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Article

Beyond the Cut: Exploring Protective Factors Against Non-Suicidal Self-Injury among Emerging Adults

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ABSTRACT

Non-suicidal self-injury is one of the most maladaptive behavior common in emerging adults. There is extensive research on the risk factors and the pathways leading to NSSI. However, there is scarce research on the protective factors that can aid in cessation and managing NSSI in self-injurers. Therefore, the present study explored the protective factors that can be utilized by self-injurers to reduce the intensity and frequency of NSSI. Methods: The current study is qualitative study based on phenomenological approach. Semi-structured interviews were conducted with 10 self-injurers between ages of 18 to 29 years (emerging adults) recruited through purposive sampling. Interpretive phenomenological analysis (IPA) was used to identify protective factors against NSSI by understanding lived experiences of self-injurers. Results: Five super-ordinate themes emerged which were Religious Coping, Family Support, Fear of Permanent Scars, Emotional Liberation and Self-distraction. These factors were found to be effective in reducing NSSI urges in self-injurers. Conclusion: The protective factors suggested by this study can assist in forming interventions to reduce the risk of NSSI among emerging adults, and would help clinician in devising and using relevant techniques for cessation and reducing NSSI.

KEYWORDS: *Protective factors, Qualitative research, Religious Coping, Family Support, Fear of Permanent Scars, Emotional Liberation, Self-distraction, Emerging Adults*

Introduction

Non-suicidal self-injury (NSSI) is considered as a way of expressing emotional pain through damage of body tissue without the intention of suicide. However, the severity of this physical harm varies from person to person (Favazza, 2011; Nock & Favazza, 2009) and it does not include culturally relevant practices such as nose piercing. Individuals indulge in NSSI to get relief from negative cognitions or feelings, to boost positive feelings, or to resolve interpersonal issues (APA, 2022). American

Psychiatric Association (2022) classifies NSSI as a condition for further study as its functions serve it as potentially separate disorder. It usually starts in-between 12 and 14 years with high comorbidity in eating disorders and borderline personality disorder (Cipriano et al., 2017).

NSSI not only causes physical harm to individuals performing NSSI, but also has negative consequences including poor physical, psychological and social well-being as well as negative feelings and thoughts (Wilkinson & Goodyer, 2011). The detrimental effects of NSSI makes it crucial to determine the protective factors which can intervene in the vicious cycle of NSSI. However, there is dearth of qualitative studies on protective factors as most of the work has been done to explore the risk factors of NSSI such as childhood trauma (Cipriano et al., 2017; Zhou et al., 2024), personality factors of neuroticism and avoidance coping style (Lin et al., 2017). Determining the protective factors can make it easier to devise universal prevention measures and programs for reducing NSSI. Therefore, the current study explores the protective factors used by self-injurers to reduce the frequency and severity of NSSI among emerging adults.

Among protective factors resilience was studied by Muehlenkamp and Brausch (2019) which did not reduce the probability of suicidal attempt and NSSI. Moreover, life satisfaction and subjective happiness also were not found as moderators in the relationship of past-year NSSI frequency and past-year NSSI suicidal attempt for decreasing the likelihood of NSSI. Although, subjective happiness and life satisfaction were found to decrease the risk of future suicidal attempt, but not NSSI occurrence indicating that resilience, subjective happiness and life satisfaction do not act as protective factors against NSSI. Another study conducted by Muehlenkamp et al. (2019) suggests that late onset of NSSI may be a protective factor as individuals with earlier onset tend to report higher frequency and multiple methods of injuring, which increases the severity of NSSI.

Self-compassion is a positive construct which has been found to reduce depressive symptoms and is effective against the development of NSSI through empathic understanding of self, kindness, and a neutral perspective towards self when a failure comes up reduces the chances of NSSI. Self-compassion has been found to moderate the association of depressive symptomology with NSSI implying its use as a protective process in mitigating the effect of depressive symptoms on NSSI increasing NSSI severity (Xavier et al., 2016). A recent study by Oh and Na (2024) determined self-compassion in the face of adverse childhood experiences and depressive symptoms linked with NSSI.

