Forms of Self-Harm Behavior in Adolescent Students at Boarding School

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Abstract

Stress has an impact on uncontrolled negative emotions, which can cause individuals to engage in counterproductive behaviors such as self-harm. Self-harm is someone's act of hurting or even injuring themselves. Self-harm is a self-destructive behavior that individuals engage in to cope with emotional pain. Teenagers experience this condition more often than anyone else. Female students often encounter adolescents with similar conditions. This paper aims to determine the forms of self-harm behavior among teenage female students at boarding schools in Central Java. This study employs a qualitative research methodology with a phenomenological approach. The main subjects were three female students aged 18–21 who had engaged in self-harm behavior for at least five days or more and had been doing so for several years, as well as three supporting subjects. Data collection techniques use interviews, observation, and documentation. According to the research results, all subjects tend to self-harm when they feel pressure or have problems. Other significant research further confirms this. Adolescent female students who commit self-harm find comfort in themselves. External relationships do not provide such comfort. In research subjects, the symptoms of self-harm behavior are described as physical symptoms, psychological symptoms, and social phenomena. Meanwhile, factors that influence teenage female students to commit self-harm include genetic factors, biological factors, environmental factors, and psychological factors.

Keywords: Self Harm, Adolescent Students, Family Functioning, Boarding School.

Abstrak

Stres berdampak pada emosi negatif yang tidak terkendali yang dapat menyebabkan individu terlibat dalam perilaku yang kontraproduktif seperti menyakiti diri sendiri (self harm). Self harm adalah tindakan seseorang berupa menyakiti atau bahkan melukai dirinya sendiri. Self harm merupakan suatu perilaku yang digunakan untuk mengatasi rasa sakit secara emosional yang dialami seseorang, namun perilaku yang digunakan merupakan perilaku yang merugikan terhadap diri sendiri. Tulisan ini bertujuan untuk mengetahui gambaran kecenderungan self harm pada remaja. Penelitian ini menggunakan metode penelitian kualitatif dengan pendekatan fenomenologi. Subjek utama dalam penelitian ini berjumlah 3 remaja yang berusia 12-21 tahun yang pernah melakukan perilaku self-harm minimal 5 hari atau lebih, dan sudah berjalan beberapa tahun, serta 3 subjek pendukung atau significant other. Teknik pengumpulan data yang digunakan dalam penelitian ini adalah wawancara, observasi dan dokumentasi. Dari hasil penelitian diketahui bahwa semua subjek menunjukan kecenderungan melakukan self harm apabila merasa menderita tekanan atau masalah. Hal ini diperkuat pula oleh significant other penelitian. Remaja yang melakukan self harm menemukan
kenyamanan secara individual, yang tidak diperoleh melalui hubungan eksternal. Gambaran kecenderungan self harm pada subjek penelitian adalah: gejala fisik; gejala psikis; dan gejala sosial. Sementara itu faktor yang mempengaruhi remaja melakukan self harm di antaranya: faktor genetik; faktor biologis; faktor lingkungan; dan faktor psikologis.

**Kata kunci:** Self Harm, Remaja, Keberfungsian Keluarga, Boarding School

**INTRODUCTION**

Adolescence is a time when a person is in a situation full of conflict, and this occurs because of changes in body shape, behavior, and social roles. Adolescence is a time when children begin to search for their identity, so sometimes juvenile delinquency cannot be avoided. Adolescence, which ranges in age from 11 or 12 to 20 or 21 years, means the development of reproductive organs has begun to develop, which in women, who usually have menstruation, and in men, they have experienced wet dreams. During adolescence, children develop not only physically but also cognitively and psychosocially. The adolescent phase occurs at the age of 12-21 and is divided into three stages: the early adolescent phase occurs at the age of 12-15 years, the middle adolescent phase occurs at the age of 15-18 years, the late adolescent phase occurs at the age of 18-21 years. The changes that occur during adolescence are often called transition periods or phases that occur from childhood to adolescence. During puberty, individuals have to adapt a lot. Changes that occur during adolescence can result in increased stress or pressure on individuals. During adolescence, changes can cause conflict or problems if teenagers cannot adapt well.

