

# Exploring Reasons For Self-Harm Among Teenagers: A Phenomenological Study Of Selected Public Secondary School Students In Nairobi County, Kenya

Anthony Tabu

---

## **Abstract**

*Self-harm involves a person injuring themselves deliberately. This may take any form. This study aimed at deepening understanding of the phenomenon of self-harm through a qualitative research approach based on phenomenological research design. The research was conducted in Embakasi Girls High School and Our Lady of Mercy Girls High School in Nairobi County, Kenya. The objectives of the research were to know the reasons for self-harm, and the possible mitigation measures. A population of seven respondents were interviewed. The theories of dual harm model and Cognitive Behavioral Theory were used. Data was collected through semi-structured interview questions developed by the researcher. This allowed for transparency and enabled extraction of subjective details on the topic. The study employed purposive; typical case and convenient sampling approaches. Descriptive data was then analyzed through thematic content analysis where the researcher identified repeated patterns guided by the research objectives. The results identified cutting, burning, scratching, and medication overdose as the types of prevalent self-harm. Loss and grief, bullying, relationship strains, distressing emotions, and academic pressures were some of the reported reasons for self-harm. Results suggested counseling and being listened to as mitigation measures. Some did not know the kind of help they needed while others stated that they did not need help. The findings are likely to help psychologists, parents, learning institutions, and society; to understand some basic psychological needs of adolescents who engage in self-harm and devise ways of helping them.*

**Keywords:** Self-Harm, Teenagers, phenomenology.

---

Date of Submission: 24-09-2024

Date of Acceptance: 04-10-2024

---

## **I. Introduction**

Self-harm can be defined as an act of hurting oneself with or without suicidal intent. It can also be defined as deliberate self-injury or self-hurt. Khanipour (et al. 2020), defined self-harm as the act of deliberately inflicting pain and damage to an individual's own body. Self-harm acts may include cutting, hitting, scratching, burning, or overdosing. This behavior is common and more significant in adolescents and young adults (Aggarwa et al., 2017). The meta-analysis of epidemiological findings shows that 17% of adolescents engage in this behavior (Tormoen et al., 2020). Although several people consider self-harm as an act of consolation and a way of dealing with severe emotions, self-harm is highly linked to suicidal tendencies. Research shows that 40- 60% of suicidal cases displayed a history of self-harm (Olfson et al., 2017). Further studies also indicate that people who engage in self-injury are at a high risk of developing mental health problems and other behaviors such as use of substances and addiction as well as difficulties in building and maintaining relationships.

Global statistics indicate that 17% of teenagers engage in self-harm behaviors. A survey on mental health and wellbeing among Australian children and adolescents revealed that 8% of young people between 12 and 17 years of age engaged in self-harm during the period under research (Zubrick et al., 2016). In New Zealand, a lifetime rate of 48.7% was reported in the study by Garisch and Wilson (2015). The findings of the study associated self-harm with various causes including emotional distress, low self-perception drug and alcohol abuse as well as relationship issues.

There is an established relationship between stressful life events and mental health problems including anxiety and depression for young people who are undergoing developmental milestones in life (Mughal et al., 2021). In most cases, young people do not understand their milestones and end up devising means of dealing with the stress associated with them through self-harming. Adolescents often argue that self-harm acts help them to cope with overwhelming issues such as stressful life events, peer pressure, and bullying among others which they either experience directly or through social media platforms (Mughal et al., 2021). Other triggers may include pressure at school, dealing with difficult relationships, abuse, and trauma. As they grow and mature, many of them find different ways of handling their emotional and psychological distress resulting in less or non-frequented

cases of self-harm (Moran et al., 2012). Self-harm behaviors may be a result of a broad number of risk factors according to some research for instance, self-harm can be a response to coping with developmental milestones. In other cases, it may be a way of coping with overwhelming situations that result in anxiety and depression (Sinha et al., 2021). Young people can also engage in self-harm activities to end dissociation and feel lively or this may occur to end one's life.

Self-harm cases have also been identified and reported in Africa. A systematic review by Quarshie et al. (2020), on eighteen Sub-Saharan African countries evaluated the available studies between 1950 and 2019. The study revealed a prevalence of 10.3% in Sub-Saharan Africa. Some risk factors were also identified among them failure in academics, relationship problems, family conflicts as well as physical, emotional, and sexual abuse (Quarshie et al., 2020). Another study conducted in Accra Ghana also confirmed the existence of such cases. The study which examined self-harm in school-going and street children in the region found a lifetime prevalence of 20.2% and a twelve-month prevalence of 16.6% (Quarshie et al., 2021).

In Kenya, the phenomenon exists in secondary schools. However, it has not been given enough research attention. Available studies on the topic are meta-analyses for example; Quarshie et al., (2021) and Gillies et al., (2018). This indicates that the conclusions were based on generalized views. The study thus seeks to carry out an empirical study and establish the actual data on the subject under review in Kenya. The study intends to reduce the research gap on the topic in Kenya and provide specific findings based on the Kenyan population. As a result, the objectives of the study were; to find out types, to investigate the triggers, and to assess mitigations of self-harm among selected public secondary school students in Nairobi county, Kenya.

Psychodynamic theory was used in this research. It was developed by Sigmund Freud in 1896 in his attempt to find treatment for mental illnesses (Jarrett & Vince, 2017). The theory is based on the idea that all human beings possess unconscious memories, feelings, thoughts, and desires. According to Sigmund, individual personalities develop through three major dimensions; the Id, Ego, and Superego. He proceeds to state that the inner struggles of the unconscious mind influence these three states and further classify consciousness into consciousness, sub-consciousness, and unconsciousness (Salmon, 2020). These states types are the principal constituents of human thoughts and feelings emerging from the mind and leading to the expression of past repressed experiences.

In this research, the theory of psychoanalysis would help to make the unconscious motives, thoughts, feelings, and behavior of adolescents who self-harm to be made conscious. In this way, they become more aware of unconscious drivers to self-harm and hence gain more control over the phenomenon. However, it does not attend to the conscious thought process. This limitation gives room for another theory that explores the active thoughts of individuals which is the Cognitive Behavioral Theory.

The theory was developed by Aaron Beck in 1960 (Neenan, 2017). It states that human thoughts, feelings, and behavior are linked, and what an individual thinks or does affects their feelings and consequently their behavior. The theory focuses on explaining how particular thoughts result in particular feelings which consequently leads to certain responses in behavior (Kwasnicka et al., 2016). The principal assumption of the theory is that cognitive falsification or erroneous thinking results in psychological distress in that people lose touch with reality and end up torturing themselves with self-created falsehoods (Stallard, 2019). The theory therefore suggests that cognition or thoughts shape individual behaviors and at the same time behaviors can also shape cognition. The thought processes and patterns of teenagers that make them self-harm can be evaluated.

The connectedness of the Cognitive Behavioral Theory to the research is the examination of the thought processes of adolescents who engage in self-harm. This would help in understanding their thought processes and how they affect their feelings and consequently the behavior of self-harm. However, this theory lacks the explanation of aggression towards self and others. Hence, a need for the cognitive-emotional model of dual harm.