Although there is a handful of studies on protective factors of NSSI, but good family and friends support and relationship is the most identified protective factor (McEvoy et al., 2023; Xin et al., 2022). Aggarwal et al. (2017) revealed family conflicts and peer indulgence in NSSI as risk factors, but having friends and an understanding family was found to be protective factor against NSSI among youth belonging to low and middle-income countries. Another study highlighted the role of positive

communication with the family and family support to be a crucial shielding factor (Meza et al., 2023) implying the strong role of family support in battle with NSSI. Furthermore, the role of mother has been considered to be essential such that cohesion in mother-child relationship buffers the association of stressful life events and NSSI among adolescents. So, the importance of mothers' knowledge of NSSI and cohesion increases family resilience and reduces self-harm behavior (Bai et al., 2024).

The present study used qualitative methodology to explore the protective factors among emerging adults performing non-suicidal self-injury. Most of the research emphasizes on the risk factors and pathological aspect of NSSI and does not take into account the protective factors which can mitigate NSSI in self-injurers. Moreover, all the studies conducted on protective factors of NSSI are quantitative studies focusing on specific variables such as social support (Aggarwal et al., 2017; McEvoy et al., 2023; Meza et al., 2023; Xin et al., 2022), self-compassion (Oh & Na, 2024; Xavier et al., 2016) and resilience (Muehlenkamp & Brausch, 2019). It is important to identify preventive measures based on lived experiences of self-injurers which can assist individuals engaging in NSSI in Pakistan so that culturally appropriate programs could be established and can be incorporated in clinical practice. Thus, the current study aims to investigate the protective factors among emerging adults which can be used by self-injurers to reduce the frequency and intensity of NSSI and can aid in eliminating NSSI, along with forming interventions to reduce NSSI.

Methods

In the current study, phenomenological approach was used to explore protective factors against non-suicidal self-injury among emerging adults indulged in NSSI in Pakistan. Semi-structured interviews were conducted for deeper understanding of which protective factors self-injurers use to prevent themselves from self-injury. This study is based on constructivist approach of making meaning of experiences of self-injurers (Creswell & Creswell, 2017).

Sampling and Sample Characteristics

For the present study, purposive sampling was utilized to select individuals (Patton, 2014) performing NSSI based on the proposed DSM-5-TR criteria of NSSI i.e. individual who have injured themselves at least five times in the past one year without the intention of suicide (APA, 2022). All methods of self-harm such as cutting, burning, skin picking, etc. were included in this study. This study included both males and females between the ages of 18 to 29 years i.e. emerging adults (Arnett, 2014). However, self-injurers who were injuring themselves due to medical condition and physical disability were excluded. Married individuals were excluded from this study. Additionally, individuals indulged in self-injurious behavior with a history of suicidal attempts were not included in this study.

Ten emerging adults (N= 10) were recruited of which eight participants were female and two participants were male. The sample size was based on the sample size criteria for homogenous samples of six to eight participants to retain richness of data as proposed by Morse (2000). In phenomenological research, small sample size is not a limitation as the aim is to capture true essence of lived experiences of the participants (Frechette et al., 2020). Participants were recruited from university settings and consist of undergraduate students. The mean age of the participants was 22.2 years. The age of onset of NSSI was 17 years and overall reported frequency of NSSI was 27 times in the past one year.

Procedure

Before starting the process of data collection, an interview protocol was designed by the researcher of this study and two independent clinical psychologists with extensive clinical experience. The interview guide included open-ended questions, along with probing questions to explore the protective factors and their use by the self-injurers to reduce and control NSSI. The participants were approached in university settings and those participants who volunteered were recruited. Participants meeting the proposed DSM-5-TR criteria of NSSI as assessed by the "Non-Suicidal Self-injury" part of Self-Injurious Thoughts and Behaviors Interview (SITBI, Nock et al., 2007) were included. The participants were informed about the purpose of the study and were debriefed about the study. Face to face interviews were conducted with the participants based on the interview protocol. Each interview was audio recorded and transcribed for data analysis by IPA.

