



Trauma Symptoms, Self-Compassion and Self Forgiveness among Individuals Engaged in Non-Suicidal Self Injury: A Multiple Case Study

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Abstract

Non-suicidal self-injury (NSSI) is a growing concern among adolescents and young adults, yet limited research has examined how trauma-related distress is expressed and how self-compassion and self-forgiveness are experienced in this population within Filipino contexts. This multiple case study explored these experiences among four Filipino young adult females (aged 19–22) with a history of NSSI. Using Yin's (2018) multiple case study approach, data were collected through semi-structured interviews and analyzed through thematic analysis with within-case and cross-case synthesis. Three cross-case themes emerged: (1) trauma symptoms expressed as psychological distress characterized by negative self-attitudes across affective, behavioral, and cognitive domains; (2) self-compassion as personal coping strategies combining adaptive practices (e.g., cognitive reframing, support-seeking, exercise, faith, journaling) and maladaptive patterns (e.g., self-doubt, diminished self-worth); and (3) self-forgiveness as personal responses to NSSI, ranging from denial and perceived unworthiness of forgiveness to acceptance, gratitude, and forgiveness of self and others. Family support, faith, and social connectedness emerged as protective influences. Findings indicate that experiences of distress, self-compassion, and self-forgiveness are developmentally and contextually shaped, underscoring the need for culturally attentive, personalized support. Based on the themes, an evidence-informed, culturally responsive intervention plan is proposed to address trauma-related distress, strengthen self-compassion skills, and support self-forgiveness processes among individuals engaged in NSSI.

Keywords: *non-suicidal self-injury; trauma symptoms; self-compassion; self-forgiveness; multiple case study; Filipino adolescents; young adults; psychological distress*

1. Introduction

Non-suicidal self-injury (NSSI)—the intentional, self-inflicted destruction of body tissue without suicidal intent—has emerged as a significant mental health concern among adolescents and young adults worldwide (Muehlenkamp, Xhunga, & Brausch, 2019; Cipriano, Cella, & Cotrufo, 2018). Prevalence rates indicate that approximately 17.2% of adolescents, 13.4% of young adults, and 5.5% of adults engage in NSSI (Swannel et al., 2014), with onset typically occurring between ages 12 and 14 (Galicía & Bautista, 2018). In the Philippines, although research remains limited, studies suggest that hitting, pinching, and interfering with wound healing are among the most common NSSI acts (Ty et al., 2024), often arising from overwhelming negative affect and life disruptions (Masana, Reyes, & Delariarte, 2020).

Trauma exposure is consistently linked to NSSI engagement (Alharbi, Varese, Husain, & Taylor, 2020; Huang et al., 2022). Childhood adversity, bullying, and family dysfunction have been identified as significant predictors of self-

harming behavior (Yang et al., 2023; Kachadourian et al., 2022). Trauma symptoms—including intrusion, avoidance, negative alterations in cognition and mood, and arousal—may manifest through NSSI as a maladaptive attempt to regulate overwhelming emotional experiences (Ennis et al., 2020; Alharbi et al., 2020). Among adolescents and young adults, these symptoms often co-occur with depression, rumination, and negative self-perceptions (Lei et al., 2024; Coleman et al., 2022).

Despite the distress associated with NSSI, protective factors such as self-compassion and self-forgiveness have gained increasing research attention. Self-compassion—the ability to treat oneself with kindness and understanding during suffering (Neff, 2003; Kilic et al., 2020)—has been shown to weaken the relationship between childhood trauma and NSSI (Wu et al., 2022) and to serve as a healthier alternative to dysregulated emotional expression (Per et al., 2022). Similarly, self-forgiveness, defined as a positive attitudinal shift toward oneself following perceived wrongdoing (NIH, 2018), has been associated with reduced NSSI frequency and may protect against the self-punishment function that often underlies self-

injury (Rosenrot, 2019; Cleare, Gumley, & O'Connor, 2019).

However, the bulk of research on NSSI, trauma symptoms, self-compassion, and self-forgiveness has been conducted in Western contexts, with limited attention to how these phenomena are experienced among Filipino individuals. Asian studies remain comparatively scarce (Moloney et al., 2024), and qualitative explorations of the lived experiences of Filipinos engaged in NSSI are particularly lacking. Understanding how trauma symptoms are expressed and how self-compassion and self-forgiveness are experienced within this cultural context is essential for developing interventions that are both personally and culturally responsive.

The present study aimed to address this gap by exploring, describing, and understanding the experiences of Filipino adolescents and young adults engaged in NSSI. Specifically, the study sought to: (a) examine how participants exhibited trauma symptoms; (b) explore how they experienced self-compassion; (c) understand how they experienced self-forgiveness; and (d) develop a modified intervention plan grounded in participants' lived experiences. By centering the voices of individuals with direct NSSI experience, this study aspires to contribute to the limited literature on NSSI in the Philippines and provide a foundation for developing targeted, person-centered support approaches.

2. Review of Related Literature

2.1 Nature and Prevalence of Non-Suicidal Self-Injury

Non-suicidal self-injury (NSSI) refers to the intentional, direct destruction of one's own body tissue without suicidal intent and for purposes not socially sanctioned (Kottman, 2019; Drzał-Fiałkiewicz et al., 2019). This behavior, which may be conscious or unconscious (Calhoun et al., 2019), is increasingly recognized as a maladaptive expression of emotional pain and difficulty with emotion regulation (Lurigio, Nesi, & Meyers, 2023; Cebu, 2023).

Prevalence estimates indicate that NSSI affects approximately 17.2% of adolescents, 13.4% of young adults, and 5.5% of adults globally (Cipriano, Cella, & Cotrufo, 2018; Swannel et al., 2014). Onset typically occurs between ages 12 and 14 (Galicía & Bautista, 2018; Schreiner et al., 2020), though cases have been reported in children as young as six (Guo

et al., 2024). Those who begin NSSI before age 12 tend to exhibit more varied methods, greater lifetime frequency, and more medically severe injuries compared to those with later onset (Muehlenkamp, Xhunga, & Brausch, 2019). Frequency often declines with age (De Luca et al., 2022; Mancinelli et al., 2022).

Sex differences in NSSI prevalence vary by region. A meta-analysis found NSSI twice as prevalent among female adolescents compared to males in North America and Europe, but no significant sex difference in Asia (Moloney et al., 2024). Method choices may also differ, with cutting common across sexes, while scratching and skin-tearing are more frequent among females and striking objects more observed among males (Andrei et al., 2024), although some studies suggest male adolescents may be more susceptible to NSSI in certain contexts (Deng et al., 2023).

In the Philippines, research on NSSI remains limited but is growing. Ty et al. (2024) found that hitting, pinching, and interfering with wound healing were the most common NSSI acts among pediatric patients. Masana, Reyes, and Delariarte (2020) described Filipino adolescents' NSSI experiences as characterized by overwhelming negative affect, a state of disruption, escape from emotional pain, and feelings of deprivation.

The expression of psychological distress through maladaptive behavioral patterns extends beyond self-injury to include other regulatory behaviors observed among Filipino young adults. In a study of dormitory-based medical students, Agang-Ang et al. (2025) found that emotional exhaustion correlated positively with screen time ($r = .242, p = .001$) and snacking frequency ($r = .233, p = .002$), while sleep duration showed an inverse relationship with exhaustion ($r = -.236, p = .001$). These findings illustrate that distress-regulation behaviors—whether self-injury or more quotidian patterns such as screen overuse and disrupted sleep—may share underlying functions of emotional management, particularly when individuals lack adaptive coping resources. The parallel suggests that the affective, behavioral, and cognitive manifestations of distress documented among individuals engaged in NSSI reflect broader patterns of how Filipino youth internalize and respond to psychological pain.

2.2 Trauma, Psychological Distress, and Pathways to NSSI

Trauma—any event involving actual or threatened death, serious injury, or violence (Leonard, 2020)—affects millions of children and adolescents annually, with nearly two-thirds experiencing at least one traumatic event before age 16 (Smith et al., 2019). Childhood adversity, including abuse, bullying, and family dysfunction, has been consistently identified as a significant predictor of NSSI (Kachadourian et al., 2022; Huang et al., 2022; Yang et al., 2023; Wu et al., 2022).

