

A Scoping Review: Religiosity/Religious Coping as An Approach for Non-Suicidal Self-Injury (NSSI)

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Abstract: The increase in NSSI globally and its correlation to religion and religious coping has begun to be widely studied. This scoping review aims to map religious/religious coping related to NSSI. Systematic article search has been carried out from Scopus, Science Direct, and Springerlink. Articles have been screened through PRISMA flow charts. After searching 114 full-text articles, the 7 articles had been selected. Articles were published from 2012 to 2020. Most of the selected studies have been published in America. Six of the seven articles show the relationship between religiosity and religion addressing NSSI. Protective factors in the form of extrinsic and intrinsic religious, personal religious, and institutional elements were founded. Addressing NSSI by developing a positive religious approach to coping requires religious practices and principles. Risk factors include religious doubts and questions, religious transitions, unstable religious identities, and the possibility of religiosity leading to negative religious coping. It provides a forum for discussion of religious questions, encourages parental oversight, assesses the teenagers' function and role in their NSSI, respectfully questions the teenagers' beliefs and their importance in life, and appropriately adjusts religious coping styles. It is important to evaluate helps and mitigate NSSI and its related factors.

Keywords: Scoping review, Religiosity, Religious Coping, Non-Suicidal Self-Injury (NSSI).

1 Introduction

Previous studies found that religion and spirituality can promote mental health through positive religious coping, community and support, and positive beliefs. Religion and spirituality can also damage mental health through negative religious coping, misunderstanding and miscommunication, and negative beliefs [1]. This fact requires an increase in the awareness of researchers and practitioners in the field of mental health so that they can see this potential more clearly and use it appropriately. This demand also seems important for mental health issues related to Non-Suicidal Self-Injury (NSSI) which has become a mental health problem globally with an increasing prevalence in both developed and developing countries [2] [3].

Concerning to religion, Buser et al. revealed that several studies have looked at the relationship between NSSI and spirituality/religion and found a detrimental potential for spirituality/religion in association with NSSI and a potential for religion to decrease NSSI behavior, both of which can be explained through a closer examination of the content of

one's spiritual/religious beliefs [5]. He concluded that increased spiritual dissatisfaction with religion, where religion involves beliefs about being abandoned and abandoned by God or a higher power during times of stress, has increased NSSI.

There is the potential for conservative religious principles with strict rules of faith and striving for perfection to lead to feelings of guilt and inadequacy which in turn use NSSI to manage negative feelings [6] and it was also found that faith in religion (Hindu and Muslim) is associated with reduced self-harm behavior overall, and fewer repeated self-harm (ie, five or more lifetime incidents of self-harm) [7]. Kress et al found that college students (N=14.385) who believed in an afterlife and reported that spirituality/religion was important to them had reduced lifetime self-harm rates [8].

In the religious approach, positive religious coping seems to be recommended for NSSI. Pargament et al called positive religious coping reflecting a secure relationship with God, something more meaningful to be found in life, as well as a sense of spirituality in relating to others. Conversely, negative religious coping reflects an unpleasant view of the world, an insecure relationship with God, and a religious struggle to find and talk/dialogue with other people in life. The aspects of positive religious coping are benevolent religious reappraisal, collaborative religious coping, religious purification, seeking spiritual support, spiritual connection, seeking support from clergy or members, religious forgiving and religious helping. Meanwhile, negative religious coping aspects are punishing God reappraisal, reappraisal of God's powers, demonic reappraisal, self-directing religious coping, spiritual discontent, dan interpersonal religious discontent [9]. This study intends to map how religious-roles and religious-coping concerning NSSI, which maybe suit a more precise understanding and implementation that is more helpful for psychological interventions.

2 Method

A scoping review was conducted on how religiosity and religious coping contribute to NSSI and when they became protective and risk factors for NSSI. The methods and results used in this study suggest the use of a scoping review described by Arksey and O'Malley [10]. It consists of the following steps:

Confirm focus, identification of relevant studies, description of process, identification of literature using PRISMA flow charts, data extraction and maps or scoping. Research questions are as follows: What does the existing literature tell us about the relationships, roles, and relationships between religiosity and religion in dealing with NSSI? In this case, researchers confirm that the link between religiosity and religious treatment of NSSI is not another form of self-harm. The scoping reviews approach in this study was guided by the PEOS Framework and PRISMA flowchart. The PEOS (Problem, Exposure, Outcome, and Study design) was used to establish eligibility criteria for scoping review as mentioned in the table 1. The use of PEOS helps in identifying the key concepts in the focus of the review, developing appropriate search terms to describe the problem, and determining inclusion and exclusion criteria [11].

