

Relationship Between Self-Compassion and Non-Suicidal Self Injury In Adolescents

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Abstract. The adolescent phase is full of various crises and challenges, resulting in many problems. Self-compassion, which is a compassionate attitude towards oneself, can be an alternative to dealing with problems. Individuals with low self-compassion tend to feel stress, depression, and anxiety so that it will have an impact on maladaptive behavior, one of which is Non-suicidal self injury (NSSI) as a coping strategy. This study aims to determine the relationship between self compassion and NSSI in Acehnese adolescents. The research design used was quantitative research method with incidental sampling technique, involving 60 Acehnese adolescents aged 12-19 years. Data collection in this study used the Self-Compassion Scale (SWD) and the Inventory of Statements about Self Injury (ISAS). The results of hypothesis testing analysis using Pearson Correlation with a significance value (p) = 0.137 ($p > 0.05$). This shows that there is no significant relationship between self compassion and NSSI. The results showed that the level of self-compassion of Acehnese adolescents who had done NSSI was at a moderate level (60%), and low (35%), while the majority of NSSI behavior was carried out using more than three methods, and was often carried out as a form of emotional regulation (59.72%) and self-punishment (43.60%).

Keywords: Adolescents, Self-compassion, Non-suicidal self injury

1 Introduction

Adolescence is identic with facing various crises and challenges, involving changes in biological, cognitive, and socio-emotional aspects. During this time, individuals begin to show interest in the opposite sex, develop views on interests and careers, and start exploring their identities. This period is also associated with complex conflicts, commonly known as the "storm and stress" phase [1]. Adolescents are vulnerable to pressure, which arises from academic performance, the need for popularity, a desire to be accepted in peer groups, issues related to relationships, and body image concerns, all of which can lead to emotional tension in adolescents [2].

[3] state that various negative emotions experienced by adolescents make them prone to self-blame and self-criticism. Therefore, adolescents need to have awareness, patience, tolerance, problem-solving skills, emotional regulation, morality, socialization skills, and the ability to cope with stress and pressure. This condition can be associated with self-compassion, which is a self-kindness attitude that can serve as an alternative for managing the negative emotions experienced by adolescents [4]. Self-compassion can help individuals endure, understand, and perceive the meaning of the challenges they face as something positive [5]. [6] states that adolescents with self-compassion can avoid stress and depression because they can accept the pressure they face. Self-compassion can become an adaptive coping strategy, allowing individuals to better understand their own feelings and emotions and the ability to improve negative emotional states.

[7] explain that issues faced by adolescents such as high levels of stress and depression, the desire for perfection, feelings of isolation, shame, and perfectionism can be alleviated through self-compassion. Adolescents with high levels of self-compassion can be seen as individuals who can accurately assess themselves, feel emotional comfort in social environments, and accept themselves as they are [8]. Low self-compassion in adolescents leads to stress and even depression because of their inability to accept their circumstances and self-blame [9].

[2] explain that low levels of self-compassion make it difficult for adolescents to accept and forgive themselves for the issues they face, leading them to feel unworthy of acceptance in their social environment. [6] also mentions that low self-compassion is associated with higher levels of anxiety and depression, which can lead to maladaptive behaviors, one of which is non-suicidal self-injury (NSSI). Adolescents are the most vulnerable age group to NSSI, and a meta-analysis study found that the prevalence of NSSI is 17.2% in adolescents, 13.4% in young adults, and 5.5% in adults, with at least one episode of NSSI in their lifetime. [10] state that it is challenging to find data related to NSSI perpetrators in Indonesia because NSSI is like an iceberg phenomenon, making it difficult to detect.

Adolescents who engage in NSSI find it difficult to open up about their experiences due to various risk factors such as their environment and negative childhood experiences. NSSI often serves as a strategy for regulating negative emotions, as a means of self-punishment for the issues they face [11]. Effective emotional management and social support serve as protective factors against NSSI. One form of effective emotional management is self-compassion, which involves the process of resisting the urge to harm oneself and finding alternative ways to make peace with negative emotions [12]. The aim of this research is to empirically examine the relationship between self-compassion and non-suicidal self-injury in adolescents.

