

Correlation Between Emotion Regulation And Self-Harm Tendencies in College Students

Adinda Widya Ramadhana Putri¹, Dyta Setiawati Hariyono²
University of Muhammadiyah Banjarmasin, Banjarmasin, Indonesia
^{*)} adindaputri2812@gmail.com

Abstract

The individual's inability to solve problems causes distress, leading to negative emotions or affect. Some of the negative feelings that college students experience are, for example, working excessively, smoking, drinking alcoholic beverages, consuming drugs, or self-harming. College students should be able to make problem-solving plans correctly based on problem-solving steps and evaluate themselves to relevant arguments in solving problems. At least college students do not do self-harm behavior as a coping in their lives because students are judged to be able to think well in dealing with the problems they face. The purpose of this study was to determine the relationship between emotion regulation and self-harm tendencies in college students. This research method uses a quantitative approach to the type of correlational research. Sampling in this study used an incidental sampling technique. The subjects of this study were college students who were active in learning at the University of Muhammadiyah Banjarmasin, with as many as 312 subjects. The scale used in this study is the emotion regulation scale and the self-harm tendencies scale, with the scaling model being the Rating scale. The results of this study show that there is a negative and significant relationship between emotion regulation and self-harm tendencies in college students, with a coefficient (r) of -0.232 and a value ($Sign.$) of 0.000 . This means if the emotional regulation is higher, the self-harm tendencies are lower. Meanwhile, emotional regulation is insufficient, and self-harm tendencies are higher.

Keywords: Emotion regulation, Self-harm, College students.

INTRODUCTION

Every human being, in general, will not be separated from problems in life, where the issues that arise are different, as are the ways of solving them since humans are social creatures who will continue interacting with others daily. The more individuals interact with other people, the more information the individual receives, which is then strung together into life experiences. According to Hurlock (1980), young adulthood, aged 18 to 40 years, is the peak of a person's maturity. At this time, individuals will be faced with several development-related tasks and problems to adapt to new social life patterns.

According to Santrock (2012), many changes will occur in young adults, covering various aspects

of developmental functions ranging from cognitive and physical to emotional and social. The developmental phase can be passed well if the individual solves his problems well, while some individuals are sometimes unable to solve the issues they face. Suppose the individual does not typically experience the previous development phase, or that should occur. In that case, the individual will experience some adjustments due to not being completed in the last stage. These adjustments can be made either positively or negatively.

The individual's inability to solve problems causes distress. This distress can generate negative emotions or negative affect. Such as sadness, disappointment, depression, hopelessness, anger, resentment, helplessness, frustration, and other

negative emotions (Maidah, 2013). There are many ways for individuals to channel their emotions. Channeling emotions can be done positively or negatively. Channel emotions positively, such as doing activities you like, such as sports, reading books, watching movies, going for walks with friends, or other positive activities, in contrast to some individuals who choose to channel their emotions in negative ways, such as working excessively, smoking, drinking alcoholic beverages, taking drugs, or by hurting themselves.

According to NICE (National Institute for Health and Care Excellence) (2016) self-harm is a person's behavior to injure oneself in various ways regardless of whether or not there is an intention or desire to die. According to Klonsky (2007), self-harm is a form of self-defense mechanism to deal with emotional pain, loneliness, loss, self-emptying, and the desire to punish oneself that results in bodily injury. Self-harm is usually carried out as a form of releasing emotions that are too painful to be expressed in words (Klonsky, 2007). Another goal of self-harm is that individuals want to forget traumatic experiences or violent social relationships. Self-harm in itself is not a disease but a form of depression. After self-harm, the individual feels that the physical pain can replace the pain in without the individual needing to commit suicide.

