It is harder for me: A thematic analysis of lived experience of self-care, and its relationship with self-injurious behaviors in psychiatric patients

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ABSTRACT

Self-injury is associated with significant psychological distress and functional impairments, including difficulties with self-care. However, little is known about how individuals engaging in self-injury perceive and manage self-care in their daily lives. This study aimed to explore the lived experiences of self-care among individuals receiving psychiatric treatment for self-injury and to identify factors that support or hinder self-care capacity. Twelve participants were recruited from a psychiatric outpatient clinic and semi-structured interviews were conducted focusing on participants' perceptions of self-care, its relationship with self-injury, and factors influencing self-care. Reflexive thematic analysis was conducted to identify patterns and themes. The analysis revealed four themes: i) *Why should I choose self-care?*, highlighting motivational challenges rooted in low self-worth and the need for meaning; ii) *Self-care is a difficult choice for me*, reflecting how emotional variability, uncertainty about self-care, and dichotomous thinking hinder decision-making; iii) *Self-care is beyond my control*, emphasizing struggles with planning, routines, and the interplay of emotional states and self-care behaviors; and iv) *Support can both help and hinder self-care*, illustrating the critical yet complex role of external support. Findings highlight the multifaceted challenges individuals face in managing self-care and its intersection with self-injury. Clinical implications include the need for tailored, person-centered interventions that address barriers to self-care. Recognizing the dual role of self-injury—as both a barrier to and a risky form of self-care—may enhance treatment approaches for this population.

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Introduction

Self-injurious behaviors are prevalent among individuals receiving psychiatric care, with non-suicidal self-injury (NSSI), which includes behaviors such as cutting, hitting, or scratching being particularly common (e.g. Ose et al., 2021). These behaviors are associated with numerous adverse consequences, including psychological distress and functional impairments. NSSI often coexists with indirect self-destructive behaviors that do not involve direct bodily harm, but are nevertheless potentially harmful (Nock et al., 2014; St. Germain & Hooley, 2012). Additionally, NSSI is closely linked with suicidal behavior suicide attempts and death by suicide (Hamza et al., 2012). The present study examined the intersection of self-injury--which included NSSI as well as other self-destructive behaviors and suicidal behaviors--and daily functioning, with a particular focus on self-care practices.

The relationship between self-injurious behaviors and self-care is complex. For some individuals, self-injury may be idiosyncratically construed as a form of self-care (Claes & Vandereycken, 2007). This conceptual overlap highlights a broader spectrum of behaviors, ranging from those that are health-promoting to harmful and that may vary depending on their intent, context, and outcomes. Despite its potential clinical significance,

this area remains under-researched, representing a critical gap in the understanding of self-injury and its mitigation.

Self-care is often considered a critical component of daily functioning, encompassing basic activities that support health and well-being. Functional disability, defined as impairments in daily functioning due to health-related illness (Üstün & Kennedy, 2009; Üstün et al., 2010), is a common consequence of psychiatric disorders. While substantial research has documented the impact of psychiatric conditions on daily functioning, the specific relationship between self-injury and self-care has received limited attention. For example, research on borderline personality disorder (BPD), a condition in which self-injury is a core symptom, suggests that its impact on functioning is comparable to other severe psychiatric disorders (Zanarini et al., 2010). Further, Selby et al. (2012) reported no difference in functioning between patients who self-injure without BPD and patients with BPD (with or without co-occurring self-injury). Moreover, both groups reported greater impairment than a control group of patients, suggesting that self-injury itself may contribute to impairment. Similar findings were reported by Nilsson et al. (2021a) who observed higher levels of functional disability among individuals engaging in self-injury compared to other psychiatric patients. Collectively, these studies indicate that difficulties with self-care may be a salient aspect of the lived experience of individuals who engage in self-injury.

In recent years, self-care has gained increasing attention in the management of chronic illnesses, with its role in improving treatment outcomes becoming more apparent. Meta-analytic findings suggest that interventions emphasizing self-care improve treatment outcomes, although effect sizes are often small and vary considerably across studies (Lee et al., 2022). Although there is extensive literature on self-care dating back several decades, the conceptual meaning of the term has largely been developed more recently. Conceptually, self-care is defined as "the ability to care for oneself through awareness, self-control, and self-reliance to achieve, maintain, or promote optimal health and well-being" (Martínez et al., 2021, p. 418).

The self-care theory developed by Riegel et al. (2012, 2019) provides a framework for understanding self-care as a decision-making process comprising three interrelated components: self-care maintenance (e.g., adherence to health-promoting behaviors like regular exercise or taking prescribed medications), self-care monitoring (e.g., recognizing symptoms and seeking timely care), and self-care management (e.g., addressing identified needs using appropriate strategies). This framework highlights factors such as experience, skill, confidence, cultural values, habits, cognitive abilities, social support, and access to care as critical influences on self-care processes.

Thus, self-care can be viewed as a decision-making process, which is proposed to influence both clinical and person-centered outcomes in patients with chronic conditions, including improved quality of life, a reduced need for medical services, and reduced mortality (Riegel et al., 2019). Factors that Riegel et al., (2012; 2019) identified as influencing individuals' self-care in their framework included experience, skill, self-care confidence or self-efficacy, cultural beliefs, values, reflection, habits, cognitive and functional abilities, support from others, and access to health care. To date, there has been very limited research on self-care in individuals with severe mental illness. Further research on the implications of self-care in relation to psychiatric conditions have identified as a high priority for further self-care research, including how interventions can be designed to promote self-care in these populations (Riegel et al., 2021).