The model distinguishes self-harm from aggression describing self-harm as a sign of distress and an act against oneself that elicits a sign of relief and aggression as an unreasonable act in which a person offends others resulting in a reactive response mostly in the form of containment and punishment (Allen and Anderson, 2017). Despite the differences, scholars have indicated that self-harm and aggression are connected and co-occur. They also propose various risk factors associated with these behaviors' adverse childhood events, impulsivity, emotional functioning impairments as well as dysfunctional serotonergic systems genes. The cognitive-emotional model of dual harm is based on the general aggression model and the diathesis-stress theory which highlights the distal, proximal, and feedback processes of dual harm and the role of personality (Shafti et al., 2021). The model further proposes that emotional regulation and interpersonal drives are among the functions of dual harm behavior among the victims.

A study conducted by Garisch & Wilson (2015) among New Zealand adolescents sought to assess the prevalence, correlates, and prospective predictors of non-suicidal self-injury in a community sample of 1162 adolescents with a mean age of 16.35. Two self-report questionnaires were used to collect data from the respondents at two different periods, five months apart. The study established several self-harm methods among

the participants including self-cutting, banging, burning, carving, hair pulling, preventing healing, especially for wounds, overdose, and drug and substance abuse (Garisch & Wilson, 2015).

The findings of the study by Hetrick et al., (2020) revealed several triggers as reported by the respondents such as distressing feelings, perception of isolation, difficulties creating and maintaining relationships, social comparison, subjection to self-harm through friends and social media as well as challenges related to school life and academics (Hetrick et al., 2020). In response to what mitigation measures they use to overcome the urges to self-harm, a number of them were highlighted. It was established that each individual had distinct ways of dealing with the urge based on their mood, level of despair, and personal interest among others (Hetrick et al., 2020).

However, considering that the current study is focused on Nairobi County in Kenya, it is illogical to assume the findings of a study by Garisch & Wilson (2015) in New Zealand, or Hetrick et al. (2020), in Australia, or Stänicke (2021) in Norway may apply in a Kenyan context. Furthermore, some studies have been conducted in Africa, but the findings do not fully satisfy the needs of the current research.

## II. Methodology

It is a framework that directs how the research is to be conducted based on ideas and the nature of knowledge. This study employed interpretivism. This is because of the subjective meaning of social phenomenon of self-harm. The study employed a qualitative approach with a phenomenological research design which involved collecting and analyzing non-numerical data (Johnson, 2021). This approach was preferred because it allows for an in-depth exploration of the lived experiences of the respondents. A Qualitative approach also allows for subjective examination through transparency and openness through the use of in-depth interview questions that provide a comprehensive understanding of the subject under review (Conducting Surveys, 2021). The research utilized a phenomenological research design which involved exploring participants' experiences while ignoring the researcher's presumptions about the phenomenon under study. According to Rahi (2017), this design allows for an in-depth analysis of small samples up to the saturation point.

The study was conducted in two public Girls' schools in Nairobi County; Embakasi Girls Secondary School in Embakasi sub-county and Our Lady of Mercy Girls Secondary School in South B, Makadara sub-county. This study used purposive sampling in the general outlook. This is because of the permission needed for the schools as well as the participants. Specifically, criterion sampling was also used to limit the participants to only those who have experienced the phenomenon under study which is self-harm.

After the approval of the proposal, the researcher first sought permission from the program leader whose authorization was presented to the Tangaza University College Research Ethical Committee (TUCREC) for clearance to conduct the study. Using the clearance from the school, the researcher applied for a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). The researcher also sought permission from the Ministry of Education at the county level as well as the school administrations.

## III. Results

### Demographic Characteristics of Respondents

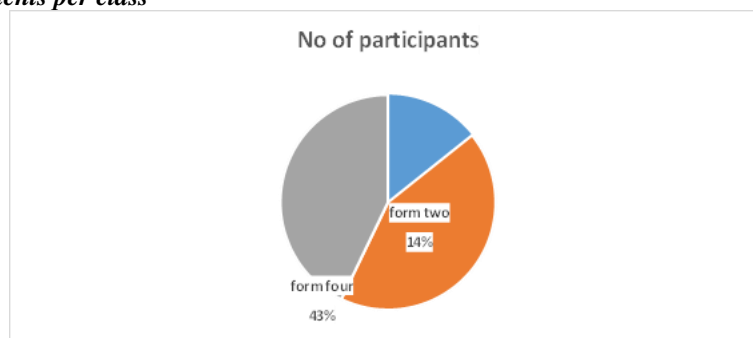
In total seven female respondents from two different girls' schools were interviewed. The participants were students from Form one to form four

#### *Distribution of Participants by Class*

Figure 1 shows the distribution of the participants who participated in the study in terms of class. From the analysis majority of participants were form three and form four students at 43%. Form two students were represented by 14%. This could mean that self-harm is more prevalent in the upper classes or that self-harm victims from the upper classes seek help compared to those in forms one and two.

Figure 1

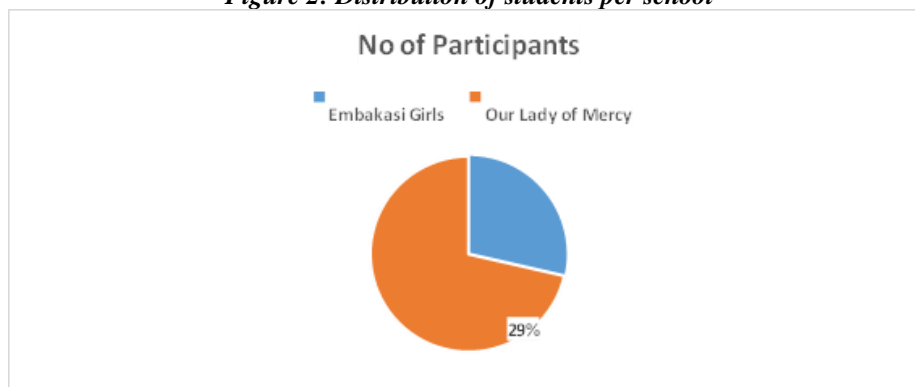
#### *Distribution of students per class*



**Distribution of Participants Per School**

Figure two shows the distribution of students based on the school. The results show that a larger number of participants came from Our Lady of Mercy at 71% compared to 29% from Embakasi Girls. This could imply that the rate of self-harm behavior is higher in the latter school than in the former. It could also mean that victims of self-harm in Our Lady of Mercy seek help more compared to those in Embakasi Girls since the sampling technique employed was purposive and convenient sampling.

**Figure 2: Distribution of students per school**



Two major themes unfolded from the current study based on the objectives; triggers for self-harm and mitigation measures for self-harm.

**Triggers for self-harm**

From various triggers explained by the participants, several sub-themes arose; distressing emotions, relationship difficulties, academic pressure loss, grief, bullying, and addiction as shown in the table below.

