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A Thematic Analysis Psychosocial and Cultural Determinants of Intentional Indirect Self-Harm Among Adolescents: A Qualitative Approach

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Abstract

Intentional Indirect Self-Harm (IISH) is an emerging but under-researched concern in adolescent mental health, particularly in South Asian contexts like Pakistan. Unlike direct self-injury, IISH involves covert, harmful behaviors such as substance abuse, disordered eating, and emotional withdrawal.[1] This qualitative study investigates the Psychosocial and cultural factors contributing to IISH among 20 adolescents (ages 12–18) from Islamabad and Rawalpindi, using an ethnographic approach. Thematic analysis of semi-structured interviews revealed key psychological themes: stress, depression, anxiety, anger, and emotional instability, rooted in family pressure, academic burden, and cultural constraints. Findings highlight how adolescents internalize distress and engage in self-harming behaviors as maladaptive coping strategies, often unrecognized by themselves or others. The study emphasizes the need for culturally sensitive mental health interventions, early screening, and school-based support systems. It contributes to the literature by contextualizing IISH within Pakistani socio-cultural norms, offering insights for educators, clinicians, and policymakers aiming to address adolescent psychological well-being.

Keywords: *Intentional Indirect Self-Harm (IISH), adolescent, Psychosocial, Thematic analysis, mental health.*

Introduction

Intentional indirect self-harm (IISH) has emerged as a significant concern in adolescent mental health. Unlike direct self-harm, where physical injuries are immediately apparent, indirect self-harm involves behaviors that, while not overtly harmful, can lead to long-term physical, emotional, and psychological damage. These behaviors may include substance abuse, reckless behavior, disordered eating, and consistent exposure to emotional distress without visible wounds (Klonsky, 2007). The subtlety of IISH often allows it to remain unnoticed until the consequences manifest, making it a silent but critical issue to address.

Adolescence is a transformative period marked by emotional turbulence, identity exploration, and cognitive development (Steinberg, 2014). During this phase, individuals

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face various stressors including academic pressure, peer relationships, family dynamics, and socio-economic challenges. These stressors may result in coping mechanisms that are self-destructive, even if not immediately recognized as such (Nock, 2010).

Research into self-harm behaviors has largely focused on direct forms, such as cutting or burning. However, indirect self-harming behaviors, although less visible, carry equal psychological weight and long-term impact (Evans et al., 2005). Intentional indirect selfharm behaviors often stem from unresolved psychological distress, emotional instability, and cultural or familial influences. They may not be recognized as problematic by adolescents themselves or those around them, which further delays intervention.

In South Asian contexts, and particularly within Pakistan, discussions around mental health remain stigmatized. Adolescents struggling with psychological issues may not have access to supportive systems or mental health resources (Khan et al., 2020). In such environments, IISH may serve as a maladaptive strategy for emotional regulation or as a form of communication in a society where open expressions of psychological distress are often discouraged.

This study investigates the psychological and cultural underpinnings of IISH among Pakistani adolescents. Utilizing a qualitative ethnographic approach, the research focuses on identifying the psychosocial and cultural factors contributing to such behaviors. The study explores the lived experiences of adolescents, analyzing patterns through thematic interpretation to uncover underlying psychological distress manifesting in indirect self harming behaviors.

By understanding the internal and external environments of adolescents who engage in IISH, mental health professionals, educators, and caregivers can develop more targeted and effective intervention strategies. The study aims to fill the existing research gap and provide culturally contextualized insights into a largely underexplored aspect of adolescent mental health in Pakistan.

Literature Review

Theoretical Perspectives

Theoretical frameworks provide an essential foundation for understanding the complex dynamics of intentional indirect self-harm. Psychodynamic theories suggest that self-harm may serve as an unconscious mechanism for expressing repressed emotions, often rooted in early developmental trauma or attachment issues (Freud, 1923; Bowlby, 1980). Cognitive-behavioral theory (CBT) posits that maladaptive thought patterns and distorted self-perceptions contribute to self-destructive behavior as a learned coping mechanism (Beck, 1976). Social learning theory also emphasizes the role of environmental reinforcement and modeling, suggesting adolescents may mimic such behaviors observed in family members or peers (Bandura, 1977).