Adolescents are individuals aged 12-21 years. During adolescence, individuals experience various kinds of changes, both physically and emotionally. Adolescence is also a transition period from childhood to adulthood. It is not uncommon for various kinds of dynamics to occur during the teenage stage. This dynamic occurs because children are faced with confusion about how to behave, whether they should remain like children or be like adults. During adolescence, a person experiences various kinds of changes, both physically and emotionally. It is not uncommon for various kinds of dynamics to occur during the teenage stage, giving rise to stress. When adolescents face a problem, they will try to solve the problem with a solution, but often, they are unable to solve the problem completely. The inability of

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adolescents or individuals to solve and manage problems causes stress and tension, giving rise to negative emotions and impacts. Stress has an impact on uncontrolled negative emotions, which can cause individuals to engage in counterproductive behavior, such as drug use, alcohol abuse, social and behavioral deviations, and self-harm. This stressful condition is also experienced by adolescents who are studying and living in Islamic boarding schools/boardings schools/dormitories or what are called santri and santriwati.

WHO believes that self-harm behavior that individuals often carry out has two intensities: the intensity of deliberately poisoning oneself and the intensity of self-harm. Well-known self-harm behaviors include: injuring oneself using sharp weapons or nails until areas of the body bleed; in areas of the body carrying out acts of ripping, cutting, and carving on areas of the body, starting from the feet, hands, body, and other body parts; punching or hitting an area of the body until it bleeds or bruises, biting body parts, pulling hair, pulling out hair in areas of the body, causing pain, intentionally inhibiting the healing of wounds on oneself; burning areas of skin, intentionally planting objects on areas of the skin or body, intentionally inserting an object or something that hurts in the vaginal or urethra area. These various terms have the same core as self-harm: intentionally hurting oneself, some intending to commit suicide, or just hurting themselves. Negative feelings within a person cause self-harming behavior because they feel unable to experience the pressure in their life, so they feel depressed, stressed, or anxious. Another term that is often used is self-mutilation, such as cutting the skin inhibiting the healing action of the wound. Some individuals commit self-harm and understand that their actions are harmful to themselves, but some individuals do not realize that their actions have dangerous consequences. Self-harm behavior is accompanied by negative feelings within oneself, such as depression, fear, anxiety, and so on.

The self-harm behavior carried out is a form of defense carried out negatively. It can also be to get attention from other people or certain groups. Self-harm behavior is very extreme and quite numerous. In Indonesia, around 20.1% of adolescents have experienced self-harm, and 93% of them are women, including female students of Islamic boarding schools. This is quite worrying if you look at the potential that teenage female students should be able

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to develop. To avoid self-harm problems, various groups, such as support from peers, educators, parents, and, of course, themselves, may offer help.\textsuperscript{14} Forms of support that can help those who are in the self-harm phase include listening to complaints from people who are talking about personal problems and giving positive examples to friends. If a friend has a problem, it would be better not to be the butt of jokes.\textsuperscript{15} Sometimes, individuals who have problems do not dare to tell other people because they feel embarrassed. This should be changed so that individuals dare to talk to other people, such as parents, friends, educators, and so on, to help resolve the problems they experience. Listening to people who talk about the problems they are experiencing is a form of moral support\textsuperscript{16}. Based on the description above, this article attempts to explore the forms of self-harm behavior among teenage female students at boarding schools in Central Java. This study seeks to determine the picture of self-harm tendencies in adolescents.

