

The role of family harmony, emotion-focused coping, stressful life events on non-suicidal self-injury behavior in adolescents

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Abstract

Non-suicidal self-injury (NSSI) is the most significant health problem in the world for adolescents. The purpose of the study is to test the role of family harmony, emotion-focused coping, and stressful life events in non-suicidal behaviour in adolescents. This research uses a quantitatively correlational design. Sample study: 304 students at State Vocational High Schools in West Java, consisting of boys and girls aged 13–19 years. For the technique of taking samples, this study uses cluster random sampling. The family harmony scale, the emotion-focused coping scale, the stressful life events, and the non-suicidal self-injury scale are the measuring tools used in this study. The data analysis technique used was multiple regression analysis. There was a significant role among harmony family, emotion-focused coping, and stressful life events in influencing non-suicidal self-injury behavior in adolescents ($r = .47$, $R^2 = .22$, $p < .05$). The contribution of harmonious families was effective at 14.38%, followed by stressful life events at 5.45% and emotion-focused coping at 2.51%. This study proves that the most potent predictor of non-suicidal self-injury behavior in adolescents is family harmony. The study is expected to increase the outlook on the importance of guarding harmony, family, and stability through education or training facilitated by school.

Keywords

Adolescents, family, maladaptive coping, self-harm

Introduction

Adolescence is the transitional phase from childhood to adulthood that is marked by physical, cognitive, and socio-emotional changes (Santrock, 2012). Adolescence falls in the age range of 13–19 years (Kang et al., 2018). The presence of socio-emotional changes in adolescents is characterized by their psychological condition, which tends to be more emotional and unstable (Unayah & Sabarisman, 2015). This instability is what often motivates teenagers to take actions that are less realistic and rational or less adaptive. One way of facing problems that are less adaptive is by hurting oneself without intending to take one's life or known as non-suicidal self-injury (NSSI).

There are various definitions proposed to describe NSSI. NSSI is defined as self-injurious behavior caused by the inability to overcome negative emotions. Therefore, self-injury acts as a strategy to overcome negative emotions that arise by intentionally damaging or cutting parts of the skin (Shenk et al., 2010). NSSI is also defined as intentional self-injurious behaviors such as cutting, burning, incising the skin, hitting, or striking oneself without any intention to take one's life (Jonsson et al., 2019). NSSI behaviors pose consequences often associated with various types of psychopathologies, one of which is depression (Fox et al., 2015).

The phenomenon of NSSI behaviors has become a global major health problem that occurs in adolescents (Wang et al., 2020). The prevalence of NSSI in Belgium shows that around 13.8% of 73 teenagers with an average age of 15 years have experienced NSSI. A study in the UK reported that 23.6% of 594 teenagers aged 13–15 years demonstrated self-injurious

behaviors (Lockwood et al., 2020). Meanwhile, in China, it was revealed that around 24.9% of high school students in China were involved in NSSI (Wang et al., 2020). Generally, the purpose of NSSI is to reduce feelings of pressure or difficulty (Klonsky, 2011).

In the context of Indonesia, NSSI behaviors also become a matter of concern for various groups of people, especially considering its growing prevalence. A study shows that the prevalence of NSSI behaviors reaches 38% of 314 university students in Indonesia (Tresno et al., 2012). This finding is backed up by various reports in the mass media. As many as 50 adolescent students at North Bengkulu Junior High School resorted to NSSI as a solution to solve problems, express emotions, reduce tension, relieve pain from pressure, or gain attention (Zulfikar, 2023). The Indonesian Ministry of Women Empowerment and Child Protection (Kementerian PPPA) noted that 49 school students in Denpasar engaged in NSSI because their families were not intact or were experiencing problems. The forms of NSSI include injuring the wrist with a knife, banging the head against the wall, and even deliberately putting their hand on the exhaust of a motorbike (Schoolmedia, 2023).

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Based on the phenomenon of NSSI behaviors, which have become a health problem for teenagers throughout the world, including Indonesia, efforts need to be made to better understand the psychopathological phenomenon of NSSI in adolescents through various strategies. One example of comprehending the NSSI phenomenon is by taking into account relevant studies as how the author carried out, a preliminary study by distributing an open questionnaire using Google Forms on July 13, 2021.