Ethical Considerations

The present study was approved by Ethics Committee of National University of Modern Languages (NUML), Islamabad, Pakistan. Face to face interviews were conducted to ensure that the researcher could respond and address any distress during the interviews. Additionally, participants were referred to Psychology Clinic for free counseling sessions to ensure their psychological and emotional well-being. Written informed consent was taken from all the participants for their voluntary participation in this study and were informed about their right to withdraw from the study at any time without any penalty. Consent was also taken for audio recording of the interview. The recording was stopped upon participants' request when the they felt uncomfortable in audio recording of some personal events. The recordings were deleted after transcription. Furthermore, consent was also taken from the participants for using demographic information such as age, gender and family system during data analysis. Privacy and confidentiality were ensured as the interview recordings and transcripts were only with the researcher and were not shared with anyone. Moreover, anonymity was ensured by assigning pseudonyms to the participants i.e. P1, P2, P3 and so on.

Data Analysis

Interpretative Phenomenological Analysis (IPA) was used for data analysis of the transcripts (Smith, 2009). Initially, interview transcription was done from the audio recordings of the interviews. Following idiographic approach of IPA (Smith et al., 2021), each case was analyzed one by one. For with-in case analysis, each transcript was read several times to have an understanding of the data. The observations made during the interview with each case such as non-verbal gestures were also incorporated during data analysis. In each case, patterns were recognized which revealed how the participant made sense of their lived experience of NSSI and their battle with NSSI urges. IPA entangles double hermeneutics considering participant's meaning making of NSSI and the researcher's interpretation based on the interview. The participant's sense of the phenomenon of NSSI and the researcher's interpretations were written separating in a column on left and right side of the page which were integrated later on. Subsequently, sub-ordinate themes were formed from each participant's interview. Furthermore, cross-case analysis was conducted and based on what meaning the participant's assigned, similar patterns were identified. Sub-ordinate themes were based on similarity in some of the content across the cases. Finally, the subordinate themes were congregated into super-ordinate themes reflecting the researcher's interpretation as well as participants' lived experiences of NSSI.

Results

The results of thematic analysis and the themes related to protective factors against NSSI have been reported in Table 1. Despite being involved in NSSI, emerging adults performing self-injury try to stop the vicious cycle of NSSI and reduce the frequency of NSSI. Thematic analysis underscored five themes including Religious Coping, Family Support, Fear of Permanent Scars, Emotional Liberation and Self-distraction as protective factors among self-injurers as represented in Figure 1.

Figure 1

Protective Factors against NSSI among Self-injurers (N= 10)

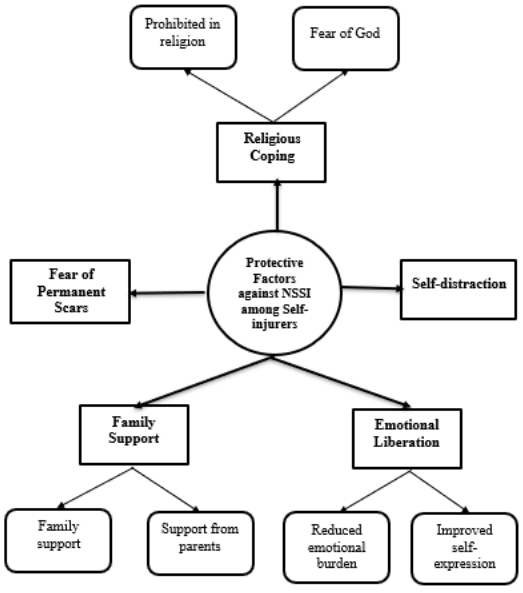

Table 1

Themes of Protective Factors against NSSI among Self-injurers (N= 10)