**METHOD**

The research phenomenon that the author examined was in revealing a picture of self-harm tendencies in teenagers. Informants in this study were taken using a purposive sample. That is, subjects were taken by looking at certain characteristics. The subjects in this study were determined based on (1) female students aged 18–21, (2) have engaged in self-harm behavior for at least 5 days or more, and have been going on for several years. The researcher also added 3 (three) informants from the subject’s immediate environment (significant others) to confirm and dig deeper into the subject’s condition. The research was conducted at the Islamic Boarding School on the UIN Raden Mas Said Surakarta Campus. The following was the identity of the main informants in this research:

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<tr>
<th>Table 1. Informant Identities</th>
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<tr>
<td>Identities</td>
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<tr>
<td>Name</td>
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<td>Gender</td>
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<td>2\textsuperscript{nd} child</td>
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<td>Residence</td>
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The supporting/significant other informants in this research are as follows:

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<th>Table 2. Supporting Informants</th>
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<td>Gender</td>
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<tr>
<td>Age</td>
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</table>

\textsuperscript{14} Hizbullah, K., & Mulyati, R. (2022). The role of gratitude and family support on psychological well-being of mothers with autistic children. *International Journal of Islamic Educational Psychology*, 3(1), 1–18.


The method applied in this research was open questionnaires, interviews, observation, and documentation. The research instruments used in this research were as follows:

Table 3. Research Instruments

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Data Questions</th>
<th>Data Sources</th>
<th>Data Collection Techniques</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the tendency of students to self-harm when they feel pressure or problems?</td>
<td>1. What is the origin of the subject's self-harm?</td>
<td>Subject, Significant Other</td>
<td>1. Interview</td>
<td>1. Interview Guide</td>
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<td>2. Reasons why the subject commits self-harm</td>
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<td>2. Observation</td>
<td>2. Observation Guide</td>
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<td></td>
<td>3. How the subject feels when committing self-harm</td>
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<td>3. Documentation</td>
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<td>4. When does the subject commit self-harm</td>
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<td>5. Where the subject commits self-harm</td>
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<td>6. What forms of self-harm behavior have you ever carried out</td>
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<td>7. How often has self-harm behavior been carried out</td>
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The data analysis used parallel-type triangulation. Qualitative methods played a dominant role in data analysis. Triangulation data analysis was used in collecting data, data reduction process, presentation, and conclusion. The validity of the data was obtained through 4 (four) tests: degree of trust (credibility), transferability testing, dependability testing, and confirmability testing.

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17 W Gulo, Metodologi Penelitian (Jakarta: Gramedia Widiasarana Indonesia, 2002).
RESULTS AND DISCUSSION

Result

Self Harm in Adolescents

Self-harm is a behavior used to overcome the emotional pain experienced by someone, but the behavior used is behavior that is detrimental to oneself. Some people hurt themselves, even trying to commit suicide. Self-harm is carried out because individuals feel pressured by complex and complicated problems in their lives. Adolescence is also a distinct developmental period in which the incidence of mental illness increases dramatically. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), there are several criteria for self-harm behavior, including (1) Criterion A, the individual has carried out self-destructive actions for at least 5 days or more and has been going on for several last year. Self-harm behavior in criterion A is, for example, burning, stabbing, and cutting, resulting in soreness or pain in the body. This behavior is not intended to commit suicide but is only limited to minor damage to the body. (2) Criterion B, the individual intentionally hurts himself or herself as a form of individual difficulty in expressing interpersonally. Often, negative feelings arise from within. Individuals who survive self-harming behavior will feel addicted and do it again. (3) Criterion C: the individual intentionally hurts themselves because they feel depressed or are unable to accept criticism, so the individual hurts themselves quickly and can cause fatal damage to the individual's body. Clinical disorders, such as academic and interpersonal disorders, may occur. (4) Criterion D, self-harm, such as biting nails or peeling wounds on the body. (5) Criterion E, the individual harms himself but has no suicidal intentions, but results in interference with clinical interventions, such as academic interference or interference with other things used in life. (6) Criterion F does not occur when the individual experiences various disorders when using certain substances or psychological periods. This behavior is not a repeated behavior for people with neurological disorders during development. In certain cases, such as autism and intellectual disorders, it is not categorized in criteria F. This results in difficulties in identifying both mental and medical disorders according to criteria.