**Table 1: Triggers for self-harm**

Theme	File	References
Triggers for self-harm	7	12
Academic pressure	2	2
Addiction	1	1
Bullying	1	1
Distressing emotions	3	3
Loss and grief	2	2
Relationship difficulties	2	2

**Distressing Emotions**

The theme of distressing emotions was described by most respondents and it appeared to be the primary trigger for self-harm urges with other sub-themes causing distressing emotions thus triggering self-harm. The first respondent reported that being bullied by her schoolmates made her feel very little and this made her hate herself leading to self-harm.

*‘I got bullied and one, the people who were bullying me made me feel like am not enough like am not worthy, they made me feel so very little. like, am just always bitter with myself all the time, like I just do not see if am doing anything the right way. Am always in the wrong, and that is what made me start self-harming. yes, cause any time I feel like being frustrated or angry, I always feel the urge to cut myself’ (Participant 1).*

In this case, bullying caused distressing emotions leading to self-harm. Another participant described anger as the main trigger for self-harm, that she does not like people seeing her cry so when she is feeling sad instead of crying, she turns to self-harming.

*‘The first day I self-harmed, it was because I was angry and when am usually angry, I usually tend to remove the feeling by cutting. the other times maybe when am feeling sad, I usually cut because I do not, like I do not like when people see me crying, so instead of crying, I just cut myself’ (Participant 4).*

Another respondent noted that having much stuff in the head and being unable to share what she was going through was the main trigger for her self-harm as a way out without talking to someone.

*‘I used to have a lot of things but am not the type of a person that would go and talk to people, I can't. Sometimes it got worse, when I have a lot of stress I am unable to breathe sometimes I can't see, it is as if*

*everything has gone black. So it pushed me to start harming myself, so I started cutting myself on the wrist with a razor blade or anything that I will find sharp' A lot goes in my head but am not used to opening up to people' (participant 6).*

The participant also added that these thoughts bring anger and pain and her response when asked what emotions the thoughts bring was;

*'Anger, a lot of pain, sometimes I tend to laugh yet I do not know if it is a laughing matter I laugh, I just feel a lot of pain, most of it is pain'. (Participant 3).*

The loss of a loved one cause a lot of sadness resulting to cutting.

*'it happened a way back when I lost someone who is close to me, so I felt sad, I just wanted to cut myself' (Participant 3).*

### Loss and Grief

Two participants also described the loss of their loved ones as reasons for self-harm. They turned to self-harm as a way of coping with the losses. One participant noted that the loss of the father made her think a lot and led to self-harming.

*'The other reason is that in march 31<sup>st</sup> during school days, I received the news that my dad passed, now I stayed home for more than a month because of that, now when I came back, it made me like think a lot and it made me harm myself' (participant 2).*

The second participant noted that the loss of her mother who was so close to her caused a sense of isolation resulting in self-harm.

*'It happened a way back when I lost someone who is close to me, so I felt sad, I just wanted to cut myself. the person was my mom. she was really close to me, so when I lost her. It just went like, I had nothing to do. So I started being keeping things to myself, and I started to distance myself from others. Those actions made me feel like hurting myself when I was alone' (participant 3).*

### Academic Pressure/Unachievable Parental Expectations

A few of the respondents also attributed self-harm to difficulties in school and expectations from their parents. One respondent reported that after transferring schools the father pressured her to maintain position one which she held in the previous school and this made her harm herself.

*'Before I transferred to this school, in my former I was in position three. Now my dad coerced me like to be position one. Now that made me have stress and I started harming myself' (Participant 2).*

Another participant noted that the scolding and insults she received from her mother for dropping her performance instilled fear of exams in her and she turned to self-harming to deal with the fear.

*'The reason why I self-harm is actually because of school. Yeah, there is a time I did not do so well and I have a strict parent. a strict parent, and I really dropped drastically and I did not know the reason because I did everything, I studied and I did everything but I still failed. So it gave me stress, and when it gave me stress, there is nothing I did about it. But when I went home, my mom scolded me, she insulted me, she even told me that am worthless and she told me that she doesn't want me and so for me I felt very bad and I felt like am not wanted. So when I got back to school, I.... when the next exam came, when the next exam was coming, I feared it. Yes, I feared the exam. So it was stressing me cause this time I would study and I could not get anything on my mind. So I just decided to start cutting myself' (Participant 5).*

She described her trigger for self-harm as fear of failure and the pressure associated with academics.

*'So for me it was fear of failure, and academic pressure' (Participant 5).*

### Relationship Difficulties

Another trigger that came up during the interviews was difficulties relating to families. One respondent noted that family was the main reason why she self-harmed. According to her, the fact that she is the last born and she is becoming an adult is a challenge because growing old has caused her to drift away from the family relationship with her parents and siblings. The participant reported that the way the rest of the family has been bonded together is different from how she has bonded and this triggers her urge to self-harm.

*'Okay, family is a lot of things. Yeah, especially the fact that am the last born am growing older, okay am old, and then yeah, I like parting and a lot is happening there. yeah parting, like drifting away from family. According to the rate at which they have bonded with the rest, it looks different' (Participant 7).*

Another theme that arose under relationship difficulties was a sense of isolation that resulted from the loss of a loved one. The participant noted that after losing the mother, she started staying by herself and keeping things to herself because she did not have someone to share with and this triggered an urge to self-harm.

*'She was really close to me, so when I lost her. It just went like, I had nothing to do. So I started being.....keeping things to myself, and I started to distance myself from others. Those actions made me feel like hurting myself when I was alone' (Participant 3).*

### Bullying

Bullying also emerged as a trigger for self-harm. One participant who started self-harming after being bullied described it as the main trigger. Bullying brought upon her a negative self- image and led to her first instance of self-harm which later became a habit.

*‘Yes, I got bullied and the one, the people who were bullying me made me feel like am not enough like am not worthy, they made me feel so very little and that is when I started hating myself. yes, like, am just always bitter with myself all the time, like I just do not see if am doing anything the right way. Am always on the wrong, and that is what made me start self-harming (Participant 1).*

This theme can however be linked to emotional distress because the feeling the respondent experienced was the real trigger for self-harm.

### Addiction

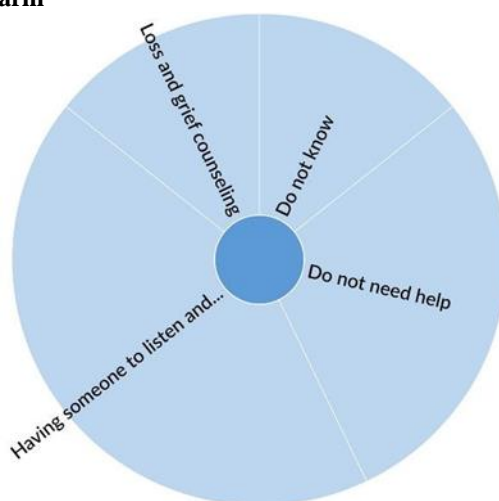
Addiction also occurred as a trigger for self-harm. A participant who was self-harming attributed it to addiction as a result found it difficult to stop as it now creates the feeling of high.

