



# Risk Factors and Prevention Strategies of Self-Harm in University Students: A Qualitative Approach

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## Abstract

The aims of the study were to examine how university students identify meaning in self-harm, and how they explain risk factors and prevention strategies of self-harm. A qualitative approach was used along with purposive sampling and was based on in-depth interviews. Participants were 6 Thai university students, who repeatedly harmed themselves, and were recruited voluntarily. The data analysis used was thematic analysis. The results were described in the form of themes and sub-themes. Two themes and four sub-themes for participants' meanings of self-harm: 1) releasing psychological suffering, and 2) self-punishment for rethinking self-care. Nine themes and twenty sub-themes for participants' risk factors of self-harm: 1) depression, 2) feeling overwhelmed with life problems, 3) family relationships and communication in the family, 4) lacking a space to talk and be listened to, 5) self-pressuring, 6) Peer and romantic partner relationships, 7) emotion being triggered by social media and speech, 8) trauma recall, and 9) psychological traits. At last four theme and nine sub-themes for participants' prevention strategies of self-harm: 1) consulting a psychiatrist and taking medications, 2) taking care of family members, peers, and romantic partners, 3) positive thinking, and 4) participating in social activities and pursuing activities to create more happiness. The results showed that the starting point of understanding self-harmed adolescents were provided by the non-family members. It is recommended that parents should clearly express care and concern toward their children's feelings and prioritize physical health.

**Keywords:** Self-Harm, Meaning, Risk Factors, University Students, Qualitative Approach

## Introduction

Self-harm has become an escalating problem among young adults throughout the world, on the issue of self-harm in an open letter of Henrietta Fore, the board head of (United Nations Children's Fund (UNICEF)) stated that a World Health Organization (WHO) report showed that in 2016 more than 62,000 people lost their life from self-harm, it was found that 90% of young adults were from low-income to middle range income countries and young adults in these countries had more than a 90% suicide rate (UNICEF, 2019). In Thailand, the department of mental health revealed that more than 53,000 people tried self-harming per year. This number includes all genders and all age groups (Department of Mental Health, 2019). Nonetheless, there were a few quantitative and qualitative studies of self-harm among people in Thailand (Limsuwan et al., 2023; Paholpak et al., 2012; Singtakaew & Chaimongkol, 2021), self-harm among adolescents or undergraduate university students might have limitations in understanding this phenomenon as well as in discovering prevention strategies of repetitive self-harm which is the gap of knowledge in this study. This shows that self-harm is an issue that needs investigation, a more in-depth study, and research leading to strategies in solving this issue particularly among young adults.

When defining self-harm, the literature shows that there has been no definitions identified as a standard for self-harm, and there are criticisms that relate to those definitions (Hetrick et al., 2020). Even though each body



of research has given quite a clear explanation on self-harm, the research team stills found that there are differences in some issues. For example, the National Institute for Health and Care Excellence (NICE) defines self-harm as causing damage to the outer layer of the skin and also as using poisonous chemical (self-poisoning). This definition of self-harm covers injuring oneself without the intention of suicide or Non-Suicidal Self-Injury (NSSI), trying to take one's own life (suicide attempt), and hurting one's own self with an unclear intention or tentatively hurting oneself (NICE, 2022). Some of the research defined self-harm as injuries caused without intention (Hawton et al., 2003) or as Siu (2019) described, self-harm is a method of causing damage, an act that has an intention of self-harm with physical injuries and puts oneself in a situation prone to danger or neglecting themselves with excessive cases of tattooing and body piercing such as ear piercing, eye brow piercing. For this research, the aforementioned acts are not considered as self-harm, though one has the intention to alter their physical body.

