

# Psychological Dynamics among Adolescents with Self-Harm Behavior Based on Rational Emotive Behavior Therapy

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## Abstract

The objective of this study was to ascertain the psychological underpinnings of self-harm behaviors among adolescents, with a particular emphasis on the tenets of rational emotive behavior therapy (REBT). Additionally, this study aimed to elucidate the various forms of self-harm behaviors and the underlying factors that contribute to these behaviors in adolescents. This research employed a qualitative approach with a phenomenological research design. The research subjects were students at State Senior High School 1 Batu, Indonesia, selected based on certain criteria in accordance with the research needs (purposive sampling). The results demonstrate three key aspects of the psychological dynamics of adolescents with self-harm behavior, namely cognitive, affective, and conative. These were mapped into the ABC model, which comprises three elements, namely activating events, irrational beliefs, and impacts. Forms of self-harm in adolescents include physical (slashing the hand) and non-physical (ignoring health, smoking, taking drugs, and staying up late). The background of adolescents committing self-harm behavior is influenced by both internal factors (dissatisfaction and loneliness) and external factors (family problems and modeling).

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## 1. Introduction

The actual prevalence of self-harm behavior is challenging to ascertain due to the limited scope and reliability of existing data and research (Adila et al., 2019). Some studies indicate that adolescents who engage in self-harm may be influenced by a range of internal and external factors. Among the internal factors are loneliness, unmet needs or tendencies, and neurotic needs (such as affection, social acceptance, or social esteem). Innate traits and negative emotions may contribute to this phenomenon. External factors that have been linked to self-harm include trauma caused by the school environment and poor parenting in the family (such as authoritarian and overly strict rules) (Adila et al., 2019; Ee & Mey, 2011; Silcock, 2010). One of the most prevalent self-harm acts as maladaptive coping mechanisms or negative coping mechanism that arises in response to unwanted situations, such as family problems, friendship problems, pressure in education, and other psychological problems (Silcock, 2010; Whitlock, 2009; Xiao et al., 2022).

Alifiando et al., (2022) elucidated that self-harm is a maladaptive behavior perpetrated by individuals with the objective of not committing suicide but rather inflicting harm upon themselves as a means of overcoming the emotional distress they are experiencing. This phenomenon is also known as a coping mechanism that is, by definition, negative. The roots of emotional reactions lie in the thoughts that give rise to them. This illustrates the inextricable link between thought and emotion (Dryden & Neenan, 2003). Humans possess the capacity for both rational and irrational thinking. Rational thinking and intellect are not subject to emotional disturbances (Ellis & Bernard, 2006). However, the recognition of an erroneous and irrational system of values and beliefs is a primary

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cause of depression. This underscores the importance of modifying and rectifying such irrational thinking to align it with more constructive and rational values (Paturrochmah, 2020)

In accordance with the REBT perspective on maladaptive coping mechanisms, irrational thinking is identified as a key maladaptive behavior of humans. This is based on the premise that humans are verbal creatures who process information through symbols and words (Ellis & Dryden, 2007). Therefore, the emotional disorder experienced by individuals is caused by the verbalization of ideas and irrational thinking (Dryden & Branch, 1932). Based on one of these irrational beliefs, it can be postulated that self-harm behavior experienced and carried out by adolescents is one of the maladaptive behaviors due to negative feelings or emotions that interfere with individual thoughts and affect their behavior. Self-harm behavior can be understood as an irrational belief (B) that arises from an antecedent event (A), or a triggering situation that gives rise to such beliefs. This belief then gives rise to a consequence (C), which can have a significant impact on the individual's life and may potentially lead to more serious problems if not addressed promptly.

Prior research on self-harm behavior has been conducted by Suprayanti et al. (2021) entitled description of self-injury behavior and suicide risk in students. However, this research is limited in that it only examines self-harm behavior in general and describes it in a general manner. A similar study, carried out by Guntur et al., (2021), titled overview of self-injury behavior in adolescent boys, also views the phenomenon in general, with the aim of identifying the types of self-harm behaviors engaged in by adolescent boys. However, this study has not utilized the existing theoretical framework. These two studies merely describe the way adolescents engage in self-harm, rather than elucidating the underlying motivations that drive this behavior. The REBT perspective, which serves as a foundation for examining self-harm behavior among adolescents, is deemed a potentially suitable lens through which to understand maladaptive behaviors. Specifically, self-harm committed by adolescents can be seen as a manifestation of B or irrational beliefs shaped by external factors, namely A or Antecedent Event.

In light of the prevalence of self-harm behavior among adolescents evidenced by previous research, a more in-depth examination of this phenomenon is warranted. In previous studies, the phenomenon of self-harm was examined from a variety of general perspectives without a theoretical foundation that aligned with the specific focus of the problem under investigation. Accordingly, this study seeks to ascertain and examine the psychological processes in adolescents from the vantage point of rational emotive behavior therapy, forms of self-harm, and the underlying factors that drive adolescents to engage in self-harm. This study endeavored to elucidate the necessity for guidance and counseling services within the educational setting, particularly in addressing the pervasive issue of self-harm among adolescents.

