



## HURTING TO HEAL: THE ROLE OF BELONGINGNESS IN SELF HARMING ADULTS

*Zunaira Qayyum Khan<sup>1</sup>, Dr. Saba Zahid<sup>2</sup>, and Zohaib Ahmed<sup>3</sup>*

*<sup>1</sup>Lahore School of Behavioral Sciences, The University of Lahore.*

*Email: [khanzunaira127@gmail.com](mailto:khanzunaira127@gmail.com)*

*<sup>2</sup>Department of Psychiatry & Behavioral Sciences, Akhtar Saeed Trust Hospital, Lahore.*

*<sup>3</sup>Child Protection Welfare Bureau, Lahore.*

### **Abstract**

*Self-harm is a complex behavior often influenced by interpersonal contexts, with belongingness emerging as a critical determinant of vulnerability and resilience. Understanding its dual role may offer valuable insights for prevention and intervention. The study aimed to explore belongingness as a potential risk or protective factor in the experiences of self-harming adults. A qualitative phenomenological design was employed, using purposive sampling to recruit self-harming adults aged 18–25. Data were collected through semi-structured interviews and analysed using Interpretative Phenomenological Analysis (IPA) to identify master and sub-themes. The results revealed three master themes—Family, Friends, and Relationships. Within Family, a vulnerable family system acted as a causing factor, while supportive family dynamics functioned as protective. In the Friends theme, feeling misunderstood emerged as a causing factor, whereas supportive friendships served as a protective factor. The Relationships theme was dominated by causing factors, including communication challenges, separation, casual relationships, and feelings of abandonment. The findings suggest that belongingness plays a dual role in self-harming adults, operating as both a risk and a protective factor depending on relational quality. Strengthening supportive family and peer bonds while addressing relational vulnerabilities may transform belongingness into a powerful protective resource in clinical and therapeutic contexts.*

**Keywords:** *Self-harm, belongingness, family, friends, romantic relationship, causal relationship*

### **Introduction**

Self-harm is a pressing public health concern that has garnered significant attention due to its rising prevalence among young adults and its association with adverse psychological and physical outcomes (Rowe et al., 2014). Defined by the National Institute for Health and Care Excellence (NICE, 2011) as “any act of self-poisoning or self-injury carried out by an individual irrespective of motivation,” self-harm is complex and multifaceted, often accompanied by comorbid conditions such as depression, anxiety, and substance abuse (Brunner et al., 2014). It is not only distressing for the individuals themselves but also for families and communities, with repeated episodes serving as a key predictor of suicide (Klonsky et al., 2013).

Understanding self-harm requires exploring both definitions and methods. While cutting is the most commonly reported method (Klonsky, 2011), self-poisoning, burning, and other means are also widely documented (Hawton et al., 2002). Some individuals rely on one method, while others switch between episodes (Owens et al., 2015). Definitions vary, with some terms excluding self-poisoning or differentiating suicidal from non-suicidal intent (Zetterqvist et al., 2013). This inconsistency complicates research and interventions, as intention is often unclear or retrospectively reported (Kapur et al., 2013). Importantly, while self-harm is linked to suicide, it can also serve other functions unrelated to an intent to die (Victor & Klonsky, 2014). Several theoretical frameworks have attempted to explain self-harm. Suyemoto (1998) proposed six functional models, including affect-regulation and interpersonal boundaries,



whereas Klonsky (2007) emphasized functions such as self-punishment, sensation-seeking, and interpersonal influence. Nock (2010) advanced an integrated model identifying affect regulation and social influence as central mechanisms, highlighting how emotional dysregulation and environmental stressors predispose individuals to self-harming behaviors. First-person accounts reinforce these findings, with many individuals describing self-harm as a way to relieve distress, exert control, or communicate emotions (Edmondson et al., 2016).

Parallel to the study of self-harm is the construct of belongingness, a fundamental human motivation described by Baumeister and Leary (1995). Belonging involves being valued, accepted, and connected to significant groups such as family, peers, and communities. Maslow (1970) situated belongingness at the core of his hierarchy of needs, suggesting that unmet belonging leads to maladjustment and psychological distress. Adolescence and young adulthood are particularly sensitive periods where belongingness strongly influences identity, self-worth, and coping strategies (Wallace & Chhuon, 2012).

The absence of belonging, or thwarted belongingness, has been identified in the Interpersonal Theory of Suicide (Van Orden et al., 2010) as a critical risk factor for suicidal ideation and behavior. Conversely, strong belongingness to family, peers, or cultural groups may act as a protective factor against distress and maladaptive coping strategies, including self-harm. Systems theory (Bronfenbrenner, 1984), developmental perspectives (Erikson, 1968), and social identity theory (Hogg et al., 1995) all emphasize the interplay of contextual, developmental, and social influences in shaping belongingness and behavior.

