Quality appraisal

The Critical Appraisal Skills Programme (CASP, 2019) checklist was utilized to evaluate the quality and trustworthiness of the papers. The CASP utilizes 10 questions to inform reflection on the studies, focusing on the clarity, appropriateness of design, methodology and analysis, bias, context, and ethical considerations. This measure has been frequently utilized within the literature to assess quality for qualitative synthesis (Dixon-Woods et al., 2007). Two independent researchers completed the quality appraisal in parallel, to evaluate the reliability of the appraisal. Disagreements were resolved through discussion within the review team.

Synthesis

Noblit and Hare's (1988) proposed seven stages of meta-ethnography were utilized to structure this approach (see Table 2), as this way has been utilized successfully within previous health care research (France et al., 2015). All papers were uploaded verbatim to NVivo (Version 12.6.0; QSR International Pty Ltd, 2018) software. The first author conducted the entirety of the analysis, although regular discussions regarding this were had with the research team. The researcher read and re-read the included studies to become immersed in the data. Relevant data were extracted concerning the characteristics of the studies to support this process. Given the focus on interpersonal themes only, just results sections of papers were analysed. Relevant first- and second-order concepts within interpersonal themes in all papers were highlighted and coded line by line. First-order constructs relate to the participant's 'common sense' (Toye et al., 2013) interpretation of their experience in their own words (e.g., direct quotes from participants within studies) and second-order constructs relate to the author's interpretations based on the first-order constructs. Through this analysis, a list of initial concepts and metaphors summarizing the data was developed (Table S1).

The main synthesis was inductive and involved exploring the relationships between the first- and second-order constructs: whether they were similar, contradicting, or discrete aspects within the topic. As the first- and second-order constructs largely mapped on to one another, these were merged. Initially, a 'reciprocal' synthesis was developed,

Table 2. Nobilt and Hare's (1988) seven stages of meta-ethnography

Stage	Description
1. Getting started	Decide on a topic; develop a protocol; define key terms
2. Deciding what is relevant	Search for appropriate studies; exclude studies that do not meet criteria
3. Reading the studies	Become immersed in the data; appraise the quality of studies
4. Determining how the studies are related	Extract characteristic data of the studies; code first- and second-order themes; start to explore whether concepts are similar, contradictory or different
5. Translating the studies into one another	Translate concepts and themes into a single 'language' or level to be synthesized
6. Synthesizing the translations	Compare translations to develop overarching third-order constructs, themes, and interpretations
7. Expressing the synthesis	Describe the findings in a way suitable for the intended audience

which explored the similarities between concepts. Third-order constructs (i.e., the reviewer's interpretations; Toye et al., 2013) evolved, and the main findings were grouped into overarching themes. Once these overarching themes were developed, it became apparent that a 'line-of-argument' synthesis (Noblit & Hare, 1988) was appropriate, which involved the interpretation of the relationships between the overarching themes to allow the emergence of any key interpretations, which may not have arisen within individual studies.

Reflexivity

Reflexivity is defined as the awareness a researcher has of their own role within the design, implementation, and analysis of the study (Haynes, 2012). The research team consisted of psychological researchers and clinicians with experience of working with individuals who have engaged in NSSI. Additionally, members of the research team had interests in relational approaches to psychological difficulties. As such, the researchers were likely to have approached the review with underlying assumptions based on interests and previous experience. These include, for example, the expectation that NSSI emerges from a combination of social and psychological processes. A reflective log and peer and research supervision were used to mitigate these biases.

Results

Study characteristics

The PRISMA flow chart shows the search process (Figure 1). The systematic literature search successfully identified 30 eligible papers, which adheres to Campbell et al. (2011) recommendations for meta-synthesis ($k < 40$).

Study characteristics are reported in Table 3. The majority of the studies were conducted in the United States ($k = 14$), with all other studies conducted in the United Kingdom ($k = 9$), Canada ($k = 4$), Norway ($k = 1$), Singapore ($k = 1$), or across the United States and Canada ($k = 1$). The total number of participants included across all studies was 553. The majority of studies were recruited from community ($k = 13$), clinical ($k = 7$), or prison settings ($k = 5$). In terms of methodology, the majority of studies utilized qualitative interviews ($k = 28$); one study used detailed letter writing and one study used an open-ended, back-and-forth survey, both of which were included due to the comparability of an interview style.