In examining the definition of self-harm, causing injuries to oneself without the intention of suicide means a person is doing behavior that causes injuries to oneself and acts that further caused bleeding. Bruises or injuries with a minor or moderate expectation of harm towards the body but not up to the level of death, the act of causing self-injury without the intention of suicide or non-suicidal self-injury usually happen in order to overpower negative emotions and generate positive emotions. It might also be done to solve relationship problems with the person they are having an issue with at that time. Aside from this, NSSI helps these individual in managing their stress and in expressing their pains, and sometimes to punish themselves (Siu, 2019). However, debates among scholars is that intention might not be an appropriate consideration in creating a standard for the definition of self-harm. As the terms indicates there is no intention of suicide, but as highlighting in a number of past research, self-harm that causes injuries to oneself without any suicidal intentions has a tendency to lead to suicidal thoughts (Suicidal ideation) and a higher level of suicide attempts (Asarnow et al., 2011; Guan et al., 2012; Joiner et al., 2012; Klonsky et al., 2013; Knorr et al., 2016; Muehlenkamp et al., 2019). All of this is taken into consideration in the debate in defining self-harm and forming a standardized classification of it.

Even though there has been an effort to create a definition for self-harm, that is only part of the effort in analyzing self-harm in regards to the specific word. If more of an emphasis was placed on examining the victims of self-harm and explore what it means to them, it might help scholars gain a deeper understanding towards the nature and meaning of self-harming. Moreover, another interesting issue is that self-harm might not be an expression of mental illness (MacDonald et al., 2020). Youth self-harm is still a concern issue for society because self-harm has several negative impacts such as on education, work life, a detriment to the quality of living, and a remorse for the victims of suicide (Bergen et al., 2012; Fergusson et al., 2005; Robinson et al., 2016). Therefore, people who self-harm still need attention from people who care for them and more importantly to probe and find-out the risk factors that relate to their self-harm.

Examining the literature review regarding the risk factors and the factors that relate to victims' self-harm, the research team observed that, the risk or the relating factors varied according to the individual (Hetrick et al., 2020), family, friends, or lovers (Buckmaster et al., 2019; Hetrick et al., 2020), education or work-places (Hetrick et al., 2020; MacDonald et al., 2020; Siu, 2019), mental health service facilities (Gardner et al., 2019; MacDonald et al., 2020; Siu, 2019), media (Hetrick et al., 2020; Siu, 2019), government welfare (Gardner et al., 2019), and government schemes (Gardner et al., 2019; Siu, 2019) which include the country's economic situation and the historical conditions in their society (Gardner et al., 2019). Also, similar to Hetrick et al. (2020), it was found that the factors that stimulated self-harm or urges of self-harm were distressing emotions, a sense of being



isolated, exposure to self-harm, relationship difficulties, comparing oneself to others, and obstacles in educational institutions and workplaces. Siu (2019) discussed three risk factors of self-harm which were 1) psychopathology, especially depression and psychological factors such as having a mental disorder, having low self-esteem, having low social problem-solving skills, having a perfectionist attitude, being in a state of hopelessness (Hawton et al., 2012), 2) Negative incidents that have happened in an individual's life, family distress, for example, being bullied by others, ill-treatment, rejection, divorced parents, mental disorder of parents, and 3) sociodemographic and education factors such as an inability to achieve success in education and having a low socioeconomic status. Buckmaster et al. (2019) examined self-harm and found that factors relating to self-harm among young adults ages 18 to 25 years, can also be broken down into 3 factors, which are 1) the parent-children relationship factor, which relates to one's attachment to their parents, the way parents raised their children, and hurt feelings and negligence from their parents, 2) the romantic relationship factor, which involves emotional attachment with loved ones and interpersonal violence, and 3) the family factor which involves the duties of the people in the family such as love and unity among family member (cohesion), the flexibility of people in the family, loss of parents, and interactions among family members, including being able to get support from family members. Aside from this, there are many other factors such as spending time on social media more than having real meeting interactions (Twenge et al., 2018) and the economic crisis in the country (Gardner et al., 2019). Even though there are number of studies that examine risk factors or relating factors of self-harm, there is still rooms for researchers to grow the field further. Being aware of the risk factors or the stimulating factors of self-harm can lead to improved self-harm preventative measures (Hetrick et al., 2020).

