

# The Role of Self-Compassion and Psychological Well-Being Toward Non-Suicidal Self Injury

Farida Hidayati<sup>1\*</sup>, Sri Mulyani<sup>2</sup>, Mohammad Fanani<sup>3</sup>, Kristi Tamara Novitasari<sup>4</sup>

<sup>1,2,3</sup> Health Faculty Sebelas Maret University Solo, Indonesia

<sup>4</sup>Psychology Faculty Unika Soegijapranata Semarang, Indonesia

## Abstract

NSSI is an act of injury carried out intentionally and directly on body tissues without suicidal intent. Students have a vulnerability to doing this. An anonymous self-report survey was completed by 221 college students. Measurement using the Self Compassion Scale ( $\alpha = 0.910$ ) Well-being was measured using the Riff's Psychological Well-Being Scale (RPWB) and NSSI using ISAS ( $\alpha = 0.910$ ). Participants reported having injured themselves in 50% ( $n=107$ ). The first onset of NSSI averaged 14.13 years. Participants aged 21-22 reported the highest incidence of self-harm in the past year (56%). The incidence in women is higher (80%). Women said more hair pulling (59%) while men hit themselves. (70%). Low self-compassion and psychological well-being significantly increase the possibility of NSSI in students. For this reason, protection factors need to be developed for students to empower themselves to prevent and avoid delays that harm them. Keywords—NSSI, psychological well-being, self-compassion

## Introduction

Non-Suicidal Self Injury (NSSI) is defined as an act of injury carried out intentionally and directly on body tissues without suicidal intent. This act is not socially accepted, such as stabbing the body for jewelry (piercing) or tattooing [13]. In recent years the incidence rate has increased in both the growth rate and NSSI cases in Eastern countries, such as Korea [8,12], India [5], and China [20,24]. Unfortunately, studies on self-injury in Eastern countries have not been as many as in the Western's [11]. NSSI in developing countries related to the prevalence, factors, functions, and psychological and social significance of NSSI [21]. The majority of NSSI varies, ranging from 11.5% to 33.8%. The data showed an increasing trend globally, including in the developing countries [22]. This study in Indonesia found 38% of incidence rate of NSSI from 338 respondents.

The emergence of NSSI may be affected by interpersonal and intrapersonal factor. Researchers propose self-compassion as one of the factors related to NSSI (Suh & Jeong, 2021). Self-compassion is a healthy option when individuals face challenging situations and are trapped in feelings of incapability. Self-compassion protects a person from self-judgment, isolation, and extreme attitudes. Self-compassion keeps individuals from being overwhelmed with negative emotions, mistakes, or [16]. In a study by Gregory, self-compassion was significantly related to the emergence of NSSI [6]. Those who perform self-injury have a lower level of self-compassion than individuals who have never had self-injury. Consistent with the findings of Cleare [3] that high levels of self-compassion and self-forgiveness are significantly related to lower level of self-injury and also suicidal intention possessed.

Jiang, Zheng, & Lin explain that individuals who think of self-injury or even actually do self-injury have a higher level of self-judgment, self-isolation, and over-identification than those who do not do it [9]. On the contrary, the high level of self-compassion the individual has, prevents him from continuing to blame himself, judge himself, and punish himself it will prevent the individual from NSSI. In another study, it was mentioned that the inability of the individual to forgive and accept himself, as well as criticism of oneself, can increase the appearance of self-injury behaviors [27]. Another study found that self-compassion can hinder the impact of depression experienced by individuals so that they do not involve in self-injury behavior [27]. These findings

---

\* Corresponding author: [author@email.org.me](mailto:author@email.org.me)

further explain that adolescents with a high level of self-compassion can accept their shortcomings and be kind to themselves when overwritten by problems, therefore those individuals can adaptively cope with thoughts.

