An Exploration of Indonesian Emerging Adults Non-Suicidal Self-Injury (NSSI) Functions and Religious Coping

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Religious coping may influence non-suicidal self-injury (NSSI) engagement in emerging adults. However, the role of religious coping in influencing the functions served by NSSI is unknown. This exploratory, non-experimental, cross-sectional study investigated the relationship between religious coping and NSSI functions among emerging adults. Indonesian emerging adults (N = 311) aged 18–29 years old, recruited using non-probability sampling methods, participated in an online questionnaire which included measures of positive and negative religious coping (the Brief RCOPE) and NSSI severity and functions (the Non-Suicidal Self-Injury Function Scale). Negative religious coping significantly correlated with NSSI severity ($r(297) = .26$, $p < .001$), while positive religious coping did not ($p > .05$). Moreover, negative religious coping significantly predicted the use of NSSI to incite desirable emotions ($\beta = 0.35$, $p < .001$), reduce aversive feelings ($\beta = 0.43$, $p < .001$), facilitate help-seeking ($\beta = 0.48$, $p < .001$), and evade social situations ($\beta = 0.51$, $p < .001$). Meanwhile, positive religious coping was not a significant predictor of any of the NSSI functions ($p > .05$). Thus, practitioners should be more aware of the presence of negative religious coping among emerging adults as this study highlights its harmful nature.

Keywords: non-suicidal self-injury, religiosity, religious coping, emerging adults

Non-suicidal self-injury (NSSI) refers to the deliberate destruction of one's body tissue without suicidal intent for reasons that are not socially approved (Nock, 2009). NSSI methods include cutting, hitting, scratching, and burning oneself (Nock, 2010). NSSI has been recognized as a significant global health issue (Bresin & Schoenleber, 2015; Hamza & Willoughby, 2014). NSSI represents a significant issue in both research and practice contexts due to its role as a risk factor for suicide (Griep & MacKinnon, 2020; Klonsky, May, & Glenn, 2013; Whitlock et al., 2013) and its association with mental disorders such as borderline personality disorder and eating disorders (Griep & MacKinnon, 2020; Klonsky et al., 2013; Whitlock et al., 2013). NSSI is also a prominent issue among emerging adults. Emerging adults are individuals aged 18–29 years old going through a unique developmental period in which they have achieved maturity in terms of physical appearance and sexuality, and their educational and occupational backgrounds and paths could be extremely diverse (Arnett, Žukauskiene, & Sugimura, 2014).

Approximately 13.4% of emerging adults have engaged in NSSI (Swannell, Martin, Page, Hasking, & St John, 2014), and NSSI prevalence had tripled within seven

years (2008–2015) among emerging adults enrolled in university (Wester, Trepal, & King, 2017). For a behavior to be classified as an NSSI, the behavior has to be done deliberately to harm oneself with a particular purpose (e.g., to punish oneself; Favazza, 1998; Hooley et al., 2020; Nock, 2009). Individuals who engage in NSSI reported an array of functions for their engagement, including affect-regulation, self-punishment, exerting influence on others, and communicating distress (Klonsky & Glenn, 2009; Mahtani, Melvin, & Hasking, 2018; Taylor et al., 2018).

Nock and Prinstein (2004) proposed a functional model of NSSI, termed as the four-function model of NSSI, further explained in a paper by Nock (2009). This model posits that NSSI persists in individuals because it serves some functions to the individuals who engage in it (Nock, 2009). Nock conceptualized NSSI functions as the reason, be it an antecedent or an immediate consequence, which determines the development and maintenance of NSSI in an individual. The four-function model of NSSI distinguished NSSI functions based on two dimensions: contingencies (intrapersonal and interpersonal) and reinforcement (positive and negative). Based on these two dimensions, Nock outlines four functions of NSSI: intrapersonal positive reinforcement (i.e., to incite a desired feeling or stimulation), intrapersonal negative reinforcement (i.e., to reduce or distract oneself from an aversive thought or feeling), interpersonal positive reinforcement (i.e., to facilitate help-seeking), and interpersonal negative reinforcement (i.e., to escape from unwanted social situations).

