

Exploring the Dimensions of Non-Suicidal Self Injury Amongst Young Adults

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Abstract: Amidst a global surge in deleterious physical and mental health conditions following the onset of the coronavirus disease (COVID-19), there has been a noteworthy escalation in self-injurious conduct, particularly among adolescents and young adults. This occurrence has propelled the recurring prominence of Non-suicidal self-injury (NSSI), denoting the purposeful infliction of harm upon one's own body devoid of an intent to cause fatality. Regrettably, despite the prevalence and recurrence of such behaviors, empirical evidence remains insufficient to identify and elucidate this phenomenon comprehensively. Existing literature on NSSI has largely constrained its scope to a mere symptom of Borderline Personality Disorder (BPD), attributing it to environmental or biological determinants. The present research extends beyond this paradigm by examining NSSI independently of its association with BPD. Moreover, this investigation endeavors to discern and explore the cultural determinants influencing NSSI. Two recurrent factors, heretofore overlooked in NSSI research, pertain to its precipitating and perpetuating elements. Consequently, this study is concentrated on delineating these factors to gain a holistic and profound comprehension. An interpretative phenomenological approach was employed to achieve a comprehensive understanding, involving semi-structured interviews and an Interpretative Phenomenological Analysis (IPA) for qualitative results. The findings underscore a significant influence of culture on the NSSI experiences of the participants. Cultural factors, specifically traditional influences and cultural sanctions exerted a pronounced impact on NSSI behaviors. Furthermore, precipitating factors, encompassing interpersonal concerns, maladaptive emotions, temperament, and a distorted self-concept, were identified as robust determinants of NSSI behavior. Perpetuating factors involving impulsivity, maladaptive cognitions, and dysfunctional emotions elucidated the repetitive nature of NSSI.

Keywords: Non-suicidal self-injury, cultural factors, precipitating factors, perpetuating factors.

1. Introduction

Exploring the Dimensions of Non-suicidal Self Injury amongst Young Adults

Post the coronavirus disease (COVID-19) outbreak in 2019, there has been a significant amount of aggravation on human life, including psychological changes impacting mental health, causing problems such as post-traumatic stress, anxiety, depressive symptoms, insomnia, fear as well as grief-related symptoms (Tang et al., 2021). Concurrently, the pandemic has exacerbated pre-existing mental health conditions and presented numerous challenges to the contemporary healthcare infrastructure. Therefore, it is unsurprising that there has been a notable escalation in self-injurious behavior during this period. Non-suicidal self-injury (NSSI) is a serious health concern among teenagers and young adults, which is characterized by the deliberate infliction of harm upon one's own body, devoid of suicidal intent (Tang et al., 2021). Globally, NSSI has increasingly become a perilous health issue, with prevalence rates reaching 17.2% among adolescents and 13.4% among young adults (Tang et al., 2021). Moreover, the lifetime prevalence of NSSI has surged to 21.4%, with a disproportionately higher occurrence observed among females compared to males.

Non-suicidal self-injury (NSSI) can be defined as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned (Klonsky, 2014). This includes behaviors such as cutting, burning, biting, and scratching the skin. While initial

estimates indicated that approximately 4% of the general population had engaged in NSSI, recent research suggests a heightened prevalence among adolescents and young adults. Despite its increasing incidence, NSSI has traditionally been viewed primarily as a symptom of borderline personality disorder (BPD), often considered alongside suicidal behaviors, gestures, threats, or self-mutilation within diagnostic frameworks. However, in recent decades, there has been a growing discourse advocating for NSSI to be recognized as a distinct syndrome (Zetterqvist, 2015), prompting the DSM-5 to identify NSSI disorder as "a condition requiring further study". Consequently, in the current decade, research endeavors focusing on NSSI have garnered considerable significance in efforts to comprehend and address this phenomenon effectively.

Understanding the phenomenon of NSSI entails a comprehensive exploration of its diverse foundations and domains. To begin with, the exploration of the etiology of NSSI has been conducted through various prior studies. Potential etiological factors have been categorized into two primary domains: individual factors, such as emotional dysregulation and psychiatric disorders, and environmental factors, including childhood maltreatment and attachment disruption. Prevailing research in non-suicidal self-injury underscores childhood maltreatment and childhood sexual abuse as significant predictors of NSSI among adolescents and college students (Gratz, 2006). However, a deviation from this division of etiological factors of NSSI was observed in the work of Favazza (2017), who investigated NSSI as

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rooted within cultural and religious practices. Favazza distinguished between pathological and non-pathological NSSI, aligning them with cultural acceptance levels. Pathological NSSI was characterized as culturally unacceptable forms of self-harm, while non-pathological NSSI served as a sublimation to pathological NSSI. Favazza's work underscored the cultural underpinnings of non-suicidal self-injury, offering critical insights for future research (Favazza, 2017). Further, research conducted by Chen et al., (2021) indicated the impact of culturally sensitive factors such as parenting style, adolescent lifestyle, internet use, childhood maltreatment, academic pressure, and romantic relationships is an extremely important field of research to NSSI and thus needs to be considered for the better understanding and treatment of NSSI (Cassels, 2016). However, while Favazza shed light on non-pathological NSSI, the potential influence of non-pathological NSSI on pathological NSSI and its mediating effects remain unexplored. Solis-Bravo et al. (2019) subsequently investigated the association between having tattoos and engaging in self-harm, raising questions about the role of cultural sanctioning and non-pathological NSSI in NSSI behavior. Furthermore, Jarvi (2013) emphasized the positive correlation between exposure to peer suicidal behavior and adolescent suicidal attempts, which further questions the cultural basis of non-suicidal self-injury.