Children who are in the adolescent stage have several characteristics. First, adolescence is an important period, and they experience various kinds of changes, including physical and mental changes. They need to adapt to these developments so that they can form the mentality, values, and attitudes necessary for adolescence. Second, adolescence is a transitional period from childhood to adulthood. Since adolescence is a link, this link creates a transition phase or transition from childhood to adulthood. In the transition period, the child's development stages are not simply interrupted, but there are several adjustments to certain age periods so that in this transition period, various new attitudes will emerge. Third, adolescence is a period of change. The changes that occur are not only physical but also mental. The physique during adolescence will experience quite rapid changes, and there are striking differences between the physiques of children and teenagers.

19 Unicef, Adolescence An Age of Opportunity.
20 Jaworska and Macqueen, “Adolescence as a Unique Developmental Period.”
Fourth, adolescence is a problematic age. Every period of human life is always faced with problems, but during adolescence, children tend to be confused about how to deal with them and whether they should act like adults or children, so a feeling of confusion also arises during adolescence. Children will feel that as a teenager, they must be independent, so they must solve their problems. However, they still need assistance from parents or educators because what teenagers are experiencing are new things, so there still needs to be someone to direct them. Fifth, adolescence is a period of searching for self-identity. In adolescence, children will begin to feel attracted to certain groups and feel like they want to be recognized in their group environment, so gangs are often formed during adolescence. As time goes by, teenagers will begin to look for their own identity.23

Sixth, adolescence is an age that often creates fear. Adolescence is often considered a problematic age because of the process of searching for identity. Adolescents are often seen as having an untidy appearance having words and actions that are difficult to believe, so they need guidance from adults, both parents and educators. However, there are still adults who feel lazy about dealing with teenagers, whereas adults who are supposed to guide them even just let teenagers behave incorrectly, with an alibi. They don't want to be involved or responsible for juvenile delinquency committed by their children.24

Seventh, adolescence is considered an unrealistic period. Teenagers often position themselves as a form of satisfaction from other people, so teenagers act not according to their abilities. Adolescents often aspire to exceed their abilities, and bigger desires will cause even greater anger. Adolescents also have high sensitivity, so they will easily get angry or offended by other people's behavior that does not match their wishes. Eighth, adolescence is a period towards adulthood or on the verge of adulthood, and they consider themselves to have reached adulthood, so the behavior that adults often do, they have also started to follow, such as smoking, drinking alcohol, or taking part in free sex, or consuming illegal drugs. Teenagers assume that adults do detrimental things.25

The many shocks experienced by teenagers often make them unsure about the right solution for them to take. Without direction from the adults around them, teenagers often cope with stress incorrectly, such as self-harm. The view of self-harm according to The International Society for the study of self-injury, self-harm is the act of injuring oneself so that human body tissue is damaged. Even if there is no intention to commit suicide, self-harm behavior can endanger life or cause death.26 Various terms have similarities to self-harm, including, first, deliberate self-harm, the act of physically hurting oneself, resulting in physical injury being experienced, and can cause death even though there is no intention to commit suicide. Second,

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self-injurious behavior is the behavior of physically injuring oneself by causing damage to tissue in the body without any help from other parties.\textsuperscript{27}

Third, self-burning and self-wounding, according to Tantam and Whittaker, is behavior that causes burns to the body, such as burning oneself, lighting oneself with matches, cigarette butts, and irons. People who usually do this are people who have quite severe depression. Fourth, parasuicide is behavior that is intentionally suicidal, such as taking too much medication or overdosing. Fifth, episodic and repetitive self-injury is a behavior that is carried out repeatedly to hurt oneself. This behavior can take the form of using addictive substances, which gives rise to a feeling of addiction.\textsuperscript{28}

