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## A Study Exploring the Motivations and Recovery Process of Recurrent Non-Fatal Self-Harm Behaviors in the Asian Female Community

Artemis Leung

Upper Iowa University, Psychology A Qualitative Approach, USA

**ABSTRACT**

Previous literature has suggested that non-suicidal self-injury (NSSI) could be conceptualised as behavioural addiction as they share common characteristics. While NSSI continues to be a problem among the Chinese female population, help-seeking rates remain low. There has been little research into the psychosocial factors and cultural influence contributing to NSSI and its help-seeking behaviour. This research presents an up-to-date background and prevalence rate of NSSI behaviour in Hong Kong. It seeks to explore the subjective experiences of NSSI as an addictive behaviour through a qualitative analysis of interviews with 13 Chinese female participants who are in recovery from it. Interviews were transcribed and analysed for understanding the shared themes across participants' accounts in deliberate self-injurious behaviour. Alexithymia was found to be a trait that may contribute to their NSSI. Participants' self-wounding habits met some addictive criteria mentioned in DSM-V. The implications of these findings for the treatment and interventions of Chinese females engaged in NSSI are discussed.

**\*Corresponding author**

Artemis Leung, Psychology A Qualitative Approach Upper Iowa University, USA.

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**Introduction**

Non-suicidal self-injuries (NSSI) is regarded as the act of an individual purposely harming or distracting their body without the suicide intention [1,2]. It is also known as deliberate self-harm, self-destruction and self-mutilation in prior studies [3,4,5]. Self-harm behaviour is more widespread among teenagers instead of grown-ups [6]. According to the clinical reference of Hong Kong in the previous 14 years, 127,801 self-harm episodes were reported by 99,116 people. 7.36% to 28.71% repetitive self-mutilative rates were measured [7].

The risk of self-harm repetition within one year of the index event was 14.25%. The rate of committing self-harm behaviour among local secondary school students engaged in self-harm behaviour in the previous 12 months was approximately 23.5% of secondary students [8]. Across the studies, women were more likely to report NSSI cases than men. Many of these self-injurers reported that multiple methods of self-injurious behaviours were used, such as cutting, burning, scratching and hitting. As suggested in the preceding literature, NSSI and suicidal behaviour (SB) could be conceived as behavioural addictions because they share some similarities in neurobiological and psychological mechanisms with substance abuse [9]. If behaviour is potentially addictive, it is believed that it must exhibit addictive features that are distinctively among the individual. It is suggested object's ability to induce tolerance and withdrawal symptoms is often used to assess addictiveness. There are diverse perspectives on

addiction, and conceptualised NSSI behaviour is also adapted to define behavioural addiction. It typically includes features such as lack of control and social consequences, preoccupation of the behaviour, the ability to reduce the behaviour, and participation in the behaviour despite knowledge of the behaviour's adverse consequences. These criteria are consistent with the DSM-IV criteria for Substance Dependence and Impulse Control Disorders, including pathological gambling. Hence, some researchers adopted these criteria in their studies as no existing psychological measure scales were available. It has been proposed that comparing the individual behaviour with the clinical criteria established for a "typical" or drug-related addiction is the best approach to determine whether it may be classified as an addiction. Nixon explored whether NSSI could be explained by NSSI behaviour among adolescents by adapting the DSM-IV criteria for Substance Dependence [10]. Nixon's team substituted the term "substance" with "NSSI," which an individual must meet at least three of the seven features to be considered having NSSI addictive. They developed a self-report measure adapted from the DSM-IV criteria for substance dependence and reported that 80% endorsed over five criteria. In DSM-V, substance abuse and substance dependence were combined to create a single diagnostic category of substance use disorder. NSSI behaviours were individually categorised under categories of conditions for further study since suicidal ideation, and the relationship between NSSI and suicidal behaviours remained unclear and suggested to be conceptualized [11]. In the past decades, much research about NSSI behaviour has focused on the classification, prevalence, correlates, forms, and functions of self-mutilation. Few researchers have addressed the roles of NSSI in psychosocial and cultural perspectives among

Asian communities, which are strongly influenced by Confucian values. The present paper aims to investigate the relationship between the personality traits of Chinese females, cultural values, and the inability to disguise emotion and self-harming behaviours through the qualitative lens. The participants' accounts of their self-destructive habits and addictive behaviours were also included.

