Masculinity and Men’s Self-Harm Behaviors: Implications for Non-Suicidal Self-Injury Disorder

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A composite of clinical cases treated by the authors is presented to illustrate the complexity of understanding nonsuicidal self-harm as it occurs in men, particularly in the context of Non-Suicidal Self-Injury (NSSI) disorder, a condition for further study in the fifth edition of Diagnostic and Statistical Manual of Mental Disorders. As a function of adherence to masculine norms, intentionality, social acceptability, and functions of self-harm behaviors common among men do not appear to be in line with diagnostic criteria for NSSI disorder, despite these behaviors resulting in serious tissue damage worthy of clinical and research attention. Suggestions for novel approaches to the assessment and treatment of self-harm, particularly in light of men’s difficulty identifying and discussing intentionality of self-harm behaviors, are presented along with specific recommendations clinical practice.

Keywords: gender, masculinity, nonsuicidal self-injury disorder, self-harm, self-injury

Nonsuicidal self-harm has long been understood as a gendered phenomenon, primarily as a result of a discrepancy in the prevalence of nonsuicidal self-harm between women and men. Likely for this reason, few studies have specifically examined these behaviors in men (Andover, Primack, Gibb, & Pepper, 2010; Green, Addis, Kearns, Ledoux, & Marx, 2015). Results of early studies suggested that women engage in nonsuicidal self-harm behaviors more often than do men (Graff & Mallin, 1967; Favazza, 1992). However, more recent findings suggest that the prevalence of nonsuicidal self-harm is increasing in men, with men constituting 30% to 40% of those who self-harm in some studies (Ross & Heath, 2002; Whitlock & Knox, 2007), and nearly identical rates of nonsuicidal self-harm between women and men in other samples (Gratz, 2001; Green et al., Unpublished results).

Additionally, findings on the ways in which men engage in nonsuicidal self-harm are troubling. Research suggests that men may self-harm more severely than women and that men may be less likely to appropriately care for these wounds, resulting in further medical complications (Claes, Vandereycken, & Vertommen, 2007). Men are also more likely than women to report self-harming with greater severity than intended, and self-harming men are more likely to report suicidality than are self-harming women (Whitlock et al., 2011). Yet, men are less likely to see their self-harm behaviors as problematic and less likely to seek help for these behaviors relative to women who self-harm (Whitlock, Muehlenkamp, & Eckenrode, 2008).

Clinicians may be less likely to assess for nonsuicidal self-harm in men because of the historically gendered views of these behaviors, or may be less likely to recognize nonsuicidal self-harm in male clients because of gender differences in specific types of nonsuicidal self-harm (Whitlock et al., 2011). Findings described above highlight the importance of studying nonsuicidal self-harm in men, both because of its increasing prevalence and known severity; however, beyond these compelling findings, detailed investigations of nonsuicidal self-harm in men are scant, leaving many important clinical questions about how to recognize, understand, and address self-harm in men.

In the past four decades, the study of male gender norms and their influence on men’s behaviors and psychology has grown exponentially, resulting in a greater awareness and understanding of the impact of masculine gender socialization on various areas of intrapersonal and interpersonal functioning. Nonetheless, there is a need to acknowledge the within group variability of men’s adherence to “traditional” male gender norms and the multiple forms and expressions of masculinity. As such, gender informed approaches to examining self-harm in men is complex and may vary across various societal, racial, and regional expressions of masculinity. This complexity may partly inform some of the challenges in researching men’s self-harm behaviors, as developmental and cross-cultural variations may obscure important features of men’s nonsuicidal self-harm.