The association between trauma and NSSI appears to operate through specific posttraumatic stress symptoms. Alharbi, Varese, Husain, and Taylor (2020) found that arousal and intrusion symptoms were linked to NSSI, while Ennis et al. (2020) and Gromatsky et al. (2022) identified avoidance symptoms and negative alterations in cognition and mood as relevant factors. Depression, negative self-esteem, and rumination frequently co-occur with NSSI among trauma-exposed individuals (Lei et al., 2024; Coleman et al., 2022; Vibhakar et al., 2019). Aggressive rumination and revenge-related thoughts have also been observed (Kazgan Kilicaslan et al., 2022), along with aggressive behavior toward others (Grattan et al., 2019). In the digital age, repetitive NSSI-related thoughts may be expressed through social media language associated with self-harm (Malko et al., 2023).

2.3 Self-Compassion as a Protective Factor

Self-compassion entails treating oneself with kindness, concern, and understanding during times of suffering, recognizing such experiences as part of shared humanity, and maintaining mindful awareness of painful thoughts and feelings without overidentification (Neff, 2003; Gilbert, 2017; Braehler & Neff, 2020). It serves as a protective mechanism in distress, offering solace and fostering healthier self-relations (Mills et al., 2018; Sedighimornani, Rimes, & Verplanken, 2019).

Adaptive coping, however, can be understood not merely as a set of behaviors but as part of a broader narrative individuals construct about themselves and their suffering. Atento et al. (2025) argue that patient narratives can be systematically analyzed to reveal indicators of empathy, compassion, and quality of care—constructs closely tied to how individuals experience compassion, including self-directed compassion. Their Narrative Health Analytics framework emphasizes interpretability and cultural context as necessary conditions for responsibly operationalizing personal stories into meaningful indicators of well-being. This perspective reinforces the qualitative, person-centered approach of the present study, wherein participants' accounts of cognitive reframing,

support-seeking, and faith-based coping are treated not as isolated data points but as narrative expressions of self-compassion situated within specific cultural and relational contexts.

Research consistently identifies self-compassion as a protective factor against nonsuicidal self-injury (NSSI). Higher levels of self-compassion reduce NSSI risk (Erol & Inozu, 2024; Liu et al., 2023) and mediate the relationship between childhood trauma and self-injury (Wu et al., 2022). It provides a kinder alternative to dysregulated emotional expression (Per et al., 2022) and has been linked to posttraumatic growth and gratitude (Liu et al., 2023). Experimental studies further suggest that self-compassion interventions may decrease NSSI frequency (Nagy, Shanhan, & Baer, 2021).

Developmental and contextual factors also shape self-compassion. Age appears positively associated with self-compassion (Neff & Vonk, 2009; Bratt & Fagerström, 2020), with evidence of gender and cultural variations (Yarnell et al., 2015; Bluth et al., 2019). Family environment plays a critical role: parental security fosters self-compassionate coping (Toplu-Demirtas et al., 2018), and living with parents has been linked to greater self-warmth among adolescents (Phuoc & Nguyen, 2020).

Findings from Filipino student populations further illustrate how adaptive coping strategies accumulate with age and life experience. Among medical students, physical activity correlated positively with personal accomplishment ($r = .190$, $p = .010$), while sleep duration showed protective associations with emotional exhaustion and depersonalization (Agang-Ang et al., 2025). These behavioral engagements—exercise, sleep hygiene, and, by extension, the cognitive and emotion-focused strategies described by participants—demonstrate how individuals regulate distress through practices that honor rather than harm the self. The gradual integration of such strategies into one's behavioral repertoire aligns with conceptualizations of self-compassion as a learnable capacity, strengthened over time through intentional practice and supportive environments.

2.4 Self-Forgiveness and Recovery from NSSI

Self-forgiveness is defined as a positive attitudinal shift in emotions, behavior, and beliefs about oneself following a perceived wrongdoing (Pierro et al., 2018). This adaptive process helps restore a healthy sense of self and protects well-being from the negative consequences of self-condemnation (Pierro et al., 2018). It requires acknowledging wrongdoing, accepting responsibility, and processing feelings of remorse

and shame before moving toward self-forgiveness (Woodyatt et al., 2019).

Literature examining the relationship between self-forgiveness and NSSI remains limited (Rosenrot, 2019). Existing studies suggest that less self-forgiveness is associated with greater lifetime NSSI frequency, with self-punishment serving as an explanatory mechanism—individuals may injure themselves as penance for perceived misbehavior (Rosenrot, 2019). Low self-forgiveness has been connected to emotion regulation difficulties and self-critical tendencies commonly observed among those who self-injure (Rosenrot, 2019). Self-esteem moderates this relationship (Hong et al., 2020; Molinero et al., 2024), while shame, guilt, and self-stigma act as barriers to self-forgiveness (Bitarafan et al., 2023; Piccirillo et al., 2020).

Conversely, higher self-forgiveness may protect against suicidality and self-injury by easing distress and enabling individuals to process their experiences more adaptively (Konaszewski & Surzykiewicz, 2023; Kravchuk, 2022). Forgiveness contributes to psychological well-being and life satisfaction among adolescents (Wulandari & Megawati, 2020) and, when practiced regularly, may sustain reductions in distress and improve mental health (Rahmandi, Kahija, & Salma, 2019).

2.5 Contextual Factors and Intervention Approaches

Multiple social, environmental, and individual factors influence NSSI prevalence and maintenance. Demographic correlates include female gender, depression and comorbid disorders, unemployment, financial instability, unmarried status, LGBT identity, living with extended family, and non-maternal caregivers (Griep & MacKinnon, 2020; Haregu et al., 2023; Kachadourian et al., 2022; Ty et al., 2019). Personality factors such as neuroticism, openness, and sensation seeking have also been implicated (Masana et al., 2020; Kentopp et al., 2021).

Environmental risk factors include problematic smartphone use (Mancinelli et al., 2022), peer problems (De Luca et al., 2022), various forms of maltreatment (Yang et al., 2023), low parental support, and high psychological control (Fong et al., 2022). Protective factors include higher self-esteem, self-knowledge, supportive parenting, and strong social support (Haregu et al., 2023; Fong et al., 2022; Igmen, 2024).

Intervention approaches for NSSI emphasize early detection, screening for comorbid conditions,

and individualized treatment (Muehlenkamp et al., 2023). Evidence-based therapies include Dialectical Behavior Therapy (DBT), Emotion Regulation Therapy (ERT), Cognitive Behavioral Therapy (CBT), and Mindfulness-Based Cognitive Therapy (MBCT), all of which target emotion regulation, cognitive restructuring, and distress tolerance (Chowdhury, 2024). Resilience-focused programs, including culturally adapted interventions such as the Filipino KATATAGAN program (Hechanova, 2022), have shown promise. Socio-cognitive educational programs (Zare et al., 2023) and web-based personalized feedback interventions (Min et al., 2021) offer accessible alternatives. Researchers emphasize that recovery from NSSI is a person-centered process that varies across individuals, necessitating tailored approaches (Lewis & Hasking, 2021).

The complexity of psychological distress among Filipino young adults, whether manifesting as self-injury or other forms of emotional dysregulation, calls for intervention approaches that acknowledge systemic interdependencies. Bermido et al. (2025), in their integrative review of challenges affecting health professions education, argue that moral distress, burnout, and psychosocial burden operate as an interconnected system rather than isolated issues, and that single-domain interventions are unlikely to yield durable improvements without addressing structural, relational, and individual factors simultaneously. This systems-oriented perspective aligns with the present study's identification of family support, faith, and social connections as protective factors that do not function in isolation but interact with participants' internal resources and developmental stage. The implication for NSSI intervention is clear: personalized, culturally attentive approaches must attend not only to individual psychopathology but to the relational ecologies within which self-compassion and self-forgiveness either flourish or remain constrained.

