

## Self-Injured: How They View Support and Hope?

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*Received 13-08-2024*

*Revised 14-08-2024*

*Accepted 04-09-2024*

*Published 06-09-2024*



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### Abstract:

Self-injured behavior is more profound, particularly in patients transitioning from adolescence to adulthood. The research method was conducted using a qualitative design approach and a case study type. Subject selection followed expected characteristics, namely participants aged 18-25 years and female, with a history of more than 30 self-injured incidents. Data collection was carried out through in-depth interviews and recordings. The data analysis techniques used include: 1) data reduction, 2) data presentation, and 3) data verification. The study results show that individuals who engage in NSSI (Non-Suicidal Self-Injury) and their social environment influence each other. Social support obtained from their environment can serve as a barrier and a diversion in resolving issues, thus preventing NSSI behavior. Conversely, if an individual has engaged in NSSI, social support may decrease as they withdraw and become less confident. This affects the future orientation of NSSI perpetrators. Additionally, they experience a crisis of hope, characterized by confusion about hopes and expectations. Nevertheless, they still desire to stop harming themselves.

**Keywords:** Non-Suicidal Self-Injury, Social Support, Future Orientation, Hope, Crisis Ideation

### Introduction:

Every individual inevitably faces various problems, ranging from mild to severe. Consequently, each individual has different ways of solving their problems. One of the most vulnerable stages for decision-making in problem-solving is the transition from adolescence to adulthood. During this period, individuals need to achieve a balance between emotions and thoughts, understand personal existential values, increase self-awareness, determine life goals, become emotionally independent from their families, maintain psychological and emotional stability in facing environmental pressures, and build healthy relationships with others (Dryfoos, 1991). If these characteristics are not attended to, there is a possibility of various unhealthy behaviors

emerging in adolescents, including the potential for intentional self-harm (Dryfoos, 1991).

NSSI (Non-Suicidal Self-Injury) is a severe issue affecting approximately 25% of the adolescent population and can be devastating. It includes tendencies to repeat self-injured behavior, suicide risk and death, negative impacts on mental health, decreased educational and work performance, and reduced quality of life (Hetrick et al., 2020). Adolescents deliberately harm themselves or consume substances with the intent of self-injury (Owen et al., 2016). Many adolescents have been affected by NSSI behavior, which has a high potential to lead to death (Kruzan & Whitlock, 2019). Self-injured becomes a habit, a pattern, and

is difficult to eliminate. Individuals who self-injured often do so for a reason and describe it as something they crave when triggered by negative emotions (Victor et al., 2012). Thus, NSSI has a behavioral pattern and addiction process related to the issue, and even to the individuals involved (Alavi et al., 2012).

Individuals also have various emotional responses to solving problems. There are both positive and negative ways to express emotions. Some disruptive activities can be harmful to oneself and others, such as drug use, alcohol consumption, or self-harm. On the other hand, individuals who can channel their emotions positively will engage in activities that prevent them from harming themselves or others, such as pursuing hobbies, talking, or exercising. Various types of literature explain the risk factors for self-harm. This understanding is crucial for developing appropriate interventions. Recent reviews have synthesized the literature on risk factors in adolescent populations, including substance abuse, mood disorders, borderline personality disorders, depressive symptoms and hopelessness, and suicidal thoughts as significant risks (Witt et al., 2018). Community research also highlights the relationship between mood disorders, a history of abuse, and bullying with self-injury, substance use, and psychological characteristics (Plener et al., 2015).

Moreover, cases of self-injured in Indonesia continue to rise. In 2020, incidents involving young girls injuring themselves by cutting their arms with razors or blades continued to dominate. A survey involving 5,211 participants aged 18-24 years found that adolescents had thoughts of loneliness, suicide, and self-injured (Son, 2021). This is an issue that should be of concern to society so that it can be addressed positively and appropriately towards those involved.

NSSI (Non-Suicidal Self-Injury) behavior manifests in various forms, both intentional and unintentional, such as hitting, cutting, or burning oneself without suicidal intent. Additionally, suicide attempts and socially accepted behaviors like piercing, tattooing, or religious practices can be considered forms of NSSI (Hooley et al., 2020).

