Why do men self-harm? A literature review

SOUTER, Gary <http://orcid.org/0000-0001-6155-0178>

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Corresponding Author:	Gary Souter, MSc Sheffield Hallam University Sheffield, UNITED KINGDOM
Abstract:	This article reviews the literature to explore why men self-harm to help educate clinicians and inform practice. An analysis of the 16 articles included in the review identified three key themes; (1) interpersonal relationships, which can include conflict and frustrations with staff, (2) Attitudes which came predominantly from clinicians who state a lack of training, knowledge and awareness and (3) educating staff to explore different ways to deliver effective training. Clinicians can be educated to maintain positive attitudes, remain empathetic to people who self-harm and increase their knowledge and awareness with the desired goal of minimising the incidence of self-harm.
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Gary Souter MSc BA(Hons) RNT RMN AFHEA, Lecturer in Mental Health, Faculty of Health & Wellbeing, Sheffield Hallam University, Room M204 Mundella House, 34 Collegiate Crescent. Sheffield, S10 2BP

Tel: 0114 225 5745

Email: G.Souter@shu.ac.uk

Why Men Self-harm: A literature review

Working with men who self-harm can be very complex and challenging therefore it is important to develop an understanding of the factors that may contribute to their self-harming behaviour. When nurses understand the reasons why men self-harm they can begin to help provide effective strategies to develop the therapeutic relationship and minimise the occurrence of self-harm.

This article reviews the literature on male self-harm with the aim of educating professionals to work more compassionately with this often neglected client group. Self-harm covers a wide range of behaviours and there are a variety of opinions to define it (Moorey 2010; National Self-Harm Network 1998, Royal College of Psychiatrists 2010). Wilkinson & Goodyer (2011) suggest that self-harm is not always related to suicidal intent, rather the action of self-harming is used for reasons relating to distress, inflicting self-punishment or signalling personal distress to others.

Taylor (2003) suggests that the majority of self-harm related literature focuses on women and Adamson & Braham (2011) argue that the current knowledge regarding self-harm is skewed towards white women with a diagnosis of Borderline Personality Disorder (BPD). It may be that the reason the literature focuses on women is because of factors between men's mental health, masculinity, help seeking attitudes and behaviour (Ogrodniczuk & Oliffe 2010), and also that men seek help for mental health issues less often than women (Galdas, Cheater & Marshall 2005). More recently, research has indicated that boys may be nearly as likely to engage in self-harm but have remained in the shadows because they typically do not end up in treatment. (Lazar 2013)

Self-harming behaviour can have a negative and frustrating impact on staff working with this client group (McLaughlin 2007). In turn staff can display negativity and stigma towards people who self-harm which can increase the likelihood of further self-harm episodes. Clinical practice has shown that men can self-harm as frequently and as severely as women therefore this literature review was conducted to examine the reasons as to why men self-harm.

Search strategy

The databases searched included CINAHL, Medline, PsychINFO and PsychARTICLES. Search terms were "self-harm", "deliberate self-harm", "self-injury", "attempted suicide", "para-suicide" and "self-injurious behaviour". Boolean operators were used within advanced searches in order to combine and restrict searches. The combined terms searched were "males and self-harm", "mental health and self-harm", and "males and mental health and self-harm". The following inclusion criteria were used for this literature review. Only articles published between January 1st 2004 and 1st June 2014 were included. Only articles written in English were included. The studies reviewed had to be relevant to the research question and for this purpose all mental health settings were considered.

As this review is focused on why men self-harm, studies involving participants under the age of 18 were excluded, as were studies focused on people with learning disabilities. Studies involving females were initially excluded from the database search criteria however when reading and analysing the abstracts of full text articles, any relevant studies that were found including both men

and women were then taken into consideration. In order to capture a wider range of studies, “suicide” was initially included in the keyword search. However, it was later excluded to highlight articles which focused predominantly on self-harm.