## 2. Method

This research employed a qualitative approach with a phenomenological research design to examine, analyze, and uncover new insights from a particular subject (Creswell, 2003). Further, Moran (2017) defines phenomenological research as an interpretive approach that seeks to understand a phenomenon through the researcher's active engagement. Phenomenological research aims to elucidate the subject's profound experience of an event as a form of engagement with their environment (Bryman, 2012; Creswell, 2003; Mappiare-AT, 2013). The objective is to gain comprehensive insight into the psychological dynamics of adolescents who engage in self-harm behaviors. The informants were selected based on the purposive sampling method, which involved the inclusion of two main informants and one key informant, in accordance with specific considerations (Creswell, 2003). The main informant was selected based on the following criteria: a history of self-harm behavior and an age range of 16-19 years. The key informant was identified as the individual who provided counseling to the main informant. The study employed a variety of data collection techniques, including observation, interviewing, and document analysis (Miles et al., 1994). The garnered data were analyzed using a technique derived from Miles et al. (1994), which encompassed data collection, data reduction, data display, and conclusion (drawing/verifying). In the data reduction process, coding and categorization techniques were employed to organize the data collected in accordance with the objectives and focus of the research. Commonly utilized data validity checking

techniques included internal validity tests (credibility), external validity (transferability), dependability, and confirmability. The research process was conducted from October 2022 to March 2023.

### 3. Results

#### 3.1. Psychological Dynamics of Adolescents with Self-Harm Behavior based on Rational Emotive Behavior Therapy Theory

Psychological dynamics can be defined as a process within the individual on a psychological level in dealing with and resolving conflicts. These conflicts encompass their perceptions, attitudes, and behaviors. Adolescents who engage in self-harm are likely to experience significant psychological dynamics, encompassing cognitive, affective, and conative aspects. These three aspects are viewed from the perspective of Rational Emotive Behavior Therapy using the A-B-C Model. The results of in-depth interviews with the main informants, KRL and WWA, indicate slight differences in the process of psychological dynamics experienced. The recorded interview excerpts concerning the process of psychological dynamics experienced by informant 1, KRL are presented in the Table 1.

**Table 1. Interview Excerpts of Factors Triggering Informant 1 to Commit Self-harm**

<b>Activating Event (A)</b>	<b>Parents</b>	"My parents separated 5 years ago and I live with my mom" - DU/Wwc/krl /16
		"..I'm not close to my parents, I'm only close because I talk about school and activities" - DU/Wwc/krl /16
		"...trivial but it hurts. The problem is that I'm already tired of activities and then when I get home it's like that. <b>Verbally, it's more like being scolded by parents</b> " - DU/Wwc/krl /16
	<b>Boyfriend</b>	"ee... you could say <b>my parents show favoritism</b> , my 2 younger siblings are more favored in any way than me" - DU/Wwc/krl /16
		" <b>Because mom didn't give me a place to tell my story</b> " - DU/Wwc/krl /16
		"I had a boyfriend for 2 years. <b>I was down because at first there was someone who accompanied me and that figure was not there</b> " - DU/Wwc/krl /16
		"I once <b>gave trust</b> but it ended up <b>hurting and that made me not trust</b> because it would end up hurting and being broken" - DU/Wwc/krl /16

The issues that informant 1 is facing can be traced back to difficulties in their relationships with their parents and romantic partners. The issue with the informant's parents originates from the dissolution of their marriage five years ago. The informant exhibits a lack of emotional intimacy with her parents, particularly her mother, who currently resides with her. In addition to the lack of emotional intimacy, informants frequently endure verbal abuse in the form of lengthy diatribes and curses from the informant's mother. These verbal attacks often include shameful insults directed at the informant, such as comparing her to a prostitute. Furthermore, the informant perceives her mother's parenting style as unfair, citing a preference for her attention towards her younger son over her. On several occasions, the informant also elected to refrain from disclosing her emotional state to her mother. This was due to the informant's mother's lack of provision of space for the expression of personal narratives and her tendency to admonish the informant with greater frequency when in the presence of others. In instances where the informant and her mother were engaged in a conflict, she was won't to confide in individuals with whom she had established a trusting relationship, such as her boyfriend. However, the informant also experienced difficulties in her romantic relationship, which ultimately led to the dissolution of the partnership. The informant experienced profound disappointment with her boyfriend, having placed unwavering trust in her for approximately two years. This disappointment gave rise to a trust issue with other individuals, rendering it challenging for her to disclose her innermost concerns. The dissolution of this romantic relationship has led to a sense of intensifying difficulties, as the informant currently lacks a suitable outlet for her inner turmoil.

In addition, the second informant, WWA, reported experiencing a notable shift in psychological dynamics during the interview (Table 2). The following section presents a detailed account of the psychological dynamics encountered by Informant 2, WWA.