The limited evidence discussed above suggests that self-care is lower among individuals engaging in self-injury, potentially compounding the challenges associated with this behavior. Investigating self-care among these individuals could provide valuable insights into overlapping mechanisms and thus inform targeted interventions. For instance, factors associated with self-injury, such as low self-esteem (Forrester et al., 2017), poor emotion regulation, and reduced self-compassion (e.g., Per et al., 2022; Suh & Jeong, 2021) are also central to self-care processes (Matarese et al., 2018; Riegel et al., 2021). Additionally, dysfunctional self-care behaviors and self-injury may sometimes serve functionally equivalent purposes, with self-neglect potentially functioning as an indirect form of self-injury. Exploring these connections could clarify how self-care capacity can be enhanced to mitigate self-injury.

Improved capacity for self-care is also, albeit implicitly, a key target in many therapeutic interventions designed for individuals who engage in self-injury. For example, dialectical behavioral therapy (DBT) (Linehan, 1993), incorporates core skills such as mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness, which collectively foster behaviors and mindsets that enhance self-care practices. Similarly, schema therapy (Young et al., 2003) aims to help individuals identify and modify dysfunctional modes, including tendencies toward self-neglect or self-destructive behaviors. Through this process, individuals are encouraged to nurture their healthier aspects and develop more self-compassionate and caring behaviors. Likewise, mentalization-based therapy (MBT) (Bateman & Fonagy, 2016) focuses on improving individuals' understanding of their own emotions, thoughts, and needs, thereby enhancing their ability to engage in nurturing and supportive behaviors toward themselves. More explicit integration of self-care principles into frameworks of treatment could possibly enhance their effectiveness further.

Including the voices of individuals with lived experience is increasingly recognized as essential in self-injury research (Lewis & Hasking, 2019), and such studies have provided deeper insights into the mechanisms, functions, and recovery processes associated with the behavior (Claréus et al., 2021; Kool et al., 2009; Lewis & Hasking, 2021; Thomas & Bonnaire, 2023; Vafaei et al., 2023). As such, the current study explored the lived experiences of individuals receiving psychiatric treatment for self-injury, focusing on their perceptions of self-care and its relationship with self-destructive behaviors. Specifically, we sought to answer the following questions: i) How do individuals who engage in self-injury describe their ability to self-care? and ii) What factors do they identify as supporting or hindering their self-care capacity?

To address these questions, we adopted a reflexive thematic analysis approach, which allowed for the exploration of complex patterns and meanings in qualitative data (Braun & Clarke, 2021). This method aligns with our critical realist perspective, which acknowledges both the subjective and socio-cultural dimensions of the participants' experiences (Willig, 2013). By grounding our analysis in the lived experiences of individuals who engage in self-injury, we aimed to contribute clinically relevant insights into how self-care can be understood and supported in this population.

Materials and Methods

Participants

Twelve participants were recruited from a psychiatric outpatient clinic specializing in the treatment of self-injury, suici-

dality, and personality disorders. The inclusion criteria were (1) recent engagement in self-injury (defined as having self-injured within the past six months) and (2) proficiency in speaking Swedish. Participants were aged between 20 and 52 years (M = 29.7, SD = 11.3). Of the twelve participants, ten identified as female, one as male, and one as non-binary.

Participants had diverse diagnostic backgrounds, though self-injurious behaviors, which for this study included a combination of a combination of NSSI, indirect forms of self-destructive behaviors, and previous suicidal behaviors, were identified as the clinical focus of their treatment. Co-occurring conditions, such as personality difficulties and neurodevelopmental diagnoses (e.g., autism, attention-deficit/hyperactivity disorder, or mild intellectual impairment), were common. Most participants had additional psychiatric diagnoses, such as depressive or anxiety disorders, or trauma- and stressor-related conditions. Participants were receiving various forms of treatment, including general psychiatric management, management, DBT, and other tailored interventions. Their living situations and employment statuses also varied, with participants ranging from students and employed individuals to those on sick leave or participating in assisted daily activities. Some participants lived independently, while others resided in special housing or were currently receiving inpatient care.

Procedure

Potential participants were identified through their care providers at the clinic, who provided verbal and written information about the study. Patients expressing interest were contacted by the researchers to receive additional details about the study, including its voluntary nature. Written informed consent was obtained prior to participation. Participants were briefly assessed for self-injury at the onset of the interview to confirm eligibility.

Interviews were conducted by authors S.P. and H.G. as part of their master's thesis work in clinical psychology, under the supervision of J.B. and M.N. Ten interviews took place in-person at the clinic, while two were conducted remotely via a secure video conferencing platform. Interviews lasted between 25 and 78 minutes (M = 54.2, SD = 16.6). All interviews were audio-recorded and transcribed verbatim. Identifying information was removed, and transcriptions were cross-checked against recordings to ensure accuracy.