Extant definitions of self-harm further complicate the study of these behaviors as they occur in men. There are many terms used in the field to describe acts in which individuals hurt themselves,
the broadest of these being self-harm, which covers any behavior in which one causes self-inflicted tissue damage (other terms include direct and indirect self-harm, nonsuicidal self-harm, self-injury, nonsuicidal self-injury). Though these terms are similar, each varies with some degree regarding the methods, intentions, and functions of self-damaging behaviors that they describe. Some efforts have been made to clarify these terms and their meanings so that self-damaging behaviors can be better classified and studied. Recently, Non-Suicidal Self-Injury (NSSI) disorder was added to the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) as a condition for further study (APA, 2013). NSSI disorder diagnostic criteria require that self-damaging behaviors be intentional, that they not be socially acceptable, and also specify certain functions for these behaviors. However, when considering the research on gender differences in self-harm characteristics, these criteria do not appear to fully capture self-damaging behaviors as they occur in men. Indeed, these criteria are likely to overlook many men’s self-damaging behaviors, which likely present with different methods and distinctions in regards to intentionality, social acceptability, and function.

The purpose of this study is to highlight the ways that men’s self-damaging behaviors are informed by traditional male gender norms, and as a result, are not adequately represented by current definitions. The result is that many self-harm behaviors in men are understudied and overlooked by researchers and clinicians. To make this case, we review relevant literature regarding men’s self-damaging behaviors, addressing forms and intentionality, social acceptability, and functions of these behaviors, and the ways in which these differ from extant definitions. We also discuss the ways in which masculine gender socialization affects the presentation and underlying causes of these behaviors while addressing why these differences cause many men’s self-damaging behaviors to go unnoticed (e.g., arguments like “Boys will be boys,” or “That’s just guys acting tough and doing guy stuff”). To illustrate these phenomena more tangibly, we then provide a case study based on a composite of several male patients treated by the authors for whom self-damaging behaviors were prominent features in their clinical care. We conclude with an analysis of the case to highlight features of men’s self-harm that might not be captured by existing models of this behavior and present clinical and research recommendations, including directions for future research regarding men’s self-damaging behaviors.

Method and Intentions of Self-Harm

There are only a few forms of “direct” self-harm–self-damaging behaviors in which the intent to harm oneself is clear—that men are more likely to engage in than are women (e.g., burning, self-hitting (Andover et al., 2010; Claes et al., 2007; Whitlock et al., 2011). However, men are more likely to engage in many “indirect” self-harm behaviors (self-damaging behaviors without clear intent) than are women (St. Germain & Hooley, 2012; Hooley & St. Germain, 2014). Indirect self-harm behaviors include substance abuse and unsafe sexual practices as well as high-risk behaviors (e.g., driving at high speeds, unsafely interacting with deadly weapons, otherwise putting one’s body in immediate physical danger; Farberow, 1980; Walsh, 2006) Additionally, there are several behaviors that have often been labeled as traditionally male expressions of anger and frustration that may contain a self-injurious component (Whitlock et al., 2011). These include punching walls or objects, shooting staples into one’s leg, smashing beer cans on one’s head (Nock, 2008), betting or daring friends to engage in nonsuicidal self-harm acts (e.g., stunts and dares), and going out with a group of friends to “pick fights” with others. There is strong evidence to suggest that these and similar behaviors are linked to adherence to traditional masculine norms. For example, self-reported acts of aggression or violence have been linked with adherence to traditional male norms (Cohn et al., 2010; Cohn & Zeichner, 2006; Jakupcak, 2003), as have thrill-seeking and risk-taking behaviors (e.g., over consumption of energy drinks or alcohol, unprotected sex, reckless driving; Iwamoto, Cheng, Lee, Takamatsu, & Gordon, 2011; Miller, 2008; Santana et al., 2006; Schmid, Sieverding, Esslen, Graber, & Jancke, 2008).

Researchers and clinicians have struggled to determine the degree to which these behaviors are, in fact, NSSI, particularly with regard to the intentionality surrounding these acts. Given the seemingly impulsive nature of these behaviors, they do not appear to satisfy the proposed criteria C2 (period preceding self-harming act marked by preoccupation with the intended behavior that is difficult to control) or C3 (frequently thinking about self-harming act even when these thoughts are not acted upon) of NSSI disorder. Adherence to traditional male gender norms, however, is associated with difficulties to articulate thoughts and feelings (Levant et al., 2003). As such, men might not readily identify the intentionality behind some of their actions. For example, subtle nonverbal behaviors might contribute to the initiation of a confrontation and the escalation to a violent altercation, even if one man (or both men) maintains they were not “looking to get into a fight” or intentionally seeking out the “adrenaline rush” that might come from fighting. Although we do not suggest that these indirect self-harm behaviors be considered NSSI or that the criteria for NSSI disorder be adjusted, we strongly recommend that these behaviors be considered for further study in relation to and contrasted with NSSI.