**Table 2. Interview Excerpts of Factors Triggering Informant 2 to Commit Self-harm**

<b>Activating Event (A)</b> <b>(Problems with Parents due to Divorce)</b>	<b>Parents</b>	“from my family because my mother and father were separated” - DU/Wwc/wwa /16
		“..when I knew my parents were divorced, it was from myself” - DU/Wwc/wwa /16
		“I know that human beings must have problems, but at that time I was <b>not ready because there were so many</b> ” - DU/Wwc/wwa /16
		“My mother doesn't know anything about the real problems I'm experiencing, because <b>she 's far away. From her family, she always says don't take medicine, you'll get addicted, better ruqyah</b> (practice of treating illness through Qur'anic ayat)” - DU/Wwc/wwa /16

The psychological dynamics experienced by WWA originated with the dissolution of her parents' marriage several years ago. The informant perceived that she was not acknowledged as a person of consequence when her parents divorced. This sentiment originated from the informant's awareness of the divorce proceedings, which she had access to through the documents she found in her residence. The informant acknowledged that she was ill-prepared when she was informed of her parents' separation. Following the dissolution of his parents' marriage, the informant observed a shift in her parents' attitudes towards her, even when she was experiencing mental health challenges. While her father provided consistent support for her recovery, facilitating treatment with a psychiatrist, her mother's approach involved a more cautious approach, emphasizing the importance of maintaining a balanced relationship with the medical practitioner and suggesting the use of ruqyah (the practice of treating illness through Qur'anic ayat).

The results of the in-depth interviews with informants 1 and 2 indicate that there are slight differences between the two individuals that can be identified as potential triggers for problematic or activating events. The activating event for Informant 1 is a problematic relationship with her mother, particularly in regard to her emotional distance and the verbal abuse she directs toward him. In addition to familial issues, informant 1 also encountered challenges in her romantic relationships, particularly with her boyfriend. These difficulties led to a sense of distrust towards others, stemming from the emotional distress she experienced. Conversely, informant 2's triggering event was related to her divorced parents. This event precipitated a cascade of psychological difficulties, leaving the informant feeling overwhelmed and unable to cope.

The activation or triggering of events experienced by both informants gives rise to the formation of unnatural feelings. From the perspective of rational emotive behavior therapy, the emergence of irrational beliefs or deeply embedded irrational beliefs is triggered by the aforementioned triggering event. Irrational beliefs are interpreted as negative feelings or emotions that interfere with individual thoughts and affect behavior. Table 3 provides a description of irrational beliefs in Informant 1 and Informant 2.

**Table 3. Interview Excerpt of Irrational Beliefs of Informant 1**

<b>Irrational Beliefs (B)</b>	“ <b>There is nothing I like about myself</b> ”-DU/Wwc/krl /16
	“ <b>I don' think I deserve that, I should get what I want</b> ”-DU/Wwc/krl /16
	“ <b>I have to die, I don' t deserve the world and I don't deserve happiness</b> ”- DU/Wwc/krl /16
	“ <b>..why do I fight, I have to die</b> ”-DU/Wwc/krl /16
	“ <b>The pain I make is nothing compared to what I feel from other people</b> ”- DU/Wwc/krl /16
“ <b>I like to see pain because it calms me</b> ”- DU/Wwc/krl /16	

The results of the in-depth interviews indicated that the activating event in informant 1 had led to the formation of strong irrational beliefs. The informant exhibits at least six distinct forms of irrational beliefs that are deeply entrenched in their psyche. Firstly, the informant reports a lack of self-esteem, indicating that they feel there are no positive attributes about themselves. The results of the interview indicated that the informant perceived himself to be lacking in distinctive qualities and felt a lack of pride in himself. Secondly, the informant feels compelled to consistently obtain the out-

comes she desires. The informant holds the belief that she is entitled to receive what she desires, including attention, time, and specific items. Third, the informant felt that she had no right to exist, no right to happiness, and should die. The informant felt that her life had no purpose, even her goal of becoming a flight attendant seemed futile, and she chose to bury it deeply. Fourth, the informant felt that there was no point in struggling.

The informant's conviction was sustained due to the absence of external validation and support for her endeavors. The informant's mother was also in opposition to the decision she wished to make and did not endorse her chosen course of action. The informant also believed that her pain was the most excruciating that anyone else could ever experience. The results of the interview indicated that the informant's self-reported pain associated with self-harm did not fully align with their perceived and reported experiences of pain, including those reported by others. Sixth, informants report a sense of pleasure when they experience pain (self-harm). In addition to engaging in self-harm, informants also express a preference for content that depicts torture, such as films about psychopaths. The informant asserts that the pain experienced by the actor or character who is being tortured in the movie provides a temporary respite from the psychological pressure they are facing. This is evidenced by the fact that informants often watch movies that feature torture at night.

Informant 2 irrational belief was formed as a result of an activating event, as described in the Table 4.