The circle of addiction in the picture is shown when she said

*‘Okay, I started self-harming last year in February, I cut my wrists, my thighs and self- harming is kind of addictive’ (Participant 1).*

This theme is important is unique and throws up the double dimensions of self-harm.

### Mitigation measures for self-harm



The diagram shows the many responses of the those interviewed as what constitutes a mitigation for them. It ranges from respondent who do not know, those who do not need help, having someone to listen to them and encountering counseling.

### To be listened to and be understood

Some respondents described that being listened to and being understood by those around them could be of great help to them. They added that if these people who listen do not judge then it would be of great help too. One respondent who started self-harming as a way of dealing with loss and grief stated that having someone to hear her and let her cry would have helped her overcome the urge to self-harm.

*‘I would have wanted someone to come and listen to me, like cry or something, just to hear me speak’ (Participant 3).*

The respondent who started self-harming after being bullied also proposed being listened to as a proper mitigation for self-harm.

*‘all I want is someone who can listen to me, who will get to understand me not judging me’ (Participant 1).*

The same was stated by another respondent whose trigger was academic pressure. For her just being listened to was not enough, but sharing in her pain and talking her out of it by encouraging her to keep going.

*‘well, I just want people to understand me and understand that what am doing is not wrong. Am just, what am doing is not wrong cause everybody made me feel like I was wrong in doing it but they did not know the pain I was feeling. So all I wanted, was somebody can help me by telling me, like she tries and share my pain and to share my pain it means to be there for me and it is, yes talking me out of it but actually showing me the importance of why I should keep going on’ (Participant 5).*

For this particular respondent, being understood and encouraged by those who listened to her helped her

overcome the habit as she reported to have stopped self-harming.

### **Therapy**

This is another sub-theme that arose about the third objective of the ways of mitigating self-harm. When asked about the kind of help that could have helped stop the act of self-harm then, the respondent whose trigger was the loss of a parent stated that being taken through loss and grief counseling could have been and could have been of great help.

‘The help I want is like someone to take me through the loss and grief thing’ (Participant 2).

### **Do not know**

In response to the kind of help they would like to get, one participant reported that she did not know the kind of help she needed. The basis of the answer was the fact that the participant had tried counseling but according to her it did not help her. In her response to the kind of help she needed, she said

‘I do not know; I honestly do not know’ When asked whether she had sought counseling before, her response was ‘yeah’. The interviewer further enquired why she sought counseling and she stated ‘It was about self-harming but I shared part of it and some not’ (Participant 6).

It is possible for people especially teenagers to be overwhelmed and not know what to do as a result. This would lead them to admit that they do not know what to do or how to cope. This is common because of many factors including not being right tools to deal with their issues.

### **Do not need help**

The final sub-theme that arose among the respondents was no need for help. The respondent who felt like did not need help also stated that she is used to self-harming and did not see the need to stop.

‘It has been hard because like am already used to self-harming so as in according to my mentality I can’t stop it so I just keep on doing it’ (Participant 4).

The second respondent stated that she could stay that way and did not need help out of the habit.

‘I do not think I would...I do not think anything, okay am just there. I can stay like that. I do not think I need help’ (Participant 7). It is important to note when some clients are in state of loss and grief, anger is in the mix. This is a stage in the process. As a result, while in anger respondent and claim not to need help. This is as it is an ongoing issue with the respondents

## **IV. Discussions**

The current study involved secondary school students from form one to form four with an age range between 14-18 years. The study focused on female students who had experienced self-harm. Almost similar characteristics were covered in the study by Quarshie et al. (2021) where young people between the age of 13-21 were sample. However, this particular study combined both male and female respondents and included street sample making it difficult to correlate with the current study. The study by Garisch & Wilson (2015) covered female respondents with a mean age of 16 years. However, it is inaccurate to draw an analogy between it and the current study because the former failed to specify where the respondents were sampled from whereas the current study focused on girl’s secondary schools. Although the findings from the study by (Stănicke, 2021) were helpful in understanding the topic under review, the researcher was not specific about the age range of the respondents in the study thus linking the two studies could be limited. Close demographic characteristics were found in the study by Misigo (2021) who carried out a study in a secondary school. However, this particular study was limited in that it involved both male and female.

This study identified four types of self-harm as reported by the participants. These are cutting, scratching, burning, and drug abuse. These methods were used to harm different parts of the body including the hands, stomach, thighs, and chest. The findings of the current study on the methods of self-harm are similar to findings from previous research. Garisch & Wilson (2015) in their study in New Zealand identified hair pulling, self-cutting, burning, and overdose as methods of self-harm among the respondents. This particular study concluded that hair pulling is the most common type of self-harm among female respondents, contrary to the current study where hair pulling was not reported as a form of self-harming instead self-cutting appeared to be the most common. The current study is also consistent with (Stănicke, 2021) in his study which revealed that respondents resorted to self-cutting as a way of dealing with painful thoughts and events. Cutting and burning as methods of self-harm were also reported by Quarshie et al. (2021), in their study in Ghana where 54.5% of the respondents reported self-injury in the form of cutting, burning, suffocating, and even jumping from heights. These three researchers identified cutting and burning as types of self-harm but failed to further their research to include the parts of the body that the respondents harmed, something that the current study was keen about.

The findings of the current study also confirm the findings of a systematic study by Aggarwal et al. (2017) which identified scratching and self-poisoning with drug overdose as the most common forms of self-harm

in low-income countries based on the analysis of previous studies. This was however a systematic analysis that lack specific attribution to particular study respondents making it insufficient to correlate with the current study. The participants in this study reported various reasons for self-harming including negative emotions, academic pressure, loss and grief, bullying as well as relationship difficulties. A lot of theories align to the triggers of the theory. The Cognitive Behavioral Theory deals better with the negative emotions. In this we see the interconnectedness with thoughts, feelings and behavior cannot be overemphasized. The experiences of people, and the thoughts they make of that experience or how they perceive it would lead to their feelings. The dimension of loss and grief can also be dealt with the theory of the five stages of loss and grief by Elizabeth Kubler-ross. When the stages are dealt with, the experience of the people will also better dealt with as result not resulting in the trigger of self-harm.

Bullying is one behavior by children that is violent. One wonders where they may have gotten it from. The social learning theory of Bandura where children learn from their environment is one that pulls into perspective what is seen around them. As a result, what is being emulated by the children could be bullying. Expectations and bridging the gap of the ideal and the actual is one element in the person centered theory of Carl Rogers that speaks to the expectations of high grades. When their actual is respected enough, their grades would be honored as it reflects their capacity of the moment. Thus, not leading to excessive expectation on the regards of academic pressure.

