



MOTIVATORS OF REPEATED NON-SUICIDAL SELF HARM: A QUALITATIVE EXPLORATION

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Abstract : The purpose of this study was to investigate what drives young individuals to repeatedly engage in non-suicidal self-harm (NSSH) behaviours. Ten people between the ages of 19 and 27 took part in semi-structured interviews. Six overarching themes and eleven sub-themes were found after using thematic analysis to evaluate the transcribed interviews. The themes offer a thorough grasp of the drivers and contributing elements to the recurring NSSH process. "The self and self-harm," "Relationship with Others," "Intolerance to Uncertainty (feeling out of control)," "Response to Stress," "Emotional Regulation," and "Cessation of self-harm" were the themes that were found.

These themes are further bifurcated as: The self and self-harm: (a) High expectations from self and (b) Punishing self; Relationship with others: (a) High expectations from family; (b) Romantic relationships and (c) Lack of social support and familial issues; Intolerance to Uncertainty: (a) Uncertainty about the future and (b) uncertainty about health; Response to stress (a) Anxiety and panic attacks and (b) Substance abuse; Emotional regulation: (a) Channelizing external aggression and frustration internally; and Cessation of self-harm: (a) Developing new skills and strategies.

By addressing the experiences and viewpoints of the participants, the themes highlighted offer insightful information on the goals and purposes of NSSH. The results of the study have important implication for intervention and preventative measures intended to encourage better coping mechanisms and improve psychological well-being in young adults dealing with recurrent NSSH. It is necessary to conduct additional research to confirm and build upon these findings and provide a more complete knowledge of this phenomenon.

IndexTerms – Self Harm, Non-Suicidal Self Injury, Suicidal Risk Factors.

I. INTRODUCTION

1.1 Defining Self-harm/ Non-Suicidal Self-Injury

The National Institute for Health and Care Excellence defines self-harm as 'any act of self-poisoning or self-injury carried out by a person, irrespective of motivation' (Troya, et al., 2019; NICE, 2011). Self-harm is mostly deliberate in nature. It can be explained as a destruction or alteration of body tissue. It is mostly severe enough that the damage to the tissue is visible (Gratz, 2001). Many researchers see self-harm as a 'maladaptive coping mechanism' used for emotional regulation (Gratz, 2001; Favazza, 1998).

Self-harm may include behavior like hitting with fists or head, burning the skin or cutting the skin (Brereton & McGlinchey, 2019; Mikolajczak, Petrides, & Hurry, 2009). Non-suicidal self harm goes by many names. In the United states, the term 'deliberate self-harm' is used to indicate harm to self without an intention to commit suicide. In the United Kingdom, 'Non-suicidal Self Injury (NSSI)' is used to indicate self-injurious behaviour without any suicidal intent (Brereton & McGlinchey, 2020).

1.2 Prevalance of Non Suicidal Self-Injury globally

Statistics globally indicate that the lifetime prevalence of Non-Suicidal Self Injury (NSSI) in adolescents is 22.0% and during a period of 12 months, it is 23.2% (Xiao, Song, Huang, Hou, & Huang, 2022). This was found out in a meta-analysis of studies between 2010 and 2021. Repetitive NSSI (20.3%) was more common than episodic NSSI (8.3%) (Xiao, Song, Huang, Hou, & Huang, 2022). The most common types of NSSI in adolescents were banging/hitting, pinching and pulling hair whereas the least

common ones were intoxicating substances. The most susceptible subgroups to NSSI were females, adolescents having siblings and/or single parent, and adolescents who smoked or drank (Xiao, Song, Huang, Hou, & Huang, 2022).

The onset of NSSI is usually at 13 years of age. NSSI is reported less in adults with around 5% lifetime prevalence rate (DeAngelis, 2015). There exists quite a difference in NSSI in females and males. It is usually because males present NSSI differently which goes underreported. Self-cutting is seen more in females whereas bruising and/or substance abuse is seen more in males (DeAngelis, 2015).

1.3 Prevalence of Non-suicidal Self-Injury in India

India reports the highest prevalence of NSSI globally. In emerging adults, prevalence rate of 31% has been shown (Singh, 2018; Kharsati & Bhola, 2015). In school and college students, a prevalence rate of 33.8% was shown (Singh, 2018; Bhola, Manjula, Rajappa, & Phillip, 2017). The pooled prevalence rate among adolescents is 17.2% and 13.4% in young adults (Singh, 2018; Swannell, Martin, Page, Hasking, & St John, 2014).

1.4 Types of Non-Suicidal Self Injury

Non-Suicidal Self Injury can be divided into two subtypes: on the basis of frequency and on the basis of severity of the harmful behavior. The first dimension suggests the frequency of the occurrence of harmful behavior to the self. Many factors affect the frequency of the behavior. Broadly, the degree of psychopathology and/or impairment in the individual indicated the frequency of NSSI. Studies report increased frequency of NSSI in individuals with more suicidal ideation, history of childhood abuse and psychiatric diagnosis (Patton, et al., 1997; Whitlock, Muehlenkamp, & Eckenrode, 2008; You, Leung, Fu, & Lai, 2011). The second dimension is based on the severity of harm on the self. There are various methods that are used to harm oneself. Lloyd-Richardson, Perrine, Dierker, & Kelley (2007) attempted classifying 11 NSSI behaviours into categories using factor analysis: (1) moderate/ severe NSSI and (2) minor NSSI. Moderate/ severe NSSI involved behaviours including burning, tattooing, cutting, carving and scraping the skin. Minor NSSI involved behaviours which entailed of hitting, biting, pulling hair, inserting objects in the skin or nails and picking skin.