Secondary to the foundational etiology of NSSI, the different dimensions of NSSI have further enabled researchers to better formulate and conceptualize the phenomenon of NSSI. These dimensions can be elucidated through the lens of the four P's of the Biopsychosocial model: predisposing factors, precipitating factors, perpetuating factors, and protective factors. The first dimension of NSSI can thus be explained as the predisposing factors or risk factors. The risk factors or the pre-disposing factors associated with NSSI have been found to range from emotional dysregulation and prior NSSI experience to childhood maltreatment and other experiences. A considerably lesser amount of research has focused on protective factors related to NSSI in comparison with risk factors. Nevertheless, Lin et al. (2017) identified self-esteem as a pivotal protective factor among individuals engaging in NSSI. Additionally, peer support (Kia et al., 2021), resilience (Khan et al., 2023), and community connectedness (Inderbinen, 2021) have emerged as robust protective factors against NSSI behaviors. Finally, an unexpected factor of religiosity was found to act as a prominent protective factor for individuals engaging in NSSI behavior (Khan et al., 2023). The identification of both dimensions of NSSI has immensely aided the field of NSSI studies by helping in the development of interventions that can prevent or maintain the risk factors and enhance the protective factors for the effective management of NSSI behavior. Despite substantial research on potential risk and protective factors, there remains a dearth of literature addressing the precipitating and perpetuating factors provoking and maintaining this phenomenon of NSSI. Therefore, establishing a new research paradigm focused on these factors is imperative for refining interventions and enhancing treatment effectiveness for NSSI.

2. Aim of the Study

Non-suicidal self-injury (NSSI) has traditionally been viewed merely as a symptom of Borderline Personality Disorder (BPD), entailing behaviors such as suicidal gestures, threats, or actions (Zetterqvist, 2015). However, contemporary research contends that NSSI should be regarded as a distinct syndrome due to its unique functions and dimensions (Zetterqvist, 2015). Furthermore, there is a growing argument for distinguishing between suicidal and non-suicidal self-injury based on differences in lethality, intent, methods, frequency, and functions (Zetterqvist, 2015). Consequently, there has been a recent surge in advocating for NSSI to be recognized as an independent diagnosis, separate from BPD and suicidal intent. The escalating prevalence of NSSI among adolescents and young adults underscores the importance of further investigating this perspective. Such inquiries are pivotal in establishing, refining, and developing NSSI as a distinct phenomenon necessitating tailored interventions and remediations. By delineating the foundational concepts and dimensions of NSSI, research endeavors can facilitate accurate case conceptualization, diagnosis, risk assessment, treatment, and mitigate the risk of iatrogenic hospitalization. Therefore, the current study has chosen to explore the dimensions of non-suicidal self-injury specifically. Prior studies conducted on NSSI focused on the environmental and biological etiology of NSSI. However, Favazza (2017) illuminated the importance of culture in the practice of NSSI. Building upon this insight, the current study aims to investigate the influence of cultural factors in the development of non-suicidal self-injurious behavior among young adults. Furthermore, despite considerable progress in identifying predisposing and protective factors associated with NSSI, the dimensions of precipitating and perpetuating factors exacerbating and sustaining NSSI-related behaviors remain largely unexplored. Thus, the present study also endeavors to investigate the precipitating and perpetuating factors of NSSI.

The current study explored the dimensions of NSSI among 12 young adults using a one-on-one semi-structured interview method. The interviews allotted each participant adequate time and space to share their own experiences with non-suicidal self-injurious behaviors. In contrast to prior research, the current study employed a humanistic and qualitative approach to study the phenomenon of NSSI. In addition to this, the current study aimed to uncover the phenomenon of NSSI from an Indian cultural perspective and thus focused on participants of Indian origin. Thus, this qualitative study, which aimed at exploring the different dimensions of NSSI among Indian young adults, posed the following research objectives:

- 1) To understand the underlying impact of culture on the experience of NSSI amongst young adults
- 2) To identify and understand the different dimensions of NSSI.
- 3) To identify what are some of the precipitating factors that lead individuals to engage in NSSI-related behavior.
- 4) To identify what are some of the perpetuating factors that maintain this NSSI behavior.

3. Method

Study Design

This qualitative research study uses an interpretative phenomenological analysis to explore and identify the different domains of non-suicidal self-injury (NSSI) among young adults. IPA is an approach used to explore how each participant makes sense of their personal and social world. It enables one to create an account of lived experience in its own terms as opposed to one dictated by theoretical notions already in place, and it acknowledges that this is an interpretative pursuit because people are sense-making beings (Smith, 2015). Thus, IPA grants the data gained from the participants to speak for itself and thus construct its own themes as the participants answer open-ended questions and share their experiences (Smith, 1996).