Quality appraisal

The results of the quality appraisal can be found in Table 4. All studies included in this review were deemed high quality in most areas of the CASP, aside from a number of studies that failed to provide information about the relationship between the researcher and participants ($k = 13$). As a result, it was often unclear how the researchers' position may have affected interpretations made. Relative strengths of the studies included clear statement of aims, appropriate recruitment and data collection strategies, and clear statements of findings. In terms of reliability, raters achieved high consistency following independent review (98.66% agreeability). No studies were excluded on the basis of quality.
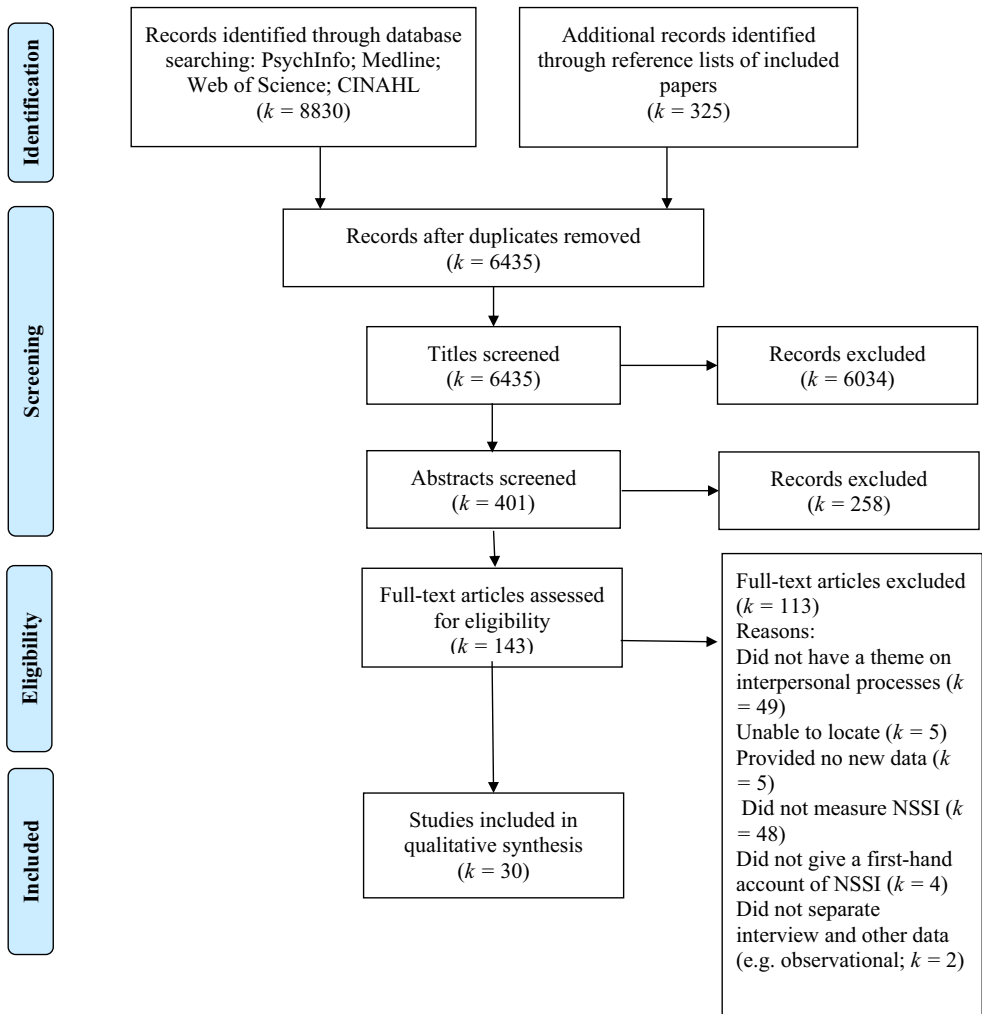
Figure 1. Flow diagram of literature screening.

Higher-order themes

The results of the meta-synthesis identified two higher-order constructs: 'Powerful relational dynamics' and 'Taking matters into their own hands'. Each construct consisted of several subthemes. Further examples of direct quotes that illustrate each subtheme are presented in Table S2. Additionally, whilst encompassed in two separate higher-order themes, conceptual linkages were also found between the underlying sets of subthemes.