Another classification in the literature by Whitlock, Muehlenkamp, & Eckenrode (2008) is based on the severity of the method used to harm oneself. The first group of self-injurers included “superficial” damage of the tissue, for example, scratching and pinching. The second group consisted of light tissue damage or bruising, for example, punching and banging. The third group included individuals causing severe damage to the tissue, for example, cutting and burning.

As described above, Non-Suicidal Self Injury has been described as visible forms of direct self inflicted injury such as cutting or burning. From the traditional perspectives, self harm also included ‘self defeating behavior’. This umbrella term was not just used for direct and visible forms to injury to oneself but also included range of self harmful behavior like nail biting and purposive accidents (Germain, Sarah, & Hooley, 2012; Menninger, 1938).

These indirect forms of ‘self defeating behaviors’ were defined as “any deliberate or intentional behavior that has clear, definitely or probably negative effects on the self or on the self’s projects” (Germain, Sarah, & Hooley, 2012; Baumeister & Scher, 1988). Clinicians and researchers do use the terms such as ‘health risk behaviors’ or ‘self-defeating behaviors’ to involve behaviors like disordered eating behaviors, substance use and/or sexual risk taking (Germain, Sarah, & Hooley, 2012).

Self defeating behaviors or ‘indirect self-harm’ can be defined as the kind of behavior that harms the self in an indirect form but doesn’t include direct and visible forms of damage to the body tissue. For example, engaging in unhealthy sexual behaviors and patterns, substance use, persistent indulgence in abusive and unhealthy relationships. These self defeating behaviors are also continuous and persistent in nature. They are so persistent that they tend to interfere with the individual’s daily life and present as a concern to the individual’s friends and family (Germain, Sarah, & Hooley, 2012).

The relationship between indirect NSSI and direct NSSI has not been researched to the fullest extent but current literature suggests that individuals with indirect self-harm patterns, most likely also tend to indulge in direct NSSI at some point in life (Germain, Sarah, & Hooley, 2012). Examples stated in the literature are, high rates of comorbidity between eating disorders and NSSI (Germain, Sarah, & Hooley, 2012; Favaro & Santonastaso, 2000; Favazza, 1998) and links between substance use and NSSI (Germain, Sarah, & Hooley, 2012; Hilt, Nock, Lloyd-Richardson, & Prinstein, 2008; Kessler, Borges, & Walters, 1999). Research shows a six-fold increase in self-harm behaviors in individuals with history of physical violence and threats (Berenson, Wiemann, & McCombs, 2001). Links between risky sexual behaviors among young adults and adolescents and NSSI (e.g. cutting, burning) are also researched on (DiClemente, Ponton, & Hartley, 1991; Brown, Houck, Grossman, Lescano, & Frenkel, 2008).

1.5 Suicidal v/s Non-Suicidal Self-Injury

Self-injurious behaviours and thoughts can be understood as the umbrella term used for cognitions and behaviours which are made in order to harming oneself intentionally. Some individuals engage in self harmful behaviours with the clear intent to die while harming themselves whereas some individuals harm themselves without the intent to die while in the process of self-injury (Glenn, Lanzillo, Esposito, Santee, Nock, & Auerbach, 2017). Kreitman proposed a term ‘parasuicide’ to describe all kinds of self injurious behaviours which were deliberate but doesn’t result in death whether it be for the intent of suicide or not (Butler & Malone, 2013; O’Connor, Platt, & Gordon, 2011). Another important distinction that needs to be highlighted in the area of self-harm is the different intents of the individual behind self-harm. The individual could harm oneself with the intent of suicide/ suicidal ideation or without the intent of suicide (Non-Suicidal Self Injury). It is mostly believed that NSSI directly or indirectly represent suicidal ideation, but research indicates that there exists clear difference in the motives of suicide and NSSI. Therefore, NSSI needs to be studied in different light of intent, function and epidemiology (Butler & Malone, 2013). However, suicidal ideation can exist in individuals engaging in NSSI but they do not harm themselves with the intent of dying while in the process (Butler & Malone, 2013).

The similarities between NSSI and suicide attempts are the underlying risk factors of both. It has been shown that high levels of depression and hopelessness are major risk factors of both NSSI and Suicide attempts. But when measured with depression, anxiety and suicidal ideation scores, individuals who attempt suicides score higher than individuals who engage in NSSI. In conclusion, NSSI is quite distinct from suicide attempt but may indicate high levels of distress, maladaptive coping and may turn into suicide attempt(s) in the future (American Psychiatric Association, 2012; Butler & Malone, 2013).

1.6 Etiology of Non-Suicidal Self Injury

The etiological factors underlying NSSI can be categorized as: individual factors and environmental factors. Individual factors may include factors within the individual like emotional disruption and psychiatric disorders. Environmental factors include factors around the individual like childhood maltreatment and unhealthy attachment styles. Research has found strong correlation between early childhood traumatic experiences and NSSI (Auerbach, Kim, Chango, Spiro, Cha, & Gold, 2014; Cipriano, Cella, & Cotrufo, 2017; Wan, Chen, Sun, & Tao, 2015).

Research has shown some gender differences in the etiology of men and women indulging in NSSI. In women, insecure parental attachment styles as well as emotional neglect from both the parents are seen as strong predictors of NSSI. On the other hand, men who experienced early separation mostly from their fathers and/or rejection from their mothers predicted NSSI (Cipriano, Cella, & Cotrufo, 2017; Gratz, Conrad, & Roemer, 2002).

