


Adolescents, Stigma, and Social Resistance: A Sociological Study of Self-Harm Behavior in Mataram City

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Abstract

The phenomenon of self-harm among adolescents is an increasingly urgent social issue that requires in-depth investigation. This study aims to understand how self-harming behaviors are socially constructed, and how stigma and forms of social resistance emerge and are interpreted by those who engage in them. Conducted in the city of Mataram, this qualitative research employed in-depth interviews, participant observation, and document analysis as secondary data sources. The findings reveal that self-harm is not merely an expression of individual pathology, but rather a response to social pressures, structural inequalities, and cultural expectations that burden adolescents. Social stigma reinforces marginalization and deepens the sense of isolation experienced by individuals. Nevertheless, these conditions also give rise to forms of social resistance, such as peer support and solidarity within small communities. This study highlights the importance of a sociological approach to uncover the social dimensions of adolescent mental health issues. The novelty of this research lies in its revelation of self-harm as a symbolic battleground between social pressure and the search for self-meaning. It recommends the development of more inclusive and responsive social policies while contributing to a more empathetic and transformative social science and humanities discourse.

Keywords: Self-Harm, Social Construction, Stigma, Social Resistance, Mental Health

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INTRODUCTION

The modern era has brought significant impacts on the psychosocial dynamics of adolescents, particularly in terms of identity development. Adolescents, as a group in the midst of a transitional phase, often face complex internal and external pressures. In the torrent of information—especially via social media—they are exposed not only to various narratives about success, beauty, and social relationships, but also to forms of social pressure that are not always processed in a healthy way. Yani et al. (2025) noted that unfiltered media exposure has become a trigger for increased stress and feelings of helplessness among adolescents. It is within this context that self-harming behavior, or self-harm, emerges as a form of expression resulting from unaddressed psychological distress (Hidayatullah et al., 2024; Marthoenis, 2024).

In Indonesia, a 2023 survey by YouGov Omnibus reported that out of 1,018 respondents, over one-third (36.9%) had engaged in self-harm. Individuals who tend to self-

harm often keep the behavior secret due to feelings of shame and fear of being judged as foolish or of being ostracized by others (Epivania & Soetjningsih, 2022). Hasniati et al. (2024) further reported that 20.21% of Indonesian adolescents have engaged in self-harm, with 93% of them being female. Repetitive and increasingly intense self-harming behavior is associated with a heightened risk of suicide, making it a severe concern. In Mataram City, the Child and Women's Protection Agency has recorded an increase in self-harm cases among adolescents aged 12–17 years, signifying that this issue can no longer be ignored or dismissed as marginal.

The phenomenon of self-harm has attracted the attention of both social and clinical researchers. Persano (2022) argues that adolescent self-harm is closely linked to interpersonal dynamics and childhood trauma. Dalton (2025) developed a functional approach to self-harm, viewing it as an effort to regulate negative emotions and communicate unspoken suffering. Meanwhile, Gunnarsson (2025) and Subramanian & Kattumuri (2024) interpret self-harm as a deviant behavior rooted in social pressure and identity crisis. In the Indonesian context, Unarajan et al. (2024) found a significant correlation between loneliness and the tendency for adolescents to engage in self-harm. Musslifah et al. (2024) emphasized that the lack of social support from family and peers is a key trigger for self-injurious behavior.

Other studies have broadened the understanding of self-harm from various perspectives. Subardjo et al. (2024) identified connections between depression, cyberbullying, and self-harming behavior among digital-age adolescents. Hakim & Baihaqi (2024) underscored the importance of cultural context in interpreting self-harm practices, as meanings can differ across communities. Ye & Agarwal (2024) found that academic pressure, family conflict, and troubled romantic relationships are major contributing factors. In Surabaya, Ermita & Rosenthal (2024) highlighted the need for community-based interventions as alternative forms of social support. Additionally, sociological approaches are increasingly employed to provide a more holistic understanding of self-harm, such as the study by Purwanti et al. (2024), which urges an examination of self-harm as a product of structural inequalities and oppressive social expectations.