Super-ordinate Themes	Sub-ordinate themes	Key factors
Religious Coping	Prohibited in religion	Stopped NSSI after knowing its haram, insight of NSSI being wrong, religion helped in doubting self-injury
	Fear of God	How will I face God, fear of accountability, religious help seeking, increased religious practice
Social Support	Family support	Family support during stressful events, mother emotionally available, father says not to care about what others say, family takes care about health
	Support from friends	Emotional support from friends, validation during stressful events
Fear of Permanent Scars	Fear of Permanent Scars	Not performing NSSI as scars are permanent, regret related to scars that they would not fade, others can see scars
Emotional Liberation	Reduced emotional burden	Decreased expectations from others, not hurt by other's comments anymore
	Improved self-expression	Expressing your opinions without any fear, able to express emotions on spot rather than carrying emotional baggage
Self-distraction	Self-distraction	Engaging in other activities, diverting attention, avoiding getting involved in issues, avoiding triggers for negative emotions

Theme 1: Religious Coping

Many individuals reported to have stopped inflicting NSSI because of the fear of God and because it is considered 'haram' (prohibited) in Islam. So, religiosity and insight about NSSI to be a wrong deed through Islamic perspective serves as a protective factor against limiting and stopping NSSI in emerging adults.

Subtheme 1: Prohibited in religion

In Islam, hurting yourself in anyway is considered as haram (prohibited deed) due to which the self-injurers who were all practicing Muslims realized that NSSI is haram and should not performed. So, they knowing this religious principle, they try to control NSSI urge and reduce it.

"It is wrong like if you think of it for once then you hurt yourself, like if you

want to, like I want this life to end, sometimes I do, it's (NSSI) wrong if we think religiously so that is the reason to stop." (P4)

"Do you know why I quit doing this (NSSI) because firstly due to religious reason and later on I got to know it is haram. So this was one reason." (P7)

Subtheme 2: Fear of God

As harming your own body is prohibited in Islam, so some self-injurers reported that they have started controlling their NSSI urges to avoid sinful behavior as considered in Islam. Moreover, the fear of being held accountable for performing a haram (prohibited) act i.e. NSSI instils fear of Allah (God) in self-injurers which helped self-injurers from engaging in NSSI at various times.

"Suddenly, I had fear of Allah (God). We say that 'no no we should not do it', that is why I was very… (Interviewer: from religious point of view?) from religious point of view I felt that no no, I shouldn't do it…… I told you about the knife incident, at that time I just stopped from doing it (NSSI) because of religious reasons." (P6)

"This comes to my mind that how will I answer Allah (God). This has stopped me." (P3)

"After 2020, I wanted Ertugrul[1] (laughs) after that I became closer to religion, very much. Now the scene is that maybe I wanted to cover it up (NSSI) because of fear of God." (P5)

Theme 2: Social Support

Even though dysfunctional family environment and relationship escalates NSSI, however the participants reported that the support of family and friends during distress assisted in emotion regulation and managing NSSI.

Subtheme 1: Family Support

Even though some participants started NSSI due to disputes between parents and issues within the family, however some emerging adults with a supportive family reported that during stressful situations their parents stood by them which made it easier for them to process that pain rather than performing NSSI to express that pain.

Participant 3 faced cybervictimization and her family comforted and supported her throughout. She stated:

"My parents are always there with me. This made me realize that person (boyfriend) is not with me because even my father is not at home, he is always on call …. My father always supports me very much, he is like "my darling! my daughter, you have to be strong." (P3)

"(ah) positive thing is that my parents, they have been very positive. They help me a lot. Social support has been a big factor to control this thing (NSSI), parental support." (P8)

Moreover, some participants are worried about their family due to which they stop themselves from performing self-injury.

"….. if it (NSSI) would have been severe then what would have been consequences of it on my family. I, my akhrat (life hereafter) is ruined (Interviewer: That also comes to your mind?) … that also comes to my mind, but more than that family, family comes to my mind." (P1)

[1]Ertugrul is a Turkish fiction show based on the life of Ertuğrul Bey, the father of Osman I, the founder of the Ottoman Empire. This show educates masses about Islamic values and history.