Negative or distressing emotions were a key theme in the study which was considered the primary trigger since other triggers were associated with it. Respondents reported that instances of bullying, disagreement, loss of a loved one, and pressure for academic achievement led to negative emotions which in turn triggered self-harm. Emotional distress as a trigger for self-harm has been consistent with previous studies. (Townsend et al., 2016) highlighted a wide range of distressing emotions reported by participants who were young people and further explained that these emotions arise from equally a wide range of situations. The findings of the current study confirm the results reported by (Hetrick et al., 2020) where several situations were described as causes of distressing emotions resulting in self-harm. In their study, they established situations of anger, shame, being overwhelmed, and academic pressure to be provokers of emotional distress where they turn to various methods of self-harm to deal with such feelings. Similar findings were reported by (Quarshie et al., 2021) identified several circumstances that induce negative emotions and result in self-harm including bullying, unachievable parental expectations, school-related problems as well as criticism from parents. This particular study however had mixed characteristics for their respondents where school going and street children formed part of the study making it impractical to associate it with the current study.

Loss and grief were other triggers for self-harm identified where respondents reported that losing someone close to them led to self-harming. This theme can better be explained by linking it to distressing emotions since based on the responses given, it is the feeling they experienced after the loss that led them to turn to self-harming. The feeling of sadness after the loss as reported by one of the participants is the reason why she resorted to self-harm. This can be associated with previous findings on the causes of distressing emotions as reported by previous studies such as (Hetrick et al., 2020), (Quarshie et al., 2021), and (Townsend et al., 2016). Although these particular studies did not mention loss and grief as the cause, the descriptions given by the respondents in the current study about their feelings after the losses explain the role of negative emotions as a trigger in self-harm activities. Feeling sad and overthinking about the losses as described by the respondents directed them to self-harm.

Academic pressure was another trigger identified in the current study. Being unable to achieve academically based on the expectations of their parents attracted criticism from parents that led to self-harming behavior. Fear of academic failure was another subtheme reported under this theme. These findings were consistent with the results of a systematic review by Aggarwa et al. (2017), which identified school-related pressure as a recurring trigger for self-harm across the studies. Yedong et al. (2022) in a study in Mali named poor academic performance as the trigger to self-harm. This study however failed to describe the feelings (Quarshie et al., 2021), pointed out problems with school work, unachievable parental expectations, and criticism from parents after failure as causes of self-harm which are consistent with the current findings. These studies present the academic pressure as the trigger but fail to give an in-depth description of the feeling associated with academic failure which is likely to course the self-harming behavior.

Having a strained relationship with other family members for a lastborn who was reported to have drifted away from the family bond was reported to be a trigger. The respondent stated that she feels that the bond between her parents and siblings was weaker compared to others and this caused her to self-harm. Another respondent also noted that after the loss of the mother, she isolated herself from other people and this led to self-harm. These results are supported by the findings of (Hetrick et al., 2020), who established that feeling disconnected or unsupported by family or experiencing any form of difficulties in family relations was a trigger to self-harm. (Hetrick et al., 2020), however fails to explain why people could be isolated which makes it insufficient to support the current findings. The study also discovered that not having someone to confide in or not finding a confidant



in parents, peers or teachers triggers self-harm among young people (Swahn et al., 2012). The current findings are also similar to the results of a systematic review by Aggarwa et al. (2017), which revealed that restrained family relationships were a consistent trigger for self-harm among the youth. The reasons for strained relationships were left out in all the previous studies which makes them insufficient for proper comparison. The findings of the current study therefore describe the reasons behind strained relationships and isolation among respondents.

The findings of the current study also identified bullying as a trigger for self-harm. The participant described that being bullied made her feel little and worthless leading her to self-harming. This can also be related to the first sub-theme of negative emotions in that being bullied induced negative feelings which pushed the participant to self-harm. Bullying as a trigger for self-harm was established in a study by (Garisch & Wilson, 2015) where the researchers explained that bullying creates a negative state of mind for the victims who in turn attempt to modulate the state through self-injury which gives them a sense of relief. The current findings also confirm the results of a study by (Quarshie et al., 2021) which also pointed out bullying as a common trigger for self-harm, however, this study involved street respondents making it unsuitable to analogize with the current study which focuses on students. This is because streets are likely to experience bullying more than schools. Yedong et al. (2022) named being bullied at school as a common trigger for self-harm among young people, however, the findings of the current study refute this conclusion but reporting a single case of bullying as a trigger for self-harm.

Addiction as a trigger to self-harm is a new finding. The Participants explained that they felt the urge to self-harm when they were frustrated. More so, after cutting, they feel calm and relieved which was temporary but the circle continues. This description is similar to the withdrawal syndrome that is experienced with the third stage of addiction. In the previous research conducted, addiction as a trigger has not been established. This can also be explained further by the psychoanalytic theory where such activities take place when the Thanatos in ID overpowers the eros. According to the psychodynamic theory, when people act more from their id or their feelings, they tend to ignore the superego that brings reason into their experiences. Constantly fulfilling the desires of id would constantly make people feel good which is the release of dopamine. This too is the recipe for addiction especially when it becomes a pattern. The brain registers the pattern and releases dopamine when due. Then addiction to a substance or behavior is then formed.

Participants in the study proposed various ways that they thought could help them overcome the urge to self-harm such as being listened to by those around them and getting therapy. Others did not know the kind of help they needed to get out of self-harm while a few thought they were fine harming themselves and that they did not need any kind of help. This research question was asked based on the long-term mitigation of self-harm behavior rather than short-term ways of overcoming the urge to self-harm.

Based on the findings of the current study, having someone to listen to without judging could help some participants overcome the habit of self-harm. Close findings were reported by (Hetrick et al., 2020) when they sought to understand the mitigation measures for self-harm. The study found that connecting with people helped participants overcome self-harm impulses by reducing their sense of isolation and making them feel cared for. Unlike the current findings which did not specify the kind of companionship needed, the study by (Hetrick et al., 2020) reported that victims evade close relations when looking for someone to listen to them to avoid disclosure of their habits. The participants in the current findings also noted the importance of sharing in the pain-causing self-destructive behavior with them and talking them out of the habits by encouraging them. This helps in overcoming the habit of self-harm one participant reported one instance of self-harm and attributed the change to having someone to share in her pain and talk her out of self by encouraging her to keep going. This differs from (Hetrick et al., 2020) findings which only suggest connections to reduce the urge at the moment.

The findings of the current research also identified counseling as a long-term mitigation measure for self-harm. This was reported by a participant whose trigger was the loss of a loved one. The findings reported that being taken through the process of loss and grief by a therapist would help overcome self-harm behavior. Counseling has not been reported in the previous studies as a mitigation measure for self-harm. This can however be argued in the sense that the previous studies such as (Hetrick et al., 2020) and (Townsend et al., 2016) were focused on short-term mitigation of self-harm urges rather than taming the behavior in its entirety.

One participant in the current study also reported that she did not know the kind of help she needed to overcome self-harm habits. This can be explained by the fact that the participant had issues sharing her problems with people as she reported that she tried counseling but it did not work because she only shared part of what was troubling her. Previous studies only concentrated on short-term solutions and there is therefore no relationship between the current findings and the results from previous research.