Further insights into self-harm are also contributed by social psychological and feminist approaches. Research by Kazemi et al. (2025) and Litaay & Batjo (2024) shows that women's experiences in high-demand social relationships often lead to self-harming acts as a form of symbolic liberation from psychological pressure. The symbolic interactionism framework utilized by Goffman, as discussed by Orsini (2024), provides a theoretical foundation to understand how social stigma defines the identity of individuals who self-harm. In this context, stigma not only causes psychological distress but also fosters social exclusion, pushing individuals further into isolation (Malik et al., 2024; Pigeon-Gagné et al., 2024). Structurally, Lee et al. (2025) show that gender inequality, masculine pressure, and social injustice exacerbate the psychosocial burdens faced by both male and female adolescents. These studies create essential space for viewing self-harm not merely as an individual pathology but as a socially meaningful phenomenon.

Nevertheless, most existing research still tends to focus on clinical, psychological, or statistical aspects, with little attention to how self-harm is socially constructed and interpreted by its practitioners—especially in non-metropolitan areas such as Mataram City. Few studies have directly explored the relationship between social stigma, experiences of structural injustice, and symbolic forms of resistance manifested through self-harm practices. Within this context, adolescents’ lived experiences—as social actors navigating overlapping social meanings—deserve deeper exploration. This study thus aims to investigate how adolescents assign meaning to their self-harm behavior, how they respond to surrounding stigmas, and how they forge avenues for social resistance, both explicitly and symbolically.

This research proposes a more comprehensive and contextual perspective by approaching self-harm as a product of complex social relations, rather than merely an individual psychological disorder. Using a sociological lens, this study views self-injury as a response to social pressure, an alternative communication of unvoiced suffering, and a symbolic act of resistance to dominant narratives surrounding mental health. Such an approach is rare, particularly in eastern Indonesia, which possesses unique cultural and social dynamics.

The objective of this study is to understand how self-harming behavior is socially constructed by adolescents in Mataram City, how they interpret the stigmas imposed by society, and how their lived experiences give rise to various forms of social resistance. Therefore, this study not only contributes to the discourse of mental health sociology but also provides a foundation for more empathetic and experience-based social policy development.

RESEARCH METHOD

This study employs a qualitative research method using a phenomenological approach to explore and gain deeper insights into the forms, causes, and consequences of self-harming behavior among adolescents in Mataram City. Phenomenology is used to understand how adolescents interpret self-harm as a response to social pressures, familial rejection, and burdensome cultural expectations (Hossain et al., 2024). Through this approach, the study aims to broaden understanding of the stigmas and social resistance experienced by adolescents (Land, 2024).

The primary informants in this research are adolescents in Mataram who have engaged in self-harm. Supporting informants include family members or close friends who are familiar with the individuals’ daily lives and habits. Primary data were collected through interviews and direct field observation. Secondary data were gathered through literature reviews, including books, journals, articles, websites, and theses relevant to the research topic.

The study uses semi-structured interviews. Interview subjects include individuals who have engaged in self-harm, their peers, and family members. Interviews were conducted through direct dialogue guided by a set of prepared questions, while allowing the researcher to develop follow-up questions as needed based on the flow of information. This approach

aims to uncover data regarding the forms of self-harm, underlying causes, consequences, and changes in social interaction associated with the behavior.

The observational technique used in this study is non-participant observation. The researcher directly observed the environment, activities, self-harming behavior, and social interactions among young people in Mataram. Data analysis involved data reduction, data presentation, and conclusion drawing. To ensure data validity, the study applied triangulation of technique, source, and time (Kaluvarachchi, 2025; Muurlink & Thomsen, 2024).

RESULTS AND DISCUSSION

Self-Harm as a Response to Social and Cultural Pressures

In social life, individuals are constantly faced with complex societal demands. This is particularly true for adolescents, whose transition from childhood to adulthood brings a distinct burden in their efforts to form a recognized and accepted identity within their environment. They need space to be heard, appreciated, and accepted within evolving social relationships. However, when such spaces are unavailable or restricted by rigid social expectations, emotional pressure becomes inevitable. In this context, individuals who are unable to manage this pressure through verbal or social means often redirect it into physical actions—namely, self-harm. This phenomenon arises not solely from individual psychological factors, but is also closely linked to oppressive social and cultural structures that limit individual expression (Younas et al., 2024).