2.5 Synthesis and Gaps

The literature establishes NSSI as a multifaceted phenomenon rooted in trauma exposure, emotional dysregulation, and negative self-perceptions. Trauma symptoms—particularly those involving arousal, intrusion, avoidance, and negative cognitive-affective alterations—appear closely linked to self-injurious behavior. Self-compassion and self-forgiveness emerge as promising protective factors that may mitigate NSSI risk by offering healthier ways of relating to oneself during distress.

However, several gaps remain. First, the bulk of research has been conducted in Western contexts, with limited attention to how NSSI, trauma symptoms, self-compassion, and self-forgiveness are experienced in non-Western cultural settings such as the Philippines. Second, while quantitative studies have established associations among these variables, fewer qualitative investigations have explored the lived experiences of individuals who engage in NSSI, particularly how they themselves understand and articulate their trauma symptoms, self-compassion practices, and forgiveness processes. Third, the interplay among these three constructs—how trauma symptoms, self-compassion, and self-forgiveness co-occur and influence one another in the context of NSSI recovery—remains underexplored. Fourth, existing intervention research, though promising, has yet to fully incorporate the voices of individuals with lived NSSI experience in designing person-centered approaches. The present study seeks to address these gaps by providing an in-depth, multiple case analysis of how Filipino individuals engaged in NSSI experience trauma symptoms, self-compassion, and self-forgiveness, thereby contributing culturally grounded knowledge to inform future intervention development.

3. Methodology

3.1 Research Design

This study employed a multiple case study design following Yin's (2018) approach, which involves in-depth examination of a phenomenon across several similar cases. The design was appropriate for exploring how trauma symptoms, self-compassion, and self-forgiveness are experienced among individuals engaged in non-suicidal self-injury (NSSI). The process involved three major phases: (1) identifying the research problem and developing a conceptual framework; (2) collecting data through interviews and transcribing narratives; and (3) conducting within-case and cross-case analyses to identify patterns, generate themes, and develop conclusions.

3.2 Participants of the Study

Four individuals participated in this study, selected through purposive sampling—a method involving intentional selection of participants with attributes relevant to the study objectives (Palinkas et al., 2015). Inclusion criteria required that participants had engaged or were currently engaging in NSSI behavior without suicidal intent, as determined by a screening questionnaire. Individuals who had harmed themselves with suicidal intent or had attempted suicide through self-harm were excluded.

All four participants were female, aged 19 to 22 years at the time of interview. Age of NSSI onset ranged from 13 to 15 years. Forms of self-injury included cutting (arms, legs), slapping, and hitting. Participants varied in family structure (separated parents, overseas employment of parent, living with extended family), living arrangements, and treatment history (one participant had been hospitalized and admitted to a mental health facility).

3.3 Measures

Non-Suicidal Self-Injury Assessment Tool (NSSI-AT). The screening portion of the NSSI-AT (Whitlock & Purington, 2013) was used to identify eligible participants. This web-enabled tool assesses NSSI features including form, frequency, and context. The instrument has demonstrated 0.80 reliability for presence of NSSI with test-retest data and has been used in recent studies (Baetens et al., 2020; Faura-Garcia, Orue, & Calvete, 2020).

Semi-structured interview guide. An interview guide was developed based on conceptual definitions and literature on trauma symptoms, self-compassion, and self-forgiveness. The guide included two to three core questions per variable, with follow-up probes designed to explore participants' experiences while allowing flexibility to follow the natural flow of conversation. Questions addressed trauma symptom manifestations during NSSI engagement, coping strategies employed, and experiences of self-forgiveness related to self-injury.

3.4 Procedures

Following ethics approval, participants were recruited through word of mouth and online screening forms. Potential participants completed the NSSI-AT screening to confirm eligibility. Those meeting inclusion criteria and providing informed consent were scheduled for interviews.

Interviews were conducted in participants' preferred modalities: one face-to-face interview, two recorded phone calls, and one recorded call via Messenger. Interviews lasted 30 to 60 minutes. All interviews were audio-recorded with participants' consent and subsequently transcribed verbatim for analysis.

3.5 Data Analysis

Data were analyzed using thematic analysis following a systematic process. Transcription review and familiarization were conducted initially. Coding proceeded through multiple stages to formulate emerging concepts, sub-categories, categories, and themes derived from significant

statements. Data cleaning eliminated irrelevant material.

Analysis occurred in two stages: within-case and cross-case. For each case, significant statements were identified and coded, leading to theme development. Cross-case analysis examined similarities and differences across cases. The three-step method described by Miles and Huberman (2014) was employed: (1) data reduction, (2) data display, and (3) conclusion drawing.

3.6 Ethical Considerations

This study adhered to the Code of Ethics of the Psychological Association of the Philippines. Approval was obtained from the university's Research Ethics Review Committee. All participants provided informed consent prior to data collection. Participants were informed of their right to withdraw at any time without consequence. Confidentiality was ensured through use of pseudonyms and secure storage of data. Given the sensitive nature of the topic, participants were informed of available mental health resources and support services.

4. Results and Discussion

4.1 Overview of Participants

Four Filipino females participated in this study, ranging in age from 19 to 22 years. Age of NSSI onset ranged from 13 to 15 years. Forms of self-injury included cutting (arms, legs), slapping, and hitting. Participants varied in family structure, living arrangements, and treatment history; one participant had been hospitalized and admitted to a mental health facility. Despite individual variations, cross-case analysis revealed three core themes corresponding to the study's focal constructs: (1) manifestations of psychological distress (trauma symptoms), (2) personal coping strategies (self-compassion), and (3) personal response to NSSI experience (self-forgiveness).

4.2 Trauma Symptoms: Manifestations of Psychological Distress

Across all four cases, trauma symptoms were expressed through manifestations of psychological distress, characterized by a negative attitude toward oneself that emerged across affective, behavioral, and cognitive domains. While the specific expressions varied, the underlying pattern of self-negativity was consistent.

Negative affect was evident in all participants' accounts. Participant 1 described self-blame and feeling overwhelmed: "Whenever I feel like I need to be punished for something... I still feel like it's my fault." She also recounted feeling alone and experiencing a mental breakdown. Participant 3 expressed anger turned inward: "Galit ako sa mundo [I am angry at the world]," coupled with denial and insecurity about her body. Participant 4 similarly stated, "Galit ako sa mundo," indicating bottled-up anger toward her environment. Participant 2's affective experience manifested as feeling tempted to self-harm when triggered by sharp objects, reflecting an emotional vulnerability linked to trauma exposure.

Negative behavior included both the act of self-injury itself and associated behaviors such as withdrawal and difficulty seeking help. Participant 1 described self-harming "when my head is too noisy" and acknowledged keeping difficulties from her family: "I never told my family anything." She also described dissociating when bullied: "There was a time that I kind of like split myself." Participant 2 reported cutting herself whenever she encountered sharp objects and keeping feelings to herself to maintain her image as the "strong, happy one" in her family. Participant 3's self-injury included cutting her arms and legs, sometimes as an expression of hatred toward others turned inward. Participant 4 similarly described not asking for help and keeping things to herself due to shame: "I only told one person because it's scary and nakakahiya [embarrassing]."

Negative cognition manifested as beliefs about being flawed, not good enough, or deserving of punishment. Participant 1 stated, "I have to punish myself because there's something wrong with me, even though I don't know what that is," and reported belittling herself and experiencing suicidal thoughts as "intrusive thoughts." Participant 2 described intrusive thoughts of self-harm whenever she saw sharp objects. Participant 3 questioned her worth: "Naisip na baka di ako enough [I think that maybe I'm not enough]." Participant 4's cognitive patterns were less explicitly articulated but implied in her difficulty sharing her experience with others.

4.3 Self-Compassion: Personal Coping Strategies

Self-compassion was experienced through personal coping strategies that participants employed to manage distress. These strategies fell into two broad categories: adaptive strategies that promoted healing and maladaptive strategies that,

while providing temporary relief, did not address underlying difficulties.