Sixth, self-hurt behavior is the behavior of hurting oneself by carrying out various actions, such as piercing various areas of the body, burning the skin, breaking bones, or inserting objects into the vagina or urethra. Seventh, self-destructive behavior is behavior that intentionally hurts oneself, but there is no intention to commit suicide, so accidental death often occurs. Eighth, wrist cutting this behavior is considered an attempt to commit suicide. This behavior is like cutting the wrist on purpose.\textsuperscript{29}

| Table 4 Summary Results of Interviews with Key Informants |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Name                            | Informant 1                      | Informant 2                      | Informant 3                      |
| Origin of self-harm behavior    | In the beginning, I just        | At that time, I felt alone and   | Compensation for feelings of     |
|                                 | followed trends on social       | like no one cared.               | disappointment that cannot be    |
|                                 | media.                          |                                 | vented, so it turns it onto      |
| Symptoms that appear before     | Difficulty sleeping/insomnia     | Difficulty sleeping/insomnia,    | Difficulty sleeping/insomnia,    |
| the self-harm behavior is       | and difficulty concentrating.    | inability to focus in            | unable to carry out normal       |
| carried out                      |                                 | carrying out various            | activities, daydreaming a lot,   |
|                                 |                                 | activities.                      | crying continuously.             |
| The effects of the symptoms     | Learning patterns and           | Performance dropped              | Unable to maintain the ability   |
| felt                            | understanding of lecture         | drastically.                     | to concentrate on understanding   |
|                                 | material are not optimal.        |                                 | lecture material.                |
| Reasons why informants          | At first, it was a trend, then   | It feels useless, and            | I am stressed by the family      |
| commit self-harm                | I tried self-harm again because it was to attract the attention of my ex-boyfriend to come back again, feeling sad and disappointed about something. | sometimes there is a desire to die. No family pays attention/cares, feels alone and lonely. The informant felt aware that her behavior was not much different from her parents. She felt that perhaps her parents had bigger problems. Based | problems, feeling ignored by the family, and feeling hurt by the people around me. Often, I feel my mood changes drastically. I suddenly feel uncomfortable and sad, and I don't have any friends. |


\textsuperscript{29} Cardiff and Vale University Health Board Resilience Project, \textit{A Self-Harm Self-Help Workbook for Young People in Secondary School} (Emotional Wellbeing Service (Change, 2012).
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<thead>
<tr>
<th>Identities</th>
<th>Informant 1</th>
<th>Informant 2</th>
<th>Informant 3</th>
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<td>Name</td>
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- **The informant's relationship with the family**
  - The informant felt that her relationship with her parents was quite good but spoke only when needed. When she was little, she was mostly raised by her grandmother. When my grandmother died, I felt like no one cared anymore. The relationship with her siblings is also quite good. She feels that her older sibling cares for her, but she still feels emptiness because the attention is different from what her grandmother gave her.
  - The informant felt that her relationship with her parents and siblings was not good. She felt that her father did not want her in this world because he often said that the informant was an unwanted child. Her mother remained silent and did not defend the informant. The informant's siblings are married, and no one cares about the informant.
  - The informant felt less close to her parents. When she was in grade 1 of elementary school, her parents divorced, and the informant was raised by her mother. He got her father figure from her uncle (mother's older brother), whose house was close to the informant's. Since childhood, she felt that she was given the burden to be the best, to be an example for other cousins, so she felt frustrated.

- **The purpose of carrying out self-harm behavior**
  - To calm down
  - As a transitional form of calming down
  - As a form of outlet and to calm myself

- **The informant's feelings when committing self-harm**
  - At first, it was normal because I wanted to know what it felt like. Next, I feel satisfied because my boyfriend can come back again, but then the feeling I feel is normal again, just like “So this is how it feels.”
  - There is satisfaction after doing self-harm.
  - The feeling is a little relieved and more comfortable, but when the behavior appears, it's like numbness, no pain.