According to NHS Choices (2011), other forms of self-harm with serious consequences include slicing the skin, burning the skin, poisoning oneself by consuming various tablets, banging the body against the wall, and abusing alcohol or drugs. Drugs to various deviations in eating behavior (excessive diet, anorexia, refusing food, even extreme hunger or bulimia). According to Pattison & Kahan (1983), self-harm behavior is behavior that is usually characterized by the presence of marks or marks on the hands after self-injury, self-biting, burns, eye damage, and damaged skin.

According to Harefa & Mawarni (2019), individuals who do self-harm express their emotions by hurting themselves because basically, self-harm does not include suicide attempts but

enters nonsuicidal self-injury (NSSI). NSSI itself is an activity to intentionally harm the body without any firm intention to commit suicide. Individuals who do self-harm are channeling or expressing the emotions they feel. This transition of emotion from emotional to physical pain is at the core of behavior. When individuals injure themselves, they will feel pleasure for the pain caused because their psychological wounds have been replaced by pain so they forget the problems they feel.

Based on the results of a survey in several countries, it was found that self-harm behavior is often found in students. Sivertsen et al. (2019) surveyed 50,054 students at universities in Norway with an age range of 18-35 years. Students with self-harm thinking were found in 11,301 students, or about 22.6%. According to Pereira et al. (2019), there are 9,821 students, or around 19.6%, actually doing self-harm. Furthermore, based on a survey conducted on 37,654 university students in the UK, it was found that 50.3% of students had thoughts of self-harm and 9.4% had a high frequency of thinking about self-harm behavior. In Indonesia, according to Lloyd-Richardson et al. (in Maidah, 2013), the prevalence of college-level young adults is around 4% who are self-harm actors. Meanwhile, according to Whitlock (in Maidah, 2013) self-harm perpetrators ranged from 13% to 25% of adolescents and early adults surveyed in schools were self-harm perpetrators. Self-harm studies in the college population show that about 6% of the student population actively and chronically engage in self-harm.

Students should be able to make problem-solving plans correctly based on problem-solving steps and be able to evaluate themselves to relevant arguments in solving problems. At least students do not do self-harm behavior as a coping in their lives because students are considered able to think well in dealing with the problems they face, but some students do not possess these abilities. Some students tend to be unable to deal with the problem correctly and choose to do maladaptive coping, namely self-harm behavior. According to Alderman

(1997), self-harm itself is a coping mechanism that is not good, but many people do it because it is an effective way of working and can even lead to addiction.

In a preliminary study conducted by researchers based on the results of interviews with several subjects, subject YA, who is a student, the subject takes self-harm actions, namely doing excessive exercise every day until his body feels weak so that the subject experiences physical pain such as shortness of breath and body aches. The action the subject did was due to excessive anxiety that emerged from within because of problems in the work environment, love, and family. The subject is someone who has rigid thoughts. Besides that, the subject has trauma in childhood and an incomplete family, so according to the subject, it is not easy to form and maintain good relationships with other people. Subject B, who is a student, the subject performs self-harm actions such as slicing himself with sharp or blunt objects to cause scars on the skin, the action the subject does is due to family conflict where according to the subject the physical pain that subject feels is not commensurate with the pressure feelings from his family. According to him, the subject cannot care for himself properly, so he needs more love from his parents, who are busy working. Similar to the previous subject, subject I, who is a student, revealed that until now when faced with friendship conflicts and remembering events in the past, the subject who was bullied made to perform self-harm actions such as slashing the wrist repeatedly until the wound bleeds as an outlet for the subject's feelings. The subject is a person who has deficiencies in forming and maintaining stable relationships in friendships and is afraid of environmental changes. Ultimately, the subject's act of looking for various ways to get that calm was only momentary.

Based on research conducted by Nock (2008) suggests that there are four main reasons for someone to do self-harm, namely: 1) to relieve tension or stop bad feelings; 2) to feel something, even pain; 3) to communicate with others and show

that they are suffering; 4) get other people to stop bothering them.