Adaptive coping strategies included cognitive, problem-focused, and emotion-focused approaches. Cognitive strategies involved reframing and perspective-taking. Participant 1 learned to care less about others' opinions: "I just stopped caring what other people think especially when they are not really my friends." Participant 2 developed the ability to be less affected by problems: "Pag po may dumadating ngayon na problem, hindi ko napo sya masyadong iniintindi [When problems come now, I don't dwell on them too much]." Participant 3 engaged in cognitive reframing during her hospitalization: "Narealize ko... 'eto ba yung buhay na gusto mo sa sarili mo? [I realized... is this the life you want for yourself?]"

Problem-focused strategies included support-seeking and behavioral engagement. Participant 2 reached out to friends: "Nung time na hindi ko na kaya, nagsabe po ako sa mga friends ko [When I couldn't take it anymore, I told my friends]." She also engaged in jogging and spending time near the ocean to calm herself. Participant 3 used journaling and self-talk during hospitalization. Participant 4 described using exercise to regulate emotions: "Pinapakalma ko muna yung sarili ko... hayaan ko muna kumalma yung emosyon ko tapos mageexercise ako [I calm myself first... let my emotions settle, then I exercise]."

Emotion-focused adaptive strategies included acceptance, gratitude, and faith. Participant 2 held onto her faith and described feeling less alone after sharing with others. Participant 3 expressed gratitude: "Thankful ako na naranasan ko yun, na nalampasan ko yun kase maging okay ako [I am thankful I experienced that, that I overcame it because I became okay]." Participant 4 described learning acceptance: "Hindi naman sya nagging madali, but eventually you learned to be okay with it. Na natutunan mo nading tanggapin [It wasn't easy, but eventually you learn to be okay with it. You learn to accept]."

Maladaptive coping strategies were primarily emotion-focused and involved persistent negative self-evaluations. Participant 1 questioned her worth: "I grew up feeling unwanted... so why was it so hard to love me as a child?" Participant 2 expressed self-doubt and feeling not good enough: "Minsan tinatanong ko po bakit di pa rin ako enough [Sometimes I ask why I'm still not enough]." Participant 3's maladaptive patterns were less prominent, though she initially experienced denial. Participant 4's maladaptive coping appeared minimal, suggesting greater integration of adaptive strategies.

4.4 Self-Forgiveness: Personal Response to NSSI Experience

Self-forgiveness was expressed through participants' personal responses to their NSSI experience, ranging from predominantly negative reactions (denial, self-criticism, inability to accept oneself) to predominantly positive reactions (acceptance, gratitude, forgiveness of self and others). Notably, responses appeared to vary by age and life experience, with older participants demonstrating more positive responses.

Negative reactions were most evident in Participants 1 and 2. Participant 1 expressed difficulty accepting herself as worthy of forgiveness: "I don't find myself worthy of forgiveness for some reason... Maybe I don't forgive myself because whatever I do, it's still not enough." Despite some cognitive recognition that she might deserve good things, her emotional response remained predominantly self-critical. Participant 2 exhibited denial and difficulty processing her actions: "Sa ngayon po ay wala pa po... hindi ko po alam kung pano ko iexplain... parang hindi ko po maano na nagawa ko yun [Right now, nothing yet... I don't know how to explain... I can't accept that I did that]." She described trying to forget her self-harm rather than process it.

Positive reactions characterized Participants 3 and 4. Participant 3 described learning to forgive both others and herself: "Natutunan ko nalang din po na iforgive ang ibang tao, at iforgive yung sarili ko [I eventually learned to forgive other people and forgive myself]." She emphasized acceptance as crucial: "Accept and seek help. Kase walang mangyayare talga kapag in denial ka [Because nothing really happens when you're in denial]." She expressed gratitude for her experiences, noting they shaped who she became, while acknowledging initial difficulty in asking for help.

Participant 4 expressed no regrets about her experience, viewing it as meaningful: "Wala akong regrets, kase nangyare yun for a reason... Siguro nangyare yun para maging mas matatag ako [I have no regrets, because that happened for a reason... Maybe it happened so I could become stronger]." She identified family support as instrumental and demonstrated self-awareness about needing healthier coping: "Narealize ko na hindi pwedeng laging ganon ang gagawin ko... kase hindi nakakatulong [I realized I can't always do that... because it doesn't help]."

4.5 Cross-Case Synthesis

Across all four cases, trauma symptoms were uniformly expressed through manifestations of psychological distress characterized by negative attitudes toward oneself, though the specific

affective, behavioral, and cognitive expressions varied based on individual circumstances and trauma histories. Self-compassion experiences revealed a developmental pattern: while all participants employed both adaptive and maladaptive coping strategies, Participants 3 and 4 (ages 22 and 21) demonstrated a broader repertoire of adaptive strategies and greater integration of these approaches compared to Participants 1 and 2 (both age 19). Self-forgiveness showed the clearest age-related variation, with older participants expressing acceptance and gratitude while younger participants remained in denial or self-critical states. Family support, faith, and social connections emerged as protective factors that facilitated more positive responses, consistent with literature identifying these as buffers against NSSI maintenance.

4.6 Discussion

This multiple case study explored how four Filipino individuals engaged in non-suicidal self-injury experienced trauma symptoms, self-compassion, and self-forgiveness. Three core themes emerged across cases: manifestations of psychological distress (trauma symptoms), personal coping strategies (self-compassion), and personal response to NSSI experience (self-forgiveness). These findings offer insight into the interconnected nature of these constructs and suggest developmental and contextual variations in how individuals experience and navigate NSSI recovery.

Trauma symptoms as manifestations of psychological distress. Consistent with existing literature, trauma symptoms were expressed through negative attitudes toward oneself spanning affective, behavioral, and cognitive domains (Alharbi et al., 2020; Ennis et al., 2020). Participants described self-blame, anger turned inward, difficulty sharing experiences with others, and beliefs about being flawed or not good enough. These findings align with research identifying negative self-esteem, negative mood, and rumination as common correlates of NSSI among trauma-exposed individuals (Lei et al., 2024; Coleman et al., 2022). The pattern of internalizing distress rather than expressing it outwardly, observed across all four cases, is consistent with Jovanović's (2022) characterization of internalizing behaviors as socially acceptable yet potentially harmful manifestations of psychological pain.

Notably, participants' accounts suggested that NSSI functioned as a maladaptive emotion regulation strategy—a means of managing overwhelming affect, quieting intrusive thoughts, or

expressing anger that could not be directed elsewhere. This aligns with literature conceptualizing NSSI as serving regulatory functions (Lurigio, Nesi, & Meyers, 2023; Cebu, 2023) and with findings that trauma-related arousal and intrusion symptoms are particularly linked to self-injury (Alharbi et al., 2020). The presence of dissociative experiences described by Participant 1 also echoes Hooley, Fox, and Boccagno's (2020) observation that NSSI may occur during dissociative episodes.

Self-compassion as personal coping strategies. Participants' experiences of self-compassion were expressed through coping strategies that ranged from adaptive to maladaptive. Adaptive strategies—including cognitive reframing, support-seeking, exercise, journaling, faith, and acceptance—align with research identifying self-compassion as a protective factor against NSSI (Erol & Inozu, 2024; Per et al., 2022; Wu et al., 2022). The use of religious coping by Participant 2, who drew strength from her faith and the prayers of friends, is consistent with literature identifying spirituality as an effective coping resource during adversity (Ozcan, Hoelterhoff, & Wylie, 2021; Sen, Colucci, & Browne, 2022).

However, maladaptive strategies persisted, particularly among younger participants. Self-doubt, questioning one's worth, and difficulty accepting care from others reflect the self-critical patterns commonly observed in individuals with NSSI histories (Fox et al., 2017; Yang et al., 2022). The co-occurrence of adaptive and maladaptive strategies within the same individuals suggests that developing self-compassion is an ongoing process rather than a discrete achievement. This is consistent with Neff and Vonk's (2009) observation that self-compassion may increase with age and experience, a pattern reflected in the present study where older participants (ages 21–22) demonstrated more integrated adaptive coping than younger participants (age 19).