Powerful relational dynamics

With regard to self-injury, exposure to challenging, harmful, or aversive relational patterns emerged as an important factor, apparent across several subthemes. The way others are perceived as relating to the individual was important, which could both be actively negative (e.g., hostile or rejecting), but also signalling a lack of concern or care for the individual. A common thread across the subthemes was the emergence of powerful

Table 3. Study Characteristics

Author and year and country	Country	Design	Participants			Analysis
			Gender	Age	Sample type	
Harris (2000)	UK	Detailed letter writing.	6 female participants	20–45	Community	No specific analysis cited
Alexander and Clare (2004)	UK	Semi-structured interviews	16 female participants	18–50 (M = 29)	Community	Interpretative phenomenological analysis
Hodgson (2004)	USA	Online interviews	16 participants (18 female, 4 male; although only 16 completed interviews)	18–over 35	Online	No specific analysis cited
Mangnall (2006)	USA	Semi-structured interviews	7 female participants	21–35 (M = 28.9)	Prison	Grounded theory
Wertlieb (2006)	USA	Collective case study using semi-structured interviews.	6 female participants	18 – 35 (M = 25.3)	Clinical (community)	Content analysis
Moyer and Nelson (2007)	USA	Semi-structured interviews	6 participants (4 female, 2 male)	12 – 18 (M = 15.3)	Student	Constant comparison method
Demming (2008)	USA	Semi-structured interviews	4 female participants	18–25 (M = 21.8)	Community	Not specified
Fish and Duperouzel (2008)	UK	In-depth interviews	9 participants (5 female, 4 male)	Not stated	Clinical (inpatient)	Giorgi method
Kokaliari and Berzoff (2008)	USA	Semi-structured interviews	10 female participants	18–23 (M = 20.6)	Community	Grounded theory
Brown and Kimball (2012)	USA	Interviews	11 participants (10 females, 1 male)	19–39 (M = 23.5)	Community and clinical	Moustakas (1994) analysis of phenomenological data
Duperouzel and Fish (2010)	UK	In-depth interviews	9 participants (5 female, 4 male)	24–36	Clinical (inpatient)	No specific analysis cited
Holm & Severinsson (2010)	Norway	Interviews	13 female participants	25–53 (M = 39)	Clinical (outpatients)	Hermeneutic interpretation
Hosmer (2009)	USA	Semi-structured interviews via email	18 female participants	All 18+	Online	Hermeneutic interpretive phenomenological method.
Lesniak (2010)	USA	Interviews	6 female participants	Not all stated	Community	The Giorgi approach
Barton-Breck and Heyman (2012)	UK	Lightly structured interviews	25 participants (18 female 7 male)	28–52 (M = 36.6)	Community	Grounded theory
Donskoy (2011)	UK	Semi-structured interviews	11 participants (6 male, 5 female)	19–50	Clinical and community	Thematic analysis
Edtya (2012)	UK	Episodic, semi-structured interviews	8 participants (7 female, 1 male)	20–29	Community	Narrative analysis
Haberstroh & Moyer (2012)	USA	Online open-ended survey	20 participants (17 female, 3 male)	M = 36	Online	Constant comparative method and thematic coding
Hill & Dallos (2012)	UK	Narrative methodology involving three interviews: a life story interview, a reflective interview, and a member validation process.	6 participants (5 female, 1 male).	13–18 (M = 16.2)	Community	Narrative analysis

Table 3. (*Continued*)

Author and year and country	Country	Design	Participants		Age	Sample type	Analysis
			Gender				
Josselin (2013)	UK	Semi-structured interviews	1 female participant		35	Community	Interpretative phenomenological analysis; narrative readings; psychosocial readings
Morales (2013)	USA	Semi-structured interviews	42 male participants		20–50	Prison	Photo-interview analysis
Nickels (2013)	USA	Semi-structured interviews	44 participants (17 male, 15 female, 10 transgender/genderqueer, 1 androgynous, 1 other)		15–22 ($M = 18.46$)	Community	Constant comparison method
Power et al. (2013)	Canada	Semi-structured interviews.	56 female participants		$M = 33.4$	Prison	Content analysis
Power, Usher, and Beaudette (2015)	Canada	Semi-structured interviews.	104 male participants		$M = 38.4$	Prison	Content analysis
Smith and Power (2014)	USA / Canada	Interviews	46 participants (33 male, 13 female)		Males ($M = 30.1$); females (40.0)	Prison	Grounded theory
Tan, Rehfuss, Suarez & Parks-Savage (2014)	Singapore	Semi-structured interviews	6 participants from a larger sample of 30 (18 female, 12 male)		13–19 ($M = 16.3$)	Clinical (outpatients)	Consensual qualitative research (CQR) method
York (2014)	Canada	Semi-structured interviews	11 participants (9 female, 2 male)		18–25 ($M = 21.5$)	Community	Narrative analysis
Holley (2015)	USA	Phenomenological interviews	6 participants (5 female, 1 male)		14–17 ($M = 15.8$)	Clinical (outpatient)	Not specified
Huey et al. (2015)	Canada	In-depth interviews	12 female participants		18–50	Community (homeless)	Grounded theory
Jackman et al. (2018)	USA	Semi-structured interviews	18 participants (10 male/female-to-male, 8 nonbinary/genderqueer/other)		17–38 ($M = 24.9$)	Community	Directed content analysis