Self-harm is prevalent among adolescents and young adults, with rates ranging from 17–25% in community samples and higher among clinical populations (Gaspar et al., 2019; Robinson, 2017). Common methods include cutting, burning, and self-poisoning (Reis et al., 2017). Motivations are diverse, including affect regulation, self-punishment, relief from distress, and interpersonal influence (Klonsky, 2007). Importantly, self-harm is associated with repeated episodes, greater emotional distress, and increased suicide risk (Lawrence et al., 2015). Research highlights both risk and protective factors. Risk factors include psychiatric disorders, histories of abuse, impulsivity, bullying, and substance misuse (Witt et al., 2018). Family dysfunction, poor communication, and low self-esteem are also strongly associated with self-harm (Palmer et al., 2016). Protective factors, conversely, include family cohesion, positive peer relationships, resilience, and social support (Gallagher & Miller, 2018). Comparative studies suggest that connectedness to family or peers can mitigate the progression from distress to self-harm or suicide (Saab et al., 2021).

Belongingness emerges as a critical factor in this context. Empirical evidence shows that social isolation and loneliness are strong predictors of self-harm and suicidality, with meta-analyses linking them to mortality risks comparable to smoking and alcohol use (Holt-Lunstad et al., 2015). Conversely, strong family bonds, peer connectedness, and cultural belonging enhance resilience, promote emotional regulation, and protect against suicide attempts (Hall-Lande, 2007). For example, family connectedness was found to buffer the impact of social isolation on suicide attempts in both boys and girls, although the nature of this protective effect varies by gender (Saab et al., 2021). Cultural and contextual influences also shape the relationship between belonging and self-harm. African American women, despite socioeconomic disadvantage, report low suicide rates due to strong cultural disapproval of suicide (Canetto, 2015). In multicultural adolescents, weak family belonging predicts higher depression and loneliness, underscoring the universality of belonging as a protective factor (Baskin et al., 2010). Conversely, disrupted belonging, such as parental displacement through death or divorce, is linked to heightened suicidality (Asarnow et al., 2011).

Theoretical perspectives reinforce these findings. The Interpersonal Theory of Suicide emphasizes thwarted belongingness as a precursor to suicidal desire (Van Orden et al., 2010). Systems theory highlights how microsystems (family, peers, school) and macrosystems (culture, community) interact to foster or disrupt belonging (Bronfenbrenner, 1984). Developmental theory underscores adolescence as a critical stage where belongingness shapes identity and emotional well-being (Erikson, 1968). Social identity theory adds that group membership provides self-definition, influencing behaviors and coping strategies (Hogg et al., 1995).

Self-harming adults often face a range of psychological difficulties, including symptoms of depression, anxiety, emotional dysregulation, and challenges in coping with life stressors. Mental health is a state of well-being in which an individual realizes their abilities, can cope with normal stresses of life, work productively, and contribute to their community (Khizer et al., 2024; Tariq et al., 2024; Sadaf et al., 2024; Khan et al., 2021; Sabri et al., 2021). These struggles may hinder overall functioning and quality of life. Quality of life refers to the overall sense of well-being and satisfaction a person experiences in relation to their physical health, psychological state, social relationships, and ability to function in daily life (Iqbal & Ijaz, 2025; Hameed et al., 2022; Gillani et al., 20022).

A sense of belongingness—through supportive family ties, friendships, and positive social connections—can act as a crucial protective factor by buffering the negative psychological impact of distress (Zulfiqar et al., 2025; Iqbal et al., 2025; Umar et al., 2024; Kazmi et al., 2023; Javed et al., 2021). Conversely, lack of belongingness or social isolation may increase vulnerability to self-harming behaviors. In addition, self-compassion enables individuals to respond to their pain with kindness and understanding rather than self-criticism, fostering resilience (Javed et al., 2022). Together, belongingness and self-compassion may serve as protective factors, promoting positive adaptation and potentially reducing the risk of self-harming behaviors, thereby supporting psychological well-being and growth (Iqbal et al., 2025).

In summary, belongingness plays a dual role in self-harm: its absence increases vulnerability, while its presence fosters resilience. However, much of the literature focuses on adolescents, with fewer studies explicitly examining adults. This study seeks to address this gap by investigating belongingness as both a risk and a protective factor in self-harming adults, contributing to both clinical understanding and intervention strategies.

### **Objective of the Study**

- To explore belongingness as a risk or a protective factor in self-harming adults.

### **Research Question**

- How do the young adults make sense about the role of belongingness in self-harming behaviour?

### **Materials and Methods**

A qualitative phenomenological descriptive design was employed to explore and describe the lived experiences of young adults who had engaged in self-harm, with a particular focus on the role of belongingness. Phenomenology, as a philosophical and methodological approach, seeks to understand subjective human experiences as they are lived. Following Husserl's descriptive phenomenological perspective, the study aimed to capture the universal essences of participants' experiences while setting aside prior assumptions and biases (Lopez & Willis, 2004; Giorgi, 1997).



### **Sampling and Participants**

Purposive sampling was used to recruit participants who had direct experiences relevant to the phenomenon under study. Eight young adults (N = 8), aged between 18 and 25 years, were included. To be eligible, participants had to (a) have committed at least one act of self-harm with deliberate intent to cause harm, (b) report relationship-related difficulties as a cause of self-harm, and (c) have both the cognitive and emotional ability to narrate their experiences. Exclusion criteria were (a) being actively suicidal at the time of recruitment, (b) having psychotic symptoms or a current inpatient psychiatric admission, and (c) having an age below 18 or above 25 years.

### **Procedure**

Participants were recruited with the help of referral networks and personal contacts. Each participant was informed about the aims and procedures of the research, their rights, and the voluntary nature of participation. Written informed consent was obtained prior to data collection. Confidentiality and anonymity were assured, and participants were informed that they could withdraw at any stage without penalty. To minimize emotional distress, appropriate debriefing and emotional support were provided if participants experienced discomfort during the interviews.