Results

16 selected articles were then organised into a methodological matrix to record key features of the study methods. The matrix was developed using a combination of the McMaster critical review form – qualitative studies version 2 (Letts, Wilkins & Law et al 2007) and the McMaster critical review form – quantitative studies (Law, Stewart & Pollock et al2007). A thematic matrix was used to identify relevant themes. The themes identified were interpersonal relationships, attitudes and education.

Interpersonal relationships

The most recurrent theme within the findings is that of interpersonal relationships. Conflict is one of the major reasons that men self-harm (Mannion 2009). This comes from environmental issues, such as patient on patient bullying and frustrations with staff. Some men self-harm to maintain control, to gain revenge on a peer or staff member, or to communicate that their needs have not been met (Gallagher & Sheldon 2010). Other men report motives of revenge in order to make others pay and make them feel guilty, or an appeal motive, so they self-harm in order to show someone how much they loved them or in order to get help from someone (McAuliffe, Arensman & Keeley et al 2007). Men with high levels of relationship and employment problems can self-harm as a means of communicating distress (Hawton, Harriss & Casey et al 2009)

Howerton, Byng, & Campbell et al’s (2007) study of sentenced male prisoners found the opposite to revenge or appeal. Men in this population would not seek help mainly due to their longstanding trust issues which is directly linked to a chaotic upbringing that the prisoners have (Young, Klosko, & Weishaar 2003). Childhood adversity leading to interpersonal difficulties was also relevant to UK military personnel (Hines, Jawahar & Wessely et al 2013; Pinder, Iversen & Kapur et al 2011). Pinder, Iversen & Kapur et al (2011) suggests that it is the younger men that are more likely to be at risk of self-harm. This could be that they are not mentally prepared or mature enough to cope with the military lifestyle and do not have, or access to, the necessary support. Hawton, Harriss & Casey et al (2009) suggest that servicemen self-harm predominantly because of relationship difficulties with partners and also employers rather than any issues related to deployment. They also suggest that these men abuse alcohol to cope, which can then have a negative impact on their relationships and leads them to be further susceptible to self-harm.

Clinician attitudes

Clinician attitudes towards self-harm is another key theme that has arisen from the literature. Service users have frequently experienced negative attitudes, particularly on the initial referral and they can be pessimistic of developing a therapeutic relationship. This can have a significant impact on whether a service user chooses to engage (Sampson, McCubbin & Tyrer 2006).This is supported by Patterson, Whittington & Bogg (2007) who suggest that nurse’s attitudes towards repeated self-harmers can be negative and lead to disengagement from services.

Hume & Platt (2007) considered the attitudes of the client rather than just the clinician attitude. They found that a person’s personal circumstances and life history were strongly related to the nature of self-harm and their own attitudes to interventions. They found that the majority of patients in their sample had positive experiences with hospital clinicians, however the patients with

alcohol dependency had very different experiences. Also whilst most patients wish to be treated in the community there is a desire on occasions for patients to be admitted to hospital depending on their level of crisis or distress.

Commons Treloar & Lewis (2008a) found that there were significant differences between emergency medical staff and mental health clinicians in their attitudes towards working with people with BPD and who self-harm. They found that the strongest predictor of attitude was dependent on whether they worked in an emergency department or in a mental health setting. Also their attitudes depended on the years of experience and access to recent and relevant training. These findings are supported by Saunders, Hawton & Fortune et al (2012). They found that the attitudes of general hospital staff towards people who self-harm, and in particular the attitudes of doctors were predominantly negative. Self-harm patients were viewed more negatively than other patients, except those who abused drugs and alcohol. Another interesting finding is that staff have more negative attitudes if they work in hospital rather than in the community.

It was noticeable in the study by Commons Treloar & Lewis (2008b) that when clinicians were asked to rate their attitudes, men consistently rated themselves more negatively and consequently did not show the same level of attitudinal improvement as females. Commons Treloar & Lewis (2008b) suggest that this may be due to female clinicians being more able to empathise with clients with significant emotional difficulties and could be related to a higher prevalence of women diagnosed with BPD. Saunders, Hawton & Fortune et al (2012) found that female clinicians have more positive attitudes than male clinicians which correlates with the findings by Commons Treloar & Lewis (2008b).

