The Self-Concept of Students with Non-Suicidal Self Injury (NSSI) Behavior

Salsabila[1], Shela Christine Pello[2], Juliana Marlin Yusrianty Benu[3], Dian Lestari Anakaka[4]

[1-4]Psychology Department, Public Health Faculty, Nusa Cendana University
e-mail: *[1]saallsaabbillaa@gmail.com, [2]shela.pello@staf.undana.ac.id, [3]juliana.benu@staf.undana.ac.id, [4]dian.anakaka@staf.undana.ac.id

Abstract. Students are often recognized as individuals who frequently face various challenges, both physical and psychological. Those who experiencing psychological distress but unable to express their emotions are at risk of engaging in Non-Suicidal Self-Injury (NSSI) behaviors. This study aims to explore the self-concept of students who engage in NSSI in Kupang City. A qualitative research design with a phenomenological approach was employed. The research involved four female student informants selected through purposive and snowball sampling techniques. Data were collected using semi-structured interviews. The findings revealed five main themes: real-self, factors contributing to NSSI, social relationships, social support, and moral values. It is recommended that students develop self-acceptance, view the past as a source of learning, recognize NSSI triggers, and avoid sharp objects. Students are also encouraged to engage in productive activities such as exercising, pursuing hobbies, or taking leisurely walks, as well as joining communities that promote mental health.

Keywords: college students, non-suicidal self injury, self-concept

Abstrak. Mahasiswa sering kali diakui sebagai individu yang kerap menghadapi berbagai tantangan, baik secara fisik maupun psikologis. Mereka yang mengalami tekanan psikologis namun tidak mampu mengekspresikan emosi mereka berisiko melakukan perilaku *Non-Suicidal Self-Injury* (NSSI) atau melukai diri tanpa niat bunuh diri. Penelitian ini bertujuan untuk mengeksplorasi konsep diri mahasiswa yang melakukan NSSI di Kota Kupang. Penelitian ini menggunakan desain kualitatif dengan pendekatan fenomenologis. Penelitian melibatkan empat informan mahasiswi yang dipilih melalui teknik purposive dan *snowball* sampling. Pengumpulan data dilakukan melalui wawancara semi-terstruktur. Hasil penelitian mengungkapkan lima tema utama: *real-self*, faktor penyebab NSSI, hubungan sosial, dukungan sosial, dan nilai moral. Disarankan agar mahasiswa mengembangkan penerimaan diri, memandang masa lalu sebagai sumber pembelajaran, mengenali pemicu NSSI, serta menghindari benda tajam. Mahasiswa juga didorong untuk terlibat dalam kegiatan produktif seperti berolahraga, menekuni hobi, atau berjalan santai, serta bergabung dalam komunitas yang mendukung kesehatan mental.

Keywords: mahasiswa, non-suicidal self injury, konsep diri

Introduction

Students are commonly recognized as individuals in the early stages of adulthood who frequently encounter various challenges, both physical and psychological (Awalinni & Harsono, 2023). According to the Central Statistics Agency (BPS) of East Nusa Tenggara, there are 79,544 students currently enrolled in higher education institutions, both public and private in Kupang City (BPS NTT, 2024). Entering university life requires students to develop a deep understanding of themselves to avoid delayed self-recognition. Failure to understand oneself may lead to negative consequences, such as the development of a negative self-concept and a tendency toward low self-esteem (Rais & Aryani, 2019).

While students are expected to be capable of managing their problems effectively, a survey conducted on September 23, 2021, among 2018 cohort students at the University of Malang revealed that 11 out of 18 respondents engaged in Non-Suicidal Self-Injury (NSSI), including behaviors such as cutting, scratching, head banging, and punching walls (Awalinni & Harsono, 2023). Additional data from the Integrated Psychology Services Unit at the University of Nusa Cendana show that between October 2024 and April 2025, 41 students sought counseling services. Pre-research data collected through interviews in the Psychology Department of the same university on November 12, 2024, include a student identified as "MC," who reported engaging in NSSI. MC disclosed that self-injury began in junior high school as a response to internalized stress and conflict. MC described instances of self-harm, including head banging against walls, hitting the head with hard objects, biting fingers and hands, screaming while pulling hair, and reported engaging in NSSI approximately five times over the past year. MC emphasized that NSSI was preferred over hurting others, viewing it as a personal outlet for emotional distress.