**Table 4. Interview Excerpt of Irrational Beliefs of Informant 2**

<b>Irrational Beliefs (B)</b>	"So I feel like I'm <b>not taken care of</b> " - DU/Wwc/wwa /16
	"I feel, I'm <b>left out</b> , I feel like you have nothing to do, you're not important" - DU/Wwc/wwa /16
	"..so I am <b>underestimated</b> even though it has something to do with my life" - DU/Wwc/wwa /16
	"I feel that my parents can't stop me from doing what I do, because they have already <b>left me</b> " - DU/Wwc/wwa /16
	"the problem that made me like that yesterday was <b>not because I caused</b> it, it was not me who made it like that but someone else" - DU/Wwc/wwa /16
	"Instead of hurting others, <b>I would rather hurt myself</b> " - DU/Wwc/wwa /16
	"..the problem I'm having is that I'm afraid I'll ruin things that I shouldn't" - DU/Wwc/wwa /16

The results of the interview indicate that Informant 2 has seven identified irrational beliefs. Firstly, the informant perceived a lack of consideration from her parents during the divorce process, as she was not adequately informed about the surrounding circumstances, despite being a teenager at the time. Secondly, the informant perceived a lack of importance attributed to him by her parents, who she felt were self-serving in their decision to divorce. The informant perceived that her parents did not consider her future when making their decision. Thirdly, the informant perceived that her parents underestimated her. She stated that he became an individual who was unable to open up to her parents, citing her mother's frequent rejection of her statements as a contributing factor. Fourth, the informant asserts that her parents have no authority to regulate her daily activities. The dissolution of the informant's parents' marriage was perceived as a significant event that effectively revoked their authority to regulate the informant's life. Fifth, the informant perceived that her psychological difficulties, including pressure, stress, and anxiety, were a consequence of her parents' decision to divorce. This led to concerns about her future. Sixth, the informant considered self-harm a more viable option than seeking support from others. Seventh, the informant was hesitant to disclose her experiences to others, anticipating a lack of acceptance and continued distance.

The formation of irrational beliefs gives rise to a series of consequences, which in turn give rise to further irrational beliefs. These consequences manifest themselves in three distinct aspects: emotional, cognitive, and behavioral. Table 5 will present a detailed account of the consequences observed in Informant 1.

**Table 5. Interview Excerpt on Consequences Due to Irrational Beliefs of Informant 1**

<b>Consequence (C)</b>	<b>Emotional</b>	"the obvious problem is like being depressed" - DU/Wwc/kr1 /16
		"..even staying in this situation I regret" - DU/Wwc/kr1 /16
		"One month I was really down and there I couldn't control my emotions"- DU/Wwc/kr1 /16
	<b>Behavioral</b>	"Like I was sad, I also want to be like this"
		"I cried, I cried so much or sometimes I hit my head against the wall" - DU/Wwc/kr1 /16
		"So I smoke every day approximately 8 bars to 10 bars"- DU/Wwc/kr1 /16
		"I like watching movies about psychopaths and I'm not afraid but happy because I see torture until now" - DU/Wwc/kr1 /16
		"I ignore the wound even if I get water on it, it feels better, it stings like that" - DU/Wwc/kr1 /16
		"My self-harm is not only to cut my hands, but also to medicine. At that time, I overdosed on medicine"- DU/Wwc/kr1 /16"
	<b>Thinking</b>	"..I took the medicine to be able to sleep"
		"I haven't been able to fulfill all the demands so I'll think about it" - DU/Wwc/kr1 /16
		"I think about why I didn't kill myself before so I wouldn't be here" - DU/Wwc/kr1 /16
		"Even though that person agreed to be my storyteller, I felt like a nuisance" - DU/Wwc/kr1 /16

The consequences experienced are classified into three categories based on the results of the in-depth interviews: emotional, behavioral, and cognitive. The emotional aspect manifested as depressive symptoms in specific contexts. Additionally, the informant expressed feelings of regret for having survived until the present moment. During a particular period, the informant experienced a decline in emotional regulation, making it challenging to control her emotions. The informant also reported feelings of sadness regarding the challenges she was facing, as they were perceived herself as unwanted. The behavioral aspect manifested as the informant engaging in self-harm behaviors, including hitting her head against a wall and consuming a significant number of cigarettes per day. Additionally, the informant frequently engaged in activities that involved psychopathic or torture-themed content, such as movies or shows, during the nighttime hours. The informant also chooses to silence the wounds from self-harm behavior because she wants to experience the pain from the wound. Furthermore, the informant engages in self-harm behavior by taking medicine without a clear dose. Additionally, the informant experiences sleep disturbances, namely insomnia. The cognitive aspect experienced by the informant manifests as persistent ruminations about perceived shortcomings and unmet expectations. These thoughts frequently center around the question of why the informant did not take her own life, rather than persevering until now. Additionally, the informant tends to dwell on the potential distress that might be caused to others upon disclosure of her inner turmoil.

Subsequently, the consequence experienced by the second informant as a result of the irrational beliefs embedded within the informant is delineated (see Table 6).