Aside from the objective of study which is to define and discuss the risk factors of self-harm among young adults, the research team also found that an important factor that cannot go unnoted is the resistance factor and strategies to prevent repeated self-harm among young people. Past studies have shown that factors that promote resistance to self-harm can occur, but it requires the cooperation of many involved parties. This is similar to the risk factors that cause self-harm as well in terms of prevention. Cottrell et al. (2018) along with Shek (2010); Shek et al. (2008); Shek and Yu (2011); and Siu (2019) provided training suggestions on how to positively build strength for students in education institutions. Some other suggestions include high-quality mental health services (Bantjes et al., 2017; Mitten et al., 2016; Siu, 2019), development of self-harm prevention by using an online system (Doyle et al., 2015; Siu, 2019), media responsibility in reporting instances of self-harm and suicide (Siu, 2019). The government and the local authorities can also play a role in limiting self-harm by controlling the availability of painkillers (Gardner et al., 2019; Siu, 2019). Meanwhile, individuals can manage their self-harm by through strategies suggested by Hetrick et al. (2020) found such as emotional awareness, being aware of what triggers them, and other situations that may make them feel uncomfortable and lead them to self-harm. Identity and autonomy also play a role in factors that affect self-harm, along with entertainment preferences and changes in life circumstances (Hetrick et al., 2020; Hopko et al., 2003). Implementing strategies for individual self-help when in a public zone, such as putting on a rubber bracelet in public or holding something in one's hand, might not be the best of strategies areas, but this method is very helpful when people who self-harm are in public (Hetrick et al., 2020). This shows that, restricting factors that cause self-harm and using self-harm prevention strategies is based on the individuals and other parties as well. However, the skills involved in building resistance and prevention strategies on self-harm at the individual level is seen to be found in the abilities and responsibilities



of all concerned parties, which has the possibility to develop and grow in the aforementioned parties. Therefore, in this study we aspire to find the factors of resistance and also strategies in preventing repeat self-harm.

### **Research Objectives**

With the background and the importance of self-harm among young adults in mind, there are 3 objectives of research: 1) To study what self-harm means to undergraduate university students, 2) To study the risk factors of self-harm in undergraduate university students, and 3) To study the factors that create resistance and repetitive self-harm prevention strategies in undergraduate university students.

### **Research Question**

1. What is the meaning of self-harm in undergraduate university students?
2. What are the risk factors of self-harm in undergraduate university students?
3. What are the factors of resistance and repetitive self-harm prevention strategies in undergraduate university students?

### **Methods and Materials**

The research team used one university in Phisanulok province as the main location in researching and gathering information. The total research process took 1 year, and went from August 2020 to July 2021. Following procedures of qualitative research, using the purposive method and exploring the case with the inclusion criteria by asking the faculty and counselling professors within the Students Affair department of the university. The participants were drawn from three faculties, which were the Faculty of Science and Technology, Faculty of Health Science, and the Faculty of Humanities and Social Sciences. The researcher informed the student participants about the topic and goal of the research. The main researcher was already aware of some of the participants due to them being a faculty member of the university, so the other researchers were sent out to recruit the student participants.

The inclusion criteria were 1) ages 19–23 years who is an undergraduate university in one university, Phitsanulok province, Thailand, 2) attempting self-harmed more than twice repeatedly in their lifespan, 3) leaving a hospital more than 6 months, and 4) able and willing to participate in a face-to-face interview in Thai language. The participants were made aware of their right to participant and their right to not participate or volunteer information during the research. Moreover, the university students who had or were engaging in self-harm, no one was forced or coerced to participate in the study. From examining other bodies of work that researched self-harm in young adults, specifically other qualitative research, it was found that the ideal number of interview participants was six people, but also the research environment was taken into consideration as well (Hill & Dallos, 2012; Edmondson et al., 2016). The research team collected information from the six student participants who engaged in self-harm.

### **Research Design**

The research team implemented a qualitative methodology by using the case study approach emphasizing intrinsic cases and focusing on particular details to insight into this phenomenon with instrumental case (Stake, 2008). The research team wanted to gain more insight into the participants' meaning of self-harm, while using those cases to offer a wider discussion into university students' ideas about what self-harm means and how to manage it.