Focusing on individual etiological factors, men indulging in NSSI showed more emotional dysregulation and affect intensity, whereas women showed more emotional inexpressivity. When mixed with childhood trauma, difficulty to identify emotions and being unable to express them (Alexithymia) increased the probability of self harm in both men and women (Cipriano, Cella, & Cotrufo, 2017; Jacobson, Hill, Pettit, & Grozeva, 2015; Paivio & McCulloch, 2004).

The development and persistent need for NSSI roots from the need of regulation affective and social experiences in a stressful situation. There could be various neurobiological underpinnings to this behavior though this area has been researched less upon. It is postulated that people indulging in NSSI usually have intrapersonal vulnerability with low tolerance to stressful situations and increased cognitive and emotional reactivity. These vulnerabilities could be genetically predisposed (Groschwitz & Plener, 2012). There are various correlates between NSSI and Borderline Personality Disorder (BPD). NSSI as listed one of the major symptoms also shares various similar biological underpinnings. In individuals with NSSI and/or BPD when compared with healthy individuals, different neural activities exist which indicate different emotional and physical reactions to pain (Groschwitz & Plener, 2012; Roaldset, Bakken, & Bjørkly, 2010). Research has shown contribution of lipids, abnormalities in the serotonergic, dopaminergic and hypothalamic-pituitary-adrenal (HPA) axis to the high levels of vulnerability to stress. To achieve homeostasis in these abnormal opioid levels, NSSI is used (Groschwitz & Plener, 2012; Sher & Stanley, 2008).

1.7 Functions of Non-Suicidal Self Injury

Suyemoto (1998) attempted to review various models of etiology behind NSSI to come to a theoretical base explaining six functional models. These models are: the environmental model, the antisuicidal model, the sexual model, the affect regulation model, the dissociation model and the boundaries model.

Research shows that the most important function of NSSI is affect regulation. This suggests that negative emotions such as frustration, anger, depression, anxiety, etc occur before the episode of NSSI. To regulate these emotions, the individual chooses the way out through harming themselves. After the episode of NSSI, the individual tends to experience positive emotions with a decrease in these negative emotions (Cipriano, Cella, & Cotrufo, 2017; Laye-Gindhu & Schonert-Reichl, 2005; Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006).

II. NEED OF THE STUDY.

The goal of this study is to examine the underlying causes, functions, and justifications of repeated Non-Suicidal Self Harm (NSSH) in this particular age group, offering light on the ways in which people injure themselves and the things that prompt them to do so repeatedly.

Given their rising prevalence and potential long-term effects, frequent NSSH in young adults calls for a better understanding of their reasons. The prevalence of NSSH tends to rise throughout early adulthood, and it is most common in teenagers and young adults. It has been associated with a number of detrimental effects, such as psychological distress, a higher risk of having suicidal thoughts, poor social functioning, and a lower quality of life. As a result, figuring out the causes of recurrent NSSH can help guide prevention and intervention methods.

Although there is some research on NSSH, most of it has been on the general public or particular clinical populations, like people with borderline personality disorder. Understanding the causes and purposes of recurring NSSH in young adults (20–27 years old) has not received much attention. This age range is a crucial transitional stage that is marked by a variety of difficulties, such as identity formation, increased autonomy, and psychological vulnerability. Hence, research on the causes and purposes of NSSH specifically in this population will significantly fill a vacuum in the literature.

The creation of focused preventative and intervention measures can benefit substantially from a thorough understanding of the underlying causes and functions of recurring NSSH in young people. Mental health practitioners can create interventions that successfully meet the special requirements of this population by pinpointing the precise causes that prompt people to continually self-harm. Understanding the purposes of NSSH activities can also help in the development of substitute coping mechanisms that support adaptive emotional regulation and lessen the need for self-harm.

III. RESEARCH METHODOLOGY

The present study aims to tap the underlying motivators, functions and reasons for Repeated Non-Suicidal Self Harm in young adults (19-27 years of age). It also tries to understand the ways in which individuals harm themselves and what motivates them to do it again.

The objectives of this study are:

1. To understand the nature and course of Repeated NSSH.
2. To explore the motivators, functions and reasons for repeated NSSH.

3.1 Population and Sample

Purposive and snowball sampling was used to recruit participants who had ever indulged in self-harm across India. These participants were further told about the purpose of the study and asked to fill a preliminary form which collected their basic demographics, consent and other details to filter out the final sample. Responses were screened and the participants who fit the inclusion criteria were selected for the interview.

The final sample included of 10 young adults (N=10) of 19 to 27 years of age. It involved 3 males and 7 females. The sample roughly consisted of either students or working professionals. They all belonged to India.

3.1.1 Inclusion criteria. The sample was selected keeping the following inclusion criteria in mind:

- (1) The participant has to be a young adult from age 18 to 27.
- (2) The participant has to have attempted 'external' harm to self more than once.
- (3) The participant hasn't attempted self-harm with the intent of suicide.

3.1.2 Exclusion criteria. The exclusion criteria for selecting the sample is:

- (1) The participant shouldn't be younger than 18 years or older than 27 years.
- (2) The participant has indulged in 'internal' self harm.
- (3) The participant has indulged in self harm only once.
- (4) The participant has harmed oneself with the intention of suicide.

