

Threads of Their Truth: A Narrative Inquiry into the Lived Experiences of Self-Harm Among Adolescents

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Abstract—Deliberate self-harm among adolescents is a complex phenomenon shaped by developmental, emotional, and relational experiences. This study employed a narrative inquiry approach to explore the lived experiences of adolescents engaging in deliberate self-harm and to understand the contexts and meanings surrounding their behaviors. Data were gathered through in-depth interviews with three participants and analyzed using the Beginning–Middle–End (BME) Story Structure Framework, followed by thematic analysis to identify cross-cutting patterns across narratives. Findings revealed that self-harming behaviors were often repetitive yet controlled, escalating during periods of emotional overload and frequently concealed from others. Self-harm functioned as a maladaptive form of emotional regulation, providing temporary relief from overwhelming internal distress while reinforcing guilt, secrecy, and emotional withdrawal. Participants' narratives highlighted early relational disruptions, including emotional neglect, absence of safe spaces, and conditional regard, which contributed to emotional self-reliance, internalized distress, and diminished self-worth. Over time, these experiences shaped a cycle in which self-harm became both a coping mechanism and a barrier to relational connection. These findings underscore the importance of understanding adolescent self-harm within a developmental, relational, and trauma-informed framework.

Keywords— Adolescent self-harm: attachment: emotional regulation: MTSS: narrative inquiry: school-based mental health.

I. INTRODUCTION

The World Health Organization (2024) revealed that one in seven (14%) of 10–19-year-olds worldwide suffer from mental health conditions, but these conditions are largely undiagnosed and untreated. The well-being of afflicted adolescents is often aggravated by social issues such as social exclusion, discrimination, stigma, which discourage them from seeking help, educational difficulties, risk-taking behaviors, physical ill-health, and human rights violations.

In a news article published by The Philippine Star on January 1, 2023, it was reported that the Senate committee held a public hearing on the Basic Education Mental Health and Well-Being Promotion Act. During the hearing, a harrowing revelation shook the academe and the helping profession. An official from the Department of Education (DepEd) disclosed that in the Academic Year 2020-2021 — the period when the impact of the COVID-19 pandemic was at its peak — 404 students from public schools died by suicide. DepEd Assistant Secretary Dexter Galban further reported that, in addition to these tragic losses, 2,147 students attempted suicide, and 775,962 sought guidance and

counseling services out of the 28 million learners in the public school system.

Although this study mainly discusses self-harm, the researcher recognizes the need to open the discussion with suicide. Although the two differ in intent, they overlap in some aspects, like methods, psychopathology, and factors that exacerbate such behaviors.

Among adolescents, self-harming is a prevalent behavior, with reported prevalence rates of approximately 20% in community samples and even higher rates, ranging from 40% to 80%, in clinical groups of adolescents. It is often accompanied by conditions such as depression and anxiety. Self-harm typically begins around the ages of 12 to 14, reaches its peak between 15 and 16 years of age, and tends to decline during late adolescence. This suggests that the adolescent phase is a particularly crucial period for the study of self-harm. (Plener, 2020).

Although several studies on self-harm have been conducted, most of these have focused on methods, frequency, and their correlation with personality traits and other forms of psychopathology. Meanwhile, national studies like that of Galicia, et al., (2018) and Masana et al., (2020) unraveled the prevalence and behavioral dynamics of Filipino adolescents at risk of self-harm (Galicia, et al., 2018; Masana, et al., 2020). However, no research to date has explored the phenomenon using a narrative inquiry approach, thus self-harming adolescents' voices remain muffled by the stigma surrounding mental health, including self-harm as a form of coping mechanism. Given the sensitive and deeply personal nature of self-harm, it is essential to employ a method that prioritizes lived experience and personal narrative. A narrative inquiry allows for this level of depth and reflection, making it the most fitting method for this study.

The findings of this study have the potential to inform the development of targeted interventions, promote greater awareness among educators and parents, and enhance support systems within the school environment. This research underscores the importance of understanding self-harm not merely as a behavior but as a complex, multifaceted response to unmet needs and overwhelming emotions. By giving voice to students' experiences, this study aspires to contribute meaningfully to mental health advocacy and the creation of a compassionate and supportive educational landscape.