### Research Instrument

The research team used a semi-structure interview as the main tool. The research had set up questions in stages according to the research objectives and research questions as follows:

1. Giving meanings to student self-harm by having questions that reflect the student's experiences with self-harm, followed up with questions to clarify their answers such as details of the incident such as what their intentions were and what self-harm meant to them.
2. The risk factors associated with student self-harm was set up as a main issue question, specifically the causes and factors that caused students to engage in self-harm. This was followed up with questions to clarify their responses such as details surrounding the relationship between the students and their family members, the people around them and close friends.
3. Resistance factors and repeated self-harm prevention strategies of the students, by having questions that asked what supports mechanisms they used in stopping or refraining from self-harm followed with questions about personal strategies or methods that support in self-harm prevention, and people who support the student participants in stopping or refraining from self-harm.

### Data Collection

Regarding the interviews questions of the in-depth interview for several times within 1-year, each of the research questions include a main question centered around the issues which was found through an examination of the literature mainly on the subject of self-harm. The quality of the semi-structured interview in this study was to validate and adjust the questions that were made based on the feedback and 2 expertise of specialists in the topic of self-harm and the researchers' qualitative research experiences were more than 5 years. This research was approved by the Board of Human Research Ethics Committee, and the research team used the information to interview the participants. The interviews were designed in a way to be flexible to make the participants feel comfortable in telling their stories (Bhattacharya, 2017; Mason, 2017; Phothisita, 2013). There were 15-20 probing questions, for example, "Could you explain about self-harm through your direct experiences?" (research question 1) "What are the causes of self-harm through your experiences?" (research question 2) or "How do you stop or cease self-harm?" (research question 3). Moreover, saturation in this study was considered to cease the interview when the 6th participant data repeated with other themes (of 5 cases before) as well as no new additional subtheme.

This research was conducted under international standards for the protection of human subjects and these research protocols were reviewed and approved by an Institutional Review Board (IRB) at Naresuan University. The COA number is 404/2020 and the IRB number is P3-0081/2563.

### Data Analyzing

A thematic analysis was used in this qualitative study. The method of analysis emphasized creating a pattern according to the nature of the inductive method. The data analysis process consisted of 6 steps as follows: 1) getting familiar with the information, 2) creating an initial code, 3) searching for the themes from different type of codes, 4) reviewing the themes, 5) defining and giving names to the themes, and 6) composing the research report (Braun & Clarke, 2006). The creditability of this data analysis was peer debriefing by all researchers in this study examined transcripts and analyzing raw data to subthemes and themes.



## Results

We carried out 2 hours interviews (conducted twice) on the topic of self-harm. Participants were 6 Thai university students: four females and two males who reported that be LGBTQ, ages 19–23 years and had attempted self-harmed more than five times repeatedly. All participants had left a hospital 6–12 months prior to the interview. The methods of self-harm included overdosing, cutting, and hitting oneself. They responded to the research questions with an explanation of their themes and sub-themes in each research question respectively.

### Research Question 1: Meanings of Self-Harm

Based on the findings from the first research question: What is the meaning of self-harm in undergraduate university students? Two themes emerged and are summarized as follows: 1) releasing psychological suffering, and 2) self-punishment for self-care. Table 1 presents the two themes and sub-themes of research question 1.

**Table 1** Themes and Sub-themes about Participants' Meanings of Self-Harm (RQ. 1)

Themes	Sub-themes
(1) Releasing the psychological suffering	Grief was drained away with bleeding Feeling of disappointed in oneself
(2) Self-punishment for self-care	Lack of self-care Self-harm as a tool of self-punishment for stimulating self-care

The theme of releasing psychological suffering was described by three university students who had self-harmed themselves through self-cutting, defined self-harm in that their grief would drained away with bleeding: *"I felt as if bleeding drained my sadness away through my blood, so my sadness disappeared"* (Mr. A), and *"I knew that it (self-harm) may hurt my skin, but I couldn't bear the pain inside anymore...my frustration was alleviated when I did it"* (Ms. Tubtim).