Subtheme 2: Support from friends

Friends have been referred to as source of comfort and support by the self-injurers. Some participants mentioned that they felt better by talking to their friends and worked on controlling NSSI urges.

"… she (friend) was the one who pushed me to come to you for this and seek help for this (NSSI)." (P7)

"When she got to know that I am involved in this (NSSI), she cried a lot. She said why did you not tell me earlier. She gave me strength." (P4)

Theme 3: Fear of Permanent Scars

Most of the participants stressed that the scars of the injuries will never go away which influences their beauty. They also mentioned that the cosmetic creams and ointments available in the market are expensive and they cannot afford it which restricts them from inflicting deep cuts and NSSI as well, resulting in reduction in intensity and frequency of NSSI.

"I have regret. (Interviewer: what sort of regrets?) that I am emotionally immature because of this (NSSI) these cuts will never disappear for the rest of life.

Today if suddenly, I see my hand then I have regret that I should not have done these (cuts)." (P5)

"I used to say that this mark, this mark is now permanent. Now I see it that it there, it's permanent. So, I was searching for a cream to remove it…." (P6)

Participants also reported that they control NSSI urges due to the high prices of dermatological creams to remover the scars as the permanent scars leave marks which effects their beauty.

"I try to control it (NSSI) as after sometime it will pain and scar will be there. I will have to buy a full tube to apply on it …. Derma related things are really expensive then you have to buy them from your pocket money (chuckles) then it ends quickly as they have small quantity." (P2)

"You have to maintain beauty and one two things that happen, like you should not do it (NSSI)." (P7)

Theme 4: Emotional Liberation

Emotional liberation suggests freeing oneself from emotional baggage carried by self-injurers which results in built up of negative emotions leading to NSSI. Projecting the emotions in a healthy way which has a positive impact on mental well-being and controlling NSSI represents the emotional liberation as per participants' account.

Subtheme 1: Reduced Emotional Burden

Negative emotions and rumination lead to NSSI episode among self-injurers. However, the participants have reduced their NSSI episodes by controlling what others think about them and ruminating about it, along with regulating their emotions rather than feeling hurt.

"I have realized when your expectations increase when your expectations increase then you hurt yourself. So, I have decreased those expectations gradually …." (P3)

"Maybe the reason is that I have decreased this that what people think about me. Now I say 'whatever they think, to hell with them…." (P8)

Subtheme 2: Improved Self-expression

Participants reported to have improved communication and now expression their feelings rather than carrying the emotional baggage that made them feeling sad, hurt and angry.

"… the second reason is that I incorporate this thing in myself that instead of being silent give your opinion on spot, even if there is a clash with other's opinion." (P1)

"People say that I have become straightforward and rude (laughs), but this help me to express myself rather than feeling bad." (P10)

Theme 5: Self-distraction

Self-distraction was another frequent preventive measure used by self-injurers from engaging in NSSI. This includes engaging in goal directed and positive emotions inflicting activities such as gym, walk and listening to music to divert attention from NSSI thoughts and urges.

"I told you that I had quit it for one and a half years, one of the reasons for it is that I started gym …. I already had interest in going to gym and I liked it. I felt relief. So, it's an alternative." (P1)

"Sometimes I control it in this way that things will not get right with it and I try listening to music and I go somewhere or eat something for distraction." (P2)

Some self-injurers informed that they get goals and are optimistic about the future which help in cultivating positive emotions. Moreover, avoiding triggers such as relatives who pass comments has helped self-injurers in controlling NSSI.

"And in life, you see positivity related to future. That I am getting good grades and I am getting something. So, when you get something in life, you want to do more. If someone is doing self-harm then you need to give something positive to them that thing will stop it (NSSI)." (P3)

"I try to control things that trigger, avoiding as much as possible." (P7)

Discussion

NSSI protective factor is an area which lacks attention of researchers and clinicians as more emphasis has been on the antecedents and its consequences of NSSI, while protective factors need to be explored (Jacobson & Gould, 2009). The current study explored the protective factors that can be used by self-injurers to reduce the frequency of NSSI. The super-ordinate themes that emerged were Religious Coping, Family Support, Fear of Permanent Scars, Emotional Liberation and Self-distraction.