The results of the preliminary study involving 197 participants showed that 63 (32%) teenagers engage in NSSI within the last 1–6 months. The motive for the NSSI behavior was caused by the lack of harmony in the family, as shown by 43 (22%) respondents, and to reduce stress, as shown by 57 (29%) respondents. Next, interviews were conducted with three respondents to follow up on the initial study via WhatsApp messages. The results showed that the three respondents engaged in NSSI because they were under various psychological pressures, such as bullying, a conflict with their friend, or internal issues within their family.

There are various factors that cause a person to engage in NSSI behavior, for instance, having high emotional and cognitive reactions in the individual, experiencing violence or abuse during childhood, growing up in a hostile or crisis-ridden family environment, going through stressful life events, and seeing it as a form of coping mechanism (Nock, 2010). These factors can also be grouped into two types: individual factors and social factors. Individual factors are components in a person that encourage the onset of NSSI behaviors, while social factors are external conditions, situations, or other parties that play a role in the onset of NSSI behaviors.

Individual factors that cause NSSI behavior include emotional dysregulation (Adrian et al., 2011; Wolff et al., 2019; You et al., 2018), personality (Dewi & Ariana, 2021; Klonsky et al., 2014; Mullins-Sweat et al., 2013; Ose et al., 2021), and strong negative feelings (Favazza, 2012; Klonsky, 2007; Klonsky et al., 2014). External factors that trigger NSSI behaviors are violence in childhood (Brown et al., 2018; Favazza, 2012; Serafini et al., 2017), unsupportive environment (Adrian et al., 2011; Hankin & Abela, 2011; Rotolone & Martin, 2012; Tatnell et al., 2014), parenting style (Baetens et al., 2014; Emery et al., 2017; Martin et al., 2011), and modeling behavior (Favazza, 2012; Nock, 2009).

Based on the phenomenon of NSSI cases, the family environment is one of the risk factors and protective factors that drive individuals to engage in NSSI. This can be proven through previous research in which the impact of a lack of harmony in the family can present risks to children's behavior. Family harmony is the cohesion of two or more elements in a family that can function and run as it should (Hawari, 2006). Families are able to implement religious values that serve as guidance, thereby enabling social harmony and interaction among family members (Hawari, 2006).

Family harmony can reduce the incidence of anomalous behavior, for example taking one's life and injuring oneself (Lincoln et al., 2012). Disrupted family harmony, such as not enough receiving love, attention, support, and tolerance and experiencing quarrels and tension result in adolescents resorting to hurting themselves. This is caused by several things, such as feeling disconnected from their parents and the

dynamics within the family that function to maintain family harmony and flexibility (Halstead et al., 2014).

Families that too rigidly or flexibly enact rules will certainly result in teenagers feeling constrained or too self-indulgent in their actions. As a result, they can fall into self-injurious behaviors as an outlet (Sularyo & Kadim, 2000). NSSI behaviors experienced by teenagers can be the result of parents forgetting their role towards children. Therefore, children develop a sense of fear towards their parents, while the parents are unable to provide protection for children, control too much or even alienate their children, are unable to be trusted, do not care, and are difficult to communicate with (Bureau et al., 2010).

A family atmosphere without effective functions results in teenagers feeling neglected and, therefore, more interested in seeking attention from outside (Indrawati & Rahimi, 2019). A negative environment will influence teenagers to engage in equally negative things as well (Indrawati & Rahimi, 2019). The lack of harmony in a family can have a negative influence on children and put them at risk of experiencing psychological problems and anomalous behaviors (Utami et al., 2018).

Another factor responsible for NSSI that becomes the focus of this study is the dominant factor of emotion in adolescents. The factor of emotion was chosen because previous research pointed out that the main factor causing someone to engage in NSSI is emotional dysregulation (Putri & Rahmasari, 2021). Emotional dysregulation is an individual's inability to manage or regulate their emotions (Gross, 2013). The inability to regulate emotions can result in behaviors that are unfitting, disrupt goals, and result in confusion (Morelen et al., 2016). This leads to choosing the wrong emotional coping, such as opting for self-injury as maladaptive coping (Putri & Rahmasari, 2021). The emotional factor was also chosen because it's thought to play the most dominant role compared to other risk factors.

The impact of this emotional dominance causes individuals to have the tendency to choose coping strategies that focus on emotions known as emotion-focused coping (EFC) in dealing with problems. Emotion-focused coping is defined as a strategy to relieve emotions resulting from problems that cause negative influences without having to change the conditions that become the direct source of the problem (Folkman et al., 1986). Emotion-focused coping can also be understood as a coping strategy that focuses on emotions, such as rationalization, denial, repression, compensation, regression, conversion, release, and projection.