Data were collected through semi-structured, in-depth interviews. The interview schedule included both general and specific questions, moving from broad explorations of self-harm to more focused inquiries about belongingness. Sample guiding questions included: “*Can you describe the feelings that led you to harm yourself?*” and “*In what ways did your sense of belonging or disconnection from others influence your decision to self-harm?*” Each interview lasted approximately 45–60 minutes, and audio recordings were made with the participants’ consent. Field notes and demographic data were also collected.

### **Ethical Considerations**

The study was approved by the Institutional Ethical Review Committee of the host university. Given the sensitivity of the research, safeguards were in place to protect participants’ well-being. These included informed consent, confidentiality, the right to withdraw, and immediate support in the event of emotional distress. Reflexivity was maintained throughout the research process to ensure that the researcher’s assumptions did not influence the analysis.

### **Data Analysis**

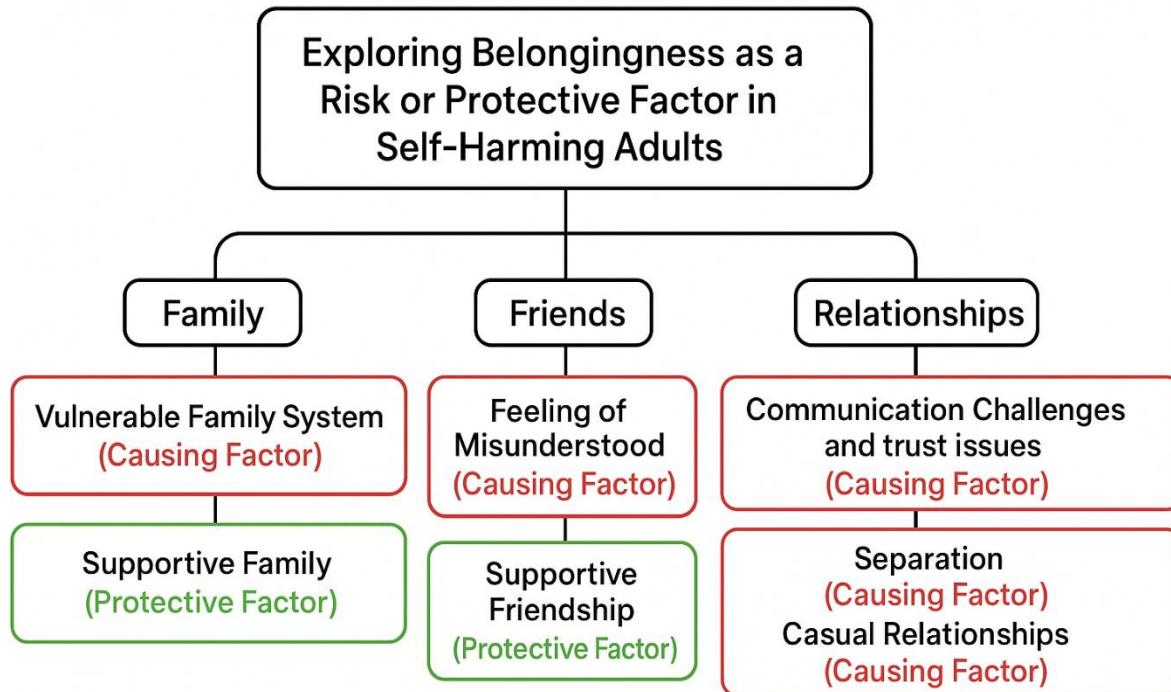
Data were analysed using the principles of Interpretative Phenomenological Analysis (IPA), following the methodological framework outlined by Smith et al. (2009) and refined by Smith et al. (2020). IPA was selected as it allows for an in-depth exploration of how participants make sense of their lived experiences, acknowledging both the descriptive and interpretative processes involved.

### **Results**

The analysis revealed three master themes: Family, Friends, and Relationships. Within the Family theme, two sub-themes emerged: a Vulnerable Family System as a Causing Factor and a Supportive Family as a Protective Factor. The Friends theme comprised two sub-themes: Feeling Misunderstood as a Causing Factor and Supportive Friendship as a Protective Factor. Finally, the Relationships theme yielded four sub-themes: Communication Challenges and Trust Issues, Separation, Casual Relationships, and Feelings of Abandonment, all identified as Causing Factors.

Figure 1

*Pictorial Description of the Codes, Sub-theme, and Master Themes*



### Master Theme 1: Family

The theme of Family emerged as central in shaping participants' experiences of self-harm. Accounts revealed a dual role of family, with some describing a vulnerable family system that contributed to feelings of neglect, criticism, or emotional instability, acting as a causing factor. Conversely, others highlighted supportive family dynamics, where care, understanding, and acceptance served as a protective factor, buffering distress and reducing the urge to self-harm.