Some other participants highlighted that they felt normal with self-harming and therefore reported that they did not need any form of help to get out of the habit. The findings however have no basis in the previous studies which only reported short-term mitigation measures with no intention of a long-term win over the self-harm behaviors. Unlike the current study which was tailored to establish long-term mitigations, studies by

(Hetrick et al., 2020) and (Townsend et al., 2016) only focused on the momentarily mitigations that help participants overcome urges when they presented.

## V. Conclusion

Part of the help could be linked to the mitigation response of being listened to and understood. More so, the response ‘I do not help’ could be tied to the present state of the issue and respondent seems stuck and overwhelmed. The responses of the mitigation as a mixture of other underlying factor. Actually that is a cry out that the person needs help. The mitigations also show that there is a way out. This is as mitigations show that some respondent are still hopeful that they can access help. Therapy was said to be a form of mitigation. This can be helpful for those especially with scratching and cutting. The complex nature of the phenomenon of self-harm and its dimension can be confusing for even adults and professional not to talk of children. As a result, the responses of “I do not know” is an appropriate response to express helplessness and lack of knowledge in dealing with the situation. The causes and triggers to self-harm too is a dimension that cannot be ignored. The response of addiction as a cause could also in the mix. This is because addiction is a brain diseases or disorder and the intervention of addiction could be applied to get the necessary assistance to respondent.

## VI. Recommendations

The study offers an understanding of the gravity of this practice among teenagers in schools. The schooling community which clusters these three group recognizes it connectedness. The students should be able to share their thoughts and be understood. The study gives these groups of people an understanding of self-harm as a psychological disorder; methods of use, triggers as well as mitigation measures. With this knowledge, parents, teachers, and students should watch out for such behaviors among students through observation and engaging in talks. Given that the triggers identified relate closely to the relationship among students, parents, and teachers. Teachers or schools should discourage acts such as bullying which have been identified as the triggers of self-harm. Parents should also find positive ways of correcting their children when they fail to meet their expectations rather than scolding or insulting which were also reported as self-harm triggers. Parents should also consider matching their expectations with the student's ability to reduce academic pressure. In case parents, teachers, or other students notice such behavior, they should employ the suggested mitigation measures like seeking therapy as suggested by the victims to support them overcome the self-harm behaviors. Victims of self-harm will also benefit from the study as it will offer possible mitigation measures that they can use to overcome their self-harm habits. Based on the findings of the study, therapists and practitioners can obtain knowledge on the methods of self-harm, common triggers as well as suggested measures. With these, they should be able to devise appropriate approaches when helping victims of self-harm. Although further studies should be carried out to provide short-term mitigation measures that therapists can suggest to the patients to overcome the urges before seeking external help.

## References

- [1] Aggarwal, S., Patton, G., Reavley, N., Sreenivasan, S. A., & Berk, M. (2017). Youth Self-Harm In Low-And Middle-Income Countries: Systematic Review Of The Risk And Protective Factors. *International Journal Of Social Psychiatry*, 63(4), 359-375.
- [2] Allen, J.J. And Anderson, C.A., 2017. *Aggression And Violence: Definitions And Distinctions*. The Wiley Handbook Of Violence And Aggression, Pp.1-14.
- [3] Braun, V., & Clarke, V. (2006). Using Thematic Analysis In Psychology. *Qualitative Research In Psychology*, 3(2), 77-101.
- [4] Brereton, A., & McGlinchey, E. (2020). Self-Harm, Emotion Regulation, And Experiential Avoidance: A Systematic Review. *Archives Of Suicide Research*, 24(Sup1), 1-24.
- [5] Buelens, T., Luyckx, K., Kiekens, G., Gandhi, A., Muehlenkamp, J. J., & Claes, L. (2020). Investigating The Dsm-5 Criteria For Non-Suicidal Self-Injury Disorder In A Community Sample Of Adolescents. *Journal Of Affective Disorders*, 260, 314-322.
- [6] Carcary, M. (2020). The Research Audit Trail: Methodological Guidance For Application In Practice. *Electronic Journal Of Business Research Methods*, 18(2), 166-177. <https://doi.org/10.34190/jbrm.18.2.008>
- [7] Carveth, D. L. (2021). The Psychoanalytic Theory Of Anxiety And Defense. *Metalepsis: Journal Of The American Board And Academy Of Psychoanalysis*, 1(1), 12-24.
- [8] Chu, C., Buchman-Schmitt, J. M., Hom, M. A., Stanley, I. H., & Joiner Jr, T. E. (2016). A Test Of The Interpersonal Theory Of Suicide In A Large Sample Of Current Firefighters. *Psychiatry Research*, 240, 26-33.
- [9] Chu, C., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., ... & Joiner Jr, T. E. (2017). The Interpersonal Theory Of Suicide: A Systematic Review And Meta- Analysis Of A Decade Of Cross-National Research. *Psychological Bulletin*, 143(12), 1313.
- [10] Clapham, R., & Brausch, A. (2022). Emotion Regulation Deficits Across The Spectrum Of Self-Harm. *Death Studies*, 46(10), 2477-2484.
- [11] Conductingsurveys. ( 2021, November 16 ). Retrieved From [www.oag-bvg.gc.ca: https://www.oag-bvg.gc.ca/internet/english/meth\\_gde\\_e\\_19734.html](http://www.oag-bvg.gc.ca: https://www.oag-bvg.gc.ca/internet/english/meth_gde_e_19734.html)
- [12] Dawkins, J. C., Hasking, P. A., Boyes, M. E., Greene, D., & Passchier, C. (2019). Applying A Cognitive-Emotional Model To Nonsuicidal Self-Injury. *Stress And Health*, 35(1), 39-48.
- [13] Demuthova, S., & Demuth, A. (2019). The Prevalence And Most Frequent Forms Of Self-Harm In Adolescents. In *International Conference On Research In Psychology* (Pp. 39-51).
- [14] Discoverphds. (2020, October 9). What Is A Research Instrument? Retrieved From Community Blog: <https://www.discoverphds.com/blog/research-instrument>