Data collection

A semi-structured interview guide was developed specifically for the study, drawing on the clinical experience of the authors who had prior experience working with individuals who engage in self-injury. The guide explored participants' views about self-care and its role in their daily lives, including factors that supported or hindered self-care practices. Topics covered included participants' understanding of self-care, their experiences with self-care activities, and their perceptions of the relationship between self-care and self-injury. The interview guide was designed to allow for open-ended responses. Specific definitions of self-care and self-injury were not provided to the participants prior to the interviews. This approach was chosen to allow participants to freely express their unique perspectives, without being constrained by predefined descriptions. Key questions from the guide are outlined in Table 1.

Data analysis

The data analysis adhered to the six-phase reflexive thematic analysis method outlined by Braun and Clarke (Braun & Clarke, 2021), which facilitated a detailed examination of patterns within the data in alignment with the study's critical realist framework. Authors S.P. and H.G. conducted the analysis collaboratively, with frequent input and guidance from J.B. and M.N. The process began with repeated engagement with the data, including listening to interview recordings, transcription, and in-depth reading of the transcripts. This phase allowed the researchers to immerse themselves in the material and start identifying potential patterns and areas of interest.

Using NVivo 13 software, transcripts were systematically coded to capture analytically relevant content, particularly participants' descriptions of self-care, self-injury, and the relationships among these constructs. The initial coding phase was broad and inclusive, aiming to identify units of meaning on a semantic level. Emerging codes were subsequently reviewed and grouped into preliminary themes that reflected shared experiences and perspectives across participants. Iterative discussions among the authors helped refine these themes and address any inconsistencies or divergent interpretations.

As themes took shape, they were elaborated, labeled, and structured to capture their analytical relevance with sub-themes added to reflect nuanced variations within broader concepts.

Table 1. Interview guide* categories and key questions.

Category	Key Questions
Background Information	- Can you briefly describe yourself and your daily life? - What is your age, gender identity, relationship status, and current occupation?
Perceptions of Self-Care	- What does taking care of yourself in daily life mean to you? - How do you think your view of self-care differs from others?
Experiences of Self-Care	- How do you currently take care of yourself in daily life? - What do you find easy or difficult about self-care? - How does your self-care impact your well-being, self-image, and social functioning?
Challenges to Self-Care	- What makes it difficult for you to take care of yourself? - Have there been periods when self-care was easier or harder? --- What influenced those changes?
Improving Self-Care	- What could help you take better care of yourself? - How could others, such as healthcare providers or family, support you in this?

*The interview was initiated with the following prompt: "The purpose of these interviews is to explore how individuals who engage in self-injuring behaviors take care of themselves and manage their daily lives. This can provide valuable insights for the development of support and treatments. Taking care of oneself can be described as everyday activities such as maintaining personal hygiene, getting dressed, eating, and being able to manage a few days on one's own. We would like to learn more about your experiences of taking care of yourself."

This iterative refinement process culminated in the final themes and sub-themes that were integrated into the results section. Illustrative participant quotes were selected to highlight key points and provide context for the findings.

Throughout the analysis, reflexivity was a central focus and used to ensure rigor and transparency. The collaboration between authors S.P. and H.G., who brought fresh perspectives as master's students, and J.B. and M.N., with their extensive clinical and research expertise in self-injury, offered a balanced approach. Regular team discussions provided opportunities for critical reflection on how the researchers' positionalities influenced the data interpretation, further enhancing the depth and reliability of the analysis.

Ethics

The study was approved by the Swedish Ethical Review Authority (Dnr 2021-05054). Participation was voluntary, and participants were informed of their right to withdraw at any time without consequences to their ongoing treatment. Transcripts were anonymized to protect participant confidentiality.

Results

The thematic analysis generated four themes and nine additional sub-themes that describe the participants' perceptions and experiences of self-care. These themes and their sub-themes can be seen in Table 2.

Theme 1. Why should I choose self-care?

Participants described self-care activities in terms of basic everyday activities that had a positive effect on their general well-being, such as taking care of hygiene, eating, or taking care of one's home. The first theme in the participants' experiences related to self-care activates revolved around motivational aspects, and that was captured by the hypothetical question: "Why should I choose self-care?" This question involved reasoning about motivations for self-care and participants' reflections on what the meaning and purpose of taking care of oneself was. Having a reason to choose self-care seemed very important, while several of the participants felt that they lacked this sense of meaningfulness. Two sub-themes were identified that captured aspects of this experience. First, participants described the presence of self-criticism, feeling that they did not like themselves, and that feelings of not deserving self-care hindered them (sub-theme: Am I worthy of self-care?). For example, one participant said: "It's hard to take care of something you don't like" (P10). Self-disgust and wanting to punish or harm themselves by neglecting self-care was also reported. This took its form in terms of participants skipping meals, refraining from brushing their teeth, or binge eating. This was conveyed through the following descriptions by two different participants: "… when I feel disgusting inside, then I think to myself I might as well be a bit disgusting on the outside as well" (P5) and: "… it can be easy to skip meals because I just feel "ah but it doesn't matter sort of" (P4). Additionally, several participants explicitly stated that they did not genuinely care about themselves, which consequently impeded their self-care. This experience can be exemplified by the following participant's ambiguity towards self-care: "… if you haven't taken care of yourself for a very long time then it's like... then it's like, why should I care about myself at all?" (P1).