Further, this study used a semi-structured interview format to collect participant data. This enabled the participants to provide detailed descriptions of their experiences and further aided in building upon and exploring the participant's responses to these questions. Wilson (2014) noted the beneficial nature of semi-structured interviews that enables flexibility, further encouraging participants to express their opinions and providing an opportunity for participants to describe their experiences in their own words, leading to greater participant engagement and providing comparable and reliable data.

The current research puts forth three research questions to explore the dimensions of non-suicidal self-injury. These research questions were primarily aimed at exploring the cultural etiology, precipitating factors, and perpetuating factors associated with non-suicidal self-injury. The interview schedule was developed thematically, identifying and exploring each of the dimensions from the participant's lived experience in great depth. Thus, within each research question, the participant was asked to provide a detailed description of their experience with the phenomena of non-suicidal self-injury.

Recruitment and Participant Description

A total of 14 participants were contacted and screened for the study, using purposive and snowball sampling, out of which 12 were selected due to meeting the study's inclusion criteria.

The inclusion and exclusion criteria of the study are as mentioned:

- **Inclusion criteria.** (1) Engaged in NSSI-related behavior at least a few times in the recent past (6 months -1 year). (2) Scored low on MSI-BPD screening test.
- **Exclusion criteria.** (1) Participants who have NSSI-related disorders, borderline personality disorder, or have been diagnosed with any other mental health disorders in the recent past (6 months - 1 year)

A screening questionnaire – including general questions related to NSSI and McLean Screening Instrument for BPD – administered online and offline helped narrow down the participants for the respective interview and the study. The questionnaire aided in identifying and screening: (1) those who had engaged in NSSI as the definition, as such, remains unknown to many, though they may have engaged in this phenomenon at least once in their lives. (2) And those who had scored on the lower spectrum of the MSI-BPD in order to distinguish the experience of NSSI as a mere symptom of BPD. Participants meeting the criteria were then interviewed face-to-face or by means of online platforms (audio and video). The interview incorporated statements pertaining to the different dimensions of NSSI that had occurred in the recent past between the past six months to one year. All the interviews were voluntary and in no way impacted the personal mental health of each participant or provoked any further thoughts or engagement with NSSI.

The study collected data from 12 individuals who had engaged in NSSI at least once in the past year. All the participants in this study were Indians by origin residing in India, the United Kingdom, or the Gulf. Out of the 12 participants, 4 were males, and 8 were females, and all the participants fell in the age group of 18 to 25. 8 out of the 12 participants engaged in multiple methods of NSSI; in contrast, 4 of the participants engaged in one method. The most commonly used method of NSSI was cutting oneself, followed by hitting oneself, taking medications, punching oneself, scratching oneself, and burning oneself. Even though the physical risks associated with NSSI varied in severity, most of the participants had either stopped engaging in NSSI or their frequency and intensity of NSSI had drastically decreased in the recent past. Finally, all the participants in this study were devoid of any mental health concerns in the present. However, 11 out of the 12 participants had engaged in substance use at the time of the NSSI episodes.

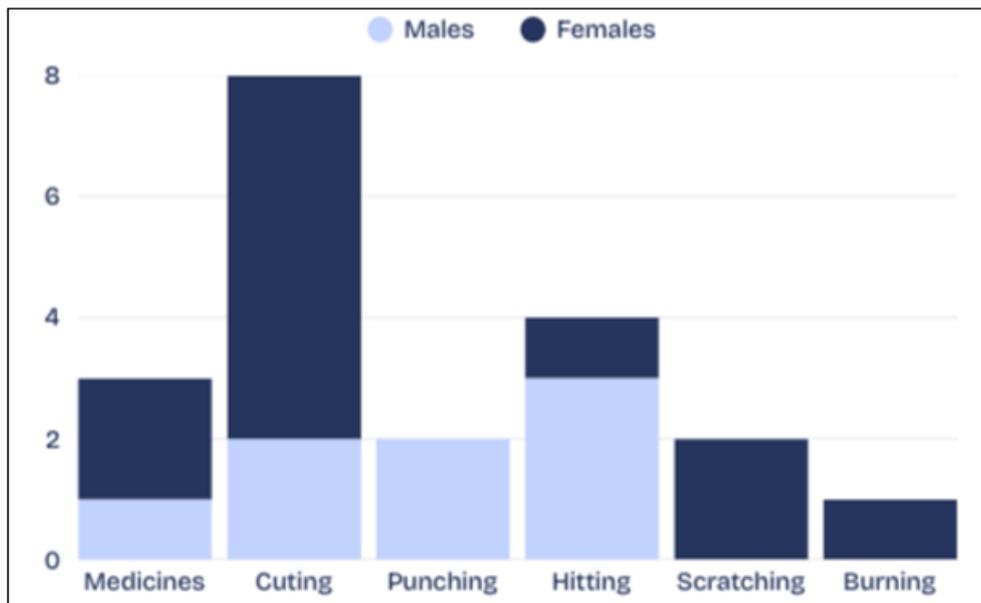


Figure 1: Histogram indicating the types of NSSIs and profile of participants

Interview procedure

All 14 interviews were conducted between June and July of 2023, which comprised of both face-to-face as well as online interviews. The interviews aided in gaining in-depth descriptive information on the participants' experiences with non-suicidal self-injury and thus roughly ranged from 30-115 minutes in length. Due to geographic challenges, all the participants overseas were interviewed online as this was the safest and most viable option. Prior to most of the interviews, the participants were given a brief introduction to non-suicidal self-injury as well as the research questions pertaining to the study. At the beginning of the interview, participants were read the IRB-approved consent form and asked to provide verbal and written consent to agree to the conditions before proceeding with the actual interview. The consent form clarified that their identities would be kept confidential and that they could voluntarily leave the study at any time.