Social Acceptability of Self-Harm

Criterion D states that the NSSI behavior must not be socially sanctioned and, as such, many of the self-harm behaviors described above do not meet criteria for the disorder. We contend that this demarcation may be difficult to ascertain, and may mark the start of a ‘slippery slope.’ There are numerous behaviors that men engage in, many of which are linked with adherence to traditional male gender norms, that have been identified as troubling, dangerous, and problematic (over consumption of energy drinks or alcohol, unprotected sex, reckless driving; Iwamoto et al., 2011; Miller, 2008; Santana et al., 2006; Schmid et al., 2008). That these behaviors are in line with traditional male gender norms does not make them any less problematic, nor does it prevent the field from responding to them with appropriate clinical and research attention. Further, to suggest that these behaviors, because they are in line with dominant masculine norms, should not be considered self-harming is an argument that may further the problem of ‘invisibility’ with powerful groups, as outlined in feminist approaches (Addis, 2011; Kimmel, 1993). The end result may be that men’s behaviors are labeled as normative (e.g., “boys will be boys”) whereas women’s behaviors are labeled as “disordered.”
Functions of Self-Harm

The DSM–5 proposed criteria for NSSI disorder outline three possible functions for NSSI (criterion B). These are obtaining relief from a negative feeling state, inducing a positive feeling state, or resolving an interpersonal difficulty (APA, 2013). More elaborate is Nock and Prinstein (2004, 2005) four function model (FFM) of nonsuicidal self-harm which is based on their factor analysis of the Functional Assessment of Self Mutilation (FASM; Lloyd, 1998; Lloyd, Kelley, & Hope, 1997). These factors are (a) automatic positive reinforcement, (b) automatic negative reinforcement, (c) social positive reinforcement, and (d) social negative reinforcement. The term “automatic” refers to reinforcement that is carried out by oneself, and suggests that what may maintain the behavior are the physical sensations and emotions that arise when one engages in nonsuicidal self-harm (i.e., emotion regulation), whereas social reinforcement is informed by interpersonal reactions and context in which the NNSI occurs.

Prototypical nonsuicidal self-harm is thought to be maintained by automatic negative reinforcement (e.g., cutting to alleviate negative feelings). This is the function most often endorsed across a variety of studies of nonsuicidal self-harm (Klonsky, 2007). For example, NSSI is commonly associated with borderline personality disorder (BPD) but is increasingly understood as a learned, maladaptive behavior used to regulate emotional distress among individuals with BPD as well as other mental disorders. These include depression, posttraumatic stress disorder, and psychotic disorders (Chapman, Gratz, & Brown, 2006; Gratz, Breetz, & Tull, 2010; Nock & Prinstein, 2004, 2005; Selby, Bender, Gordon, Nock, & Joiner, 2012). Additionally, NSSI seems to serve a similar function among individuals without a specific diagnosis but who are experiencing psychological distress (Walsh, 2006). This view is further supported by recent psychophysiological research findings suggesting that nonsuicidal self-harm can help to regulate cognitive-affective distress (Franklin et al., 2010; Nock, Hooley, & St. Germain, 2009; Nock & Mendes, 2008). Laboratory studies have found evidence of negative affect reduction (negative reinforcement), with decreases in measures of psychophysiological activity (heart rate, skin conductance) after viewing self-harm stimuli or after exposure to a self-harm script (Haines, Williams, Brain, & Wilson, 1995; Welch, Linehan, Sylvers, Chittams, & Rizvi, 2008). Similarly, Schmahl et al. (2006) found that BPD patients with a history of self-harm, while engaging in a self-harm proxy, exhibited brain activity associated with a downregulation of the emotional components of pain. A recent real-time ecological assessment of self-harm behaviors suggests that anger and self-hatred often precipitate self-harm (Nock, Prinstein, & Sterba, 2010). However, in an inpatient sample of self-injurers, men were less likely to report nonsuicidal self-harm as a form of self-punishment and were more likely name avoidance of negative feelings as a reason for their nonsuicidal self-harm (Claes et al., 2007). Whether understood within the context of BPD, other mental disorders, or general states of distress, both men and woman who engage in direct and indirect self-harm may do so to manage negative affect (Chapman et al., 2006; Cohn et al., 2010; Klonsky, 2007; Walsh, 2006).