Self-forgiveness as personal response to NSSI experience. Participants' self-forgiveness experiences varied considerably, with responses ranging from predominantly negative (denial, feeling unworthy of forgiveness) to predominantly positive (acceptance, gratitude, forgiveness of self and others). This variation aligns with Rosenrot's (2019) finding that less self-forgiveness is associated with greater NSSI frequency, and with conceptualizations of self-forgiveness as a process involving acknowledgment of wrongdoing, processing of shame and guilt, and eventual positive

attitudinal shift toward oneself (Woodyatt et al., 2019; Pierro et al., 2018).

The age-related pattern observed—with older participants (Participants 3 and 4) demonstrating more positive responses than younger participants (Participants 1 and 2)—suggests that self-forgiveness may develop over time and with life experience. This is consistent with Woodyatt et al.'s (2019) observation that self-forgiveness research has primarily focused on adult populations, with limited understanding of how this capacity develops in younger individuals. The difficulty Participant 2 expressed in accepting that she had engaged in NSSI reflects the denial and self-stigma that Piccirillo et al. (2020) identified as common barriers to self-forgiveness among self-harming individuals.

Protective factors and recovery. Across cases, family support, faith, and social connections emerged as factors facilitating more positive responses. Participants who described receiving consistent support from family members (Participants 3 and 4) demonstrated greater acceptance and self-forgiveness, consistent with research identifying supportive parenting and social support as protective against NSSI (Fong et al., 2022; Igmen, 2024; Ty et al., 2019). Participant 2's experience of feeling less alone after sharing with friends and receiving their prayers illustrates the buffering effect of social support against distress (Algorani & Gupta, 2023).

The finding that Participant 3's hospitalization provided opportunity for reflection, reframing, and connection with others who shared similar struggles suggests that structured therapeutic environments may facilitate the development of self-compassion and self-forgiveness. This aligns with research on the effectiveness of DBT, CBT, and MBCT in addressing NSSI through cognitive restructuring, emotion regulation training, and mindfulness practices (Chowdhury, 2024; Schafer et al., 2024).

Implications

The findings suggest several implications for practice. First, assessment of individuals presenting with NSSI should include exploration of trauma symptoms, self-compassion capacity, and self-forgiveness processes, as these factors may influence recovery trajectories. Second, interventions may benefit from explicitly targeting negative self-attitudes that underlie both trauma-related distress and self-injurious behavior. Third, given the age-related patterns observed, developmentally tailored approaches may be warranted, with younger individuals potentially requiring more support in processing self-forgiveness. Fourth, leveraging protective factors—including family involvement, faith communities, and peer support—may enhance intervention

effectiveness. Fifth, the finding that adaptive and maladaptive strategies co-occur suggests that building self-compassion is a gradual process requiring patience and reinforcement.

Limitations

Several limitations should be considered. First, the small sample of four participants, while appropriate for multiple case study methodology, limits transferability of findings. Second, all participants were female, precluding examination of potential gender differences in how trauma symptoms, self-compassion, and self-forgiveness are experienced. Third, retrospective accounts may be subject to recall bias. Fourth, the study did not include longitudinal follow-up, limiting understanding of how these constructs evolve over time. Fifth, all participants were from a single cultural context (the Philippines), and findings may not translate directly to other settings.

5. Conclusions and Recommendations

5.1 Conclusions

This multiple case study explored how four Filipino individuals engaged in non-suicidal self-injury experienced trauma symptoms, self-compassion, and self-forgiveness. Based on the within-case and cross-case analyses, the following conclusions are drawn.

First, trauma symptoms among individuals engaged in NSSI were manifested as psychological distress characterized by a negative attitude toward oneself expressed across affective, behavioral, and cognitive domains. Participants described self-blame, anger turned inward, difficulty sharing experiences with others, dissociation, and persistent beliefs about being flawed or not good enough. These manifestations align with literature linking trauma exposure to negative self-perceptions and suggest that NSSI may function as a maladaptive expression of internally directed distress.

Second, self-compassion was experienced through personal coping strategies that encompassed both adaptive and maladaptive approaches. Adaptive strategies—including cognitive reframing, support-seeking from friends and family, engagement in physical activity, journaling, and reliance on faith—promoted healing and emotional regulation. Maladaptive strategies—including persistent self-doubt, questioning one's worth, and difficulty accepting care from others—reflected ongoing struggles with self-compassion. The co-occurrence of both strategy types within individuals suggests that developing self-compassion is an incremental process rather than a discrete achievement.

Third, self-forgiveness was expressed through personal responses to NSSI experience that ranged from predominantly negative to predominantly positive. Negative responses included denial, difficulty accepting one's actions, and feeling unworthy of forgiveness. Positive responses included acceptance of oneself and one's experiences, gratitude for lessons learned, and ability to forgive both self and others. An age-related pattern was observed, with older participants (ages 21–22) demonstrating more positive responses than younger participants (age 19), suggesting that self-forgiveness may develop over time and with life experience.

Fourth, protective factors—particularly family support, faith, and social connections—facilitated more adaptive coping and positive responses to NSSI experience. Participants who described consistent support from family members and friends demonstrated greater acceptance, self-compassion, and self-forgiveness, consistent with literature identifying social support as a buffer against NSSI maintenance.

5.2 Recommendations

Practical and Policy Recommendations

For mental health practitioners working with individuals engaged in NSSI, several recommendations emerge from the findings. Assessments should comprehensively explore trauma symptoms, self-compassion capacity, and self-forgiveness processes, as these factors may significantly influence recovery trajectories and treatment planning. Interventions may benefit from explicitly targeting negative self-attitudes that underlie both trauma-related distress and self-injurious behavior, utilizing approaches such as cognitive reframing, self-compassion exercises, and forgiveness-focused work. Given the protective role of family support observed in this study, incorporating family involvement in treatment whenever possible is advisable, with psychoeducation for family members on how to provide supportive, non-judgmental presence potentially enhancing treatment outcomes. Practitioners should also leverage existing protective factors in clients' lives, including faith communities and peer support networks, as valuable resources for healing. The finding that adaptive and maladaptive coping strategies co-occur within individuals suggests that developing self-compassion is a gradual process requiring patience, reinforcement, and developmentally tailored approaches—particularly for younger clients who

may struggle more with self-acceptance. Finally, referral to structured therapeutic programs such as Dialectical Behavior Therapy, Cognitive Behavioral Therapy, or Mindfulness-Based Cognitive Therapy may be beneficial, as these approaches provide skills training in emotion regulation, distress tolerance, and cognitive restructuring that have demonstrated effectiveness in addressing NSSI.

For educational institutions, implementing school-based psychoeducational programs that increase awareness of NSSI, reduce stigma, and provide information on healthy coping strategies and available support resources is recommended. Guidance counselors and teachers should receive training to recognize signs of psychological distress and NSSI and to respond with appropriate support and referral. Additionally, establishing peer support programs that create safe spaces for students to share their experiences and receive support from trained peers may foster protective social connections similar to those identified in this study.

Recommendations for Future Research

Based on the findings and limitations of this study, several directions for future research are proposed. Larger-scale qualitative and mixed-methods studies should explore whether the themes identified in this study transfer across more diverse samples, including male participants, individuals from different age groups, and those from varied socioeconomic and regional backgrounds within the Philippines. Longitudinal research is needed to examine how trauma symptoms, self-compassion, and self-forgiveness evolve over time and how these changes relate to NSSI cessation or continuation. Culturally adapted interventions for NSSI that incorporate Filipino values such as family connectedness, faith, and community should be developed and tested through randomized controlled trials to establish effectiveness. Future investigations should also examine the specific mechanisms through which self-compassion and self-forgiveness exert protective effects against NSSI, including potential mediating variables such as emotion regulation, shame reduction, and meaning-making. The role of developmental stage in self-forgiveness processes warrants further exploration, examining how younger adolescents versus young adults understand and experience forgiveness of self following NSSI. Given that all participants in this study were female, gender differences in the expression of trauma symptoms, self-compassion, and self-forgiveness among individuals engaged in NSSI should be examined. Finally, the effectiveness of specific therapeutic

modalities such as forgiveness training, self-compassion-focused interventions, and logotherapy in promoting recovery from NSSI within Filipino contexts merits investigation.