Indonesia currently lacks accurate data regarding the prevalence of NSSI, which is often described as a "tip of the iceberg" phenomenon. Due to its hidden nature, comprehensive surveys on NSSI remain difficult to conduct (Lubis & Yudhaningrum, 2020). NSSI, or Non-Suicidal Self-Injury, is defined in the DSM-5 as the deliberate, direct destruction of one's own body tissue without suicidal intent. According to DSM-5, individuals who engage in NSSI typically do so at least five times within a 12 months period to relieve negative emotions, cope with interpersonal difficulties, or experience a sense of relief. Uncontrollable urges precede these actions and are not part of socially sanctioned practices, habits, or the result of hallucinations, confusion, or substance use (APA, 2013).

Negative experiences such as failure, criticism, or mistreatment from others may lead to the development of negative self-perceptions and increase the likelihood of self-injurious thoughts and behaviors (Hooley & Franklin, 2018). Individuals who face psychological distress but are unable to express their emotions are at greater risk of engaging in NSSI. Although this behavior often begins during adolescence, many individuals continue to engage in self-injury into early adulthood (Kiekens et al., 2017).

Self-concept refers to how individuals perceive and evaluate themselves, encompassing psychological, social, and physical dimensions, as expressed through their thoughts and feelings about themselves (Diwyarthi et al., 2022). Carl Rogers defined the self as a part of human experience, shaped by how individuals perceive and understand themselves in daily life, which ultimately forms their self-concept (Cervone & Pervin, 2011). Self-concept plays a crucial role in influencing daily behavior and decision-making, both in personal and social contexts (Harahap & Pranungsari, 2020). This study focuses on exploring the self-concept of students who engage in NSSI behaviors in Kupang City, intending to identify the underlying self-perceptions that contribute to such behaviors.

Method

This research was conducted in Kupang City using a qualitative research design. Qualitative research was employed to explore the meaning and deep understanding of a phenomenon through a focused, natural, and comprehensive approach, presented in narrative form (Sidiq, Choiri, & Mujahidin, 2019). The informants in this study were students from both public and private universities who were actively enrolled in Kupang City. Informants were selected using purposive and snowball sampling techniques, based on the criteria of students currently engaging in Non-Suicidal Self-Injury (NSSI) as defined by the DSM-5.

The researcher requested assistance from fellow students to recommend informants who met the research criteria. A total of four informants participated in this study, all of whom signed informed consent forms. Data were collected using semi-structured interviews, applying the principle of *epoche* to ensure a focus on the participants' narratives and lived experiences without the influence of the researcher's personal perceptions. Thematic analysis was used as the data analysis technique. To minimize potential researcher bias, interviews were conducted in an open and reflective manner, supported by field notes and validated through a member-checking process.

Table 1.
Informant Details

Name	Age	Gender	Semester	Study Program	University	Interview time	Duration
PK	21	Female	8	Pharmacy	Citra Bangsa University	March 28, 2025	48 Minutes
DR	21	Female	8	Psychology	University of Nusa Cendana	April 05, 2025	56 Minutes
HSD	19	Female	4	Management	University of Muhammadiyah Kupang	April 10, 2025	88 Minutes

RN	22	Female	8	Guidance and Counseling	University of Katolik Widya Mandira Kupang	April 15, 2025	70 Minutes

Result

Data from the four informants, identified by the initials PK, DR, HSD, and RN, were transcribed and analyzed using thematic analysis. Based on the results, the researcher identified five main themes: real self, factors contributing to NSSI, social relationships, social support, and moral values.

Real self

Students with a tendency to NSSI behavior have a dynamic self-concept picture, through experiences during their life span, students can assess themselves. The results of data analysis show that there are two factors in the formation of *the real-self*, namely: self-image and self-acceptance.