In general, there are two actions of a coping strategy: focusing on problems and focusing on emotions (Maryam, 2017). However, if an individual develops the tendency to use emotion-focused coping, this can pose a risk of impacting the individual's emotional development and behavior (Hampel & Petermann, 2006). For example, NSSI behaviors experienced by adolescents can be considered maladaptive, emotion-based coping, because individuals solve problems by modifying their emotional functioning through improper methods such as self-injury, drunkenness, or other damaging forms that they believe to reduce the feelings of stress experienced.

Emotional coping strategies can function well or poorly depending on the particular situation experienced by the individual (Labouliere et al., 2009). It can offer a positive impact if the emotional coping strategy is able to manage

the emotions so that the individual becomes calmer so that they can address their problem. Emotion-focused coping will end up becoming negative if it is manifested in the form of undesirable behaviors with the aim of relieving uncontrollable emotions, for example, NSSI behaviors. NSSI behaviors are undertaken by adolescents because they are considered effective in alleviating the problems they are facing (Nock, 2009).

Research results point out that teenagers who engage in NSSI behaviors tend to opt for maladaptive coping such as avoidance and emotion-focused coping when facing problems (Borrill et al., 2009). Adolescents consider that NSSI behaviors are a way to vent the distress they are experiencing. Other research suggests that an increase in NSSI behaviors is caused by individuals avoiding or ignoring emotional management (expressive suppression) (Navarro-Haro et al., 2015).

Another factor causing NSSI that becomes the focus of this study is stressful life events. Stressful life events are defined as social psychological stressors caused by the various day-to-day circumstances that result in stress in adolescents. Examples include conflicts with family members, disputes between friends, or failure in exams (Mo et al., 2019). These problems can affect behavior, which, in turn, can induce illnesses or worsen existing health conditions, such as irregular eating patterns, difficulty in sleeping, and an increased chance of falling sick or injured (Sarafino & Smith, 2014).

Individuals tend to engage in NSSI behaviors when they experience some type of failure in the process of achieving something because failure will easily cause stress (Steinhoff et al., 2020). Stressful life events for people engaging in NSSI include the death of a close relative, conflict with parents, mental illness experienced by family members, difficulty in getting along with people, academic failure, experiencing bullying, conflict with the law, experiencing physical or sexual violence, and concerns about sexual orientation (Elaine et al., 2011). The consequences of these stressful life experiences influence adolescents' involvement in NSSI behaviors. This is proven by research findings concluding that there is a significant positive correlation between stressful life events and self-injury behaviors (Mo et al., 2019).

Based on the background of the phenomenon of NSSI issues in adolescents, the aim of this study is to examine the role of family harmony, emotion-focused coping, and stressful life events on the tendency to engage in non-suicidal self-injury behavior in adolescents. The research hypothesis is that family harmony, emotion-focused coping, and stressful life events contribute to the tendency to engage in non-suicidal self-injury behavior in adolescents. Hopefully, through this study, risks and protective factors originating from external and internal factors can be identified. Additionally, this study offers theoretical and practical benefits to relevant stakeholders.

Method

Participants

The way to determine the samples in this study was through the probability sampling technique, namely the cluster random sampling technique. This technique is carried out by

randomizing groups within a cluster, not individual subjects (Azwar, 2022). The criteria for the participants in this study were adolescent students aged 13–19 years.

Based on demographic data in Table 1, the samples consist of 304 respondents, with the majority of the sample being male, accounting for 175 (57.57%) respondents and female, accounting for 129 (42.43%) respondents. This study involved participants from 9 classes, namely 3 classes in the 10th year, 3 classes in the 11th year, and 3 classes in the 12th year. The 9 classes are 10 TKJ, 10 UPW 1, 10 PH 2, 11 PH 1, 11 TKRO 2, 11 AKL 5, 12 TKJ 1, 12 AKL 2, and 12 TKRO 4. Respondents' ages range from 14 to 18 years with the following composition. Most of them were aged 16 years, which comprised 115 (38%) respondents, then aged 17 years, which comprised 88 (29%) respondents, followed by 15 years old, which comprised 67 (22%) respondents, then 18 years old, which comprised 30 (10%) teenagers, and lastly 14 years, which comprised 4 (1%) respondents. Most of the respondents were 16 years old.