The functions of NSSI to produce positive emotional states and/or positive reinforcement from others has received less attention. However, it is notable that men may be more likely than women to engage in NSSI for this reason and that these positively reinforced patterns might include the seeking of social approval (vs. the resolution of interpersonal conflict). For example, men’s nonsuicidal self-harm is more likely done to experience a rush or high and to be more often occurs in the presence of others (Klonsky & Glenn, 2009; Whitlock et al., 2011). This notion, that many men’s nonsuicidal self-harm behaviors are maintained by positive rather than negative reinforcement, changes the presentation of what one thinks of in response to the term “self-injurer.” Where one may typically imagine someone sitting alone, engaging in a quiet, sometimes ritualistic act to find calm, perhaps, too, we should think on the individual that that performs nonsuicidal self-harming stunts or dares in front of friends in order to seek not only a physiological rush, but also approval from peers. Thus, self-harm behaviors in men may be more likely to be maintained by others’ positive reinforcement (i.e., attention, approval, and or increased social status).

Nock (2008) describes additional social functions of NSSI that are in line with traditional male norms and which may be particularly relevant for men. Self-harming to communicate strength and fitness (positive reinforcement) and to ward off potential aggressors (negative reinforcement) may be particularly useful in attempting to establish or maintain dominance in male peer groups (e.g., “Don’t try to fight Jim. Do you know he branded himself? Imagine how tough he is to do that!”). Self-harm may also be a means by which to indicate affiliation with a group, with Nock (2008) providing the example of fraternity brothers branding their skin and becoming ‘blood brothers’ through other self-damaging behaviors. These forms of bonding through violent or damaging behaviors are thought to be associated with adherence to masculine norms (Addis, 2011) and may serve to communicate dominance and hierarchy or serve as leverage for group inclusion.

Communicative properties of self-harm may also be of particular importance in maintaining men’s self-harm given some men’s difficulties otherwise communicating thoughts and feelings. Many men, as a function of masculine gender socialization, are discouraged at a young age from expressing vulnerable thoughts and feelings (Levant et al., 2003, 2006; Levant & Pollack, 1995). This process is said to result in difficulties surrounding affective communication in adulthood (Levant & Pollack, 1995; Real, 1997). As such, men may use self-harm as a means by which to communicate psychological distress to those around them; the receipt of comfort or support, or the termination of conflict may reinforce these behaviors within interpersonal contexts. Indeed there is evidence to suggest that men are more likely than women to openly display the results their self-inflicted wounds (Claes et al., 2007), and are more likely to report engaging in nonsuicidal self-harm because they were angry with someone (Whitlock et al., 2011).

In summary, the research examining the functions of self-harm lends support to the notion that these behaviors may not only present differently among men, but may more often be supported by different functions (social and positive reinforcers) than are generally associated with prototypical self-harm (automatic and negative reinforcers). Though NSSI disorder criteria seems to capture positive and negative automatic reinforcers, as well as negative social reinforcers, they omit the positive social reinforcers that may be more common among men. This represents a significant gap in proposed diagnostic criteria.
Characterizing Non-Suicidal Self-Harm in Men: Case Example

Taken together, men’s expressions of and responses to psychological distress, as a function of masculine gender socialization, provide a rationale for why some men’s nonsuicidal self-harm behaviors present as distinctly different from proposed NSSI disorder diagnostic criteria. The following case example is used to highlight and characterize aspects of theory and research discussed with regard to nonsuicidal self-harm in men, as well as the influences of traditional male gender norms on these phenomena. Although it is a composite, the clinical case presented is the presentations of actual patients.