Research findings from Mataram City indicate that adolescents who engage in self-harm generally perceive themselves as socially marginalized. They lack safe spaces in the family, school, or peer environment to express their emotional distress. Four informants from different backgrounds revealed that self-injury became their only outlet when academic pressure, family conflict, and appearance-related stress from social media became unbearable. As Pocock (2024) explains, self-harm often functions as a diversion from emotional suffering that is difficult to articulate verbally. Within Hofmann's (2024) framework of social suffering, such distress is not isolated but stems from an accumulation of unequal social relationships, normative expectations, and a lack of empathetic support in one's surroundings.

Most informants demonstrated limited social interaction—frequently isolating themselves in their rooms, avoiding conversations with family members, and interacting only with those they deeply trust. In spaces that are supposed to provide safety, such as the family or school, they felt even more alienated. This supports the findings of Merino et al. (2024), who noted that low self-confidence in social interaction makes adolescents vulnerable to difficulties in openly expressing their feelings. Additionally, pressure from social media worsens the situation by encouraging adolescents to compare themselves to unrealistic ideals, thereby increasing their psychological burden.

Moreover, differences in social interaction patterns were observed in the experiences of female informants. Findings from Hamamra et al. (2025) show that adolescent girls have a

higher tendency to engage in self-harm than boys, with gender roles, ethnicity, and cultural background influencing how this behavior manifests. In many cases, self-harm is carried out in secrecy, symbolizing a "silent scream" in response to unresolved emotional and social conditions. As emphasized by Kpeno et al. (2024), social interaction skills are not merely technical abilities, but an integral part of forming a healthy personality. When these skills are stunted, not only are social relationships impaired, but the individual's ability to form and interpret their sense of self is also diminished.

In the context of Mataram City, self-harm can be understood as a response to various invisible yet deeply felt social and cultural pressures experienced by adolescents. Through the lens of social suffering, self-harm is not simply the result of personal failure but serves as an expression of structural injustice and social burdens embedded in everyday life. Viewing self-harm as a socially meaningful practice allows us to better empathize with adolescent suffering and encourages the development of policies that are not only curative but also preventive and transformative.

Adolescent Experiences and Acts of Self-Harm

Self-harming behavior is an intentional, non-suicidal act that causes physical injury, intended to release emotional pain. One common form, self-cutting, involves using sharp objects to inflict physical wounds as compensation for emotional distress (Tarigan & Apsari, 2022). Self-harm is defined as the deliberate act of injuring oneself—such as cutting, burning, or stabbing—that results in bleeding, bruising, or pain and is intended to cause minor bodily harm without suicidal intent.

Several forms of self-harm frequently occur among adolescents, one of which is self-hitting. This involves intentionally hitting oneself to feel physical pain as a way to cope with overwhelming emotions such as stress, anger, or anxiety. This act is often performed to distract from negative feelings or to experience sensation when emotionally numb. Many self-harmers report that inflicting physical pain provides a sense of control absent in other parts of their lives. When physical pain is felt, it becomes a means to override the emotional turmoil.

Another common behavior is burning the body. Informants reported deliberately burning their skin with hot objects like cigarette butts or fire. This extreme form of self-harm is high-risk and often conducted as a way to feel something real and tangible, diverting attention from emotional pain. Burning the skin becomes an outlet when emotional distress cannot be verbally expressed.

Self-cutting is also frequently practiced by adolescents in Mataram City. This behavior involves using sharp objects to create cuts or wounds on the skin, particularly on the arms. It is one of the most common forms of self-harming behavior. Many individuals engage in this to relieve emotional stress or psychological pressure. They often feel they deserve punishment or harbor deep guilt and self-hatred. Informants reported using razor blades or utility cutters. Despite no suicidal intent, the act brings a calming effect. While the cuts are not severe, they leave noticeable scars—especially on the arms.