- **When do informants do self-harm?**
  - When I feel stressed about my surroundings.
  - When I feel uncomfortable, past trauma emerges, showing violent behavior (physical and verbal) from my parents towards the informant.
  - When I suddenly feel in a bad mood, I feel sad, and no one cares, whether family or friends.

- **Where the informant commits self-harm**
  - When she is outside the house, when she is alone in her dorm room. She feels more comfortable alone because she feels that no one can understand her, and besides, she feels that no one is paying attention to her.
  - When she is alone in a room (at home), she prefers to be alone in her room when she is home. When she is in a hostel with her friends, she is a little entertained, but when she is alone, she feels lonely and abandoned again.
  - In the dorm room, when she is alone, she isolates herself from her environment because she feels like no one understands her.

- **Forms of self-harm behavior carried out.**
  - Making cuts on the wrist using a razor, taking
  - Banging her head against the wall, deliberately
  - Make an incision on the wrist.
The symptoms of self-harm behavior among female students in this research are: first, physical symptoms. Symptoms that occurred in research subjects were decreased productivity and activity, difficulty sleeping, and difficulty concentrating. This affects learning patterns and understanding of lesson material. Second, the psychological symptoms experienced by the subjects were feelings of sadness and loneliness. This feeling appears over and over again until the subject feels herself hurt the most. Third, the subject's social symptoms include being alone and isolated from their environment because they feel that no one else understands them. On the one hand, for a moment, the subjects can let go of their problems when they are with their peers, but only for a moment, because they feel that no one else understands them. What makes the situation worse is that, when at home, the subjects also feel unnoticed.

According to Strong, self-harm behavior has three types, including major self-mutilation, stereotypic self-injury, and moderate/superficial self-mutilation. Major self-mutilation is self-harm behavior that causes significant damage to the body, making healing difficult, such as cutting off one's feet and gouging out one's eyeballs. These behaviors are carried out by individuals who experience psychosis. Stereotypic self-injury is self-harming behavior that is repeated but not too severe, such as often banging your head against the wall. People who usually do this are people who have neurological disorders, such as autism. Moderate/superficial self-mutilation: this behavior is often carried out by individuals, such as pulling hair or hurting body parts such as skin using sharp weapons.

Adolescents at this age are faced with various kinds of development, which is a transition from childhood to adulthood. The task of adolescent development is more about behavior and patterns of behavior. The tasks of adolescent development include maturity in establishing relationships with peers, both female and male; process to achieve roles in social life for both female and male; using their physical body effectively so that there is acceptance of their physical condition; being responsible for the social environment; start thinking about a fulfilling career in the economy; starting to think about starting a family or marriage; develop the ideology they have, and get a ranking in the values they believe in.

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33 Unicef, Adolescence An Age of Opportunity.
Factors that influence female students to carry out self-harm include, first, genetic factors. In this case, the subject is self-aware that she is a reflection of her parents. That's why when she feels alone and sad, she hesitates to express it to her parents. Second, the biological factor that influences the subject to carry out self-harm is a change in mood that comes suddenly, and at that time, there is often no friend or parent beside her. Third, the environmental factor of the subject is behavior that is indifferent to other people's assumptions or judgments, such that the subject carries out self-harm to calm herself. Fourth, the psychological factor experienced by the subject was feelings of discomfort, both at home and outside the home. The subject prefers to be alone in a private room with her various thoughts and feelings.

Figure 1: Factors affecting self-harm

**Self-harm and Family Functioning as Other Significant Factors**

The new findings in this research, demonstrated by the research subjects and reinforced by significant others, confirm the existence of aspects of family functioning, which further strengthens psychological factors as one of the main factors that adolescent female students have a tendency to do self-harm.