Religious coping has been suggested as a factor that could influence the engagement of NSSI (Buser, Buser, & Rutt, 2017; Westers, Rehfuss, Olson, & Wiemann, 2013). Religious coping was defined as using ways related to the sacred to understand and manage stressors (Pargament, 1997, as cited in Pargament et al., 2011). Pargament et al. (1998) suggested two religious coping patterns: positive religious coping and negative religious coping. Positive religious coping signifies spirituality, a secure connection with God, beliefs of a meaningful life, and spiritual connections with others. Meanwhile, negative religious coping expresses a fragile connection with God, beliefs that the world is threatening, and difficulties in finding the meaning of life.

A study on NSSI among university students by Buser et al. (2017) indicated that positive religious coping was associated with the decreased frequency of NSSI. Meanwhile, negative religious coping was linked with the increased frequency of NSSI (Buser et al., 2017). In relation to NSSI functions, Westers et al. (2013) demonstrated that greater reliance on positive religious coping was linked with a lower likelihood of engaging in NSSI for intrapersonal negative reinforcement function. In contrast, greater reliance on negative religious coping was linked with a greater likelihood of engaging in NSSI for intrapersonal negative reinforcement and interpersonal negative reinforcement functions. Thus, these two studies illustrated positive religious coping's potential to act as a protective factor against NSSI. In contrast, negative religious coping may act as an exacerbating factor for NSSI. However, the previous study on the relation between religious coping and NSSI functions by Westers and colleagues was conducted among adolescents. Yet, the role of religious coping among emerging adults who engage in NSSI remains unknown. This represents a gap in the literature as previous study shows that the nature of NSSI engagement in emerging adults is different to the nature of NSSI engagement in adolescence (Kiekens et al., 2017).

Previous literature demonstrated a tendency to use NSSI as a coping method for emerging adults who had difficulties in

emotion regulation (Heath, Toste, Nedecheva, & Charlebois, 2008; Taliaferro & Muehlenkamp, 2015; Wilcox et al., 2012). Indeed, emerging adults may face a multitude of stress-evoking challenges related to their developmental tasks, which include difficulties in their financial, personal, interpersonal, academic, and work aspects (Arnett et al., 2014; Bartelink, Zay Ya, Guldbrandsson, & Bremberg, 2020; Ranta, Punamäki, Chow, & Salmela-Aro, 2019; Tanner, 2006). Positive religious coping could help an individual respond more adaptively to stressors by positively reframing adverse events according to one's faith and seeking spiritual support from God (Ano & Vasconcelles, 2005). Positive religious coping is also associated with the feeling of being spiritually supported by one's religious community (Pargament et al., 1998). Thus, positive religious coping helps prevent the individual from using NSSI to cope with internal struggle and facilitate social support. In other words, positive religious coping may reduce the use of NSSI for intrapersonal negative reinforcement and interpersonal positive reasons.

Conversely, perceiving adverse events as indicators that the individual is being punished or abandoned by God through the use of negative religious coping might lead to higher distress (Ano & Vasconcelles, 2005). Negative religious coping may also amplify the distress that the individual experiences as it is associated with feeling abandoned, punished, or unloved by God or one's religious community (Pargament et al., 1998). Subsequently, the individual may use NSSI to reduce their distress and to facilitate help-seeking. Hence, negative religious coping may increase the use of NSSI for intrapersonal negative reinforcement and interpersonal positive reinforcement.