#### Sample Verbatim Quotes

##### Sub-theme 1: Vulnerable Family System (Causing Factor)

*"In my family, no one really listens when I try to share my feelings. It makes me feel invisible, like my pain doesn't matter."*

*"My parents fight all the time, and I feel stuck in the middle. Sometimes hurting myself feels like the only way to release the pressure."*

*"Whenever I failed to meet expectations, I was told I was a disappointment. That constant criticism pushed me to punish myself."*

##### Sub-theme 2: Supportive Family (Protective Factor)

*"My mother always notices when I'm upset. Her comfort makes me feel like I'm not alone, and it stops me from going too far."*

*"Whenever I had dark thoughts, my brother would sit with me for hours. His presence reminded me that someone actually cares."*

*"Knowing my family accepts me despite my struggles has been my biggest strength. It gives me hope that I can overcome this."*

Figure 2

Codes Emerged under the First Master Theme (Family)

Vulnerable Family System (Causing Factor)	Supportive Family (Protective Factor)
<ul style="list-style-type: none"> <li>• Limited parental understanding of child</li> <li>• Maltreatment</li> <li>• Out-of-home care</li> <li>• Material deprivation</li> <li>• Parents' level of education</li> <li>• Partner Violence</li> <li>• Family Stress</li> <li>• Poor quality housing</li> <li>• Limited access to leisure activities</li> <li>• Parental conflict</li> <li>• More siblings</li> <li>• Family violence</li> <li>• Parental drug and alcohol use</li> <li>• Parental mental illness</li> <li>• Isolated family</li> </ul>	<ul style="list-style-type: none"> <li>• Safe, positive relationships with children</li> <li>• Nurturing parenting skills</li> <li>• Provide emotional support</li> <li>• Providing basic needs of food, shelter, education</li> <li>• Families have access to high-quality preschool and health services</li> <li>• Nurturing and safe childcare</li> <li>• Providing economic and financial help</li> <li>• Providing strong social support</li> <li>• Emotional Support</li> <li>• Serving as role models or mentors</li> <li>• Rules and engaging in child monitoring</li> </ul>

**Master Theme 2: Friends**

The theme of *Friends* highlighted the significant role peer relationships play in the experiences of self-harming adults. While some participants described feelings of being misunderstood, judged, or excluded by friends, which intensified their emotional struggles and acted as a causing factor, others emphasized how supportive and empathetic friendships provided emotional safety, understanding, and belonging that served as a protective factor against self-harming behaviors.

**Sample Verbatim Quotes**

**Sub-theme 1: Feeling Misunderstood (Causing Factor)**

*“Even when I tried to explain my pain, my friends would dismiss it as ‘attention seeking.’ That made me feel even more alone.”*

*“I often felt left out, like I didn’t belong in their group. That rejection pushed me deeper into hurting myself.”*

*“My friends never really understood what I was going through—they just told me to ‘get over it.’ It made me feel like a burden.”*

**Sub-theme 2: Supportive Friendship (Protective Factor)**

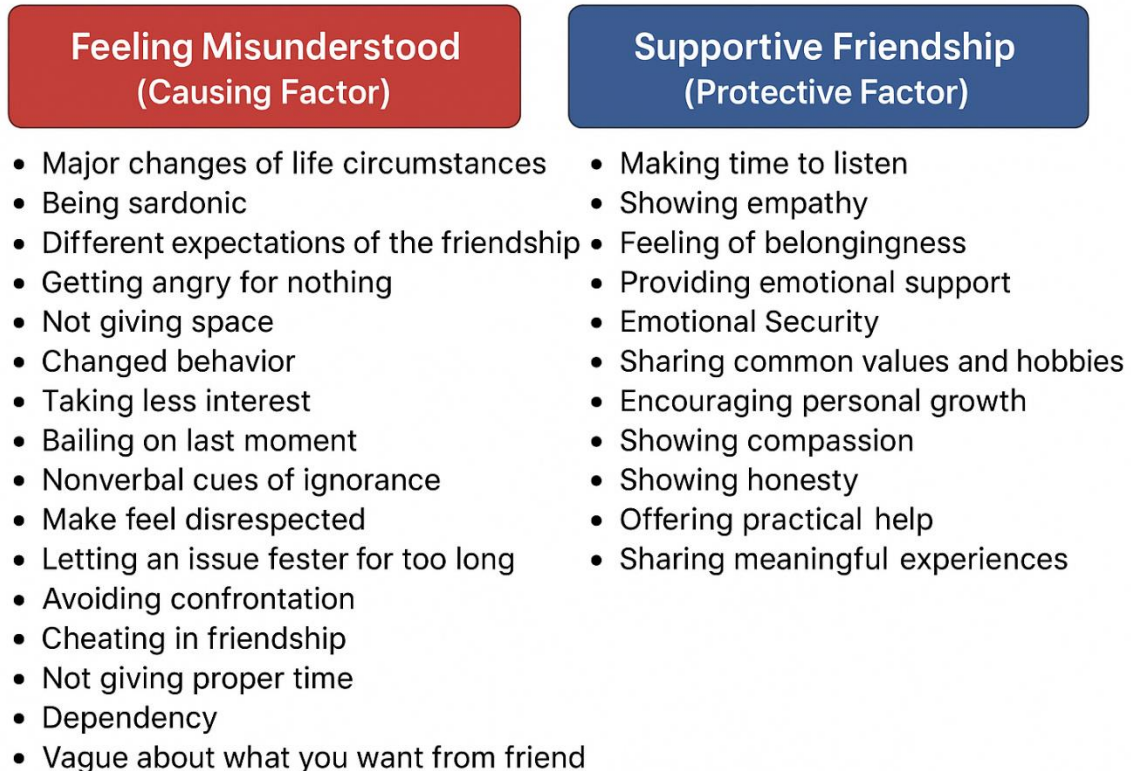
*“One of my closest friends always checks on me. Just knowing someone cares help me control the urge to harm myself.”*