The interview began with a basic introduction to non-suicidal self-injury as well as a basic inquiry into the NSSI behaviors of the participants. The interview further proceeded in the direction of the different research questions as guided by the participants and their experiences. Throughout the interview, the researcher asked clarifying questions or probes when appropriate and/or additional questions that were not directly part of the research questions but provided holistic, valuable insight into the participants' lived experiences. The participants were then questioned about their opinions of the current support systems and resources for non-suicidal self-injury, as well as their perceptions of how effective these were.

Data analysis

Each audio recording was thoroughly transcribed upon the completion of the interviews. As a part of data analysis, these

transcripts were thoroughly read and re-read multiple times, alongside which preliminary notes essential for uncovering the research questions were developed, and unrelated pieces of information were kept aside. Following this, a deeper analysis was conducted from the refined data, which helped to transmit the initial notes to emergent themes. Further, connections between the emergent themes were discovered, leading to the development of sub-themes and themes, respectively. The research questions that aimed at identifying the cultural etiology, precipitating factors, and perpetuating factors produced an ample amount of findings, which are discussed in detail below. It is also important to note that since this qualitative research focuses on sharing the stories of the participants as accurately as possible, member-checking (contacting the research participants for further clarification on items described in the interviews), and inter-rater reliability (analysis of the data collected by another researcher who is not part of the study in any manner) was utilized to ensure the validity and credibility of the research.

4. Results and Discussion

The current qualitative research study utilized an interpretative phenomenological analysis to explore and identify the different domains of non-suicidal self-injury amongst young adults. This study comprised 12 participants with varying socio-demographic details and NSSI experience. Table 1 depicts the demographic details of the participants. Interpretive phenomenological analysis was administered to generate themes from an emic and etic perspective, derived from the interview transcripts that comprised key points that would help explore and identify the different domains of NSSI.

Table 1: Socio-demographic profile of participants

Name	Gender	Age	Engagement in NSSI	Type of NSSI	Frequency of NSSI	Diagnosis (Previous)	MSI-BPD score	Use of substance
P.K.	Female	25	Present	Taking medicines	4 times	Nil	4	Yes
P.R.	Female	22	Present	Cutting	Quite a few times	Nil	4	Yes
J.J.	Male	24	Present	Cutting and punching wall	6–10 times	Nil	4	Yes
G.K.	Male	21	Present	Hitting and taking medicines	Occasionally	Depression	4	Yes
R.G.	Female	21	Present	Cutting and medicines	Quite a few times	Nil	4	Yes
A.L.	Male	25	Present	Punching wall and hitting self	Few times	Nil	1	Yes
V.A.	Female	22	Present	Scratching, hitting	6–7 times	Nil	3	No
C.S.	Female	22	Present	Cutting and burning	10 times	Nil	3	Yes
S.V.	Female	19	Present	Cutting	15 times	Anxiety	3	Yes
S	Female	19	Present	Cutting and scratching	Occasionally	Nil	4	Yes
K.K.	Male	23	Present	Cutting and hitting	5	Nil	2	Yes
S.R.	Female	25	Present	Cutting	2	Nil	4	Yes

The underlying impact of culture on the experience of NSSI amongst young adult

The first objective aimed at identifying and exploring the impact of culture on the experience of NSSI. This section presents two global themes derived from analysis; these themes and sub-themes are depicted in Table 2.

Table 2: Impact of culture on NSSI

Themes	Sub-themes
Traditional Influence	Societal and familial expectations
	Cultural pressures
	Intergenerational flow of conventional beliefs
	Cultural backwardness
	Culture shock
Cultural sanction	Sexual assaults and discrimination
	Social contagion
	Lack of authority figure
	Lack of constructive social support
	Prevention of another individual’s engagement in NSSI

Societal and Cultural dilemmas

According to the participants in this study, the dilemmas faced due to the traditional influences constituted as one of the main concerns, playing a prominent role in their experience of NSSI. The first theme delineated that social and cultural dilemmas are a defining component of their experience with NSSI, as most of the participants had mentioned that they had faced direct conflicts and distress from their society prior to and during their experience with NSSI. Xiao (2022) put forth a similar study that established the positive relationship between rigid family structures or beliefs and the increased risk for NSSI. As evidenced from prior research, most of the participants in the current study as well, who had engaged in NSSI, had stated immense levels of cultural pressure and societal expectations from their first and second-degree families. For many participants, this expectation or pressure was in relation to academics, occupation, or relational matters (Cassels, 2016). In addition to this, participants also found themselves struggling to balance and adjust between their liberal beliefs and their first-degree relatives' conservative and traditional beliefs. Some of the participants mentioned how most of these familial expectations and pressures were intergenerational, where these were imposed by their grandparents on their parents and then from their parents onto them. A few of the participants also found comfort and justified the intergenerational antagonism, claiming they could not blame their parents but instead forge the need to blame themselves for their inability