Previous literature provided support that positive religious coping may protect individuals from engaging in NSSI, and negative religious coping may exacerbate NSSI engagement (Buser et al., 2017). It should be noted that the expression and effectiveness of religious coping itself is influenced by cultures (Bhui et al., 2008; Chai et al., 2012). However, the research literature on NSSI and religious coping largely consisted of publications on Caucasian samples, such as the United States, Canada, and Australia (Good et al., 2017; Haney, 2020). Meanwhile, the literature between NSSI and religious coping using non-Caucasian samples is not as extensive. Thus, there is a call for an exploration on this topic among non-Caucasian samples to bring a more complete picture on the effects of religious coping on NSSI.

Based on previous studies, it seems that religious coping may have a significant role in influencing the functions of NSSI engaged by emerging adults. However, there has not been any research conducted specifically to investigate this notion. Investigating the relationship between NSSI functions and religious coping is important to give a more comprehensive picture on the reasons why individuals engage in NSSI and what contributes to it. This exploratory paper aims to investigate the relationship between NSSI functions and religious coping in Indonesia to fill in this gap in the literature.

Method

Participants

Participants in this study were 311 Indonesian emerging adults, with the age range being 18–29 years old (M = 23.37,

SD = 2.38). Most participants were females (71.7%), working (55.9%), and had Bachelor's degree or equivalent as their highest level of education (61.7%). The majority of participants identified as

Muslims (77.2%), while the remainder identified as Buddhists (7.7%), Protestants (7.4%), Catholics (6.4%), Jehovah's Witnesses (0.6%), Hindu (0.3%), and Agnostics (0.3%).

The study was approved by the Badan Kaji Etik Fakultas Psikologi Universitas Indonesia (Research Ethics Committee of Universitas of Indonesia). To recruit participants, non-probability sampling methods, specifically convenience and snowball sampling methods, were used. Recruitment was conducted by sharing online posters and messages containing information on the current research through social media (Instagram) and messaging applications (Line and Whatsapp). After reading and agreeing to the informed consent given to them, participants were requested to complete an online self-report questionnaire in Indonesian that took approximately 5–10 minutes to complete. Participation in this study was voluntary and anonymous, and no compensation was given for participating in this study.

Instruments

Non-Suicidal Self-Injury Function Scale (NSSI-FS; Riska et al., 2019)

The NSSI-FS was used to evaluate the characteristics and functions of NSSI engaged by participants. This scale was developed in Indonesian; thus no further translation was required. The current authors had modified the scale used in this study to obtain a more comprehensive overview of participants' NSSI characteristics and functions. There are two sections of the NSSI-FS. The first section assesses the characteristics of NSSI engaged by participants, which are whether participants have engaged in NSSI and NSSI methods engaged. NSSI severity was evaluated by adding up three items rated on a 4-point Likert scale, which are: when was the first time the participant engaged in NSSI (0: Never to 4: 6 years or more than 6 years ago), when was the last time the participant engaged in NSSI (0: Never to 4: 0 or 1 year ago), and average NSSI frequency per year (0: Never to 4: 10 times or more than 10 times). The NSSI severity score range is 0–12, with higher scores indicating higher severity of NSSI. The internal reliability of the first section of NSSI-FS for the current study was excellent (α = .90). Using the contrasted group technique, this section of the scale also demonstrated good validity. It was capable to differentiate those who engaged in NSSI from those who did not ($U = 0.00$, $p < .001$).

The second section of the NSSI-FS evaluates the functions of NSSI. This section consists of 24 items rated on a 4-point Likert scale (0: Not relevant to 3: Very relevant). The NSSI functions were evaluated based on four subscales: Intrapersonal Positive Reinforcement, Intrapersonal Negative Reinforcement, Interpersonal Positive Reinforcement, and Interpersonal Negative Reinforcement subscales. Each subscale has six items, and item scores for each subscale were summed up to obtain each subscale's total score. The total score's range of each subscale is 0–18, with higher scores signifying stronger NSSI function. Good internal reliability was demonstrated by Intrapersonal Positive Reinforcement (α = .78), Intrapersonal Negative Reinforcement (α = .82), Interpersonal Positive Reinforcement (α = .85), and Interpersonal Negative Reinforcement (α = .82) subscales. Using the corrected item-total correlation technique, each item of this section of the scale demonstrated good validity.

