

Identifying Indicators of Self-Harming Behaviors Based on the Phenomenology of Non-Suicidal Self-Injury in Adolescent Girls

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ABSTRACT

The objective of this study was to explore and identify the indicators of self-harming behaviors through a phenomenological examination of the lived experiences of adolescent girls with a history of non-suicidal self-injury. This research employed a qualitative phenomenological design, focusing on thirty female students in lower secondary schools in District 12 of Tehran during the 2023–2024 academic year. Participants were selected using purposive sampling, with data collection continuing until theoretical saturation was achieved. Data were gathered through semi-structured, in-depth interviews lasting between 20 and 45 minutes and recorded with participants' consent. The interviews were transcribed verbatim and analyzed using interpretive phenomenological analysis. The coding process involved open, axial, and selective stages, allowing for the identification of overarching, organizing, and basic themes. To ensure validity and reliability, the interview framework was reviewed by expert s, and reproducibility of codes was assessed using test–retest methods and intraclass correlation coefficients. The analysis revealed four overarching themes: experiences and feelings related to self-harm, triggering and underlying factors, the role and function of self-harm in daily life, and attitudes toward the future and change. Adolescents described self-harm as simultaneously painful and relieving, serving as a temporary coping mechanism and a form of non-verbal communication. Psychological factors such as anxiety, depression, and self-criticism, alongside social triggers like family conflict and peer rejection, emerged as key drivers. Self-harm functioned as both an emotional regulation strategy and an indirect request for help. Ambivalence toward change was evident, with adolescents expressing both hope for recovery and fear of entrapment in repetitive cycles. The findings highlight the multifaceted nature of non-suicidal self-injury among adolescent girls, emphasizing its emotional, social, and identity-related dimensions. Understanding these phenomenological indicators provides valuable insight for designing culturally sensitive interventions that address both individual vulnerabilities and systemic risk factors.

Keywords: Non-suicidal self-injury; adolescent girls; phenomenology; emotional regulation; family functioning; self-harming behaviors.

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Introduction

Self-harming behaviors, particularly non-suicidal self-injury (NSSI), have become a serious concern in adolescent mental health research, given their increasing prevalence and complex psychological underpinnings. Defined as deliberate harm to one's body tissue without suicidal intent, such behaviors reflect a maladaptive coping strategy to regulate unbearable emotions, express inner pain, or regain temporary control over one's environment (1). Recent years have witnessed an alarming rise in cases among adolescent girls, making it imperative to understand the multifaceted indicators and phenomenological aspects of these behaviors.

The vulnerability of adolescence as a developmental stage makes individuals particularly susceptible to self-harming behaviors. Biological, cognitive, and emotional transitions create instability, which, when combined with social stressors, may foster maladaptive behaviors (2). Adverse childhood experiences, including exposure to violence, neglect, and dysfunctional family dynamics, are consistently linked to self-injury, with social support playing a buffering role (2). Childhood traumas not only predict self-harming tendencies but also increase vulnerability to depressive and dissociative symptoms, further complicating adolescents' ability to cope (3).

Several studies emphasize the mediating role of emotional regulation in the onset and maintenance of self-harming behaviors. Adolescents who struggle with regulating their emotions often resort to self-injury as a substitute outlet for unexpressed feelings (4). Rumination and maladaptive cognitive processes exacerbate emotional dysregulation, intensifying the risk (5). Similarly, experiential avoidance and difficulties in emotion regulation have been identified as robust predictors of self-harming behavior, particularly among vulnerable groups such as adolescent girls with histories of running away from home (6, 7). These findings underscore the importance of targeting emotional regulation and avoidance patterns in therapeutic interventions.

Cognitive and emotional mediators further illuminate the dynamics of self-injury. Cognitive emotion regulation strategies, including maladaptive approaches such as suppression and catastrophizing, significantly influence adolescents' likelihood to engage in self-harming acts (8). Conversely, self-compassion emerges as a protective factor, mitigating the effects of risk variables like disordered eating and frustration intolerance (9, 10). These psychological constructs help explain why some adolescents develop self-injurious behaviors while others with similar stressors do not.