*“When I finally opened up, my friend listened without judging me. That acceptance made a huge difference in how I coped.”*

*“Having friends who support me unconditionally makes me feel that I’m not fighting this battle alone.”*

**Figure 3**

*Codes Emerged under the Second Master Theme (Friends)*



**Master Theme 3: Relationships**

The theme of *Relationships* emphasized the pivotal influence of intimate and interpersonal bonds on participants' experiences of self-harm. Unlike the family and friends' themes, relationships predominantly emerged as causing factors, reflecting the emotional vulnerabilities and challenges participants faced within romantic or close personal ties. Key issues included communication barriers, lack of trust, separation from partners, involvement in casual or unstable relationships, and a pervasive sense of abandonment. These relational difficulties often reinforced feelings of rejection, isolation, and worthlessness, heightening the risk of self-harming behaviors.

**Sample Verbatim Quotes**

**Sub-theme 1: Communication Challenges and Trust Issues (Causing Factor)**

*"We could never talk openly. Every time I tried to express my feelings, it turned into an argument, and I felt unheard."*

*"Once the trust was broken, I constantly doubted everything. That insecurity consumed me and pushed me toward hurting myself."*

**Sub-theme 2: Separation (Causing Factor)**

*"When the relationship ended, it felt like my whole world collapsed. The pain was unbearable, and I turned it against myself."*

**Sub-theme 3: Casual Relationships (Causing Factor)**

*"Being in casual relationships made me feel used rather than valued. It left me empty, and self-harm became my outlet."*

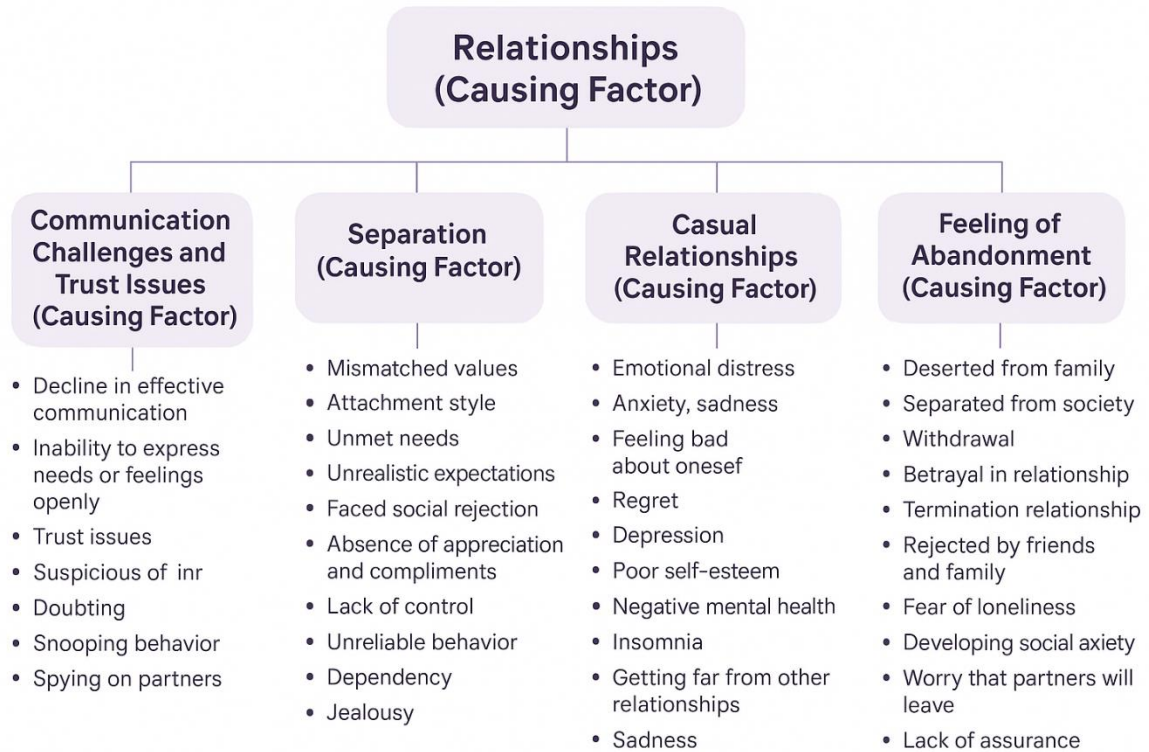
**Sub-theme 4: Feeling of Abandonment (Causing Factor)**

*“I always feared being left behind, and when it actually happened, it confirmed my worst thoughts about not being worth loving.”*

*“Every time someone walked away, it felt like I was losing a part of myself. That abandonment triggered my self-harming behavior.”*

**Figure 4**

*Codes Emerged under the Second Master Theme (Relationship)*



**Discussion**

The present study explored belongingness as both a risk and a protective factor in self-harming adults. Thematic analysis revealed three overarching domains—Family, Friends, and Relationships—each encompassing sub-themes that highlighted the complex interplay between social connectedness and self-harming behaviors. These findings extend existing literature by demonstrating how belongingness can simultaneously function as a source of vulnerability and resilience, depending on the quality of interpersonal experiences.