Literature Review

Deliberate self-harm has increasingly been recognized as a significant mental health concern among adolescents, yet much of the existing literature remains grounded in psychiatric and clinical contexts, often overlooking the experiences of individuals outside treatment settings (Suyemoto, 1998). As a result, there remains limited understanding of how self-harm is experienced and interpreted within non-clinical, school-based environments.

Self-harm is commonly defined as the intentional destruction or alteration of body tissue without conscious suicidal intent (Gratz, 2001). Although distinct from suicidal behavior in lethality and intent, self-harm frequently co-occurs with suicidal ideation and has been identified as a strong predictor of future suicide attempts (Muehlenkamp, 2005; Klonsky, 2013; Nock et al., 2006). This underscores the importance of early identification and preventive intervention, particularly among adolescents.

Adolescence represents a developmental period characterized by heightened emotional reactivity, identity formation, and increased sensitivity to social stressors. Neurodevelopmental research suggests that adolescents' emotional and reward systems mature earlier than cognitive control systems, contributing to impulsivity and risk-taking behaviors (Papalia, 2021). Empirical studies indicate that self-harm typically emerges during early to mid-adolescence, with prevalence rates ranging from 15% to 20% in community samples and substantially higher rates in clinical populations (Nock et al., 2009; Zetterqvist, 2021).

To understand why adolescents engage in self-harm, this study draws on the Four Function Model of Non-Suicidal Self-Injury proposed by Nock and Prinstein (2004). The model conceptualizes self-harm as serving both intrapersonal and interpersonal functions, operating through either positive reinforcement (the introduction of a desired experience) or negative reinforcement (the removal of an aversive experience). Intrapersonal functions include emotion regulation, relief from overwhelming affect, and self-punishment, while interpersonal functions involve influencing social responses or avoiding interpersonal demands.

Previous research consistently identifies emotion regulation as the most common function of self-harm, with individuals reporting temporary relief from distress, numbness, or intrusive thoughts (Klonsky, 2014). However, self-harm may also function relationally, serving as a means of communication, boundary-setting, or withdrawal when direct emotional expression feels unsafe or ineffective.

In the Philippine context, research on adolescent self-harm remains limited, and cultural norms emphasizing emotional endurance and self-reliance may further inhibit help-seeking behaviors (Doratan, 2021). Studies involving Filipino adolescents suggest that self-harm is commonly used to manage overwhelming emotional pain, convert psychological distress into physical sensation, and express self-directed anger or dissatisfaction (Masana et al., 2020). These findings align with the Four Function Model and highlight the relevance of culturally and developmentally sensitive, school-based approaches to prevention and intervention.

Given the prevalence of self-harm among adolescents and its strong association with suicide risk, there is a clear need for preventive, trauma-informed, and attachment-sensitive interventions within educational settings. Schools are uniquely positioned to provide early identification, emotional safety, and consistent support, making them critical sites for addressing adolescent self-harm before it escalates into more severe mental health outcomes.

II. RESEARCH METHODOLOGY

Design

This study employed a qualitative narrative inquiry design to explore the lived experiences of adolescents who engaged in deliberate self-harm. Narrative inquiry was selected to capture the depth, meaning, and developmental progression of participants' experiences. Participants' stories were analyzed using the Beginning–Middle–End (BME) Story Structure Framework, allowing examination of the sequence and emotional trajectory of experiences over time. Narrative analysis was complemented by thematic analysis to identify recurring patterns across participants' accounts.

Participants

Participants were three adolescents aged 18–20 years, selected through purposive sampling. Inclusion criteria were: (a) age between 18 and 20 years at the time of the study; (b) engagement in self-harm within the past two years, regardless of current behavior status; and (c) a low suicide risk rating based on the Columbia-Suicide Severity Rating Scale (C-SSRS). Individuals who reported a single, one-time incident of self-harm were excluded. Sampling continued until data saturation was achieved.

Environment

Individual interviews were held in a designated private room to ensure privacy, confidentiality, and emotional safety. The controlled and supportive environment facilitated open sharing of sensitive experiences.

