

## ORIGINAL ARTICLE

# Lived Experiences of Non-suicidal Self-injury (NSSI) Cessation Among Adults in Malaysia

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## ABSTRACT

**Introduction:** Non-suicidal self-injury (NSSI) remains to be a pervasive behaviour that affects clinical and non-clinical youths all around the world. However, treatment and prevention efforts lack specificity in targeting NSSI as a disorder in its own right. This is more so in developing countries like Malaysia where lived experiences of individuals who had engaged in and ceased NSSI remains unavailable. To address this gap, this qualitative study utilised the phenomenology approach aimed to explore the thoughts, emotions, emotion regulation, and behaviours leading up to NSSI cessation. The consideration of complex individual experiences provided a deeper understanding of the human processes behind recovery amongst Malaysian adults. **Materials and methods:** Semi-structured online interviews were conducted with a total of 7 participants aged between 23 and 31 years old. **Results:** The findings offered insight into the development of motivation to move forward, the perception of control, the development of self-compassion, a sense of thankfulness and acceptance, importance of non-judgemental support, the practical coping strategies utilised as well as the challenges that were encountered during the journey. **Conclusion:** This study provides insight into the nuanced stages of change leading to NSSI cessation. An increased understanding of the processes towards cessation impacts the potential intervention and preventative programs that can be implemented in the Malaysian context. *Malaysian Journal of Medicine and Health Sciences* (2025) 21(4): 230-238. doi:10.47836/mjmhs.21.4.29

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## INTRODUCTION

Non-suicidal self-injury (NSSI) is a major public health concern that is prevalent all across the world with the highest prevalence of 17% within adolescent community samples (1). In the Malaysian context, 20.6% within a sample 175 adolescents between the age of 14 to 17 years old were found to have engaged in NSSI (2). The rates of NSSI are found to also be significantly higher amongst populations going through a high level of emotional distress, adverse life events, depression, anxiety and emotional dysregulation (3, 4). For some individuals, NSSI can be short-lived and would resolve itself towards adulthood while for some, NSSI can be chronic (2).

NSSI behaviours are defined to be purposeful, non-socially and non-culturally sanctioned actions that are taken to cause damage to own body tissue without

suicidal intent (5). Despite its common link with various other mental disorders especially borderline personality disorder, depressive disorders, anxiety disorders and eating disorders (6), it has also been found in non-clinical populations leading to increased risk of suicide (4). As NSSI continues to persist, a high association with suicidal behaviours is present but it remains distinct as NSSI behaviours lacks the suicidal intent that is present in suicidal behaviours.

## Functions of NSSI Behaviours

The functions of NSSI have been found to be multifactorial, serving a variety of intrapersonal and interpersonal functions that also intertwines with one another (7, 8). Klonsky et al. (7) categorised the factors into a two-factor model to underline the roles of both intrapersonal and interpersonal factors. Intrapersonal reinforcement encompasses self-focused reinforcements such as the modification of one's internal state (7). This can involve the use of NSSI behaviours to regulate emotions by relieving or escaping a negative emotional state, to stimulate a positive emotional state or even as a means to punish self (7, 9). Interpersonal factors involve the positive or negative social reinforcements resulting

from influencing the external environment (7, 9). Some instances include the avoidance of school work, avoidance of certain activities, fitting in with others, peer bonding, communication of experienced emotional pain, punishment of other or even influencing others (7, 9, 10). For some individuals in Southeast Asia, NSSI can also be a means to punish self for any setbacks, failures or weaknesses (11). With self-critical individuals, NSSI is negatively reinforced by the reduction of negative emotions like guilt, self-directed hate, anger and derogation. At the same time, NSSI is also positively reinforced through the increase of positive emotions such as redemption (11).

### **Risk Factors for NSSI**

Similar to functions, the proximal risk factors leading to the use of NSSI can be categorised under intrapersonal and interpersonal factors. Various intrapersonal factors like low self-esteem, depression, anxiety and even low ability for affect regulation can precipitate individuals towards NSSI behaviours (12). Interpersonal factors like family conflicts, parental invalidation, low social support, stressful life events and peer victimization can trigger adolescents towards NSSI (10, 13). A systematic review on NSSI in Southeast Asia also reported that academic stress from parental or self-expectations are a trigger for NSSI (11). Although proximal factors can precipitate, there has been support towards the presence of distal factors predisposing individuals towards NSSI. Factors such as genetic predisposition, childhood trauma and family factors can influence the development of psychopathology and NSSI behaviours (14).