According to Romas (2012), individuals with self-harm habits have personalities such as not liking themselves, experiencing excessive anxiety, not having plans for the future, hypersensitivity to rejection, and high aggressiveness. However, they cannot express them, constantly suppressing feelings and not having the ability to the mechanism. Good coping behavior. In this case, the individual should be able to respond well to the emotions that arise in themselves. The excellent response in question is to respond to adaptive behavior so that it does not harm oneself or others. Therefore, it takes an ability to control and control emotions, which is called emotion regulation.

According to Cole & Dennis (2004), emotion regulation emphasizes how and why emotions can regulate and facilitate psychological processes, such as focusing attention, problem-solving, and social support, and also why emotion regulation has a detrimental effect, such as disrupting the emotional process—concentration of attention, interference in the problem-solving process, and interference with social relations between individuals. Individuals who will carry out emotional regulation will first go through a process of regulating emotions. Gross and Thompson (2007) define emotion regulation as a set of processes by which emotions are regulated.

When individuals are faced with a problem, ideally the individual responds well to the emotional effects so that they do not harm themselves and others. In this case, a proper appreciation of a problem is needed. Individuals who properly appreciate each problem so that they can control their emotions do not prolong their emotions and do not give excessive emotional responses. Appropriate appreciation of a problem will enable the individual to adjust to his emotions. When individuals adjust to their emotions, they will more quickly achieve happiness. This is what Garrison (in Estefan & Wijaya, 2019) said: a person's happiness in life is not due to the absence of emotion but from the habit of understanding and mastering emotions.

In a preliminary study conducted by researchers, it was found that the subjects with the initials YA, B, and I related to the ability to regulate their emotions, revealing that the subject was less able to control emotions, and individuals gave inappropriate appreciation when faced with a problem. The subject gives appreciation to the problem precisely in a self-harm manner. In this way, it is believed that the subject can provide a moment of calm and be able to free the subject from the pain of the inner pressure he is experiencing. According to the subject, the physical pain that the subject gets from the action becomes insignificant and is not commensurate with the pain of the inner pressure he feels.

Based on previous research conducted by Rizqi (2011) shows that there is a significant influence of emotional maturity on the tendency of self-harm behavior in adolescents. In addition, research conducted by Estefan et al. (2019) shows that the subject experiences a problem as painful and finds a behavior to express his emotions with maladaptive behavior, namely self-harm.

METHODS

Population is a generalization area consisting of objects or subjects that have certain quantities and characteristics that have been determined by researchers to be studied and then conclusions drawn (Sugiyono, 2019). The population in this study were active students at the Muhammadiyah University of Banjarmasin with a total of 3034 students.

The sample is part of the population. Samples were taken from a portion of the population that matched the characteristics (Sugiyono, 2019). Samples are also considered the most important source of data in research. The sample in this study was taken using an incidental sampling technique, namely a technique for determining samples based on chance, the researcher will take samples from anyone who happens to meet the researcher and can be used as a sample, if it is deemed that the person they

accidentally met is suitable as a data source (Sugiyono, 2019). The number of samples determined by researchers was 312 people. Samples were taken based on the table developed by Issac and Michael with an error rate of 5% (Sugiyono, 2019). The subjects of this research are active students at the Muhammadiyah University of Banjarmasin.

The variables in this study are emotional regulation and self-harm tendencies in students. The method used is quantitative with the type of correlational research. Analysis of the data used is the assumption test and hypothesis testing to test the relationship between emotional regulation and self-harm tendencies in students. The sampling technique was carried out using the incidental sampling technique, which is a sampling technique based on coincidence, the researcher will take a sample of anyone who incidentally meets the researcher and can be used as a sample if it is deemed that the person who happened to be met is suitable as a data source (Sugiyono, 2019).