**Table 6. Interview Excerpt on Consequences Due to Irrational Beliefs of Informant 2**

<b>Consequence (C)</b>	<b>Emotional</b>	"At that time my temper was really bad"-DU/Wwc/wwa /16	
		"I used to really hate my parents because I felt abandoned at that time"- DU/Wwc/wwa /16	
		"I was upset, why did I have to be treated like that"-DU/Wwc/wwa /16	
	<b>Behavioral</b>	"I am obsessed with blood. When I see blood, I'm really satisfied"- DU/Wwc/wwa /16	
		"I am the type of person who uses my weaknesses to attract sympathy and seek attention from others"-DU/Wwc/wwa /16	
		"When I have a temper, I get angry, slam things so it's like ruining the situation"-DU/Wwc/wwa /16	
		"I isolate myself from the environment and only have 2 people I can rely on"-DU/Wwc/wwa /16	

	<p>"I divert it to staying up late, until I don't sleep ever, then I try to divert it to reading books, reading novels too, and movies too"-DU/Wwc/wwa /16</p> <p>"I had a cat at home, and at that time my temper was at its highest. So I choked my cat"-DU/Wwc/wwa /16</p> <p>"Because of my temper, I channeled my emotions into anger and lashing out at other people"-DU/Wwc/wwa /16</p> <p>"I don't want to tell because I'm worried that the people I'm certain of will get involved in my problems"-DU/Wwc/wwa /16</p>
<b>Thinking</b>	<p>"Sometimes I am a thinker, sometimes even if it's a small thing I think about it"-DU/Wwc/wwa /16</p> <p>"When I self-harm it's a process of me trying to find a solution to the problems I'm experiencing" -DU/Wwc/wwa /16</p> <p>"I used to think why not other people, why me"-DU/Wwc/wwa /16</p> <p>"I don't really believe in religious things"-DU/Wwc/wwa /16</p>

The results of the in-depth interviews with Informant 2 indicate that he experiences a range of emotional consequences. These include feelings of regret for surviving until now and feelings of hatred towards her parents. Additionally, she reports feelings of distress and upset due to the receipt of medical treatment that she believes she should not have undergone. In terms of behavior, the informant displays an attraction to blood and a tendency to seek attention and sympathy by exploiting his own weaknesses. She also exhibits difficulty controlling emotions such as anger and a proclivity for destructive outbursts. Additionally, she tends to withdraw from social interactions. The informant exhibits a preference for solitude and a proclivity for nocturnal activities, including staying up late without sleeping. She also displays a tendency to project her anger onto inanimate objects, such as choking a cat in her residence. On occasion, she also exhibits a proclivity to project her anger onto others. She is reluctant to disclose the difficulties she is experiencing to others. In terms of cognitive functioning, informants frequently ruminate on minor issues that cause distress. They also perceive self-harm as a means of addressing their difficulties and question why others who face similar challenges do not engage in similar behaviors. Additionally, they exhibit a lack of belief in spiritual or religious concepts.

### 3.2. Forms of Adolescent Self-Harm Behavior

The term "forms of self-harm" is used to describe the various methods of self-injury that informants have admitted to using. The following excerpts from in-depth interviews with Informant 1 provide insight into the specific forms of self-harm behavior that have been observed.

"I don't just cut my hands but also use drugs. At that time, I overdosed on drugs, so I felt it myself." -DU/Wwc/kr1 /16

"Crying as much as possible or sometimes hitting your head against the wall so that the pain in your heart doesn't really hurt" -DU/Wwc/kr1 /16

"Coincidentally, my self-harm moved to cigarettes, so I smoke every day, about 8 to 10 cigarettes" -DU/Wwc/kr1 /16

The informant's self-harm behavior, as evidenced by the interview results, manifested as cutting of the hands with a razor blade. When this method proved insufficient, the informant resorted to drug use, which ultimately resulted in an overdose. Additionally, Informant 1 engages in self-harm through head banging and head hitting while crying, which she uses as a means of expressing the emotional distress her experiences. She also chooses to smoke when she feels a multitude of thoughts. On a given day, she can consume anywhere between eight and ten cigarettes, despite having never smoked before. In contrast, Informant 2's form of self-harm is described in the following interview excerpt:

"I am the type of person who, when I engage in self-harm, derives pleasure from the experience. Consequently, I perform the act in a deliberate and meticulous manner, taking pleasure in the prolonged sensation of pain" -DU/Wwc/wwa /16

Informant 2 sustained a laceration to the hand from contact with a sharp object, such as a razor blade, and did not seek medical attention for the injury. This behavior results in scars on the informant's hands that are difficult to resolve. The two informants exhibited a single common form of self-harm behavior, namely an incision pattern. This pattern, which forms wounds with regular, neat, straight lines, is limited to the hands. This pattern may indicate the intent, intention, and purpose of performing self-harm behavior.

### 3.3. Factors Behind Self-Harm Behavior

The results of the in-depth interviews were used to identify the factors that motivate adolescents to engage in self-harm behavior. These factors were classified as either internal or external. The following are excerpts from the interviews regarding the factors behind Informant 1's self-harm behavior.