Brief RCOPE (Pargament et al., 1998)

Participants' use of religious coping was assessed using the Brief RCOPE. The Brief RCOPE is divided into two subscales: Positive Religious Coping and Negative Religious Coping subscales. Each subscale consists of seven items, rated on a 4-point Likert scale (1: Not at all to 4: A great deal). Each subscale's possible total score range is 7–28, with higher scores indicating higher reliance on each religious coping method. The Brief RCOPE was developed in English. Therefore, it was translated into Indonesian through the processes of translation, back-translation, and expert review. The word "church" was modified into "religious community" to suit the current research population better. Good internal reliability was demonstrated by Positive Religious Coping (α = .93) and Negative Religious Coping subscales (α = .86). Items' validity was tested using the corrected item-total correlation technique; each item of the scale was demonstrated to have good validity.

Results

Of the total sample, 40.2% (n = 125) of participants had engaged in NSSI and the majority of them were still engaging in NSSI within the past year (47.2%). The most common method of NSSI reported was hitting themselves (50.4%). Most of the participants who had engaged in NSSI started engaging in NSSI six years or more than six years ago (34.4%), recently engaged in NSSI within the past year (57.6%), and with the frequency of one to three times per year on average (55.2%). Among all NSSI functions, descriptive analysis indicated that intrapersonal negative reinforcement had the highest mean (M = 9.98, SD = 4.86), followed by intrapersonal positive reinforcement (M = 8.29, SD = 4.36), interpersonal negative reinforcement (M = 3.86, SD = 4.29), and interpersonal positive reinforcement (M = 3.35, SD = 4.14). Next, descriptive analysis demonstrated that the mean score of positive religious coping (M = 22.21, SD = 5.00) was higher than the mean score of negative religious coping (M = 12.61, SD = 4.98).

Pearson's correlation analyses were computed to assess the relationship between religious coping and NSSI severity. Negative religious coping had a statistically significant positive correlation with NSSI severity, $r(297) = .26$, $p < .001$, medium effect size (Cohen, 1988). Meanwhile, positive religious coping did not have a statistically significant correlation with NSSI severity, $r(297) = -.08$, $p = .186$. Next, multiple regression analyses were conducted to examine whether positive and negative religious coping had statistically significant predicting effects on NSSI functions (Table 1). Positive religious coping was not a statistically significant predictor of all four NSSI functions. In contrast, negative religious coping was a statistically significant predictor of all four functions of NSSI. Negative religious coping had the strongest prediction effect on NSSI engagement for the purposes of interpersonal negative ($\beta = 0.51$, $p < .001$), followed by interpersonal positive ($\beta = 0.48$, $p < .001$), intrapersonal negative ($\beta = 0.43$, $p < .001$), and intrapersonal positive ($\beta = 0.35$, $p < .001$)

Table 1
Multiple Regression Analyses of Positive and Negative Religious Coping on NSSI Functions

Variables	r	r^2	β	$t(105)$	p
Intrapersonal positive reinforcement	.40	.16			<.001*
Positive religious coping			0.15	1.61	.111
Negative religious coping			0.35	3.87	<.001*
Intrapersonal negative reinforcement	.43	.18			<.001*

Positive religious coping			-0.07	-0.83	.407
Negative religious coping			0.43	4.87	<.001*
Interpersonal positive reinforcement	.51	.26			<.001*
Positive religious coping			0.13	1.50	.136
Negative religious coping			0.48	5.66	<.001*
Interpersonal negative reinforcement	.51	.26			<.001*
Positive religious coping			-0.05	-0.53	.598
Negative religious coping			0.51	6.01	<.001*

Notes. * $p < .05$.