This sense of low self-worth created an internal struggle to find reasons for self-care, which included difficulties in feeling entitled to receiving support and the care offered by others. Participants described feeling unworthy of support, both from those close to them and from healthcare professionals, as they perceived care and consideration directed towards them as a burden or inconvenience to others. Some participants, however, also described exceptions from the typical lack of reason for self-care. Distraction from self-critical thoughts and actively addressing beliefs about one's own self-worth was reported to overcome this inclination in some situations.

A sense of meaning and context in life, such as having a specific role or occupation, or others to care for, was also reported to facilitate self-care (sub-theme: Feeling needed gives me a reason). As the following two statements show, having others who relied on them or when participants fulfilled a specific role provided participants with a sense of purpose and concrete reasons to prioritize self-care:

> I have to take care of the [pet] rabbits. You just can't sleep away a whole day or get admitted [for in-patient treatment] every week if you have rabbits to take care of. So having them kind of gave me a little bit of more meaning. (P2)
>
> After all, now I manage to take care of my home and hygiene. Shower and all that. Compared with a couple of years ago, I would have completely lost it. I wouldn't have given a crap about anything. I have my son to thank for this change. You can't fall apart [when you are a parent]. (P11)

Participants also described that setting goals, such as pursuing an education or employment, was often linked to fulfilling a

Table 2. Main themes and sub-themes from the thematic analysis.

Main theme	Sub-themes
1. Why should I choose self-care?	Am I worthy of self-care? Feeling needed gives me a reason
2. Self-care is a difficult choice for me	Self-care does not come naturally Self-care is difficult to define Self-care is either all or nothing
3. Self-care is beyond my control	I get stuck in spirals It's a struggle to manage self-care
4. Support can both help and hinder self-care	I need supportive others I need tailored support

meaningful role in relation to others or as contributing to society. These aspirations were framed not only as personal achievements, but as steppingstones toward self-sufficiency and independence. For instance, goals like completing an education or finding a job were often described as deeply connected to a sense of purpose and responsibility toward oneself and others. Self-care actions seemed to function as means to an end in this process, rather than as goals in themselves, strengthening the participants' reason to choose and engage in self-care.

Theme 2. Self-care is a difficult choice for me

All except one participant described experiencing self-care as difficult and hard to manage in everyday life – thus becoming a difficult choice to enact. One important aspect of this experience of self-care was the perception that routine-based self-care activities were believed to exact only little effort when done by others, while necessitating a deliberate and effortful process for the participants (sub-theme: *Self-care does not come naturally*).

Examples of participants describing this can be seen in the following quotes. One participant remarked, "Like when I feel bad, I get anxious about things [like going grocery shopping]. It's such a big deal to me to just go down to the store and buy a liter of milk, which is simple for you" (P11). Another participant made a similar observation, contrasting their own experience with what they observed in others:

> [I'm different] if I compare myself, for example, with my sisters, they both work full-time. (...) I kind of have to plan if I'm going to do something; I must plan it! It becomes much more difficult for me to get any recovery because it is so difficult to just rest. I have to schedule that now I'll do nothing; I schedule to have nothing to do on this day. Basically, I decide already beforehand that now I'm going to rest because I kind of have to make arrangements to be able to rest. I can't just say I'm a bit tired, now I'll spend an evening resting. (P2)

Another important aspect of this theme was participants' descriptions of how their understanding of self-care was deeply influenced by their emotional states, making self-care feel unpredictable and inconsistent (sub-theme: *Self-care is difficult to define*). For some, this variability caused their perceptions of self-care to shift dramatically within the same day, depending on their mood or feelings. One participant illustrated this dynamic by stating:

> [My self-care] varies a little day to day, week to week. Part of the reason I go to therapy is that my emotional swings are "all over the place." So, it can change from morning to afternoon what I consider to be ways of taking care of myself. In the morning, it might be, I'll take care of myself by having morning coffee, looking at the sun, perhaps journaling. And then in the afternoon my mood swung, and then, my way to take care of myself is to hit myself or something like that. (P4)

Participants also pointed to a broader uncertainty about what constitutes "appropriate" or "sufficient" self-care. This ambiguity was not always tied to emotional fluctuations, but often stemmed from a lack of clear societal norms, role models, or personal benchmarks for self-care. As a result, they frequently struggled to set realistic expectations and felt overwhelmed by unattainable standards influenced by societal ideals. One participant reflected on this challenge:

> I just think that maybe you have set your goals too high. Perhaps you have this feeling that maybe you should never eat anything unhealthy, I have to work out three times a week, this and that much. Now, I try not to push myself that much anymore, but I did before. I measured how much I walked each day. Maybe I decided I have to walk 15,000 steps every day or else I'm not taking care of myself. (P10)

This sub-theme highlights the dual challenges participants faced, the influence of emotional variability on their perceptions of self-care, and the broader uncertainty surrounding its definition. Together, these factors contributed to the sense that self-care was difficult to define and implement consistently. These challenges made self-care a difficult choice, as participants had to identify their needs and define what self-care meant in each situation based on those needs, a process that required deliberation and effort when it was neither automatic nor self-evident.