Table 1. PEOS (Problem, Exposure, Outcome and Study design) Framework

Population Problems	and	Exposure	Outcomes or Themes	Study Design
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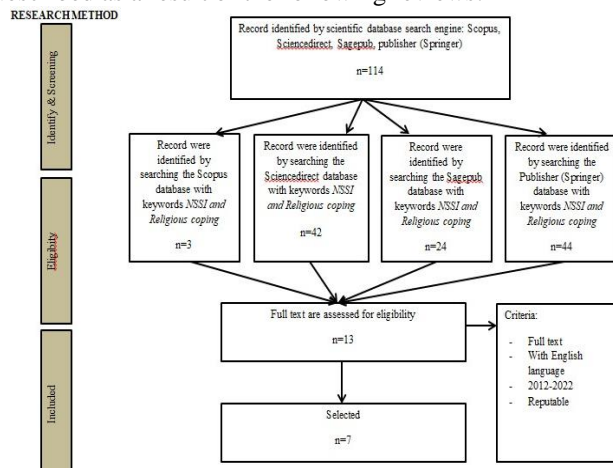
NSSI	a. Religious/religiosity	a. Relationship between religious/religiosity and NSSI	a. Literature review
Religious/religiosity	b. Religious coping	b. Implementation of R/S coping to NSSI	b. Empirical studies
Religious Coping	c. Relationship		
Spiritual Coping	d. Risk/Protective		
	e. Youth	c. S/R coping as a Risk and Protection Factors	

The sample in this study were journal articles with a limited reputation in literature, reviewed and empirical studies from NSSI related to religiosity/religious coping and NSSI, from the discipline of Psychology, published in 2012 to 2022, works of literature were collected through scientific databases from electronic search engines namely Scopus, Scimedirect, and publisher (Springerlink) database. For the article selection process, inclusion and exclusion criteria were used as presented in table 2.

Table 2. Inclusion and exclusion criteria of for selection process of published articles

Inclusion criteria	Exclusion criteria
1. Articles published in the last 10 years (2012 – 2022) in a trusted database.	1. Irrelevant with research topics
2. Psychology and Psychiatry journals,	2. NSSI that is not part of a larger psychiatric disorder:
3. Type of article: reporting on empirical data/ literature review.	3. Using languages other than English
4. Using English	

An item selection process is run using the given criteria to generate a PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analysis) flow and obtain a data chart described as a result of the following reviews:



Picture 1. Research Design (PRISMA Flow)

3 Results and Discussion

Through the scoping review process and stages, seven articles were selected that

examine religiosity/spirituality/religious treatment in the context of NSSI and key related aspects. The results of the literature search are shown in Table 3 below.

Table 3. Results of the Literature Review

Heading	Author, Year, Study Location	Aims of Study	Population and Sample	Study Design
A longitudinal investigation of the relation between nonsuicidal self-injury and spirituality/religiosity	Good, M., Hamza, C., Willoughby, T.; 2017, Canada	Examined whether multiple dimensions of spirituality/religiosity, were associated with engagement in NSSI among university students over time.	1,132 first-year undergraduates Students	Quantitative (Longitudinal study).
The association of non-suicidal self-injurious and suicidal behaviors with religiosity in hospitalized Jewish adolescents	Malkosh-Tshoop, E., et.al, 2020, Jerusalem	Examining suicidal and non-suicidal self-injury (NSSI) behavior among Jewish adolescents receiving treatment at mental health centers related to religiosity.	60 Jewish adolescents hospitalized	Quantitative (Cross-sectional study)
Protective factors of suicide: Religiosity and parental monitoring	Kim, YJ et al; 2020; US	Research was conducted to identify the mediating effects of depression between religiosity and suicidal ideation among U.S. teens and testing the moderating effect of parental monitoring in the mediation model.	a secondary data analysis from the 2016 National Survey on Drug Use and Health (NSDUH)	Quantitative
Protective Role of Religious Involvement Against Depression and Suicidal Ideation Among Youth with Interpersonal Problems	Cole-Lewis, YC, et.al; 2016; USA	Examined religious involvement in organizational religiousness (OR), private religious practices (PRP), and religious support (RS) in relation to suicidal ideation (SI) and depressive symptoms and its protective role, considering youths' school and parent-family connectedness.	161 youth who presented to an urgent care clinic	Quantitative (exploratory study)
An exploration of adolescent nonsuicidal self-injury and religious coping	Westers, NJ, et.al; 2013; USA	Examined the the function of NSSI and the relationship between religious coping and religiousness among adolescents who self-injure.	Thirty adolescents aged 12–19 years	Quantitative (exploratory study)
Predictors of Onset for Non-suicidal Self-injury Within a School-Based Sample of Adolescents	Andrews, T., Martin, G., Hansking, P., Andrew; 2013; Australia	Exploring diverse risk factors specifically related to the onset of non-suicidal self-injury (NSSI) during adolescence on a school basis	school-based adolescents (13–19 years old)	Quantitative (Study Prospectives)
Nonsuicidal self-injury and religiosity: A meta-analytic investigation.	Haney, AM; 2020; Indonesian	Understanding the nature of NSSI's association with religion	311 Indonesian emerging adults	Quantitative (Meta Analysis)