### The Hong Kong Situation

The demographic and cultural background of Hong Kong contributed to how young Chinese females in Hong Kong view self-harm. Hong Kong is one of the most heavily populated cities in the world. A skewed gender demographic is found in the city in which 839 males per 1,000 females were recorded. More females have been encouraged and actively engaged in social activities in recent decades. Because of the enhancement in education levels and expanding training chances, the percentage of women aged 15 or above who have received tertiary education and above had risen in the previous ten years. Although the youngsters are reported to have satisfactory academic performance, they also suffer from a more significant stress level than other students in the world. Many parents and students are oriented toward obtaining academic achievement because of the belief that grades determine future success. Parents frequently pressure students' university entrance examination performance since they believe receiving tertiary education is the only method leading to a promising future. Students revealed they are suffering from mounting pressure on their academic results. A local survey looked at 15,560 secondary school students in Hong Kong and found that 53% exhibited the symptoms of depression. Among these youths, senior high school students are more vulnerable as they experience fierce competition for university places, and only 30% of the candidates would get post-secondary education offers. Another survey found that over one in three pupils from primary, secondary schools had distress in the study and more than half of them revealed they had suicidal ideation [12].

With the rise of Hong Kong young females' social status in society, their psychological health is also raising concerns. Research on mental health morbidity in Hong Kong reported that among the 5719 Chinese participants aged 16 to 75, a weighted prevalence estimate for Common Mental Disorders for the past seven days was 13.3% [13]. The most common diagnoses were multiple anxiety disorder and depression, and they are highly associated with the female gender. It is believed that Confucian values might contribute to Chinese views on the social environment and their own mental health. Confucianism is a social and moral philosophy originated by Confucius in the 6th–5th century BCE. It conceptualised virtues including humaneness and kindness, trustworthiness and righteousness, loyalty and earnestness,

respectability and rightness, and wisdom that guided the social responsibility and order of the society. The Confucian values permeated Chinese culture and maintained distinctiveness in Asian countries. In Chinese culture, women are still considered the primary caregivers for their families. Hence, females in Hong Kong play different roles in their daily lives. Apart from workplace stresses, females are struggling in their personal, career, and family life. A study shows that women are more easily triggered by negative events which are related to their family, relationships and physical health-related issues, yet they are prone to suppress their feelings [14].

The alexithymia rate among Chinese adolescents remained high in the world. They tend not to discuss their mental health sufferings with their close family member because of their low expressiveness. The research also found that over 75% of females with mental distress had not sought professional help in the past year [13]. These results validated the investigations on the function of keeping face in Confucian communities. Chinese society is characterised by a strong emphasis on authority and interpersonal relationships, discussing negative events such as stress and failures in life may be regarded as face-losing behaviours that make the social situation lose equilibrium and embarrassing. Hence, individuals will endeavour to prevent or reduce the chance of losing personal and family face. Even though families show support to the females who have emotional issues, self-blaming and self-labelling are common, as they believe they are the black sheep of their families. Thus, these unique cultural perspectives on self, family and groups create pull factors of the help-seeking behaviours for mental distress.

### Methodology

This research presents an up-to-date background and prevalence rate of NSSI behaviour among the Hong Kong population. It seeks to explore the subjective experiences of repetitive non-suicidal self-injury as an addictive behaviour through a qualitative analysis of interviews with 13 young Chinese female participants who are in recovery from it. The interviewees were recruited by snowball sampling approach. Participants who met the criteria for the study were referred and invited to take part in this study. Interviews were transcribed and analysed with a thematic analysis approach to understand the shared themes across participants' accounts of deliberate self-injurious behaviour.

### Result

Thirteen in-depth interviews were conducted during the first quarter of 2021, and the duration of each interview lasted 30–90 minutes. The characteristics of the participants, including the socio-demographic data, were summarised in Table 1.

