

Review article

Self-esteem and non-suicidal self-injury in adulthood: A systematic review

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ARTICLE INFO

Keywords:

Self-esteem
 Non-suicidal self-injury
 Systematic review
 Adults
 Self-criticism

ABSTRACT

Background: Non-suicidal self-injury (NSSI) is a self-destructive act that represents a considerable burden on the individual and society. Low self-esteem may be a psychological variable that is related to NSSI. However, little is known about the nature of this relationship in adulthood. This systematic review therefore aimed to provide a synthesis of the available literature on the relationship between self-esteem and NSSI.

Methods: Articles were independently identified and risk of bias assessed by two reviewers searching PsycINFO, CINAHL, Medline and Web of Science databases. Inclusion criteria were: (1) a mean sample age of eighteen years or over (2) full manuscripts available in English (3) assessment of NSSI (4) assessment(s) of self-esteem. A narrative synthesis of results was undertaken. A random-effects meta-analysis of differences in self-esteem between NSSI and non-NSSI groups was also undertaken.

Results: Seventeen studies were identified and indicated a significant negative relationship between self-esteem and NSSI. The meta-analysis indicated lower self-esteem in those with experiences of NSSI versus those without, $d = 0.59 - 1.17$. Results suggested that although low self-esteem and NSSI are related in both clinical and non-clinical populations, there are a number of factors which also influence this relationship.

Limitations: The absence of longitudinal research is a major limitation of this literature.

Conclusions: It will be important for clinicians to consider the impact of self-esteem in those seeking support for NSSI. Further research should undertake longitudinal research to better understand the self-esteem and NSSI relationship.

1. Self-esteem and non-suicidal self-injury in adulthood: a systematic review

Non-suicidal self-injury (NSSI) is a major public health concern (García-Nieto *et al.*, 2015), with lifetime prevalence rates in adulthood reported as ranging between 5.9% (Klonsky, 2011) and 23.2% (Muehlenkamp and Gutierrez, 2007). Gaining a clear picture of adult prevalence can be difficult due to limited research (Whitlock *et al.*, 2011) and the stigma surrounding such acts (Borrill *et al.*, 2012). This has led to reports that there are consistent underestimations of the rates of NSSI in the general population (Taylor *et al.*, 2011). NSSI can be defined as “the deliberate, direct destruction of body tissue without conscious suicidal intent” (Lloyd-Richardson *et al.*, 2007) and commonly includes behaviors such as cutting, burning and scratching the skin, along with hitting or banging oneself (Zetterqvist, 2015). Despite NSSI pertaining to behaviors occurring without suicidal intent, it is associated with subsequent risk of suicidal acts (Hamza *et al.*, 2012). For example, NSSI in the past year increased the odds of a suicide

attempt 5.7 times in one study (Tang *et al.*, 2011). A knowledge of the psychological variables that lead to NSSI is beneficial both in terms of prevention (e.g., identifying vulnerable groups) and intervention (e.g., developing tailored intervention). Self-esteem has been suggested as one variable that may account for NSSI, but the literature on this association has not yet been systematically reviewed. Notably, NSSI research has focused on children and adolescents and there has been criticism of the paucity of research undertaken with adults (Kapur *et al.*, 2013). Thus, the current review focuses on the association between self-esteem and NSSI in adults.

People who engage in NSSI are a heterogeneous group (Lloyd-Richardson *et al.*, 2007), with a number of possible factors leading to the engagement and maintenance of such acts (Garisch and Wilson, 2015). Early adverse life events are possible key contributors to engagement in NSSI including: childhood sexual abuse (Jacobson and Gould, 2007), parental emotional neglect (Gratz, 2006), bullying (Claes *et al.*, 2015), or having a peer who also engages in NSSI (Deliberto and Nock, 2008). Adverse life events such as these have also been

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hypothesized as contributors to low self-esteem (Marshall et al., 2015). In addition, empirical evidence has demonstrated that NSSI is undertaken by some to alleviate negative emotions (such as low self-esteem) and may be used in times of difficulty in a person's life (Klonsky and Muehlenkamp, 2007). Therefore examining the influence of a psychological mediator such as self-esteem may be helpful in understanding what maintains a relationship between adverse events and NSSI.

Self-esteem can be understood as a general, global judgement of oneself (e.g., am I a good person or worthwhile person; Leary and Baumeister, 2000) and low self-esteem has been identified as a risk factor for other problems closely related to NSSI, such as suicide (Gooding et al., 2015) and depression (Orth et al., 2008). In addition, concepts aligned with low self-esteem are cited as motives for NSSI such as self-punishment (Glassman et al., 2007), disappointment in oneself (Stroehmer et al., 2015) and feelings of shame (Schoenleber et al., 2014; see also review by Edmondson et al., 2016). This suggests an influence of negative feelings towards the Self in both initiating (Muehlenkamp et al., 2013) and maintaining (Lloyd-Richardson et al., 2007) NSSI. People with low self-esteem may also find it easier to engage in NSSI due to a lack of self-regard (Kittila, 2012). Indeed, a lack of regard for the body was found to moderate the relationship between emotional dysregulation and engaging in NSSI (Muehlenkamp et al., 2013). In addition, low self-esteem is an adverse state which people may wish to alleviate through NSSI as hypothesized through the Experiential Avoidance Model (Chapman et al., 2006). This was examined by Hooley et al. who targeted a self-esteem-based intervention for reducing NSSI. Their intervention demonstrated a decrease in NSSI ideation and decreased tolerance to pain (Hooley and St. Germain, 2013). Therefore, self-esteem may be an important factor in maintaining NSSI acts in adulthood and an important target for NSSI interventions.