### **NSSI Cessation and Treatment**

The understanding of the functions, maintenance, proximal and distal factors contributing the NSSI behaviours can elucidate the recovery process. As much as the various functions play a role in initiation and maintenance of NSSI, the same areas can also heavily predict cessation (15). Interpersonal and intrapersonal factors in cessation have been highlighted and factors such as social support, self-awareness, sense of purpose and emotion regulation are important in facilitating cessation of NSSI behaviours (16). The findings on the recovery process and cessation from NSSI can facilitate the development of effective interventions and preventative strategies. NSSI remains to be a condition under study in the DSM-5-TR and recovery from NSSI disorder from the clinical perspective would be operationalized as no longer meeting sufficient symptoms in the diagnostic criteria (17).

The utilization of NSSI to serve intrapersonal reasons is often found to predict the continuation of NSSI while utilizing NSSI to serve interpersonal functions is predictor of cessation, suggesting a more positive prognosis for individuals who use NSSI for interpersonal reasons (15). Positive connections with others and family members without stigmatization have been found to be

an important recovery factor as social support can dispel fears of disclosure and increase help seeking behaviours (16). While external support is important, development within the self would be equally vital in managing intrapersonal factors. As the lack of emotion regulation is a key reason in NSSI initiation, developing one's awareness and ability to regulate emotions can lead to cessation (18). Other important factors include the development of a sense of purpose in life, self-efficacy, and positive beliefs about adversity (18).

The treatment modalities that were identified to be effective in reducing NSSI behaviours were dialectical behaviour therapy (DBT), cognitive behavioural therapy (CBT), emotion regulation individual therapy for adolescents (ERITA) and emotion regulation group therapy (ERGT), and mentalization based therapy (MBT). There is recent preliminary evidence to support the efficacy of combined CBT and DBT elements in a treatment to allow quick intervention before utilizing more extensive approaches (19).

### **The Need for Further Exploration of NSSI Cessation in Malaysia**

Despite the promising evidence, DBT and MBT both targets NSSI as a part of the symptomology for borderline personality disorder (18). Treatment targeting NSSI specifically like ERITA and ERGT has yet to be established as evidence-based as trials are conducted utilising small sample sizes, indicating a lack of generalisability across populations (2, 19). Additionally, there is still a lack of specificity in evidence-based approaches to target NSSI while considering the complexity of the experience of individuals with NSSI, especially so in the Southeast Asian context and developing countries like Malaysia (17). As most of the research done on NSSI are completed in the Western context, applying the findings to the Southeast Asian context would require more study as there are clear cultural differences (11). For example, Malaysia is a collectivistic country of which family support and social connectedness has shown to be an essential factor in increasing possibilities towards cessation whereas western countries are more individualistic (11, 16, 21). Mental health also remains to be highly stigmatized in Southeast Asia and NSSI continues to remain an enigma (22).

### **Current Study**

A qualitative study on the thought processes, emotions, emotion regulation and behaviours of individuals who had ceased NSSI would offer valuable insights on the recovery process. The present study aimed to explore the emotions, emotion regulation strategies, thoughts and behaviours leading up to NSSI cessation in order to shed light on the complex dynamics at play. Through the research questions, the study endeavours to deepen the understanding of processes surrounding NSSI cessation and ultimately lead to valuable insights for researchers and practitioners.

## MATERIALS AND METHODS

### Method and Design

The current study was conducted using a qualitative method utilizing a phenomenological approach towards understanding the emotions, thoughts and behaviours of Malaysian adults who had engaged in and ceased NSSI behaviours. This qualitative approach is valuable in investigating beliefs, attitudes and behaviours, resulting in non-numerical data. The approach was also taken to provide this study an in-depth dimension that a simple variable measurement would not be able to accomplish (23). Interviews were chosen for this study to explore the complex thoughts, emotions, and behaviors surrounding NSSI cessation. This method allows for in-depth understanding of participants' lived experiences, aligning with the research objective of investigating emotion regulation and cognitive processes through flexible, personalized narratives, providing rich, detailed insights (24, 25).