**Table 1: Socio-Demographic Data**

Participant	Pseudonym	Gender	Age	Occupation	Theme	Subtheme	Opinion of NSSI
P1	Kiki	F	18	Student (Secondary School ,Form 4)	(a) Negative social self-efficacy perception		“...I think I am introverted and stubborn and do not have many friends. I do not enjoy going out because I have no special hobbies. I do not enjoy going to school...”(P1)
					(b) Alexithymia is a trait of Chinese females	Negative help seeking experience	“...Whenever I have a problem, my father and aunt will say I am useless and leave me with the problem. That will be the time that I unconsciously pinch or cut myself until I bleed. I think it is not useful to find social workers to talk about my problem. She is not me, and she cannot understand how I feel. I think no one cares about me, and I did not think about the future. The adults are not willing to listen to me. (P1)
					(c) NSSI as an emotion regulation strategy		“...I always think about the past . I cried at night and scratched myself. When I woke up in the morning, I found some scratching marks on my arm but I didn’t feel pain at all at that moment....” (P1)
P2	Berry	F	29	Teacher ( Kindergarten)	(a) Negative social self-efficacy perception	negative self-image due to trauma	“... I was raised in a low-income family. My father enjoyed gambling with his coworker. I remember when I was small; he returned home late. Even when my brothers or I were sick, he did not bring us money to see the doctor... In my secondary school time , I think my teachers discriminated against me because of my height. My classmates sometimes bullied and made fun of me because of my height, so I sometimes cut the inner side of my arm to relieve stress....”( P2)
					(c) NSSI as an emotion regulation strategy		“...I felt miserable because I lost both my job and the boyfriend which I treasured the most. I did not want to see anybody, and I felt scared to go out. At night, I stayed in my bedroom. I wept secretly when I read the old messages. Gradually, my self harm behaviour has become more serious . I scratched myself and I banged my head against the wall...” (P2)
					(f) Gaining new perspectives on emotional distress and developing emotional sobriety as core factors of recovery.		“... my brother-in-law found a counsellor to see me. I learnt I should not be self blaming. The counsellor was very kind . She introduced me to WRAP(Wellness Recovery Action Plan) and Mental Health First Aid, she encouraged me to go for a walk and do handicrafts as a wellness tool to release stress. She also introduced me to some community centres to get some social support. Although I still feel sad and not able to work now, I have faith that I will be better...” (P2)

P3	Jolly	F	24	Teacher (Secondary School )	(b) Alexithymia is a trait of Chinese females	NSSI as a negative emotional regulation tools	“...As a teacher It is shameful to harm yourselves like this.I am afraid of gossiping, so I tried to cover them up by wearing long sleeves.I guess some of my colleagues who are close to me know about this, but they dare not to ask. They will also avoid inviting me to join students’ suiciding prevention programmes. It is not convincing for a teacher who cut herself to teach the students not to kill themselves, right?...” (P3)
					(b) Alexithymia is a trait of Chinese females	Negative help seeking experience	“...I felt nervous because my colleagues in the staff room were unfriendly as I expected.I love my students, but the politics in the office always make me feel suffocated. The other senior year schoolmates suggested I behave and not cause any trouble . So I dare not to talk with my mentor about my emotions because I think it will affect my grade.....” (P3)
P4	Billie	F	19	Student (University Undergrad., Year 1)	(a) Negative social self-efficacy perception	negative self-image due to trauma	“...My father is an agreeable person at the workplace. When he is at home , I think he gets too close to me. He molested me when I was a child. I remember he watched pornography in front of me and once touched me . I was shocked that he did this to me.... My mother doesn’t believe that her husband sexually abused me and said that it was only my delusion. My sisters just ignored me. They thought I was a troublemaker. I always feel that I am not their daughter and I was not loved. I should have called the police, but I feel bad to ruin this “normal” family. It was difficult to share my feelings with others as well. Frequently, I withdraw from emptiness and I leave this world. I went to the drugstore and looked for drugs. I cut myself . I take more medicine than I should. And I tried to get hit by cars. Most of the time I drew back because I thought I should give myself a chance...” (P4)
					(d) Participants’ self-wounding habits met some addictive criteria mentioned in DSM-V		“...Frequently, I feel empty and leave this world. I went to the drugstore and looked for drugs. I cut myself . I took more medicine than I should. And I tried to get hit by cars. Most of the time I drew back because I thought I should give myself a chance. These thoughts worsened during examination time...”(P4)
P5	Carmen	F	17	Student (Secondary School, Form 5)	(a) Negative social self-efficacy perception	negative self-image due to trauma	“...Every night I could not sleep at night. When I think about the school time and the fierce teachers at school.I would feel miserable. It is so painful.I would use a paper cutter to cut my wrist until I bleed or maybe take my mom’s sleeping pills or drink my mom’s wine, or burn myself with a lighter or cigarette . Bleeding is the best revenge for my parents. Also, I will make myself feel more relieved and I can sense I’m existing so I could go to bed easily until the next day and skipped school...”(P5)