A final aspect of this theme emerged from participants' descriptions of self-care as a process often characterized by a perceived dichotomy, where they felt compelled to choose between two seemingly irreconcilable options (sub-theme: *Self-care is either all or nothing*). This rigid, either-or thinking made it challenging for them to prioritize self-care. For example, several participants described feeling torn between addressing their own needs and prioritizing the needs of others. One participant explained:

> I feel selfish, I guess. It [self-care] just feels boring, it feels unimportant (...). I probably weigh everything, like this, "Oh, okay, you can brush your teeth, instead. You can also call your friend who is not feeling well," sort of like that. I prioritize others. Because it feels much, much more important to do that. (P7)

Others emphasized the importance of setting boundaries and maintaining self-respect to enable self-care. Without these boundaries, they felt their self-care was undermined:

> If you don't do it [say no and set limits], it will be, like, you will be controlled by others. It becomes difficult to take care of yourself when you are constantly, well, taken advantage of by others and you can't live your life the way you want. (P3)

This dichotomous perspective extended beyond relational dynamics. Some participants described self-care as a choice between self-care and self-destructive behaviors. While self-care was seen as more beneficial in the long term, self-destructive behaviors often provided immediate relief. Several participants even viewed self-injury as a form of self-care, particularly as a coping mechanism during emotionally difficult situations. Others noted that neglecting basic self-care could function as a form of self-injury, further blurring the lines between self-care and self-harm. One participant summarized this tension:

> One thing I find difficult is that self-injuring is often viewed as not taking care of yourself. But it feels good to me. I suffer a lot with intrusive memories, and I feel I get a break from them when I injure myself. It feels like nice, like something I can treat myself to (…). But I do see that,

> in the long run, it's not good, and others think it's bad, and I understand that, that it's bad in a way. (P12)

This sub-theme captures participants' struggles with a rigid and dichotomous understanding of self-care. Whether in relational or personal contexts, their inability to find compromises or integrate self-care with other aspects of life made it difficult to sustain. These experiences underscore the challenges of navigating self-care within the constraints of a perceived either-or framework.

Theme 3. Self-care is beyond my control

A third theme was identified in participants' experiences of how their internal states and personal abilities contributed to hindering or facilitating self-care activities. Possessing relevant skills and abilities and being able to maintain agency throughout negative feelings and moods were emphasized as particularly important. Central to this experience, however, was a sense of low agency in such capabilities, which in turn was described as leading to feelings of lack of control and powerlessness in relation to managing one's own self-care. Based on participants' descriptions of the need of making an active choice to engage in self-care activities (outlined in Theme 2 above), two sub-themes were identified concerning different aspects of how participants described that their internal states could influence self-care.

Participants described self-care as closely intertwined with their emotional and mental states, often forming either a downward or (more rarely) an upward spiral (sub-theme: *I get stuck in spirals*). These experiences highlighted how self-care behaviors and general wellbeing influenced one another, creating a dynamic that could either exacerbate difficulties or support recovery and stability. The downward spiral was described by several participants, who conveyed that self-care was experienced as unpredictable and difficult to control, particularly when experiencing psychiatric symptoms, problem behaviors (e.g., self-injury, anxiety, eating disorders, or post-traumatic stress symptoms), or general life stress. This interactivity between self-care and deteriorating mental health was often described as a self-reinforcing downward spiral, wherein worsening mental health made self-care feel even more unattainable. One participant reflected on how negative self-image contributed to this cycle:

> I'm probably quite hard on myself and think a lot of what I do is ridiculous, like "what the hell just pull yourself together, you just need to brush your teeth" or "God, you just need to do it." Because everything is actually really easy, like, in my head, and then I get angry with myself and, then, maybe it becomes even more difficult. It becomes a vicious circle. (P7)

Of note, some participants also shared that elevated mood or positive life events could sometimes disrupt self-care routines. In such situations, they might neglect essential self-care activities, such as taking medication, eating, or sleeping adequately, because they felt less need for these actions.

A few participants also described how engaging in self-care initiated an upward spiral, whereby improved self-care facilitated better emotional and mental wellbeing. This positive dynamic was often supported by external interventions, such as therapy or skills training, which helped participants stabilize and improve their self-care routines. One participant reflected on how addressing multiple areas of difficulty simultaneously could create a positive cycle:

> Yeah, so in [DBT] skills-group we learn a lot of stuff, like everything from distress tolerance skills to things to improve, you know, relationship skills and stuff like that. And all of those things really improve your quality of life. And I feel like when your quality of life is good, it's kind of symbiotic, you know, like when your quality of life is good, you take better care of yourself. And when you take better care of yourself, your quality of life gets better too. You sort of have to tackle it from both fronts, in a way. (P8)

Participants emphasized the importance of external support, such as psychiatric services, in breaking their downward spirals and facilitating upward ones. These interventions not only improved emotional wellbeing, but also enhanced participants' practical ability to engage in self-care, creating a reinforcing cycle of improvement. This sub-theme captures the dual nature of self-care spirals, emphasizing the delicate interplay between emotional states and self-care behaviors. While participants often struggled with downward spirals, their accounts also underscored the potential for upward spirals when self-care was supported and maintained.

A second aspect of this experience of lack of control over self-care was characterized by various challenges with self-care, primarily linked to difficulties in planning, initiating, and maintaining routines (sub-theme: *It's a struggle to manage self-care*). Many expressed frustrations at knowing what they needed to do, but feeling unable to follow through, often due to issues like procrastination, lack of focus, or passivity. These struggles were compounded by difficulties in directing their energy or maintaining attention on tasks, as one participant noted, "It is hard to direct my energy somehow; it just ends up in one area, and then it's difficult to shift it toward self-care" (P8).

