

Conference Paper

Dynamics of Self-Injury Behavior in Adolescents from a Broken Home Family

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ABSTRACT

Adolescence is a critical period of life with various biological, environmental, and social changes. When facing conflict, some teenagers choose to do self-injury to divert the pressure they are experiencing. The purpose of this study was to determine the dynamics of self-injury behavior of adolescents from broken-home families. The research methodology used in this study was a qualitative approach, the case study method. The data were collected by interview techniques and psychological tests. One subject was a teenage girl who had self-injured several times in the past year and came from a broken home. The data analysis technique used is thematic data analysis. The results of this study revealed that the subject's background self-injury was due to family problems and the environment. Parents separated (but not divorced). There was no parental role and break up with the boyfriend. This affects the formation of personality associated with self-injury behavior, namely introverted personality, difficulty communicating feelings, and low self-esteem. The subject self-injured by slashing his wrist and deliberately making his medical condition worse, just to divert the pressure he felt without any desire to kill himself, but this coping could not solve the problem and was only temporary. This study concluded that the subject self-injured because of family and environmental factors. Self-injury behavior in the form of cutting hands and making medical conditions worse was realized by the subject without any intention to commit suicide. However, this still could not solve the problem he was facing and only temporarily diverted the pressure he was feeling.

Keywords: Self-injury, child, family, broken home

Introduction

One of the stages of individual development that goes through many challenges is adolescence. Adolescence is a transition period from childhood to adulthood full of challenges because individuals must deal with various social, cultural, and psychological changes (Walsh, 2006). Entry into a new education system, social environment, cultural values, and biological changes can affect adolescent adjustment. Individuals with a positive self-concept can explore their world openly and honestly because their acceptance background is successful. Meanwhile, individuals with a negative self-concept can be seen from maladaptive individual and social relationships. Interactions between individuals and the environment that influence each other are referred to as transactional relationships (Suliswati, et al., 2005). What determines whether a relationship with a particular person or environment is stressful depends on the individual's cognitive assessment of the situation. Lazarus and Folkman (Suliswati, et al., 2005) identified three main forms of judgment, namely: irrelevant/deviating, positive acceptance, and judging as stressful. Assessment of a thing that causes stress including losses/losses, threats, and challenges.

Individuals give different stress reactions to the same stressor. The existence of a stressor will cause an imbalance within yourself. To overcome this imbalance, individuals use coping that

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is constructive (constructive) or coping that is destructive (destructive). Constructive coping will produce an adaptive response, namely self-actualization and a positive self-concept. Meanwhile, the individual's destructive coping will experience anxiety, giving rise to a feeling of hostility which is continued by the individual assessing himself as low, useless, helpless, meaningless, afraid and resulting in feelings of guilt. This guilt will result in increased anxiety, this process will continue which can lead to maladaptive responses in the form of identity confusion, low self-esteem, and depersonalization. Individuals with impaired self-concept use coping mechanisms that can be categorized into two, namely long-term coping and short-term coping. Long-term coping characteristics are categorized into identity closure and negative identity. The characteristics of short-term coping include the following characteristics: a. activities that can provide a temporary escape from a crisis such as watching television; b. activities that can provide a temporary replacement identity, for example participating in religious activities; c. activities that give temporary strength or support to self-concept such as competitive activities i.e. academic or sporting achievements; d. activities that represent a short distance to make identity problems less meaningful in life, for example, substance abuse (Suliswati, et al., 2005).

Individuals choose coping strategies that are in accordance with the pressure situations they face to solve problems. Even so, there are individuals who do not know how to express feelings that are too painful, so these individuals manage their emotions by hurting themselves (Klonsky & Jenifer, 2007). Self-injury behavior may be a coping mechanism chosen to reduce stress or negative emotional tension such as anxiety (Larsen, 2009; Sutton, 2007) feelings of failure, disappointment with others, or lack of warm communication with their parents (Larsen, 2009). After carrying out self-injury, the perpetrator will feel calmer due to rejection which causes discomfort (Faried et al., 2018), and feel relieved or released from negative emotions or thoughts (Arinda & Mansoer, 2021).

Self-injury behavior is a mental health phenomenon as a maladaptive coping mechanism through the use of physical pain to deal with emotional stress (Woodley et al., 2020) and can result in addiction to it again (Faried et al., 2018; Alderman, 1997) with increased frequency (Klonsky & Jennifer, 2007). This self-injury behavior can be a very clear sign of attempted suicide (Kirchner, et al., 2011), as many as 70% of suicide attempts are carried out by people who have previously been involved in self-injury (Tresno et al., 2012). The results of the study show that there is a relationship between self-injury and suicidal ideation in depressed clients (Harris et al., 2019). The danger of suicide occurs after self-injury by violent methods (Olfson, et al., 2018) for example slicing or slashing the skin (Nock et al., 2006).