To take into account the different religions among participants, partial correlation analyses were computed to assess the relationship between religious coping and NSSI severity whilst controlling for religion. Positive religious coping had a statistically significant negative correlation with NSSI severity, $r(296) = -.13$, $p = .026$, small effect size (Cohen, 1988). Meanwhile, negative religious coping had a statistically significant positive correlation with NSSI severity, $r(296) = .26$, $p < .001$, medium effect size (Cohen, 1988). Next, hierarchical multiple regression analyses were conducted to examine whether positive and negative religious coping had statistically significant predicting effects on NSSI functions, controlling for religions (Table 2). Religions were dummy coded and then entered at stage one of the regression to control for different religions among participants. The positive and negative religious coping variables were entered at stage two. Results indicated that positive religious coping was not a statistically significant predictor of all four NSSI functions. In contrast, negative religious coping was a statistically significant predictor of all four functions of NSSI.

Table 2
Hierarchical Multiple Regression Analyses of Positive and Negative Religious Coping on NSSI Functions

Variables	*r*	r^2	*β*	*t*(104)	*p*
Intrapersonal positive reinforcement	.40	.16			<.001*
Positive religious coping			0.14	1.55	.124
Negative religious coping			0.35	3.85	<.001*
Intrapersonal negative reinforcement	.46	.21			<.001*
Positive religious coping			-0.11	-1.21	.229
Negative religious coping			0.43	4.83	<.001*
Interpersonal positive reinforcement	.51	.27			<.001*
Positive religious coping			0.13	1.51	.135
Negative religious coping			0.48	5.63	<.001*
Interpersonal negative reinforcement	.52	.27			<.001*
Positive religious coping			-0.07	-0.77	.444
Negative religious coping			0.51	5.96	<.001*

Notes. * $p < .05$.

Discussion

Literature has identified NSSI as a global health issue with a high and increasing prevalence among emerging adults (Bresin & Schoenleber, 2015; Swannell et al., 2014; Wester, Ivers, Villalba, Trepal, & Henson, 2016). This study aimed to explore the role of religious coping in predicting NSSI functions among Indonesian emerging adults. The strongest reported NSSI function reported by participants was the intrapersonal negative reinforcement function. This finding

indicated that participants engaged in NSSI to reduce or distract themselves from aversive thoughts or feelings (Nock, 2009). This finding is consistent with the past research demonstrating that avoiding or relieving negative internal states is a more common function of NSSI than inducing a desired internal state (Taylor et al., 2018). Moreover, the experiential avoidance model suggests that NSSI persists in an individual due to negative reinforcement when the behavior helps an individual avoid or get rid of aversive emotions (Chapman, Gratz, & Brown, 2006). Thus, this may explain why intrapersonal negative reinforcement was the strongest function reported in this study as an individual may become dependent on the use of NSSI to manage their negative internal states.

This study's findings indicate that negative religious coping has a statistically significant positive correlation with NSSI severity, while positive religious coping does not have a statistically significant correlation with NSSI severity. However, after controlling for religions, positive religious coping has a statistically significant negative correlation with NSSI severity, while negative religious coping has a statistically significant positive correlation with NSSI severity. This may indicate that various religious beliefs among participants influence the correlation between positive religious coping and NSSI severity.

Moreover, the findings that positive religious coping has a negative correlation with NSSI severity while negative religious coping has a positive correlation with NSSI severity is in accordance with previous findings by Busers and colleagues (2017) and Westers and colleagues (2013). However, NSSI severity has a stronger correlation with negative religious coping than positive religious coping. Positive religious coping also could not significantly predict NSSI functions. By contrast, higher negative religious coping acted as a statistically significant predictor of all four NSSI functions. These findings are consistent with a previous study documenting the stronger influence of negative religious coping than positive religious coping on NSSI (Buser et al., 2017). Negative religious coping reflects the tension and struggle in the relationship between an individual and God, which also includes the perceptions of being abandoned and punished (Pargament et al., 2011). The negative affects triggered by these perceptions of being abandoned and punished had a more significant impact on the individual than having a secure relationship with God. Therefore, although the mean score of positive religious coping was higher than negative religious coping, the role of positive religious coping as a protective factor against NSSI was not able to be demonstrated.