3.1. Risk factors/protective factors related to religiosity/religious coping and NSSI

Based on the mapping of the seven articles related to risk factors and protective factors related to religion, several important notes and mutual support were found between studies. One of the most prominent risk factor findings is that religious doubt is a risk factor for NSSI [12], another study states that religiosity can lead to negative religious coping as a form of letting go when doubts arise about the beliefs they have, such as doubting God's love for oneself can cause unpleasant emotions so that they are channeled through negative coping. The use of negative coping can lead to a deeper feeling of being far from God and deepen NSSI behavior even further [16]. Religious doubts and religious transitions may be kinds of some important issues that cause distress [12][13]. It seems that these two findings also intersect with other studies, that adolescents with an unstable religious identity increase suicide attempts and the severity of suicidal ideation.[14]. This finding is in line with many findings showing that identity crises contribute to suicidal thoughts and behavior [14].

The next risk factor is that adolescents report that they often think about death when faced with a bad problem [14]. This is supported by other studies that adolescents who experience greater psychological distress, poor social support from families, low self-esteem, and poor problem-solving are more likely to start self-injury [17]. Other risk factors that have been found are that women show higher rates of suicidal ideation, a history of childhood and female sex abuse, and are more susceptible to various types of self-defeating factors [12] [14] [15].

Meanwhile, related to the most prominent protective factor is that religiosity can function as a protective factor against self-harm behavior [18], another study corroborates this finding which shows extrinsic and intrinsic religiosity to be a protective factor in adolescents who are undergoing psychiatric treatment at the hospital. [13]. While the personal religious practice was also associated with reduced suicidal ideation, this was not the case for the relationship between personal religious practice and depression. Connectedness at school and with family was a more important predictor than engaging in private religious practice [14]. Related to providing support and attention to other people who have the same faith/beliefs or related communities can protect them from negative coping by giving confidence in what they believe [16].

3.2 Relationship of religiosity/religious coping with NSSI and those related to it

Based on the mapping results of the seven selected studies, in general, all studies support that religiosity is related to NSSI in a variety of relationship strengths, only one study examines the two-way longitudinal association between NSSI and various dimensions of spirituality/religiosity (personal R/S and R/S dimensions institutional, as well as dimensions of doubt/question) found that religiosity/spirituality, both personal and institutional, is not related to NSSI [12]. One study from the meta-analysis showed a small but significant negative correlation between NSSI and religiosity [18], while several other studies showed levels of religiosity and adherence to religious practices and principles were significantly inversely related to NSSI. Similarly, the severity of suicidal ideation was inversely associated with overall religiosity and adherence to religious practices, which both remained significant after adjustment for gender and history of violence [13].

Other studies show that private religious practices and religious support are associated with lower rates of depressive symptoms, while private religious practices and

organizational religiousness are associated with fewer suicidal ideations. Controlling connectedness, and private religious practices are still related to less suicidal ideation [13]. An exploratory study examining the relationship between religious coping and religiosity among self-injury adolescents and their NSSI functioning. It was found that adolescents with NSSI who have a higher level of religiosity tend to do NSSI for the function of communicating with others or to get attention, whereas adolescents with NSSI who have a lower level of religiosity tend to engage in NSSI for the function of escaping unwanted feelings/negative feelings. The results also found that together, positive, and negative religious coping was a significant predictor for engaging in NSSI to eliminate unwanted feelings, while negative religious coping was not related to religiosity [16].