The aim of this current study is to systematically review and synthesize the available literature surrounding the relationship between NSSI and self-esteem in adulthood. In particular, we aimed to determine whether low self-esteem leads to the onset and maintenance of NSSI.

2. Method

2.1. Pre-registration of review protocol

The review protocol was pre-registered with the International Prospective Register of Systematic Reviews (PROSPERO) with the registration number CRD42016032954 (See Appendix A for departures from protocol).

2.2. Search strategy

The electronic databases PsycINFO, CINAHL, Medline and Web of Science were searched by the author from date of inception until January 2016, using the following search terms combined with Boolean operators: ("self-esteem" OR "self-perception*" OR "self identit*" OR "self crit*" OR "self-attack*") AND ("self-harm*" or "self injur*" or NSSI or DSH or "self mutilat*" OR "parasuicid*"). First, abstracts and titles were screened for inclusion independently by the first (RF) and second authors (HS). Then, the first author assessed the full-texts of the remaining papers for eligibility. Hand searches of references in eligible articles and key review articles (Fliege et al., 2009) were also undertaken. Corresponding authors of included papers were contacted concerning any other published or unpublished studies that may be eligible for inclusion. Sixteen articles were eligible for inclusion in this review, with the search results illustrated in Fig. 1. Data was extracted from included articles by the first author using a data extraction form. This search was updated from January to November 2016 by the last author, identifying a further paper (PJT; See Fig. 1).

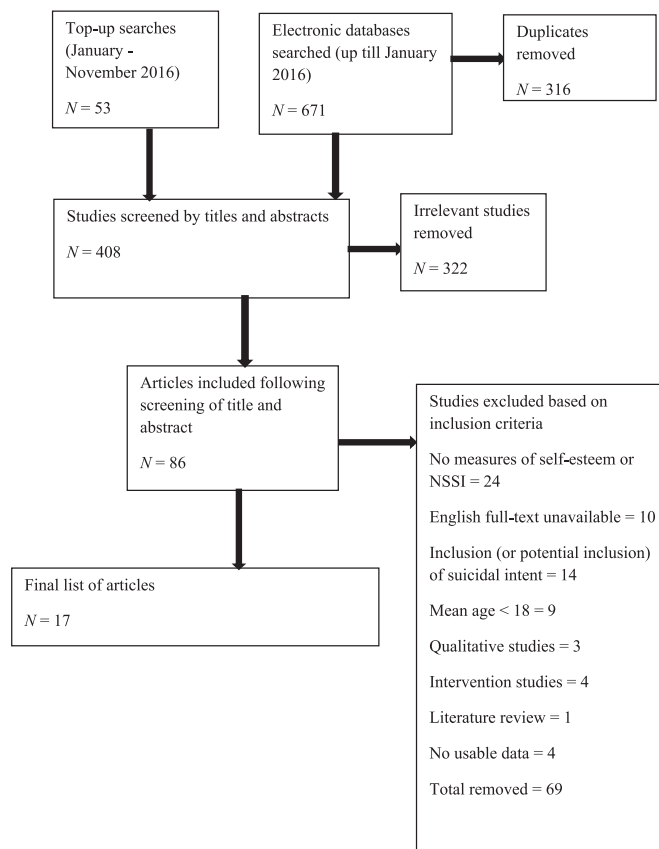


Fig. 1. Flow chart of articles identified via literature search and screening.

2.3. Inclusion and exclusion criteria

Inclusion criteria for this review required papers to have: a mean sample age of eighteen years or over; full-text available in the English language; assessment(s) of NSSI; and assessment(s) of self-esteem; analysis of the association between NSSI and self-esteem. Self-esteem was defined as a person's overall, affective evaluation (positive or negative) of their own worth (Sowislo and Orth, 2013; Waite et al., 2012). However, it has been suggested that self-esteem is multi-dimensional (e.g., Rentzsch et al., 2015) and that it is possible to delineate more specific facets of self-esteem (e.g., bodily self-worth; Muehlenkamp et al., 2013). Within the current review we therefore also included studies measuring these more specific facets of self-esteem (i.e., a subjective evaluation of a particular aspect or dimension of one's self). Concepts such as self-criticism were included as measures of self-esteem, as they involve a personal judgement of self-worth or value. Exclusion criteria were: over half the sample had a co-morbid diagnosis of an intellectual disability; qualitative method; studies where it was unclear if self-injury demonstrated underlying suicidal intent. Case-control, cross-sectional, correlational and prospective designs were included. Experimental designs where a level of self-esteem was manipulated in some way were not included. Trials of interventions aimed at altering levels of self-esteem were included where relevant data was available concerning the link between self-esteem and NSSI in the control group.

2.4. Risk of bias

To evaluate the risk of bias, independent assessments of selected papers were undertaken by the first (RF) and second authors (HS). The third author (KJ) resolved disagreements in quality ratings through discussion and reaching a consensus. All ratings were also finally reviewed by the fifth author (PJT). The Agency for Research and

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