Instrument

Data were collected using a semi-structured interview guide designed to elicit in-depth narratives related to participants' experiences of self-harm. The interview guide was informed by the Four Function Model of Non-Suicidal Self-Injury (Nock & Prinstein, 2014) and Klonsky's functions of self-injury, focusing on triggers, functions, perceived impact, and coping strategies. Questions were open-ended to allow flexibility and narrative depth. The interview guide was reviewed and validated by three mental health professionals.

Ethical Considerations and Data Management

Ethical clearance was obtained from an appropriate ethics committee prior to data collection. Written informed consent was secured from all participants. Participation was voluntary, and participants were informed of their right to withdraw at any time without consequence. Confidentiality and anonymity were ensured through the use of pseudonyms and secure data storage. Given the sensitive nature of the topic, participants were allowed to pause or discontinue interviews if distress

arose, and appropriate referrals for mental health support were available when necessary.

III. RESULTS AND DISCUSSIONS

This chapter synthesizes the participants' stories, creating a core narrative utilizing the BME (Beginning, Middle, End) Story Structure to construct a coherent temporal and emotional trajectory, consistent with the principles of narrative inquiry.

Beginning: Growing Up Without a Safe Space

Early Relational Unsafety and Emotional Invalidation

Participants' narratives consistently began within family contexts characterized by emotional distance, limited affection, and early responsibility. Emotional expressions were often minimized or ignored, leading participants to perceive vulnerability as unsafe or burdensome. While basic needs were met, emotional attunement was scarce, contributing to early experiences of being unseen and unsupported. These relational environments reflect patterns associated with insecure attachment, wherein inconsistent or emotionally unavailable caregiving disrupts the development of emotional security and regulation.

Conditional Regard and Achievement-Based Worth

Participants further described parental approval as contingent upon academic performance or compliance with expectations. Affection was withdrawn following perceived failure, reinforcing the belief that worth depended on achievement rather than inherent value. Such experiences fostered shame, anxiety, and heightened self-criticism, consistent with literature on parental conditional regard and the internalization of conditions of worth.

Internalization of Emotional Unsafety

Over time, these experiences were internalized. Home was no longer experienced as a refuge but as emotionally unpredictable or demanding. Participants learned to anticipate criticism and disappointment, prompting emotional distancing as a means of self-protection. This internalized unsafety laid the groundwork for later difficulties in self-worth, belongingness, and emotional regulation.

Middle: Learning to Survive Alone

Emotional Withdrawal and Self-Reliance

Entering adolescence, participants coped with distress by turning inward. Seeking support was perceived as futile or risky, shaped by earlier experiences of invalidation. Emotional self-reliance emerged as a survival strategy, marked by withdrawal, suppression of needs, and guarded interpersonal engagement. These patterns reflect fearful or avoidant attachment dynamics, wherein the desire for closeness coexists with fear of rejection.

Internalized Distress, Shame, and Self-Blame

Academic pressure, family conflict, and identity struggles intensified emotional burden. Participants increasingly linked self-worth to performance, obedience, or usefulness. When expectations were unmet, distress was internalized as personal failure, giving rise to shame and self-blame. Emotional pain was endured privately rather than expressed outwardly, reinforcing isolation.

Disconnection from Self

Prolonged emotional self-reliance extended into participants' relationships with themselves. Several described a diminished sense of identity and emotional numbness, with survival prioritized over self-understanding. Developmentally, this pattern aligns with research on contingent self-esteem and fixed-mindset orientations, in which repeated criticism or failure undermines self-worth and contributes to disengagement and helplessness.

End: When Pain Turns Inwards

Self-Harm as a Response to Emotional Overload

When cumulative distress exceeded participants' coping capacity, deliberate self-harm emerged as a means of regulating overwhelming emotions. Participants engaged in behaviors such as cutting, scratching, hitting, or head-banging, describing these acts as ways to externalize invisible pain, regain control, or release emotional pressure. Self-harm did not arise impulsively but followed prolonged emotional suppression and isolation.