NSSI behaviors can be categorized into two types: direct and indirect. The former refers to deliberate actions that directly cause bodily injury, such as cutting. In contrast, the latter refers to behaviors that unintentionally and indirectly harm body tissues, such as unhealthy lifestyles, substance abuse, risky or reckless behaviors, or eating disorders (Germain & Hooley, 2012). Furthermore, research by Kostić et al. (2019) found that the most frequently used method of self-injury is cutting (60%), followed by biting and scratching (14%).

Individuals who engage in self-injury are often also influenced by the social support they receive. Family is the most important source of social support for an individual. McClelland et al. (2023) found that the quality or quantity of relationships among family, romantic relationships, and global support need to be explored as conditional considerations. Loneliness can be a risk factor for suicidal thoughts and mental or physical health issues. A lack of social support is one of the factors in the negative learning processes of individuals who self-injured. This is further supported by research from Mendez et al. (2022), which found that poor perceptions of social support are highly susceptible to the development of self-injury behaviors in individuals. Additionally, Calvete et al. (2022) also found that self-awareness can be a relevant factor in reducing the risk of someone engaging in self-injured with suicidal intent.

In addition to self-awareness and perceptions or concern for the environment, situations can also be a factor in self-injured behavior. Cloud et al. (2023) found that situations and conditions such as isolation are closely related to self-injured and suicidal behaviors. This makes it difficult for individuals to find ways to cope with challenging situations or problems they face. As a result, those who engage in NSSI attempt to deal with these issues on their own, even though their actions are harmful and dangerous to them.

Self-injured incidents in individuals inevitably impact their daily lives and functioning within social environments. Mancinelli et al. (2022) found that issues related to smartphone use highlight the centrality of self-control and low levels of

internalization problems in individuals who self-injured. Additionally, Duncan-Plummer et al. (2023) also discovered that individuals who engage in self-injury perceive themselves as struggling to manage emotions in harmful and undesirable ways. As a result, those who engage in NSSI have difficulty finding strategies to cope with issues related to thoughts, emotions, and behaviors.

It is important to understand self-injury cases from the adolescent perspective because this can provide insights into the actions that trigger self-injury behavior (Brown Kimball, 2013). A deep understanding of the adolescent perspective that triggers self-injury and what can reduce the urge to self-injured is the goal of researchers. Therefore, researchers aim to examine social support and future orientation in individuals who self-injured.

**Research Method:**

This study uses a qualitative approach to understand the perceptions and experienced of self-injury from a case study perspective. The qualitative approach was chosen because this type of research generally seeks to study individuals in their natural context to understand how their behaviors and experiences are shaped by contextual factors such as social, cultural, physical, and economic aspects of their living environment (Hennink et al., 2020). Case study research offers flexibility unlike other qualitative approaches, such as theory-based or phenomenological methods. The case study approach is systematically designed explicitly to align with the case and research questions being investigated, and published studies show significant variability in the research designs used (Hyett et al., 2014).

**Participant:**

Participant selection in this study used a purposive sampling method. The researchers recruited 6 participants who met the following characteristics: aged 18-25 years and female, with a reported history of more than 30 self-injury incidents. Here is the participant information:

**Table 1. Participant's data**

| Participant | Age      |
|-------------|----------|
| KHRN        | 20 years |
| HN          | 21 years |
| RT          | 19 years |
| NA          | 20 years |
| GP          | 21 years |
| AN          | 20 years |

In this study, there are six primary participants: KHRN (participant 1), HN (participant 2 and significant other of participant 1), RT (participant 3), NA (participant 4), GP (participant 5), and AN (participant 6). Additionally, there are other significant others for participant 1, namely X, and participant 5's significant other, B. The six primary participants are college students currently studying at a higher education institution in Malang. Furthermore, all six participants are female students who have engaged in self-injury multiple times and continue to do so.