When an emerging adult who engages in NSSI also relies on negative religious coping, they may feel that they are being abandoned, punished, or unloved by God or their religious community. As expected, they are more likely to self-injure to alleviate these aversive feelings (intrapersonal negative reinforcement) or to gain help from others (interpersonal positive reinforcement). However, the predictive role of negative religious coping on intrapersonal positive reinforcement and interpersonal negative reinforcement was not expected. An emerging adult seeks to be independent, demonstrated by their ability to be self-sufficient (Arnett, 1998). As an emerging adult starts to strive for independence, the feelings of being abandoned by God or religious community may incite the drive to prove to oneself that they can take control of what happens to their body and that they are self-sufficient enough to tend to the wounds. Thus, they self-injure for to instigate a sense of independence (intrapersonal positive reinforcement). Moreover, as individuals transition into emerging

adulthood, they need to balance an array of responsibilities that are different from what they are used to when they were an adolescent such as being a university student or working for their livelihood (Beiter et al., 2015; Hettich, 2010). The stress from these new responsibilities might become too much for some emerging adults. Consequently, some emerging adults may use NSSI to avoid more responsibilities from the external environment (interpersonal negative reinforcement).

The findings of the current study are not consistent with the findings of the study previously conducted by Westers and colleagues (2013) on adolescents. Westers and colleagues found that among adolescents, greater use of positive religious coping was linked with a lower engagement of NSSI for intrapersonal negative reinforcement function, and greater use of negative religious coping was linked with a greater likelihood of engaging in NSSI for intrapersonal negative reinforcement and interpersonal negative reinforcement functions. Meanwhile, the current study found that among emerging adults, greater use of positive religious coping was not linked with any of the NSSI functions, and greater use of negative religious coping was correlated with all four of the NSSI functions. Thus, this may provide further support on the notion that the relationship between religious coping and NSSI may be different between adolescents and emerging adults.

Based on the current findings, several practical recommendations could be proposed. First, practitioners should consider how negative religious coping may play a more significant role than positive religious coping in influencing NSSI severity and functions. Therefore, prevention and intervention programs that target the reduction of negative religious coping may be more beneficial. Second, considering that the strongest reported NSSI function was to reduce or distract oneself from aversive thoughts or feelings, an intervention program that guides an individual on using more adaptive coping methods and normalize mental help-seeking behavior may help an individual not to rely on the use of NSSI as a coping method.

Due to the exploratory nature of this study, causal interpretations based on results may be difficult to be provided. The use of a self-report questionnaire may also be vulnerable to the presence of selection bias and inaccuracy in assessing oneself. Despite these limitations, this study was the first to explore the relationship between religious coping and NSSI functions among emerging adults. Overall, the use of negative religious coping predicts a higher tendency to engage in NSSI to reduce aversive emotions, incite desirable internal states, evade unwanted external responsibility, and facilitate help-seeking behavior. Meanwhile, positive religious coping does not have a relationship with any of the NSSI functions. However, there is still much unknown regarding the mechanisms of negative religious coping in influencing an individual to use NSSI for a certain purpose. Therefore, there is a need for further study that will expand the knowledge on these constructs.

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References

Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical*

Psychology, *61*(4), 461–480. https://doi.org/10.1002/jclp.20049

Arnett, J. J. (1998). Learning to stand alone: The contemporary American transition to adulthood in cultural and historical context. *Human Development*, *41*(5–6), 295–315. https://doi.org/10.1159/000022591

Arnett, J. J., Žukauskiene, R., & Sugimura, K. (2014). The new life stage of emerging adulthood at ages 18-29 years: Implications for mental health. *The Lancet Psychiatry*, *1*(7), 569–576. https://doi.org/10.1016/S2215-0366(14)00080-7