Family emerged as a central context shaping participants’ self-harm experiences. On one hand, vulnerable family systems characterized by conflict, parental neglect, substance use, and economic deprivation were reported as causing factors, echoing previous evidence linking dysfunctional family dynamics to heightened self-harm risk (Palmer et al., 2016; Witt et al., 2018). Consistent with attachment theory (Bowlby, 1988), participants’ accounts suggest that insecure or disrupted parental bonds fostered emotional instability, leaving them more prone to maladaptive coping strategies.

Conversely, supportive families were experienced as strong protective factors. Emotional availability, nurturing parenting, and provision of basic and educational needs aligned with research identifying family cohesion and parental support as buffers against self-harming behaviors (Gallagher & Miller, 2018; Saab et al., 2021). These findings reinforce the dual role



of the family unit, supporting both the Interpersonal Theory of Suicide (Van Orden et al., 2010), which highlights thwarted belongingness as a precursor to suicidal desire, and resilience frameworks that underscore the protective value of positive familial relationships.

Friendship was another significant domain influencing self-harm outcomes. Participants described feeling misunderstood, rejected, or ridiculed by peers, which exacerbated isolation and intensified self-harming urges. Such experiences resonate with prior studies linking peer rejection and bullying to psychological distress and self-injurious behaviors (Rowe et al., 2014). The tendency for peers to minimize or misinterpret distress may further perpetuate feelings of alienation, undermining individuals' capacity for adaptive help-seeking.

At the same time, supportive friendships were recognized as vital protective resources. Acts of empathy, active listening, and shared experiences provided participants with emotional security and a sense of belonging, reducing the likelihood of self-harm. These findings are in line with Wallace and Chhuon's (2012) work on peer connectedness and with broader evidence suggesting that peer support fosters resilience during periods of psychological distress (Hall-Lande et al., 2007). Thus, peer relationships appear to operate as a double-edged sword, either intensifying vulnerability or serving as a crucial source of recovery.

Unlike family and friendships, the relationship theme predominantly reflected causing factors. Participants' narratives underscored how communication breakdown, trust issues, separations, casual or unstable relationships, and abandonment experiences heightened self-harming behaviors. These relational difficulties mirror existing research showing that interpersonal rejection, relational conflict, and attachment insecurities are significant predictors of self-injury and suicidality (Victor & Klonsky, 2014; Asarnow et al., 2011).

Notably, while positive relational experiences were largely absent in participants' accounts, the overwhelming presence of negative relational dynamics emphasizes the fragility of belongingness in intimate relationships. These findings lend support to developmental and attachment-based perspectives, which argue that early relational experiences shape later vulnerabilities in close partnerships (Erikson, 1968; Bowlby, 1988). They also highlight the importance of addressing communication patterns, trust building, and emotional regulation within clinical interventions for self-harming adults.

### **Conclusion**

This study explored belongingness as both a risk and a protective factor in self-harming adults, highlighting the complex and dual role of interpersonal contexts. Three master themes—Family, Friends, and Relationships—captured the ways in which belongingness influences self-harm. While vulnerable family systems, misunderstanding friendships, and relational difficulties such as communication breakdown, separation, and abandonment emerged as causing factors, supportive family bonds and empathetic friendships functioned as protective factors, fostering resilience and reducing self-harming tendencies. Overall, the findings reinforce the centrality of belongingness in shaping psychological well-being. They suggest that interventions for self-harming individuals must not only address intrapersonal vulnerabilities but also strengthen relational supports across family, peer, and intimate domains. By fostering environments of acceptance, empathy, and secure attachment, clinicians and policymakers can help transform belongingness from a source of risk into a powerful protective resource.

### **Theoretical and Clinical Implications**

Taken together, these findings affirm belongingness as a context-dependent construct—capable of both exacerbating and alleviating self-harming tendencies. This duality resonates strongly with the Interpersonal Theory of Suicide (Van Orden et al., 2010), which posits



thwarted belongingness as a central driver of suicidal desire. At the same time, they extend resilience models by showing how positive bonds—particularly within families and friendships—can counteract vulnerability even in high-risk individuals. Clinically, these results underscore the importance of holistic interventions that target relational contexts. Family-based therapies may strengthen protective factors by improving communication and support structures. Peer-support groups and friendship-focused psychoeducation may provide non-stigmatizing spaces for individuals to feel understood. Interventions addressing romantic relationships, such as trust-building and emotional skills training, could mitigate relational vulnerabilities that contribute to self-harming patterns.

#### **Limitations and Future Directions**

While this study provides valuable insights, it is not without limitations. The sample size was small and context-specific, which may limit generalizability. Self-report interviews may also be subject to recall bias or social desirability effects. Future research should include larger, more diverse samples, and adopt longitudinal designs to capture how belongingness evolves over time. Additionally, exploring protective relational dynamics in romantic partnerships may yield further insights into resilience factors.