Self-punishment for rethinking self-care was reported from the participants as hitting themselves and medicine overdosing which highlighted the disappointment they felt within themselves, and a sense of feeling that they were not taking enough care of themselves. They used self-harm methods as a means of self-punishment in order to stimulate a sense of self-care: *"If I felt I made a mistake, I would hit myself as self-punishment. While I would cut myself when I felt neglected by my partner... after that, I would return to taking care of myself"* (Mr. A), and *"It seems like I would like to have self-worth. Overdosing on medicine made my throat hurt, so I felt that it wasn't good for me. Thus, I wanted to come back to take care of myself again. It (self-harm) stimulated me to be better"* (Mr. Dew).

### Research Question 2: Risk Factors of Self-Harm

The results of second research question: What are the risk factors of self-harm in undergraduate university students had nine key themes: 1) depression, 2) feeling overwhelmed with life problems, 3) family relationships and communicating in the family, 4) lacking a space to talk and being listened to, 5) self-pressure, 6) Peer and romantic partner relationships, 7) emotion being triggered by social media and speech, 8) trauma recall, and 9) psychological traits. Table 2 presents the nine themes and sub-themes of the research question 2.

**Table 2** Themes and Sub-themes about Risk Factors of Self-Harm that were Described by Participants (RQ. 2)

Themes	Sub-themes
(1) Depression	Searching for information about the symptoms of self-harm by oneself before consulting a doctor Diagnostic process from medical professionals
(2) Feeling overwhelmed with life problems	Facing several problems at the same time such as family problems, academic problems, peer relationship problems, or romantic partner relationship problems
(3) Family relationships and communicating in the family	Authoritarian parenting Family didn't adequately protect participants from internal or external problems Comparisons among siblings Domestic and family violence such as emotional, verbal, and financial abuse
(4) Lacking a space to talk and being listened to	Lacking a space or a sphere to talk about feelings, thoughts, or daily life stress No one would listen and understand
(5) Self-pressure	Self-blame High self-expectations Submissive behavior
(6) Peer and romantic partner relationship	Peer and romantic partner relationship problems
(7) Emotion being triggered by social media and speech	External stimulus such as songs Having conversations with people who try to help solve their problem
(8) Trauma recall	Constantly thinking about past negative events Thinking about losing a loved one
(9) Psychological trait	High neuroticism Introversion Compliance

The primary theme that emerged was depression. All participants identified depression as the leading cause of self-harm. Two participants searched for information about their behaviors before consulting a doctor, thus they assumed that these were the symptoms of depression. In addition, four students were diagnosed and asked for their history by medical professionals such as a psychiatrist, doctor, or nurse:

*"I went to the department of psychiatry at the hospital to ask how to make an appointment to see the doctor. A nurse walked up to me and asked some questions...after that, a doctor decided that I should be admitted to the hospital immediately, because he didn't want me to be alone back at my dormitory"* (Ms. Ploy).

Five participants reported of feeling overwhelmed with life problems (theme 2). They had to face several problems at the same time such as family problems, academic problems, peer relationship problems, or romantic partner relationship problems: *"There were lots of problems during that time be it family problems, academic problems, or my boyfriend relationship problems. All those problems were on my mind as if they were an exploding bomb"* (Ms. B), and *"The problems occurred simultaneously, and I could not tell anyone, especially my family"* (Mr. Dew).

The relationship of family and communication between family members (theme 3) included authoritarian parenting, parents that didn't actively protect their children (the participants) from the internal or external threats, comparisons among siblings, and domestic and family violence (which includes emotional, verbal, and financial abuse). One participant stated,

*"my parent were relatively strict, I felt like I received so much pressure...One day, my mom found a birth-control pill in my purse, she woke me up to ask me about it and reprimand me about the pill and my behavior...After*



*that, my parents didn't talk or call me for almost 2 years while I studied for my bachelor's degree and lived at the university...I remember when I was young, my parents didn't catch the neighbor who spied on me with a camera while I was in the shower. They didn't take enough action"* (Ms. Tubtim).