Research Instruments

The tendency to engage in non-suicidal self-harming behavior, i.e., non-suicidal self-injury, was measured using the NSSI scale compiled by the author based on aspects developed by previous research, which encompass biological aspects, cognitive aspects, affective aspects, social aspects, and behavior (Fox et al., 2015). The non-suicidal self-injury scale consists of 43 items and has favorable items. Some examples of NSSI scale items are, "I hurt myself when I face various life problems" and "Self-harm gives me pleasure and forgets the unhappiness I experience". This scale is filled in by selecting one of the four Likert points, ranging from one (very unsuitable) to four (very suitable). The higher the score obtained, the higher the non-suicidal self-injury behavior carried out by the adolescent; conversely, the lower the score obtained, the lower the non-suicidal self-injury behavior carried out by the adolescent. The Aiken's V results show a total validity value for the NSSI scale of .81 with a range of item validity values of .68–.89. In the Aiken's V results, 3 items were discarded (items 6, 32, and 33) because they had a validity value of < .75. The results of the Cronbach's Alpha test on 40 items showed a result of .98 with a range of discrimination power of .45–.833.

Family Harmony is measured using the Family Harmony scale created by Maria (2007) with six aspects of family harmony being measured: creating a religious life in the family, having time with the family, having good communication between family members, showing respect between family members, close relationships or ties between family members, and minimal quality and quantity of conflict. The author performed modifications of the scale by altering some statements and omitting several items. The Family Harmony scale consists of 23 items and has favorable and unfavorable items. Some examples of items on the Family Harmony scale are, "I tell my parents about problems" and "My parents are strict, so I am not close." This scale is filled in by selecting one of the four Likert points, ranging from one (very unsuitable) to four (very suitable). The higher the score obtained, the better the family harmony that the adolescent has; conversely, the lower the score obtained, the poorer the family harmony that the adolescent has. The results of Aiken's

Table 1. Demographic Data of Student Respondents at Public Vocational Schools in West Java Province

Demographic Data	Category	Frequency	%	Total
Class	10 TKJ 7	36	100.00	304
	10 UPW 1	34		
	10 PH 2	36		
	11 PH 1	23		
	11 TKRO 2	36		
	11 AKL 5	34		
	12 TKJ 1	36		
	12AKL 2	35		
	12 TKRO 4	34		
Sex	Male	175	57.57	304
	Female	129	42.43	
Age	14 years old	4	1.32	304
	15 years old	67	22.04	
	16 years old	115	37.83	
	17 years old	88	28.95	
	18 years old	30	9.87	

V showed that the total validity value of the Family Harmony scale is .83 with a range of item validity values of .64–.89. In the Aiken's V results, 1 item was discarded (item 13) because it had a validity value of $< .75$. Based on the calculation of the discrimination power test of 22 items, 17 items had high discrimination power and 5 items had low discrimination power. The Cronbach's Alpha test results on the 17 items showed a result of .84 with a range of discrimination power of .34–.55.

Emotion-focused coping was measured using the Emotion-Focused Coping scale, which is used to reveal emotion-oriented coping strategies in adolescents who participated in this study. This scale was created by Pamulatsih (2018) with four aspects of emotion-focused coping being measured: distancing, accepting responsibility, escape-avoidance, and positive reappraisal. The author modified the scale by altering some statements and omitting several items. The Emotion-Focused Coping scale consists of 22 items and has favorable and unfavorable items. Some examples of emotional-focused coping scale items are, "I am inspired by creative ways to deal with problems" and "When there is a problem, I look for ways to forget it." This scale is filled in by selecting one of the four Likert points, ranging from one (very unsuitable) to four (very suitable). The higher the score obtained, the higher the emotion-focused coping in the adolescent. On the other hand, the lower the score obtained, the lower the level of emotional-focused coping possessed by the adolescent. The Aiken's V results showed that the total validity value of the Emotion-Focused Coping scale is .83 with a range of item validity values of .54–.93. In the Aiken's V results, 2 items were discarded (items 14 and 15) because they had a validity value of $< .75$. Based on the calculation of the discrimination power test of 20 items, 15 items had high discrimination power and 5 items have low discrimination power. The results of the Cronbach's Alpha test on the 15 items showed a result of .75 with a range of discrimination power of .26–.41.