2 Research Method

2.1 Research Procedure and Participants

The research design in this study is a cross-sectional with correlational approach. The sample selection for this study using a non-probability sampling technique, specifically incidental sampling, where individuals encountered by chance could be used as participants if they meet the data source criteria [13]. The sample criteria for this study are adolescents aged 12-19 residing in the province of Aceh. Questionnaires were distributed online, and a total of 208

participants were obtained, with 60 of them engaging in non-suicidal self-injury behavior. These 60 participants were used as the primary data source for this research. The data was analyzed using descriptive analysis with the assistance of JASP (Jeffrey's Amazing Statistics Program for Windows) version 16.00.

2.2 Research Instruments

The research instruments used in this study are the Self-Compassion Scale (SCS; Neff, 2003), adapted into the Indonesian language as the Skala Welas Diri (SWD) by Sugiyanto et al. (2020), to measure self-compassion, and the Inventory of Statements About Self-Injury (ISAS) by [14] to measure NSSI (Non-Suicidal Self-Injury).

Skala Welas Diri (SWD) has a fairly good reliability coefficient with a Cronbach's Alpha value of 0.92 and good item quality ranging from 0.57 to 0.80. This scale consists of six components that interact with each other: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. [2] constructed the Self-Compassion Scale (SCS) with a total of 26 items, including 13 favorable and 13 unfavorable items. The scale uses a Likert scale with a range from 1 (almost never) to 5 (almost always), and the grand mean is calculated to determine an individual's level of self-compassion, categorized as high, medium, or low.

The Inventory of Statements About Self-Injury (ISAS) by [14] has an alpha reliability coefficient of 0.88. ISAS is a unidimensional measurement tool designed to identify the behaviors and functions of an individual engaging in NSSI. This measurement tool was developed to assess the purpose and function of NSSI. The ISAS is divided into two parts. The first part of ISAS assesses the lifetime frequency of 12 intentionally performed NSSI behaviors without the intent to commit suicide. The second part of ISAS measures 13 functions of NSSI using a multiple-choice format, with each function rated by three items, "0-not relevant," "1-somewhat relevant," or "2-very relevant." As such, the score for each of the 13 ISAS functions can range from 0 to 6. The average of each function is calculated, and the grand mean is then computed.

3 Result and Discussions

3.1 Data Analysis

Assumption testing and correlation analysis in this study were conducted using JASP software (Jeffrey's Amazing Statistics Program for Windows) version 16.00. Normality testing was performed using the Shapiro-Wilk technique. The results of the normality test for the variables showed a significance value (p) of 0.143, indicating a normal data distribution. The linearity test using ANOVA showed a significance value of 0.137, indicating a linear relationship between the self-compassion and NSSI variables. Hypothesis testing analysis revealed a Pearson correlation coefficient with a significance value (p) of 0.137 ($p > 0.05$), and a correlation coefficient of $(r) = -0.194$. Therefore, the hypothesis testing indicates no significant relationship between self-compassion and NSSI.

3.2 Descriptive Data Analysis

This study involved 207 adolescents from Aceh aged 12-19 years, of whom 60 (20 males and 40 females) had engaged in NSSI, meeting the criteria for data sources. Based on the descriptive analysis conducted on the self-compassion variable, the following results were obtained:

Table 1. Self-Compassion Analysis

Aspects	Category	Score	F	(%)
<i>Self-compassion Level</i>	High	$X \geq 3.5$	0	0%
	Moderate	$2.5 \leq X < 3.5$	39	65%
	Low	$X < 2.5$	21	35%
Total			60	100%

The research results indicate that the majority of the sample had moderate (65%) and low (35%) levels of self-compassion. High self-compassion can be interpreted as individuals having a healthy and positive attitude when facing life's challenges and difficulties[2].

Regarding the NSSI variable, a descriptive analysis was performed by examining the methods, characteristics, and functions of NSSI behaviors in the sample. The sample characteristics related to NSSI methods are outlined as follows:

Table 2. NSSI Method

Method	F
Cutting	34
Biting	75
Burning	6
Carving	45
Pinching	202
Pulling Hair	95
Severe Scratching	331
Banging	76
Hitting Self	117
Interfering Wound Healing	400
Rubbing Skin against Rough Surface	33
Sticking self with needles	96
Swallowing Dangerous Substances	10
Other	122

Description: Bolded methods are the most frequently practiced frequencies

The most frequently used methods by the sample include picking at scabs, scratching the body to create wounds, pinching, hitting body parts to cause bruises and wounds, as well as engaging in various other actions that can result in bodily injuries. A descriptive analysis of the characteristics of NSSI can be found in the following Table 3:

Table 3. NSSI Characteristics

Aspect	Category	F	(%)
Age of onset	Age	F	%
	9	4	6.6
	10	2	3.33

	11	7	11.67
	12	12	20
	13	6	10
	14	14	23.33
	15	5	8.33
	16	1	1.67
	17	4	6.67
	19	1	1.67
	No description	4	6.67
	Total	60	100%
	Period	F	(%)
	1-4 month	30	50
	5-8 month	15	25
	9-12 month	8	13.33
	No description	7	11.67
	Total	60	100
	Sensation	F	(%)
	Yes	23	38.33
	No	15	25
	Sometimes	22	36.67
	Total	60	100
	Condition	F	(%)
	Alone	50	83.33
	Not Alone	10	16.67
	Total	60	100
	Time Period	F	(%)
	< 1 jam	48	80
	1-3 jam	7	11.67
	3-6 jam	3	5
	6-12 jam	2	3.33
	Total	60	100
	Intention	F	(%)
	Yes	48	80
	No	12	20
	Total	60	100

Description: Bolded characteristics are the most frequently practiced frequencies

Descriptive analysis related to the NSSI function can be seen in table 4 below:

	Function	F	(%)
	Emotion Regulation	215	59.72
	Interpersonal Boundaries	94	26.11
	Self-Punishment	155	43.60
	Self-Care	111	30.83
	Anti-dissociation	115	31.94
	Anti-suicide	152	42.22
	Sensation Seeking	72	20
	Friendship Bonding	45	12.5
	Intrapersonal Affect	79	21.94

Resilience	88	24.4
Marking difficulties experienced	135	37.50
Revenge	39	10.83
Autonomy	96	26.67

Description: Bolded function are the most frequently practiced frequencies

This study reveals that among various reasons or functions for NSSI, emotion regulation is the most common underlying motive for NSSI actions (59.72%). In addition, self-punishment (43.60%), suicide prevention (42.22%), and marking the difficulties experienced (37.50%) are also among the most common motives underlying NSSI actions in adolescents. On the other hand, revenge and peer bonding are the least common reasons underlying NSSI actions in adolescents.

3.3 Discussion

This research aimed to examine the relationship between self-compassion and non-suicidal self-injury (NSSI) among adolescents in Aceh. Based on the research analysis, the data showed no significant relationship between the two variables, with a correlation coefficient having a significance value of 0.01 ($p > 0.05$) and a correlation coefficient of -0.137. Statistically, there is no significant negative relationship between self-compassion and NSSI among adolescents. Therefore, the hypothesis in this research is rejected.

The results of this research are consistent with several other studies that have also found a weak association between self-compassion and NSSI. A study by [10] reported a significant relationship between self-compassion and NSSI, but the relationship was very weak, with $p = 0.00$ ($p < 0.01$) and $r = -0.378$. This suggests that self-compassion is not directly related to NSSI but has a significant negative relationship with some symptoms such as depression and anxiety, which can lead to NSSI. Adolescents with low self-compassion tend to use maladaptive coping strategies like NSSI.

A meta-analysis by [15] also found a weak relationship between self-compassion and NSSI, compared to the variable of Suicide Thoughts and Behavior. This may be because NSSI is fundamentally a behavioral problem triggered by emotional distress. The association between self-compassion and NSSI can be interpreted as those who engage in NSSI or consider it may have personal stigma related to NSSI, leading to negative self-perceptions and lower levels of self-compassion [16].

Individuals with high self-compassion have a high level of awareness and sensitivity to the issues they face, responding without judgment, self-acceptance, warmth, and care [17]. This study revealed that approximately 65% of adolescents have moderate self-compassion, while the remaining 35% have low self-compassion. Individuals with moderate self-compassion tend to have a good understanding of themselves and good self-acceptance when facing problems. However, they may also be self-critical and self-blaming when dealing with issues such as failure, sadness, and imperfections [18].

In addition to self-compassion levels that tend to be low and moderate among adolescents, there are other factors related to self-compassion and NSSI, such as age, gender, personality, culture, environment, and parental roles. A meta-analysis study by [19] found that the developmental stage of adolescence plays a crucial role in the level of self-compassion in adolescents aged 10-19. It was reported that older adolescents have lower self-compassion levels with higher distress levels compared to younger adolescents. This is related to the developmental stage of adolescence itself, which is a challenging phase from adolescence to early adulthood.