Family functioning itself refers to the roles played by members of the family as well as the attitudes and behavior displayed when with family members. How well the family plays its respective roles and how family members treat each other\(^3\). Family functioning is closely related to the duties and responsibilities of each family member. That's why family functioning is a concept of the ideal image of a family.\(^4\) The family also must ensure the existence and well-being of family members. Developmental and welfare tasks go hand in hand with family functioning.\(^5\)

There are 6 (six) dimensions of family function according to The McMaster Model theory: problem-solving solving, communication, role, affective responsiveness, affective

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engagement, and behavioral control. The McMaster Model uses all of these dimensions to assess and understand parts of complex families.\textsuperscript{37} Family, in the view of research subjects, is no longer a home where there is communication, warmth, and affection. Homes today tend to be a place of rest. Home is a place to take shelter and rest, and there are no dynamics in it. There are also several indicators of family functioning, including values, skills, and interaction patterns.\textsuperscript{38} Another theory says there are 6 (six) indicators of family functioning: the family's ability to solve problems, communication competence in the family, role distribution, sense of responsibility, involvement of feelings, and control of family members' behavior.\textsuperscript{39}

The family, in the view of the research subjects, does not have this indicator. The family is no longer a means of personality and mental formation. Family functioning is not visible to the research subjects. The family does not carry out its functions in daily life. There is no integration and interaction of family values, skills, and positive interaction patterns. The family does not make itself functional in dealing with various problems, managing resources, setting goals, and seeing challenges as opportunities to maintain and improve the quality of life and welfare (well-being) of its members.

**Figure 2: Dimensions of family function**

**Discussion**

**Family Functioning and Emotional Expression**

Theoretically, there is a connection between family functioning and emotional expression, which can be seen from the process of expressing emotions from the beginning during childhood. This theory explains that the methods used by parents to deal with their children's problems provide lessons that leave an impression on the child's emotional development. Development experts explain that parents' educational style ignores children's feelings, which is reflected in parents' negative perceptions of emotions.\textsuperscript{40} Children's emotions


\textsuperscript{40} Beni Azwar, “The Role of The Counseling Teacher In Developing The Social Dimensions of Children With Special Needs,” Munaddhomah: Jurnal Manajemen Pendidikan Islam 3, no. 2 (December 19, 2022): 126–38,
are seen as a disturbance or something that parents always respond to with rejection. During adolescence, the child will not appreciate their own emotions, which creates limitations in expressing their emotions. On the other hand, in families that respect children's emotions, as evidenced by parents' acceptance of children's emotional expressions, during adolescence, they will respect their own emotions so that they can express their emotions to others.\(^{41}\)

This is what applies to research subjects, where they become 'victims of ignorance' of parents in educating their children and are then directed to boarding school education. The subject felt that even though the parents had good intentions in sending the child to an Islamic boarding school, this made the subject depressed due to the lack of intensity of getting love and attention from the parents. The subject, in this case, only follows the wishes of the parents in choosing an Islamic boarding school. The subject does not directly decide what the subject wants because of the internal drive to make the parents happy.\(^{42}\)

In line with the above, other significant research shows that there is at least one main aspect of teenagers' tendency to self-harm, and this is directly related to family factors. These aspects are the high standards of parents. The informant illustrates this with a case of a mistake in a family member. If a child makes a mistake, the parents will act (get angry) and can advise them for some time. Meanwhile, if the parent makes a mistake, the child is asked to understand it. Another illustration of parents' high standards is the "imposition" of parents' wishes on children under the pretext that parents understand more about children and life and are more experienced. That's why children must obey their parents' decisions.

The research subjects in this case also believe that family dysfunction affects them in exercising self-control. The subject feels that they have failed to develop the ability to control thoughts, emotions, and behavior needed to override, change, or restrain them from an impulse so as not to carry out inappropriate behavior. The research subjects were unable to demonstrate individual self-control abilities in controlling and managing all their problems and negative thoughts to create better situations and conditions.