### Samples and Location

In total seven participants ranging in age from 23 to 31

were recruited in this study. Five females and two males were recruited for the study and four of them resides in Selangor. Two participants reside in Kuala Lumpur while one resides in Perak. Out of all the participants, four were of the Chinese ethnicity, two were Indians and one was Malay. Purposive sampling methods such as criterion sampling and snowball sampling were utilized to select participants according to the DSM-5-TR's proposed criteria for NSSI disorder. Participants for the study were recruited through the distribution of a recruitment poster shared across various social media platforms and through the referral of other participants. The use of digital communication tools facilitated the broad dissemination of the recruitment message. The sample met the criterion of individuals who had previously engaged in purposeful, self-inflicted damage to own bodily tissues without suicidal ideation for five or more days in the past year and has since stopped for more than a year (26). The criterion also included individuals above the age of 18. Table I describes the demographic background of the participants in the study.

**Table I: Demographic Background**

Participant	Age	Gender	Ethnicity	State of Residence	NSSI Behaviour	Function of NSSI
P1	29	Female	Chinese	Kuala Lumpur	Scratching	Externalise pain
P2	23	Female	Indian	Perak	Cutting	Externalise pain
P3	23	Female	Chinese	Selangor	Pinching, biting, scratching	Externalise pain
P4	24	Female	Chinese	Selangor	Cutting	Self-punishment
P5	28	Female	Indian	Kuala Lumpur	Scratching	Sense of relief from pain
P6	24	Male	Malay	Selangor	Scratching	Grounding self
P7	31	Male	Chinese	Selangor	Cutting	Externalise pain, Self-punishment

### Procedure

This study was conducted in November 2022. Following the approval from the Institutional Ethical Committee of the UCSI University (IEC-2022-FOSSLA-067, Oct 18 2022) a poster was disseminated through social media platforms such as Facebook and Instagram to invite potential participants. Additionally, the poster was shared through a snowball sampling method, leveraging the contacts of initial participants.

To establish initial contact with potential participants, email and messaging platforms were utilised. Subsequently, online interviews were conducted using Google Meet, with each session lasting between 45 to 60 minutes. The decision to use Google Meet ensured accessibility and convenience for participants, while ethical concerns were addressed by obtaining informed consent, ensuring confidentiality and leveraging on the platform's data encryption features to safeguard participant privacy. Prior to the commencement of each interview, the researcher provided a comprehensive explanation and sought written informed consent from the participant, including consent for recording

purposes. Participants were informed of the potential risks involved and participants can access counselling support with the UCSI Clinical Psychology unit in an event of any distressing experience.

The semi-structured interview format allowed for a guided dialogue between the researcher and the participant, centered around a series of questions specifically tailored to address the research inquiries. The questions such as "what did self-injury do for you?" and "how do you manage the triggers to hurt yourself?" were developed to elicit responses from participants. All interviews were meticulously recorded using the recording feature available on Google Meet and were transcribed verbatim. Additionally, the researcher maintained detailed notes to ensure the accuracy of conveyed meaning throughout the interview process. Throughout the interview, the researcher frequently conducted emotional check-ins with the participants and mindfulness techniques were employed in order to support participants through challenging emotions. Table II describes the interview questions utilised during the study.