Stressful life events were measured using the Stressful Life Events scale compiled by the author based on three aspects developed by Cohen et al. (2019), which include interpersonal relationship aspects, social class aspects, and work aspects. The author modified the scale by altering some statements

and omitting several items. The Stressful Life Events scale consists of 30 items and has favorable and unfavorable items. Some examples of items on the stressful life events scale are, "I feel sad when my family experiences financial problems" and "Life filled with inadequacies makes me sad and stressed." This scale is filled in by selecting one of the four Likert points, ranging from one (very unsuitable) to four (very suitable). The higher the score obtained, the higher the stressful life events experienced by the adolescent; conversely, the lower the score obtained, the lower the stressful life events experienced by the adolescent. The Aiken's V results showed that the total validity value of the Stressful Life Events scale is .83 with a range of item validity values of .64–.93. In the Aiken's V results, 5 items were discarded (items 2, 6, 7, 17, and 18) because they had a validity value of $< .79$. Based on the calculation of the discrimination power test of 25 items, 12 items had high discrimination power and 13 items had low discrimination power. The results of the Cronbach's Alpha test on the 12 items showed a result of .75 with a range of discrimination power of .26–.41.

Data Analysis Technique

The data analysis technique used to test the hypothesis was multiple linear regression analysis with the help of the SPSS (Statistical Product and Service Solution) version 25 application software. Before testing the hypothesis, the classic assumptions of normality, linearity, multicollinearity, and heteroscedasticity were tested.

Research Procedure

This study received research ethics approval by the Committee of Ethics on September 6, 2021, number 471/D.2-II/MPP-Psi/UMS/IX/2021. The author informed the voluntariness of participation through the Letter of Willingness to Participate in Research, which must be read by the participants before filling out the consent form for participation. This letter was informed via a broadcast message to each homeroom teacher to be delivered to students who would participate in the study in each class. This study potentially causes discomfort to the participants when they fill in the questionnaire. Therefore,

Table 2. Multiple regression test of the role of the three predictor variables on NSSI tendencies

Model	<i>r</i>	<i>R</i> ²	Adjust <i>R</i> ²	<i>F</i>	<i>rp</i>
Regression residual	.47	.22	.22	28.81	.000

the preventive action that the author took was to provide information in the explanation sheet regarding the risks upon filling in the questionnaire. If a participant feels psychological impacts after filling in the questionnaire, that participant can contact the author via the WhatsApp number provided and the author will direct them to a psychologist.

The author performed modifications of the scale due to differences in respondents and research context with previous research. Scale modifications were carried out through readability tests, expert judgment, scale trials, and analysis. The validity test was evaluated by 7 raters and analyzed using Aiken's V formula on August 31, 2021. The results were 3 items discarded on the NSSI scale, 1 item on the Family Harmony scale, 2 items on the Emotion-Focused Coping scale, and 5 items on the Stressful Life Events scale. There is a suspicion that the item statements on the scale were less optimally understood by the participants. Therefore, the author decided to improve the item statements according to the expert assessor's input. After improving the items, a scale trial was carried out on September 28, 2021, with 206 participants involved via Google Forms. After going through the scale testing process, good reliability and discrimination values were obtained for most of the items on the NSSI, Family Harmony, Emotion-Focused Coping, and Stressful Life Events scales. The next step was data collection, which was carried out online on October 9, 2021, with 304 participants via Google Forms.

Result

Based on research findings involving 304 students, the results indicate that data on family harmony, emotion-focused coping, and stressful life events can predict non-suicidal self-injury behavior ($r = .47$, $R^2 = .22$, $F = 28.81$, $p < .05$), with the three predictor variables collectively contributing 22.4% to the affected variable.

Table 3 shows that there is a significant, negative role of the Family Harmony variable on the Non-Suicidal Self-Injury variable ($r = -.392$, $\beta = -.37$, $p = .000$), meaning that the higher the family harmony, the lower the non-suicidal behavior self-injury behavior in adolescents at the State Vocational High School in West Java Province. Meanwhile, in emotion-focused coping and stressful life events, there is a significant, positive role in non-suicidal self-injury behavior ($r = .17$, $\beta = .15$, $p = .007$) and ($r = .32$, $\beta = .17$, $p = .003$), respectively, meaning that the higher the emotion-focused coping and stressful life events, the higher the non-suicidal self-injury behavior in adolescents at the State Vocational High School in the West Java Province.