- [15] Dryden, W., Jones, J., & Trower, P. (2015). Cognitive Behavioural Counselling In Action. Cognitive Behavioural Counselling In Action, 1-280.
- [16] Feldstain, A., & Wilson, K. (2017, August). Desire For Death In Advanced Cancer And The Interpersonal Theory Of Suicide. In *Psycho-Oncology* (Vol. 26, Pp. 18-18). 111 River St, Hoboken 07030-5774, Nj Usa: Wiley.
- [17] Fonagy, P. (2010). Psychoanalytic Theories. *The Corsini Encyclopedia Of Psychology*, 1-4.
- [18] Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., ... & Nock, M. K. (2017). Risk Factors For Suicidal Thoughts And Behaviors: A Meta-Analysis Of 50 Years Of Research. *Psychological Bulletin*, 143(2), 187.
- [20] Garisch, J. A., & Wilson, M. S. (2015). Prevalence, Correlates, And Prospective Predictors Of Non- Suicidal Self-Injury Among New Zealand Adolescents: Cross-Sectional And Longitudinal Survey Data. *Child And Adolescent Psychiatry And Mental Health*, 9(1), 1-11.
- [21] George, M. (2019). The Importance Of Social Media Content For Teens' Risks For Self- Harm. *Journal Of Adolescent Health*, 65(1), 9-10.
- [22] Gillies, D., Christou, M. A., Dixon, A. C., Featherston, O. J., Rapti, I., Garcia-Anguita, A., & Christou, P. A. (2018). Prevalence And Characteristics Of Self-Harm In Adolescents:
- [23] Meta- Analyses Of Community-Based Studies 1990–2015. *Journal Of The American Academy Of Child & Adolescent Psychiatry*, 57(10), 733-741.
- [24] Gillies, D., Christou, M. A., Dixon, A. C., Featherston, O. J., Rapti, I., Garcia-Anguita, A., ... & Christou, P. A. (2018). Prevalence And Characteristics Of Self-Harm In Adolescents: Meta- Analyses Of Community-Based Studies 1990–2015. *Journal Of The American Academy Of Child & Adolescent Psychiatry*, 57(10), 733-741.
- [25] Good, M., Hamza, C., Willoughby, T. (2017). A Longitudinal Investigation Of The Relation Between Nonsuicidal Self-Injury And Spirituality/Religiosity. *Psychiatry Research*. Volume 250, 2017, Pages 106-112, Issn 0165-1781. <https://doi.org/10.1016/j.psychres.2017.01.062>.
- [26] Grandclerc, S., De Labrouhe, D., Spodenkiewicz, M., Lachal, J., & Moro, M. R. (2016). Relations Between Nonsuicidal Self-Injury And Suicidal Behavior In Adolescence: A Systematic Review. *Plos One*, 11(4), E0153760.
- [27] Halicka, J., & Kiejna, A. (2018). Non-Suicidal Self-Injury (Nssi) And Suicidal: Criteria Differentiation. *Advclinexp Med*, 27(2), 257-61.
- [28] Hasking, P. A., Di Simplicio, M., Mcevoy, P. M., & Rees, C. S. (2018). Emotional Cascade Theory And Non-Suicidal Self-Injury: The Importance Of Imagery And Positive Affect. *Cognition And Emotion*, 32(5), 941-952.
- [29] Hasking, P., Whitlock, J., Voon, D., & Rose, A. (2017). A Cognitive-Emotional Model Of Nssi: Using Emotion Regulation And Cognitive Processes To Explain Why People Self-Injure. *Cognition And Emotion*, 31(8), 1543-1556. <https://doi.org/10.1080/02699931.2016.1241219>
- [30] Hetrick, S.E., Subasinghe, A., Anglin, K., Hart, L., Morgan, A. & Robinson, J. (2020) Understanding The Needs Of Young People Who Engage In Self-Harm: A Qualitative Investigation. *Front. Psychol.* 10:2916. Doi: 10.3389/fpsyg.2019.02916
- [31] Hyland, P., Shevlin, M., Fyvie, C., & Karatzias, T. (2018). Posttraumatic Stress Disorder And Complex Posttraumatic Stress Disorder In Dsm-5 And Icd-11: Clinical And Behavioral Correlates. *Journal Of Traumatic Stress*, 31(2), 174-180.
- [32] Jarrett, M., & Vince, R. (2017). Psychoanalytic Theory, Emotion And Organizational Paradox. *The Oxford Handbook Of Organizational Paradox*, 48-65.
- [34] Johnson, D. (2021, October 7) What Is Data Analysis? Research | Types | Methods | Techniques. Retrieved From [www.guru99.com](http://www.guru99.com): <https://www.guru99.com/what-is-data-analysis.html>
- [35] Joiner, T. E., Hom, M. A., Hagan, C. R., & Silva, C. (2016). Suicide As A Derangement Of The Self- Sacrificial Aspect Of Eusociality. *Psychological Review*, 123(3), 235.
- [37] Kaufman, C. C., Pirutinsky, S., & Rosmarin, D. H. (2023). Spirituality/Religion And Self-Harm Among Patients With Alcohol/Substance Use Versus Other Disorders. *Journal Of Nervous And Mental Disease*.
- [38] Kennerley, H., Kirk, J., & Westbrook, D. (2016). *An Introduction To Cognitive Behaviour Therapy: Skills And Applications*. Sage.
- [39] Khanipour, H., Borjali, A., Golzari, M., Falsafinejad, M. R., & Hakim-Shushtari, M. (2020). Self- Harm In Adolescents With Delinquency And History Of Mood Disorder: A Qualitative Research. *Journal Of Qualitative Research In Health Sciences*, 2(3), 195-207.
- [40] Kwasnicka, D., Dombrowski, S. U., White, M., & Sniehotta, F. (2016). Theoretical Explanations For Maintenance Of Behaviour Change: A Systematic Review Of Behaviour Theories. *Health Psychology Review*, 10(3), 277-296.
- [41] Lloyd, C. E., & Panagopoulos, M. C. (2022). 'Mad, Bad, Or Possessed'? Perceptions Of Self-Harm And Mental Illness In Evangelical Christian Communities. *Pastoral Psychology*, 71(3), 291- 311.
- [42] Mclaughlin, E. (2020, October ) Data Collection. Retrieved From [searchcio.techtarget.com](http://searchcio.techtarget.com): <https://searchcio.techtarget.com/definition/Data-Collection>
- [43] Melnikovas, A., 2018. Towards An Explicit Research Methodology: Adapting Research Model For Future Studies. *Journal Of Future Studies*, 23(2), Pp. 29-44
- [44] Moran, P., Coffey, C., Romaniuk, H., Olsson, C., Borschmann, R., Carlin, J. B., & Patton, G. C. (2012). The Natural History Of Self-Harm From Adolescence To Young Adulthood: A Population-Based Cohort Study. *The Lancet*, 379(9812), 236-243.
- [45] Mughal, F., Dikomitis, L., Babatunde, O. O., & Chew-Graham, C. A. (2021). Experiences Of General Practice Care For Self-Harm: A Qualitative Study Of Young People's Perspectives. *The British Journal Of General Practice: The Journal Of The Royal College Of General Practitioners*, 71(711), E744–E752. <https://doi.org/10.3399/bjgp.2021.0091>
- [46] Nation.Africa.Com. (2020). Alarm As More Kenyan Youth Turn To Self-Harm. Retrieved From: <https://nation.africa/kenya/health/Alarm-As-More-Kenyan-Youth-Turn-To-Self-Harm/3476990-4796922-Format-Xhtml-G99p5sz/Index.Html>
- [47] Natividad, A., Huxley, E., Townsend, M. L., Grenyer, B. F., & Pickard, J. A. (2023). What Aspects Of Mindfulness And Emotion Regulation Underpin Self-Harm In Individuals With Borderline Personality Disorder? *Journal Of Mental Health*, 1-9.
- [48] Neenan, M. (2017). *Developing Resilience: A Cognitive-Behavioural Approach*. Routledge.
- [49] Olfson, M., Wall, M., Wang, S., Crystal, S., Gerhard, T., & Blanco, C. (2017). Suicide Following Deliberate Self-Harm. *American Journal Of Psychiatry*, 174(8), 765-774.
- [50] Palmer, S., & Szymanska, K. (2018). Cognitive Behavioural Coaching: An Integrative Approach. In *Handbook Of Coaching Psychology* (Pp. 108-127). Routledge.
- [51]

