

ORIGINAL RESEARCH ARTICLE

The application of “seeking common ground while reserving differences” in parent-child conflict among adolescents with non-suicidal self-injury: A qualitative study

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Yuanyuan Hu⁵, Jie Zhang⁶, and Jing Hu^{1*}¹Department of Clinical Psychology, The Zhongshan Third People's Hospital, Zhongshan, Guangdong, China²Mental Health Center, The Zhongshan Third People's Hospital, Zhongshan, Guangdong, China³Department of Special Inspection, Shandong Daizhuang Hospital, Jining, Shandong, China⁴Department of Psychiatric Rehabilitation, The Zhongshan Third People's Hospital, Zhongshan, Guangdong, China⁵Department of Traditional Chinese Medicine, The Zhongshan Third People's Hospital, Zhongshan, Guangdong, China⁶Department of Child and Adolescence Psychology, The Zhongshan Third People's Hospital, Zhongshan, Guangdong, China(This article belongs to the *Special Issue: Advances in Psychotherapy and Clinical Psychology*)**Abstract**

Parent-child conflict is a known risk and maintenance factor for non-suicidal self-injury (NSSI) in adolescents. Seeking common ground while reserving differences (SCGWRD), a cognitive philosophy centered on managing interpersonal conflict and fostering harmonious relationships, may hold the potential for improving parent-child dynamics. However, Western-originated psychotherapeutic techniques have shown limited effectiveness in addressing NSSI in Chinese adolescents. In addition, no prior studies have adapted and innovatively applied the SCGWRD concept as a psychotherapeutic intervention targeting parent-child conflict in this population. This study aimed to describe and explore the therapeutic experiences of adolescents with NSSI and concurrent parent-child conflict, who underwent an intervention based on the SCGWRD concept. Using a qualitative research approach grounded in inductive and descriptive analysis, semi-structured in-depth interviews were conducted with 12 adolescents experiencing parent-child conflict and receiving SCGWRD-based intervention. Data were analyzed using a thematic analysis framework. Five core themes with progressive relationships were identified: (i) distinctiveness from traditional intervention models; (ii) low cognitive load during acceptance; (iii) cognitive restructuring; (iv) stabilization of negative emotions and reduction of self-injury behaviors; and (v) improvement and harmony in parent-child relationships. Moreover, most participants viewed the intervention as a turning point for self-growth, with cognitive shifts exhibiting a three-stage trajectory: Conflict deconstruction – concept internalization – behavioral adaptation. Rooted in Eastern traditional culture, the SCGWRD concept may serve as a culturally adaptive cognitive-behavioral therapeutic technique. This approach holds promise for repairing parent-child relationships in adolescents with NSSI and may contribute to the reduction of self-harm behaviors.

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1. Introduction

Non-suicidal self-injury (NSSI) refers to the deliberate destruction of one's own body tissue without suicidal intent, serving as a maladaptive coping mechanism for individuals to manage intolerable negative emotions or psychological distress.^{1,2} This behavior is frequently employed by adolescents as an emotional regulation strategy to alleviate acute affective states such as anger, anxiety, and loneliness. Although potentially effective for transient mood modulation, chronic engagement in NSSI paradoxically exacerbates psychological and behavioral maladjustment and substantially increases suicide risk over time.^{3,4} Epidemiological studies have identified NSSI as a prevalent phenomenon among adolescents, with data indicating both high incidence rates and an upward trajectory in reported cases.⁵ These clinical characteristics have established NSSI as a critical area of investigation within contemporary medical research, particularly given its implications for adolescent mental health outcomes and suicide prevention initiatives.⁶

Psychotherapy is currently the treatment of choice for adolescent NSSI. Scholars reveal that current psychotherapies for adolescents with NSSI mainly include dialectical behavior therapy,⁷ cognitive behavioral therapy (CBT),⁸ emotion regulation individual therapy for adolescents,^{9,10} and acceptance and commitment therapy (ACT).¹¹ In May 2023, Chinese scholars¹² published a study in *The Lancet Regional Health – Western Pacific* demonstrating that Western-derived psychotherapeutic techniques have not adequately addressed NSSI issues among Chinese adolescents. The research emphasizes the necessity for expanded clinical implementation and large-scale investigations to establish effective interventions aimed at mitigating the impact of NSSI on Chinese demographics.