The methods of self-harm presented in this case may not be unfamiliar to researchers and clinicians. On the surface these behaviors appear as though they are simply traditionally masculine externalizing behaviors with regard to form (impulsive, violent outbursts directed outward) and potentially, function. Many of the behaviors presented in this case are more common among men, present with ambiguity with regard to intentionality, are socially sanctioned within male peer groups and western society (broadly), and, as described, were supported by social and positive reinforcement. They are presented to provide examples of behaviors clearly warranting clinical and research attention but which do not meet criteria for NSSI disorder, and that are not well-captured by many of the current terms used to describe self-damaging behaviors.

Stan is a 19-year-old Caucasian college sophomore working toward his bachelor’s degree in communications. He was referred to campus counseling services after having three separate “accidents” during the semester, all of which required urgent medical attention and resulted in Stan missing a significant amount of class time as a result of these injuries. His grades have subsequently suffered. Stan’s resulting injuries included a badly sprained ankle after jumping off of a 10-foot wall, a head laceration and concussion after hitting his head on a concrete overhang while standing on and jumping off of a friend’s shoulders, and several broken bones in his hand after punching a wall in his dorm room.

Speaking with Stan, he reports that each of these incidences occurred while he was “just messing around” with his friends, with members of his group daring each other to perform risky acts. He reports engaging in other problematics behaviors as well, many of which stem from recreating stunts seen on TV and YouTube with his friends. These stunts have included being pushed in a shopping cart off of a small homemade jump and crashing into a curb, sitting in a circle with his friends and throwing a tennis balls at each other’s genitalia, and inserting staples into his forearm with a stapler, and then pulling them out. Stan reports he and his friends have done without any clear intention for Stan to bring harm to himself. As can be seen in Figure 1, there are several aspects of Stan’s behaviors that meet criteria for NSSI disorder as defined in the DSM–5 (APA, 2013); aspects of criterion A (light to moderate damage with no evidence of suicidal intent), criterion E (causing significant impairment), and criterion F (not better accounted for by other mental disorders or medical conditions). Stan’s wall punching behavior appears to meet criterion C1 as well (negative feelings, such as anger, occurring in the period immediately prior to the self-injurious act). There are also several ways in which Stan’s behaviors, despite being problematic and resulting in impairment, do not meet criteria for NSSI disorder.

Intentionality (an aspect of criterion A) is most ambiguous when Stan describes some picking fights when going out with friends. Although Stan reports an awareness that he may get hurt, he never discusses whether doing so is his intention. He expresses only an understanding that these events will occur at some point in the outing. While one could argue that the repetition of this behavior and Stan’s comments on its certainty of occurring could constitute intentionality, as presented, this behavior does not appear to satisfy criterion this aspect of criterion A. This distinction is far clearer.
Summary of NSSI Disorder Diagnostic Criterion per DSM-5