- [52] Petrus J.J., Jason, B., Elsie, B., Ian, L. (2021) Motives For Deliberate Self-Harm In A South African Tertiary Hospital. South African Journal Of Psychiatry | Vol 27 | A1524 |
- [53] Quarshie, E. N. B., Shuweihi, F., Waterman, M., & House, A. (2021). Self-Harm Among In-School And Street-Connected Adolescents In Ghana: A Cross-Sectional Survey In The Greater Accra Region. *Bmj Open*, 11(1), E041609.
- [54] Quarshie, E. N., Waterman, M. G., & House, A. O. (2020). Self-Harm With Suicidal And Non- Suicidal Intent In Young People In Sub-Saharan Africa: A Systematic Review. *Bmc Psychiatry*, 20(1), 1-26.
- [55] Rahi, S., (2017). Research Design And Methods: A Systematic Review Of Research Paradigms, Sampling Issues And Instruments Development. *International Journal Of Economics & Management Sciences*, 6(2), Pp1-5.
- [56] Salmon, W. C. (2020). Psychoanalytic Theory And Evidence. In *Psychoanalysis Scientific Method And Philosophy* (Pp. 252-267). Routledge.
- [57] Sandler, J., & Sandler, A. M. (2018). A Psychoanalytic Theory Of Repression And The Unconscious. In *Recovered Memories Of Abuse* (Pp. 163-181). Routledge.
- [58] Sansone, R. A., & Wiederman, M. W. (2015). Religiosity/Spirituality: Relationships With Non- Suicidal Self-Harm Behaviors And Attempted Suicide. *International Journal Of Social Psychiatry*, 61(8), 762-767.
- [59] Satherley, R. M., Hazell, C. M., Jones, C. J., & Hanna, P. (2022). A Systematic Review Of The Effects Of Urban Living On Suicidality And Self-Harm In The Uk And Ireland. *Journal Of Urban Health*, 1-24.
- [60] Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member Checking: A Tool To Enhance Trustworthiness Or Merely A Nod To Validation. *Qualitative Health Research*, 26(13), 1802– 1811. <https://doi.org/10.1177/1049732316654870>
- [61] Selvam, S. G. (2017). *Empirical Research: A Study Guide*. Paulines Publications Africa.
- [62] Shafti, M., Taylor, P. J., Forrester, A., & Pratt, D. (2021). The Co-Occurrence Of Self-Harm And Aggression: A Cognitive-Emotional Model Of Dual-Harm. *Frontiers In Psychology*, 12, 586135. <https://doi.org/10.3389/fpsyg.2021.586135>
- [63] Shakir, S., Atta, M., & Malik, N. I. (2016). Moderating Effect Of Psychological Well-Being On Relationship Among Thwarted Belongingness And Acquired Capability For Suicide Among Cancer Patients. *Journal Of Educational Sciences & Research*, 3(1), 78-91.
- [64] Singh, M. X. P. (2019). The Interplay Between Eros And Thanatos In Julian Barnes' *The Sense Of An Ending*. *History Research Journal*, 5(4), 222-226.
- [65] Sinha, D., Srivastava, S., Mishra, P.S. & Kumar, P. (2021) Predictors Of Deliberate Self-Harm Among Adolescents: Answers From A Cross-Sectional Study On India. *Bmc Psychol* 9, 197 (2021). <https://doi.org/10.1186/S40359-021-00705-4>
- [66] Spaan, P., Michielsen, P.J.S., De Neve-Enthoven, N.G.M. Et Al. Dual-Harm In Adolescence And Associated Clinical And Parenting Factors. *Soc Psychiatry Psychiatr Epidemiol* 57, 1615– 1626 (2022). <https://doi.org/10.1007/S00127-022-02258-2>
- [67] Stallard, P. (2019). *Think Good, Feel Good: A Cognitive Behavioural Therapy Workbook For Children And Young People*. John Wiley & Sons.
- [68] Swahn, M. H., Ali, B., Bossarte, R. M., Van Dulmen, M., Crosby, A., Jones, A. C., Et Al. (2012). Self-Harm And Suicide Attempts Among High-Risk, Urban Youth Inthe U.S.: Shared And Unique Risk And Protective Factors. *Int. J. Environ. Res. Public Health* 9, 178–191. Doi: 10.3390/ijerph9010178
- [69] Townsend, E., Wadman, R., Sayal, K., Armstrong, M., Harroe, C., Majumder, P., Et Al. (2016). Uncovering Key Patterns In Self-Harm In Adolescents: Sequenceanalysis Using The Card Sort Task For Self-Harm (Cats). *J. Affect. Disord.* 206,161–168. Doi: 10.1016/J.Jad.2016.07.004
- [70] Troya, M. I., Babatunde, O., Polidano, K., Bartlam, B., Mccloskey, E., Dikomitis, L., & Chew- Graham, C. A. (2019). Self-Harm In Older Adults: Systematic Review. *The British Journal Of Psychiatry*, 214(4), 186-200.
- [71] Turale, S. (2020). A Brief Introduction To Qualitative Description: A Research Design Worth Using. *Pacific Rim International Journal Of Nursing Research*, 24(3), 289-291.
- [72] Uonbi.Ac.Ke.(2021). *Wellness Talk. Suicide*. Retrieved From: <https://www.uonbi.ac.ke/sites/default/files/A%20presentation%20on%20suicide%20by%20dr.Masha%20.pdf>
- [73] Williams, M. & Moser, T. (2019) *The Art Of Coding And Thematic Exploration In Qualitative Research*. *International Management Review*, 15(1), Pp.45-55.
- [74] Wiszniewska-Majchrzyk, M. (2012). Eros And Thanatos—Desires And Fears. *Sveikatos Mokslai/Health Sciences*, 22(2 (81)), 107-113.
- [75] W. J. (2016). Self-Harm: Prevalence Estimates From The Second Australian Child And Adolescent Survey Of Mental Health And Wellbeing. *Australian & New Zealand Journal Of Psychiatry*, 50(9), 911-921.
- [76] Yedong, W., Coulibaly, S.P., Sidibe, A.M. And Hesketh, T., 2022. Self-Harm, Suicidal Ideation And Attempts Among School-Attending Adolescents In Bamako, Mali. *Children*, 9(4), P.542.
- [77] Yin, R. K. (2016). *Qualitative Research From Start To Finish (Second Edi)*. The Guilford Press.
- [78] Zubrick, S. R., Hafekost, J., Johnson, S. E., Lawrence, D., Saw, S., Sawyer, M., ...& Buckingham,