Bartelink, V. H. M., Zay Ya, K., Guldbrandsson, K., & Bremberg, S. (2020). Unemployment among young people and mental health: A systematic review. *Scandinavian Journal of Public Health*, *48*(5), 544–558. https://doi.org/10.1177/1403494819852847

Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders*, *173*, 90–96. https://doi.org/10.1016/j.jad.2014.10.054

Bresin, K., & Schoenleber, M. (2015). Gender differences in the prevalence of nonsuicidal self-injury: A meta-analysis. *Clinical Psychology Review*, *38*, 55–64. https://doi.org/10.1016/j.cpr.2015.02.009

Buser, J. K., Buser, T. J., & Rutt, C. C. (2017). Nonsuicidal self-injury and spiritual/religious coping. *Journal of Mental Health Counseling*, *39*(2), 132–148. https://doi.org/10.17744/mehc.39.2.04

Chapman, A. L., Gratz, K. L., & Brown, M. Z. (2006). Solving the puzzle of deliberate self-harm: The experiential avoidance model. *Behaviour Research and Therapy*, *44*(3), 371–394. https://doi.org/10.1016/j.brat.2005.03.005

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Favazza, A. R. (1998). The coming of age of self-mutilation. *Journal of Nervous and Mental Disease*, *186*(5), 259–268. https://doi.org/10.1097/00005053-199805000-00001

Griep, S. K., & MacKinnon, D. F. (2020). Does nonsuicidal self-injury predict later suicidal attempts? A review of studies. *Archives of Suicide Research*, *0*(0), 1–19. https://doi.org/10.1080/13811118.2020.1822244

Hamza, C. A., & Willoughby, T. (2014). A longitudinal person-centered examination of nonsuicidal self-injury among university students. *Journal of Youth and Adolescence*, *43*(4), 671–685. https://doi.org/10.1007/s10964-013-9991-8

Heath, N., Toste, J., Nedecheva, T., & Charlebois, A. (2008). An examination of nonsuicidal self-injury among college students. *Journal of Mental Health Counseling*, *30*(2), 137–156. https://doi.org/10.17744/mehc.30.2.8p879p3443514678

Hettich, P. I. (2010). College-to-workplace transitions: Becoming a freshman again. In T. W. Miller (Ed.), *Handbook of Stressful Transitions Across the Lifespan* (pp. 87–109). New York, NY: Springer New York. https://doi.org/10.1007/978-1-4419-0748-6

Hooley, J. M., Fox, K. R., & Boccagno, C. (2020). Nonsuicidal self-injury: Diagnostic challenges and current perspectives. *Neuropsychiatric Disease and Treatment*, *16*, 101–112. https://doi.org/10.2147/NDT.S198806

Kiekens, G., Hasking, P., Bruffaerts, R., Claes, L., Baetens, I., Boyes, M., Mortier, P., Demyttenaere, K., & Whitlock, J. (2017). What predicts ongoing nonsuicidal self-injury? *The Journal of Nervous and Mental Disease*, *205*(10), 762–770. https://doi.org/10.1097/NMD.0000000000000726

Klonsky, E. D., & Glenn, C. R. (2009). Assessing the functions of non-suicidal self-injury: Psychometric properties of the Inventory of Statements about Self-injury (ISAS). *Journal of Psychopathology and Behavioral Assessment*, *31*(3), 215–219. https://doi.org/10.1007/s10862-008-9107-z

Klonsky, E. D., May, A. M., & Glenn, C. R. (2013). The relationship between nonsuicidal self-injury and attempted suicide: Converging evidence from four samples. *Journal of Abnormal Psychology*, *122*(1), 231–237. https://doi.org/10.1037/a0030278

Mahtani, S., Melvin, G. A., & Hasking, P. (2018). Shame proneness, shame coping, and functions of nonsuicidal self-injury (NSSI) among emerging adults: A developmental analysis. *Emerging Adulthood*, *6*(3), 159–171. https://doi.org/10.1177/2167696817711350