Empirical Studies on Indirect Self-Harm

While extensive research has been conducted on direct self-harm, studies on IISH remain limited. Indirect self-harm includes behaviors like substance abuse, disordered eating, risky sexual behaviors, and chronic stress exposure. Klonsky (2007) identified emotional regulation as a primary function of self-harming behaviors. Similarly, Nock (2010) argued that these behaviors help reduce acute negative affect in the absence of more adaptive

coping strategies. Research by Evans et al. (2005) emphasized that adolescents engaging in indirect self-harm are often less likely to seek help due to stigma and shame.

Gender and Age Differences

Studies have found gendered patterns in self-harm behaviors. Females are more likely to engage in behaviors like disordered eating and emotional withdrawal, while males may turn to substance abuse and risky activities (Hawton et al., 2002). Age also plays a role, with early adolescents often experimenting with harmful behaviors as expressions of autonomy or in reaction to social pressure (Steinberg, 2014).

Psychosocial Factors

Various psychosocial factors contribute to IISH. Family dysfunction, lack of emotional support, academic pressure, bullying, and peer rejection are frequently cited triggers (Patton et al., 2007). Adolescents from broken or abusive families are more likely to develop maladaptive coping strategies. Peer influence also plays a significant role; feelings of social exclusion or the desire to fit in can drive self-harming behaviors (Khan et al. 2023: Joiner, 2005).

Cultural Context

In Pakistan, the stigma around mental illness exacerbates the problem. Khan et al. (2020) noted that discussions of psychological distress are often taboo, especially among adolescents. Cultural values emphasizing obedience, honor, and emotional restraint often discourage open conversations about mental well-being. This results in internalized stress, which may manifest as indirect self-harm.

Mental Health Services in Pakistan

There is a significant gap in mental health services for adolescents in Pakistan. A lack of trained professionals, limited school counseling programs, and underdeveloped policies contribute to unaddressed psychological issues (Rehman et al.2021; Haque, 2013). Adolescents may resort to self-harming behaviors due to the absence of accessible and culturally sensitive mental health resources.

Digital Influences

Social media has a dual role in adolescent mental health. While it can offer support, it also exposes individuals to harmful content and unrealistic expectations. Studies have shown that online platforms may normalize self-harming behaviors or serve as avenues for cyberbullying, both of which contribute to psychological distress and IISH (Livingstone & Smith, 2014).

Gaps in Literature

Most existing research focuses on Western populations and direct forms of self-harm. Few studies address the specific cultural, psychological, and social dimensions of IISH in Pakistani adolescents. This gap underscores the need for qualitative, culturally grounded research to inform effective intervention strategies.

Methodology Objectives

This study's main goal was such as

1. To Examine the psychosocial and cultural aspects of as adolescents, their deliberate indirect self-harm in relation to emotional reactivity.

Research Design

This study used a qualitative research methodology, especially using an anthropological approach to investigate the psychosocial circumstances, cultural norms, and lived experiences of adolescents who intentionally inadvertently damage themselves. To look more closely at individual experiences, a case study component was also included (Creswell, 2012).

Sample

The sample was made up of 20 adolescents between the ages of 12 and 18 (36 boys and 33 girls), selected from different schools in Rawalpindi and Islamabad, Pakistan. Purposive sampling was used to choose participants, and the Deliberate Self-Harm Inventory (DSHI) was used for preliminary screening.

Procedure

There were two stages to the data gathering process. The Deliberate Self-Harm Inventory was used in Phase I to assess pupils for those who could be at risk of purposeful indirect self-harm. Ten adolescents who satisfied the inclusion requirements were chosen for semi-structured interviews in Phase II. For uniformity and applicability, interview guidelines derived from literature and expert evaluations were employed. Every interview was done in a private, secure setting and was consented to be audio recorded. Thematic analysis was used to find recurrent cultural and psychological themes in the data.

