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Original Article

MATERNAL BONDING, SELF-COMPASSION, AND NON-SUICIDAL SELF-INJURY AMONG PAKISTANI YOUNG MALE ADULTS

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ABSTRACT

Young adulthood is a period of heightened vulnerability to non-suicidal self-injury (NSSI), with parental bonding heightening this risk. Within South Asian family systems, maternal warmth is normatively expected, potentially giving its absence distinct psychological weight relative to paternal coldness. This study examined self-compassion as a moderator of the relationship between maternal bonding (care and overprotection) and NSSI among 300 Pakistani young male adults. Maternal bonding was measured using the Parental Bonding Instrument (Parker et al., 1979), self-compassion using the Self-Compassion Scale (Neff, 2003), and NSSI using the Inventory of Statements About Self-Injury (Klonsky & Glenn, 2009). Moderation analyses conducted in Jamovi (Medmod Module) revealed that low maternal care was associated with greater NSSI engagement, while high maternal overprotection was associated with greater NSSI engagement; both associations weakened significantly as self-compassion increased. These findings indicate that self-compassion buffers the risk conferred by withheld maternal warmth and excessive maternal control, suggesting clinical value in cultivating self-compassion where maternal bonding cannot readily be changed. Findings support culturally informed interventions targeting self-compassion as a protective resource for Pakistani young men.

I. INTRODUCTION

Young adulthood represents a unique developmental stage that unfolds between the ages of 18 and 25, marking the pivotal transition from adolescence to full-fledged adulthood (Castro et al., 2022). This phase is characterized by crucial developmental milestones that facilitate young adults in their journey of self-discovery, the formation of a personal identity and belief framework, as well as the attainment of independence and autonomy (Walczak, 2023). Pakistan, an Islamic nation, has witnessed a persistent rise in suicide and self-harm rates over the past several decades (Shekhani et al., 2018). Owing to social, cultural, moral, and religious taboos, neither is widely discussed. Government national health data do not capture non-suicidal self-injury (NSSI), and official statistics on suicidal behavior remain notably absent (Asif et al., 2025). NSSI refers to the intentional infliction of harm upon one's own body tissue without suicidal intent, representing a distinct category of self-injurious behavior (Kiekens et al., 2018). In Pakistani family systems, maternal and paternal roles are associated with specific normative expectations. Fathers are typically seen as providers and authority figures, whereas mothers are anticipated to be the main source of emotional support, nurturing, and presence during times of distress (Kinsey & Hupcey, 2013). This asymmetry indicates that maternal and paternal bonding may influence young adults differently. Due to the

common expectation for mothers to offer emotional warmth, the experience of low maternal care may differ from that of low paternal care, which is often characterized by a role that emphasizes authority over emotional intimacy. It remains to be seen whether this difference results in a more robust association between maternal bonding and non-suicidal self-injury among young male adults in Pakistan.

Parental Bonding and NSSI

Parental bonding refers to the enduring affectionate tie between parent and child, encompassing both emotional and behavioral components that persist across the lifespan (Kinsey & Hupcey, 2013). Parker et al. (1979) conceptualized this bond along two dimensions: care, reflecting a caregiver's perceived availability during distress, and overprotection, reflecting the extent to which a caregiver supports or restricts a child's healthy exploration of the environment. Low maternal care has emerged as a consistent correlate of self-injurious behaviour; Wang et al.'s (2026) systematic review and meta-analysis of attachment concepts in adolescence found that lower parental care and higher parental overprotection were both associated with suicidal ideation and attempts, with maternal bonding quality emerging in several included studies as the more salient correlate relative to paternal bonding. Maternal overprotection presents a related but distinct risk pathway. Because mothers are already positioned as the primary emotional caregiver, intrusive or controlling maternal involvement may be harder for a young adult to distinguish from normative closeness, potentially delaying recognition of its restrictive effects on autonomy and self-efficacy. This ambiguity may compound the negative self-evaluation associated with both low maternal care and high maternal overprotection, though the two pathways, withheld warmth versus excessive control, are conceptually and empirically distinct and warrant separate examination.