Table 4. Quality appraisal

Study	1) Study aims	2) Appropriate method	3) Appropriate design	4) Recruitment strategy	5) Data collection	6) Reflexivity	7) Ethics	8) Analysis	9) Results	10) Value
Harris (2000)	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗
Alexander and Clare (2004)	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Hodgson (2004)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mangnall (2006)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wertlieb (2006)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moyer and Nelson (2007)	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓
Denming (2008)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fish and Duperouzel (2008)	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Kokaliari and Berzoff (2008)	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓
Brown and Kimball (2012)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Duperouzel and Fish (2010)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Holm & Severinsson (2010)	✓	✓	✓	?	✓	✗	✓	✓	✓	✓
Hosmer (2010)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lesniak (2010)	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Barton-Breck and Heyman (2012)	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Donskoy (2011)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Edtya (2012)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haberstroh & Moyer (2012)	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓
Hill & Dallos (2012)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Holley (2015)	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Josselin (2013)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗
Morales (2013)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nickels (2013)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Power et al. (2013)	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Power et al. (2015)	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Smith and Power (2014)	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Tan, Rehfuss, Suarex & Parks-Savage (2014)	✓	✓	?	✓	?	✓	✓	✓	✓	✓
York (2014)	✓	✗	✗	✓	✓	✗	✓	✓	✓	✓
Huey et al. (2015)	✓	✗	✗	✓	✓	✗	✗	✓	✓	✓
Jackman et al. (2018)	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗

Note. ✓ denotes these criteria was met; ✗ denotes these criteria was not met; ? denotes that there was not enough evidence provided to assess these criteria; domains are as follows: 1) Was there a clear statement of the aims of the research? 2) Is a qualitative methodology appropriate? 3) Was the research design appropriate to address the aims of the research? 4) Was the recruitment strategy appropriate to the aims of the research? 5) Were the data collected in a way that addressed the research issue? 6) Has the relationship between researcher and participants been adequately considered? 7) Have ethical issues been taken into consideration? 8) Was the data analysis sufficiently rigorous? 9) Is there a clear statement of findings? 10) How valuable is the research?

negative emotions connected to these relational patterns. Participants talked about turning to NSSI as a way of coping or managing these feelings.

A disempowered state

The most prominent of these subthemes was 'A Disempowered State' where participants described a relational dynamic characterized by being in a disempowered, subordinate, victimized, or vulnerable position, relative to others who were often perceived as holding more power. These others took on roles of being controlling, punitive, rejecting, or invalidating. In several cases, this disempowered state was described as occurring within the context of sexual, physical, or emotional abuse.

> Importantly, her sense of still being under family control continues to fuel her self-harming. Josselin (2013; p. 96).

Individuals were often described as recipients of others' behaviour and actions, with limited control or power of their own. Self-injury appeared closely intertwined with this disempowered state, occurring as a means of managing the powerful, aversive, and potentially overwhelming feelings (anger, upset, pain, and distress) that emerged.

> I was really pissed [about my mom's and the school counselor's reactions].. . . And like, OK, well then I'll show you why I'm doing it. Won't be for attention anymore. I was ticked. So then I scratched myself because she wouldn't let me have anything Demming (2008; p. 112).

Not mattering in the minds of others

Whereas the previous subtheme described a dynamic of the participant being actively 'done to' in some sense, such as being a recipient of rejection or hostility, this theme encompasses how an 'other' *not* doing something, or being absent, could also link to NSSI. Once again, an interpersonal dynamic is described, but here the other is experienced as uncaring, non-supportive, or simply not listening.

> Because when I was sexually abused nobody seemed to notice. It's like "Hello! It's right in the house and you can't see and can't tell?" And then nobody is listening to me, and so I just started cutting. Power, Brown, and Usher (2013; p.199)

This was an experience for some LGBTQ+ participants who saw self-injury as an alternative when faced with a lack of community or support (Jackman, Edgar, Ling, Honig, & Bockting, 2018). The participants convey a sense of not perceiving themselves to matter in the minds of others, or to have given up on them. Participants described turning to self-injury when faced with this lack of care or support.