Temporary Relief and Reinforced Distress

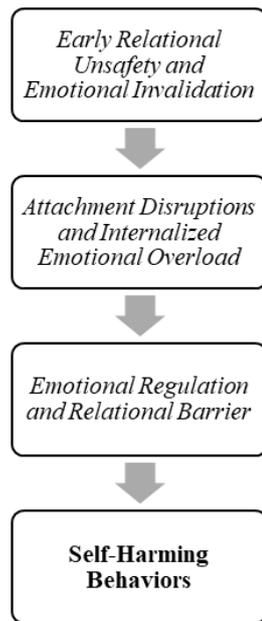
Although self-harm provided brief relief or emotional numbing, participants recognized its short-lived nature. Relief was frequently followed by guilt, shame, and secrecy, reinforcing cycles of isolation and emotional withdrawal. These findings align with existing research conceptualizing self-harm as a maladaptive emotion regulation strategy that alleviates distress temporarily while maintaining long-term psychological pain.

Heightened Awareness Without Immediate Change

With time, participants began to reframe self-harm as a response to suffering rather than a defining identity. Increased self-awareness fostered hopes for healthier coping, self-compassion, and more secure relationships. However, insight did not always translate into immediate behavioral change, highlighting the cyclical and complex nature of recovery.

Across narratives, a clear developmental progression emerged: early emotional unsafety fostered self-reliance and suppression, which intensified internal distress during adolescence and culminated in self-harm as an emotion regulation strategy. Participants' experiences underscore self-harm as a relationally embedded behavior shaped by attachment disruptions, unmet emotional needs, and limited access to safe relational outlets. Rather than an isolated act, self-harm functioned as a meaningful—though maladaptive—attempt to cope with overwhelming internal states.

Taken together, these findings emphasize the importance of preventive, relational, and attachment-informed interventions. Strengthening emotional safety, early identification of distress, and supportive relationships within school and family systems may interrupt trajectories that otherwise lead adolescents to turn pain inward.



Developmental progression of self-harm.

IV. CONCLUSION

This study explored the lived experiences of adolescents engaging in deliberate self-harm through a narrative inquiry approach, revealing self-harm as a meaning-laden response to prolonged emotional distress rather than an isolated or impulsive act. Findings indicate that self-harming behaviors were often repetitive yet controlled, escalating during periods of emotional overload and commonly concealed, functioning as a form of emotional regulation that provided temporary relief while reinforcing guilt, secrecy, and emotional withdrawal. Participants' narratives highlighted the influence of early relational unsafety, emotional neglect, absence of safe spaces, and premature self-reliance, which contributed to internalized distress, silencing of emotional needs, and reliance on coping in isolation. Although participants demonstrated increased self-awareness over time, this insight did not immediately result in behavioral change, underscoring the cyclical nature of self-harm. Across narratives, participants consistently expressed a desire to be seen, understood, and emotionally supported rather than judged or "fixed." These findings underscore the importance of schools as relational environments and point to the need for preventive, trauma-informed, and attachment-based interventions that prioritize emotional safety, early identification, and consistent supportive relationships.

V. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed:

For Schools and Educational Institutions

Schools are encouraged to adopt preventive and proactive mental health frameworks that address emotional distress at its roots, such as the Multi-Tiered System of Support (MTSS) framework. By providing universal, targeted, and intensive interventions, schools can create layered systems of care that reduce risk factors associated with self-harming behaviors

while promoting resilience and emotional safety.

For Guidance and Mental Health Services

Guidance counselors, advocates, and mental health practitioners may benefit from trauma-informed and attachment-based practices. Creating safe emotional spaces within classrooms and school environments, where students feel seen without fear of judgment, may help counteract patterns of emotional silencing and withdrawal identified in this study.

For Parents and Families

Parents and caregivers are encouraged to foster emotionally responsive environments that allow adolescents to express distress without fear of dismissal or judgment. Increasing awareness of internalizing behaviors and subtle indicators of emotional overload may support earlier intervention and strengthen family relationships.

For Future Research

Future studies may explore similar experiences among a larger and more diverse sample to further examine how cultural, familial, and school contexts shape self-harming behaviors. Future research may also explore the role of adverse childhood experiences (ACEs) in relation to adolescent self-harming behaviors using designs that explicitly assess cumulative childhood adversity.

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