Nock, M. K. (2009). Why do people hurt themselves?: New insights into the nature and functions of self-injury. *Current Directions in Psychological Science*, *18*(2), 78–83. https://doi.org/10.1111/j.1467-8721.2009.01613.x

Nock, M. K. (2010). Self-Injury. *Annual Review of Clinical Psychology*, *6*(1), 339–363. https://doi.org/10.1146/annurev.clinpsy.121208.131258

Nock, M. K., & Prinstein, M. J. (2004). A functional approach to the assessment of self-mutilative behavior. *Journal of Consulting and Clinical Psychology*, *72*(5), 885–890. https://doi.org/10.1037/0022-006X.72.5.885

Pargament, K. I., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, *2*(1), 51–76. https://doi.org/10.3390/rel2010051

Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, *37*(4), 710. https://doi.org/10.2307/1388152

Ranta, M., Punamäki, R. L., Chow, A., & Salmela-Aro, K. (2019). The economic stress model in emerging adulthood: The role of social relationships and financial capability. *Emerging Adulthood*, *9*, 1–13. https://doi.org/10.1177/2167696819893574

Riska, A., Astuti, A. D., Shabrina, F. N., Elvina, N., & Pramestuti, N. A. (2019). *Makalah konstruksi alat ukur Non-Suicidal Self-Injury Function Scale (NSSI-FS)*. Unpublished Manuscript, Universitas Indonesia.

Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and*

Life-Threatening Behavior, *44*(3), 273–303. https://doi.org/10.1111/sltb.12070

Taliaferro, L. A., & Muehlenkamp, J. J. (2015). Risk factors associated with self-injurious behavior among a national sample of undergraduate college students. *Journal of American College Health*, *63*(1), 40–48. https://doi.org/10.1080/07448481.2014.953166

Tanner, J. L. (2006). Recentering during emerging adulthood: A critical turning point in life span human development. In J. J. Arnett & J. L. Tanner (Eds.), *Emerging Adults in America: Coming of Age in the 21st Century* (1st ed., pp. 21–55). Washington, DC: American Psychological Association.

Taylor, P. J., Jomar, K., Dhingra, K., Forrester, R., Shahmalak, U., & Dickson, J. M. (2018). A meta-analysis of the prevalence of different functions of non-suicidal self-injury. *Journal of Affective Disorders*, *227*(July 2017), 759–769. https://doi.org/10.1016/j.jad.2017.11.073

Wester, K. L., Ivers, N., Villalba, J. A., Trepal, H. C., & Henson, R. (2016). The Relationship between Nonsuicidal Self-Injury and Suicidal Ideation. *Journal of Counseling and Development*, *94*(1), 3–12. https://doi.org/10.1002/jcad.12057

Wester, K. L., Trepal, H., & King, K. (2017). Nonsuicidal self-injury: Increased prevalence in engagement. *Suicide and Life-Threatening Behavior*, *48*(6), 690–698. https://doi.org/10.1111/sltb.12389

Westers, N. J., Rehfuss, M., Olson, L., & Wiemann, C. M. (2013). An exploration of adolescent nonsuicidal self-injury and religious coping. *International Journal of Adolescent Medicine and Health*, *26*(3), 345–349. https://doi.org/10.1515/ijamh-2013-0314

Whitlock, J., Muehlenkamp, J., Eckenrode, J., Purington, A., Baral Abrams, G., Barreira, P., & Kress, V. (2013). Nonsuicidal self-injury as a gateway to suicide in young adults. *Journal of Adolescent Health*, *52*(4), 486–492. https://doi.org/10.1016/j.jadohealth.2012.09.010

Wilcox, H. C., Arria, A. M., Caldeira, K. M., Vincent, K. B., Pinchevsky, G. M., & O'Grady, K. E. (2012). Longitudinal predictors of past-year non-suicidal self-injury and motives among college students. *Psychological Medicine*, *42*(4), 717–726. https://doi.org/10.1017/S0033291711001814