Education

Formal training should be available to all clinicans who regularly treat people who self-harm as it consistently leads to improvements in knowledge and self-reported attitudes. A lack of specific training may contribute to negative attitudes toward people who self-harm (Saunders, Hawton & Fortune et al 2012). There is a need for access to regular training opportunities for all health clinicians to help them facilitate empathetic responses to people with complex disorders and self-harming behaviours (Commons Treloar & Lewis 2008b; Saunders, Hawton & Fortune et al 2012). Patterson, Whittington & Bogg (2007) suggest that education and knowledge can have a significant role to play in influencing clinician attitudes, particularly if the educational intervention involves more than the presentation of just facts. Fry (2012) developed bespoke training for clinicians working with suicide and self-harm within a high secure hospital which was facilitated through the combination of an e-learning module and a one day workshop. The workshop involved exploring staff attitudes to suicide and self-harm and the management of behaviour of self-harming patients. The feedback from the participants was positive and they benefitted from sharing experiences with colleagues from a range of disciplines, and from changing and improving their clinical practice. Clinicians who had received targeted education on BPD also had a significantly more positive response to self-harming behaviours in BPD (Commons Treloar & Lewis 2008b; Krawitz 2004). Access to clinical education on BPD and self-harm can improve clinicians' attitude ratings and they recommend that regular access to appropriate education will help maintain positive attitudes and empathetic responses.

Conclusion

This review has explored the reasons why men self-harm, with the intention of finding a way to educate clinicians and inform practice. The three key themes that have arisen from the literature are; interpersonal relationships, attitudes, and education.

These findings are vital to help increase the understanding and awareness of male self-harm. Despite the range of populations studied the key ingredient of interpersonal relationships is present throughout. It is important to utilise these findings to educate staff who work with this client group. Clinicians working with men who self-harm need to recognise that self-harming is frequently a means to communicate. Too often clinicians only deal with the immediate self-harm and fail to understand the trigger for the behaviour. Sometimes the presenting self-harm triggers a negative emotional reaction from the clinician (Rayner, Allen, & Johnson 2005). If clinicians are aware that these emotions might be triggered then they need to be supported to be self-aware and to develop their understanding and knowledge of self-harm and also the triggers and antecedents preceding the act of self-harm

The recurring theme of clinician attitudes and the impact negative attitudes can have on service users is startling. Considering that health professionals have a duty to care it should be expected that they will always be empathic and supportive to any situation encountered by service users. These studies have highlighted the importance of educational interventions and their potential for improving clinician attitudes. It is important for clinicians to attend regular training to understand the issues surrounding self-harm as they might not know how they would react in a given situation until it actually occurs. They can then relate their experiences to the theory and evidence. If more clinicians are educated as to the reasons that men self-harm then hopefully they will become more empathic and accepting and be able to improve their therapeutic relationships and in turn improve the quality of patient care. It is important to challenge attitudes and beliefs which can be a complex process.

This review highlights that there is further work to do not only in understanding why men self-harm but also to consider reasons why male clinicians have more negative attitudes towards self-harm compared to their female colleagues.

References

Adamson V & Braham L (2011) Pathways to episodes of deliberate self-harm experienced by mentally ill men in a high secure hospital over the course of their lives: an exploratory study. *British Journal of Forensic Practice*, 13, 3, 169-182

Commons Treloar A & Lewis A (2008a) Professional attitudes towards deliberate self-harm in patients with borderline personality disorder. *Australian and New Zealand Journal of Psychiatry*, 42, 578-584

Commons Treloar A & Lewis A (2008b) Targeted clinical education for staff attitudes towards deliberate self-harm in borderline personality disorder: randomized controlled trial*. Australian and New Zealand Journal of Psychiatry*. 42, 981-988

Fry J (2012) Suicide awareness and prevention training in a high security setting. *Mental Health Practice,* 15, 6 ,25-31