3.2 Data and Sources of Data

The qualitative design of the study is exploratory i.e. it allows to research the topic to its depth. Since Non-Suicidal Self Harm is a topic which is less researched on, it needs some in-depth research. Non-Suicidal Self Harm is also something which cannot be easily quantified or measured. Thus, carrying out an exploratory research to identify further potential research questions and/or hypothesis can be useful.

The method used in the present study to explore the topic of Non-Suicidal Self Harm is Qualitative Interviewing. It involves a series of open-ended questions to be asked from the participants. To recruit participants, an ad calling out participants was put. It included a brief of the study, the sample inclusion criteria and the terms of confidentiality. The participants who reached out were then given the link to the preliminary form (this form was created with the purpose of collecting demographic information, taking consent and screening participants to fit in the inclusion criteria).

The data collected with the preliminary form was then used to filter out the final sample according to the inclusion and exclusion criteria. The final sample was the intimated with the details of the study and timing and date of the interview was scheduled with each participant separately.

Further, the interviews were taken either in person or on video call. Before each interview, the participant was informed that there will be personal questions asked, if at any point they feel uncomfortable, they can either withdraw from the study or skip the question. They were also informed that the information they share will remain completely confidential and will only be used for academic purposes. If there were any queries, they were answered. Consent to record the interview was also taken before starting with each interview.

After collecting the data, the interview recordings were then transcribed. These transcriptions were then analysed using Thematic Analysis.

3.3 Description of the Interview Schedule

This questionnaire was created in order to take a semi-structured interview. It involved open ended questions which gave the interviewer the scope to probe and the interviewee to answer in depth. Following are the questions used in the schedule to understand the nature and motivators of repeated non-suicidal self-harm:

1. *Tell me about yourself.* This question acted like an ice-breaker to understand the basics about the participants since the following questions were quite personal, it was important to build a rapport with the participant in order to provide a safe space.
2. *How is your life going on currently? (Normal day, daily stressors, coping mechanisms to deal with the daily stressors).* This question also acts like an ice-breaker. In addition, it also provides a good insight in the participant's day-to-day stressors and the environment the participant is in.
3. *Do you recall the first time you hurt yourself? (What happened, how did you feel, did you share it with anyone, how did they react).* This item tends to introduce the main topic of discussion in the interview. It hopes to explore the kind of self-harm the person indulges in, how it makes them feel, does that feeling motivate them to do it again. It also helps understand the kind of social support system the participant has and whether that social system is a part of the participant's coping.
4. *Do you feel the urge to do it again? (When, How do you fight it).* This item is helpful in understanding the repetitive nature of Non-Suicidal Self harm. It also helps understand if the participant has fully gotten out of it or still struggles with it. In addition, it also helps understanding the coping mechanism(s) used by the participant.
5. *What does stress mean to you? (Is there anything that bothers you too much).* This item aims at understanding the participant's perception of stress. It may be helpful in understanding what might be the participant's triggers and what kind of things bothers the participant too much. It can also help understand if the participant always chooses to harm themselves when stressed.
6. *What are your views about life and death?* This item is a very broad question but serves important functions. This item can be helpful in understanding the participant's nature of self-harm, if it can be explained through the 'antisuicidal' functional model. It also helps understand if the participant looks forward to death or has any suicidal ideation.
7. *How is your relationship with your family? (Who is the closest, any major stressor).* This item is helpful in understanding the participant's familial background and triggers (if any).
8. *How is your relationship with your friends? (do you feel supported).* This item tends to explore the participant's social support.
9. *How does your work/college make you feel?* This question is helpful in understanding the participant's contentment with their work/college.
10. *Do you recall any incident in your life which was very stressful for you? (How did you feel, how does it make you feel, how did you deal with it, did you share it with anyone, if yes, what was their response).* This item tends to explore if the participant has any kind of ingrained traumatic memory which may still be a trigger or which may have triggered the participant earlier to harm themselves. It also helps understand the kind of social support they have.
11. *If something like that occurs again how will you deal with it?* This question serves the purpose of understanding if that kind of an incident holds the power to trigger the participant again.

IV. RESULTS AND DISCUSSION

The transcriptions were read and re-read until a set of themes emerged which were further divided into sub-themes. There were 6 themes and 11 sub-themes.

Table 1. Themes and Sub-themes

Themes	Sub-themes
The Self and Non-Suicidal Self-Injury	<ul style="list-style-type: none"> • High Expectations from self • Punishing the Self
Relationship with Others	<ul style="list-style-type: none"> • High Expectations from Family • Romantic Relationships • Lack of social support and familial issues
Intolerance to Uncertainty	<ul style="list-style-type: none"> • Uncertainty about future • Uncertainty about Health
Response to Stress	<ul style="list-style-type: none"> • Anxiety and Panic attacks • Substance abuse
Emotional Regulation	<ul style="list-style-type: none"> • Channelizing external aggression and frustration internally
Cessation of Self-harm	<ul style="list-style-type: none"> • Developing new skills and strategies

4.1 The Self and Non-Suicidal Self-Injury

This theme broadly covers the areas where the motivations behind NSSI as a coping mechanism stands with the issues pertaining to the relationship with the self.