to meet these expectations. A form of cultural backwardness in terms of the educational requirements as well as the sex and sexuality of the participants were also the root of the conflict between them and their family members, which in turn led to a feeling of loneliness, misunderstandings, or lack of belongingness within the participants which added onto their existing distress causing them to resort to NSSI. In addition to this, culture shock or the introduction of the participants to a completely new culture different from their own hometown had led to feelings of insecurity and lack of belongingness in a few of the participants. This further inflicted a sense of loneliness within them which ultimately led to the resortment to NSSI. Participant S.R. (n.d.), who had begun her engagement in NSSI post her shift from her hometown to a city, placed a huge emphasis on how the cultural differences played a prominent role in her experience: *“Like for them, I am from a strange land, basically. You're born and brought up there. You're being spent and fed properly by your parents. And then you go and sit in a reality in, in a place where you have to do your stuff on your own. If you go ahead and, uh, eat food through with a spoon, They are like, oh, you don't even know how to eat your food with your hands. Is that what parents just taught you?”*

Cultural Sanction

A significant amount of the participants accounted for their experience with NSSI as a result of cultural sanction. Jarvi (2013) emphasized the positive relationship between social contagion and suicidal behavior. The current study succeeded in extending this association of social contagion to non-suicidal self-injury. Social contagion with respect to NSSI led to the normalization of the phenomenon of NSSI, which de-emphasized the dangerousness of this act amongst most of the participants. 10 out of the 12 participants found their NSSI episodes helpful to them and did not see the necessity to seek help. This indicates the level of de-emphasis on the severity of NSSI amongst the general population of young adults. Furthermore, the engagement of a close friend in NSSI to relieve emotional pain led to the modeling of this behavior by some of the participants as well. Participant J.J. (n.d.) first engaged in NSSI post his peer’s experience with NSSI: *“I Tried helping someone who did this, so I ended up showing them this is not a big deal, but then I enjoyed it. Like, I thought even I could do the same. Since they're doing it, I can do it as well, and my pain will go.”*

In addition to this, a lack of authority figures or a lack of constructive social support to prevent you from engaging in

NSSI acted as a prominent factor in maintaining this behavior of NSSI. Some of the participants had evidently stated that in the presence of any authority figure, they would refrain from engaging in this behavior, showing the importance of this. Deliberto et al., (2008) substantiated this perceived importance of authority figures by establishing the high risk of NSSI in children with parents who lacked impulse control due to a psychiatric disorder. Finally, a small percentage of the participants mentioned their engagement in NSSI as an act to prevent a significant other's engagement in self-harm.

The precipitating factors leading to engagement in NSSI behavior

The second objective is aimed to identify and explore the precipitating factors leading the participant's engagement in NSSI-related behavior. This section presents four global themes derived from analysis; these themes and sub-themes are depicted in Table 3.

Table 3: Precipitating factors leading to engagement in NSSI behavior

Themes	Sub-themes
Interpersonal concerns	Maladaptive parenting from the mother
	Feeling misunderstood and unheard by close ones
	Romantic relationship conflicts
	Loneliness
	Lack of sense of security and belongingness
	Insecure attachment style
	Societal and environmental expectations and pressures
	Introjection of anger
Maladaptive emotions	Bullying
	Overwhelming emotions
	Channeling of maladaptive emotions
Temperament	Compassion fatigue resulting in emotional numbness
	Impulsivity
Maladaptive concept of self and others	Personality traits
	Ideas of cognitive triad
	Internal attribution
	External locus of control
	Sense of insecurity
	Self-punishment
	Distraction or bargain from suicide

Interpersonal concerns

In the aspect of trying to identify and explore the precipitating factors or specific triggers for the episodes of NSSI, it was noticed that those who had a maladaptive relationship with their parents had a higher chance of engaging in NSSI. This was further substantiated by Cassels' (2016) study. Maladaptive parenting, specifically from the mother, was identified as the key most common precipitating factor accounting for the specific NSSI episodes. Most of the participants explained a series of maladaptive parenting from their mothers either prior to their NSSI episode or as factors that contributed to them engaging in the NSSI behavior at that point in time. Specifically, neglectful parenting, authoritarian parenting, or enmeshed expressed emotion from the mother acted as a prominent trigger for the participants. Participant P.K. (n.d.) recalled her first experience with NSSI as a response to her mother's authoritarian parenting style: "*All she (mother) spoke to me was only about how she regretted having me. She just started, you know, uh, cursing me, and she started, uh, swearing at me. I was like, damn, I caused her*

to be that way. I thought it would be impossible for my mom to love me again; my family hates me now, plus I don't have my friend anymore."