Instrument

Deliberate Self-Harm Inventory (DSHI): Employed for preliminary assessment to identify adolescents participating in indirect self-harming activities.

Interview Guide: Consisted of open-ended questions evaluated by expert evaluations and pilot testing. Intended to document participants' personal histories and cultural influences.

Ethical Considerations

This study complied with all ethical research protocols. Approval was secured from the institutional review board. Participants and their guardians were apprised of the study's objective and executed informed consent and assent documents. Participants were guaranteed anonymity, confidentiality, and the freedom to withdraw at any point. Referrals for emotional help were offered to those who encountered difficulties during interviews.

Results & Discussion

Psychological behavior Themes

Verbatim	Primary Theme	Sub-themes
I feel stressed for myself.	Psychological Behaviors	Stress
I feel like I am suffering from depression.		Depression

I engage in physical fights or conflicts with others.	Anger
I experience unstable emotions or mood swings.	Emotionally Unstable
I suffer from excessive worry or anxiety that can push individuals toward self-harm.	Anxiety
When my teacher says I am not a good student, I feel a lack of self-confidence.	Loss of Confidence
I engage in negative thinking or talk to myself.	Negative Thoughts
I lose interest in my activities or hobbies.	Lack of Interest

Table Psychological behavior themes shows the psychological elements that influence self destructive inclinations. The sub-themes are stress, depression, anxiety, and emotional instability. Narratives describe rage, loss of confidence, and negative thought patterns, indicating a clear link between psychological distress and self-harm practices.

Figure. Psychological behavior themes with sub-themes

Discussion

The findings of this study highlight that intentional indirect self-harm among adolescents in Pakistan is deeply intertwined with psychological distress and cultural constraints. Adolescents reported engaging in behaviors such as excessive screen time, sleep deprivation, eating disorders, and academic burnout. These behaviors were often perceived as coping mechanisms rather than harmful practices, suggesting a lack of awareness and psychological insight.

Participants frequently mentioned familial and societal pressures, including expectations to excel academically and conform to traditional gender roles. These pressures contributed to chronic stress, which adolescents managed through maladaptive coping mechanisms. For instance, some participants reported intentionally failing tests or avoiding social situations as a means of exerting control or expressing distress.

The thematic analysis revealed four primary themes: (1) psychological burden and emotional suppression, (2) lack of social support, (3) internalized cultural expectations, and (4) the invisibility of distress. These findings are consistent with earlier studies, such as those by Nock (2010) and Klonsky (2007), which underscore the functional role of selfharm in managing negative affect.

Cultural norms played a significant role in shaping these behaviors. Participants noted that open emotional expression is often discouraged, especially among males. Instead of seeking help, adolescents turned to behaviors like fasting, isolation, or excessive religious activity, which while not harmful in moderation, became detrimental when used as avoidance mechanisms.

The pervasive stigma surrounding mental health in Pakistan further exacerbates the issue of IISH. Adolescents are often discouraged from discussing their emotional struggles, leading to a lack of awareness and understanding of mental health issues. This cultural silence fosters an environment where IISH behaviors can thrive unnoticed.

Participants highlighted the absence of open dialogues about mental health within their families and communities. This lack of communication not only hinders early intervention but also reinforces the notion that seeking help is a sign of weakness. As a result, adolescents resort to self-harming behaviors as a coping mechanism, further entrenching the cycle of silence and suffering.

This study extends existing literature by contextualizing IISH within Pakistani culture. While previous studies have identified emotional regulation as a key motivator for self-harm, this research highlights how cultural values and systemic constraints contribute to the invisibility and normalization of IISH. The findings call for culturally sensitive interventions that address not only individual psychological needs but also broader social and familial dynamics.

Implications for practice include the development of school-based mental health programs that train teachers to recognize signs of indirect self-harm. Family-based interventions are also critical, as familial expectations and communication patterns significantly influence adolescent behavior.