Identity formation during adolescence also plays a central role. The sense of self and the perception of one's worth are disrupted by violence, neglect, or chronic invalidation, which often exacerbate self-harming tendencies (11). Identity-related challenges not only act as risk factors but also moderate the relationship between early adverse experiences and self-harming behaviors. This highlights the necessity of addressing identity formation and resilience as part of preventive and therapeutic programs.

Therapeutic interventions have been explored in numerous studies, with varying degrees of effectiveness. Compassion-focused therapy (CFT) and dialectical behavior therapy (DBT) have demonstrated promising outcomes in reducing self-harming behaviors and improving emotional regulation (12-14). DBT, for example, is effective in reducing NSSI among adolescent girls by directly targeting emotional regulation difficulties and maladaptive coping strategies (14). Schema therapy, when delivered in group settings, has also been shown to reduce both self-harm and suicidal behaviors while improving early maladaptive schemas (15).

These findings suggest that therapeutic modalities focusing on compassion, mindfulness, and cognitive restructuring can yield significant improvements.

Further, acceptance- and commitment-based interventions offer additional insights into addressing procrastination and meaninglessness, which are often associated with adolescents at risk of self-harm (16, 17). By fostering psychological flexibility and enhancing self-determination, these interventions provide alternatives to maladaptive coping mechanisms. These strategies highlight the crucial role of both meaning-making and resilience-building in counteracting self-harming tendencies.

Beyond clinical settings, phenomenological studies shed light on the subjective meaning adolescents attach to self-harm. Adolescents often describe self-injury as a means of regaining control, releasing inner pain, or signaling distress when verbal communication fails (1). Such findings emphasize the importance of understanding not just the external factors but also the internal lived experiences that shape self-harming behaviors. This perspective aligns with broader theoretical models suggesting that adolescents use self-harm to negotiate identity, autonomy, and emotional expression in contexts where other outlets are absent.

International perspectives complement local findings by revealing cross-cultural variations and similarities. Research in refugee contexts, for example, shows that self-harming behaviors among adolescent girls are chronic and intertwined with displacement-related trauma, poverty, and lack of stable support systems (18). These findings underscore the universality of self-harming behaviors as a response to adversity, while also highlighting how context-specific stressors shape manifestations of the behavior.

At the same time, Iranian studies demonstrate the role of attachment styles and maladaptive schemas in predicting self-harm among students (19). These models reveal that insecure attachments and negative core beliefs create enduring vulnerabilities, linking early relational experiences to maladaptive coping behaviors. Such findings resonate with international research while providing culturally grounded insights into adolescent populations in Iran.

In addition to attachment-based predictors, ego strength and emotion regulation difficulties have been highlighted as significant correlates (20). These psychological constructs suggest that interventions need to not only reduce maladaptive coping but also strengthen internal capacities and resilience factors. Building ego strength, promoting adaptive regulation strategies, and fostering self-compassion could therefore be pivotal in reducing self-harming behaviors among adolescents.

Preventive approaches require recognition of both individual and systemic factors. Family functioning and psychological capital are significant predictors of adolescents' tendency toward self-injury (21). Families characterized by emotional neglect, conflict, or lack of support exacerbate vulnerability, while families providing warmth, cohesion, and problem-solving resources can mitigate risk. In this sense, interventions targeting family dynamics are as essential as those focusing on individual psychological processes.

The phenomenology of self-harming behaviors also reveals ambivalence among adolescents regarding recovery. While many express hope and motivation to change, others fear judgment, rejection, or the impossibility of breaking repetitive cycles (1). This ambivalence highlights the need for sensitive, nonjudgmental, and supportive therapeutic contexts that acknowledge adolescents' fears while nurturing their aspirations.