4.1.1 High expectations from self. A lot of participants expressed how the initiation of their self-harm tendencies was rooted when they were unable to meet the high expectations they set for themselves, whether realistic or unrealistic. Following are the verbatim which describe this sub-theme:

"Things need to be better, I guess. I mean it is going fine but it can be better, I know it can be. I think wasting time on devices when there is no need. I think life can be better when you take out un-useful things and replace it with something useful or new." (P1)

"I have this small diary where I vent out my frustration by abusing myself and berating myself. Like blaming myself and scolding myself. Saari languages me gaaliyaan dedeta hun khudko." (P1)

"A big fear of mine is if I am not able to make an impact. My life needs to matter warna I wanna die. Like I want to provide value to others warna I am useless." (P1)

"I first did it as a kid, I was 7-8 years old probably in 2nd or 3rd class. There was this PTM day and I hadn't performed well, exams were too much and I felt like a failure." (P1)

"Yeah, my venture stresses me sometimes, I needs to go up." (P1)

"Something which gives me that you know sense of overwhelming and that burden on my shoulders or sometimes it gets something which it's too much to actually take in , too much to process something which is putting me under a lot of pressure." (P2)

"I was in my 12th grade and there were a lot of problems and pressures back then." (P3)

"I mean if there's a certain project that I'm working on and it's not going the way I would expect it to then that would be a general thing that I would stress about." (P4)

"Mostly till date these are academic or work related stresses when it gets really tired like when I feel like academically or work-wise what I'm doing is not bearing any flotation or I could be doing better." (P4)

"Like career wise also past traumas, current situations of the home, responsibility things, family like being a single child so these things." (P5)

"It started like from a very basic small thing like how it used to be in our school days like giving some exams or giving some particular suppose I say math exams." (P5)

"I worked for five months or something so at one point it was like feeling pressurized because of because I was dealing with all these things like mentally unstable and also being in a creative field I was it was a very like being tough for me to focus on that...So it was affecting me." (P5)

"Secondly, like during exams, like board exams, I used to stay up very, very late and, you know, just forgo everything. Like exams are just focused on paper. Because, you know, again, the environment is like that during 10th and 12th." (P6)

"I wanted a certain body type, but I wasn't able to achieve that body type." (P7)

"My score was going down. I was, I failed in all of my exams during the midterms and I had medical science. So it was already immense pressure." (P9)

4.1.2 Punishing the self. This sub-theme revolved around the deep-rooted belief that they need to be punished. They expressed strong beliefs about how they feel that they deserve to be punished or be hurt. Following are the verbatim to support:

"I felt like a failure. I felt like I deserved it... I used to think that people reward themselves but why not punish yourself. Why not choose violence? So I slapped myself, scratched my skin." (P1)

"And so I thought, yeah, let's just it's not like I am any important. It's not it's not affecting anybody. So why don't you just act yourself? So I think that was the major motive." (P3)

"It felt a little like valid because it just you know it just felt like deserved in some way it felt like you know it's a bit of karma wali cheez." (P4)

The first theme “The Self and Self-harm” highlights how the relationship with oneself has been a prominent factor to affect the participants’ journey in repeated non-suicidal self harm. Grandclerc, Spiers, Spodenkiewicz, Moro, & Lachal (2019) also highlighted in one of their themes while exploring the experiences of young adolescent girls, how the relationship with the self is a major factor in NSSI. This theme is further divided into two sub-themes: “High expectations from the self” and “punishing the self”.

The sub-theme “High expectations from self” covers how most of the participants had high expectations from themselves and craved for perfectionism. If they weren’t able to achieve their idea of perfect according to their expectations, it affected them too much. This may have been a contributing factor to their indulgence in NSSI. For example, *“A big fear of mine is if I am not able to make an impact. My life needs to matter warna I wanna die. Like I want to provide value to others warna I am useless.”* (P1). Gyori & Balazs (2022) conducted a systematic review of studies which have tried to link perfectionism and NSSI. They concluded that perfectionism is found to be a common factor in majority of cases across various samples.

The sub-theme “Punishing the self” suggests how the belief in the participants on how they need and deserve to be punished is one of the reasons and motivations to indulge in repeated non-suicidal self-harm. For example, *“It felt a little like valid because it just you know it just felt like deserved in some way it felt like you know it’s a bit of karma wali cheez.”* (P4). Dixon-Gordon, Turner, Haliczner, Gratz, Tull, & Chapman (2022) conducted a study to understand the intrapersonal motives behind NSSI. It concluded while there are many factors predicting NSSI, communication gaps with others and the belief of deserving punishment were the highest risk factors predicting NSSI.

4.2 Relationship with Others

This theme tries to cover the struggles and stressors that may have motivated the participants to indulge in NSSI.

4.2.1 High expectations from family. This sub-theme revolves around the unachievable high expectations from others, particularly family members which may lead to lower self-worth and self-doubt. Following are the verbatim expressing this:

“Wahi bachpann ka pressure to get good grades. Pitaai toh hoti hi thi.” (P1)

“So he wants everything done perfectly. He wanted me to be the overachiever kid of the family.” (P3)

“And I used to get this pressure from home that, you know, you need to do well, we are dependent on you and all of that. I think it was basic. But yeah, I’ve heard very harsh words.” (P3)

“Yes, I felt like I was having a lot of pressures from people all around me.” (P7)

“Yes, again, it related to body image issues because staying at home all the time and then parents are being like, they get influenced by other people and they want me to lose weight and so on.” (P7)

4.2.2 Turbulence in romantic relationships. This sub-theme suggests how romantic relationships especially following a break-up have triggered the participants to indulge in self-injury. Following are the verbatim supporting this:

“It was a 6.5 years of relationship with my girlfriend. She broke up with me. After that, to deal with it I used to harm myself. I was slapping myself a lot. I used to workout a lot to the extent where a body part would fell off. I used to think ki aisa tagda nuksaan ho bhai.” (P1)

“Because this relation thing happened in a much like in that particular age where we actually know everything whatever is there like we know that things are not okay we know about traumas we know about we have much much better idea of the life and society I would say...So I know that however it was it was not right or somewhere it is wrong so the relation thing is much hard for me to think about or to deal with it like I still am not over it and it’s just it’s somewhat it makes me bad.” (P5)

“Right now I think my situation is bothering me a lot.” (P9)

4.2.3 Lack of social support and familial stressors. This sub-theme focuses on family struggles and lack of social support as one of the major contributors to the participants’ predisposition to NSSI. Following are the verbatim to support it:

“Like my home environment is not very ideal at least not for me...So I prefer like the little like whatever liberty and autonomy I get staying away from home.” (P2)

“I believe that I don’t get along with my parents too well, I have two elder sisters both are married...So it’s mostly right now when I come back home, it’s mostly my parents at home...So I don’t really get very well with like get along very well with them...it’s not like we have a lot of conflicts, but at the same time we leave we have a little distance here and there like I have become really distant from them and So it’s not something that I’m really fond of like talking to my parents or spending time with them particularly.” (P2)

“And I think that was the first time when my father told me very harsh words like, I hope you were dead...What is the point of living such a life where you can’t even do anything for yourself? So I think all of that triggered a lot.” (P3)

“So yeah, I think I kind of became this individual with no support. I did not have a lot of friends back in 12th grade. I was also kind of bullied in my 11th grade. So it all started in my 11th.” (P3)

“Also, my father was like, when you can’t handle anything, why don’t you just repeat a year, come back here, repeat a year. But not in such a supportive way. It was more sarcastic. He was like, you can’t do anything in my life. So why don’t you just repeat or just do something? He’s like, why don’t you just become a housewife or something? I don’t see any future. So there was a lot of taunts and there was a lot of drama at home. I used to get scolded in the middle of the night. People used to come to scream at me, talking to a friend at 4 a.m.” (P3)

“When this entire process started how were things then not really like open and communicative and also things like self-harm and anxiety were not really considered important enough or valid enough those times so it was very hard for them to see where I was coming from and plus back then and academically and for all of those you know qualitative things I was still performing very well so it wasn’t really something that was taken very seriously or anything beyond that was taken any seriously and since that was pretty much on track any other complaint and anything was never really given a lot of weightage.” (P4)

“I’ve been with two therapists and also not like so much not like open to family or anything close friends.” (P5)

“My mom that time she was not okay like mentally she became very down and to the extreme where she wouldn’t even have emotions for even for family members like me...So yeah like it’s been for 3-4 years she was being like that where she can’t even recognize me properly being like that so that is like I was in like that time I was teenage and maybe like even though I overcame that but somehow I feel that became a trauma in me which I never bothered to notice about” (P5)

“But I felt helpless that I can’t talk to anyone. I can’t share with anyone that something is happening.” (P8)

"It was too embarrassing, you know, it feels like God, why would I share something like this with anyone? They'll think that I'm weak and they'll think like, oh God, why would you do that? I never really shared it with anyone." (P9)

The second theme is called "Relationship with Others" which focuses on how relationship dynamics with others have affected and may have motivated the participants to indulge in self-harm. The environmental regulation model by Suyemoto (1998) and further researched by Brereton & McGlinchey (2020) and Nock, Self-injury (2010) suggests how disturbances in the interaction with the environment especially with family and friends has been a major contributing factor to NSSI behavior. This theme includes: "high expectations from family", "turbulence in romantic relationships" and "lack of social support and familial struggles".

The sub-theme "high expectations from family" describes how unrealistic pressures from family have triggered the participants to decrease in self-worth and further to NSSI. For example, *"And I used to get this pressure from home that, you know, you need to do well, we are dependent on you and all of that. I think it was basic. But yeah, I've heard very harsh words."* (P3). Chen, et al. (2021) tried to tap in the influential factors of NSSI and concluded how high expectations from parents and high-pressure parenting style are the most significant motivators of indulging in NSSI.

The sub-theme "turbulence in romantic relationships" includes how romantic relationships in the participants' lives have played a major role in their acts of NSSI. It suggests how lack of social support and loneliness may have been major contributing factors for them to choose this behavior. For example, *"Because this relation thing happened in a much like in that particular age where we actually know everything whatever is there like we know that things are not okay we know about traumas we know about we have much much better idea of the life and society I would say...So I know that however it was it was not right or somewhere it is wrong so the relation thing is much hard for me to think about or to deal with it like I still am not over it and it's just it's somewhat it makes me bad."* (P5). Drubina, Kökönyi, & Reinhardt (2021) conducted a study to understand the link between adolescents' stress related to negative romantic relationships and NSSI. It concluded that the impact of negative romantic relationships like break-ups have been a major contributing factor in their indulgence of NSSI.

The sub-theme "lack of social support and familial stressors" suggests how social support has impacted the participants' mental health and how the family dynamics have been a major factor in the indulgence of NSSI. For example, *"Also, my father was like, when you can't handle anything, why don't you just repeat a year, come back here, repeat a year. But not in such a supportive way. It was more sarcastic. He was like, you can't do anything in my life. So why don't you just repeat or just do something? He's like, why don't you just become a housewife or something? I don't see any future. So there was a lot of taunts and there was a lot of drama at home. I used to get scolded in the middle of the night. People used to come to scream at me, talking to a friend at 4 a.m."* (P3). Boyes, Mah, & Hasking (2023) explored the links between family functioning, social support and NSSI. The study concluded that lack of social support and issues in family functioning have made a huge impact in triggering NSSI behavior.