Lacking a space to talk and being listened to (theme 4) emerged from almost all the participants and included the lacking of a space or circumstance to express their feelings, thoughts, or daily life stressors, and no one to listen to and understand them, The participants noted,

*"When I asked my boyfriend to talk to me, he said he's very busy; nobody understood me, listened to me, or stood by me. Even if I was absent from my classes, no one would even contact me even if didn't leave my room. I didn't do anything. I cried"* (Ms. Ploy).

Another participant stated that *"I told my mom that I was having serious problems with my peers and then she said "don't think too much! You should go to the temple to pray or make merit". She didn't understand me"* (Mr. Dew).

Self-pressuring (theme 5) included self-blame, high self-expectations, and submissive behavior. One participant stated: *"I thought that my life hadn't been a successful one. I could never do anything well. These problems might have begun when I was younger...I had always been submissive to my parents and sister because I didn't want to have any problems with them"* (Mr. Dew). Another participant mentioned that *"I pressured myself by taking my studies too seriously and the consequence was that I couldn't sleep. I tried to force my eyes to close and calm myself, but I still couldn't sleep"* (Ms. Tubtim).

Peer, romantic partner, or advisor relationship problems (theme 6) were described as follows:

*"Actually, I had a problem with my advisor, the advisor which was provided by the curriculum administrators had characteristics that were similar to my mom, She asked me about my future career goals. I said I wanted to be a novelist, but she thought that this job wouldn't be financially stable. She believed that I would probably be a burden on my family if I couldn't support myself with that job after my bachelor's degree. Sometimes I used to have these kinds of thoughts about being a burden on my family, but I had forgotten about them until she mentioned it, I felt as if someone had reaffirmed these thoughts, and then I kept ruminating on them"* (Mr. Ploy).

Emotion being triggered by social media and speech (theme 7) included external stimulus such as songs and having conversations with people who tried to help the participants solve a problem. Trauma recall (theme 8) emerged from the participants, who went through past negative events and thought about losing loved ones: *"When I was young, around second or third grade, I didn't tell my mom that I feared men... Sometimes, I recalled all the negative events from my life and that made me feel sad. I had to let-out my bad memories, so I hurt myself"* (Ms. Tubtim). And Psychological traits (theme 9) included high neuroticism, introversion, and compliance: *"I felt like I was ill-tempered. If I had any kind of disagreement with my mom, I would scream at her. I would shut the door and stomp around...My school friends believed that I was an introvert because I always isolated myself from my classmates...besides that, I was a person who used to overthink"* (Ms. Ploy), and *"It was just a feeling. I have had to be patient with family related stress since I was young..., so I did (self-harm) to myself"* (Mr. Dew).

### **Research Question 3: Prevention Strategies of Self-Harm**

Nine themes arose from the third research question (What are the factors of resistance and repetitive self-harm prevention strategies in undergraduate university students?): 1) consulting a psychiatrist and taking medication, 2) family members, peers, and romantic partners taking care of the patient, 3) positive thinking, and 4) participating





in social activities and pursuing activities that make the participant happy. Table 3 presents the four themes and sub-themes of research question 3.

**Table 3** Themes and Sub-themes about Prevention Strategies of Self-Harm that Participants Reported (RQ. 3)

Themes	Sub-themes
(1) Consulting a psychiatrist and taking medication	Having a consultation appointment with a psychiatrist
	Taking medicine as prescribed by a doctor
(2) Family members, peers, and romantic partners taking care of the participant	Family members, peers, or romantic partners becoming more sympathetic
	Breaking negative thoughts
(3) Positive thinking	Avoiding risk factors
	Understanding one's own self
(4) Participating in social activities and pursuing activities that make the participant happy	Doing the activities that make participants happy even if the activities are the trivial or minor matter
	Receiving admiration from other through hobbies or activities
	Awareness of self-worth through experiences or activities

Almost all the participants described having consulted a psychiatrist and taken medication (theme 1) as a prevention strategy of self-harm: “...I felt that it (self-harm) wasn’t good for me. I tried to take medicine, which the doctor had prescribed; I think after that I felt better” (Ms. Poy), and “...I wanted to change the place and the doctor for my treatment. So, my dad’s girlfriend suggested to me to consult a psychiatry clinic in town. I think that place was suitable with me. I felt better” (Ms. Ploy).