Galdas P, Cheater F & Marshall P. (2005) Men and health help-seeking behaviour: literature review. *Journal of Advanced Nursing*. 49, 6

Gallagher J & Sheldon K (2010) Assessing the functions of self-harm behaviours for dangerous and severely personality disordered males in a high secure hospital. *British Journal of Forensic Practice*, 12, 1, 22-32

Hawton K, Harriss L & Casey D, et al (2009) Self-harm in UK armed forces personnel: descriptive and case-control study of general hospital presentations. *British Journal of Psychiatry*, 194, 266-272

Hines L, Jawahar K & Wessely S, et al (2013) Self-harm in the UK military. *Occupational Medicine*, 63, 354-357

Howerton A, Byng R & Campbell J et al (2007) Understanding help seeking behaviour among male offenders: qualititative interview study, [online], *British Medical Journal*, www.bmj.com

Hume M & Platt S (2007) Appropriate interventions for the prevention and management of self-harm: a qualitative exploration of service-user's views. *BMC Public Health*, 7, 9,

Krawitz R (2004) Borderline personality disorder: attitudinal change following training. *Australian and New Zealand of Psychiatry*, 38, 554-559.

Law M, Stewart D & Pollock N et al (2007) Critical review form - Quantitative Studies, McMaster University.

Lazar K (2013). Facing the puzzling urge to injure. [online]. The Boston Globe 11th March.

Letts L, Wilkins S & Law M et al (2007) Critical review form - qualitative studies (version 2.0), McMaster University

McAuliffe C, Arensman E & Keeley H et al (2007) Motives and suicide intent underlying hospital treated deliberate self-harm and their association with repetition. *Suicide and Life-threatening Behaviour*, 37, 4, 397-408

McLaughlin C (2007*) Suicide-related behaviour: understanding, caring and therapeutic responses*, Chichester, Wiley

Mannion A (2009) Self-harm in a dangerous and severely personality disordered population, *Journal of Forensic Psychiatry & Psychology*, 20, 2, 322-331

Moorey S (2010) Managing the unmanageable: Cognitive behaviour therapy for deliberate self-harm. *Psychoanalytical psychotherapy*, 24, 2, 135-149

National Self Harm Network (1998). Self-injury, myths and common sense. [online]. National Self-harm Network,

Ogrodniczuk J & Oliffe J (2010) Manning up for men's mental illness. *Australian Family Physician*, 39, 12, 931-932

Patterson R, Whittington R & Bogg J (2007) Testing the effectiveness of an educational intervention aimed at changing attitudes to self-harm. *Journal of Psychiatric and Mental Health Nursing*, 14, 100-105

Pinder R, Iversen A & Kapur N et al (2011) Self-harm and attempted suicide among UK armed forces personnel: results of a cross-sectional survey. *International Journal of Social Psychiatry*, 1-7

Rayner G, Allen S & Johnson M (2005) Countertransference and self-injury: a cognitive behavioural cycle. *Journal of Advance Medicine*, 50 1, 12-9

Royal College of Psychiatrists (2010). *Self-harm, suicide and risk: helping people who self-harm. Final report of a working group*. London, Royal College of Psychiatrists College Report CR158.

Sampson M, McCubbin R, & Tyrer P (Eds) (2006) *Personality disorder and community mental health teams; a practitioner's guide.* Chichester, John Wiley & sons

Saunders K, Hawton K & Fortune S et al (2012) Attitudes and knowledge of clinical staff regarding people who self-harm: A systematic review, *Journal of Affective Disorders* 139, 205-216

Taylor B (2003) Exploring the perspectives of men who self-harm. *Learning in Health and Social Care* 2, 2, 83-91

Wilkinson P & Goodyer I (2011) Non-suicidal self-injury. *European Child & Adolescent Psychiatry* 20, 103-108

Young J, Klosko J & Weishaar M (2003*) Schema therapy: A practitioner's guide*. New York: Guilford Press