This behavior from the mother often resulted in a sense of loneliness within the participants. Thus, most of the participants experienced feelings of loneliness prior to their experience with NSSI either resulting from maladaptive parenting, being away from their home, or due to damaging friendships. Costa (2021), conducted a study on adolescents that indicated loneliness as a high-frequency predictor of self-injurious behavior, which can further evidence and extend to aid the association of loneliness and NSSI. In addition to this, most of the participants explicitly mentioned that "they would not resort to NSSI-related behaviors if their close ones (first-degree relatives or romantic partners) were physically and emotionally present with them. This connects to the next sub-theme of feelings of lack of belongingness and security. Most participants experienced feeling "out of place" or "as if they do not fit in" prior to their experience with NSSI. In addition, most of them mentioned the factor of "being away from their safe haven" and "the feeling of not feeling safe and at ease in their own comfort zone" as prominent reasons to engage in NSSI.

In addition to maladaptive parenting from the mother, a significant proportion of the participants mentioned conflicts in their romantic relationship, precisely prior to their NSSI episodes as one of the most common and eminent triggers (Chen et al., 2021). Almost all the participants from this lot, explained their engagement in an argument with their partner a few minutes prior to their engagement in NSSI, thus acting as a trigger for that episode. Moreover, long-distance relationships acted as a significant factor for many of the participants' engagement in NSSI due to the lack of feelings of physical and emotional presence, feelings of loneliness, and constant arguments due to the distance from their significant other. Along with this, dysfunctional communication acted as a significant trigger, causing a substantial proportion of the participants to engage in NSSI. Specifically, feelings of being misunderstood and/or unheard by their close ones often led to the consequence of engagement in NSSI when present at an enormous intensity. These feelings of being misunderstood, maladaptive parenting from parents, relationship issues, as well as the various different factors have caused the development of insecure attachment styles within many of the participants, which further acted as a factor precipitating their engagement with NSSI.

Another important factor that precipitated a major chunk of the participants to engage in NSSI was societal and familial expectations and pressure. Culture shock along with the difference in beliefs between the participants and their parents led to an immense amount of pressure and expectation on the participants, which further found its outlet in NSSI-related behaviors within them. Overwhelming roles and responsibilities placed on the individuals from their families, which are incongruent with the participants' goals and responsibilities added to this distress. In addition to this, a small percent of the participants reported experiences of bullying from their peers as attributing to their experience with NSSI. Finally, the introjection of anger, where an

individual displaced anger and harm towards another individual, towards self, acted as a prominent trigger for them to engage in self-harm.

Maladaptive emotions

About more than half of the participants reported experiencing excessive and uncontrollable emotions of anger, sadness, fear, guilt, and numbness prior to their NSSI episode, which inevitably led to their engagement in NSSI-related behavior to let out these emotions. In addition to this, as a coping mechanism to manage anger, most of the participants indicated inflicting harm on oneself as a way to channel their anger through a healthier output. Tang et al., (2016) provided evidence to substantiate emotional regulation as a protective factor of NSSI. Thus, this study further enhanced this and identified emotional dysregulation as a precipitating factor for NSSI-related behavior. A small proportion of participants also indicated an experience of hyperempathy prior to their experience with NSSI. This experience of hyper-empathy was often met with compassion fatigue, which often resulted in emotional numbness within the individual. These participants further used NSSI as an adaptive means to dispose of the emotional numbness and feel the pain as a way to feel something. Participant P.R.'s (n.d.) engagement in NSSI was mainly due to this factor: *“The moment I realized I was feeling everything to such an overwhelming extent I think I just stopped feeling because it was just so much. So, cutting myself, it was more like that was something I could feel. you could make sense of like of the physical pain over what you're feeling.”*

Temperament

Almost all the participants depicted an impulsive characteristic within themselves, prior to, as well as in general. Thus, the impulsive characteristics of these participants could predispose them to the risk of engaging in NSSI and thus act as a trigger (Costa, 2021). In addition, certain personality traits were found to be more susceptible to NSSI than others. Firstly, most of the participants in this study indicated a sensitive personality, which may have made them highly responsive to stressors. Secondly, individuals with a sanguine personality were also found to be commonly occurring in most of the participants. A few of the participants also mentioned that “their bubbly nature” could be something that has made them more receptive to negative and stressful stimuli. Finally, individuals with borderline personality traits also acted as a prominent trigger to engaging in NSSI. The borderline personality traits of wanting attention and control, being overly extroverted, extreme mood swings, impulsivity, and explosive anger all acted as very common and prominent triggers to their NSSI episode (Brown, 2002).

Maladaptive concept of self and others

This theme of maladaptive concept of self and others accounted as a trigger for almost all the participants in the study. Newman (2009), put forth the association between the cognitive triad and suicidal behavior. However, the current study indicated the ideas of the cognitive triad - worthlessness, helplessness, and hopelessness - as factors triggering the incidence of NSSI for all the participants in this study. Feelings of worthlessness were revealed in the forms of low self-esteem, the fear of disappointing others, inappropriate guilt, and self-blame. Moreover, worthlessness