1. Self-image

Difficulty recognizing oneself is a phase felt by students who experience NSSI. Informant PK was confused in explaining his opinion about himself. Confusion over his identity made him have a lot of burden on his mind and difficulty in understanding his desires.

> "...if I'm asked about how I see myself, I honestly get confused about how to describe it... My parents have asked me why I hurt myself, but I can't explain it, because I myself am confused about what I'm feeling..." (Informant PK 4,60)

2. Self-acceptance

Informant DR reflects on his past after NSSI, that he is also valuable. Accept the past that has happened and make it an experience to love yourself more.

> "Try to love yourself, don't hate yourself. Pity yourself if you keep doing that. So, if you have been hurting yourself quite often, try to start appreciating yourself. (Informant DR 92)

Factors causing NSSI

Not all students have the emotional and mental readiness to face responsibilities. When the pressure continues to accumulate and is not channeled properly, stress can develop into a stimulus to self-harm as a form of release. The results of data analysis revealed that the main factors that encourage the emergence of *NSSI* behavior are loss of self-control, intense negative emotions, trauma, and academic pressure.

1. Loss of self-control

Loss of self-control has the potential to trigger *NSSI* behavior. Since childhood, HSD informants have experienced emotional distress that encourages them to find ways to channel negative emotions. This pattern continued into early adulthood, so that informants felt accustomed to and did not run out of ways to hurt themselves as a form of release.

2. Intense negative emotions

Informant DR experiences intense emotional pressure due to persistent negative emotions. In an effort to relieve this pressure, DR uses *NSSI* behavior as a means to channel his emotions. Awareness of the *NSSI* behaviors that were carried out led to further negative emotions, such as self-hatred, which reinforced the cycle of depressed and painful feelings.

> *"It's because of stress, pressure, fear, and overthinking. So, for me, usually at night I start overthinking, thinking about many things, including the pressures that I have been experiencing. Then my mind goes back to the past, to my childhood, to those traumas. The pain gets worse, the mind gets more congested, the brain feels full. Then I thought, 'I have to hurt myself so I can calm down. The purpose of hurting myself is to calm myself down, so that my negative emotions can be channeled... like anger, sadness, disappointment. and myself, yes... myself who makes me want to hurt myself. Those emotions can be conveyed, can be channeled through the act of self-harm. Through the wound, I can feel calm, relieved..."* (while wiping tears) (Informant DR 40,42,48, & 52).

3. Trauma

Informant HSD was traumatized as a child, having been sexually abused by her stepfather, who made her feel worthless. This trauma resurfaced as a teenager

and became more complex when she was in a romantic relationship with an ex-boyfriend and was physically, verbally, and sexually abused. These experiences continue to be carried in the negative emotions she feels, every emotional stress that arises seems to revive old wounds, so that this trauma becomes a part that is difficult to release from her life.

> *"...because there are a lot of traumas, so I'll tell you one, so in the past I was abused by my stepfather, which made my view of myself feel worthless...my trauma in high school because my boyfriend was very abusive, like being beaten and humiliated.... .... My trauma in high school because the boyfriend was very abusive like being hit and humiliated... I like overthinking and then my trauma and like my previous boyfriend liked to be hit and was raped... trauma damaged my thinking because what yaa hugging yourself is something that is not in accordance with religion hugging yourself is not something that is allowed but because of these traumas that damaged my mind"* (Informant HSD 4,16,76).

4. Academic pressure

Academic pressure comes from various sources, some of which can be controlled, and some of which cannot be controlled. The informant RN experienced difficulties when she wanted guidance from her supervisor, plus parents who always asked about the final project made RN feel depressed and burdened, so negative emotions had to be released by means of *NSSI*.

> *"...so I think hmm what's the name for now, especially now that we are working on the final project (TA), right, so I want to tell about our difficulties, it's difficult ... what's the name ee.. want to consult the supervisor, it's a bit difficult, so surely mama will ask if you have consulted, so I feel like the burden continues .... because of the pressure of aaaa TA work too, so it's like a burden like that, and in addition, parents also continue to ask so that the burden accumulates in the brain so that stress gives self-harm because emotions cannot tell anything, so immediately give self-harm like that."* (Informant DR 22&34). (Informant DR 22&34).