Forgetfulness and a lack of structure further complicated self-care efforts. Some participants described challenges in remembering essential tasks or things not immediately visible, such as taking medication or maintaining hygiene:

> Sometimes, I forget a step and only realize afterwards, like, "Oh, what the heck," and that takes a lot of energy. I don't really have an internal checklist. For example, I've forgotten shampooing [when showering] and then thought, "How could I forget that?" Or I forget my journal, even though I know I always want to bring it with me. It's just that whole 'out of sight, out of mind' thing. (P8)

The importance of routines was highlighted by all participants, with many emphasizing how routines made self-care easier and reduced the burden of actively deciding to engage in it each time. Several participants expressed a desire for support in establishing and maintaining routines, especially after disruptions. Despite challenges, many participants expressed hope for improvement, recognizing that even small steps could help them overcome procrastination and develop healthier patterns:

> I think that being so passive and sitting for so many hours in front of the phone every day makes me feel very unsuccessful and insufficient. If I could break this pattern, I think I would feel a lot better. So perhaps it isn't required. I'm not a perfectionist. I don't need to set very high goals, but somehow, I have to get such basics as everyday routines in order. (P10)

In summary, participants identified planning, routines, and external support as essential to overcoming barriers to self-care, particularly when struggles with procrastination, passivity, or being emotionally overwhelmed made it difficult to act.

Theme 4 Support can both help and hinder self-care

All participants described how external support and interventions, such as from family, friends, psychiatric care, or municipal services, could both facilitate and hinder self-care. This theme thus captures both how the participants experienced a need for support (sub-theme: *I need supportive others*) and what that support entails, but also the challenges associated with receiving support. Many participants emphasized the importance of a supportive context for managing self-care. Support ranged from practical assistance, such as reminders and help with daily tasks, to emotional encouragement. For example, one participant described the importance of family support:

> I can get support from my parents. I remember a time, about a year ago, when it had been a really, really long time since I managed to wash my hair or do things like that. I went home to my family, and my mom washed my hair for me over the bathtub. (P5)

Participants living in supported housing highlighted how structured help with tasks like cleaning, cooking, and medication facilitated self-care. However, some participants without access to such resources reported feeling isolated and overwhelmed by the responsibility of managing self-care alone.

Despite the importance of support, participants also described challenges related to poorly tailored or insufficient interventions (sub-theme: *I need tailored support*). Several participants stressed the need for flexible and individualized approaches to support, as one noted: "Above all, it's about finding your own tricks. That's the hardest part about mental illness. There's never one single solution that works for two people. It's different for each individual, and that gets forgotten far too often" (P11). Experiences of inpatient psychiatric care also highlighted the complexity of support. While hospitalization sometimes improved immediate self-care, participants also described negative side effects, such as losing skills and independence after extended stays. One participant explained:

> Just like there are side effects of a medicine, there are side effects of being hospitalized. You get told that they check the side effects [of medicines], "do you feel unwell", "do have a headache", things like that. But you don't look at the side effects of being admitted. I've thought about that a couple of times, that maybe you should have it as a part of the intervention. So that someone who has been hospitalized, especially for a long time, get help in building their skills back up. Because [after my admissions] there were many new reasons that I couldn't move to my own apartment. But if I had received help to build up the skills that I lost as a side effect of the admission, perhaps I wouldn't have had to live in special services housing or to have to come back to the ward all the time. (P2)

The transition between inpatient and outpatient care was another common challenge, with participants noting significant gaps in coordination and follow-up. One participant described this transition as a critical barrier to sustained self-care: "I feel that there is a very large gap between inpatient and outpatient psychiatry. And that there is quite a gap between the municipal's social services and the hospital-based psychiatry. I believe in cooperating and coordinating these efforts" (P2).

Discussion

This study provides novel insights into the experiences and perceptions of self-care among individuals with lived experience of self-injury. To our knowledge, this is the first qualitative study exploring self-care as part of daily functioning, and the factors that hinder and facilitate it, from the perspectives of this group. Previous research suggests that individuals who engage in self-injurious behaviors often experience reduced self-care capacity, contributing to functional impairments associated with mental health difficulties (Nilsson et al., 2021a; Selby et al., 2012). Consistent with these findings, all participants in the present study acknowledged the importance of self-care for their general wellbeing. They also described significant challenges in managing it. These accounts reveal a dynamic interplay between self-care activities, other behaviors (including, but not limited to, self-injury), as well as how their self-care is affected by other people.

The findings from this study align with the theoretical framework of self-care as a decision-making process (Riegel et al., 2012, 2019), which conceptualizes self-care through three interrelated components: self-care maintenance, self-care monitoring, and self-care management. Each of these components was reflected in the participants' lived experiences as described below.

Self-care maintenance involves engaging in routine behaviors that promote health and wellbeing (Riegel et al., 2012, 2019). Participants described significant difficulties in maintaining daily routines, such as regular eating, sleeping, or hygiene practices. These behaviors were often disrupted by fluctuating emotional states and symptoms of mental illness. For example, participants noted how negative emotional states reduced their motivation and ability to perform even basic self-care tasks, underscoring the fragile nature of self-care maintenance in this group.