" Given that each down occurs at night, a variety of additional factors must be considered. These include recommendations from oneself, which may be interpreted as a form of self-pressure. Ultimately, the decision to act is based on one's own sense of well-being"

".. it is said that parents are a place for children to tell stories. But not me.." -DU/Wwc/wwa /16

"...it's more like scolding me, why should I go to the counseling teacher? And that's where I get upset. The reason why I told other people was that my mom didn't give me a place to tell her." -DU/Wwc/wwa /16

The results of the interviews indicate that the internal factors contributing to self-harm behavior in Informant 1 include a tendency to engage in such behavior when encouraged by internal sources, particularly during the nighttime hours when the informant experiences heightened periods of introspection and reflection. Meanwhile, the external factors include a lack of parental support and the absence of a safe space for informants to voice their concerns, the informant's parents also discouraged the informant from seeking counseling at school, potentially due to feelings of embarrassment. The following section outlines the factors contributing to informant 2's self-harm behavior.

"Because there was dissatisfaction, first I tried to tell my friends but was not satisfied, I tried to tell the teacher but was also not satisfied, tried to go to a psychologist and was also not satisfied"-DU/Wwc/wwa /16

"Actually I did this self-harm not purely from myself. Because I saw my friend doing it I became curious, can it really divert my temper that much" -DU/Wwc/wwa /16

"From my family because my mother and father were separated. Because at that time, you could say that for a child who was just pubescent, I felt it was hard because I was still a child because at that time I still needed the role of parents." -DU/Wwc/wwa /16

The internal factors that underpin informant 2's decision to engage in self-harm can be attributed to a pervasive sense of dissatisfaction, despite having sought counsel from friends and psychologists. The informant observed her friend engaging in self-harm and subsequently attempted to emulate this behavior as a means of expressing her growing sense of discontent. Concurrently, external factors, namely family-related issues, have led to a gradual diminution of the informant's relationship with her parents over recent years.

## 4. Discussion

### 4.1. Psychological Dynamics of Adolescents with Self-Harm Behavior based on Rational Emotive Behavior Therapy Theory

The findings of the study demonstrate that the psychological dynamics experienced by individuals are shaped by the underlying triggers of adolescents in a manner that is distinct from other age



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groups. The transition period in adolescents is characterized by significant changes at both the physiological and psychological levels (Imaningtyas et al., 2017). The journey of individual psychological dynamics is invariably influenced by three key psychological aspects, comprising cognitive aspects related to thoughts, affective aspects related to emotions, and conative aspects or interpersonal relationships with the environment (Almaida et al., 2021; Pitaloka, 2021; Setiarini et al., 2021). The interrelationship between these three aspects is examined within the framework of rational emotive behavior therapy, wherein they are categorized into three sequences, namely the activating event or trigger event, the irrational belief or irrational belief, and the consequence or impact (‘Aliyah et al., 2023; Dryden, 2003a).

The findings of the research conducted at the stage of the activating event or the triggering event for the psychological dynamics of adolescents with self-harm behavior indicate that the primary issues pertain to relationships with parents and romantic relationships. The quality of the relationship between adolescents and their parents is a significant factor in understanding the psychological dynamics of adolescents with self-harm behavior. Parental divorce can have a profound impact on adolescents, leading to a range of challenges that may manifest as maladaptive behaviors such as aggression, mood swings, and negative emotions (Albanese et al., 2019). Additionally, it can result in a loss of resilience and a disruption in the process of adolescent identity formation, further complicating the relationship between parents and children (Du et al., 2021). The research findings indicated that the informant's parents exhibited a tendency to engage in neglectful, favoritism-inducing, and verbally violent behaviors, as well as employ authoritarian parenting strategies. This resulted in the informant developing feelings of disappointment and resentment towards their parents, which subsequently led to further conflictual interactions. Further conflicts resulting from a lack of and limited relationships between parents and adolescents give rise to psychological problems such as depression and anxiety about the future (Du et al., 2021; Kuckertz et al., 2018; McCabe et al., 2022). The informant's romantic relationship, which was characterized by a loss of trust, gave rise to considerable psychological turmoil. Further, (Yeo & Hadiwirawan, 2023) asserts that trust in romantic relationships constitutes a fundamental basis for psychological well-being. The loss of trust can be considered a form of psychological violence, which in turn gives rise to new problems such as feelings of loss and loneliness (Pariartha et al., 2022).