Social relations

The results of data analysis show that there are three factors that shape social relations in students who have *NSSI* behavior, namely barriers to interaction, discomfort in authoritarian parenting, and social reflection.

1. Barriers to interaction

Informant PK always agrees to other people's requests even though they are contrary to personal wishes, made clear when PK feels depressed and anxious, so that there is a feeling of unfreedom. The impact of this incident results in communication that is not assertive.

"Saying yes to something that I actually don't like. Because what I think is that for example I am in the person's condition, and think oh it turns out to be difficult, it means when we are really difficult and ask for help and people say ah can't ah never mind, so I position myself to be him like that, so I can't say no ... Ah feel depressed and anxious, so I work half like from the beginning I didn't intend to but on the one hand I already said yes. Moreover, it's like being told to follow him to a place, but he told me to wait at that place, automatically I waited while nervous, like in my heart I kept waiting or just left, but in the end I just waited." (Informant PK 12&14).

2. Insecurity in authoritarian parenting

Informant DR revealed that her father has an unresponsive communication pattern, which involves giving silent treatment to all family members when he is angry. This kind of treatment can create emotional tension at home, create a sense of alienation, form a psychologically uncomfortable environment, weaken the sense of security in the family, and inhibit openness between children and parents.

3. Social reflection

The informant RN found an environment that did not provide support, but instead judged and added to mental stress. RN's experience made her realize that not everything can be listened to, and that if she always accepts other people's bad talk, it will cause pressure that makes her more stressed, so it is better to ignore it to maintain her mental health.

"In Bajawa, even the aunties in the neighborhood know. If we are stressed or experiencing something, we will be the subject of gossip - said this and that. They say I might be crazy, maybe because I often shout when I'm stressed. But I say, 'that's your business, that's your own opinion.' The point is, I'm not what that they say. The more I listen to them, the more stressed I feel." (Informant RN 18).

Social support

The results of the data analysis explained that there are three main factors that make up social support, namely family, peers, and close people.

1. Family

The informant HSD makes their father an understanding, open, and supportive figure to contact when the urge to self-harm arises, so that informants can pour out their feelings and reduce the burden. Their father's advice and openness help reduce *NSSI* urges and create a sense of being heard and understood.

> *"I usually run to my father, thank God I still have a father who is so good that he wants to lower his ego to understand.... if my father understands why he is doing it, then I am given advice if for example if I feel depressed and want to hurt myself, call my father so that I can at least confide in him what is depressing so that the burden inside can be reduced and not hug myself again feel good so that the urge to hug myself does not trigger again"* (Informant HSD 66&72).

2. Peers

Informant PK explained that the presence of supportive friends plays an important role in maintaining his emotional stability, especially when he is at home. The support of friends encourages him to keep socializing and not withdraw, thus reducing the urge for *NSSI*.

3. People nearby

Informant RN received advice from brothers to cope with stress by praying and doing physical activities such as bathing and walking around the boarding house. This helped the informant feel calmer and prevent the recurrence of negative emotional states. The combination of prayer and physical activity is an effective strategy to relieve emotional tension and maintain mental balance.

> *"...once I went to the brothers and tried to pray once so from there every time I was stressed I prayed. The brothers also said, "Try after praying to take a bath you take a regular bath so that we can refresh ourselves" so I tried to take a bath and then go out around the boarding house and then I returned to the boarding house- ohh I'm calm so that I don't relapse ..."* (Informant RN 28).

Moral value

The results of data analysis found that religiosity is one form of moral value that shapes self-concept in students with *NSSI* behavior.

1. Religiosity

The informant RN realized that the presence of people around him who always came when he was in crisis was considered a form of God's love that never left him. This reflection contains moral values in the form of self-awareness, gratitude, and encouragement to no longer hurt themselves because they feel that their lives are taken care of and are still valuable in the eyes of God.