The results of Klonsky's study (2011) showed a positive correlation between self-injury behavior and age. Whitlock (2009) stated that it did not rule out the possibility of individuals doing self-injury in childhood and continuing into adulthood, usually starting in early adolescence, namely between the ages of 11-15 years and the highest proportion at the age of 10 years to 20 years (Morgan et al., 2017). The perpetrators of self-injury are usually dominated by teenagers (Martin et al., 2010), and young adults (O'Connor et al., 2018). Where the risk of self-injury in adolescents (17.2%) was higher than in young adults (13.4%) and adults (5.5%) have experienced at least one episode of self-injury in their lives (Swannel, et al., 2014). Young adults are more likely to self-injure when diagnosed with depression, substance use disorders, and personality disorders and diagnosed with ADHD within 180 days before self-injury (Olfson, et al., 2018). In another study conducted by Burešová et al. (2015), the occurrence and chronicity of self-injury behavior are related to neurotic personality traits: 43.2% reported having at least one self-injury experience, 31.4% of women and 23% of men, which on average first experienced self-injury when he was 12.6 years old. There is sufficient literature that discusses self-injury behavior in adolescents, but it is still limited and examines more specifically related to adolescents who come from broken home families.

More self-injury is done by women than men. The results of a study conducted by Laye-gindhu and Schonert-reichl (2015) showed that as much as 15% of the total sample showed repeated self-

injury behavior and there were more women than men as perpetrators. This is also seen in current trends, where there is a significant increase in depression, anxiety, self-injury, and suicide attempts in girls and young adults (Twenge, 2020). When women injure themselves are judged to still have expectations related to social relationships so they are more likely to vent their emotions on self-injury than suicide. Meanwhile, men are considered to have difficulties in expressing emotions and difficulties in social relationships which cause stress. In more serious cases, to vent their emotions, men are more likely to choose to attempt suicide than self-injury (Gilligan & Machoian, 2002).

In Indonesia, there have been several cases of self-injury, namely in North Bengkulu City as many as 52 students cut their own hands for various reasons including being influenced by social media content and problems within the family (Detiknews, 2023). The results of a 2013 survey of young women (18-24 years) in Indonesia who injured themselves as a result of violence perpetrated by fathers, mothers, and other relatives before they were 18 years old, showed that as many as 6.06% experienced physical violence and 42.9% emotional violence (Kurniasari et al., 2013). The prevalence of self-injury can be difficult to determine because it is usually a covert and hidden behavior. This phenomenon is seen as an iceberg, where the number of unresolved cases is very large (Hawton et al., 2012). This problem is personal, so many cases are not detected by health workers, except for those who are being treated for their mental condition (Sivasankari et al., 2016).

The results of research conducted by Guntur et al., (2021) on teenage boys who self-injured by hitting their own bodies, slicing the skin with sharp objects, and piercing the skin with pins. The causes include conflicts with my parents, breaking up with boyfriends, experiencing bullying when I was still at school, and feeling disappointed in myself because of the mistakes he made. Arinda and Mansoer (2021), the results of a study conducted on adults, showed that the triggers for self-injury were due to stressful conditions or situations, such as parental quarrels at home, or depressive episodes being experienced by participants with bipolar disorder. The results of another study conducted by Wibisono & Gunatirin (2018) show that the external factors causing self-injury are social pressure from the family, while the internal factors are loss, low self-esteem, and trauma. The impact that is felt after carrying out self-injury is that there is a feeling of relief, satisfaction, pain, bleeding, and scars from slicing the skin (Guntur et al., 2021).

This study is limited on study is a child from a broken home family, not someone who uses drugs, is able-bodied, and realizes that he is committing self-injury. This limitation is used in order to limit the subject so as not to get out of the context of this study. self-injury is a behavior in which a person intentionally injures his own body not for the purpose of suicide but only to vent painful emotions. This is done by the subject. This study aims to look at the psychological dynamics that occur in self-injured perpetrators. A person's psychological dynamics is a person's life journey from birth to the present. These events are past events that can be remembered and left an impression on a person. Therefore, the further assessment of the desire to self-harm will be able to help understand this clinical phenomenon. In addition, identifying the bad risks that might occur earlier, can prevent an increase in the frequency of self-injury in adolescents and reduce the risk of suicide, especially in Indonesia. For this reason, the research was entitled "Psychological Dynamics of Self-Injury Actors in Children from Broken Home Families".