The measuring instruments used are the emotional regulation and self-harm tendency scales. The emotion regulation scale has 15 items and the self-harm propensity scale has 24 items. According to Gross & John (2003), the emotional regulation scale states that there are two aspects: cognitive reappraisal and expressive suppression. At the same time, the self-harm tendency scale, according to Hasking & Boyes (2017), states that there are five aspects: the expectation of affect regulation, the expectation of pain, the expectation of communication, the expectation of negative social outcome, and expectation of negative self-beliefs. The type of scale that will be used in this study is the Rating Scale which has an answer choice of 1 – 4 (Strongly Disagree-Strongly Agree). Scores will be given to each answer on the scale, namely 1 (Strongly Disagree), 2 (Disagree), 3 (Agree), and 4 (Strongly Agree). Furthermore, the results of all items are summed and categorized into three

groups: low, medium, and high. On the emotional regulation scale, scores of less than 30 are categorized as low, scores of 30-44 are categorized as medium, and scores of more than 44 are categorized as high. On the self-harm propensity scale, scores of less than 27 are categorized as low, scores of 27-55 are categorized as medium, and scores of more than 55 are categorized as high.

RESULTS

A total of 312 participants have been surveyed offline and online. Based on gender, there were 252 people (81%) women and 60 people (19%) men. Then all respondents were grouped into three categories on each variable. The categorization of respondents were low, medium and high, and the number of participants each group are provided in Table 1.

Table 1. Frequency Distribution of the Emotion Regulation Scale

Category	Score	n	Percentage
Low	$X < 30$	45	14%
Medium	$30 \leq X < 44$	221	71%
High	$X \geq 44$	46	15%

Table 1 shows that if the research subject has a score of less than 30, then the subject has emotional regulation in the low category. If the score is 30 to 44, the subject has emotion regulation in the medium category, and if the score is more than 44, the research subjects have emotion regulation in the high category.

The results from Table 1 show that most of the subjects who have emotional regulation are in the medium category of 71% or 221 people. Subjects with emotion regulation in the low category are 14% or 45 people, and subjects with emotion regulation in the high category are 15% or 46 people.

Table 2. Frequency Distribution of the Self-harm Tendency Scale

Category	Score	n	Percentage
Low	$X < 27$	4	1%
Medium	$27 \leq X < 55$	221	71%
High	$X \geq 55$	46	15%

Based on Table 3, it can be seen that if the research subject has a score of less than 27, then the subject has a tendency to self-harm in the low category. Research subjects who have a score of 27 to 55 have a tendency to self-harm in the medium category. Research subjects who get a score of more than 55, the research subjects have a tendency to self-harm in the high category.

The results from the Table 3 show that most of the subjects who have a tendency to self-harm in the medium category are 81% or 253

people. Subjects have self-harm tendencies in the low category by 1% or 4 people, and subjects have self-harm tendencies in the high category by 18% or 55 people. B

A test of normality was conducted using the Kolmogorov-Smirnov test. The result of the normality for emotion regulation can be obtained significantly at 0.000, and for self-harm tendencies, it can be obtained significantly at 0.000. In this case, it can be concluded that if there is data that is not normally distributed, which is significantly less than 0.05 ($\text{sig} < 0.05$),

then the two data as a whole have not been able to meet the criteria in the parametric statistical assumption test so that it will be used for the test. Next up are nonparametric statistics. Meanwhile, the linearity test significance value

results obtained is $0.000 < 0.05$ with $F_{\text{count}} = 54.232$. Thus, it can be concluded that there is a significant linear relationship between Variable X (emotional regulation) and Variable Y (self-harm tendency).

Tabel 3. Pearson Correlation Result

		Emotion Regulation	Self-harm tendency
Emotion Regulation	r	1.000	-.232**
	Sig. (2-tailed)		.000
	N	312	312
Self-Harm Tendencies	r	-.232**	1.000
	Sig. (2-tailed)	.000	
	N	312	312

Based on the results of hypothesis tests that have been done, the regulation of emotions with a tendency to self-harm obtained sig. (2-tailed) of 0.000, which shows significance so that there is a correlation between emotion regulation and self-harm tendency. The correlation coefficient between the two variables is obtained at -0.232, which shows the results that the strength of the relationship between the regulation of emotions and low self-harm tendency has a negative value, which means that it has a negative relationship. Negative relationships mean that when emotional regulation increases, the tendency for self-harm will decrease (low). Similarly, if the tendency of self-harm increases, the regulation of emotions will decrease (low).