P6	Alice	F	23	Student (University Master ,Year 2)	(c) NSSI as an emotion regulation strategy		“...I usually cut it at night. That is the time I feel lonely and sad. Cutting made me feel and sleep better at night...”(P6)
					(b) Alexithymia is a trait of Chinese females	Negative help seeking experience	“...My psychiatric doctor knows my self harm behaviour , but he doesn’t think it is a serious issue unless I faint on the street and I was sent to the Emergency department.I dislike seeing psychologists. I am a very determined person, and I hate talking about my problems with them repeatedly... The psychiatrists have no time to talk about your feelings and self harm at all. How can a doctor take care of you when they meet you within five minutes? They need to see a lot of patients. The queue for the public psychiatric service is super long. They won’t bother a lot and ask you to be hospitalised because of your minor cuts as it is not life-threatening! They will just give you medicine and send you away....” (P6)
					e) The comorbidity of NSSI and other psychiatric disorders		“.. I skipped school, went drinking, and took different drugs. I once had an illusion and walked on the rooftop of my house. My boyfriend was scared and brought me to seek help from a social worker. Soon I was seen a government psychiatrist. I was diagnosed with major depression disorder...” ( P6)
					(d) Participants’ self-wounding habits met some addictive criteria mentioned in DSM-V		“...I did not take all the drugs that the doctor gave me because of the side effects that will affect my performance in school and social life. As I know the drugs well. I told lies to the doctor and made them prescribe the drugs that I want. ..My mother is paranoid and sarcastic to me . My sister always argued with her as well when she was young. I hate getting others into trouble. I learned to cut my wrist after my first episode of mental illness...”(P6)
P7	Icy	F	19	Student   (Diploma, Year 1)	(a) Negative social self-efficacy perception	negative self-image due to Trauma	“...My life is worthless because my parents didn’t want me. In addition, I feel disappointed with my dad as well. How come a person whom I respected the most touched me? When I was ten . I learnt to use a paper cutter to cut my hands and thighs. It was no pain at all. Then, I frequently cut my hand ...” (P7)
					e) The comorbidity of NSSI and other psychiatric disorders		“...I feel depressed when I celebrate festivals such as the Mid-Autumn Festival, New Year, and the days when relatives and friends have gatherings. My mood was extremely depressed, so I used alcohol and drugs to numb myself....” ( P7)
					(b) Alexithymia is a trait of Chinese females	NSSI as a negative emotional regulation tools	“...These scars can only represent less than one percent of the pain in my heart. I love my family, but it contradicts that this family hurt me a lot. I feel it’s difficult to tell people about how much I got hurt...” (P7)