This shortfall may be related to the fact that these psychotherapeutic techniques were developed within a Western cultural context and lack applicability to Chinese adolescents with NSSI, who are shaped by an Eastern cultural background. This is because the core principles and operational guidelines of Western psychotherapeutic techniques are grounded in individualistic values that emphasize personal autonomy, self-efficacy, and individual development. However, such values may not align with Chinese collectivist culture, where the needs of the group often take precedence over individual desires.^{13,14} Thus, indigenized psychotherapeutic techniques may hold the key to addressing the problem of NSSI in Chinese adolescents. In the face of current problems, drawing strength from traditional culture may provide practical solutions to these contemporary issues.

Some Chinese scholars¹⁵ have suggested incorporating idioms, family precepts, enlightenment textbooks, and other contents as entry points for developing culturally localized research of CBT. Therefore, it is of great significance to explore psychotherapeutic approaches that resonate with the personality characteristics of Chinese individuals and reflect traditional cultural values.¹⁶⁻¹⁸ The concept of seeking common ground while reserving differences (SCGWRD) is deeply rooted in China's rich traditional culture and offers profound wisdom for managing differences and resolving conflicts. It emphasizes finding common interests or consensus while accommodating and respecting differences, and using commonalities to promote the development of relationships in a positive direction while preserving the positions of all parties, ultimately leading to harmonious coexistence. SCGWRD is not only a form of interpersonal wisdom but also a cognitive way to effectively manage interpersonal conflicts arising from differences in values, stances, or habits. It provides useful guidance for fostering harmonious interpersonal relationships. Parent-child conflict has been identified as both a risk and maintenance factor for adolescents with NSSI.¹⁹⁻²¹ Therefore, the present study introduces a psychotherapeutic intervention for adolescents with NSSI based on the SCGWRD concept. The entire treatment process consists of eight sessions, each lasting 90 min ([Table 1](#) for treatment steps).

2. Methods

2.1. Design

This study constitutes a qualitative, inductive, exploratory, and descriptive interview-based investigation involving adolescents with NSSI who underwent cognitive restructuring through the SCGWRD therapeutic framework. Prior to conducting the interviews, written informed consent was obtained from both participants and their legal guardians. The study protocol received ethical approval from the Ethics Committee of Zhongshan Third People's Hospital (SSYLL-KY-20240510). Oral or written informed consent was obtained from all participants prior to interviews. All procedures were carried out in accordance with the Declaration of Helsinki. Interviews were conducted from April to December 2024.

2.2. Sample size and study setting

In this qualitative study, a semi-structured interview outline was developed in accordance with the purpose of the study. The number of interviewees and the point of interview termination were determined based on the principle of information saturation, that is, when no new information emerged. Participants were recruited from hospitalized patients who had received SCGWRD

Table 1. Psychotherapeutic steps based on the concept of “seeking common ground while reserving differences” (SCGWRD)

Step	Content
I	Introduce the role, modality, purpose, and principles of group psychotherapy, and establish a therapeutic alliance.
II	Learn the concept of SCGWRD, including related historical events and their significance.
III	Share personal stories based on lived or observed experiences, demonstrating the process of SCGWRD. Participants are encouraged to express their thoughts and feelings from both past and present perspectives.
IV	Reflect on one’s perception and evaluation of parents by recounting important family events, focusing on the theme “My parents in my eyes.” (Note: From this stage onward, patients in the intervention group are encouraged to communicate more with their parents).
V	Explore the theme “What my parents think of me.” Participants discuss their parents’ expectations and desires based on personal experiences.
VI	Engage in a group debate on the topic “When we are children for the first time, why do parents have to be so strict with us?”
VII	Conduct a second group debate on the topic “First-time parents, how can it be so perfect?”.
VIII	Participate in a summary phase, during which participants reflect and report on changes in perceptions and feelings brought about by the concept of SCGWRD. Reflections are divided into two timeframes: before and after the intervention.