Recommendations

Based on the findings of this research, several actionable recommendations are proposed to prevent and mitigate the risk of intentional indirect self-harm among adolescents. First, early screening and identification should be prioritized in schools and community health programs. Routine mental health screenings using tools such as the Deliberate Self-Harm Inventory (DSHI) can help detect at-risk adolescents before their behaviors become deeply ingrained or escalate into more severe forms of self-harm. Screening should be coupled with referral systems to ensure that students receive appropriate psychological support in a timely manner.

Second, mental health intervention programs must be culturally sensitive and contextually grounded. In Pakistan, incorporating religious and cultural values into these programs can enhance their acceptance and effectiveness. As Haque (2013) noted, mental health interventions that align with local beliefs and traditions are more likely to succeed in conservative societies. Programs that acknowledge religious values while addressing emotional struggles can bridge the gap between psychological needs and cultural expectations.

Third, there is an urgent need for comprehensive training for parents and teachers. These stakeholders are in direct contact with adolescents and play a pivotal role in early detection. Training workshops should be designed to help adults recognize signs of psychological distress, understand the nature of IISH, and develop empathetic communication strategies. Empowering parents and teachers with this knowledge will not only foster a more supportive environment but also reduce stigma around mental health issues.

Fourth, mental health services must become more accessible to adolescents. School-based counseling services should be expanded and adequately staffed with trained professionals who understand the unique challenges faced by adolescents in Pakistani society. These counselors should be well-versed in adolescent development, gender-specific concerns, and cultural sensitivities. Establishing such support systems within educational institutions can create safe and non-judgmental spaces where adolescents feel comfortable seeking help.

Fifth, peer support systems should be established within schools. Adolescents often turn to their peers when struggling emotionally. Creating structured peer support groups, led by trained facilitators or older students, can provide adolescents with safe platforms to express their feelings and receive validation. Peer groups can serve as early buffers against emotional distress and offer companionship that reduces the feelings of isolation often associated with IISH.

Sixth, there is a pressing need for policy development at both governmental and institutional levels. Education authorities should formulate policies that mandate the inclusion of mental health awareness in school curriculums. Policies should also ensure the integration of psychological services into existing school health programs, emphasizing prevention rather than reactive treatment. Mental health should be treated as an essential component of educational success and youth development.

Finally, further research is needed to explore the complexities of IISH across diverse demographic groups in Pakistan. Future studies should examine how indirect self-harm manifests across different regions, socioeconomic backgrounds, and gender identities. Longitudinal research can also help in understanding how these behaviors evolve over time and what long-term interventions are most effective. The insights gained from such studies

can inform national mental health strategies and ensure that interventions are inclusive, scalable, and sustainable.

In sum, addressing intentional indirect self-harm among adolescents requires a multifaceted and culturally sensitive approach. By implementing these recommendations, stakeholders can create a more supportive and responsive environment that not only addresses existing cases of IISH but also works toward its prevention and the promotion of adolescent mental health.

Limitations and Future Directions

While this study provides valuable insights into the psychosocial and cultural determinants of IISH among Pakistani adolescents, it is not without limitations. The sample size, though diverse, may not fully capture the breadth of experiences across different regions and socioeconomic backgrounds. Additionally, the reliance on self-reported data may introduce biases or inaccuracies.

Future research should aim to include larger, more diverse samples and incorporate quantitative measures to complement qualitative findings. Longitudinal studies could also provide a deeper understanding of the progression and long-term effects of IISH behaviors.

Conclusion

This study illuminates the complex interplay of psychological distress, familial expectations, societal norms, and cultural stigmas that contribute to intentional indirect self harm among Pakistani adolescents. The findings underscore the urgent need for culturally sensitive mental health interventions that address the unique challenges faced by this demographic. By fostering open dialogues, promoting mental health education, and challenging societal stigmas, stakeholders can create supportive environments that mitigate the prevalence of IISH and promote the well-being of adolescents.

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