**Table II: Interview Questions**

Area	Question
Nature of NSSI	Would you be comfortable sharing when you first engaged in self-harm?
	When was the last time you did so?
	How often did you engage in those actions?
	If you don't mind me asking, how did you hurt yourself and where?
	How did it make you feel at the time?
Emotion	What would trigger the urges to hurt yourself?
	Can you share how you were feeling before you engaged in self-harm??
	Can you describe the emotions you experienced while you were engaging in self-harm?
	Can you share how you felt after engaging in self-harm?
	What emotions led you to want to stop engaging in self-harm?
Emotion Regulation	While working towards stopping self-injury, how did you feel?
	How did you feel since you stopped engaging in self-injury?
	How did you cope with your emotions while trying to stop?
	What were some things you did socially to feel better?
Thoughts	What did you physically do to cope?
	How did you manage the triggers to hurt yourself?
	What thoughts were on your mind before you engaged in self-harm
	What would be going through your mind while you were engaging in the act?
Behaviour	What thoughts came up after you have injured yourself?
	What were some thoughts that may have started you towards wanting to stop?
	What would go through your mind during your journey towards stopping?
	How do you see self-injury now after stopping?
	How did your thoughts change from when you were hurting yourself to the present?
	What steps did you find helpful in working towards stopping self-harm?
	How has your self-injurious behaviours changed over time?
	What have you found the most effective in helping you stop?

**Data Analysis**

The audio-recording from the interview was transcribed and Colaizzi's approach in data analysis for phenomenology was utilized (27). The transcripts of the interviews were first read through and then read again to gain an overall sense of the content. With each interview, sentences of significance that relates to the emotions, thoughts and behaviours of NSSI cessation were extracted. The statements were then recorded in a separate document that notes its original page line and number. Based on the compiled statements, the meaning was then formulated by clustering them into categories. After categories were established, the categories were then further placed under themes that would describe commonalities. Once the themes were discovered, the findings were then reported in an in-depth and exhaustive description of NSSI. The researcher then sought validation from two participants in order to compare the researcher's description and the experiences of the participant.

**RESULTS**

**Thoughts Leading to NSSI Cessation**

A major theme discovered was the motivation to move forward persistently away from the present

condition. Participants described moments in between NSSI behaviours where a cognitive realization and dissatisfaction for the current state is present and a motivation to work towards cessation.

*"I just grow up. I wake up and I cannot keep going on. I cannot...keep, keep doing it to myself. I just hate the feeling of what I feel and and I want to stop it." (P1, 29)*

NSSI behaviours were described by participants to be aimed towards hurting the self rather than others. When hearing, seeing or thinking of the impact on the emotional wellbeing and welfare of own NSSI behaviours towards loved ones, participants described the development of a macro perspective of the effects of NSSI. As such, the goal of cessation would become more motivating.

*"Every time when I cut myself...I try to move back...and then I see for myself. Just putting myself in other persons shoes like what if my friend do this or like my sister does this? How would I feel?" (P2, 23)*

A sense of ownership was found to follow the motivation to make the necessary changes in the status quo, facilitating cessation.

*"You can't expect a friend to give you the best answers. Yeah, it's on you because you have to change, you can't expect anyone to like help you change." (P2, 23)*

The findings also highlighted a fear for emotional consequences of NSSI that had played a role in sustaining cessation.

*"Now I'm kind of scared of like doing the thing on me because I know for a fact, it will hurt and I will feel the pain and I don't want to do that" (P3, 23)*

As an individual begins the recovery process, persistence was supported by the understanding that the journey is non-linear.

*"I think just like trying to like find my own person. Really what I like and really built up on that...but it kind of goes concurrently with life. You know like life in general like our development in university." (P4, 24)*

During the process, participants had also described the understanding of their locus of control and the aspects where control can be exerted. By adjusting the environment and in communicating with others, stress and triggers can be managed more effectively.

Finally, participants had described a prevailing challenge that was present throughout the journey was the judgement and lack of understanding from others. Quick judgements would often be made and the lack of understanding often resulted in responses from others that often incites emotional pain.

*"Oh, one of my school teachers found out, she saw my hand. And she was like, if you really want pain, I got a cane here, I'll whip you. Yeah, she was so hurt by what I did...and then she was just like...why would you do this yourself?" (P3, 23)*

Participants had expressed value for non-judgemental support and each had desires in offering the same to others undergoing similar experiences.