Abbreviation: SCGWRD: Seeking common ground while reserving differences.

psychotherapy. Professional staff conducted in-depth, one-on-one, face-to-face interviews in a relatively closed, quiet, and private setting. Each interview lasted between 45 and 60 min. The interviews covered demographic information, past and present parent–child conflict and participants’ reflections on psychotherapy (Table 2).

2.3. Data analysis

Each interview was audio-recorded on-site, and the transcripts were prepared on the same day. A professional typist produced a verbatim transcript from each audio file, removed all recognizable information, and returned the file to the interviewer. Two interviewers checked the audio and text versions of each interview to correct any discrepancies. Two psychiatrists independently reviewed and coded each verbatim transcript following the steps of the thematic framework analysis approach.²² They compared results and collaboratively analyzed and discussed themes until a consensus was reached.

3. Results

A total of 14 patients participated in this study. However, one patient was not interviewed due to academic stress,

Table 2. Interview guide

Cue	Specific question
Opening question	You recently participated in a psychotherapy program that focuses on SCGWRD (which addresses difficulties caused by parent–child conflicts, affecting emotional stability and even contributing to self-harm). Can we talk about your experience with this?
If not spontaneously addressed, ask about the following topics or areas	Before participating in this therapy program, how was your relationship with your parents? Can you rate your satisfaction with each of them and share some comments? How is your relationship with your parents now? Can you rate your satisfaction with each of them and provide some comments? Do you still engage in self-harm? If so, what is the frequency and severity? Is parent–child conflict still a cause of your self-harm?
Probing questions to be used during the interview	Before participating in this program, did you receive any other types of psychotherapy? Can you share your feelings about those types of psychotherapy? Can you share your understanding and feelings about the psychotherapy that focuses on SCGWRD? Can you tell me more about.? Do you have anything to add.? Can you explain or clarify what you mean.? Can you give an example.?
Ending	Is there anything more you would like to share with me? Is there anything we have not talked about?

Abbreviation: SCGWRD: Seeking common ground while reserving differences.

and another returned to their home country, resulting in a final sample size of 12 patients (note: This study found no cases involving violations of the legal rights of minor patients, such as serious abuse or sexual assault). Participant characteristics are shown in Table 3.

During the data analysis process, six major themes were identified. The corresponding subcategories are listed in Table 4.

3.1. Theme 1: Distinction from traditional intervention models

Psychotherapy based on the SCGWRD concept is highly culturally adaptable. Participants generally found it easier to understand the ideas of “commonalities” and “differences.” The concept also focuses on incorporating dialectical thinking from the culture. This approach guided

participants to view problems from a holistic and dynamic perspective, leading to faster psychological adjustment. In contrast, psychotherapy in Western sociocultural contexts tends to be individual-centered, with an emphasis on self-actualization and independence. These values may be less applicable in China culture and can make it difficult for participants to understand and accept such approaches.

Before joining this program, my psychotherapist was replaced five times. Their CVs showed that these psychotherapists were all from European

and American schools of psychotherapy. They kept assigning homework or asking me to increase my pain tolerance, and I was falling apart. I'm still psychologically miserable and keep running a knife up my arm. SCGWRD was easy for me to accept. Furthermore, in the mutual debate session, it suddenly gave me a new perspective on my parents, and I could understand them. This helped me a lot in looking at and dealing with family conflicts, and I am now on better terms with my classmates. (Participant 4)

Table 3. Demographic characteristics of participants

Characteristics	Information
Age (years)	Median=15, range=13-17
Gender	Male (n=2), female (n=10)
Education level	Primary school (n=2), junior high school (n=5), senior high school (n=5)
NSSI duration	≤6 months (n=2); 6 months to 1 year (n=3), 1 year (n=7)
Type of conflict object	Only father (n=2), only mother (n=1), both parents (n=9)
Residence	Rural (n=4), urban (n=8)
Only child	Yes (n=5), no (n=7)
Left-behind child	Yes (n=4), no (n=8)
Parents' marital status	Divorced (n=3), not divorced (n=9)
Smoking	Yes (n=5), no (n=7)
Alcohol use	Yes (n=3), no (n=9)

Abbreviation: NSSI: Non-suicidal self-injury.