6. References

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7. Tables

Table 1. Emergence of the Theme Manifestations of Distress on Trauma Symptoms of Participant 1

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
Whenever I feel like I need to be punished for something, for example nasira yung laptop ko, I still feel like its my fault, even though I know technically it's not my fault.	Blaming oneself	Negative affect	Negative attitude towards oneself	Manifestation of psychological distress
I was bullied in my previous school, and they keep implying that my existence feels wrong, that there's something wrong with me, so I have to punish myself because there's something wrong with me, even though I don't know what that is.	Punishing oneself because of other's behavior towards her	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
	Believing that there's something wrong with her	Negative cognition	Negative attitude towards oneself	Manifestation of psychological distress
I also self harm if im stressed, -- or when my head is too noisy. Its like a part of the auditory hallucination part of my depression, its like the thoughts in my head that "you have to do this, and this" its like noisy.and I was like, to keep it quiet, im gonna do (self harm) and unfortunately it works.	Having too many thoughts	Negative cognition	Negative attitude towards oneself	Manifestation of psychological distress
	Engaging in self harm to quiet one's thoughts	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
One thing that my mom said when she cried, when it happened, (Pertaining to separation with the father) was that we have to prove that we can be strong without him. so a lot of times ever since then, I never told my family anything.	Keeping things oneself	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
	Difficulty in sharing her concerns or problems to her family	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
I had a mental breakdown back then.	Experiencing mental breakdown	Negative affect	Negative attitude towards oneself	Manifestation of psychological distress
I know for a fact that I cannot be the greatest...i may not be the happiest that I can be here (school – SHS)	Belittling oneself	Negative cognition	Negative attitude towards oneself	Manifestation of psychological distress
Since I was still being bullied, and I had no one, there was a time that I kind of like split myself, I don't know how to explain it, but when I was younger, I had no one to talk but myself, so I talked to myself..	Dissociating oneself when bullied	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
	Feeling alone	Negative affect	Negative attitude towards oneself	Manifestation of psychological distress
They (family) only know if it gets very bad. But everytime...they're trying to make feel include, or making me go out more, but for me it feels like its been too long that I've held up that, that I cant let them in anymore.	Difficulty in letting people in	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
	Difficulty in accepting acts of care from other people	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
There's a lot of requirements, and I accepted that this is part of college, but also its a lot.	Belittling oneself	Negative cognition	Negative attitude towards oneself	Manifestation of psychological distress

There's a lot of things going on in my mind, isa pa yung currently pinaprocess yung annulment nina inay at tay, and I found out that one of the reasons why im probably like this was because my dad was also f*ucked in the head. .. so I was like,, I know technically it shouldn't bother me but it does bother me a bit.. just like if my mom and dad never got together, I would probably never had this kind of brain.	Being bothered and affected by having a father with a psychological diagnosis/problem	Negative cognition	Negative attitude towards oneself	Manifestation of distress
Im not used to seeing my arm clear up, and I have the urge to hurt myself again.	Still having the urge to harm oneself	Negative cognition	Negative attitude towards oneself	Manifestation of psychological distress
Every single day, I have thoughts like what if I kill myself today? Some days its just that – an intrusive thought.	Still having suicidal thoughts	Negative cognition	Negative attitude towards oneself	Manifestation of psychological distress
Maybe when I become good enough...	Not feeling good enough	Negative cognition	Negative attitude towards oneself	Manifestation of psychological distress
It's like even though I'm a strong person and I can handle that, some days its just a lot..	Feeling overwhelmed	Negative affect	Negative attitude towards oneself	Manifestation of psychological distress

to illustrate the emergent concept of manifestation of psychological distress is presented here:

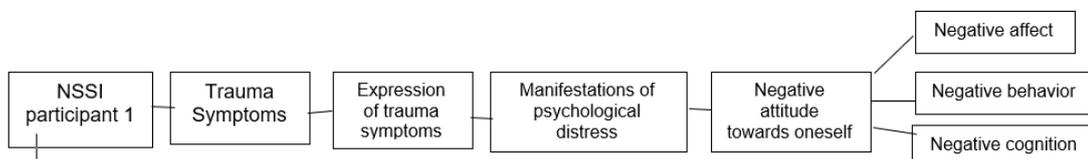


Table 2. Emergence of the Theme Personal Coping Strategies on Self Compassion of Participant 1

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
I had someone come up to me as a friend, na parang inamin nya na, .. it's like their whole class make fun of me, they made me a joke in their GC – and I was like, we're like college students, we're grown adults, and even older than me.- - it doesn't make me feel bad, I guess it did make me feel bad a little, because I cant still be who I am for other people, but why should I care?	Being less bothered by what or how other people treats her	Cognitive focused	Adaptive	Personal Coping Strategies
I do not want to further damage my arm.	Caring for one's body	Problem focused	Adaptive	Personal Coping Strategies
I just stopped caring what other people think especially when	Being less bothered by what	Cognitive focused	adaptive	Personal Coping Strategies

they are not really my friends – because again, who are they for me to care.	or how other people treats her			
I guess as a teenager, its important that you fit in, but now that I've grown out of it, I don't fit in, and that's fine with me. I don't need to fit in to be happy	Stopped trying to fit in to feel a sense of happiness	Cognitive focused	adaptive	Personal Coping Strategies
I grew up feeling unwanted,,and now all of a sudden im okay with being wanted...im not okay with being wanted..im suddenly wanted by the people around me..and I was like..where was this when I was younger? I was not used to feeling like this when I was younger..so I wasn't hard to love... so why was it so hard to love me as a child?	Questioning one's worth	Emotion focused	maladaptive	Personal Coping Strategies
When I was a child, why no one want me the way they want me now?	Questioning one's worth	Emotion focused	maladaptive	Personal Coping Strategies
You know what people say that you have to heal your inner child, I do the opposite..i feel like sometimes I hurt my inner child, its like why were you so difficult to love,?'	Questioning one's worth	Emotion focused	maladaptive	Personal Coping Strategies

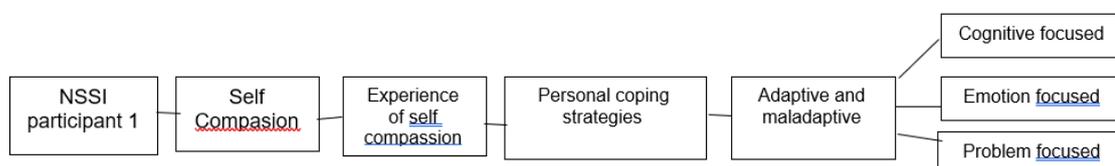


Table 3. Emergence of the Theme Personal Response to NSSI Experience on Self Forgiveness of Participant 1

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
Does myself deserve forgiveness? now that is a question I always like to say that I have a lot of room for the world in my heart, but when it comes to myself that room is not big enough...for me...I don't know, I don't feel like I deserve good things. Even though, I appear confident that is still half a lie, kind of because I still feel like I don't deserve good things.im still trying to make myself believe that I deserve good things	Believing that she deserve good things	Cognitive	Positive Reaction	Personal Response to NSSI Experience
I don't find myself worth of forgiveness for some reason.	Not feeling worthy of forgiveness	Emotional	Negative Reaction	Personal Response to

Because again if everyone hated me they must have hated me for a reason. Maybe I don't forgive myself because whatever I do, it's still not enough.. for other people to at least leave me be...				NSSI Experience
	Not feeling good enough	Emotional	Negative Reaction	Personal Response to NSSI Experience



Table 4. Emergence of the Theme Manifestations of Psychological Distress on Trauma Symptoms of Participant 2