Self-Compassion as Moderator

Self-compassion, defined as extending kindness, common humanity, and mindful awareness toward oneself during experiences of suffering or inadequacy (Neff, 2003), has been advanced as a protective psychological resource against self-directed harm. Suh and Jeong's (2021) meta-analysis of 18 studies and 8,058 participants reported a negative association between self-compassion and NSSI ($r = -0.29$, $k = 7$), with a larger effect for suicidal thoughts and behaviors ($r = -0.34$, $k = 13$). Beyond this direct association, self-compassion functions as a buffer, conditioning the impact of relational adversity. Gao et al. (2023), in a sample of 908 Chinese adolescents, found that self-compassion buffered the effect of stressful life events on NSSI. Calvete et al. (2025) documented comparable moderation in 236 Spanish-speaking transgender and non-binary adolescents and young adults, where self-compassion buffered the association between victimization and NSSI. Theoretically, self-compassion may condition the maternal bonding and NSSI relationship by altering how young men interpret withheld maternal warmth or intrusive maternal control. A young adult capable of directing kindness and non-judgmental acceptance toward himself may be less likely to internalize a mother's perceived coldness or control as evidence of his own inadequacy, thereby reducing reliance on self-injury as an affect-regulation strategy. No study to date has examined self-compassion as a boundary condition on the maternal bonding and NSSI relationship within a Pakistani sample.

Furthermore, research on self-harm among young adults remains overlooked despite its increasing prevalence during late adolescence and early adulthood (Stanford et al., 2017). Moreover, most existing studies have focused primarily on female or mixed-gender samples, leaving young male adults comparatively underexplored despite the increasing prevalence of self-harm within this population. To address these gaps, the present study examined maternal care and maternal overprotection as predictors of NSSI among Pakistani young male adults, testing self-compassion as a moderator of both relationships. Clarifying this boundary condition may inform culturally responsive interventions that cultivate self-compassion as a protective resource where maternal warmth is perceived as withheld or where maternal involvement is experienced as controlling.
The objective of the current study is given below:

- To investigate the moderating role of self-compassion in the relationship between maternal bonding (care and overprotection) and NSSI among young adults.

II. METHOD

Participants

A survey research design was used for this study. The sample comprised 300 young adults using a purposive sampling technique. Out of 300 participants, 25% were between the ages of 18-19 years, 32% were 20 years -21 years, 29% were 22 years -23 years, and only 13% were 24 years to 25 years of age. 53% of participants were living in a nuclear family system, while 47% were living in a joint family system. In terms of years of education, 57 participants had 10 years of education, 118 participants had 12 years of education, making them the majority, while 81% had 14 years of education, and 44 had 16 years of education. Regarding birth order, 31% of participants were firstborn, 35% were middleborn, and 34% were lastborn. Regarding the clinical characteristics, 102 participants reported 10-20 times, 97% reported 21-30 times, and 31% reported more than 31 times as the frequency of NSSI in the past two weeks. They also reported the method used for NSSI; i.e., 125 participants reported cutting, 108 reported burning, and 67 reported biting as their method of NSSI.

Measures

The 25-item Parental Bonding Instrument (Parker et al., 1979) was used to measure maternal bonding. As this questionnaire was filled by the participants for their bonding with their mother, the higher score in each subscale revealed the participants perception of their mothers to be overconcerned and/or overprotective. To measure self-compassion, the Self-Compassion Scale (SCS) (Neff, 2003) was used that measure self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Non-suicidal self-harm injury was measured using the ISAS (Klonsky &Glenn, 2009).

Procedure

Before the commencement of data collection, formal ethical approval was obtained from the administrative authorities of all participating hospitals and mental health departments in Lahore, Pakistan. The protection of participants from psychological harm was accorded the highest priority. Informed consent was obtained in writing from all participants before data collection. The confidentiality of all participants was strictly maintained.