4.3 Intolerance to Uncertainty (Feeling out of Control)

This theme suggests how uncertainty can be a big stressor for the participants and could be a potential trigger.

4.3.1 Uncertainty about future. This sub-theme describes how uncertainty about future, not being able to know or control what is going to happen may have triggered the participants. Following are the verbatim:

"I am kinda afraid of it. Like how it would be, it is so uncertain." (P1)

"So it's obviously it's a very stressful situation a stressful position to be at not being very certain about" (P2)

"I think it's it really it really just it's very disturbing how much it fluctuates to the extent that there are weeks where it just feels like you know I wish that this would just the existence of the thing would just not happen" (P4)

4.3.2 Uncertainty about health. This sub-theme focuses on how health issues or uncertainty about their health made the participants anxious.

"I feel it's more of the physical suffering...I'm talking about for example if I like catch some chronic illness or something...So then that course of illness won't be very pleasant and considering that it's something very terminal" (P2)

"So I was alone and I tripped and fell and I got a few stitches on my head. So I had I did not skip classes. I did go to classes, but I stopped understanding shit." (P3)

"As I said, I was hospitalized a few days back...So that keeps happening, happening very often because I'm immunocompromised and genetic mutation...So I have a genetic disease in some sense...So that does flare up now and then." (P6)

The third theme "Intolerance to Uncertainty (Feeling out of Control)" suggests how feeling out of control and the scope of uncertainty is a major stressor for the participants. Franz (2021) tried to explore the reasons behind people indulging in self-harm and found out how having cognitive control on their actions reduced their anxiety in order to feel better. This theme included two sub-themes: "uncertainty about future" and "uncertainty about health".

The sub-theme "uncertainty about future" describes how the participants' inability to control or predict the future has been a stressful factor in making them susceptible to NSSI. For example, *"I think it's it really it really just it's very disturbing how much it fluctuates to the extent that there are weeks where it just feels like you know I wish that this would just the existence of the thing would just not happen"* (P4). Literature shows that intolerance to uncertainty stems from childhood maltreatment and is a risk factor for Non-suicidal self injury (Ghaderi, Ahi, Vaziri, Mansouri, & Shahabizadeh, 2020).

The sub-theme "uncertainty about health" suggests that participants' health and the uncertainty about their health issues has impacted their mental health in a way that can be a contributing factor to self-injurious behavior. For example, *"I feel it's more of the physical suffering...I'm talking about for example if I like catch some chronic illness or something...So then that course of illness won't be very pleasant and considering that it's something very terminal"* (P2).

4.4 Response to Stress

This theme focuses on how these participants perceive and deal with stress which may further lead to NSSI.

4.4.1 Anxiety and panic attacks. This sub-theme focuses on how being prone to anxiety and panic attacks have contributed to the participants' NSSI behaviors.

"But major it used to be like scratching myself very badly like because I used to get panic attacks like so that will get transformed into scratches and all and yeah I used like taking something like some hot object or something or cigarette things and putting mine on my skin so that used to be another thing I used to do." (P5)

"You know, a lot of time it's just anxiety response at this point." (P6)

"More than stress, I can say I'm an anxious person...So, for little things, I get anxiety." (P7)

"So, I don't know what happened in that situation. I got a minor panic attack or something." (P8)

4.4.2 Substance abuse. This sub-theme focuses on the role of any substance consumption that may have led to or increased NSSI. Following are the verbatim:

"I wasn't even sober. I was, I think I had quite a lot to drink also that day.

So, yeah, that also triggered it." (P3)

"A lot of anxiety, a lot of like alcoholism, biggest problem of my life." (P3)

"Like that time it was through some substance abuse started after that with some things or the other I used to harm myself." (P5)

"The main problem that started here was (pause)pehle mai drink itna nahi karta tha, basically alcohol consumption itna nahi tha, yahan pe aane ka baad alcohol consumption increase hogya bohut zyada toh uski wajah se thori bohut problems hui thi like zyada pee li drunk hogye scenes create hogye as in blackout hai 2 ghante ka nahi pata usme kya hua, aise jo cheezien nahi bolni chahiye who boldi jisko nahi bolni chahiye who boldi, aisa kuch. Aisa hua tha initially, uske baad who drinking problem increase hoti chali gayi phir beech me chorr diya thore time ke liye like 2-33 months ke liye phir yahan pe shift huye, yahan pe shift hone ke baad thori se phirse increase hogyi" (P10)

The fourth theme is "Response to Stress" includes participants' perception of stress and their ability to deal with the stress. Their inability to cope with anxiety in a healthy way can be a contributing factor to their acts of self-injury. Research shows how with maladaptive home environment may lead to ineffective coping strategies and magnified perception of stress which can be further linked to NSSI (Prayativ & Widyatno, 2022). This theme further includes the sub-themes: "anxiety and panic attacks" and "substance abuse".

The sub-theme "anxiety and panic attacks" suggests the participants' response to stressful events as magnified anxiety and panic. For example, *But major it used to be like scratching myself very badly like because I used to get panic attacks like so that will get transformed into scratches and all and yeah I used like taking something like some hot object or something or cigarette things and putting mine on my skin so that used to be another thing I used to do."* (P5) *"You know, a lot of time it's just anxiety response at this point."* (P6). Studies show that emotional disorders such as panic attacks and other anxiety disorders are positively correlated with the self-injurious behaviors especially in adolescents (Lero, Živanović, & Mitković-Vončina, 2019).