Figure 1 Cut Marks on the Arm

Source: Field Documentation, 2025

In addition, one of the more striking emotional expressions observed in this study was hair-pulling. This behavior refers to the act of forcefully pulling one's own hair, which, in certain contexts, becomes a compulsive response to psychological stress. While painful, this act often provides a sense of relief and serves as a mechanism to release unbearable emotional tension.

In the case of one informant, this behavior emerged particularly when mental pressure peaked—when their mind was overwhelmed with problems or when physical exhaustion from daily routines set in. They recounted that such acts were often carried out unconsciously, as an automatic response when their head felt heavy and thoughts became uncontrollable. These moments of hair-pulling were often accompanied by intense crying, ultimately leading to physical and emotional exhaustion that induced sleep. Interestingly, once the episode passed, the mental burden seemed to ease, as if the body had found a way to stop the anxiety.

However, this action was not without personal consequences. The informant acknowledged hair loss and often felt guilty and ashamed afterward. There was a deep internal contradiction between the need to vent and the awareness of its harmful effects. This illustrates the complexity and paradox of emotional experiences, where the body becomes a medium to express unspoken inner turmoil.

This experience highlights that behaviors such as hair-pulling cannot be understood solely through medical or individual psychological lenses. Instead, they reflect internal struggles shaped by social pressures, structural burdens, and limited emotional expression spaces. In this context, it is crucial to interpret such behaviors as forms of non-verbal communication of unspoken suffering—and as a plea for more empathetic, open, and safe social spaces where individuals can acknowledge and manage their pain.

Pressure and Expectations: Root Causes of Self-Harm

In understanding self-harm behaviors among adolescents in Mataram City, it is essential to examine not only the form of the behavior but also the underlying pressures and expectations that shape their psychosocial experiences. In-depth interviews with four informants revealed that the urge to harm oneself does not arise suddenly. Rather, it is the

accumulation of internal emotional stress and complex external social dynamics that cannot be untangled in simplistic terms. In some cases, informants were able to manage these pressures through activities like writing, drawing, or listening to music. However, for others, the inability to regulate emotions and the lack of accessible support systems led them down a painful and silent path: hurting their own bodies.

The most prominent internal factor identified in this study is intense emotional pressure. Informants described feelings of anxiety, sadness, anger, and confusion that were difficult to articulate. For instance, one participant reported feeling emotionally “full” after experiencing simultaneous stress from home and school, which led them to cut their wrists as a form of release. This phenomenon echoes findings by Meirendra et al. (2025), which state that self-harm serves as a cathartic outlet for unexpressed emotional burdens. When negative emotions are left unmanaged, they may lead to psychological and physical distress, particularly when individuals lack emotional regulation skills or validation from their social environment (Riva et al., 2022; Śniadach et al., 2021).

In addition to emotional stress, mental health issues also emerged as significant internal factors. Several informants displayed symptoms of mild to moderate depression, such as sleep disturbances, social withdrawal, and negative self-perception. These symptoms were often linked to traumatic life experiences—such as the loss of a family member, verbal abuse by parents, or excessive academic expectations. This aligns with research by Worsley et al. (2022), which noted that adolescent mental health issues frequently manifest through non-verbal behaviors, including self-harm, especially when healthy outlets for emotional expression are unavailable.

Table 1. Internal and External Factors Contributing to Self-Harm

Factor	Type	Description Based on Informants’ Accounts
Internal	Emotional pressure	Intense sadness, anger, anxiety, and confusion; unexpressed verbally
	Mental health	Symptoms of depression, social withdrawal, excessive guilt, sleep disturbances
	Personal temperament	Irritability, introversion, withdrawal, low self-confidence
External	Trauma history	Domestic violence, death of a parent, serious accidents
	Family relations	Authoritarian parenting, lack of dialogue, pressure to “be good”
	Academic pressure	Low test scores tied to self-worth, comparisons with siblings
	Social media	Body image comparison, pressure to appear happy and successful

Source: Research Analysis, 2025

A history of childhood trauma was identified as a deeply impactful external factor. Several informants disclosed experiences of physical and verbal abuse by parents or other family members. Some also experienced the sudden loss of a loved one—whether due to death or divorce. These traumatic events left unresolved psychological wounds and, in many cases, shaped the belief that physical pain is more manageable than emotional suffering. This is consistent with Curran et al.'s (2021) trauma theory, which asserts that untreated childhood trauma often leads to maladaptive coping patterns during adolescence.