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
Pag may problem, at may nakikita po akong sharp na objects tapos basta ko nalang po inaano ayung wrist ko... kahit blade, kahit po ung nipper nga e pag walang wala napo akong magamit.	Cutting oneself/harming oneself	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
Wala napo kase akong mapagsabihan nun kase syempre gusto ko po ng perfect family po, parang sinarili ko nalang po sya, tapos hindi ko napo kaya, hindi ko napo mailabas, so ang ginawa ko po, yung sarili ko nalang po ang sinasaktan ko po.	Keeping things to oneself	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
	Not sharing one's feelings to family	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
Parang ayaw ko pong sabihin, dahil parang kilala po ako sa bahay na parang strong, yung masiyahin po ganon.	Choosing to keep things to one's family	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
May times po na naiisip ko sya, pag nagkikita po ako ng sharp object, parang natetempt po ako	Feeling tempted to harm oneself everytime she sees any sharp object	Negative cognition	Negative attitude towards oneself	Manifestation of psychological distress
Naglalaslas po..yun lang po.	Cutting oneself	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress

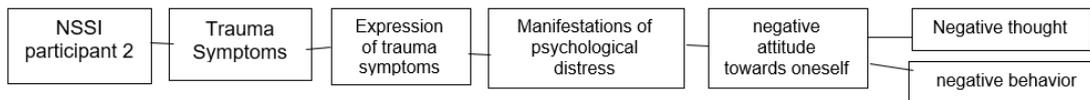


Table 5. Emergence of the Theme Personal Coping Strategies on Self Compassion of Participant 2

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
Nung time napo nun na hindi ko na kaya, nagsabe po ako sa mga friends ko, tapos nagdasal po sila, tapos nung Nakita ko po na nahihirapan nadin sila, nagmamaakaawa na sila na wag kong gawin yun, na anjan lang sila, na diko naman po masasabeng nawala ang faith ko kay Lord pero parang mas naggging strong po.	Learned how to share her problems with her friends	Problem focused	adaptive	Personal coping strategies
	Having faith/holding on to faith	Problem focused	adaptive	Personal coping strategies
Nagsasabe napo ako sa kaibigan ko ngayon...nagjajogging po ako palage, nagising po ako ng 4 am, tapos sobrang lapit ko napo sa nature, mahilig po akong pumunta sa dagat, yun po yung nagpapacalm ng mind ko ngayon.	Learned how to share her problems with others	Problem focused	adaptive	Personal coping strategies
	Calming oneself by going close to nature	Problem focused	adaptive	Personal coping strategies
	Calming oneself through jogging	Problem focused	adaptive	Personal coping strategies
Nahihirapan po ako, dahil alam ko po na hindi ko ganon kagaling...	Doubting one's ability	Emotion focused	Maladaptive	Personal coping strategies
Minsan tintanong ko po bakit dipa rin ako enough...	Feeling not good enough	Emotion focused	maladaptive	Personal coping strategies
Mas naggging malapit po ako sa Kanya,at saka po yung pagsusulat sa paper ko po. Yung mga bagay na hindi ko po masabe sa iba, dun ko nalang po sinusulat	Holding on to one's faith	Emotion focused	adaptive	Personal coping strategies
Pag po may dumadating ngayon na problem,,hindi ko napo sya masyadong iniintindi...parang di napo ako nagpapaapekto..	Learned how to not be easily affected by problems	Cognitive focused	adaptive	Personal coping strategies
Nung narinig ko po yung mga kwento nila, naisip ko na hindi lang ako ang nakakaranas non, na parang nabunutan po ako ng tinik after ko po mashare..	Feeling less alone when she heard other people's struggles	Emotion focused	adaptive	Personal coping strategies

For the illustration of the emergence of the theme personal coping strategies for the variable experience of self compassion

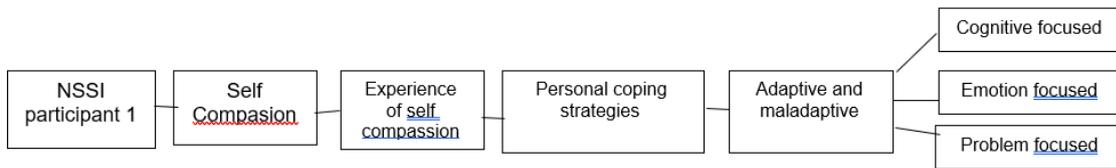


Table 6. Emergence of the Theme Personal Response to NSSI Experience on Self Forgiveness of Participant 2

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
...sa ngayon po ay wala papo...diko papo...parang...ahm...di ko po alam kung pano ko iexplain...parang hindi ko po maano na nagawa ko yun...	Denial	Cognitive	Negative Reaction	personal response to NSSI experience
Minsan tintanong ko po bakit dipa rin ako enough...	questioning one's worth	Cognitive	Negative Reaction	personal response to NSSI experience
parang inaayos ko pa yung sarili ko,, para malimutan ko po yung mga nagawa ko po.	processing NSSI experience through forced forgetting	Cognitive	Negative Reaction	personal response to NSSI experience



Table 7. Emergence of the Theme Manifestations of Psychological Distress on Trauma Symptoms of Participant 3

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
Cutting myself sa arms saka sa legs	Cutting oneself on arms and legs	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
Galit ako sa mundo, in denial ako	Being in denial	Negative Affect	Negative attitude towards oneself	Manifestation of psychological distress
	Feeling angry at the world	Negative Affect	Negative attitude towards oneself	Manifestation of psychological distress
Im doing it kase because of hatred of others, I want to punish others, but then yung hatred ko sa iba dun ko naiiexpress, na bakit ganito ang buhay ko, tapos naisip ko na baka hindi namant talaga sila yung problema, baka ako yung may problema	Cutting oneself to punish others	Negative Behavior	Negative attitude towards oneself	Manifestation of psychological distress
	Blaming oneself	Negative Affect	Negative attitude towards oneself	Manifestation of psychological distress
	Seeing one's self as the problem	Negative Cognition	Negative attitude towards oneself	Manifestation of psychological distress
Meron din po kase akong problema sa body ko, insecure ganon	Feeling insecure about one's body	Negative affect	Negative attitude towards oneself	Manifestation of psychological distress
Tapos naiisip na baka di ako enough, kase lage nalang ako nagiisp ng problema, lage nalang nila akong pinoproblema	Questioning one's worth	Negative Cognition	Negative attitude towards oneself	Manifestation of psychological distress

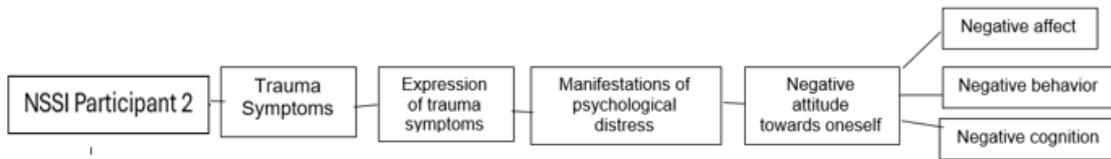


Table 8. Emergence of the Theme Personal Coping Strategies on Self Compassion of Participant 3

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
Ayoko nung una dun kase walang ginagawa nakastay ka lang sa isang room, eventually nakasanayan na rin	being open to medical/mental treatment	Problem focused	adaptive	Personal coping strategies
Nung nandun po kase ako (Mental facility), I write and I talk to myself sometimes, being with them (other patients) Narealize ko nung nandun ako nae to ba **** ang buhay na gusto mo sa sarili mo? Some of their problems are worse than mine, yung iba kahit kaharap yung nurse sasaktan ang sarili – hindi naman sa mild lang yung saken – pero even sina mama, papa si ate they constantly check on me, kinakamusta nila ako	Writing / journaling	Problem focused	adaptive	Personal coping strategies
	Reframing one’s thought/ perception through self talk	Cognitive focused	adaptive	Personal coping strategies
.thankful ako na na naranasan ko yun, na nalampasan ko yun kase maging okay ako.	Receiving support from family	Support seeking	adaptive	Personal coping strategies
	Feeling grateful for the experience	Emotion focused	adaptive	Personal coping strategies