All participants reported that family members, peers, and romantic partners who cared for the participant (theme 2) was the most important factor in preventing repeated self-harm. The theme of positive thinking (theme 3) includes breaking negative thoughts, avoiding risk factors, and understanding one’s own self: “I think of prevention strategies of self-harm for myself; I figured-out that I was anxious, so I told myself that I have to stop thinking about terrible things. I tried to practice until I got better...When I didn’t think; I noticed that I didn’t have any problems at that time” (Mr. Dew), and “My life was getting better than it was in the past because I believed that it depended on myself and my effort, especially the emotional dimension” (Ms. Tubtim).

Participating in social activities and pursuing activities that make the participant happy (theme 4) included doing activities that make participants happy even if the activities are just trivial or minor matters. There is a feeling of admiration from others through hobbies or activities, and awareness of self-worth through experiences or activities. One participant stated that “Last time, I felt so happy from a baking cake. I would also like to do many more things. Sometimes, I felt down, but sometimes I was ok, happy. Overall, in my life, I am happy, I think” (Ms. Ploy), and another participant stated that.

“One day, I watched a TV show unintentionally, which was about Korean boy-band performances, they made me laugh. When I followed and focused them, I didn’t think about self-harm...For me the painting nails, I think this makes me happy also because my friends and my aunt complimented my nail color every time I came with a new style. Sometimes, my aunt tells me that “you really have got beautiful fingers!”. I think this is a positive part of my identity. And the important thing is that my aunt noticed something about me” (Ms. B).



## Conclusion and Discussion

The findings of first research question revealed that participants' meanings of self-harm were to release psychological suffering and self-punishment for self-care. Previous research showed that self-harm was an expression of internal anger or internal extreme emotion without speaking out, which is known as psychodynamic theory (McAllister, 2003). Moreover, behavioral perspectives in learning showed that individuals may punish their body as a way of learning about traumatic experiences (Van der Kolk, 1989). However, this study revealed that self-harm as self-punishment happened when participants felt disappointed in themselves because they could not succeed in their goals, and meet their parents' or peers' expectations. In addition, self-harm is a way of inspiring participants to take care of themselves. Then, the operational definition of self-harm among university students refers to engaging in harmful actions towards oneself with the purpose of alleviating psychological suffering and gaining a self-care.

In this study, we found that the findings of the second and third research question were linked through many themes. Depression was identified as the main risk factor of self-harm in all participants, and previous research reported that individuals who self-harm have received diagnoses by health professionals (McAllister, 2003; Van der Kolk et al., 1991). Some participants in this study assumed that they had symptoms of depression through googling information about the symptoms. However, the results of psychiatric diagnosis by mental health professionals, having psychiatrist consultations, being prescribed and taking medicines, or being admitted to a hospital, were prevention strategies of repeated self-harm (Hambleton et al., 2022). Aside from that, participants who had high neuroticism, introversion, and compliance correlated with self-harm in this study, owing to participants reporting that their behaviors and personality traits such as quietness, passiveness, being worried, being temperamental, and being emotional affected their relationship problems in their family, peers, romantic partners, or instructor/thesis advisor. All negative events stimulated participants' self-harm.

The problem of family relationships was a significant factor of self-harm in adolescent participants (Everett & Gallop, 2001; Kissil, 2011; Vivekananda, 2000). Nevertheless, the parent's ability to cope with their children's behaviors indirectly affected participants' self-harm. Participants' parent, either their father or mother, would blame, placate, be unhelpful, or be super-reasonable. This is especially true in parents that neglected the sexual abuse of their child led to the child self-harming themselves (Everett & Gallop, 2001; Vivekananda, 2000). Family members didn't actively try to protect the participants from internal or external threats in this study. In addition, the problems of relationships with peers (McAndrew & Warne, 2005), romantic partners, or instructors/advisors caused self-harm. These problems could be resolved by the people surrounding them using positive attention and communication, including more attentive parents who actively listen or by the participants having someone to share their feelings, thoughts, and stresses with.