Another interesting result related to dimensions that are often overlooked in measuring religiosity, namely religious doubt, turns out to have a relationship and higher involvement with NSSI over time [12]. The possibility is that spiritual struggles in the form of doubts/questions can lead to distress followed by involvement in NSSI. Religious doubts are usually expressed by various questions that come to mind regarding spiritual matters, such as the meaning of life, the afterlife, and the existence of higher powers. Doubt is expressed by the intensity of questioning or questioning what others are teaching regarding religion/spirituality. is also possible [12]. This study received support from other studies showing that history of religious transition was related to the severity of suicidal ideation but lost its significance after correction for history of abuse and adjustment for sex. A history of transitions in religious affinity became a predictor of suicide attempts, although the significance lost after adjustment for child abuse.

Other findings show religiosity and parental monitoring are significantly and negatively correlated with suicidal ideation, whereas, depression is significantly and positively associated with suicidal ideation. Parental monitoring moderates the pathway between depression and suicidal ideation. Depression completely mediates the relationship between religiosity and suicidal ideation. While parental monitoring moderates the mediating effect from religiosity to suicidal ideation through depression [14].

3.2. Implications in the psychological treatment of NSSI

Based on the existing findings, various implications emerge consequently and become recommendations that are important to pay attention to. Although many results promote religiosity, adherence to religious practices and principles reduces NSSI and the severity of suicidal ideation [13], it is important to note that spiritual struggles involving religious doubts are important to be concerned about. Talking about religious struggles and doubts to broaden perspectives, clarify values and find meaning in spiritual struggles is important for NSSI prevention. It is recommended to give helpful responses when questions related to religion and doubts about what is being taught occur. It requires space for discussion, acceptance, and strategies that help frame this spiritual struggle in a helpful way. Avoiding talking about spiritual struggles is not recommended [12]. This suggestion is reinforced by the implications of studies on the importance of interpersonal religious elements to help adolescents who experience interpersonal stress and protect them from suicidal ideation [17].

Other research findings support the above implementation with suggestions to assess adolescents' NSSI functions and roles, ask about their beliefs in respect and their level of importance in their lives, and assess their religious coping style sequentially to determine plans, courses, and treatment goals accordingly a way that respects the values of each

youth. Paying attention to interpersonal functioning in NSSI with high religiosity and paying attention to intrapersonal functioning in NSSI with low religiosity will help guide the assessment and intervention process. The results of this study indicate the need for further research that will foster a greater understanding of these constructs among individuals involved in NSSI [16].

In addition to identifying prayer and other intrapersonal actions from religion as a tool for dealing with more real expressions of difficulty, adolescents need connectedness with others to deal with more subtle feelings of sadness [17], this is also related to implications for strengthening parental monitoring which is important to present in handling Youth NSSI, specifically to suppress suicidal ideation, and help adolescents overcome psychological problems such as depression and suicidal ideation. When youth are supported by individuals and institutions that are closely linked to their values, they are able to make more positive associations about the difficult experiences they face. Institutional support can also help with reactive coping such as suicide. Religious or spiritual identity can provide a sense of togetherness, belonging, and social support to protect against problems like NSSI [17]. Finally, religiosity which is generally agreed to be a protective factor against NSSI behavior and negatively correlated with NSSI needs to be accommodated in the prevention and treatment of NSSI in clinical and mental health settings [18].

4 Conclusion

Based on the results of the mapping study by scoping-review, it can be concluded that religiosity and religious coping factors are related to NSSI in various ways. All articles show that there is a relationship between religiosity and religious coping with NSSI, except for one study which shows that there is no relationship between personal and institutional religiosity with NSSI. Extrinsic and intrinsic religiosity, as well as elements of personal and institutional religion, serve as protective factors against NSSI and that religious practices and principles are inversely related to NSSI. Doubts and questions about religion, religious transition, unstable religious identity, and the possibility of religiosity leading to negative religious coping are risk factors that require attention through developing support from other people and the faith community, as well as monitoring parents, especially in teenagers. It is important to open space for discussion of religious doubts, promote parental monitoring, assessment of the function and role of adolescents' NSSI, asking about their beliefs respectfully and their level of importance in their lives, and assessment of their religious coping style to help and reduce NSSI and its related factors.

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