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<tr>
<th>Criterion</th>
<th>Stan’s Symptoms</th>
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| A. Engaging in intentional self-inflicted damage to the surface of one’s body with the expectation that the injury will lead to only minor to moderate physical harm (i.e., there is no suicidal intent). | ✗ Unclear whether self-damaging behaviors are intentional  
✓ Behaviors result in light to moderate physical harm  
✓ Denies suicidal intent |
| Note: Absence of suicidal intent has either been stated or can be inferred by the individual’s repeated engagement in a behavior that the individual knows, or has learned, is not likely to result in death. |  |
| B. Engaging in self-injury expecting at least one of the following:  
1. Obtain relief from a negative feeling or cognitive state  
2. Resolve an interpersonal difficulty  
3. Induce a positive feeling state | ✗ No evidence behaviors are done to obtain relief from a negative feelings/cognitions (are maintained by automatic negative reinforcement)  
✗ Behaviors seem to have changed an interpersonal dynamic between he and his mother, but unclear whether interpersonal difficulties were resolved.  
✗ No evidence behaviors induce a positive feeling state  
✗ Behaviors are met with positive feedback from friends |
| Note: The desired relief or response is experienced during or shortly after the self-injury, and the individual may display patterns of behavior suggesting a dependence on repeatedly engaging in it. |  |
| C. Intentional self-injury is associated with at least one of the following:  
1. Interpersonal difficulties or negative feelings or thoughts, such as depression anxiety, tension, anger, generalized distress, or self-criticism occurring in the period immediately prior to the self-injurious act  
2. Prior to engaging in the act, a period of preoccupation with the intended behavior that is difficult to control  
3. Thinking about self-injury that occurs frequently, even when it is not acted upon | ✓ Only wall punching behavior appears to occur in response to anger/frustration  
✓ Other self-damaging behaviors are often performed in the absence of interpersonal difficulties or negative feelings/thoughts  
✗ Does not report preoccupation with his self-damaging behaviors (actions are impulsive)  
✗ Does not report thinking about his self-damaging behaviors outside of the contexts in which they occur |
| D. The behavior is not socially sanctioned (e.g., body piercing, tattooing, part of a religious or cultural ritual) and is not restricted to picking a scale or nail biting. | ✗ Behaviors are socially reinforced by his friends |
| E. The behavior or its consequences cause clinically significant distress or interference in interpersonal, academic, or other important areas of functioning. | ✓ Behaviors have resulted in significant injuries and, as a result, interfered with his academic performance. |
| F. The behavior does not exclusively occur during psychotic episode, delirium, substance intoxication, or substance withdrawal. In individuals with a neurodevelopmental disorder, the behavior is not part of a pattern of repetitive stereotypes. The behavior is not better explained by another mental disorder or medical condition (e.g., psychotic disorder, autism spectrum disorder, intellectual disability, Lsch-Nyhan syndrome, stereotypic movement disorder with self-injury, trichotillomania [hair-pulling disorder], excoriation [skin-picking] disorder). | ✓ Behaviors often occur when intoxicated, but not exclusively — no evidence of other mental disorders or psychological conditions that better account for self-harm behaviors |

Figure 1. Comparing and contrasting Stan’s symptoms to those of NSSI disorder.

with many of Stan’s other behaviors (e.g., punching walls) in which he describes no intent to harm himself.

The functions of Stan’s behaviors are not in line with those listed in criterion B of NSSI disorder. Although Stan seems to vary in his ability to report on the functions of his behaviors, many of these behaviors appear to be supported by social positive reinforcement (e.g., attention from friends). Though Stan’s pattern of behaviors is consistent with others some men perform to get a “rush” or a “high” (positive automatic reinforcement), there is no evidence to suggest these factors are supporting his current behaviors. Perhaps clearer is the absence of negative automatic reinforcement, which is characteristic of prototypical NSSI. Though Stan reports a change in the dynamic between he and his mother following his first wall punching incident, it is unclear whether he experienced any kind of immediate relief from the anger he reported before this incident.

Similarly, only Stan’s wall punching behavior appears to meet criterion C1 (negative mood immediately before the self-injurious act). None of his other behaviors meet this criterion nor criterion C2 (preoccupation with the intended behavior that is difficult to control) or C3 (thinking about self-injury that occurs frequently, even when it is not acted upon).

Many of Stan’s behaviors appear to be socially sanctioned by his peer group, if not by society more broadly, and do not meet criterion D of NSSI disorder (the behavior is not socially sanctioned). Stan reports many of his friends enjoying his behaviors and wanting to spend time with him. He also notes engaging in these behaviors with many of his friends. More broadly, many of these behaviors might be described simply as “guys being guys” (e.g., picking fights, wrestling, punching walls). Indeed, Stan reports first getting the idea to engage in these behaviors by watching popular TV shows and YouTube videos. Despite not meeting criterion D, it is clear to see that this pattern of behaviors is dangerous and results in significant harm.