On the other hand, social pressures also emerged in the form of cultural expectations related to academic achievement, physical appearance, and conforming to "normal" behavior. One informant noted that the pressure to be a high achiever and obedient child made them feel like they were "trapped in an invisible cage." When they failed to meet these standards, they responded by cutting the skin on their thigh—an area hidden from others. These forms of pressure reflect what Nguyen (2022) describes as a social expectations trap, where individuals feel imprisoned within a value system they did not choose but are compelled to obey.

Interestingly, social media also serves as an amplifier of these existing social pressures. Informants mentioned that seeing peers post images of happiness and success triggered feelings of insecurity, shame, and inadequacy. Social media becomes a performative space that widens the gap between reality and expectation. This phenomenon has been studied by Kotsonis & Dunne (2024), who describe social media as a mirror of inadequacy, a space where users continually compare themselves and feel they fall short of idealized standards.

This study demonstrates that self-harm is not an impulsive behavior occurring in isolation. It develops within a landscape of pressures that involve interactions between difficult internal experiences and unrealistic external expectations. In situations where social systems fail to provide adequate recognition and support, self-injury becomes the quietest expression of individuals who feel unseen, unheard, and misunderstood. Therefore, understanding self-harm requires a broader social framework so that its treatment goes beyond individual intervention to include the transformation of social relationships and policies that support adolescent psychological well-being.

The Impact of Self-Harm Behavior: Between Visible Wounds and Invisible Scars

Self-harm behavior among adolescents leaves not only physical wounds on the body but also long-lasting marks on their psychological well-being. Research conducted in Mataram revealed that individuals who engage in self-harm experience two main interrelated effects—physical and psychological—which together intensify the complexity of their suffering. In-depth interviews with participants who have engaged in or continue to engage in self-harm reveal that physical wounds often serve as manifestations of emotional distress that cannot be expressed through words.

Physically, the most visible effects include cuts, bruises, open wounds, and in some cases, infections due to inadequate wound care. For instance, one informant, YAA, stated that the scars on her arms made her feel extremely anxious in public. Although the wounds were

no longer bleeding, she confessed to always wearing long sleeves—even in hot weather—to hide the scars due to shame and fear of judgment. These scars, according to field observations, not only symbolize past pain but also serve as permanent reminders of traumatic experiences that continue to haunt them.

Field observations further confirmed this, where several participants were seen consistently covering specific body parts during interviews or when engaging in social activities outside the home. For example, during a home visit, it was observed that IA avoided eye contact and constantly pulled down her sleeves while speaking. This behavior suggests more than an attempt to hide physical wounds; it reflects the shame and social alienation that often accompany self-harm.

Table 2. Physical Impacts of Self-Harm Among Research Participants

Type of Injury	Frequency	Additional Effects
Cuts with sharp objects	High	Permanent scarring, risk of infection
Bruising from self-hitting	Moderate	Muscle pain, swelling
Minor burns	Low	Blistered skin, hyperpigmentation
Hair loss (from hair pulling)	Moderate	Decreased self-confidence

Source: Interview and Field Observation Results, 2025

On the psychological side, the effects are more complex and often latent. Informants reported experiencing temporary relief after engaging in self-harm, but this was quickly replaced by guilt, shame, and a profound sense of emotional emptiness. According to several informants, self-harm served as a form of “internal catharsis,” but one that was ultimately destructive. One participant, AYN, noted that every time she harmed herself, she felt like she could “release an invisible burden,” but afterward, she felt emptier and sadder than before. This pattern suggests that self-harm is not a solution, but part of a repetitive cycle of emotional regulation that ultimately leads to new forms of suffering.