Another factor affecting self-compassion is gender, which plays a significant role in both self-compassion and NSSI. A study by [20] found that self-compassion levels are higher in male

adolescents compared to female adolescents. Self-compassion develops with age and gender. Female adolescents tend to have higher awareness than male adolescents, especially in physical development, peer relationships, and romantic relationships. This higher awareness makes female adolescents more resistant to the idea of self-compassion and more inclined to develop compassion for others, especially as they get older and face more developmental challenges [21].

Regarding gender, a study by [14] Victor et al. (2018) found that among the total sample of adolescents engaging in NSSI, 80% of them were dominated by females. This suggests that male adolescents are more likely to choose better coping strategies. This is consistent with the results of this study, which were predominantly female adolescents (66.67%) falling into the moderate and low self-compassion categories, with a history of NSSI in the last 1-12 months. NSSI methods may be motivated by various factors, one of which is modeling aggressive attitudes within the family. A study by [22] found that the dysfunctional role of parents significantly influences NSSI behavior. Individuals who experience violence from their parents or witness domestic violence tend to engage in NSSI. Additionally, [23] explained that witnessing and experiencing violence in the family increases individual aggressive behaviors (e.g., fighting and hitting) and leads to NSSI as a way of regulating emotions.

Most of the research participants engaged in NSSI when alone (83.33%). This is because individuals who engage in NSSI tend to feel shame, as NSSI is still considered a taboo in society, and NSSI is a very private matter [24]. One of the functions of NSSI is as an alternative to suicide. [25] states that NSSI has a short-term relationship with suicide avoidance and is an important factor in suicide prevention. The anti-suicide function of individuals engaging in NSSI is supported by the findings of this research, with 80% of the participants expressing a desire to stop NSSI, even though around 50% of the participants continued to engage in NSSI in the last 1-4 months.

Individuals engaging in NSSI have different backgrounds and functions, including emotion regulation, self-punishment, interpersonal boundaries, anti-suicide, anti-dissociation, marking difficulties, marking resilience, autonomy, interpersonal influence, and friendship bonds. This study revealed that emotion regulation (59.72%), self-punishment (43.6%), anti-suicide (42.22%), and marking difficulties (32.2%) were the most frequent reasons for individuals to engage in NSSI. This is in line with the statement that emotion regulation is the most common function of NSSI, followed by self-punishment [14].

The assumption that led to the lack of a relationship in this research can be seen from various previous studies that did not directly test the relationship between self-compassion and NSSI but often correlated them with other mediator variables. Some mediator variables often correlated with self-compassion and NSSI are mindfulness, self-criticism, suicidal thoughts and behaviors, and others.

The researcher acknowledges limitations and shortcomings in this research, including the limitation in sample availability. The research was conducted online, and the sample was difficult to obtain due to the elimination system in the online scale. Only participants who reported engaging in NSSI could complete the scale. The researcher assumes that the limited number of participants reporting NSSI may be due to the very private nature of NSSI behaviour.

4 Conclusions

Based on the results of the data analysis conducted in this research, it can be concluded that there is no direct relationship between self-compassion and non-suicidal self-injury (NSSI)

among adolescents in Aceh. This means that self-compassion and NSSI are not directly linked; however, self-compassion can reduce levels of stress, anxiety, and depression, which in turn can lead to maladaptive coping strategies, with one of them potentially reducing NSSI in adolescents. Furthermore, the weak relationship between self-compassion and NSSI is likely due to the fact that both variables can co-occur, as NSSI is fundamentally a behavior rather than an attitude.

The research results indicate that the majority of adolescents in Aceh have moderate to low levels of self-compassion. This suggests that adolescents can accept the difficulties they face but still engage in self-criticism and isolation. Characteristics of NSSI can generally be observed as follows: individuals tend to engage in NSSI from an early age, often in isolation, using more than three methods, and for purposes such as emotion regulation, self-punishment, suicide prevention, and other reasons. The level of self-compassion in adolescents is influenced by various factors, including age, gender, culture, environment, and family. Dysfunctional family dynamics, such as domestic violence, tend to lead to low self-compassion among adolescents and an inclination to model aggressive behavior directed towards themselves or NSSI. For future researchers, it is recommended to investigate both of these variables with the inclusion of moderating variables and a larger sample size.

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