Table 9. Emergence of the Theme Personal Response to NSSI Experience on Self Forgiveness of Participant 3

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
Yung experience kase..mahirap. magask ng help pero hanggang sa ntutunan ko nalang din po na iforgive ang ibang tao, at iforgive yung sarili ko.	Forgiving others as she forgives herself	Emotional	Positive Reaction	Personal Response to NSSI Experience
	Difficulty in asking for help	Behavioral	Negative reaction	Personal Response to NSSI Experience
dko masasabe na nireregret ko pero naisip ko minsan na sana kung hindi nangyare un ang dame ko pa sanang naenjoy sa buhay, andame ko sanang nagawa, pero parang masama pakinggan pero nagpapasalamat ako na	Feelings of gratitude regarding her experiences	Emotional	Positive Reaction	Personal Response to NSSI Experience
	Acceptance of oneself and her experiences	Emotional	Positive Reaction	Personal Response to NSSI Experience

nangyare yun, kase hindi ako magiging kung sino ako kung di nangyare yun				
Ayoko na nakikita sila na namomproblema kase ganito ako, ang hirap din po na makita na nagkakaganon sila ng dahil saken.	Prioritizing family's mental health	emotional	Positive Reaction	Personal Response to NSSI Experience
Accept and seek help. Kase walang mangyayare talga kapag in denial ka na may problema ka sa sarili, kase dun un nagsisimula e, kapag tinanggap mo sa sarili mo na may problem ana baka sayo yun may kailangan ayusin at hind isa iba.	Acceptance of one's shortcomings	emotional	Positive Reaction	Personal Response to NSSI Experience



Table 10. Emergence of the Theme Manifestations of Psychological Distress on Trauma Symptoms of Participant

4

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
I don't ask for help.	Not asking for help	Negative Behavior	Negative attitude towards oneself	Manifestation of psychological distress
I only told one person because its scary and nakakahiya na pagusapan yung ganon with other people.	Difficulty in sharing with other individuals regarding the NSSI experience	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
Sinasarili ko nalang.	Keeping things to oneself	Negative behavior	Negative attitude towards oneself	Manifestation of psychological distress
Galit ako sa mundo,	Being angry at the world	Negative Affect	Negative attitude towards oneself	Manifestation of psychological distress



Table 11. Emergence of the Theme Personal Coping Strategies on Self Compassion of Participant 4

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
Hindi naman sya nagging madali, but eventually you learned to be okay with it. Na natutunan mo nading tanggapin.	Acceptance	Emotion focused	Adaptive	Personal coping strategies
NArealize ko na hindi pwedeng laging ganon ang gagawin ko, not just for me but for the people around me, kase hindi nakakatulong e. it doesn't help.	Wanting to change for the people around her	Emotion focused	Adaptive	Personal coping strategies
	awareness	Emotion focused	Adaptive	Personal coping strategies
What I do is pinapakalma ko muna yung sarili ko.. hayaan ko muna kumalma yung emosyo ko tapos mageexercise ako..kapag kalmado nako saka ko nalang ulit haharapin yung problema... Exercise lang talga.	Calming oneself through exercise	Emotion focused	Adaptive	Personal coping strategies

Figure below illustrates the summary of Participant 4's experience of self compassion.

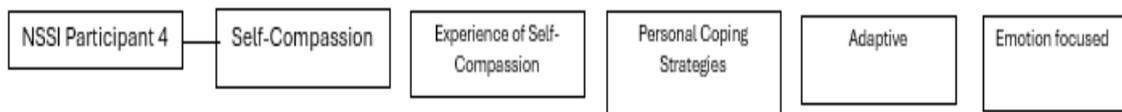


Table 12. Emergence of the Theme Personal Response to NSSI Experience on Self Forgiveness of Participant 4

Significant Statements	Emerging Concepts	Sub-categories	Categories	Themes
Wala akong regrets, kase nangyare yun for a reason lage naming may reason. Kailangan mo lang siya makita..pero meron. Siguro nangyare yun para maging mas matatag ako.	Having no regrets	Emotional	Positive Reaction	Personal Response to NSSI Experience
	Showing resilience	Emotional	Positive Reaction	Personal Response to NSSI Experience
	Believing that there is a reason for her experience	Cognitive	Positive Reaction	Personal Response to NSSI Experience
Yung family ko, yung presence nila yun yung nakatulong saken. Pero more than that yun ding awareness sa sarili na hindi okay nag ganito palage.	Receiving support from family	Emotional	Positive Reaction	Personal Response to NSSI Experience
	Being aware of one's shortcomings	Emotional	Positive Reaction	Personal Response to NSSI Experience
	Openness to finding and trying healthier ways to deal with stressors	Emotional	Positive Reaction	Personal Response to NSSI Experience
Thankful nalang din ako na nangyare yun, kase I got to share my story with others.	Feeling grateful	Emotional	Positive Reaction	Personal Response to NSSI Experience

Summarized analysis of Participant 4's experience in terms of self forgiveness is presented in the figure below.



Table 13

Themes of Trauma Symptoms, Self-Compassion and Forgiveness Among Individuals Engaged in NSSI across Four Cases

Variables	Themes	Case 1	Case 2	Case 3	Case 4
Trauma Symptoms	Manifestations of Psychological Distress	✓	✓	✓	✓
Self-Compassion	Personal Coping Strategies	✓	✓	✓	✓
Self-Forgiveness	Personal Response to NSSI Experience	✓	✓	✓	✓

Table 14

Cross-Analysis of the Emerged Theme as to the Commonalities and Differences in the aspect of Trauma Symptoms Among Individuals Engaged in NSSI

Theme	Manifestations of Psychological Distress
Categories	Negative Attitude Towards Oneself
Case 1	✓
Case 2	✓
Case 3	✓
Case 4	✓

Table 15

Cross-Analysis of the Emerged Theme as to the Commonalities and Differences in the aspect of Self Compassion Among Individuals Engaged in NSSI

Theme	Personal Coping Strategies	
Categories	Maladaptive	Adaptive
Case 1	✓	✓
Case 2	✓	✓
Case 3	X	✓
Case 4	X	✓

Table 16. Cross-Analysis of the Emerged Theme as to the Commonalities and Differences in the aspect of Self Forgiveness Among Individuals Engaged in NSSI

Theme	Personal Response to NSSI Experience	
Categories	Positive Reaction	Negative Reaction
Case 1	✓	✓
Case 2	X	✓
Case 3	✓	✓
Case 4	✓	X

Table 17. Proposed Personalized Feedback Intervention Approach for Individuals Engaged in NSSI

Key Results Area	Program Services	Objectives	Strategies/ Activities	Target Person	Persons Responsible	Evaluation
Negative Attitude Towards Oneself	Socio-Cognitive Theory Based Psychoeducational Program Digital Resilience Program Sandbased Therapy	Increase awareness on NSSI and develop resilience to decrease or alleviate negative attitude towards oneself	Psychoeducational Modules Guided Reflection Sand Play	Individuals Engaging in NSSI	School Personnel Guidance Counselors Psychologists	Success Indicators would be that the target persons of this program would show a more positive attitude towards oneself and less manifestations of distress in terms of their affect, behavior and cognition after finishing the module.
Maladaptive coping	Cognitive Behavioral Therapy (CBT) Dialectical Behavioral Therapy (DBT) Emotion regulation therapy (ERT) Play therapy Mindfulness Based Cognitive Therapy (MBCT)	Reframe unhelpful beliefs and develop adaptive manners of regulating one's emotions and behavior	Setting Goals Reframing Mindfulness activities	Individuals Engaging in NSSI	Psychologists Clinical Practitioner	Success indicators would be a more positive emotion regulation strategies employed by the target persons to be employed in realistic situations after the module.
Negative Reaction (to Experience of NSSI)	Forgiveness Training thru Play Logotherapy/existential therapy	Facilitate forgiveness and self-compassion through meaning makings	Meaning Making	Individuals Engaging in NSSI	Psychologists Clinical Practitioner	Success indicators for this would be an increased awareness and acceptance of oneself and experience after the module.