The activating event experienced by the informant resulted in the formation of irrational beliefs that were deeply embedded within the informant's psyche. These irrational beliefs are discerned from statements and expressions that engender unhealthy sentiments (unhealthy feelings) (Lynn & Ellis, 2010). The findings of unhealthy feelings identified by adolescents with self-harm behavior manifest as statements indicating a perception of parental abandonment, disregard, and underestimation. One of the irrational beliefs is the idea that it is a dire necessity for an adult human being to be loved or approved by virtually every significant other person in their community (Dryden & Neenan, 2004; Lynn & Ellis, 2010). The notion that one should experience distress over the difficulties and disturbances of others (Lynn & Ellis, 2010), the idea that human unhappiness is externally caused and that people have little or no ability to control their sorrows and disturbances (Lynn & Ellis, 2010), and the perception that one is deprived of joy or the capacity to experience pleasure (Lynn & Ellis, 2010) are indicative of the belief that human unhappiness is externally caused and that individuals have limited or no control over their sorrows and disturbances. Additionally, the sentiment that one's suffering is more intense than that of others is a manifestation of this belief (Turner et al., 2022). These beliefs are considered irrational because they distort reality, lack coherence, impede the achievement of goals, engender unhealthy emotions, and precipitate harmful behavior (Ross, 2006). The presence of irrational beliefs in adolescents gives rise to adverse consequences and tends to be deleterious.

The findings regarding consequences are classified into three categories: emotional consequences, cognitive consequences, and behavioral consequences. The impact of irrational beliefs is manifested in three psychological aspects: feelings, thoughts, and behavior (Dryden, 2003c). The emotional consequence is a negative emotional state caused by emotional beliefs (Nurmalia et al., 2020). The findings regarding the emotional impact on informants are in the form of low emotional regulation, annoyance, hatred, and protracted sadness. Swastika and Prastuti (2021) posited that the emotional regulation of early adolescents with a family divorce background is in a low category and

is prone to failure in evaluating emotions, resulting in irrational behavior. Adolescents with unstable emotions tend to project unpleasant experiences by transforming them into negative and intense emotions, manifesting as feelings of disequilibrium, annoyance, hatred, and sadness (Sekar, 2021). The findings of the impact on the informants' minds manifested as intense ruminative thinking about minor issues, drawing unwarranted conclusions, feeling compelled, and overgeneralizing. The negative thoughts that arose were identified as cognitive distortions, namely biased perspectives, that adolescents instill in themselves and their surroundings, with a tendency to perpetuate internal conflict (Burns, 1999). Adolescents tend to form a comprehensive, overarching narrative based on a single negative experience and subsequently engage in maladaptive thinking patterns, despite the lack of empirical evidence to support these beliefs (Burns, 1999; Salsabilah & Darwis, 2021). The behavioral impacts of self-harm include frequent crying, head banging, excessive smoking, insomnia, scolding others, and a tendency to engage with psychopathic content. In addition to attempting to harm themselves physically, adolescents with self-harm behaviors often turn to smoking as a means of relieving psychological pressure (Andreani et al., 2020). Adolescents with self-harm behaviors frequently consume violent and torturous content, which they may imitate (Anggraeni & Estaswara, 2022).

#### 4.2. The Types and Interpretation of Self Harm Behavior among Adolescents

The forms of self-harm committed by adolescents vary according to the severity of the psychological problems they are experiencing (Wand et al., 2017). The findings of the study are classified into two categories: physical and non-physical forms of self-harm. The physical manifestation of self-harm observed among the informants manifested as lacerations to the hands caused by sharp objects. This behavior manifests when adolescents experience significant distress and externalize this pressure through incisions on the hands (Steinhoff et al., 2021). The research findings indicate that the incisions made by the informants were in a straight line and regularly distributed on parts of the body such as the forearm and lower hand. The regular pattern of incisions may indicate that the behavior is deliberate and serves as a form of emotional expression (Hu et al., 2021; World Health Organization, 2021). Non-physical forms of self-harm behavior are carried out in the form of deliberately ignoring health conditions by forcing themselves to smoke excessively, taking unmeasured doses of drugs, and staying up late. The use of addictive substances and certain drugs as a coping mechanism is maladaptive because it can interfere with health and rational decision-making, resulting in sleep disorders (Mars et al., 2019).

The findings of this study indicate that self-harm behavior has two primary meanings for adolescents, namely as an outlet and as a process of finding a solution. The interpretation of self-harm as an outlet for adolescents posits that this behavior represents an attempt to alleviate the tumultuous emotions characteristic of adolescence through the projection of those emotions onto oneself. This outlet is known as a dysfunctional coping mechanism, which results in adolescents having the belief that their maladaptive behavior is appropriate and justified (Smith et al., 2019). The interpretation of self-harm as a process to get a solution was revealed by informants who viewed self-harm behavior from a positive perspective. This interpretation is a misconception, as it is based on the belief that difficult, sad, or even devastating events must be viewed in a positive light, which is known as toxic positivity (Kojongian & Wibowo, 2021).