III. RESULTS

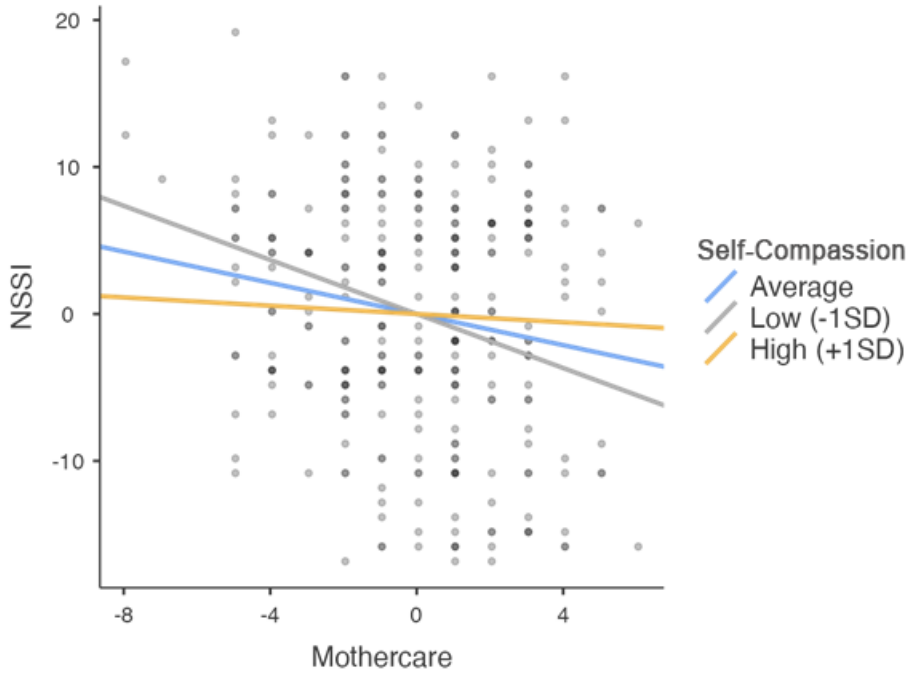
The data collected were analyzed using Jamovi (28.2).

Table I: Moderation of Self-Compassion in the Relationship between Mother Care and NSSI

			95% CI			
Variables	Estimate	SE	Lower	Upper	Z	*p*
Mother care	-0.530	0.182	-0.888	-0.155	-2.91	0.004
Self-compassion	0.117	0.059	0.005	0.231	1.96	0.050
Mother care x Self-compassion	0.051	0.023	0.004	0.097	2.18	0.029

The interaction between Mother Care and self-compassion significantly predicted NSSI, indicating that self-compassion moderates the strength of the maternal care, NSSI relationship. Specifically, Mother Care exerted a significant negative effect on NSSI at average levels of self-compassion, with lower maternal care associated with greater engagement in NSSI. The positive sign of the interaction term indicates that this negative association weakened as self-compassion increased, reflecting a buffering effect whereby self-compassion attenuates the risk conferred by lower maternal care.

Figure I: Moderation of Self-Compassion in the Relationship between Mother Care and NSSI



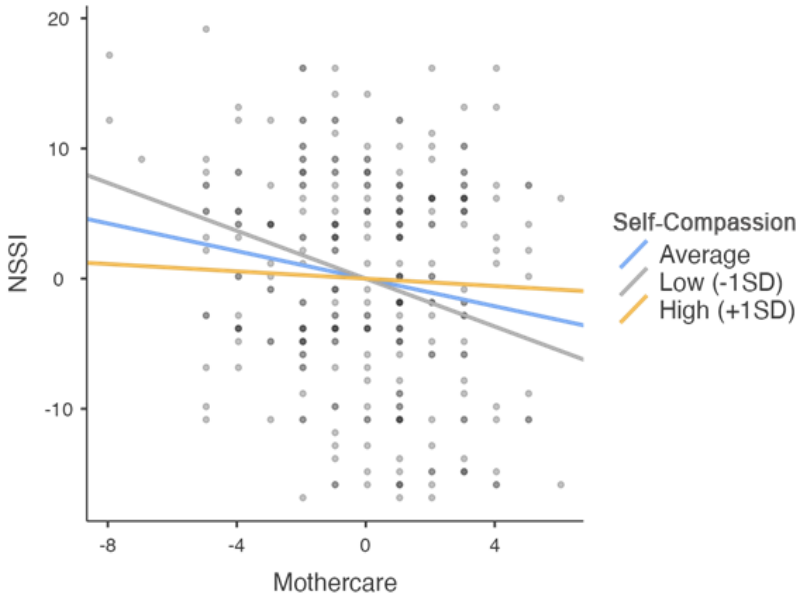
Self-compassion weakened the link between low maternal care and NSSI, buffering this risk most strongly among individuals high in self-compassion.