Religious coping is the most frequent theme that emerged during IPA. All the participants were Muslims, practicing Islam and endorsed more closeness to Allah (God) and fear of consequences of performing NSSI in the life hereafter due to which they reduce engagement in NSSI. A meta-analysis conducted by Haney (2020) found small but significant negative association of NSSI with religiosity, indicating that individuals with high religious orientation engage less in NSSI. Moreover, religious doubt has been identified as a risk factor highlighting that religious orientation and closeness to religion is significant guard against NSSI (Good et al., 2017; Pihasniwati et al., 2023). The results of religiosity as a protective factor also aligns with the finding from a study conducted by Malkosh-Tshopp et al. (2020) which reveals that greater

adherence to religious practices and more belief in religious principles is protective against NSSI.

Religion as a protective factor by being close to God and praying with punctuality makes self-injurers feel that they are a better person which is associated with their personal growth (Saraswati & Winarsunu, 2022). Two types of religious coping have been studied: positive and negative religious coping. Positive religious coping has been related to lesser probability of engaging in NSSI by avoiding unwanted negative emotions, while higher negative religious coping is relevant to more engagement in NSSI (Buser et al., 2017; Westers et al., 2014). Some studies have not found the effective role of religiosity and positive religious coping in reducing NSSI while emphasizing more on the use of negative religious coping by the self-injurers which is a risk factor (Elvina & Bintari, 2021, 2023; Good et al., 2017). However, the present study highly endorses the role of religious coping in preventing NSSI among Muslim self-injurers.

Family plays a crucial role in self-injurious behavior of self-injurers. Factors such as parental overconcern and domestic violence increases the risk of NSSI (Geng et al., 2023). In the present study, self-injurers reported that family issues are one of the reasons for onset of NSSI while on the other hand, some self-injurers with supportive family environment reduced performing NSSI. This is consistent with Tatnell et al. (2014) findings that social support in terms of support from friends, attachment with family and the support provided by them reduce the risk of NSSI and is vital to NSSI cessation. However, Lin et al. (2017) argues that self-injurers and non-self-injurers receive same amount of family support. Furthermore, mother plays a significant role with respect to mother-child cohesion and maternal knowledge in reducing NSSI and buffering the effect of stressful life events and NSSI (Bai et al., 2024). Thus, the role of parents is important as the theme of family support amid stressors is evident. Moreover, overall social support (Zhou et al., 2024) with respect to friends support serves as protective factor even when levels of behavioral issues and maltreatment are high (Liu et al., 2022). Support from friends has been found to reduce NSSI levels (Forster et al., 2020; Liu et al., 2024) as self-injurers from this study also reported to have more control over NSSI as their friends listen to them and care about them.

Scars are physical and visible manifestation of the emotional pain behind performing NSSI and effect self-injurers even after they stop performing NSSI (Lewis, 2016; Lewis & Mehrabkhani, 2016). Self-injurers conceal their scars from self and others due to psychological distress and scar-related negative beliefs such as guilt, fear of judgement and embarrassment (Bachtelle & Pepper, 2015; Burke et al., 2020). Scars elicit shame, anxiety, negative emotions and anger (Lewis, 2016), and reinforce negative self-evaluative beliefs and may trigger memories related to previous stressful life experiences (Burke et al., 2020; Cornella, 2022). Bachtelle and Pepper (2015) mention that every self-injurer assigns meaning to their scars and individuals who see

their NSSI scars as a source of growth and positive change in life rather than shame and regret are less likely to engage in future self-harm. So, the scars play a vital role in determining the meaning associated to the battle self-injurers have been through. Similarly, the emerging adults of the current study perceived scars as permanent marks which can be seen by others and instills feelings of regret in them. Thus, fear of permanent scars hinders the vicious cycle of engaging in self-injury.