had manifested itself in the form of the need to harm oneself as they do not deserve the positive emotions they have felt at that point in time. Helplessness manifested itself in the form of feeling trapped, self-harm being the only solution, feelings of losing control over oneself and their own life, and the inability to control or feel emotions. All these factors collectively added onto each other to further manifest in the form of NSSI. Finally, the feelings of hopelessness were depicted by the lack of having any purpose in life, having no faith in their future endeavors, having no hope of their stressful situations or distress getting better, and holding a feeling that they can never be happy or make others happy now. Due to this, a significant proportion of the participants saw their engagement in NSSI as a form of self-punishment towards themselves due to their overwhelming feelings of worthlessness and hopelessness. This sense of hopelessness, helplessness, and worthlessness often resulted in feelings of insecurity as well within the participants, which was also seen as a common trigger for NSSI. In addition to the ideas of the cognitive triad, certain cognitive distortions of overgeneralization, magnification, and mental filtering were also prominently present among the participants. The cognitive distortion of overgeneralization manifested itself in the form where a few of the participants identified themselves as surrounded only by negativity. “They only found negative within themselves, other people, and other neutral situations as well. Most of them knowingly ignored the positives in situations and focused on the negatives.” The distortion of magnification was seen amongst the participants who commonly experienced feelings of worthlessness and enhanced their shortcomings as something of great importance that cannot be changed. Moreover, participants also actively engaged in the cognitive distortion of overgeneralization. Participant P.K. (n.d.) exhibited a strong example of this: *“I thought it would be impossible for my mom to love me again after the incident (in her childhood) and I still feel that..... I find it very hard to swallow that people can love me; it seems impossible. I sometimes feel like do not deserve love or like I cannot be loved. So it comes as a shock to me when people express this to me....”* Thus, a combination of the ideas of the cognitive triad, along with these experiences of cognitive distortions, enhanced these maladaptive ideas of the cognitive triad, making the individuals act out in the form of NSSI.

In addition to this, a significant proportion of participants engaged in maladaptive internal attributions, where they blamed themselves for all events in and out of their control. This also caused an increase in feelings of guilt and self-blame within the individuals which ultimately acted as a trigger to the engagement of NSSI. Ironically, a significant proportion of participants' experience with NSSI was precipitated due to the factor of not being able to control their own lives and emotions, thus attributing it to an external locus of control.

Finally, a small proportion of individuals attributed their experience of NSSI as a form of bargain or distraction from suicide. Participant G.K. (n.d.) attributed his experience of NSSI and enhanced this point: *“It came up because I wanted an alternative to, you know, committing the unthinkable.”*

The perpetuating factors leading to the maintenance of NSSI-related behavior

The second objective is aimed to identify and explore the perpetuating factors maintaining the participant's engagement in NSSI-related behavior. This section presents four global themes derived from analysis; these themes and sub-themes are depicted in Table 4.

Table 4: Perpetuating factors maintaining their engagement in NSSI behavior

Themes	Sub-themes
Impulsivity	Need for instant gratification
	Impulsive thoughts and actions
	Need for instant control
Maladaptive cognition	Cognitive triad
	Guilt
	Sense of dependency
	Conditioned response to stress
Dysfunctional emotion	Excessive emotion
	Channeling of maladaptive emotions
	Unresolved childhood emotional trauma

Impulsivity

When participants were enquired about either their second or repetitive engagement with NSSI, each of them emphasized a lot on their instant need for relief or instant need for gratification of needs. Thus, impulsivity was seen to account for all the participant's maintenance of the NSSI-related behavior. All 12 participants mentioned their need to gain instant gratification from people, situations, and emotions to be the main factor that prevailed in their engagement in NSSI-related behavior. Almost all of the participants stated a need for instant relief from emotions such as anger, pain, sadness, and numbness, which further made them engage in NSSI even after acknowledging and understanding its maladaptive effects. Costa (2021) has further evidenced the relationship between impulsivity and self-injurious behavior. Moreover, half of the participants stated their continuous engagement in NSSI as a result of the need for instant control over either the situation or the people around them. A significant proportion of individuals also reported repetitive engagement in NSSI as a way of gaining control over their own lives in a way. Participant S.V. (n.d.) reported the need to regain control over her own life as one of the significant reasons for engaging in NSSI: *"Nobody could tell me it was not good enough or whatever. It was just mine to do. No one could control this side of my life, I held the steering wheel of my life once again."*

Maladaptive cognitions

The ideas of the cognitive triad were present in almost all of the participants who had engaged in NSSI. However, only a small proportion of the participants accounted for this as the reason for repetitive engagement in NSSI. Out of the ideas in the cognitive triad, helplessness was the most enhanced one. Most of the participants stated that their engagement with NSSI either "was the only way out" or the "only feasible solution." This indicated a significant amount of helplessness within the participants. Gander (2021) has further substantiated the prominent theme of helplessness in individuals with NSSI. In addition, feelings of worthlessness and hopelessness were also expressed by many participants, where they either stated that they deserved to be punished because of their actions or the constant, unchanging state of equilibrium of negative surroundings that caused them to

repetitively engage in this. Feelings of guilt were also prominently present in participants, which was depicted in their talks of worthlessness. A handful of participants also defined NSSI as a form of "addiction" to which they were dependent. Many of them stated that NSSI is "something that you cannot escape once you start doing it." Most of these participants always resorted to NSSI as a response to stress due to this sense of dependence on it. Thus, NSSI was also viewed as a conditioned response to stress by some participants. Participant K.K. (n.d.) explained his repetitive engagement in NSSI as a conditioned response to stress using a magnificent metaphor: *"Like if you break a door, you need to fix the hinge. So you bring a screw and screw it back in. Then, the next time either your or someone else's door is broken, I know I need to fix the hinge, so I will get my screw and screw it back on. So that sort of a thing."*