The breadth of evidence shows that self-harming behaviors among adolescent girls are influenced by a confluence of psychological, familial, social, and cultural factors. These behaviors serve multiple functions —

emotional regulation, communication of pain, identity negotiation—yet they simultaneously reinforce cycles of distress. Understanding these dynamics requires both quantitative models of prediction (8, 10, 19) and qualitative explorations of lived experience (1). Only through integrating these perspectives can effective, contextually sensitive interventions be developed.

The present study is situated within this body of knowledge, aiming to identify the indicators of self-harming behaviors among adolescent girls with a history of non-suicidal self-injury by employing a phenomenological approach.

Methods and Materials

Study Design and Participants

This study employed a qualitative research design with a phenomenological approach aimed at exploring the lived experiences of adolescent girls with a history of non-suicidal self-injury. The research population included female students enrolled in lower secondary schools in District 12 of Tehran during the 2023–2024 academic year. Through purposive sampling, thirty adolescent girls who had engaged in self-harming behaviors without suicidal intent were recruited. The sample size was determined by the principle of theoretical saturation, meaning that data collection continued until no new concepts or themes emerged from the interviews. This point of saturation was achieved after thirty participants. Ethical considerations were carefully observed, and informed consent was obtained from all participants and their guardians. Confidentiality and anonymity were ensured throughout the study, and interviews were conducted in a safe and supportive environment to reduce potential distress.

Data Collection

Data were collected primarily through semi-structured individual interviews designed to elicit in-depth descriptions of self-harming behaviors and the subjective experiences surrounding them. To establish a framework for the interview guide, insights from subject matter experts were sought and incorporated, ensuring that the questions reflected the most critical aspects of non-suicidal self-injury among adolescents. The content of the interview questions was informed by both a preliminary pilot study and a comprehensive review of the theoretical and empirical literature on self-harm behaviors. The central aim of the interviews was to capture the phenomenological essence of self-injury and to uncover qualitative indicators of such behaviors. Each interview lasted between 20 and 45 minutes, with an average duration of approximately 30 minutes and a standard deviation of 7.24 minutes. With participants' permission, interviews were audio-recorded and subsequently transcribed verbatim. Where necessary, supplementary data were gathered from written documents related to participants' experiences to enrich the coding process. Reliability of the interview questions and reproducibility of the coding process were established through test-retest procedures and the intraclass correlation coefficient (ICC).

Data Analysis

The data were analyzed using interpretive phenomenological analysis with a stepwise coding strategy. Analysis was conducted concurrently with data collection, allowing emerging insights to shape subsequent interview questions. The process began with repeated readings of the interview transcripts to achieve an in-

depth understanding of the narratives. Initial impressions and reflections were noted, forming the basis for preliminary codes. Open coding was then applied to identify meaningful segments of text, which were further refined through axial coding to explore relationships between categories. Finally, selective coding was employed to integrate and condense subcategories into core themes that captured the essence of self-harming behaviors. Throughout this process, the researcher relied on both personal interpretation of the data and expert consensus to ensure rigor and validity. The iterative and cyclical nature of the analysis facilitated the emergence of well-defined categories, allowing the study to identify indicators of self-harming behaviors in adolescent girls.

Findings and Results

The analysis of the semi-structured interviews with adolescent girls who had a history of non-suicidal self-injury led to the emergence of several overarching themes, organizing themes, and basic themes that reflect the phenomenological essence of their experiences. The findings illustrate the complexity of self-harming behaviors as a coping mechanism, a non-verbal expression of pain, and a deeply embedded part of identity for some adolescents. At the same time, the results reveal the psychological, social, and environmental triggers behind these behaviors, as well as the role that self-harm plays in regulating emotions, expressing needs, and shaping attitudes toward the future. The themes presented below provide a holistic understanding of the lived experiences of participants.