#### 4.3. Influencing Factors Behind Adolescents Committing Self-Harm Behavior

The study findings delineate the factors associated with adolescent self-harm behavior, categorizing them into two distinct domains: internal and external. The internal factors associated with adolescent self-harm include feelings of dissatisfaction and loneliness. Adolescents often exhibit emotional and emotional instability, which can manifest as egocentric behavior (Azhari et al., 2019; Sejati, 2019). The discrepancy between one's aspirations and the actuality of social interactions gives rise to feelings of discontent and a sense of inadequacy in fully articulating one's genuine emotions (Rahimi et al., 2019). Adolescents experience a sense of dissatisfaction with various aspects of their lives, including their family, friendships, environment, and self-perception (Raharja & Indati, 2019). In this case, the unmet needs of adolescents, resulting from the aforementioned dissatisfaction, will ultimately manifest as illness or problematic behaviors within a specific time frame (Maslow, 1954; Mcleod, 2018). Adolescents will ruminate on these feelings of dissatisfaction, directing them into

irrational beliefs (Niawati & Supradewi, 2017; Turner, 2016). Additionally, loneliness is a significant factor influencing adolescents' decision to engage in self-harm behaviors (Hurlock, 2003; Karimah, 2021; Rokach, 2019). The inability to achieve emotional developmental tasks during adolescence results in an inability to manage and channel emotions, which in turn leads to a negative response in interpreting loneliness (Haryanti et al., 2016; Hurlock, 2003; Lubis & Yudhaningrum, 2020). Loneliness is experienced by adolescents when there is a feeling of a lack of intimate relationships with other individuals, including romantic, warm, and intense relationships (Erzen & Çikrikci, 2018; Fathoni & Asiyah, 2021; Warner et al., 2019). During this period, teenagers often experience unpleasant experiences with family members, which can lead to the formation of unpleasant expectations (Wakefield et al., 2020).

The external factors that motivate adolescents to engage in self-harm can be classified into two main categories: family problems and modeling. The provision of a sense of belonging, security, and affection, as well as the fostering of positive relationships, is a fundamental aspect of familial dynamics and a crucial element in the development of a harmonious family unit (Kumalasari & Fourianalistyawati, 2021; Santika et al., 2019). Deviant or maladaptive behaviors frequently manifest alongside a diminished role and visibility of the family in the lives of adolescents (Feinberg et al., 2022; Hidayati et al., 2022). This is particularly evident in adolescents with psychological difficulties who require a support system from the primary environment in which they develop and learn. Self-harm behaviors emerge as a consequence of a shift in the fundamental function of the family in addressing the challenges experienced by adolescents. Stigmatization results in justification, physical neglect without touch, hugs, and full presence when adolescents experience adversity. The psychological neglect that results in emotional incompetence and a lack of response to the needs of adolescents can be described as a form of discrediting (Glaser, 2002). Negative attribution is characterized by disagreement and the denigration or even rejection of adolescents as decent human beings (Harmaini et al., 2014; Kumalasari & Fourianalistyawati, 2021). The second research finding is the process of imitation from the environment. The self-harm behavior committed by informants is an imitation of that observed in friends. Adolescents tend to imitate the behavior of others through the modeling process of observed behavior (Bandura, 1977).

#### 4.4. Implications for Guidance and Counseling Services in Schools

The efficacy of counseling services in schools is contingent upon the counselor's ability to adapt to the unexpected situations presented by the counselee. The counselor's capacity for self-mastery and the ability to maintain a neutral, objective perspective is essential for a comprehensive understanding of the counselee as a multidimensional human being, irrespective of the challenges they may face. This approach is characterized by unconditional positive regard, which is a cornerstone of effective counseling (Simon et al., 2020). The findings of this study will inform the pre-counseling implementation process, which counselors must prepare for, given the significant differences in problem backgrounds and cultures among adolescents who engage in self-harm. Counselors must possess a nuanced understanding of multicultural contexts to effectively engage with these diverse populations (Setiyowati et al., 2019). An understanding of the stages that precipitate the emergence of the problem enables the counselor to adopt a more holistic perspective of the counselee's predicament, thereby reducing the likelihood of the inappropriate deployment of counseling approaches (Widyatmoko & Purwanta, 2019). It is imperative that counselors consider the suitability of the chosen counseling approach in light of the underlying triggers that drive adolescent behavior, particularly in cases of self-harm or other problematic behaviors. The success of the counseling process can be measured by the extent to which the desired outcomes are achieved by the client. These outcomes may include changes in emotional states, enhanced comprehension, the ability to make informed decisions, and the capacity to implement the decisions made (Barida & Muarifah, 2019).

### 5. Conclusion

The conclusions of the research, which employs a rational emotive behavior therapy (REBT) perspective to map psychological dynamics, indicate that adolescents who engage in self-harm exhibit three distinct aspects of psychological dynamics, comprising cognitive, affective, and conative. These aspects are mapped into the ABC model, which delineates the trigger events, irrational beliefs,

and impacts associated with self-harm behaviors. Forms of self-harm in adolescents include both physical (cutting on the hands) and non-physical (ignoring health, smoking, taking drugs, and staying up late). The background of adolescents who engage in self-harm is shaped by a combination of internal and external factors. Internal factors, such as feelings of dissatisfaction and loneliness, and external factors, including family problems and modeling, can both contribute to the development of self-harm behaviors. The findings of this study provide a foundation for counselors in schools to develop more effective interventions that align with the specific needs of their clients, particularly in addressing the underlying triggers and irrational beliefs that contribute to self-harm.

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