> Cavelle swallowed glass because she was feeling like "everybody had just given up on me and nobody really cared". Mangnall (2006; p. 89)

In some instances, this lack of mattering conveyed a sense of abandonment by others, and of the individual being left alone or isolated. Pain and anger were emotional states described by participants reflecting on these dynamics.

Conflictual relationships

A less prominent subtheme than those above, a number of studies described a more general experience of recurrent conflict within relationships contributing to the use of self-injury, whereby both parties had relatively equal power or status. These relationships were characterized by active interactions such as arguments, fighting or 'falling out' (Hodgson, 2004), or passive actions such as being around disliked others. Powerful emotions were described as a consequence of conflict: A participant in Barton-Breck and Heyman's (2012) study succinctly described their experience of two-way conflict as 'emotional turmoil'.

> Allie identified that parental conflict was the biggest trigger for her self-harm episodes. "I argue with my parents a lot, so that's very triggering for me" she stated. Holley (2015; p. 74)

Taking matters into their own hands

The second higher-order construct centres on participants' descriptions of self-injury as a way to continue to meet their needs when faced with a social or relational environment that otherwise thwarts those needs. Through self-injury, participants describe a way they can continue to gain support, to manage their feelings, and to be heard, validated, or hold onto some control, when other routes to achieving these goals appear blocked by the intra- and interpersonal context.

Meeting core needs

Participants described how self-injury became a means of meeting their interpersonal needs when other options are not available or accessible. Self-injury was seen as a way to find care and support from others. Emotional support, such as love or social connection, was cited and the need for more tangible support from others, such as additional mental health provision or to be provided with medications.

> One participant described reactions of his peers in middle school to seeing self inflicted cuts on his forearm: "I just remember I liked the feeling of my friends like taking care of me and like putting like band-aids on stuff like that". Jackman et al. (2018; p. 591)

Notably, a number of studies highlighted how this function of NSSI was apparent within a context where participants felt otherwise unable to get these needs met through other means, for example feeling unable to otherwise ask for help, or help not otherwise being available.

> The self-injury was a way of obtaining care and affection in situations in which the woman was unable to ask. Power et al. (2013; p. 197)

One study (Nickels, 2013) within this review found that participants engaged in NSSI together with others, in order to bond or develop the relationship. This could suggest that some participants utilize NSSI not only to find care and support, but also to reciprocate this with other people.

For some, NSSI became a means of facilitating the need to be noticed and acknowledged by others, or for the distress one experiences to be recognized and

validated. This links back to the earlier subtheme of 'not mattering in the minds of others' and suggests that self-injury may become a way to gain acknowledgement or validation when this is not otherwise forthcoming. Participants described feeling dismissed and belittled, precipitating the need for validation.

> For those who chose to open up to friends and family members about their experiences with stress, depression, anxiety, and self-injury felt disillusioned when they did not receive the validation and support they had hoped for. York (2014; p. 152)

Additionally, some studies ($k = 4$) reported that others supported participants to develop ways of coping with powerful emotions by showing them how to engage in NSSI; whilst qualitatively different to the above concepts, others teaching the participants to use NSSI were perceived as a means of others supporting participants to meet their emotional needs (albeit in a potentially maladaptive way).

> I tried cutting myself once. I didn't really care for it. . .I was thirteen. I didn't realize, but I had cut myself really good, like it still shows right there. 'Cause I just wanted to see what it was like —how my friends could do it so easy and just feel to relieved. Nickels (2013; p. 167)

Communication of unmet needs

Many participants described NSSI as a communicative act, providing a way to express feelings and unmet needs, without necessarily needing others to do anything in response. Across the studies, it was not always clear what participants were trying to communicate, but where this was stated it often related to powerful emotions and distress. Participants often felt that verbal communication alone could not describe the magnitude of their pain, or their attempts were not effectively heard or attended to by others. It was suggested that participants lacked another outlet for these feelings, due to absent or invalidating others, and were forced to express or vent these feelings in the form of self-injury.