Table 1. Themes extracted from the responses of adolescent girls with a history of non-suicidal self-injury

Overarching Theme	Organizing Theme	Basic Theme	Description
Experiences and feelings related to self-harm	a) Experience at the moment of self-harm	1) Physical pain and psychological release	Adolescents describe physical pain as a temporary way to discharge psychological pressure. Physical pain substitutes for psychological pain and helps reduce intense negative emotions. This experience is often accompanied by ambivalent feelings: on one side pain and suffering, and on the other temporary relief and calmness.
		2) Intense anxiety, hopelessness, and distress during self-harm	Adolescents report overwhelming anxiety and hopelessness at the moment of self-injury. The behavior occurs when they are at the peak of emotional tension, desperately seeking an immediate release. This mental state often involves feelings of helplessness and abandonment.
		3) Temporary calmness after self-harm	Following the act of self-injury, adolescents explain that psychological pressure decreases for a short time and a temporary calmness emerges. This short-lived relief perpetuates a repetitive behavioral cycle, where the act is accepted as a temporary solution.
	b) Personal meaning of self-harm	1) Gaining control over unbearable emotions	Adolescents perceive self-harm as a way to gain control over intense and unmanageable emotions. Even though temporary, this action provides them with a sense of mastery over their mental state.
		2) Non-verbal expression of pain and suffering	Self-harm is perceived as a non-verbal method to communicate pain that cannot be expressed in words. Those unable to articulate their feelings use the behavior to convey the depth of their suffering.
		3) Identity and behavioral attachment	Some adolescents view self-harm as part of their identity and personality, making it difficult to abandon. For them, it becomes habitual and integrated into daily life, posing a challenge to replace it with healthier alternatives.
Triggering and underlying factors	a) Psychological and emotional factors	1) Anxiety, depression, and feelings of worthlessness	Severe psychological pressures such as anxiety, depression, hopelessness, and low self-worth are significant contributors. These persistent negative emotions place adolescents in situations where they cannot cope, leading to self-harm as a temporary escape.

Role and function of self-harm in adolescents' lives	b) Environmental and social factors	2) Severe self-criticism and lack of coping skills	Adolescents face intense self-criticism and lack the skills needed to manage negative emotions and stress. This combination increases their risk of engaging in self-harm.
		3) Recurrent psychological stress and tension	Persistent daily stressors, such as academic, family, and social problems, exacerbate psychological vulnerability and increase the likelihood of self-harm.
		1) Family conflicts and lack of emotional support	Conflicts, neglect, and absence of emotional support within families create unhealthy and tense environments where adolescents feel unsafe and isolated. These conditions provide fertile ground for self-harming behaviors.
		2) Peer pressure and social rejection	Experiences of rejection, lack of acceptance, and peer-related pressures push adolescents toward self-harm as a reaction to these social challenges.
Attitudes toward the future and change	a) Coping with stress and psychological pain	3) Lack of safe and supportive spaces for expressing feelings	The absence of spaces in family, school, or society for expressing distress and receiving support forces adolescents to resort to self-harm as a means of emotional discharge.
		1) Temporary relief from anxiety and psychological distress	Adolescents report that self-harm helps them reduce psychological stress and anxiety in the moment, though the relief is short-lived and negative emotions often return.
		2) Creating a sense of temporary control	The act allows adolescents to feel they have regained control over their emotions and circumstances, even if only for a brief time.
	b) Expressing needs and non-verbal communication	3) Short-term relief from emotional pain	Self-harm serves as a way to temporarily alleviate emotional pain, making them feel somewhat better in the moment.
		1) Indirect request for help and attention	Through self-harm, adolescents send non-verbal signals to others, indicating their need for support and attention, particularly when they cannot verbalize their struggles.
		2) Communicating depth of suffering and need for support	The act serves as a means of expressing the depth of their pain and the urgent need for help, in hopes that others will recognize their situation and provide assistance.
	a) Hope for recovery and behavioral change	1) Belief in the possibility of quitting self-harm	Some adolescents believe they can stop self-harming and that their lives can improve. This belief provides motivation for change.
		2) Feeling motivated and energized for change	Internal motivation and hope for a brighter future encourage efforts to abandon self-harming behaviors.
	b) Fear and worry about continuation	1) Anxiety about being trapped in the cycle of self-harm	Adolescents express fear that they may not be able to break free from the repetitive cycle of self-injury, perceiving themselves as stuck.
		2) Fear of judgment and rejection after change	Concerns about being judged or not accepted by others after changing behavior may hinder their willingness to seek improvement.
	c) Factors influencing motivation for change	1) Support from family and friends	Emotional and practical support from others plays a crucial role in strengthening motivation to quit self-harm, and adolescents view such support as a significant source of empowerment.
		2) Experiencing small successes and progress	Small but positive changes in quitting behavior increase adolescents' motivation to continue, and such successes play a key role in sustaining progress.
	d) Attitudes toward seeking help and treatment	1) Acceptance of professional support	Some adolescents acknowledge the need for professional help and pursue therapy and counseling, recognizing it as an important step in the change process.
		2) Resistance and fear of treatment	Others show resistance or fear toward treatment and change, which can act as a barrier to initiating the recovery process.