Presentations like Stan’s are not uncommon for many men, not just with regard to nonsuicidal self-harm, but with a variety of maladaptive coping behaviors. On the whole, men tend not only to engage in such behaviors more often than do women (Nolen-Hoeksema, 2012; Tamres, Janicki, & Helgeson, 2002), but may also struggle to explain the thoughts and feelings that precede and result from the behavior. More generally, many men, as a function of masculine gender socialization, have difficulty expressing, and perhaps even feeling, many of their emotions (Levant et al., 2003; Levant & Pollack, 1995). As previously discussed, this is often the
result of many men learning, as young boys, to “keep a stiff upper lip” and otherwise suppress or avoid many soft and vulnerable emotions. At the same time, young boys are often encouraged to express more angry or violent emotions. As such, many men may have difficulty experiencing, accurately expressing, and appropriately responding to their own emotions (Addis, 2011; Green & Addis, 2012; Real, 1997).

Our sense is, given the commonality of the behaviors described in Stan’s case, that many men engaging in these acts may not be identified as in need of clinical attention; their behaviors may be seen as prototypically aggressive or violent male behaviors. However, these seemingly aggressive externalizing acts appear to be more than simply impulsive. Rather, they may be functional, perhaps communicating distress and/or garnering support and approval from peers. At the very least, Stan hints at several forms of distress for which his self-damaging acts may provide some relief. From a clinical perspective, clearly there is a great deal of work that can be done with Stan to help him (a) better feel and identify his difficult emotions and (b) find safer ways to cope with these difficult feelings. At the same time, cases like Stan’s argue for the use of careful and potentially novel methods of functional assessment of self-harming behaviors. This is particularly true given recent findings around the importance of functional assessment with regard to self-harm in both clinical and research contexts (Bentley, Nock, & Barlow, 2014; Nock, 2010).

**Summary and Conclusions**

We have argued that masculine gender socialization impacts the forms and functions of some men’s self-harm behaviors. Specifically, we have contended that difficulties expressing intentionality, as well as the perceived normativeness of the forms and functions of some men’s self-harm behaviors, result in these behaviors either being dismissed as not self-injurious or simply as normative for men. In turn, these behaviors may not receive the appropriate research and clinical attention. Through the clinical case presented here we have highlighted areas in need of more attention and research in the field of self-harm in men. As was made clear in this case, the current definition of self-injury is likely to exclude a number of self-harm behaviors that are deserving of attention from both clinicians and researchers. Specifically, it is the notion that a clear function of self-injury should be understood to classify a given behavior as self-injurious, that appears to be problematic when studying this phenomenon in men. As we have highlighted throughout this article, some men, as a function of masculine gender socialization, may be poor reporters of their internal emotion states and of the functions of their behaviors. Further research is needed to determine whether loosening this criterion when studying nonsuicidal self-harm in men may help the field to better understand these behaviors.

Additionally, subtle clinical and research biases as to the prototypical functions of self-harm (negative reinforcement, i.e., injuring to alleviate negative emotion states) may also make it more difficult detect self-injury in men. When men are able to clearly articulate their motivations for self-injuring, they may be more likely to cite positive reinforcers, both automatic (feeling a rush or high) as well as social (receiving approval from friends; Whitlock et al., 2011). Thus, assessing motives and functional associations of self-harm in men may be hindered by the influence of what has been proposed as a normative form of male alexithymia (the inability to express one’s feelings; Levant, 2001).

Finally, masculine gender socialization likely has a strong influence on the ways in which men engage in self-harm. Many of the methods men are likely to report appear more impulsive (note that many of the behaviors commonly men report engaging in do not require tools) and externally violent. These behaviors, in appearance, differ significantly from what one might consider as the prototypical self-injurer, engaging in planned, intentional self-harming behavior. As such, researchers and clinicians are likely to overlook many of the self-harm behaviors men engage in.