In theory, the benefits of self-control are related to the five domains such as achievement and task performance, impulse control, psychological adaptation, interpersonal relationships, and moral emotions.\(^{43}\) Behavior carried out without self-control will be oriented towards short-term pleasure, whereas with self-control, individuals will behave for longer-term

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pleasure⁴⁴. Self-control can impact individuals and social systems. Self-control can enable individuals to enter and adapt to the social environment and can guide individuals through the coercions they have to face from their social environment. On the other hand, individual self-control also makes it possible for the social system to run and function well because self-control can make individuals obey social rules and play their roles in them.⁴⁵

The tendency for self-harm behavior by Santriwati, in this case, is a form of the subject's inability to exercise self-control caused by family dysfunction. How a family carries out its duties while striving for the physical, social, and emotional well-being and development of each family member is a hope that research subjects want to see and feel directly.⁴⁶ In this way, the subject feels that their physical and mental health can be guaranteed. Subjects are self-aware that adolescence is a vulnerable period in terms of physical and mental health. However, this cannot be prevented by research subjects when committing self-harm due to the factors that cause the tendency to self-harm, as previously explained.

Self-harm carried out by individuals in injuring themselves is a form of self-defense mechanism but is a negative coping strategy.⁴⁷ Apart from that, students also have resilience, which can prevent them from torturing themselves.⁴⁸ Self-harm behavior is driven by various factors, such as trauma experienced in childhood, disharmony in the family, bad events, or things that have happened to the individual. Other factors that cause teenagers to carry out self-harm include the form of regulation of negative emotional intensity carried out by individuals; when numb, emotions will rise again; punish yourself, and as a form of self-control to stimulate oneself, seeking attention from others, and getting a place in a particular community.⁴⁹

Self-harm behavior has psychological characteristics in the perpetrator, including negative emotions, emotional skills, and self-derogation. Negative emotions are something that humans have because emotions show a feeling about something.⁵⁰ Negative emotions are

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⁴⁴ STEINHAUER, SANTA-BARBARA, and SKINNER, “The Process Model of Family Functioning.”
emotional behavior carried out with negative or detrimental actions, such as lack of self-confidence, depression, and stress. Perpetrators of self-harm have more negative emotions, so self-harm behavior appears.\textsuperscript{51} Emotional Skills are the skills an individual has to regulate their emotions. Emotions in humans are negative and positive emotions.\textsuperscript{52} Individuals who lack or have low skills in managing emotions will tend to have negative emotions emerge within the individual. Confusion is what makes individuals confused in understanding the emotions they feel, resulting in misinterpretations and causing individuals to do self-harm.\textsuperscript{53} Self-derogation is a form of individual behavior that belittles itself and lacks self-respect, and it is based on unrealistic interpretations. This can cause major depression to emerge in individuals.\textsuperscript{54}

The process of searching for oneself among teenagers sometimes gives rise to various problems. If it is not directed towards positive things, teenagers will share negative and detrimental things.\textsuperscript{55} Adolescents can engage in these negative behaviors individually or in groups. Teenagers can act or behave excessively without proper control from parents, peers, and themselves. On the one hand, teenagers can also feel great pressure if the adults around them restrain them. Teenagers who feel depressed, stressed, and anxious can do undesirable things such as self-harm, hurt themselves, or even hurt other people.

CONCLUSION

This study reveals three distinct manifestations of self-harm in adolescents: physical symptoms, psychological symptoms, and social symptoms. Environmental factors (trends) and psychological factors (feeling inferior, discouraged, and suffering) significantly influence adolescents to engage in self-harm. All subjects showed a tendency to do self-harm when they felt they had problems. Research from significant others also supports this. Teens who self-harm seek solace on their own, not from external relationships such as parents or friends. Furthermore, this study found that there is an aspect that affects adolescents' tendency to do self-harm, namely family functioning. The limitation of this study is the lack of subjects obtained by the author. It is necessary to expand the number of different conditions, including regular school conditions and boarding schools. Recommendation, The study recommends future research on deeper self-harm symptoms consisting of feeling inferior, hopeless, and suffering. Further research is suggested to focus on the effect of family functioning on the prevention of self-harm in adolescents.


REFERENCES


Forms of Self-Harm Behavior in Adolescent Students at Boarding School