The first overarching theme concerned adolescents' experiences and feelings related to self-harm. Participants consistently emphasized the dual nature of their experience—pain and suffering during the act, but also a sense of psychological release and temporary calmness. For some, physical pain acted as a substitute for overwhelming psychological distress. Importantly, self-harm was not only seen as a coping mechanism but also as a non-verbal form of expression and, in some cases, an integral part of identity, making cessation particularly difficult.

The second major theme highlighted triggering and underlying factors. Adolescents identified both psychological vulnerabilities and environmental pressures as significant contributors. Persistent experiences of anxiety, depression, and feelings of worthlessness created fertile ground for self-injury. Coupled with severe self-criticism and limited coping strategies, these conditions increased susceptibility. On the social side, family conflict, lack of emotional support, and peer rejection played central roles. The absence of safe spaces to communicate distress further intensified reliance on self-harming behaviors as a substitute outlet.

A third theme focused on the role and function of self-harm in adolescents' lives. Many participants described self-harm as a temporary but effective tool for managing stress, regaining a sense of control, and relieving emotional pain. Simultaneously, the act was also perceived as a form of communication—a silent plea for help and acknowledgment from others when words felt inadequate. Thus, self-harm functioned both intrapersonally (regulating emotions) and interpersonally (signaling needs).

Finally, the theme of attitudes toward the future and change revealed ambivalence. While some adolescents expressed hope, motivation, and belief in the possibility of quitting, others voiced fears of being trapped in a cycle of repetitive behavior or being judged even if they changed. Crucially, external support from family and friends, as well as small steps of progress, emerged as motivating forces. Conversely, resistance and fear toward professional treatment were notable barriers, highlighting the complexity of initiating recovery.

Discussion and Conclusion

The present study sought to identify and interpret the indicators of self-harming behaviors among adolescent girls with a history of non-suicidal self-injury (NSSI) by adopting a phenomenological approach. Through semi-structured interviews, the voices of participants revealed a complex, multilayered picture of self-harming behaviors, encompassing experiences of pain and relief, underlying psychological and social triggers, the perceived role of self-harm in daily life, and ambivalence toward the future. These findings illustrate the dual nature of self-injury: simultaneously a destructive act and a coping mechanism that offers temporary relief.