**Limitations, Future Research, and Clinical Recommendations**

Assertions made in this article should be viewed in the context of limitations. Throughout, we have discussed men and the impact of traditional male gender norms broadly, often using the term “many men.” It is important to note, however, that traditional masculine norms and their effects on self-harm behaviors exist on a continuum and may vary considerably within and across cultures and subcultures, including age, race, and regional groups. It may be the case that with stronger adherence to traditional male gender norms, men engaging in self-harm will be more likely to do so in the ways described here. Additionally, research has defined a variety of specific traditional male gender norms (e.g., self-reliance, emotional control, risk-taking, violence; Mahalik et al., 2003). It may be the case that some of these components are more closely related to the patterns of self-harm described in this paper than is adherence to traditional male gender norms more broadly. Better understanding the links between masculinity and self-harm behaviors and self-harm from an empirical perspective is an important question for future research. Similarly, as masculinity’s influence on behavior is dependent on context and impacts behavior in a fluid manner (Addis, Mansfield, & Syzdek, 2010), future research should work to understand how one’s perceptions of context, including social others, influences one’s self-harm behaviors.

We suggest that both the forms and functions of self-harm for many men are different than would be prototypically expected. Men’s self-harm may appear more violent and aggressive, may occur in social settings, and may appear to be in-line with many masculine norms. As such, future research should focus on better understanding potential novel methods of men’s self-harm, especially those that are likely to be influenced by the above described factors. In this article, we have suggested several behaviors as good candidates for future research (starting fights, stunts and dares, punching inanimate objects). At present, however, extant measures of self-harm do not capture these behaviors (e.g., Gratz, 2001; Nock, Holmberg, Photos, & Michel, 2007). Additionally, existing measures of self-injurious behaviors ask participants about several specific methods of self-injury and, typically at the end, provide an opportunity for participants to list any other methods used. However, it may be the case that the language used in these measures (i.e., “self-injury”), as well as the more prototypical methods the participant is asked to report on, primes participants to think of prototypical self-injurious behaviors. As such, many men may not report the novel methods that are likely
of interest to future research. New measures will need to be developed to better capture the broad array of self-harm behaviors that occur in men. These measures will also need to make use of nonpriming language so as to capture the broadest spectrum of self-harm behaviors.

For future studies to best understand intentions and functions of men’s self-harm behaviors, researchers will likely need to employ novel means of assessment to circumvent many men’s struggles to articulate the intentions and functions of their behaviors (Levant et al., 2003). The use of implicit measures, behavioral tasks, and ecological momentary assessment have been fruitful both in the study of self-harm (Nock & Banaji, 2007; Nock, Park, et al., 2010; Franklin et al., 2010) and masculinity (Goff, Di Leone, & Kahn, 2012; Green & Addis, 2012). Additionally, it may be useful to take a qualitative research, or “bottom up” approach, asking men directly about ways in which they intentionally injure themselves and what factors they believe might influence their self-harm behaviors.

Future research should also seek to determine whether there are differences with regard to additional self-harm characteristics (number of episodes, age of onset, number of methods) and mental health correlates (depression, anxiety, trauma history, suicidality) between more prototypical self-injurers and those who engage in the previously described novel forms of self-injury. Already there is some evidence to suggest that although those engaging in direct and indirect self-harm have many similar characteristics, the two should be considered separate phenomena (Hooley & St. Germain, 2014).

Clinicians should be alert to both the unique constellation of symptoms that accompany self-harm for many men (appearing as aggression or violence, occurring in social settings), as well as to the factors that likely influence this presentation (masculine norms). Clinicians should assess for underlying psychological distress that likely accompanies these behaviors, as well as for other maladaptive strategies for emotion regulation. Although some men may not consider their behavior self-injurious, careful consideration of contexts and consequences may reveal that these behaviors are being used to alter emotion states in ways that are reinforcing. Men may be more likely to seek a rush or high or approval from peers in the service of injurious, careful consideration of contexts and consequences may reveal that these behaviors are being used to alter emotion states in ways that are reinforcing. Men may be more likely to seek a rush or high or approval from peers in the service of injurious, careful consideration of contexts and consequences may reveal that these behaviors are being used to alter emotion states in ways that are reinforcing.

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