**Procedure and data analysis:**

The data collection technique used in this study is the interview method. As a data collection technique, interviews are recorded in full. A recording device is used as evidence of the information-seeking process for research data. Additionally, recordings can help in processing data more efficiently. Interviews lasted approximately 50 to 70 minutes for each participant. The obtained data will be analyzed using the interactive data analysis technique developed by Brewer et al. (1984), which includes: 1) data reduction, 2) data presentation, and 3) data verification.

This study has multiple focus analyses, including self-injury behavior, social support, and future orientation. Self-injury behavior is divided into several subtopics, such as an overview, causes, and consequences. Social support and future

orientation related to self-harm perpetrators are only explained in general terms.

**Design:**

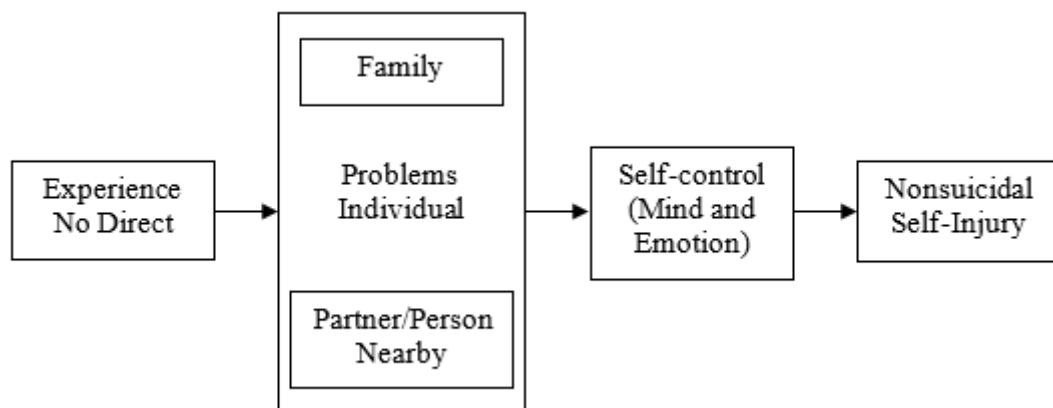
Six interviews were conducted with individuals involved in self-harming behavior and at various stages of change. The research questions used in this study were semi-structured interviews regarding self-injury behavior.

**Result and Discussion:**

NSSI (Non-Suicidal Self-Injury) behavior involves self-injury without any intent to commit suicide. Self-injury is often used to divert attention from the emotional pain experienced by individuals when confronted with a problem. This diversion occurs due to a lack of learning processes and the mistaken belief that self-injured can reduce pain and negative emotions in participants. Based on the data obtained, it is known that "trying" is the primary

trigger for self-injury. Self-injury perpetrators "try" to engage in this behavior based on experience without directly observing the behavior in their environment, either in person or through social media. The flawed learning process makes this behavior rigid and a chosen method for dealing with emerging problems. Additionally, it was found that the first instance of self-injury often occurs during the adolescent to young adult age range.

This contrasts with several studies that state that self-injury perpetrators intentionally injure themselves to cope with their problems (Estefan & Wijaya, 2014; Ifadah, 2021). They self-injured intentionally because they feel comfortable and relieved from the emotional pain. However, initially, they only experience indirect behaviors related to self-injury.



**Figure 1. Path of Non-suicidal self injury**

NSSI (Non-Suicidal Self-Injury) behavior begins with "trying" but involves different stressors afterward. Some stressors that can trigger self-injury include family issues, partners, family problems, and a lack of self-control in the individual (see Figure 1). The study by Estefan & Wijaya (2014) also found that conflicts with the opposite sex are most likely to cause individuals to self-injured. Additionally, self-injury perpetrators often engage in this behavior only under specific conditions. Self-injury tends to be carried out only in private and alone.

Stress triggers from family issues or relationships with close partners cause self-injury perpetrators to lose control over their emotions and thoughts

regarding these problems. Self-injury perpetrators can no longer manage their thoughts and emotions concerning the issues. Duncan-Plummer et al. (2023) also found that individuals who self-injured have thought processes that negatively impact their emotions. As a result, they tend to have negative problem-solving strategies as well.