The theme of Emotional Liberation emerged which highlights the role of expressing emotions, expressing opinion and lowering expectations from others. Self-injurers have been found to have issues in self-expression due to stressful events leading to NSSI (Ford & Gómez, 2015) and NSSI serves as a function for self-injurers helping them in expressing their emotion through self-injury (Horowitz & Stermac, 2018). Emerging adults performing NSSI revealed that the frequency and intensity of NSSI has decreased after they lowered the expectations from others and now express their feeling and perspective to other without any fear. A study conducted by Martin et al. (2013) used Voice Movement Therapy, which uses music to express themselves. This therapy for self-expression aided in improving emotion regulation, self-esteem, alexithymia, anxiety acceptance and social dysfunction among self -injurers.

Self-injurers use NSSI as distraction to divert attention from emotional pain to physical pain (McKenzie & Gross, 2014) and to improve their mood (Fox et al., 2017). Resisting NSSI thoughts makes it difficult for self-injurers to avoid performing NSSI for a prolonged period. Distraction has been studied as an alternative and adaptive coping strategy to NSSI (Giordano et al., 2023). It involves activities including going out, listening to music and talking to others (Fitzpatrick et al., 2020; Fox et al., 2017) which is also a method endorsed by the emerging adults as suggested by the thematic analysis. Fenton et al. (2023) checked the reliability of self-help tool kits as being effective for youth in managing self-injury urges. The self-help tool kit included relaxation techniques and distraction activities which were effective. In et al. (2021) conducted an experimental study and revealed that distraction decreases the urge for NSSI after negative mood emerges such that distraction acts as an emotion regulation strategy. Therefore, self-distraction is a theme that emerged and has been reported to be effective by the self-injurers by avoiding triggers for negative emotions and engaging in focused activities.

Limitations and Recommendations

The present study accounts for protective factors of NSSI which is a less explored area and gives a direction towards utilizing these protective factors in reducing NSSI. However, there are a few limitations which could be addressed in future. Participants were not screened for other mental health disorders to rule out comorbid conditions with NSSI including depression, social anxiety, borderline personality disorder and autism spectrum disorder. Future studies are recommended to use screening tools to study NSSI in absence of comorbid conditions. Emerging adults were

included in the current study, other studies can explore protective factors among self-injurers in other age groups. The current study's scope was exploratory. Future studies can conduct cross-sectional and longitudinal studies to assess the protective factors identified in this study for generalizability of the results. Moreover, the results of this study are limited to Muslim population as Islam is the most followed religion in Pakistan and all of the participants were Muslims. Therefore, this study can be replicated with individuals belonging to other religions or atheists.

Implications

The themes explored suggest the crucial role of family support, religious orientation, fear of NSSI scars and use of distraction techniques. These factors can aid in devising interventions for NSSI cessation, and building resources and programs for self-injurers. It would assist clinicians in fostering positive coping and protective factors in therapy to deal with self-injurers. Furthermore, the identification of factors can be used in forming preventive programs to reduce future risk of NSSI among self-injurers.

Conclusion

The present investigation explored measures taken by emerging adults involved in NSSI which aid in reducing NSSI. Among participants, religious, intrapersonal factors and social support were the major domains which were found to be useful shield against higher NSSI frequency and intensity. Religious Coping, Family Support, Fear of Permanents Scars, Emotional Liberation and Self-distraction were the major themes identified using IPA. These aspects provide assistance in better understanding of dealing with NSSI and managing the surge in NSSI episodes. Moreover, the role of religion in decreasing NSSI episodes in Muslim community highlights the significance of engagement in religious practices.

Ethics approval and consent to participate

This study was approved by Ethics Committee of National University of Modern Languages (NUML), Islamabad, Pakistan. Verbal and written informed consent were taken from the participants.

Consent for publication

Consent for publication of this research was taken from participants.

Availability of data and materials

The data cannot be made available as anonymity and confidentiality of the participants can be breached.

Competing interests

Authors declare no competing interests.

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Authors' contributions

SK made contribution to the design and writing of this manuscript. TR made contributions by reviewing this manuscript.

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