Table 4. Overview of findings

Category	Subcategories
Distinguishes SCGWRD from traditional intervention models	Culturally adaptable
Acceptance processes with low cognitive load	Easy to understand
Cognitive reconstruction	Differences are no longer a source of antagonism, but an opportunity to understand each other
Stabilization of negative emotions and reduction of self-injury behaviors	Viewing disagreements with gratitude Development of a more positive outlook
Improvement and harmony in parent-child relationships	Improved satisfaction scores and evaluations toward parents Increased inclusiveness Reduced feelings of rejection Emergence of familial warmth and confidence in the future

Abbreviation: SCGWRD: Seeking common ground while reserving differences.

3.2. Theme 2: Acceptance processes with low cognitive load

SCGWRD was easy to understand. The concept of SCGWRD was first introduced, followed by the study of relevant historical events, and then personal experiences. Participants also gained insight from group interactions, often engaging in transpersonal thinking without realizing it, eventually applying what they learned to manage parent-child conflicts. Most participants responded positively to this approach, which is in line with the cognitive characteristics of adolescents. Some individuals responded that although they still felt resistance toward their parents, they gained a new understanding of SCGWRD, which helped them navigate interpersonal relationships.

“It felt like a learning experience, interlocking, without realizing it, I understood SCGWRD and resolving conflicts with my parents along the way, it felt pretty good, it was amazing.” (Participant 5)

3.3. Theme 3: Cognitive reconstruction

Differences were no longer seen as sources of antagonism but as opportunities to understand one another. Most participants reported that, in the past, they perceived their parents with a victim mentality, believing their parents did not love them, respect them, or understand them, and even tried to control them. These perceptions led to emotions like anger, disappointment, and resistance, and behaviors such as arguing with parents, refusing to go to school, hurting themselves, and running away from home. Through the lens of SCGWRD, participants began to recognize their parents' nurturing behavior and the good intentions behind it. For example, they observed that although their parents were generally frugal, they made sacrifices for their children's education and healthcare. After cognitive reconstruction, participants became more rational and balanced in their thinking, experiencing fewer mood swings, less complaining, and reduced self-injurious behavior. A small number of participants, however, reported that their parents' harsh, authoritarian, or selfish behavior, such as marital infidelity, caused severe

psychological trauma that they still found difficult to forgive (Participant 6, Participant 12).

I reconciled with my parents. This doesn't mean that I've completely given up my views, but I now understand that my father is constrained by his past life experiences not being able to understand well the thoughts of our contemporary youth. I still have differences with him, but that no longer hinder my growth. (Participant 5)

3.4. Theme 4: Stabilization of negative emotions and reduction of self-injury behaviors

The majority of participants reported being able to view disagreements with gratitude within the framework of familial love, demonstrating improved cognitive awareness. In addition, in resolving conflicts, their coping strategies shifted from previous patterns of suppression and confrontation to more adaptive approaches, such as seeking assistance and engaging in open communication. These changes ultimately led to increased emotional stability, along with a reduction in negative thoughts and self-harm behaviors.

Although my parents still insist that failing to get into a good high school means not attending a good university, finding a decent job, and leading an exhausting life, I now understand their constant nagging stems from parental anxiety about my future. Consequently, I no longer react by shouting at them or retreating to my room in tears and self-harm. Instead, I first allow them to express their concerns fully before engaging in constructive communication. (Participant 9)

3.5. Theme 5: Improvement and harmony in parent-child relationships

Satisfaction scores and evaluations of parents improved, with generally positive feedback. After undergoing psychotherapy centered on the SCGWRD concept, most participants demonstrated increased satisfaction and more positive evaluations of their parents compared to before the intervention. They also described more frequent interactions and more harmonious relationships with their parents.

Past satisfaction score with mother: 40/100. Evaluations: (i) She was short-tempered and easily angered over minor issues. For example, she would scold me harshly for not drinking soup during a meal; (ii) She was passive-aggressive, often making sarcastic or veiled remarks. For instance, when I scored well on an exam, she would say, "Wow, you did so well!" but then compare me to someone with better grades:

"Look at how much better others performed," to belittle me; (iii) She was dishonest. She lied about not being divorced from my father, even though I had seen their divorce certificate. Current satisfaction score with mother: 80/100. Evaluations: (i) She is remarkable – raising and educating two children on her own is no easy feat; (ii) She is driven, working hard herself and setting high standards for her children, pushing us to study diligently for a better future; (iii) She loves her children deeply. To protect us from feeling inferior, she hid the truth about the divorce. (Participant 3)

Inclusiveness has increased, feelings of rejection have diminished, and willingness to accept has grown. Participants have learned to forgive their parents' mistakes and embrace their shortcomings and flaws, such as low educational attainment, limited income, or overly controlling behavior.