Table II: Moderation of Self-Compassion in the Relationship between Mother Overprotection and NSSI

			95% CI			
Variables	Estimate	SE	Lower	Upper	Z	*p*
Mother Overprotection	0.674	0.055	0.562	0.779	12.23	< .001
Self-compassion	-1.256	0.322	-1.875	-0.646	-3.90	< .001
Mother Overprotection x Self-compassion	-0.043	0.014	-0.073	-0.014	-2.95	0.003

The interaction between Mother Overprotection and self-compassion significantly predicted NSSI, indicating that self-compassion moderates the relationship between maternal overprotection and self-harm behavior. Mother Overprotection had a significant positive effect on NSSI, meaning greater maternal overprotection was associated with increased NSSI. Self-compassion also showed a significant negative main effect, indicating that higher self-compassion was independently associated with lower NSSI. The negative interaction coefficient indicates that the positive association between maternal overprotection and NSSI weakened as self-compassion increased, consistent with a buffering effect.

Figure II: Moderation of Self-Compassion in the Relationship between Mother Overprotection and NSSI



Self-compassion also weakened the link between maternal overprotection and NSSI, though the risk remained present even at high self-compassion.

DISCUSSION

The above findings are consistent with evidence that self-compassion buffers the association between peer victimization and adolescent NSSI (Jiang et al., 2016) and moderates the relationship between harsh parenting and adolescent depressive symptoms, an established correlate of NSSI (Liu et al., 2024). It also aligns with self-compassion's theorized function within Neff's (2003) tripartite model, in which self-kindness, common humanity, and mindfulness jointly reduce the self-critical and isolating cognitive patterns that would otherwise amplify the emotional impact of withheld maternal warmth or intrusive maternal control. Clinically, this suggests that interventions cultivating self-compassion may be of particular value for young men who cannot readily alter an overprotective or emotionally distant relationship with their mother, offering a proximal, individually targetable resource where a distal, family-level risk factor is not easily changed.

This buffering role may extend beyond the onset and severity of NSSI to the process of recovery. Drawing on a comparable parental-bonding and self-compassion framework in a Chinese adolescent sample, positive self-compassion, comprising self-kindness, mindfulness, and common humanity, predicted stronger motivation to resist NSSI urges and to attempt alternative coping strategies, whereas the negative dimensions of self-compassion (self-criticism, over-identification, and isolation) showed no comparable association, suggesting that it is the presence of a positive self-relational resource, rather than merely the absence of self-critical tendencies, that supports recovery (Zhang et al., 2026). This is consistent with a broader literature linking self-compassion to health-promoting motivation more generally, including a large meta-analysis reporting associations between self-compassion and health-promoting behaviour across 94 studies (Phillips & Hine, 2021). Read together with the present moderation findings, this suggests self-compassion may operate not only as a buffer against the onset or escalation of NSSI risk in the presence of low maternal care or high maternal overprotection, but potentially as a resource supporting recovery once self-injury has begun, an implication the present cross-sectional design cannot test directly but which represents a natural extension for future longitudinal work in this sample.

Given its apparent clinical value, the present findings raise the practical question of how self-compassion might be cultivated among Pakistani young male adults specifically, particularly those navigating a strained or emotionally

distant relationship with their mother. Existing self-compassion interventions, including Mindful Self-Compassion and compassion-focused therapy, were developed and validated primarily in Western clinical and community populations, and their direct transportability to a South Asian, Muslim-majority young male adult sample is not established. Parallel work in Chinese samples has raised an analogous question of whether indigenous contemplative traditions, such as loving-kindness meditation, might be adapted to cultivate self-compassion in culturally resonant ways (Liu et al., 2024). This question of cultural adaptation is compounded by the present study's cross-sectional, self-report design, which limits causal inference and leaves the retrospective PBI ratings vulnerable to recall bias, while the male-only Pakistani sample restricts generalizability to women and to other cultural contexts. Future research should therefore adopt longitudinal designs to clarify the direction of these effects and test whether culturally adapted self-compassion interventions can meaningfully reduce NSSI risk among young men reporting low maternal care or high maternal overprotection.

IV.CONCLUSION

The present study concluded that self-compassion significantly moderated both associations: lower maternal care was linked to greater NSSI engagement, but this association weakened as self-compassion increased, while higher maternal overprotection was linked to greater NSSI engagement, an association that likewise weakened as self-compassion increased. Self-compassion also showed a significant independent negative association with NSSI. Together, these findings indicate that self-compassion functions as a buffering resource against both dimensions of maternal bonding examined here, attenuating the risk conferred by withheld maternal warmth and by excessive maternal control alike, and suggest that young men who can extend kindness, mindful acceptance, and a sense of common humanity toward themselves are less dependent on maternal bonding quality to regulate their vulnerability to self-injury.

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