In detail, family harmony effectively contributes to non-suicidal self-injury behavior by 14.39%, whereas emotion-focused coping effectively contributes to non-suicidal self-injury behavior by 2.51%, and stressful life events effectively contribute to non-suicidal behavior. suicidal self-injury by

5.45%. Meanwhile, the remaining 77.7% was influenced by factors not studied here.

Based on the findings in this study, the non-suicidal self-injury behavior in adolescents in the State Vocational High School in the West Java Province region generally shows the low category (59%), with some in the high category (41%). The condition of the respondents' family harmony was in the moderate category (49.7%), as was the condition of stressful life events (66.4%). Furthermore, regarding emotion-focused coping, the majority of respondents were in the high category (74.7%); the rest were in the low category (25.3%).

Discussion

The results of this study suggest that the hypothesis is accepted, i.e., there is a role of family harmony, emotion-focused coping, and stressful life events on non-suicidal self-injury behavior tendencies in adolescents at the State Vocational High School in West Java Province. This is in line with previous research stating that external factors in the form of family disharmony, distressing events, and internal factors such as emotional intelligence and negative emotions felt by individuals are able to predict the onset of NSSI behavior (Nock, 2009).

These findings can be explained in detail through the diathesis-stress model. Based on the diathesis-stress model, the factors that cause individuals to engage in non-suicidal self-injury (NSSI) are the presence of vulnerability factors (diathesis) and factors originating from the environment that give pressure (stressors). Diathesis factors can be genetic or biological factors and the individual's low level of tolerance in dealing with stress. Meanwhile, stressors can be in the form of life events that shock or an unsupportive social environment, such as bullying or harassment.

When linked to the diathesis-stress theory, emotion-focused coping is included as an internal factor (diathesis), while family harmony and stressful life events are included as external factors (stressors). The ability to predict family harmony, emotion-focused coping, and stressful life events on NSSI is 22.4%, meaning that the contribution of the independent variables in simultaneously explaining the dependent variable is less strong. This may be due to the possible influence of variables other than the independent variables in this study.

The findings in this study show that the Family Harmony variable plays a negative role in the non-suicidal self-injury behavior in adolescents in the State Vocational High School in West Java Province. This means that a harmonious family can reduce the tendency of teenagers to engage in NSSI (Bureau et al., 2010; Halstead et al., 2014; Nayana, 2013; Selekmán, 2012). A family that is fragile or vulnerable is an environment that restricts and prevents children from being able to grow and develop optimally. This can stimulate children to develop various psychological issues or give rise to forms of destructive behaviors. Children will be able to minimize the emergence of thoughts to act destructively if they are in a harmonious family environment (Nayana, 2013). A harmonious family is generally able to nurture interactive communication between parents and children, encourage affection, and empathize with the needs of each family member.

Table 3. The partial role of the three predictors on NSSI tendencies

	<i>r</i>	β	<i>t</i>	<i>r</i>	<i>R</i> ²	<i>SE</i>
Family Harmony	-.39	-.37	-6.79	.000	.14	14.39%
Emotion Focused Coping	.17	.15	2.73	.007	.03	2.51%
Stressful Life events	.32	.17	3.02	.003	.05	5.45%

The dynamics within a family are essential in maintaining family harmony and flexibility through interactions between two or more family members (Halstead et al., 2014). This is because the lack of harmony in a family is a factor that influences teenagers to engage in self-injury. The involvement of adolescents in NSSI behaviors is caused by parents forgetting their role towards their children (Bureau et al., 2010). As a consequence, the children have a feeling of fear for their parents, but their parents cannot provide protection for their children. Parents control too much or even isolate their children, resulting in the children lacking the space to talk about or complain about problems. Because of this, children potentially engage in self-injury behaviors as an outlet for the problems that they experience.

Emotion-focused coping was found to play a positive role in the non-suicidal self-injury behavior of adolescents in the State Vocational High School in West Java Province. This finding is in accordance with research findings stating that emotion-focused coping is a significant predictor of the increase in psychological stress, such as self-blame (Taft et al., 2011). This means, individuals potentially engage in NSSI when feeling stressed in order to reduce feelings of discomfort. Individuals who focus on emotions in solving their problems tend to use negative self-defense mechanisms, such as rationalization, denial, repression, compensation, regression, conversion, venting, and projection (Stuart & Sundeen, 2017). Excessive and maladaptive self-defense mechanisms are counterproductive because they encourage individuals to undertake various actions that transgress norms or are damaging to themselves, such as self-harm, getting drunk, or other forms of destructive behaviors (Labouliere et al., 2009). This maladaptive coping is very risky and disrupts emotional development in the long term (Hampel & Petermann, 2006).