> *"I feel like God still loves me. Every time I do this (self-harm), there must be someone who reminds me. Maybe if God is tired, He will let me be. So, for example, at the boarding house, when I have hurt myself, suddenly the boarding house friends will shout, 'RN, RN, what are you doing?' Or if I have shouted, then the boarding house friends will come and knock on the door."* (Informant RN 32).

Discussion

An Overview of the Self-Concept of Students with NSSI Behavior Formed from Life Experience

These findings show that the *real self* in students with NSSI behavior is formed in a space that is not simple. Traumatic experiences, disappointment with the immediate environment, and inner conflicts are part of the process of forming students' self. However, there is also a process of awareness, reflection, and efforts to rise from past wounds. Students' self-concept continues to develop from a negative self-image to a more complete self-acceptance. They do not only see themselves as wounded, but also as individuals who struggle, survive, and have the potential to change. This process reflects the dynamics of the *real self* that continues to be formed through experience, acceptance, and interaction with surrounding moral and social values.

Supported by Rogers' theory (1982), individuals naturally strive to achieve self-integrity, even when faced with unfavorable circumstances. However, in adverse conditions, their potential to reach optimal psychological well-being is often hindered and cannot be fully actualized. Supported by the results of Rais and Aryani's, (2019) when entering the world of lectures makes students a person who needs a deep self-understanding so that they are not late in recognizing themselves, if they have not

been able to recognize themselves properly, it will have a negative impact on students such as the formation of a negative self-concept by having a tendency to low self-esteem.

The process of self-acceptance in students who do *NSSI* is in accordance with Rogers' theory (1959), explaining that the process of self-evaluation occurs when individuals begin to realize, appreciate, and accept themselves, so that they can assess their quality and make themselves more valuable. This finding is in line with the results of Oktaviani (2019), if a person is able to accept himself as he is, both strengths and weaknesses, then he will have a stronger self-esteem and remain stable despite facing situations that are not in line with expectations. In line with the findings of Purwandra et al., (2022), the evaluation carried out reflects the individual's efforts in assessing the extent to which he accepts or rejects himself, and shows the level of ability, success, meaning, and perceived self-worth based on his personal standards.

NSSI as a Maladaptive Coping Strategy

The self-concept of students with NSSI behavior is formed from unresolved traumatic experiences, such as sexual abuse, family conflict, and emotional abuse from childhood. This trauma creates psychological wounds that result in emotional instability and negative perceptions of self, such as feeling worthless and unloved. When negative emotions build up and are not channeled verbally or socially, students turn to NSSI as a way to relieve inner pressure and channel emotional pain into the physical. Although it gives momentary relief, this action is often followed by guilt and self-hatred, plus academic pressure and lack of openness to one's condition, which reinforce this tendency, so NSSI becomes a coping mechanism that reflects the dynamics of a wounded self-concept that is struggling to survive.

Supported by Klonsky's (2007) findings, individuals who commit NSSI generally experience intense negative emotions, such as anger or despair, which cannot be managed properly. These findings are reinforced by research by Kiekens, et al., (2017) in early adulthood, individuals who experience psychological stress and

difficulty in managing their emotions are at risk of showing negative behavior, one of which is self-harm. Supported by research by Yudiati et al, (2022), that individuals who have experienced verbal, psychological, and sexual abuse are at risk of using NSSI behavior as a form of release for perceived emotional distress, such as pain, fear, and anger. In line with a recent study by Hakim and Nufaily (2025), when a person cannot cope well with emotional problems, they can feel very depressed and frustrated. If left unchecked, these feelings can make him hurt himself or do bad things to others.

Dynamics of Social Relationships in the Formation of Self-Concept of Students with NSSI Behavior

Social relationships play an important role in shaping the self-concept of students with NSSI behavior. Unhealthy relationship dynamics are proven to worsen students' psychological conditions. The results showed that barriers in communication make it difficult for students to express their feelings and needs, so emotional pressure is often suppressed. Authoritarian parenting that has high control and physical and verbal violence creates insecurity and widens the emotionally safe distance in the family. In addition, the social reflection of a stigmatized and rejecting environment reinforces negative perceptions of the student self and increases the sense of alienation. These three factors are interrelated and form unsupportive social conditions, which ultimately encourage students to vent emotional distress through NSSI behavior. Therefore, an empathic and supportive social environment is needed so that students are able to form a positive self-concept and reduce the use of harmful coping strategies.