The sub-theme "substance abuse" indicates the involvement of intake of substances that may have increased the repetitive nature of NSSI. Participants also report harming themselves while intoxicated. For example, *"I wasn't even sober. I was, I think I had quite a lot to drink also that day...So, yeah, that also triggered it."* (P3) *"The main problem that started here was (pause)pehle mai drink itna nahi karta tha, basically alcohol consumption itna nahi tha, yahan pe aane ka baad alcohol consumption increase hogya bohut zyada toh uski wajah se thori bohut problems hui thi like zyada pee li drunk hogye scenes create hogye as in blackout hai 2 ghante ka nahi pata usme kya hua, aise jo cheezien nahi bolni chahiye who boldi jisko nahi bolni chahiye who boldi, aisa kuch. Aisa hua tha initially, uske baad who drinking problem increase hoti chali gayi phir beech me chorr diya thore time ke liye like 2-33 months ke liye phir yahan pe shift huye, yahan pe shift hone ke baad thori se phirse increase hogyi"* (P10)

4.5 Emotional Regulation

This theme tries to describe how the participants have experienced overwhelming emotions and to regulate them; they've resorted to self-injury.

4.5.1 Channelizing external aggression and frustration internally. A lot of participants reported how NSSI helped them channelize their aggression and managing their emotions.

"So after that, I took soap and I rubbed it all over it to like kind of feel the pain. And then it just did not feel that bad anymore." (P3)

"I used to get very like hyper and that hyper used to things to quarrel then I used to get anger like very badly I had anger issues...Like since childhood it's me now it's not so much so that anger used to get transformed into hurting myself since like maybe class 7, 8 since then like hurting in the sense just like beating myself or like throwing stuffs or yeah it used to be like that just beating myself like randomly." (P5)

"For a while, it would be like there's something inside you that is...Let's just take an example of a small water tank...And the water pressure is building inside, but then you make a hole...So, all the water pressure gets released...So, it feels like all the pent-up stress and anxiety inside you is...It feels like all the pent-up stress and anxiety inside you is being let out...And then it kind of gives me a...It used to give me a relaxing time because I used to be crying for a long time...And then the second I would see the blood, it would make me more grounded and calm." (P7)

"I don't know where I just got the pain or something. I'm feeling it's not going anywhere, so I should feel it physically." (P8)

"So I just felt the pain, the frustration. It is not going anywhere. It is just revolving inside my body." (P8)

"So yeah, that's when I thought that, okay, maybe this is how you get that pain and everything...So I took a normal, like a good blade and I was like, okay, I'll just see how it's going to release my pain." (P9)

The fifth theme is “Emotional Regulation” suggests the inability to deal with emotions and thus resorting to NSSH to cope and regulate emotions. Participants report experiencing overwhelming emotions and thus choosing self-harm to channelize them. The sub-theme is “channelizing external aggression and frustration internally”. This sub-theme specifically focuses on managing anger and frustration through self-harm. For example, “*For a while, it would be like there’s something inside you that is...Let’s just take an example of a small water tank...And the water pressure is building inside, but then you make a hole...So, all the water pressure gets released...So, it feels like all the pent-up stress and anxiety inside you is...It feels like all the pent-up stress and anxiety inside you is being let out...And then it kind of gives me a...It used to give me a relaxing time because I used to be crying for a long time...And then the second I would see the blood, it would make me more grounded and calm.*” (P7). Literature indicates the involvement of deficits in emotional regulation in the acts of NSSH (Guérin-Marion, Martin, Lafontaine, & Bureau, 2020). Iqbal & Ahmed (2022) specifically tried to link aggression and self-injury and found that these two variables are strongly linked where NSSH works as an internal channel for aggressive behaviors.

4.6 Cessation of Self-harm

This theme focuses on how participants have let go of self-harm.

4.6.1 Developing new skills and strategies.

“*I think I’d develop new hobbies. I would vent out my aggression through them like I do with pistol shooting.*” (P1)

“*So I actually had ADHD, which was undiagnosed for about 20, 21 years, I’d say. So a lot of things made sense after that...So I tried to start figuring out a lot of my stuff...See, I’d say psychology and understanding myself has been the biggest, biggest reason why I have changed a lot.*” (P3)

“*It just happened like that and alternative I would do is like I would cry it out and will just be like without putting like on my body I will do it beside anything if it is there like if there is any if I am sitting on the bed or on the floor I will just hit it there and I will like that whatever it is inside I will bring it in that way.*” (P5)

The sixth theme is “Cessation of Self Harm”. This theme rather focuses on how some of the participants have overcome the urges to harm themselves. It includes the sub-theme “developing new skills and strategies” i.e. employing new and effective ways of coping. For example, “*It just happened like that and alternative I would do is like I would cry it out and will just be like without putting like on my body I will do it beside anything if it is there like if there is any if I am sitting on the bed or on the floor I will just hit it there and I will like that whatever it is inside I will bring it in that way.*” (P5) “*I think I’d develop new hobbies. I would vent out my aggression through them like I do with pistol shooting.*” (P1). Research also supports that learning new ways to cope and regulating emotions can be an effective strategy in recovering from NSSH (Lewis, 2022).

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