"Is there any parent in the world who doesn't make mistakes? Can we completely dismiss them because of that?" (Participant 1)

"Even though they've hurt me, they're the ones who gave me life and raised me. We're bound by blood." (Participant 8)

"My father has little education and even holds some outdated beliefs. I can't change him, but I've learned to adapt to him." (Participant 7)

A sense of familial warmth and confidence in the future has emerged. By letting go of resentment or rejection toward their parents, participants have been able to calmly integrate into family life and embrace its positive atmosphere. Some reported participating in family gatherings and enjoying outings with their parents, feeling happy throughout these experiences, and expressing optimism about future interactions. However, a small number of participants shared lingering challenges:

"I still occasionally recall the hurt my parents caused me, and I hesitate to approach them. Hence, I keep my distance – like avoiding sitting together during meals." (Participant 6, Participant 11)

4. Discussion

With society's growing concern about mental health issues, NSSI has become an urgent public health problem due to its high prevalence and serious consequences among adolescents.^{23,24} Parent-child conflict refers to a state of confrontation between parents and children due to cognitive, emotional, behavioral, and attitudinal inconsistencies, which can lead to the internalization or externalization of certain behaviors. For example, this may manifest as quarrels, disagreements, or even physical conflicts between parents and children.²⁵ Moderate

parent–child conflict can be conducive to the autonomous development of adolescents. However, intense and prolonged parent–child conflict is likely to lead to NSSI in adolescents.^{19–21}

The psychotherapy of SCGWRD is distinct from previous intervention models. At present, most psychotherapeutic techniques for NSSI among adolescents originate from the West with treatment goals and operational procedures deeply influenced by European and American cultures. In addition, there are significant differences in the ways of thinking, expressing, and accepting between people in the East and the West. This may result in insufficient adaptation of Western psychotherapeutic techniques in China.^{17,13,14} SCGWRD is rooted in traditional Chinese culture. As a cognitive concept that focuses on the regulation of interpersonal conflicts and relational harmony, it emphasizes guiding individuals to perceive and accept differences in interpersonal interactions, skillfully resolve contradictions and conflicts, transform antagonistic relationships into harmonious ones, and ultimately achieve peaceful coexistence. By constructing a cognitive framework and using it as a psychotherapeutic technique, SCGWRD demonstrates strong cultural adaptability for Easterners and has been recognized by patients in improving parent–child conflicts.

We constructed a culturally competent cognitive framework through an in-depth treatment of the concept of SCGWRD, leading to a psychological intervention for parent–child conflict in adolescents with NSSI. In the first phase, through the cultural metaphor technique, adolescents with NSSI were guided to familiarize themselves with the SCGWRD concept and to deepen their understanding of it in the context of relevant historical events. In the second stage, using the life history review method, they were guided to recall life events in which the concept of SCGWRD was manifested in their own lives, further internalizing this cognitive model. In the third phase, students were encouraged to express their emotions while evaluating both their parents and their parents' expectations of them, simultaneously identifying the cognitive patterns underlying those emotions. In the fourth stage, through organized debates, they were guided to adopt others' perspectives, resolve differences, and broaden and deepen their understanding of their parents. Finally, in the concluding phase, they faced reality head-on. Based on familial affection and parental nurturing, they came to accept their parents' inadequacies and limitations, such as adverse family events,²⁶ experiences of being left behind,²⁷ inappropriate parenting styles,²⁸ and parents' low educational attainment and economic status,²⁹ thereby improving their ability to cope with the challenges of

growing up and promoting psychological growth. This step-by-step model is consistent with the cognitive characteristics of adolescents in Eastern cultures, making it easier for them to accept. At the same time, it helps them establish a cognitive model of SCGWRD and achieve cognitive reconstruction. In this regard, it serves as a culturally adapted cognitive-behavioral psychotherapeutic technique.