Material and Methods

The self-injury method is subjective where the reasons for the perpetrators are different, and the reasons for self-injury are also subjective. Therefore, this study uses a qualitative approach, the case study method. A qualitative approach is suitable for understanding humans in all their complexities as subjective beings, as well as things that require a deep understanding (Poerwandari, 2005). This study chose 1 research subject, female sex, and came from a broken home family. This study used purposive sampling.

The data collection used was interviews and psychological tests. The form of interview used in this study was an interview with an interview guide that lists the issues that must be asked without specifying the order of the questions, perhaps even without being in the form of explicit questions. This guide is used to remind researchers about the aspects that must be discussed, as well as a checklist. Whether these aspects are relevant was explained or asked. Interviews are conversations and questions and answers that are directed to achieve certain goals (Poerwandari, 2005). Recording devices were used as evidence of an information search process as research data. In addition, recording devices were used to help process data processing more easily. The psychological test tool used in this research was intended to find out how the subject's personality type indirectly influences his behavior, especially about self-harm. In this study, the researcher triangulated the method, namely collecting data through interviews, field notes, and documentation, psychological tests. The data analysis performed was thematic. The thematic analysis technique is an analysis of meaning based on the most prominent themes and relates to the categories in the research objectives (Hanurawan, 2016). The procedures performed were data transcripts, careful and repeated review of the transcripts, classification of data into meaningful units of analysis, coding or coding of the transcribed data, developing a segmentation or category system, and creating a research matrix that would be used for research results guidelines.

Results and Discussion

Subjects in this study with the initials K, female and 19 years old. K was the 3rd child of 3 siblings, but because his first brother was gone, he currently only has 1 older brother who was 21 years old. K was a girl who came from a broken home. There was a separation of parents (but not divorced) caused by the disclosure of the status of a father who already had another family (first wife and children) when K was still in grade 5 of elementary school.

When her mother and father got married, the mother did not know that her father was married. Where the father admitted that he was single. This made K, his brother, and his mother feel cheated, sad, and very hurt. After that, Mom and Dad wanted to divorce but didn't do it because Mom still wanted to maintain her marriage. This is done by the mother because she does not want her child to grow up without a father figure, but it is only a matter of status without a meaningful role as a father at home. My father doesn't live at home anymore with K, his mother, and his brother. Father has returned and is living with his first wife and children.

When parents separate, it makes some kids hurt themselves. There were different ways that parents separated, like when a child was born or when they turned 15. It also matters how old the child was when they first separated and how long they were apart. It's also important to think about how often the child's living situation changed because of the separation. All of these things can affect how a child feels and might make them want to hurt themselves (Astrup et al., 2017).

The role of parents changed after the disclosure of the mother and father's marriage. Mother became less concerned about K but still cared for her brother. K had run away from home and lived on the streets with his friends. When K was not at home, her mother never looked for K. The mother let K make his own decisions but had to be responsible for the decisions that had been made. This made K not ask his mother for help when there was a problem. Meanwhile, a very drastic change occurred in the way his father treated K. Previously, his father was very close to K, always pampered, carried, and bought him anything he asked for, and the way he spoke was also smooth. However, after an argument, the father changed drastically speaking very harshly and often beating K.

K's relationship with his brother was also not well established. Since childhood, K and his brother have always been compared because his brother was not able to socialize properly and lacked communication skills. Nonetheless, his older brother K excelled in academics where he received an outstanding scholarship, and is also active in giving private classes to people who need additional lessons. K felt inferior because he did not have good achievements in academics like his

brother. Until now, K and his brother have not spoken to each other even though they met by chance. Currently, K is living alone in another house even though it is still in the same apartment location, only on a different floor. The mother asked K to leave the house and would also remove K from the family card. K could only follow orders from his mother without arguing and not daring to ask the reason why K was kicked out of the family.

In Larsen's study (2009), it was said that various family conditions that influence parenting styles contribute to children's self-injurious behavior, including financial pressure, employment/unemployment, disability, emotional disturbance, alcoholic parents, drug use, divorce, and death of another person. beloved. The lack of parent-child communication causes the child to start feeling sad and guilty because the child thinks that he has made a mistake. In addition, the factor of invalidation (making useless) from parents to children also causes major problems for those who behave in self-injury.