> Each participant expressed difficulty in venting feelings of anger, depression, anxiety, sadness, hopelessness, disgust, uncertainty, and inner pain. Since they had no outlet, these emotions escalated until the participants felt they were screaming or yelling on the inside. . . The wounds became the physical representations of those screams. Lesniak (2010; p. 145)

> I wanted others to know the distress I was feeling. The self-injury, the cutting, was severe. It was me communicating how bad I felt, how much I was in turmoil inside Barton-Breck and Heyman (2012; p. 455)

Self-injury also provided participants with a means of managing or expressing difficulties and feelings when they felt they could not or did not want to communicate these with others. An example of this was for LGBTQ+ participants where a lack of acceptance by others of their sexuality created a barrier to talking to others about their experiences for fear of damaging these relationships (Jackman et al., 2018).

Control in relation to self and other

Studies described NSSI as a means of exacting control (mitigating vulnerability) both in relation to oneself and in relation to others. This theme intersects with the earlier subtheme of participants being in a disempowered relational position, with self-injury

becoming a means of regaining power and control over oneself and others. All studies within this subtheme suggested how participants engaged in NSSI to gain control (and thus relational safety), when this control was otherwise missing.

One dominant concept was the use of NSSI to exhibit control over the social context. NSSI had enabled participants to present in a certain way (e.g., giving a '*front of calm normality*'; Barton-Breck & Heyman, 2012), to influence other people's perceptions of them. Using NSSI to control the social context may conceptually link to the idea of using NSSI to avoid communication (i.e., individuals here appear to be using NSSI in order to avoid showing their true selves or feelings).

Several studies described how participants also engaged in NSSI to take control from another person, such as to reclaim control over their own emotions when being bullied or others were harming them. This included examples of self-injury being used to prevent unwanted experiences including physical and sexual abuse. Hence, self-injury took on a protective role for the individual (Morales, 2013). This is pertinent given the position of vulnerability and disempowerment often described by participants.

> I was bullied - those day-to-day feelings about feeling different, and not understanding why other kids didn't like me. It [cutting] gave me relief and empowerment. And this secret was mine. It gave me tranquillity and control in my life, and they [bullies] couldn't hurt me [emotionally]. Barton-Breck and Heyman (2012; p. 454)

Relatedly, one study (Mangnall, 2006) cited that participants engaged in NSSI as they were unable to help others, which induced feelings of powerlessness; that is, given that these individuals were unable to protect others, they engaged in NSSI as a way of regaining a sense of personal control.

NSSI could provide a way to regain power over others, either physically or through 'proving' oneself, which, again, could both be a way of communicating to and exerting influence over others. A more extreme extension of this idea was apparent in two studies that described participants self-injuring in order to hurt another person, because the other person had hurt them, either physically or emotionally. These examples are suggestive of the individual taking back power or seeking a safer relational position through their self-injury.

> I had a lot of anger and that's what kind of led me to cutting myself. It was my mom. I have a lot of anger in me and I can't let it out on her, so I used to hurt myself, thinking that it would affect her. Huey, Hryniewicz, & Fthenos, 2015; p. 153)

The control provided by self-injury was also at times turned inwards. Participants noted how they engaged in NSSI as a way of controlling themselves, in essence, using an inward action to stop another, interpersonal action. In ten studies, participants reported using NSSI as a substitute for hurting others when experiencing powerful emotions such as anger, depression, or fear. NSSI is therefore again protective, but this time perceived as protecting others (and the participants' relationships with others).

> After an episode of DSH she explained that she 'didn't have all that anger penned up anymore with no way to get rid of it. . . If I couldn't hurt them. . .like physically, you know, I would hit walls, you know, or carve on my skin, you know, or break everything in the room, you know, stuff like that' Mangnall (2006; p. 87)

Within ten studies, participants reported being angry at others and consequently engaging in NSSI, however, did not specify the reasons for this anger. Where participants did perceive themselves to have hurt someone else, self-injury could also provide a means of self-punishment and atonement.

> And afterwards if I can, when I see, like, that I've done something wrong and the other person is upset with me, I'll try to make it better and be really nice to them. But if they're not accepting that, I get really upset with myself and I withdraw, and that's usually when I would end up cutting. Holley (2015; p. 75)

Discussion

Summary of results

The aim of the current review was to collate and synthesize the extant qualitative research on interpersonal processes linked to NSSI. In total, 30 eligible papers were identified and included. Two overarching themes ('A disempowered state' and 'Taking matters into their own hands') and six subthemes emerged.