The integrative theoretical model of NSSI identifies both intra-individual and interpersonal factors as risk factors for the onset and persistence of NSSI.³⁰ Intra-individual factors mainly include individual characteristics such as self-esteem and self-efficacy³¹ and involve cognitive and emotional vulnerabilities, especially those activated in response to stress.³² From the perspective of individual internal factors, adolescents with NSSI in the context of parent–child conflict may engage in a “seeking common ground” process. This process involves identifying shared goals or emotional needs with their parents, facilitating cooperative communication. Furthermore, focusing on commonalities, such as familial bonds and reciprocal care, may enhance cognitive flexibility and reduce tendencies toward overgeneralization during conflict resolution. From the perspective of the parent–child relationship, adolescents with NSSI may adopt “seeking common ground” approach: instead of attempting to eliminate differences, they recognize and respect them, avoiding confrontation with their parents as a result. Within the culturally embedded framework of SCGWRD, cognitive restructuring in adolescents with NSSI may enhance emotion regulation capacity. This improvement, in turn, could promote harmony in parent–child relationships, reduce the frequency of NSSI behaviors, and align with therapeutic objectives such as symptom reduction and functional recovery. These findings are in line with the expectations of both domestic and international scholars of psychotherapy.^{33,34}

Compared to Western psychotherapeutic techniques, our approach intervenes in parent–child conflict among adolescents with NSSI through the concept of SCGWRD, enabling them to accept their parents' limitations, reduce conflict, improve psychological resilience, and decrease NSSI behavior. National and international studies have shown that ACT reduces NSSI behavior by teaching patients to accept rather than resist unwanted thoughts and emotions, thereby disrupting depressive rumination. This suggests that SCGWRD psychotherapy is as effective as ACT in addressing NSSI.^{11,35} Moreover, the dialectical relationship between “seeking common ground” and “reserving differences” promotes effective communication between patients and parents, improves

emotional endurance, and supports psychological growth – similar to dialectical behavior therapy, which has also demonstrated success in treating NSSI.^{36,37} Finally, positive interpersonal interactions were achieved by encouraging communication with parents through mutual influence during group discussions.^{38,39} The concept of SCGWRD has influenced countless individuals people from ancient times to the present, which also supports the claim that the earliest CBT originated in China.⁴⁰

Therefore, the innovation of this study lies in the novel application of SCGWRD – a concept rooted in traditional Chinese culture that emphasizes regulating interpersonal conflict and fostering harmonious relationships – to the psychological intervention of parent–child conflict in adolescents with NSSI. This was achieved through the construction of a modern clinical paradigm for translating traditional cultural elements into therapeutic practice. In fact, with regard to psychotherapeutic techniques, there is no inherent superiority or inferiority. Therefore, we do not reject Western psychotherapeutic approaches. On the contrary, we hope that future research will combine tradition and innovation. For example, just as Professors Cao *et al.*⁴¹ founded Taoist Cognitive Psychotherapy and Professor Zhang and Yuan⁴² proposed balancing psychotherapy, our goal is to enrich localized psychotherapeutic techniques and provide new ideas for addressing contemporary mental health challenges.

5. Limitation

The intervention in this study was limited to NSSI adolescents with accompanying parent–child conflict. Indicators such as pre- and post-intervention mood were not captured for quantitative analysis, and no follow-up was conducted.

6. Conclusion

The concept of SCGWRD is rooted in traditional Eastern cultures and can be used as a cognitive-behavioral therapy technique by constructing a culturally adaptive cognitive framework. This approach can play a positive role in repairing parent–child relationships in youth with NSSI, while also helping to reduce NSSI behaviors.

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Conflict of interest

The authors declare that they have no competing interests.

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Ethics approval and consent to participate

The study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved by the Ethics Committee of Zhongshan Third People's Hospital (Project identification code: SSYLL-KY-20240510). All participants and/or their guardians gave consent to participate in this study.

Consent for publication

All participants and/or their guardians consented on the publication of their data.

Availability of data

Data used in this work are available from the corresponding author on reasonable request.

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