					(d) Participants' self-wounding habits met some addictive criteria mentioned in DSM-V		"... When I was 10. I took the pills at home . I once unconsciously used a knife to cut my hands and thighs. It was no pain at all.Then, I frequently cut my hand ..."( P7)
					(b) Alexithymia is a trait of Chinese females	NSSI as a subtle way to express emotion	"... You know the Chinese parents enjoy comparing their kids, talking about their academics, their jobs , how much money they made.Criticisms are annoying, but you cannot avoid them.... So I wore my sunglasses . I avoid going to family gatherings , talking and sharing my feelings with family members..."(P7)
					(f) Gaining new perspectives on emotional distress and developing emotional sobriety as core factors of recovery.		"...The social worker referred me to a psychologist. She taught me to accept sadness and to help me express my indignation. I learn to get rid of the trauma of my family. I know that I should take a step forward,start to balance my life and take responsibility as an adult.I learn to face the difficulties and not to escape.After ten months of treatment, my mood improved significantly. I did not blame myself for my parents' marriage unhappiness .I have less self-destructive behaviour..." (P7)
P8	Fiona	F	17	Student (Secondary School ,Form 5)	(b) Alexithymia is a trait of Chinese females	NSSI as a subtle way to express emotion	" ...my mother will be angry if I tell others about my family issue. I need to use a more instant method such as cutting my hand to relieve it. I think it is the best way to deal with painful emotions."(P8)
					(b) Alexithymia is a trait of Chinese females	NSSI as a negative emotional regulation tools	"...Every time when I encountered unhappy things or angry with my parents since her primary six, I use a paper cutter to cut my arm. It is not that painful if the scars and wounds are small. I feel relaxed. Cutting is better than talking about my grief and unhappiness ..."(P8)
P9	Queenie	F	21	Unemployed	(b) Alexithymia is a trait of Chinese females	NSSI as a subtle way to express emotion	"When the social worker explained this to my mother. She said, " Let her do it(cutting hands)! She is not taking drugs, and no one will know about it! If she feels better and does not affect her academic result, why not? What is the big deal for cutting? What is the harm of doing this?..." ( P9)
					e) The comorbidity of NSSI and other psychiatric disorders		"..My boyfriends need to make me a priority. If they don't obey me and listen to me, I will harm myself or threaten them by committing suicide . When I was 17 years old, after a quarrel with my exboyfriend, I had my first episode of psychosis. I experienced psychotic symptoms on the street. Passers-by called the ambulance and sent me to the hospital. I was surprised that the situation was serious. I had a series of examinations. Clinical psychologists and psychiatrists confirmed it was panic disorder and bipolar disorder..."(P9)

					(d) Participants' self-wounding habits met some addictive criteria mentioned in DSM-V		"... every time I break up, I will have emotional breakdown and I would do some dangerous behaviour such as meeting strangers and having sex with them , drinking and taking drugs. I want to numb myself and find happiness in other ways...." (P9)
P10	Jennifer	F	18	Student (Secondary School ,Form 5)	(b) Alexithymia is a trait of Chinese females	NSSI as a negative emotional regulation tools	"...I knew that the most difficult thing was to keep suppressing my emotions. I told myself that I shouldn't lose my temper or cry when I got home. So I took a lot of different medicines and suppressed myself with medicines and I overdosed on it sometime. ..." (P10)
P11	Cassidia	F	20	Student (University Undergrad., Year 1)	(b) Alexithymia is a trait of Chinese females		"...Sometimes I found that the more I cried, the sadder I was. There is some unspeakable pain in my heart... sometimes I feel I am crying without tears. I feel very numb, empty and lonely...". (P11)
					(b) Alexithymia is a trait of Chinese females	NSSI as a subtle way to express emotion	"...My professors told us that University is a place to pursue knowledge. No competition is required! However, I do not think so. I strive to be an excellent student and a dutiful daughter. I don't want to disappoint my parents! Whenever I was nervous and worried, my anxiety rises.....Sometimes there is an unspeakable pain in my heart, and sometimes I feel like crying without tears, very numb, empty and lonely..... Every time when the blade cuts through the skin, the pain from the would seem to help me forget the pain in my heart. (P11)
P12	Natalie	F	23	Housewife	(a) Negative social self-efficacy perception	negative self-image due to Trauma	"... Even My ex-boyfriend entered my house, captured me and confined me again, my parents did not care about this because they were too busy with gambling. My sister was too small to do anything for me. I thought I was wrong to be with him. I once had a suicidal thought. But I remember that the old Chinese says that the spirit of the one who committed suicide in a house would be tied up and stay in the place they die, so I stopped thinking it again. Isn't it horrible that I still have to stay with him again in afterlife? I was scared and felt helpless that I could not seek any friends to help, so I continued to pinch myself since I hated myself a lot..." (P12)
P13	Bonnie	F	19	Student (Secondary School, Form 6)	(b) Alexithymia is a trait of Chinese females	NSSI as a subtle way to express emotion	"...Knowing that my parents' income decreased because of the epidemic, I did not express my worries to them . I pretend to be a cheerful and active daughter in front of my parents, but every night after closing the door of my bedroom, I thought a lot and sob so much that I fell asleep with tears soaking my entire pillow.." (P13)

					(c) NSSI as an emotion regulation strategy	“...When the fourth wave of the epidemic came, everyone around me dared not go out. My mental health became worse as it made it difficult to concentrate on studying, and the crowded environment at home made me feel stressed. To escape from the tense emotion, I found out that cutting my hands and my abdomen with scissors on my arms made me feel better. Although cutting my arms made me forget the suffering in my heart for a short time...”(P13)
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The findings indicated that female participants were suffering from different levels of mental illness and distress in daily life. Several major themes were recognised in the interviews.