Self-care monitoring also requires awareness of physical and emotional states to identify when adjustments to self-care are necessary (Riegel et al., 2012, 2019). Many participants reported challenges in recognizing their needs or symptoms, which often became overwhelming before they attempted to address them. This lack of symptom monitoring contributed to cycles of neglect and distress, further complicating their self-care efforts.

Finally, self-care management refers to the active decision-making process of addressing identified needs (Riegel et al., 2012, 2019). For participants, this process was particularly difficult, as they described struggles with prioritizing self-care amidst competing demands, such as caring for others or maladaptive coping mechanisms like self-injury. While some participants viewed self-injury as antithetical to self-care, others described it as a short-term strategy to manage emotional distress, further illustrating the complexity of self-care management in this population.

By mapping participants' experiences onto this theoretical framework, the findings illustrate how the self-care process breaks down at multiple levels for individuals who self-injure, highlighting potential intervention points. Of the four themes in the analysis, the first three focused on self-care from an agentic point of view, revolving around experiences of motivational challenges (*Why should I choose self-care?*), the complexity in choosing self-care (*Self-care is a difficult choice for me*) and barriers to self-

care (*Self-care is beyond my control*). The fourth theme centered on participants' experiences of how support from other people affects their self-care (*Support can both help and hinder self-care*). However, the role of others was not limited to the fourth theme. Interactions with family members, friends, and professionals influenced participants' ability to engage in self-care both directly and indirectly, suggesting that individual capabilities and the social dimensions of self-care must be considered together.

In the theme *Why should I choose self-care?* participants elaborated on the motivational aspects of self-care. The findings from the sub-theme *Am I worthy of self-care?* capture how self-critical beliefs were perceived to impede self-care. Central to the participants' experience was the notion that self-care was not their norm. Instead, it was often felt as unnecessary or meaningless, reflecting self-critical and self-degrading notions. These results suggest that difficulties with motivation to self-care may be related to negative self-attitudes, which are commonly associated with self-injuring behaviors (Hooley & Franklin, 2018; Zelkowitz & Cole, 2019). Self-injury has also been proposed to serve a self-punishing function in some cases (Klonsky, 2007a) with self-critical cognitive processes mediating this behavior (Fox et al., 2017; Hooley & Franklin, 2018).

The incentives to self-care can, however, increase when these negative self-views are reduced. Participants described that this could occur when they experienced an increased sense of coherence, such as through having an assigned role or relationships where others depended on them. This was captured in the subtheme *Feeling needed gives me a reason*, wherein participants noted that a sense of purpose was important for self-care. Research supports this, indicating that a sense of coherence is an important determinant of health-related behaviors and associated with higher levels of optimism, hardiness, and coping skills (Eriksson & Lindström, 2006).

Self-care often emerged as a difficult choice for participants as they perceived it to conflict with other priorities, such as caring for others (sub-theme: *Self-care is difficult to define*). Another juxtaposition described by participants was between self-care and self-destructive behaviors. While these behaviors were typically seen as opposites, participants also reported instances in which they overlapped. For example, engaging in self-injury was sometimes viewed as a way to regulate affect in the short term, imbuing it with self-caring qualities in those specific moments. This finding aligns with existing research, which identifies the reduction of affect regulation as a common motivation for self-injury (Klonsky, 2007b). Claes and Vandereycken (2007) conceptualized self-injury as existing on a spectrum that spans from self-harm to self-care, depending on the intent and function of the behavior. This frameing is particularly useful for understanding how participants in this study described the dual role of self-injury. For some, self-injury temporarily alleviated emotional distress, which imbued it with self-caring qualities in specific contexts, even though it was ultimately harmful. Similarly, some participants described neglecting basic self-care needs as a form of indirect self-injury, further blurring the boundaries between these behaviors.

This dual perception underscores the complexity of managing self-care for these individuals, as their understanding of what constitutes relevant self-care shifts with their emotional state. Taken together, self-injury—both direct and indirect—was perceived by participants as alternately supporting or hindering their well-being, depending on the context and their emotional state. This paradox highlights the participants' ambiguity regarding the concept of self-care and how to enact it effectively.

The theme *Self-care is beyond my control* elaborated on why self-care was particularly difficult. Participants described that motivation and interest in self-care often declined during negative emotional states, following a downward spiral that reinforced itself (sub-theme: *I get stuck in spirals*). While the downward spiral was a major barrier to self-care, some participants also described moments in whic self-care triggered an upward spiral, such that positive emotions reinforced effective self-care behaviors. Participants frequently described difficulties with the personal skills and abilities necessary to engage in self-care activities, such as planning and maintaining routines (sub-theme: *It's a struggle to manage self-care*). Ideally, the experience of symptoms would prompt individuals to initiate self-care activities to manage them. However, this process often breaks down, as symptom experiences interact with and impair critical factors such as self-care skills, confidence, and self-efficacy. Indeed, depressive symptoms have been found to hamper self-care in somatic patients, such as heart failure (Chang et al., 2017; Lee et al., 2017), and type-2 diabetes (Egede & Osborn, 2010). The participants in this study similarly described how symptoms of mental illness interfered with their ability to engage in self-care, suggesting that symptom-related barriers may be especially pronounced in this group.