*"Someone that's hurting or that someone that needs to be understood. Maybe like for me, I was not understood... so, that's a really Asian thing because you're not allowed to voice out your opinions without looking like you're being, you're being rude or you know, like talking back to your elders." (P5, 28)*

### Emotions Leading to NSSI Cessation

A major theme of emotions experienced by participants were also self-directed negative emotions and feeling not good enough. Participants reported experiences of emotions such as anger, shame, guilt, frustration and even disappointment towards the self whenever they would engage in NSSI. Some participants have reported that they equated their low functioning to their self-worth, feeling insufficient when their performances are not optimal or as expected. The expectations experienced were identified to be either from the self or placed by others.

*"So that's a lot of shoulds that goes on like I should be functional. So I have to sometimes to be functional and then if you go through things, which I have been doing a lot." (P6, 24)*

Working through the negative emotions, the development of self-love was frequently mentioned during interviews. It was reported that it allowed participants to rise above criticisms and comparisons to care for the self in times of need by allowing themselves to cope through the emotions. The final result would be loving themselves sufficiently to refrain from NSSI behaviours.

*"I would allow myself to go there but also be more concerned about being okay again and allowing myself to cope through it." (P1, 29)*

Through the journey, a sense of acceptance and thankfulness for their experiences were significantly reported. As individuals continued to strive towards recovery, a goal was acceptance for their NSSI behaviours, lack of shame for their journey and positive reframing of the experiences as an opportunity for learning.

*"At the time, there was just this strong edge of like not being able to accept what was going on. Right now...I just like accept it as like how I got an opportunity. Like could mean something or that? It's probably like opportunity to change something" (P4, 24)*

The prevalent negative emotions were regulated through emotional expression and cognitive strategies. Participants were noted to allow themselves to feel the emotions and express through writing.

### Behaviours Leading to NSSI Cessation

While thoughts and emotions were important to the cessation process, participants had also described several behaviours. A major behaviour was steps taken to obtain support, connection and understanding from others. The avenue to express and experience the kindness were found to be beneficial. Professional services were also equally important whereby it represents a comfortable, non-judgemental outlet for expression building of awareness and restructuring of negative thoughts. Validation and a firmness of the professional in progressing towards the goals had facilitated the participants' growth.

*"So like one of my closest friends, she also self-harms and all that. One of the reasons why we're close is because of this. Because we're able to understand each other. We're kind to each other, you know, because, I feel like that's what the world lacks of...kindness." (P2, 23)*

Participants also often reported utilizing some practical strategies in managing the urges for NSSI and that can include alternatives, distractions and mindfulness techniques. Aside from that, participants also utilized distractions in order to prevent themselves from engaging in NSSI. The effects were often temporary but useful in the moment. Finally, mindfulness was a major technique used to build awareness of the present rather than utilizing NSSI.

*"I think I wake up by being mindful of how I feel. So*

*I do a lot of self-talk in the morning. The moment, I open my eyes. I'm like, okay, how am I feeling right now, today?....So let's say if it's a work day, then I would need to ensure that I give myself time, a lot of time to be alone a little bit more to listen to music a bit more and see, what is the actual work and to get time if it's a lot." (P6, 24)*

## DISCUSSION

### Thoughts Leading to NSSI Cessation

Leading towards NSSI cessation, some of the thought processes includes having the desire to move away from the present situation, hearing other people's perspectives, awareness of one's own locus of control, and lack of understanding or judgement from others.

A cognitive realization and discontent with the current situation initiated the drive to stop. Paired with the negative emotions, the adverse effects of NSSI became more prominent as compared to the pleasurable consequences of NSSI and NSSI as a result becomes more punitive. Similar to the conclusions reached by Deliberto and Nock (28), it was discovered that it was advantageous for NSSI to be viewed as an unhealthy behaviour. Despite so, the road to cessation is not linear and there will inevitably be ups and downs. Other research has also addressed this process in a similar way (17, 29).

A significant finding that profoundly influenced the cessation process was participants' acknowledgement and acceptance of others' perspectives, including their emotions, thoughts and well-being. Expanding on existing literature, the findings demonstrate that the concern for others influences the desire to stop as it is upsetting for the people that they love (15, 28). The results of this study also concurred with those of Laghi et al. (30) study, which demonstrated a connection between impaired theory of mind and NSSI.