Thus, relationship attachments helped to decrease participants' repeated self-harm in this study (Parker, 2017). We found from prior studies that participants revealed that one risk factor of self-harm was facing several problems at the same time such as family problems, academic problems, peer relationship problems, or romantic partner relationship problems.

Positive thinking was a method of avoiding self-harm in this study, which included combating negative thoughts, avoiding risk factors, and understanding one's own self. These helped participants lower self-pressuring, which encompassed the subthemes of being triggered by social media and speech and trauma recall (McAndrew & Warne, 2005). Interestingly, we found that some participants had sensitivity to those who tried to advise them



on how to cure their depression, such as asking them to visit a temple, suggesting to pray to the Buddha, and getting help from a motivational life coach.

Furthermore, prevention strategies of self-harm were found in cooperating and participating in social activities as well as pursuing activities that created positive emotions that raised the self-worth of the participants through those experiences or activities. Some participants received compliments from the skills gained through their hobbies or activities even if they were just trivial or minor matters.

### **Strengths and Limitations**

This study benefited from the inclusion of key informants who provided rich detail about direct experiences with self-harm. All the participants had stopped engaging in self-harm more than 6 months ago and they had been aware of their self-harm prevention strategies. However, some participants did not want to reveal the parents' occupation in this study. Thus, we could not identify or describe about their parents' socioeconomic status. Moreover, we could only interview six participants are studying at the university, which was located on lower-northern part of Thailand. Some participants though come from the center of Thailand. Furthermore, gender diversity was limited in that the participants were four females and two LGBTQ individuals and there were no males who participated in this study.

### **Implications**

For the family members or parents, the starting point of helping their child who is dealing with self-harm is communicating with a neutral third party, such as a medical professional or educational staff. Many self-harm victims were scolded by their own parents the first time it happens, including expressing feelings that might be perceived by the child as negative. Therefore, parent should clearly express care and concern toward their child's feelings and physical health as the first priority. Even if the family's culture and communication was authoritarian or uninvolved, it is important that parents respond and act toward a child's self-harm. Likewise, parents, peers, and teachers should be aware of how self-harm victims cope and understand self-harm prevention methods such as going to the temple, praying, or meditating. Frequently, prevention strategies of repeated self-harm happen unintentionally, and those activities were created from the self-harm victims themselves. Their environment and available opportunities such as on-campus activities, outdoor events, or activities at home may be beneficial for preventing self-harm. The people surrounding these young adults should complement them and be happy with their hobbies or interests, although they may seem like just little things or successes. Furthermore, the practical suggestion of positive thinking is the adolescent should have writing own successful/inspired memoirs or accomplished daily routine because of the successful/inspired stories were the positive resources for creating the individual's protective shield from the negative thoughts and the triggered incidents. Then, the future research might implement using writing a memoir as the preventive strategy of the university students who undergo the psychological suffering or self-harm.

Young people at risk of self-harm desire not only interpersonal relationships, but support systems in college also. Academic institutions and administrators should recognize the risks of self-harm in young adults. There are several ways to reduce or protect learners from self-harm. For example, changing some of the traditional ceremonies for university students, especially for first-year student, arranging and training academic advisors with



basic counselling skills, providing students with lessons on how to observe signals of self-harm, and providing open spaces or centers young adults to be listened to.

With all of this in mind, we identified our research questions and the scope of the study that were relevant to the in-depth interviews with the university students who repeatedly self-harmed. However future research might make the data and suggestions stronger if young adults who self-harm have their families interviewed as well. Moreover, two participants reflected through metaphor that while they were involved in hurting themselves, they felt that they had two other selves in them; one was trying to prevent them from self-harm, and the other was trying to get them to continue to engage in self-harm. Future research might explore self-harm with Freud's structure of personality (id, ego, and superego) or psychoanalysis to understand potential hidden meanings in the interview participants. Despite the fact that depression is more widely known in young adults in Thailand, it is not recognized as extensively in Thai educational institutions. Future research might develop practices that help Thai young adults cope in a changing society from a more collectivist society to an individualist society, especially in Gen Z and Gen alpha.

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