Another significant psychological effect is the emergence of suicidal thoughts. While not all participants had an intention to end their lives, some indicated that during moments of extreme pressure, self-harm served as a sort of “pain rehearsal” for that possibility. Just as important, social stigma and stereotypes worsen the psychological state of those who self-harm. Several participants expressed feeling ostracized or judged negatively by those around them, including family and close friends. One participant, R, shared that after a friend noticed the self-harm scars on her arm, she was shunned and called a “weird kid.” This experience deepened her sense of alienation and created a social barrier that made her reluctant to seek help. In this context, Garcia-Lorenzo et al. (2022) explain that stigma is not merely a label, but a social force that strips individuals of their identity and denies them access to inclusive social spaces.

Table 3. Psychological Impacts of Self-Harm Among Research Participants

Type of Psychological Impact	Description	Frequency
Temporary emotional relief	Emotional release immediately after self-harm	High
Guilt/shame	Emerges after the relief, leading to withdrawal	High
Suicidal thoughts	Arise during periods of high pressure	Moderate
Feelings of emptiness/worthlessness	Heightened emotional distress after seeing the scars	High
Stigma and social rejection	From peers, family, and the broader community	High

Source: Interview and Field Observation Results, 2025

The impact of self-harm extends beyond biological and psychological dimensions; it also encompasses social and symbolic realms. The wounds inflicted are not only on the body but also within the soul, which continues to seek recognition, acceptance, and understanding. Therefore, comprehending these impacts is crucial for designing more empathetic and integrated social policies and intervention programs. Given the prevailing stigma in many social settings, it is vital to develop community-based approaches that foster support rather than judgment. Moreover, public education on mental health should be actively promoted to cultivate more compassionate social spaces that do not add to the psychological burden faced by vulnerable adolescents.

Self-Harm as a Site of Negotiation Between Norms and Subjectivity

Self-harm among adolescents should not be viewed merely as an individual pathological and destructive act, but rather as a form of non-verbal communication that reflects internal conflict and unarticulated social pressure. Within the framework of symbolic interactionism as proposed by Blumer (2015), the meaning of an action is not inherent, but formed and interpreted through social interactions. Acts of self-injury, such as cutting the skin or hitting the body, can be seen as symbols that represent feelings of distress, loneliness, or alienation that cannot be expressed through verbal language.

Adolescents who engage in self-harm often do so in private or hidden spaces, not to gain external attention, but as a means of emotional release that is socially unacceptable. According to the main informant's experience, self-harm was not carried out to "gain sympathy," but as an outlet for internal pressure that found no space within supportive social communication. This demonstrates that individual subjectivity plays a significant role in these actions, which cannot simply be reduced to deviant behavior. However, the symbolic meaning of self-harm does not stand alone. It continuously interacts with the norms and values prevailing in society. Norms that prioritize emotional stability, obedience, and academic achievement often fail to provide space for adolescents to acknowledge their feelings of pressure or failure. In their interaction with these norms, adolescents who experience emotional difficulty often feel deviant, rejected, or even unwanted. This is where the process

of internalized stigma occurs, as discussed by Peräkylä (2023) through the concept of spoiled identity, in which self-identity is shaped through the lens of negative social judgment.

Stigma around self-harm is not only interpersonal but also structural. Adolescents known to self-harm are often ostracized, treated as “troubled,” or even barred from participating in certain social activities for being considered disruptive. For instance, informant YAA described how the shame she felt about her scars stemmed not just from the scars themselves, but from their social interpretation—as signs of personal failure or abnormality. This deepens the sense of alienation and diminishes self-confidence, creating a closed social loop filled with psychological burden.

However, in some cases, individuals who self-harm also demonstrate a capacity to renegotiate the meaning of their actions. In supportive friendships or in closed and empathetic online communities, the meaning of self-harm can shift into a symbol of solidarity, existence, or a cry for help that cannot be expressed in conventional ways. In this context, social resistance emerges against the dominant narratives that stigmatize them. They are not merely objects of social pressure, but also agents who actively shape and renegotiate their own subjective meanings.