### Negative Social Self-Efficacy Perception

Social self-efficacy refers to the individual’s collaborative competency in a group. Participants (N=8) reflected that they have insufficient ability to engage in social interactional tasks, which helps them to begin and sustain a positive human relationship (P1). Due to the traumas such as parental emotional and physical negligence, and sexual abuse, the participants have a negative self-image, a personalised belief of the cause of some negative external event and exclude themselves socially (P4,P2,P5,P7, P12).

### Alexithymia is a Trait of Chinese Females that May Contribute to their Addictive Self-Injury Behaviour

It is found that nearly most of the participants (N=10) shared the subjective experience of alexithymia, a personality trait that features the disinterest or inability to identify and express emotion (P11) [15]. The participants shared some similar backgrounds, such as growing up in Chinese families in which parents have authoritative or permissive parenting styles. Living in a collectivist and comparatively conservative and competitive society, individuals prefer to talk about successful experiences rather than discussing failure or emotion in front of others as it is regarded as “losing face”. Maladjustment behaviour such as drug-using or self-harming might be methods for them to handle the discrepancy between their ideal and actual selves (P7,P8,P9 P11,P13). As the participants internalised and had negative stereotypes that expressing feelings is not being encouraged and have on expressing emotion. They find it hard to recognise or have a low acceptance of negative life events and responses to trauma. Gradually, the participants are prone to difficulties in establishing the connection and showing emotions and thus may use self-injuries and emotional regulation tools (P3,P7,P8,P10). Help-seeking behaviours had also been few because of the unsuccessful emotional expression experiences and mistrust and dissatisfaction of helping professionals (P1,P3,P6).

### NSSI as an Emotion Regulation Strategy

Most of the participants (N=11) adopted self-harming as a form of instantaneous way and automatic emotional regulation tool to escape from the suppressed psychological pain and mental suffering (P1,P2,P6,P13).

### Participants’ Self-Wounding Habits Met Some Addictive Criteria Mentioned in DSM-V

During the interview, researchers analysed the transcript according to the criteria of substance dependence in DSM-V. The reported cases (N=10) of their NSSI behaviour met the criteria for substance abuse mentioned in DSM-V, such as tolerance, loss of control and

relapse. Apart from the NSSI, individuals (N= 5) often reported that they had multiple addictions, such as prescription drug abuse, illicit drug use and sexual addiction, which attempted to escape from their traumas from negative childhood events and cope with life distress. The results validated Tullis’s theory of suicide addiction (P4,P6,P 7,P 9) [16].

### The Comorbidity of NSSI and Other Psychiatric Disorders

Participants (N= 5) who self-mutilate behaviour reported that they were diagnosed with psychiatric disorders such as bipolar, anxiety, depression and eating disorder. People with trouble managing emotions and a tendency for impulsive behaviour are at a higher risk for NSSI (P 6, P7,P9).

### Gaining New Perspectives on Emotional Distress and Developing Emotional Sobriety as Core Factors of Recovery

Drawing on empirical work, NSSI is characterised by its recurring episodes with limited lethality regulating intense negative emotions, such as anger.

People who self-harm regularly have difficulty in managing their emotions. As a result, when facing emotionally challenging situations, they react in impulsive ways. In this research, individuals with previous experience of NSSI (N= 7) agreed that they recognised the stress, gained more understanding and accepting of their own stress and coping with trauma symptoms with more positive self-regulation methods such as finding alternatives instead of autonomic self-harming behaviour (P2,P7).