The first core finding of this study was that adolescents experience self-harm as both physically painful and psychologically relieving. Many participants described self-harm as a way to convert unbearable psychological distress into manageable physical pain, producing a short-lived calmness. This duality aligns with the cyclical pattern of NSSI, where relief reinforces repetition. The second finding highlighted the personal meaning of self-harm. Adolescents perceived it as a tool for gaining control over emotions, expressing pain non-verbally, and even as part of their identity, making cessation difficult. Third, the study uncovered psychological and environmental triggers, such as anxiety, depression, low self-worth, family conflict, peer rejection, and the absence of supportive spaces. These conditions heightened adolescents' vulnerability to self-harming behaviors. Fourth, the role of self-harm in coping was strongly emphasized, with participants noting that it provided temporary mastery over their emotional turmoil and functioned as a non-verbal plea for help. Finally, ambivalent attitudes toward the future emerged. Some participants expressed hope and motivation to change, while others feared entrapment in a cycle of behavior or

anticipated rejection even if they improved. Support from family and small successes were identified as crucial motivators, while fear and resistance toward professional treatment posed barriers.

The finding that adolescents perceive self-harm as simultaneously painful and relieving echoes international and Iranian studies emphasizing the paradoxical function of NSSI. Briones-Buixassa et al. showed that self-harming behaviors often serve as an immediate but maladaptive regulatory strategy in young adults, regardless of borderline personality disorder status (22). Similarly, Mohibi et al. highlighted that adolescents often describe self-injury as a non-verbal strategy to convey inner pain when words fail (1). These findings align with the present study's observation that adolescents attach meaning to self-harm beyond the physical act, viewing it as both communicative and identity-based.

The association between psychological distress and self-harm is well-documented. The participants' accounts of anxiety, depression, and hopelessness reflect prior findings that these emotional states act as strong predictors of NSSI. Johnson emphasized that exposure to violence during childhood amplifies emotional vulnerability and increases the likelihood of self-harm, particularly in adolescent girls (11). Likewise, Çağlar et al. demonstrated that childhood trauma not only predicted NSSI but also coexisted with dissociative experiences and depression in female university students (3). These results substantiate the role of early adversities in shaping emotional dysregulation and maladaptive coping strategies, supporting the link between participants' described histories and their present self-harming behaviors.

Emotional regulation difficulties emerged as a central theme in this study. Participants described self-harm as a mechanism to manage overwhelming feelings or to achieve temporary control. This interpretation is consistent with findings by Khedmati, who reported that rumination and difficulties in emotion regulation were significant predictors of self-harm in students (4, 5). Rashidi-Asl similarly identified experiential avoidance and poor emotional regulation as critical factors in predicting self-harm among adolescent girls with a history of running away (6, 7). Together, these studies and the present findings demonstrate that emotional regulation deficits are both subjective lived experiences and empirically measurable predictors of NSSI.

The study also highlighted the significance of cognitive processes and mediators, such as self-criticism, identity struggles, and non-verbal expression of pain. Ahmadimorvili et al. revealed that cognitive emotion regulation strategies mediate the relationship between attachment and personality organization with self-harming and suicidal behaviors (8). Similarly, Asghari and Aghili found that self-compassion buffered the relationship between eating disorders and self-harming behaviors in female students (9). These findings resonate with the current study, in which adolescents not only described harsh self-criticism but also a lack of adaptive strategies for self-kindness. Motale et al. further confirmed the predictive role of frustration intolerance and low self-compassion in self-harm tendencies among adolescent girls (10). Together, these findings suggest that fostering self-compassion and adaptive regulation strategies may directly reduce NSSI.

The present study also emphasizes the role of family dynamics, peer interactions, and social contexts in fostering or mitigating self-harming behaviors. Participants described family conflict, lack of emotional support, and peer rejection as prominent triggers. These findings echo Wan et al., who showed that adverse childhood experiences combined with insufficient social support heightened the risk of self-injury and suicidality (2). Similarly, Sobhani et al. identified poor family functioning as a predictor of self-injurious tendencies in adolescent girls, with psychological capital acting as a protective factor (21). These studies

align closely with participants' experiences of family neglect and their desire for supportive spaces, demonstrating the systemic nature of risk and resilience.