Several events that occurred in K's family influenced the formation of personality related to self-injury behavior, namely introverted personality, difficulty communicating feelings, low self-esteem, and feeling not accepted in the family. This is in line with what was stated by Fieldman (Monty & Tresno, 2005) high self-injury behavior occurs in victims of violence, anti-social individuals, experiencing obstacles in expressing anger because they feel inferior and withdraw from the environment. Suliswati et al. (2005) suggest that self-esteem is formed in childhood from acceptance and attention. Self-esteem will increase with increasing age. Self-esteem is very threatening during puberty because at this time self-esteem changes because many decisions must be made regarding himself. Teenagers are required to make choices, and role positions and decide whether they are able to achieve success in a particular field and whether they can participate or be accepted in various social activities. The predisposing factors for impaired self-concept include a. rejection from others; b. lack of appreciation; c. wrong parenting; d. sibling rivalry; e. repeated errors and failures; f. unable to reach the specified standard.

K was in a dating relationship with a friend, with their dating style being like husband and wife which resulted in K getting pregnant but her boyfriend did not want to take responsibility and forced K to abort her womb. After that K was dumped by his girlfriend. K could only accept this situation and not demand anything from his ex-girlfriend. All K kept to himself, but he took his anger out by hurting himself by smoking excessively until he vomited (foam, yellow liquid, and blood came out of his mouth) and then felt relieved. But if there is a razor blade, K prefers to injure himself by slashing himself rather than smoking.

Initially, K learned about this self-injury behavior when he saw his friend slashing his hand at a vocational school. When K has a problem, K remembers his friend and tries to slash his hand with a piece of glass. The first time K did self-injury was when he was still in grade 2 at Vocational High School in 2021. The areas of the body that K injured were the hands, chest area, and feet. After K injured himself, he felt the relief and pain he felt in his heart transferred to the bleeding body. One year ago, K was diagnosed with breast cancer, but K refused to continue her treatment. K did this because he felt that no one cared about him anymore. K let his illness get worse and he was resigned if later he would die from this disease. K felt that it would be better for him to die from the disease than to kill himself.

Some self-injury behaviors include: cutting or scratching certain body parts (moderate/superficial self-mutilation), hitting oneself, hitting walls/hard objects, burning certain body parts, interfering with wound healing so it doesn't heal, and breaking bones. Overdose, consuming excessive alcohol, deliberately making a medical condition worse, choosing to have sex with anyone, putting oneself in a relationship that is rejected, abusing medication prescriptions, being involved in a relationship that tortures their partner emotionally/psychologically, being involved in a relationship that tortures their partner sexually, leaving work intentionally making suicide attempts, and tormenting oneself with self-defeating thoughts (Sansone et al., 1998). What is classified as direct self-injury is the behavior of slashing, biting, peeling, cutting, inserting

something, burning, hitting, or tightening; whereas what is included in indirect self-injury is the behavior of eating too much, drug abuse, refusing medical treatment (Yates, 2004).

The emergence of tension in life results in problem-solving behavior (coping mechanisms) aimed at relieving the tension. Various types of elements influence how an individual perceives and responds to a stressful event. This predisposing factor plays an important role in determining whether a response is adaptive or maladaptive. Types of predisposing factors are genetic influences, past experiences, and current conditions (Suliswati et al., 2005).

Table 1. Psychological dynamics analysis

Categorization	Subject (K)
Childhood Event	<ul style="list-style-type: none"> Parents quarrel because the status of the father who already had a wife and children from another marriage was exposed. Parents separated (but not divorced).
Later Life	<ul style="list-style-type: none"> K's relationship with his parents was not good, there were frequent fights. K lost a father and mother figure. K did not get attention from parents and family K had sex with her boyfriend, causing her to get pregnant but the baby was aborted because her boyfriend didn't want to take responsibility.
Cause of self-injury	<ul style="list-style-type: none"> Parental separation. K broke up with boyfriend. K always harbored problems, not daring to express his feelings and opinions. K was disappointed with his parents who changed, and didn't pay attention to and loved her anymore.
Self-injury Behavior	<ul style="list-style-type: none"> K slashed her hand. K refused treatment for her illness.

Conclusion

The results of this study revealed that the subject's background is self-injury due to family and environmental problems. Parents separated (but not divorced) due to disclosure of the status of the father who already had another family (wife and children). There was no parental role, the mother only thinks about herself and her first child (boy). Respondents were asked to live alone and were removed from the family card. Break up with the boyfriend. This affects the formation of personality associated with self-injury behavior, namely introverted personality, difficulty communicating feelings, and low self-esteem. The subject self-injures by slashing the wrist and deliberately making the medical condition worse (refusing to treat the pain (breast cancer). Whenever there was a problem, the subject felt pressured and injured himself. The self-injury behavior was only to divert the pressure he felt without any desire to commit suicide, but this coping did not solve the problem and was only temporary.

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