Tabel 4. Symbolic Interpretations of Self-Harm Based on Social Interactions

Aspect	Meaning for the Individual	Meaning for Society	Meaning in the Context of Social Resistance
Self-harming acts (cutting, hitting)	Expression of emotional distress, non-verbal communication of unspoken suffering	Sign of psychological disorder, deviant behavior, or lack of self-control	Symbol of resistance against normative expectations that repress vulnerability
Scars or physical marks	Emotional memory, proof of existence and real feelings	Social shame, tarnished identity (spoiled identity)	Symbol of solidarity within closed communities or social circles that share similar experiences
Feelings of guilt and shame	Internalized values from negative social judgment	Confirmation that the individual is “troubled” or unable to conform	Source of critical awareness that stigma must be resisted through support and self-affirmation
Withdrawal from social environments	Self-protection, avoidance of stigma or confrontation	Confirmation of stereotypes like “introverted” or “isolated” youth	Temporary step toward finding a safe space, before building supportive social networks
Social interaction in support groups	Opportunity to reconstruct the meaning of experience collectively and empathetically	Often ignored or dismissed for being informal or “non-clinical”	A social recovery process based on lived experience and narrative, forming a new symbolic resistance

Source: Interview and Field Observation Results, 2025

This negotiation reflects a symbolic field, as described by Michel Foucault, in which the body becomes a site of both power and resistance. The wounded adolescent body is not merely a manifestation of psychological suffering, but also a medium of expression—a declaration that they exist, that they feel, and that they reject being reduced by social systems that do not accommodate their vulnerability. In the experiences of the informants, acts of self-injury were often followed by deep personal reflection, revealing the body as the most honest medium of expression when words fail to represent emotions.

Self-harm must therefore be understood as a complex arena of meaning negotiation between social pressure, normative constructions, and individual subjectivity. It is not merely a form of deviance, but a symbolic process that reflects individuals' attempts to navigate emotional pain, meaning-making, and overwhelming social expectations. Interventions for this phenomenon must go beyond medical or psychological levels, and incorporate sociological approaches that take into account the social, symbolic, and cultural contexts in which self-harm occurs and is interpreted.

CONCLUSION

This study concludes that self-harm behavior among adolescents in Mataram is not merely a pathological expression of the individual, but rather a social construction born from the accumulation of psychosocial pressure, power dynamics within the family structure, tensions between social norms and individual affective needs, and limited space for valid emotional expression. Self-harm emerges as an emotional articulation of powerlessness and alienation, simultaneously representing a survival strategy under oppressive circumstances. The stigma attached to those who self-harm further deepens their alienation and restricts access to the support they need. Nevertheless, this research also reveals forms of social resistance manifested through peer solidarity networks and small communities that allow individuals to rediscover their sense of self beyond the negative labels imposed by society. These findings support the research objective that self-harm is a symbolic battleground between social burden and existential search, which cannot be seen merely as a clinical symptom but as a manifestation of complex lived experiences. The novelty of this study lies in uncovering how intense and supportive social interactions can serve as turning points in shifting the meaning of self-harm from a destructive act into a socially reinterpreted expression. Therefore, an empathetic and contextual sociological approach is crucial in formulating social policy interventions that are more inclusive, transformative, and aligned with the lived realities of adolescents.

ETHICAL STATEMENT AND DISCLOSURE

This study was conducted in accordance with established ethical principles, including informed consent, protection of informants' confidentiality, and respect for local cultural values. Special consideration was given to participants from vulnerable groups to ensure their safety, comfort, and equal rights to participate. No external funding was received, and the

authors declare no conflict of interest. All data and information presented were collected through valid research methods and have been verified to ensure their accuracy and reliability. The use of artificial intelligence (AI) was limited to technical assistance for writing and language editing, without influencing the scientific substance of the work. The authors express their gratitude to the informants for their valuable insights, and to the anonymous reviewers for their constructive feedback on an earlier version of this manuscript. The authors take full responsibility for the content and conclusions of this article.

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