Therapeutic implications of these findings are well supported by existing research. Adolescents' ambivalence toward change, expressed in fears of being trapped or judged, mirrors the challenges addressed by therapeutic modalities such as DBT and CFT. Ghodrati reported that DBT reduced NSSI in adolescent girls by teaching emotional regulation and distress tolerance (14). Damavandian et al. compared CFT and DBT, finding both effective in reducing aggression and self-harm among juvenile offenders (12). Jabbari and Aghili similarly highlighted the positive effects of compassion- and emotion-focused therapies in reducing self-harm and improving interpersonal functioning (13). These therapeutic approaches resonate with participants' expressed needs for supportive interventions that validate their pain while providing tools for change.

The theme of ambivalence toward professional help also resonates with schema-based and acceptance-based interventions. Ghouti found group schema therapy effective in reducing self-harm and suicidality by reshaping maladaptive beliefs (15). Likewise, acceptance- and commitment-based therapies have been shown to reduce procrastination and build meaning in self-harming students, providing alternative coping strategies (16, 17). These findings suggest that treatment approaches must balance addressing adolescents' fears with empowering them through gradual, meaningful successes—consistent with participants' reports of motivation gained from small achievements.

International findings also contextualize the chronicity of self-harm in resource-limited environments. Kaggwa et al. demonstrated that self-harming behaviors among adolescent girls in refugee settlements often become chronic due to sustained trauma, instability, and limited support (18). While the contexts differ, parallels can be drawn with the Iranian adolescents in this study who cited persistent family conflict, peer rejection, and lack of safe spaces as contributors. Both highlight how contextual deprivation fosters chronic reliance on self-harm as a maladaptive coping mechanism.

Taken together, these findings show that self-harming behaviors are not isolated symptoms but are embedded within a web of psychological vulnerabilities, family and social dynamics, and cultural contexts. The study reaffirms the centrality of emotion regulation, cognitive mediators, and systemic support in understanding NSSI. It also extends prior findings by highlighting adolescents' phenomenological experiences, especially the paradox of self-harm as both a destructive act and a communicative tool.

This study, despite its contributions, is not without limitations. First, the research was conducted with a purposive sample of adolescent girls in District 12 of Tehran, limiting the generalizability of the findings to broader populations, including boys and adolescents from different regions or cultural contexts. Second, the reliance on self-reported data through interviews introduces the possibility of recall bias or selective disclosure, especially given the stigma surrounding self-harming behaviors. Third, although phenomenology provides rich qualitative insights, the subjective interpretation of narratives may limit objectivity, even though efforts were made to ensure credibility through expert validation and repeated analysis. Finally, the cross-sectional nature of the study prevents understanding the longitudinal trajectories of self-harming behaviors or the long-term effects of interventions.

Future research should aim to expand the scope of phenomenological studies by including diverse adolescent populations across different cultural and socio-economic contexts. Comparative studies

examining gender differences could illuminate how self-harming behaviors manifest uniquely among boys and girls. Longitudinal research is also needed to track the progression of self-harm behaviors and the factors influencing recovery over time. Additionally, integrating mixed-methods designs could combine the depth of qualitative exploration with the generalizability of quantitative approaches. Finally, future research should explore the role of digital environments, including social media, as potential risk or protective factors in the development and maintenance of self-harming behaviors among adolescents.

Practical implications of this study highlight the need for comprehensive, multi-layered interventions. Schools and families should collaborate to create supportive environments where adolescents can safely express emotions and receive guidance. Clinicians should consider adopting integrative approaches, combining emotion regulation training, self-compassion development, and family-based interventions. Policy makers should prioritize adolescent mental health by investing in community resources and awareness campaigns to destigmatize self-harming behaviors and encourage help-seeking. Importantly, preventive programs should be tailored to cultural contexts, ensuring that interventions resonate with adolescents' lived realities while providing accessible pathways to care.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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