The emergent themes are consistent with previous research highlighting the essentially functional nature of NSSI, and many of the previously identified interpersonal functions of NSSI can be observed within the data, including the use of NSSI to obtain help, communicate distress, and bond with others or even in a minority of cases to hurt others (Edmondson et al., 2016; Klonsky, 2007; Taylor, Jomar, et al., 2018). However, the meta-synthesis also provides a more nuanced and contextualized understanding of these functions. The use of self-injury was often tied to an aversive relational context whereby participants were in a disempowered, invalidated position. Compounding this was a sense of not mattering or being valued in the minds of others, of core interpersonal needs not being met. Within this context, the usual pathways to getting help and support become blocked. Powerful emotions were common throughout participants' accounts, but the relational context was at times perceived as not receptive to the expression of these feelings. There was a sense of participants having to turn inwards, to find a way to cope with or process these powerful feelings alone. Self-injury provides a means for participants to do this, regaining control and allowing them to fulfil otherwise unmet needs. These results align to some extent with Nock's (2008) theoretical model of the social functions of NSSI, which argues self-injury can occur as an escalation of attempts to signal distress or difficulty.

As suggested by Nock (2008), the results of this review suggest that NSSI may be engaged in when other ways of meeting one's needs are unavailable or thwarted. For instance, if an individual experiences difficult emotions but is unable to verbally communicate this due to the presence of a misunderstanding or invalidating other, NSSI may be utilized as a substitution, to communicate the need for support in arguably a way that is more likely to be responded to. This was true for individuals within this review who experienced being bullied or abused. Therefore, it is argued that being in a disempowered position can make it harder to have control or to communicate, which can consequently lead to NSSI. This finding has significant implications for understanding NSSI within marginalized populations, such as those within the LGBTQ+ community, who are at higher risk of engaging in NSSI (Jackman et al., 2018; Taylor, Dhingra, Dickson, & McDermott, 2018). Future research would be beneficial in exploring specific links between the kinds of challenging interpersonal experiences and unmet interpersonal

needs, and the way in which NSSI is utilized as a substitutive coping strategy, both in a broad sense but also within certain more affected populations.

The act of self-injury could be seen to mirror the punitive or disregarding relationships with others. However, self-injury also appeared to be seen as a protector and a solution to an impossible situation. Other studies have highlighted the ambivalent relationship that individuals can have with NSSI, both valuing and disliking this behaviour (Sandel et al., 2020). The common thread of negative emotions throughout the themes not only highlights the primary emotion regulation function of NSSI reported elsewhere, but also indicates that the separation of intrapersonal and interpersonal functions of NSSI may be partly artefactual, that even when NSSI is about regulating emotions these often emerge as a consequence of the social, relational context. Anger, in particular, was repeatedly noted, and was framed as an emotion that is particularly difficult to express, due to the effect or harm it could have on others. The results support those of Stänicke and colleagues (2018), where self-harm was described as a way to escape from, control, or express difficult emotions, but help further illustrate the social context surrounding these functions.

The use of NSSI for interpersonal reasons can lead to hostile reactions from some, who have pejoratively labelled the behaviour as 'attention-seeking' or 'manipulative' (Peterson, Freedenthal, Sheldon, & Andersen, 2008). It can be argued that this pejorative judgement comes from a disconnection of the function within the context, a lack of acknowledgement of the need as fundamentally human and of the context as blocking usual attempts to meet this need. The results of this review highlight how even where NSSI is functioning as a way for the individual to seek acknowledgement from others, this is occurring from a position of complete abandonment and rejection by others (both actual and perceived). Thus, firmly grounding our understanding of the functionality of NSSI within the emotional and social context of individuals lives may help challenge pejorative views.

Limitations of included studies

Several papers included in this review failed to comment on the relationship between the author and participants. As such, it is unclear how factors such as the researcher's own stance and background may have informed interpretations. Whilst caution should therefore be taken in interpreting the second-order constructs across these papers, these constructs were found to map on to the first-order constructs well within the available data. The current review focussed largely on studies that used interview data. However, some have suggested that interviews may be less suitable when studying topics that are sensitive or difficult for participants, leading to problems with disclosure of information (Affleck, Glass, & Macdonald, 2012). The included studies carry a risk of sample self-selection, as individuals who choose to participate may feel more able to discuss certain NSSI processes than individuals who did not participate.

Limitations of the review

Only papers written or translated into English were included in the review, and so important themes may have been missed arising from non-English language research. A small number of articles could also not be accessed. However, it is argued that data saturation was reached given that within the analysis of the last five papers, no new themes emerged. Additionally, this was supported by the fact that references within each

paper began to appear repeatedly, therefore suggesting saturation of the studies and the themes (Ogilvie, 2005).