Adolescents consider that self-injury is a way to vent the distress they are experiencing (Borrill et al., 2009). This negative perception leads to adolescents resorting to maladaptive coping, such as avoidance and emotion-focused coping to address their problems, which is manifested in the form of non-suicidal self-injury behaviors. The increase in non-suicidal self-injury behaviors is caused by individuals avoiding or ignoring emotional management (expressive suppression) (Navarro-Haro et al., 2015). The way adolescents think, which assumes that self-injury can relieve emotions or tension experienced due to stressful events, has an impact on their involvement in non-suicidal self-injury behaviors (Nock, 2010).

Furthermore, stressful life events were found to have a positive role in the non-suicidal self-injury behaviors of adolescents in the State Vocational High School in West Java Province. Adolescents engage in self-injury due to undergoing stressful life events, such as the death of a close relative or conflict with parents, resulting in health conditions and depression, which can affect their mental

and physical health (Gao et al., 2020). Conflicts in the family, disputes between friends, and the inability to establish interpersonal relationships with other people are considered parts of stressful life events (Liu et al., 2019).

Stressful events commonly experienced by individuals engaging in self-injury include mental illness experienced by family members, difficulty getting along, academic failure, experiencing bullying, conflict with the law, suffering from physical or sexual violence, or having concerns about sexual disorientation (Elaine et al., 2011). The consequences of these stressful life experiences pose an impact on the involvement of adolescents in self-injury behaviors. This has been proven in a study that shows a significant positive correlation between stressful life events and self-injury behaviors (Mo et al., 2019).

Study findings show that stressful life events and self-injury behaviors are stronger and more consistent in women than in men (Steinhoff et al., 2020). In addition to sex, stressful life events are also influenced by age and work. Stressful life events increase with age; this happens because the older you get, the higher your expectations and drive to achieve success, whether in academics, career, or with a life partner. When experiencing failure in the achievement process, individuals will be prone to experience various pressures, resulting in decreased self-esteem, which can be associated with self-injurious behaviors. Literature also shows that one of the factors that influence non-suicidal self-injury behaviors is demographic factors, such as age, sex, and social or employment status (Brown & Plener, 2017).

Based on the findings that have been previously stated. The three independent variables, i.e., family harmony, emotion-focused coping, and stressful life events, simultaneously contribute slightly to NSSI or are less strong in predicting the occurrence of NSSI. This could be due to the many internal and external factors that actually play an essential role in the incidence of NSSI in adolescents. Moreover, there are several research limitations that can be a factor that causes bias in the findings, which include an inaccurate process of respondent selection as it did not go through a screening process. Ideally, the selection of respondents is controlled through a homogeneous sample, namely those engaging in self-injury. Therefore, generalizations become less accurate, because the population does not only focus on those engaging in self-injury. Additionally, the data analysis method still employed simple regression analysis techniques, as opposed to the more sophisticated statistical methods, such as structural equation model analysis.

Conclusion

The role of family harmony, emotion-focused coping, and stressful life events on non-suicidal self-injury behaviors of adolescents in the State Vocational High School in West Java Province simultaneously only contributed 22.4%. The predictor that had the greatest effective contribution was

family harmony at 14.39%, then stressful life events at 5.45%, and emotion-focused coping at 2.51%. A total contribution of 22.4% means that the three independent variables lack the strength in predicting the onset of NSSI. The role of family harmony in the population is relatively strong compared to the other variables. The non-suicidal self-injury category in the population shows a low level with a moderate family harmony condition.

Based on the research findings, the implication of this study is that there is a need for more in-depth studies by selecting variables that have stronger predictive power for the onset of NSSI based on the latest scientific evidence. In addition, it is necessary to improve adolescents' ability to deal with various stressful life events, such as problem-solving skills, resilience abilities, and adaptation skills. Furthermore, there is a need for early detection of non-suicidal self-injury behaviors in adolescents in schools through access to adolescent counseling and adolescent friends.

Declaration

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Author contributions

First author: idea development, data collection, and analysis. Second author (corresponding author): conceptual framework, discussion, and finishing.

Conflict of interest


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