A strong sense of ownership was also necessary in making changes amidst the hardship towards cessation. It can be kickstarted and it grows through natural life events like going into college where an individual has more freedom to decide on own life trajectory. This concurred with previous studies that reported the significant part of the natural developmental processes and maturity in promoting the sense of ownership as a person continues to mature into different phases of life (31). Along the process, it was discovered in this study that dread of the repercussions of NSSI, particularly the emergence of unpleasant emotions, also played a part in keeping NSSI cessation sustained. Kittleman (32) stated that after quitting, people experience a resurgence of their dread of pain and death.

On top of the sense of ownership, a sense of control is just as essential to promoting cessation. The learning of one's own locus of control is reported to be a more effective

means of control as compared to NSSI behaviours. Long, Manktelow and Tracey also found that understanding own locus of control along with the aspects that can be changed helps individuals to comprehend their own inherent capacity for overcoming obstacles, leading to reduced NSSI engagement (33).

During the course towards cessation, individuals frequently face negative perceptions, shared judgements, and a lack of understanding, which makes cessation more difficult. Emotional reactions such as distress and disappointment were deemed ineffective in the support of individuals participating in NSSI. Meheli, Bhola and Murugappan similarly found that distress, shocks, advice giving, criticisms, and actions to induce guilt are not supportive (29). When combined with the factor that Malaysia is a collectivist country, young Southeast Asians would much rather remain silent about their emotional struggles and use NSSI to relieve the pain. Previous research has also suggested that young Southeast Asians may suppress their frustrations while using NSSI to release bottled-up frustrations (11). Judgement-free support provides a safe space for people to talk about their experiences, potentially reducing the need for emotional avoidance and increasing quality of relationships.

### Emotions Leading to NSSI Cessation

Individuals who engage in NSSI often experiences a series of negative emotions including guilt, shame, anger, frustration and a sense of not being good enough. In agreement with previous studies, self-injury was found to be frequently followed by negative emotions, self-criticism, and a sense of not being good enough (22, 34). The findings revealed that there are underlying expectations that exist from self and others, and when they are not met, individuals are quick to judge themselves. The process of cessation highlighted the importance of finding love and compassion for oneself in order to deal with negative emotions and feelings of worthlessness caused by self-criticism. The concept of self-compassion is similar to the concept of self-kindness, where being kind to oneself includes giving oneself space to cope with negative emotions and even taking small steps toward caring for oneself after NSSI (35). This study's findings corroborated previous research suggesting that self-compassion may weaken the relationship between NSSI and adverse life events (35). The findings also support Fernandez, Jaladin and Lau's assertion that individuals with high or low NSSI frequency can benefit from techniques aimed at increasing self-compassion (11).

Finding love and compassion for oneself is part of the process of ending NSSI, as is the emergence of feelings of thankfulness and acceptance for one's current circumstances. Working through recovery enabled individuals to find meaning in their experiences and establish a more positive outlook on their experiences.

In accordance to the findings of this study, Wang et al. (31) also found that positive attitudes toward adversity were associated with lower NSSI reports.

Emotional expression and cognitive coping have been critical in emotion regulation due to the various negative emotions that precede and follow NSSI. Because emotion dysregulation has been linked to the onset and use of NSSI, the development of awareness, reflective cognitive abilities, and emotional capacities is important in successful cessation of NSSI. The findings were consistent with previous research by Brausch, Clapham and Littlefield (36) and Whitlock, Prussien and Pietrusza (37), who claimed that NSSI cessation is caused in part by emotion regulation learning. The honest expression of emotions, whether through behaviours like crying or writing it down as part of the journaling process, is an important aspect of coping with emotions.

### **Behaviours Leading to NSSI Cessation**

Help-seeking behaviours from individuals with NSSI increases access opportunities to judgment-free support and professional services. Conversely, the presence of support and services continues to encourage help-seeking behaviours. Various studies have supported the importance of developing and maintaining healthy connections with others, particularly with family members (16). A few studies in the Southeast Asian context have also claimed that supportive friends and good family relationships are protective factors against NSSI (11).