Participants often struggled with planning, initiating, and sustaining behaviors required for self-care. These difficulties align with the concept of executive dysfunction, which refers to impairments in higher-order cognitive processes, such as goal-directed behavior and self-regulation (Diamond, 2013). Previous research has identified executive function impairments among individuals who engage in self-injury (Nilsson et al., 2021b) and those with BPD (Mcclure et al., 2016). These findings suggest that activities requiring executive functioning, such as establishing and maintaining self-care routines, may be particularly challenging for individuals who engage in self-injurious behaviors. This is consistent with participants' accounts of the difficulties they faced in implementing fundamental self-care activities.

In the fourth theme, *Support can both help and hinder self-care*, participants emphasized the critical role of support from others in their self-care (sub-theme: *I need supportive others*). While participants consistently stressed the importance of receiving support, they also identified several pitfalls, particularly in the context of professional healthcare services. Participants described receiving various types of support for self-care, including psychiatric care, assistance from family and friends, and formal services such as assisted living arrangements or inpatient care. Support was perceived as most beneficial when it was individualized and tailored to meet the participants' fluctuating needs across different emotional states and situations (sub-theme: *I need tailored support*). For example, participants highlighted the importance of support being adaptable, rather than rigid or one-size-fits-all. This finding aligns with previous research suggesting that individuals who engage in self-injury benefit from individualized adaptations to care (Lindgren et al., 2018; Looi et al., 2015). Similarly, studies have shown that individual-based interventions are mentioned as particularly effective among individuals who have recovered from self-injurious behaviors (Tofthagen et al., 2017). In addition to individualized care, participants emphasized the need for greater flexibility and coordination among service providers. Gaps in communication and collaboration between psychiatric services and other care providers were often cited as barriers to effective support. Models of care that emphasize flexibility, and interdisciplinary collaboration have shown promising results for individuals with complex psychiatric problems and significant functional impairments (Griffiths et al., 2009; Nugter et al., 2016; Svensson et al., 2018).

However, these approaches have not yet been systematically evaluated for individuals who engage in self-injury.

The findings of this study provide valuable insights into the perceived reasons for low self-care functioning among psychiatric patients who engage in self-injury. They highlight several areas for further exploration, particularly how inadequate experience and skills, limited confidence in one's abilities, and insufficient cognitive and functional capacities hinder self-care processes. Investigating how each of these factors contributes to the challenges of self-care could inform more targeted interventions for this group.

These insights are of clinical significance for healthcare professionals and others who support this population. First, we propose that interventions should be tailored to address the specific barriers identified in this study. These include struggles with motivation, the complexity of choosing self-care due to the ambiguous nature of the concept, and specific difficulties in managing self-care tasks. Psychoeducational interventions about the self-care process, combined with skills training and efforts to improve self-efficacy, could help individuals better navigate these barriers.

The findings related to executive dysfunction, such as challenges with planning and initiating self-care, suggest that interventions targeting executive skills could be particularly beneficial. Strategies like behavioral activation may enhance self-care capacities by breaking tasks into manageable steps and reinforcing completion. Additionally, tools for symptom monitoring and structured routines could support self-care during periods of emotional instability. For example, digital apps or diaries prompting individuals to track their emotional and physical states daily could provide immediate feedback and foster early intervention, thereby helping to interrupt downward spirals and establish stable routines.

The results also suggest that promoting a sense of purpose in life could indirectly enhance motivation for self-care. Vocational training programs or volunteer opportunities may foster a greater sense of coherence, helping individuals align self-care activities with meaningful life goals. Importantly, the findings emphasize the need for individualized care that accounts for the dynamic and contextual nature of self-care. Clinicians should adopt person-centered approaches that acknowledge the dual role of self-injury as both a barrier to self-care and, for some, a harmful form of self-care. Understanding this paradox can help guide interventions that address self-injury while simultaneously promoting healthier self-care behaviors.

Limitations

This study has several limitations that should be considered. One limitation is that a specific definition of self-care was not provided to participants prior to the interview. As a result, it is possible that participants were uncertain about which behaviors the concept referred to when they agreed to participate. While the interview manual was based on the World Health Organization's definition of self-care (Üstün et al., 2010), which emphasizes the conscious and motivational intent of self-care behaviors, the interviewers remained open to exploring the participants' own perceptions of self-care. This flexibility allows for a richer understanding of how self-care is experienced, but may limit the comparability of these results to studies using stricter definitions. Additionally, self-injury was not explicitly operationalized for participants during the study. This decision was intentional to allow participants to describe their experiences in their own person-centered terms. However, it may have introduced variability in how participants conceptualized and discussed self-injury, potentially influencing the findings. While this aligns with the exploratory nature of the study, it limits the precision with which the results can be generalized to populations defined by specific types of self-injury, such as NSSI or suicidal behaviors.

Another limitation relates to the recruitment of participants from a psychiatric outpatient clinic specializing in the treatment of self-injury, suicidality, and related disorders. While this setting provided access to individuals with direct lived experience of self-care challenges, it also restricts the transferability of the findings. Participants in this study may represent a subgroup with more severe mental health issues and functional impairments requiring specialized care. As such, the findings may not fully capture the experiences of individuals with less severe difficulties or those receiving care in other contexts.

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