Future research

Future research could build on the findings of this review, by further investigating how NSSI emerges within the broader social context of individuals' lives. Experience sampling methods have been widely used to study the dynamics of phenomena occurring in the day-to-day context of a person's life (Pratt & Taylor, 2019). Whilst predominantly a quantitative approach, there is scope to combine such approaches with the use of more in-depth interviews or other forms of qualitative data generation, to better understand the experience of NSSI as it occurs. Further research could also consider wider systems more directly, or for example through joint interviews with families (or other institutions) and people who self-injure, to better understand the interpersonal processes that play out between these actors (e.g., Waals et al., 2018). Lastly, focussing in on marginalized sub-groups who may have distinct experiences relating to NSSI will be crucial (e.g., LGBTQ+ people; Dunlop et al., 2021).

Clinical implications

As NSSI remains highly stigmatized, clinicians may understandably shy away from discussing interpersonal processes. However, it is argued that acknowledging such processes, in an emphatic, understanding and non-stigmatizing way, is important in order to reduce potential feelings of shame (Rosenrot & Lewis, 2018) for those who engage in NSSI in order to meet essential interpersonal needs. A clinician acknowledging and being accepting that clients need support, care, and acknowledgement, and that utilizing NSSI as a way of communicating or securing these core needs is understandable if the individual has limited other resources, or is otherwise blocked by their interpersonal context, is likely to be more helpful than not having the conversation at all due to a fear of the client's reaction.

Clinicians can utilize knowledge of the interpersonal processes of NSSI to inform practice. Whilst intrapersonal factors such as experiencing powerful emotions are important to understand, clinicians are encouraged to thoroughly assess the interpersonal context as well. This may give more of an understanding of why an individual engages in NSSI as opposed to more normative ways of coping, such as talking to others. For instance, engaging in NSSI as a reaction to challenging interpersonal experiences may illuminate the individual coping resources of the client, whereas engaging in NSSI to get needs met may allude to broader interpersonal difficulties; therefore, understanding this difference could shape a clinician's assessment and formulation. The relationship between client and therapist is considered a core aspect of therapy, which is linked to therapy outcome (Blake, Larkin, & Taylor, 2019). Though this varies by approach, the experience of this relationship is sometimes seen as a central engine of change within therapy, for example, through the opportunity clients have to experience a different kind of relationship. However, it has also been recognized that recurrent relational dynamics such as those identified in this review (feeling disempowered, rejected, not cared about) can emerge within therapeutic relationships, and impact on the experience of therapy (Blake et al., 2019). Hence, regardless of therapeutic model, being mindful of the relationship the client has with the therapist may be important when working with people who struggle with NSSI.

A socially contextualized formulation of why someone self-injures can help guide intervention. Where there exists scope to work with existing relationship and systems, to reduce stressors and improve avenues for coping other than self-injury, systemically orientated therapeutic work may be beneficial. Systemic approaches like family therapy have been evaluated for self-harm, though results have been mixed (e.g., Cottrell et al., 2018). Given that relational conflicts and difficulties both past and present were linked to NSSI (e.g., feeling trapped in an aversive, disempowered relational position), relationally orientated therapies may also be beneficial. There is preliminary evidence that such approaches, which aim to revise the way individuals relate to others and themselves, including psychodynamic interpersonal therapy (PIT; Hobson, 1985), may be beneficial for self-harm (Guthrie et al., 2001; Guthrie et al., 2001; Taylor et al., 2020; Walker, Shaw, Turpin, Reid, & Abel, 2017). Such therapies may be helpful for people where assessments highlight the importance of interpersonal processes (e.g., difficult or conflictual relationships with family or partners). Further studies including trials focused specifically on NSSI are needed.

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Author contributions

Ms Peel-Wainwright was involved in study conception, design, registration, literature searching, screening, data extraction, quality assessment, data synthesis, and write-up. Drs Taylor and Hartley were involved in study conception, design, supervision, data synthesis, and write-up. Dr Langer was involved in study design and data synthesis. Ms Boland and Ms Rocca were involved in the quality appraisal of included papers. All authors have approved the final article to be true.

Conflict of interests

The authors declare that they have no conflict of interest.

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The data that support the findings of the study are available from the corresponding author upon reasonable request.

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Supporting Information

The following supporting information may be found in the online edition of the article:

Table S1 Initial codes, concepts and metaphors.

Table S2 Quotes Illustrative of each Subtheme.