Supported by Horney's theory of the concept of humanism, explaining that individuals who have unresolved inner conflicts tend to experience limitations in determining their desires freely, because these choices have been influenced by past experiences, environmental conditions, or other external factors that are beyond their control (Feist & Feist, 2010). In line with the results of research by Purwandra et al,

(2022), Individuals who do NSSI generally experience obstacles in expressing emotions openly to others. Factors such as past traumatic experiences, especially those related to relationships in the family, as well as relationship dynamics with close friends and partners, contribute to the emergence of this behavior. This finding is supported by the results of research by Boru, Anakaka, and Pello (2023), explaining that individuals from *broken home* families will experience various impacts due to parental divorce, such as emotional impacts, feelings of neglect, becoming a closed person, relationships with parents becoming tenuous, and difficulties in building relationships with others.

Self-Concept Transformation through Social Support and Religious Awareness in Students with NSSI behavior

Social support plays an important role in helping students with NSSI behavior deal with emotional distress. Students feel that family support, especially a father figure, provides a safe space to tell stories and receive soothing advice, so that the urge to self-harm can be suppressed. Peers also contribute to maintaining emotional stability through invitations to interact and empathic attitudes, which make students feel cared for and not alone. In addition, close people such as brothers and supervisors are present to provide spiritual and emotional support, which strengthens students' resilience in facing crises. This consistent support shapes feelings of acceptance and understanding, and strengthens a more positive self-concept. On the other hand, the value of religiosity emerges as a moral foundation that gives deeper meaning to students' life experiences. The awareness of God's love that remains present through health, safety, and the people around them forms a belief that they remain valuable despite their self-harm. This reflection shows a spiritual transformation that not only fosters gratitude, but also creates a moral responsibility to take care of themselves as a form of respect for God. Supported by Horney's theory, (1945) argues that every individual has the capacity and drive to develop their potential and become a better person, Horney believes that humans have the ability to change and continue to

change throughout their lives. In line with the results of research by Zulkifli, Firdausiyyah, and Mukhlishotul'Izzah (2024), social support provided by the closest people, especially from family, plays an important role in helping individuals reduce the tendency to engage in NSSI behavior. In line with the findings conducted by Hidayati, Saran, and Savira (2021), support from parents, peers, and the environment plays an important role in shaping students' self-concept. Without this support, self-concept is difficult to develop because a positive environment helps students recognize themselves and build self-confidence. In line with the results of research by Harahap et al, (2024), improving the quality of worship and strengthening spirituality is believed to be one way for individuals to avoid self-harming behavior, because religious values can provide meaning to life and better self-control.

Conclusion

The self-concept formed in students engaging in NSSI in Kupang City is dynamic. These students tend to perceive themselves as individuals with negative life experiences, trauma, poor self-control, and a diminished sense of self-worth, leading to the development of a predominantly negative self-concept. However, painful experiences throughout their lives do not preclude the possibility of self-evaluation. As revealed in this study, students with NSSI behavior demonstrate an awareness that their experiences, perceptions, and self-assessments can serve as a foundation for self-acceptance, allowing them to develop personal defense mechanisms and achieve growth. Social support from family, peers, and stakeholders plays a significant role in encouraging students to persevere and remain optimistic in navigating their lives.

Suggestions

Students are encouraged to practice self-acceptance, view the past as a learning experience, recognize NSSI triggers, and manage their emotions through positive activities and involvement in supportive communities. When experiencing emotional distress, it is recommended that students seek professional help, such as

from a psychologist. Parents are expected to adopt a warm, supportive, and communicative parenting style to create a safe emotional environment for their children. Universities are advised to conduct regular mental health screenings and provide mentoring programs as well as counseling services as preventive efforts and ongoing support for students' mental well-being.

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