However, every behavior has unavoidable consequences, including the choice of individuals to self-injured. Initially just "trying out," but the effects persist longer. The immediate impact of such actions is the relief and comfort felt by the self-harm perpetrator. In fact, the intensity of self-injury can reach more than 25 times within 2-3 years.

Additionally, they have no alternative but to confront their problems, leading them to only consider self-injury. Previous flawed learning processes and a lack of social support make them focus solely on short-term effects. However, after engaging in self-injury, they realize that the wounds and pain can be felt for a long time. This can also affect their behavior in society, causing embarrassment and decreased self-confidence.

Self-injury perpetrators also have people who care for and support them. However, they often struggle to express the problems they are experiencing. They can only share their issues within a small circle or with one or two people. This small circle may consist of family members or close friends. This support system tends to learn about the self-injury issues from them.

Support from their support system varies, including actions such as hiding sharp objects, scolding, or offering hugs. Support occurs when they engage in self-injury, and there are no methods to prevent or address the issue. The perpetrators also have a desire to stop and not harm themselves again.

Self-injury perpetrators tend to distance themselves from their environment and support system. They prefer to remain silent and try to work alone when facing stressors. This also means they need more sensitive individuals who can teach them more optimistic ways to handle problems. Additionally, this makes them engage in self-injury and seek pleasure for its own sake. They struggle and are unable to think about their long-term goals or desires for the future (see Figure 2).

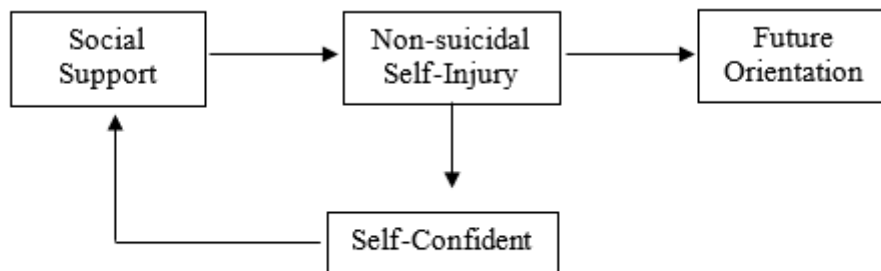


Figure 2. Dynamics of NSSI perpetrators' future orientation

### Conclusion:

Based on the discussion outlined, it can be concluded that individuals who engage in NSSI can be influenced by their social support. Social support obtained from others can act as a barrier and distraction in problem-solving, thus preventing individuals from engaging in self-injurious behavior that does not lead to suicide. Conversely, if someone is experiencing self-injury, social support may be more neglected because the individual withdraws and becomes less confident. This, in turn, affects the future orientation of NSSI perpetrators.

In this study, the participants were women who engage in self-injured. Overall, the participants tend to self-injury as a way to divert attention from the emotions they are experiencing. Although the methods of expressing and addressing problems

vary, they generally do not share each issue with others and reflect on problems caused by others. They prefer to self-injury as a means of resolving their issues and suppressing them. Parenting and teaching practices applied within the family are crucial for the participants, as these factors trigger self-injury behavior in this study.

The most common self-injury behaviors reported by participants include cutting the skin with sharp objects, hitting their heads against walls, burning their arms with cigarettes, drinking alcohol, and consuming pills. These actions occur as they channel negative emotions such as sadness, confusion, and feelings of hopelessness. Other issues faced by participants include disharmony and lack of warmth in family relationships, insufficient affection and attention from family, problems with others such as romantic relationship issues, bullying in friendships, and academic

challenges like coursework.

Support from the environment, including family and friends, is limited. NSSI perpetrators only receive social support from a few people around them. The support system comes from family members, close friends, or partners. The forms of support vary, such as scolding or intimidating, reprimanding, informing about the destructive impact of the behavior, meeting and talking together, offering hugs, and trying to fulfill the participants' dreams. This support is a response from the environment that is considered necessary and meaningful to the subjects.

Through this social support, they strive to survive and maintain a small amount of hope, even if it is based on pleasure, such as socializing with friends or not being abandoned by close ones. Additionally, they experience a crisis of expectations, characterized by confusion about their own hopes and expectations. Nevertheless, they wish to be able to stop self-injured.

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