Dysfunctional emotion

Overwhelming and excessive emotions accounted for half of the participants' repeated engagement in NSSI. Most of the participants who were aware of the maladaptive functions of NSSI reported their continuous engagement in NSSI as a response to excessive, overwhelming emotions such as anger, fear, and pain. Anger accounted as one of the main reasons for a majority of the participant's continuous engagement in NSSI (Casiello-Robbins et al., 2021). In addition to this, some participants viewed NSSI as a comparatively healthier option of channeling this anger to a safer output. A significant percentage of participants engaged in NSSI a second time as a safer way to channel their anger towards someone else onto themselves, channel their emotional pain to a sort of physical pain as a sense of distraction, or channel their inner sense of guilt and worthlessness to a safer output of self-harm. Participant A.L. (n.d.) mentioned his repetitive NSSI as a form of distraction from the destruction of objects as well as persons around him while also indicating his decreased sense of worth: *"I feel like, uh, maybe I feel everything around me is more expensive than me. So I just go for it to not destroy anything or anyone."* finally, a small proportion of 16.6% of participant indicated their repetitive experience with NSSI as a result of unresolved childhood trauma. They indicated their engagement with NSSI occurred whenever their unresolved repressed emotions from childhood resurfaced. Thus, this resurfacing of unresolved childhood expressions and conflicts acted as a prominent factor in these individuals' repetitive engagement in NSSI.

This study has also been successful in achieving a few additional information vital to the phenomenon of NSSI. 91.6% of the participants in the study indicated their experience of NSSI as useful to them. None of the participants experienced any form of guilt or regret with respect to their experience with NSSI. Moreover, 66.6% of the participants had not sought any professional help in relation to their NSSI-related behavior. Amongst this 66.6%, 75% of the participants need not find the necessity to seek professional help, despite the evident physical and emotional damage this has caused. However, the most astonishing fact from these participants was that, out of the 33.3% of individuals who sought therapy for their self-harm, none of them found this helpful with respect to their NSSI behavior. Moreover, the participants who resorted to online resources for help found these resources minimally efficient in aiding them.

Potential Challenges and Limitations of the Study

The current study utilized a small sample size with limited geographical distribution. Thus, ethnic inclusivity in the current study is highly limited. Consequently, the geographic distribution and combination of urban, suburban, and rural locations where the participants hail from prevents the data from being understood as coming from one centralized location. In addition to this, the current study has also failed to include a gender-inclusive sample. Moreover, the current study focused on the precipitating and perpetuating factors of NSSI, without giving much importance to the associated interventions related to these factors. Future studies must focus on identifying appropriate interventions incorporating the 4P's of NSSI and further identify the efficiency of these interventions.

The current study also failed to explore the perceived benefits associated with NSSI and how this further impacts the experience of NSSI. Thus, future studies must focus on exploring the current professional help available for individuals with non-suicidal self-injurious behaviors and their efficiency. In addition to this, the perceived benefits of NSSI must be further explored, and the basis as well as cognitions associated with these beliefs must be identified.

In addition to these, the current study has also de-alienated the presence of substance use in almost all individuals who have engaged in NSSI-related behaviors. Furthermore, a significant amount of individuals had also consumed substances prior to some of their NSSI episodes. Thus, future research could try to understand and explore the relationship between substance use and NSSI. Finally, most of the participants who had engaged in NSSI either had multiple tattoos or piercings. Favazza introduced the concept of non-pathological NSSI, which are culturally accepted forms of NSSI such as tattoos and piercings. Thus, future studies could try to study the impact of non-pathological NSSI, such as tattooing and piercings, on the perceived normalization of NSSI-related behaviors.

5. Conclusion

This article explores the different dimensions of NSSI among Indian young adults. The aim of the current research is to identify and explore the cultural etiology, precipitating factors, and perpetuating factors associated with NSSI. The results of the study provided notable findings from the examination of 12 cases. The findings from this study were categorized based on the research objectives. First, culture had a prominent role to play in almost all the participants' experiences of NSSI. Primarily, traditional influences, including intergenerational and family influences and cultural sanction, can be identified as the dominant cultural basis of NSSI. Second, the precipitating factors that precipitated almost all the participants' experiences with NSSI elicited themes of interpersonal concerns, maladaptive emotions, specific temperament, and a maladaptive concept of self and others. Finally, the perpetuating factors that maintained this behavior in the participants and, in turn, led them to engage in NSSI repetitively comprised impulsivity, maladaptive cognitions, and dysfunctional emotions. Overall, the current study highlights the different domains of NSSI and how it manifests uniquely in young adults.

Moreover, the current study also highlights the desperate need for an abundance of studies on the field of NSSI due to the high prevalence rates as well as the increased normalization of NSSI. The current study clearly depicted the lack of awareness, resources, as well as services available to individuals who engage in NSSI. Moreover, even the available resources and interventions for NSSI have been depicted as ineffective by most of the participants. Thus, research, as well as practical interventions in the field of NSSI, have been proven to be extremely essential in the current decade.

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