#### **References**

- Asarnow, J. R., Baraff, L. J., Berk, M., Grob, C. S., Devich-Navarro, M., Suddath, R., ... & Spirito, A. (2011). Suicide attempts and nonsuicidal self-injury in the treatment of resistant depression in adolescents: Findings from the TORDIA study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(8), 772–781.
- Asarnow, J. R., Porta, G., Spirito, A., Emslie, G., Clarke, G., Wagner, K. D., ... & Brent, D. A. (2011). Suicide attempts and nonsuicidal self-injury in the treatment of resistant depression in adolescents: Findings from the TORDIA study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(8), 772–781.
- Baskin, T. W., Wampold, B. E., Quintana, S. M., & Enright, R. D. (2010). Belongingness as a protective factor against loneliness and depression. *Journal of Counseling Psychology*, 57(4), 616–627.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Brent, D. A., Melhem, N., Donohoe, M. B., & Walker, M. (2009). The incidence and course of depression in bereaved youth 21 months after the loss of a parent. *American Journal of Psychiatry*, 166(7), 786–794.
- Brunner, R., Kaess, M., Parzer, P., Fischer, G., Carli, V., Hoven, C. W., ... & Wasserman, D. (2014). Life-time prevalence and psychosocial correlates of adolescent direct self-injurious behavior: A comparative study of findings in 11 European countries. *Journal of Child Psychology and Psychiatry*, 55(4), 337–348.
- Canetto, S. S. (2015). Suicide: Why are older men so vulnerable? *Men and Masculinities*, 18(1), 3–29. <https://doi.org/10.1177/1097184X14549912>
- Erikson, E. H. (1968). *Identity: Youth and crisis*. Norton.
- Gallagher, M., & Miller, J. (2018). Connectedness and self-harm: A systematic review of protective factors. *Journal of Affective Disorders*, 227, 282–290.
- Gallagher, R., & Miller, C. (2018). Parental support and family cohesion as protective factors against adolescent self-harm. *Journal of Child and Family Studies*, 27(4), 1210–1220.



- Gaspar, T., Rebelo, A., De Matos, M. G., & Ribeiro, J. L. (2019). Prevalence of self-destructive behaviours in adolescents. *International Journal of Psychology and Behavioral Sciences*, 9(2), 34–42.
- Gillani, A., Iqbal, M. N., Javed, F., & Qamar, S. (2022). Self-efficacy, life satisfaction and quality of life in local tourists of Pakistan.
- Hall-Lande, J. A., Eisenberg, M. E., Christenson, S. L., & Neumark-Sztainer, D. (2007). Social isolation, psychological health, and protective factors in adolescence. *Adolescence*, 42(166), 265–286.
- Hall-Lande, J., Eisenberg, M., Christenson, S., & Neumark-Sztainer, D. (2007). Social isolation, psychological health, and protective factors in adolescence. *Journal of Adolescent Health*, 41(3), 224–231.
- Hameed, H., Iqbal, M. N., Rafiq, M., & Javed, F. (2022). Illness Perception, Perceived Social Support and Quality of Life in Pulmonary Tuberculosis Patients. *Forman J Soc Sci*, 2(01), 1-28.
- Hawton, K., Rodham, K., Evans, E., & Weatherall, R. (2002). Deliberate self harm in adolescents: Self report survey in schools in England. *BMJ*, 325(7374), 1207–1211.
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237.
- Iqbal, M. N., & Ijaz, S. (2025). Exploring psychosocial determinants of quality of life in young adults with paternal substance use disorder in Pakistan: a phenomenological study. *Journal of Substance Use*, 30(2), 295-300.
- Iqbal, M. N., Emmanuel, S., Khan, S., & Javed, F. (2025). Buffering effects of perceived social support between self-compassion and work-family conflict in female school teachers: a cross-sectional study. *Contemporary Journal of Social Science Review*, 3(1), 443-449.
- Javed, F., Ahmad, M., & Iqbal, M. N. (2022). Resilience and emotional regulation predicting marital satisfaction in females diagnosed with polycystic ovarian syndrome (pcos). *Pak-Euro Journal of Medical and Life Sciences*, 5(2), 391-398.
- Javed, F., Iqbal, M. N., & Qamar, S. (2021). Openness to Experience, Neuroticism and Mental Toughness in Trainee Clinical Psychologists: Mediating Role of Perceived Social Support. *Jahan-e-Tahqeeq*, 4(3), 813-822.
- Kazmi, S. M. A., Murtaza, F., Hashmi, F., Iftikhar, M., Iqbal, M. N., & Nasir, A. (2023). Predictive and Protective Role of Grit, Internal Locus of Control and Social Support in Mental Health of Cardiac Patients: Protective Role of Grit, Internal Locus of Control and Social Support in Cardiac Patients. *Pakistan Journal of Health Sciences*, 34-42.
- Khan, S. M., Iqbal, M. N., & Rafiq, M. (2021). Family Support, Coping Strategies and Mental Health Issues among Mothers with Down Syndrome Children. *Jahan-e-Tahqeeq*, 4(3), 707-713.
- Khizer, N., Iqbal, M. N., & Muazzam, A. (2024). Beyond academics: the relationship of adjustment issues, self-criticism, and mental health issues among university students. *International Journal of Social Sciences Bulletin*, 2(4), 1502-1509.
- Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27(2), 226–239.