DISCUSSION

The purpose of this study is to determine the relationship between emotion regulation and self-harm tendencies in students. Through the results of data processing, with statistical tests, it can be concluded that the hypothesis accepted because

based on the results of hypothesis testing that has been carried out, emotion regulation with self-harm tendencies is obtained sig. (2-tailed) of 0.000 which indicates a significant so that there is a relationship between emotion regulation and self-harm tendencies. The correlation coefficient between the two variables is -0.232 which shows the results that the strength of the relationship between emotional regulation and self-harm tendencies is low, and has a negative value which means that it has a negative relationship. A negative relationship means that if emotional regulation increases, the tendency for self-harm will decrease (low). On the other hand, if self-harm tends to increase, emotional regulation will decrease (low).

The results show that most students have a tendency to self-harm and the results of medium category with a frequency of 253 with the highest percentage of 81%. This is in line with Klonsky (2007) self-harm is usually carried out as a form of releasing emotions that are too painful to be expressed in words. This is also consistent with the opinion of Grantz (2007) that self-harm behavior is often seen

as a way of managing emotions in individuals who do not know how to express feelings that are too painful. The experience of increased negative emotions may be the main reason for self-harm behavior because it can temporarily reduce emotional stress (Nur et al., 2021).

While most of the students had the highest level of emotional regulation with a frequency of 221 students with a percentage of 71% in the medium category. This shows that according to Thompson (in Estefan & Wijaya, 2019) emotion regulation is assumed to be an important factor in determining a person's success related to his efforts to function normally in his life such as in the adaptation process, being able to respond appropriately and flexibly.

In the case of self-harm, emotion regulation has an important role to make them able to adjust to their emotions, until finally they can function competently in their environment. In addition, by regulating emotions, self-harm actors will be much more positive in experiencing a problem, so this will make them move away from a paradigm that self-harm behavior is the only way to free themselves from pain physically emotional (Romas, 2012).

CONCLUSION

Based on data analysis in this research through statistical testing, it can be concluded that there is a significant and negative relationship. This is in accordance with the results of hypothesis with the results of -0.232 with a value of $\text{Sig} = 0.000$. This means that if the student's emotional regulation is high, the student's self-harm tendency will be low, or vice versa if the student's emotional regulation is low, the student's self-harm tendency will be high.

The results were obtained if most of the students at the University of Muhammadiyah Banjarmasin had the highest level of emotional regulation with a frequency of 221 students with a percentage of 71% in the medium category. Meanwhile, the tendency of self-harm also obtained medium category results with a

frequency of 253 with the highest percentage of 81%.