As with the benefits of professional services, the finding revealed that it is a safe space for expression that allows a person to develop awareness, emotion regulation strategies, restructure their thoughts, and be validated in the process. Whitlock, Prussien and Pietrusza (37) argued that formal therapy was not a leading factor but rather the enhanced self-awareness and the acquisition of emotion regulation skills in the face of change were more important factors in cessation. The findings of this study are partly in disagreement with Whitlock, Prussien and Pietrusza (37) as an access to a therapeutic safe space for emotional expression offered by formal therapy is in fact beneficial. While professional services were found to be valuable, a limitation of the study was the lack of further investigation into the factors that were valuable during the participant's therapeutic journey. Future studies can explore the factors valuable in the therapeutic journey for individuals with NSSI.

Aside from social connection and support, practical strategies such as the use of alternatives, distractions and mindfulness techniques for managing self-harm have been shown to be effective in coping with the urges. Based on the function of the NSSI behaviours, the use of alternatives such as slashing empty water bottles, squeezing ice and more can be utilised to access similar sensations (38). Kilburn and Whitlock (38) agreed that

using alternatives is beneficial in reducing the urge to self-harm when it arises. Brief mindfulness activities have also been found to be effective in increasing state mindfulness, reducing stress, and ultimately decreasing NSSI engagement. Finally, distractions were discovered to be frequently used in this study to prevent NSSI engagement. Regardless, the findings only show that some participants benefit from it, and it is frequently a band-aid solution rather than a long-term solution.

### **NSSI Cessation**

In a collectivist country like Malaysia that emphasises selflessness, obedience, cooperation, harmonious family relationships and community, individuals tends to be less expressive and forced to suppress negative emotions as it can be perceived as undesirable (11, 22). This can lead to the use of NSSI as a method of release (11). The fear of how others would react upon being discovered thus increases barriers towards help-seeking behaviours (11, 22). As such, the findings emphasise the importance of educating the public, teachers and parents in order to prevent and treat NSSI (11). The findings urged the use of a three-pronged approach that both prevents and treats, building onto existing preliminary treatments such as ERITA and EGRT (20). Considerations and efforts should be directed not only at individuals and parents, but also at the community in which the individual lives. Psychoeducation and equipping youths with tools to respond nonjudgmentally to peers would promote a safe space (11, 19). Finally, the findings of this study into the journey to cessation marks the beginning towards identifying effective intervention strategies based on motivation, ambivalence management, maturation, and the efficacy of practical strategies.

### **Limitations of Study**

With the small-scale, qualitative nature of the present study, there are several limitations present. As Malaysia consists of individuals from various cultural backgrounds, the sample was not representative of the Malaysian society. With regards to gender, only 2 males were included in the sample of 7 as well. As such, limits to the generalisability of the results is present. Despite the findings of the study offering an in-depth understanding, the findings from the study are inherently based on the retrospective accounts of the participants. The data would be limited in objectivity and to the areas that the participants would recall. As various factors may be present beyond the knowledge of the participants, a limitation of the study is the lack of empirical enquiry the different factors as well as the stages of change. Further identification and examination of the stages of change leading towards NSSI would be beneficial.

### **CONCLUSION**

While NSSI is a pervasive behaviour that affects both clinical and non-clinical youths all around the world, there is a lack of consideration for the complexity of

experiences of individuals with NSSI especially in the Southeast Asian context. The current study revealed the thoughts, emotions experienced and behaviours of individuals that had a number of theoretical and practical implications despite being limited in generalisability and objectivity as the findings are inherently based upon the retrospective accounts of the participants. Through semi-structured interviews, the results provided insight into the intrapersonal and interpersonal nuanced shifts in the change process such as development of motivation, perception of control, self-compassion, sense of thankfulness, healthy connections with others, acceptance and judgment-free support. It also highlights the importance of developing emotional awareness, reflective cognitive abilities, and emotional capacities. The results thus bring focus towards importance of educating and implementing intervention starting from the community around youths in order to prevent and treat NSSI in Malaysia. The findings can also assist in identifying effective intervention strategies.

More in depth and empirical studies will help gain a better understanding of NSSI cessation in Malaysia. Through the insights gained from this study, a viable area of further study is the refinement and empirical testing of the efficacy of both preventative and treatment school programmes in Malaysian schools.

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