- Klonsky, E. D. (2011). Non-suicidal self-injury in United States adults: Prevalence, sociodemographics, topography, and functions. *Psychological Medicine*, 41(9), 1981–1986.
- Klonsky, E. D., May, A. M., & Glenn, C. R. (2013). The relationship between nonsuicidal self-injury and attempted suicide: Converging evidence from four samples. *Journal of Abnormal Psychology*, 122(1), 231–237.
- Lawrence, D., Hafekost, J., Johnson, S. E., Saw, S., Buckingham, W. J., Sawyer, M. G., ... & Zubrick, S. R. (2015). Key findings from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry*, 50(9), 876–886.
- Maslow, A. H. (1970). *Motivation and personality* (2nd ed.). Harper & Row.
- Nock, M. K. (2010). Self-injury. *Annual Review of Clinical Psychology*, 6, 339–363.
- Owens, D., Kelley, R., Munyombwe, T., Bergen, H., Hawton, K., Cooper, J., ... & Kapur, N. (2015). Switching methods of self-harm at repeat episodes: Findings from a multicentre cohort study. *Journal of Affective Disorders*, 180, 44–51.
- Palmer, B., O'Connor, R., & Conner, T. (2016). The impact of family dysfunction on self-harming behaviors: A systematic review. *Clinical Psychology Review*, 46, 25–39.
- Palmer, E. J., Welsh, P., & Tiffin, P. A. (2016). Perceptions of family functioning in adolescents who self-harm. *Journal of Adolescence*, 51, 41–50.
- Reis, M., Matos, M. G., & Gaspar, T. (2017). Functions of deliberate self-injury in adolescence: A systematic review. *Psychology, Community & Health*, 6(1), 16–36.
- Robinson, J., Hetrick, S., & Martin, C. (2017). Preventing suicide in young people: Systematic review. *Australian & New Zealand Journal of Psychiatry*, 51(6), 478–491.
- Rowe, J., Maughan, B., & Eley, T. C. (2014). Peer victimization, self-harm, and adolescent mental health: A longitudinal analysis. *Journal of Adolescence*, 37(4), 465–474.
- Rowe, S. L., French, R. S., Henderson, C., Ougrin, D., Slade, M., & Moran, P. (2014). Help-seeking behaviour and adolescent self-harm: A systematic review. *Australian & New Zealand Journal of Psychiatry*, 48(12), 1083–1095.
- Saab, B. J., Turecki, G., & Jollant, F. (2021). The protective role of family connectedness in adolescent suicidality: Findings from longitudinal and cross-sectional studies. *Journal of Affective Disorders*, 290, 357–366.
- Saab, H., Smith, K., & Kline, J. (2021). Family support as a buffer against self-harm: Evidence from young adults. *Child and Adolescent Mental Health*, 26(1), 45–53.
- Sabri, T., Jabeen, A., & Iqbal, M. N. (2021). Self-concept, emotional regulation and mental health problems in medical and dental undergrads. *Jahan-e-Tahqeeq*, 4(3), 680–687.
- Sadaf, A., Iqbal, M. N., Javed, F., & Rose, S. (2024). Impact of Cognitive Impairment and Impostor Syndrome on Mental Health Issues among Hemiplegic Stroke Survivors. *Journal of Postgraduate Medical Institute*, 38(3).
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE Publications.
- Tariq, H., Iqbal, M. N., & Javed, F. (2024). Unveiling the nexus of personality traits, ostracism, and mental health issues in university students. *Contemporary Journal of Social Science Review*, 2(04), 382–389.
- Umar, S., Dad, A. M., Sehzad, H., Haleem, M. S., & Iqbal, M. N. (2024). Narcissism as A predictor of selfie posting behavior and loneliness among university students: moderating role of perceived social support. *Migration Letters*, 21(S8), 1159–1167.



- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575–600.
- Victor, S. E., & Klonsky, E. D. (2014). Correlates of suicide attempts among self-injurers: A meta-analysis. *Clinical Psychology Review*, *34*(4), 282–297.
- Wallace, J., & Chhuon, V. (2012). Peer support and resilience in youth: A qualitative study. *Youth & Society*, *44*(1), 3–28.
- Wallace, T., & Chhuon, V. (2012). “It is complicated”: Peer group relationships, belonging, and school engagement of young adolescents. *Journal of Youth and Adolescence*, *41*(2), 245–256.
- Witt, A., Plener, P. L., & Niederhofer, H. (2018). Family functioning and adolescent self-harm: Systematic review and meta-analysis. *European Child & Adolescent Psychiatry*, *27*(4), 465–481.
- Witt, K., Milner, A., Spittal, M. J., Hetrick, S., Robinson, J., Pirkis, J., & Carter, G. (2018). Population attributable risk of suicide associated with psychiatric disorders in individuals with self-harm. *Journal of Psychiatric Research*, *105*, 1–6.
- Zetterqvist, M., Lundh, L. G., Dahlström, Ö., & Svedin, C. G. (2013). Prevalence and function of non-suicidal self-injury (NSSI) in a community sample of adolescents, using suggested DSM-5 criteria for a potential NSSI disorder. *Journal of Abnormal Child Psychology*, *41*(5), 759–773.
- Zulfiqar, H. M., Iqbal, M. N., Javed, F., Rafiq, M., & Zahid, R. (2025). Arthritis cannot break my spirit: functional disability, social support and life orientation in patients with rheumatoid arthritis. *Anaesthesia, Pain & Intensive Care*, *29*(1), 54-60.