REFERENCES

- Alderman, T. (1997). *The scarred soul: Understanding & ending self-inflicted violence*. Oakland, CA : New Harbinger.
- Cole, P.M., Martin, S.E., & Dennis, T.A. (2004). Emotion regulation as a scientific construct methodological challenges and directions for child development research. *Child development*, 75(2), 317-333.
- Estefan, G., & Wijaya, Y. D. (2019). Gambaran Proses Regulasi Emosi Pada Pelaku Self Injury. *Jurnal Psikologi*, 12(1), 26–33.
- Gratz, K. L. (2007). Targeting emotion dysregulation in the treatment of self-injury. *Journal of Clinical Psychology: In Session*, 63(11), 1091-1103.
- Gross, J. J., & John, O. P. (2003). Individual Differences in Two Emotion Regulation Processes: Implications for Affect, Relationships, and Well-Being. *Journal of Personality and Social Psychology*, 85(2), 348–362.
- Gross, J. J., & Thompson, R. A. (2007). *Emotion regulation: Conceptual foundations*. In J. J. Gross (Ed.), *Handbook of emotion regulation*. New York: Guilford Press.
- Harefa, I. E., & Mawarni, S. G. (2019). Komunikasi Interpersonal (Self Talk) Sebagai Pencegahan Self- Harm Pada Remaja. *Prosiding Seminar Nasional 2019: Pengembangan Karakter Dalam Menghadapi Era Revolusi Industri 4.0*, 1(1), 173–178.
- Hasking, P., & Boyes, M. (2017). The Non-Suicidal Self-Injury Expectancy Questionnaire : Factor structure and initial validation. *Clinical Psychologist*, 22(2), 251-261.
- Hurlock, E. B. (1996). *Psikologi Perkembangan*. Jakarta: Erlangga.
- Hulock, Elizabeth. (1980). *Psikologi Perkembangan edisi kelima terjemahan*. Jakarta: Penerbit erlangga
- Klonsky, E. D. (2007). Non-suicidal self-injury: An introduction. *Journal of Clinical Psychology: In Session*, 63(11), 1039-1043.
- Maidah, D. (2013). Self Injury Pada Mahasiswa (Studi Kasus Pada Mahasiswa Pelaku Self

- Injury). *Development and Clinical Psychology*, 2(1), 6–13.
- National Institute for Health and Care Excellence. (2016). “Self-harm - NICE Pathways.” <http://pathways.nice.org.uk/pathways/self-harm> diakses pada 19 februari 2022 pukul 15.04.
- NHS Choices. (2011). *Self-harm*. <http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx> diakses pada 10 februari 2022 pukul 15.10.
- Nock, Matthew K & Mendes. (2008) Physiological Arousal, Distress Tolerance, and Social Problem–Solving Deficits Among Adolescent Self-Injurers. *Journal of Consulting and Clinical Psychology*. 76(1), 28-38.
- Nur, F., Putri, S., & Afiati, N. S. (2021). Self-Injury Di Era Digital: Pengembangan Skala Self-Injury In The Digital Era: Scale Development. *Prosiding Seminar Nasional 2021 Fakultas Psikologi Umby*, 70–79.
- Pattison, E. M., & Kahan, J. (1983). The deliberate self-harm syndrome. *The American Journal of Psychiatry*, 140(7), 867–872.
- Pereira, Stephen., Reay, Katie., Bottell, Jo., Walker, Lucy., & Dzikiti, Chris. (2019). *University Student Mental Health Survey 2018. The Insight Network and Dig-In*
- Rizqi, M. Ilmi. (2011). Pengaruh Kematangan Emosi Terhadap Kecenderungan Perilaku Self Injury Pada Remaja. *Skripsi*. Jakarta: Fakultas Psikologi Universitas Islam Negeri Syarif Hidayatullah.
- Romas, M. Z. (2012). Self-Injury Remaja Ditinjau Dari Konsep Dirinya. *Jurnal Psikologi*, 8(1), 40–51.
- Santrock, J. W. 2012. *Life-Span Development Perkembangan Masa Hidup Edisi ketigabelas Jilid I*. Jakarta : Erlangga.
- Sivertsen, B., Hysing, M., Knapstad, M., Harvey, A. G., Reneflot, A., Lønning, K. J., & O’Connor, R. C. (2019). Suicide attempts and non-suicidal self-harm among university students: prevalence study. *BJPsych Open*, 5(2), 1–8.
- Sugiyono. (2019). *Metode Penelitian Pendidikan (Kuantitatif, Kualitatif, Kombinasi, R&D dan Penelitian Pendidikan) (A. Nuryanto (ed.); cetakan ke)*. Bandung: Alfabeta.

Article submitted: July 20, 2022

Article accepted: December 6, 2023