### Discussion

This study interviewed young female adults on their psychosocial reasons for NSSI and the cultural pull factors on their help-seeking attitude through semi-structured interviews. The results validated that the social environment and traditional played a significant role in local females’ self-mutilation behaviour. In humanistic psychology theory, it is suggested individuals may experience discomfort, anxiety, and irritation if there is a disconnection between how they see themselves and how they wish they were to fit society’s expectations. The over-emphasis on academic achievement and the extremely competitive lifestyle in Hong Kong puts its citizens, especially students and education practitioners, under constant stress. Being members of a collectivist society, it is not uncommon for some individuals to perceive that they are discouraged from displaying disengaging social emotions, such as anxiety and anger, which are produced by unresolved traumas and unsuccessful experiences [17]. Because of the prolonged negative thinking patterns and suppression of feeling, these young females may have a tendency to have a poor emotion-cognition ability and an inability to reflect on their own mental states in the long term. This current result confirms the previous study on the relevance of difficulty in identifying and expressing feelings



in NSSI. A possible explanation for the female participants' self-harm behaviours might be that self-mutilation and other addictive behaviour could be regarded as a method for them to alter their mood instantly. In line with the study that also found that both NSSI can be regarded as an addiction) [9].

In the interview, individuals not only agreed that their self-harm behaviors met some common features of behavioural addiction such as failure to quit cutting hands, tolerance, withdrawal, and consistently lying to conceal failure to resist self-harm despite understanding the fact that it is harmful but also mentioned their polysubstance use and comorbidity of other psychological disorders which are suggested strongly associated with NSSI. Participants reported frequently that the function of their NSSI was automatic negative reinforcement which is the means of removing unpleasant emotions. When individuals face a stressful life situation, suicidal thoughts are aroused as they become more independent and easily aroused as a result of prior suicidal or NSSI experiences. Interestingly, several participants stated that social rejection and discrimination linked to repetitive self-harm behaviour are less than substance abuse in society. There is a strong probability that young female self-harmers might underestimate the potential harms of NSSI and internalise that self-harm is a comparatively "mild" and "acceptable" emotional outlet to express their latent feelings. Surprisingly, when the subjects were asked about their pathways to recovery, similar to the result of other research of behaviour addiction such as problem gambling, the majority commented that the effectiveness of counselling services and positive experiences in the family and social supports may encourage them to maintain abstinence from NSSI [18].

Participants' responses showed that positive family and social support plays a core role in successful help-seeking behaviour in which they would not only offer unconditional emotional support and a more objective perspective on their behavior but information sources for seeking professional help would also be given. With counselling help and evidence-based intervention such as Cognitive-Behavioural Therapy and Dialectical Behavioural Therapy, individuals will be guided to manage their mental distress by changing their thinking patterns and behaviour. Participants stated the effectiveness of several emotional self-help programs such as Wellness Recovery Action Plan and Mental Health First Aid which individuals with deliberate self-harm could also address their physical, mental health and life issues by implying core concepts of recovery (hope, personal responsibility, education, self-advocacy, and support) into daily life and gain self-awareness on their wellbeing holistically. Meanwhile, these self-decided action plans could assist participants to explore appropriate emotion regulation tools, be aware of their mental states and create an emergency plan that specifies how members of the family or supporters should intervene if the individual cannot act on their own behalf. Participants could also customize post-crisis plans to use once the mental health issue has been resolved in order to encourage a return to wellness.

### Limitation

The most important limitation lies because we had adopted the measure in previous studies for understanding the addictive feature of NSSI since there was no prior validated and reliable measure of addiction in NSSI. Despite the fact that the samples showed the addictive feature of the self-mutilation behaviour among the individuals matches with the criteria of addiction in DSM-V, the reliability and validity of the measure have yet to be confirmed, and thus further knowledge of the addictiveness and a validated

measure of NSSI is recommended.

### Conclusion

This research has contributed to a better knowledge of the socio-cultural elements that contribute to NSSI among young Asian females, as well as the barriers that hinder their help-seeking behaviour. The NSSI activities, like other addictive behaviours, were characterised by emotional control and reinforcement as the current study's findings clearly showed. The research highlighted the possibility of engaging behavioural therapy and self-help programmes for this potential non-substance addiction. This study implies that policymakers and other stakeholders should be encouraged to learn more about the causes and functions of NSSI in Asian populations in order to build better preventive measure and psychoeducation strategies in the future [19,20].

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