In addition to self-compassion, psychological well-being also needs to be considered in its role as a protective factor for individuals. Freire states that psychological well-being is an important resource for students in adaptive coping strategies [4]. Several studies have found that those with deficits in psychological well-being are more prone to depression [2]. Associated with NSSI, psychological well-being can prevent, or decrease stress [15]. Research on protective factors has not been done much. For this reason, this study will look at the role of self-compassion and psychological well-being on NSSI in students.

## Method

### A. *Participants*

This study uses quantitative research to test hypotheses regarding the relationship between self-compassion variables, psychological well-being, and NSSI in college students. The sample consisted of 221 participants, with 107 (48.4%) performing some form of NSSI. After excluding all individuals who met the exclusion criteria, the elimination of an incomplete survey resulted in a final sample of one hundred participants. By gender, all participants consisting of 80% female and 20% male, showed significant gender differences in participation. The average age was 21.03 years.

### B. *Measurement*

- *Demographics*

Participants provided information on various demographic variables (e.g., age, gender, major in college)

- *Self-Compassion Scale*

The scale consists of 9 favorable items and 12 unfavorable items. This scale is a modification of the Self-Compassion Scale developed by Neff. Self-compassion measures include self-kindness vs. self-judgment, common humanity vs. self-isolation, and mindfulness vs. over-identification. There are four answer choices, namely Strongly Disagree, Disagree, Agree, and Strongly Agree, with a reliability of  $\alpha = 0.910$  [16].

- *Psychological Well-Being Scale*

RPWB (Ryff's Scale of Psychological Well-Being), this measuring instrument has six dimensions of well-being, namely: (1) self-acceptance; (2) positive relations with others; (3) autonomy; (4) personal growth; (5) environmental mastery; (6) purpose of life. This scale is a modification of psychological well-being developed by Carol D. Ryff. The RPWB has 20 items favorable with a reliability rate of  $\alpha = 0.88$ . There are four answer choices, namely Strongly Disagree, Disagree, Agree, and Strongly Agree

- *NSSI Scale*

NSSI is measured by a modified scale of the Inventory of Statement About Self-Injury developed by Klonsky and Glenn [14]. This scale consists of two parts. The first part consists of questions that assess the frequency of NSSI, the age when performing self-injury, whether to perform alone or around others, the time between the appearance of desires to the appearance of self-injury actions, and whether the individual involved wants to quit self-injury behavior.

In part two, there are 13 NSSI functions: intrapersonal and interpersonal functions. The scale in this second part uses a Likert model. Zade & Motjtabaie mentions that this section can assess the performance of NSSI that

have been confirmed in experimental and theoretical studies [30]. So that this scale can be used to see the self-injury behavior of the research subject. This second part consists of 31 elements of favorable statements with ( $\alpha = 0.925$ ) that measure the behavioral functions of NSSI.

The data analysis in this study uses multiple regression techniques to test major hypotheses and partial correlation tests to test minor hypotheses. Descriptive statistics are reported, such as frequency and percentage for the category and mean variables and standard deviations for continuous variables. The data processing process uses the IBM statistics program SPSS for Windows version 22.

## Result

The subjects involved in this study were 107 students. There were 20 male respondents and 87 female respondents. The subjects' ages ranged from 18 to 23 years, with an average age of 21.01 years. In detail, it can be seen in table.1.

**TABLE I.** categories by gender, age, and major of the faculty

<i>Category</i>	<b>NSSI</b>				<b>Total</b>		<i>P Value</i>
	<i>NSSI</i>		<i>Non-NSSI</i>		<i>Total</i>	<i>%</i>	
	<i>Sum</i>	<i>%</i>	<i>Sum</i>	<i>%</i>			
Gender							0.051
Male	23	21.5	21	18.3	44	19.8	
Female	84	78.5	94	81.7	178	80.2	
Total	107	100	115	100	222	100	
Age							0.491
18	1	1	6	5.2	7	3.2	
19	6	5.7	12	10.4	18	8.1	
20	10	9.3	14	12.2	24	10.8	
21	39	36.4	35	30.4	74	33.3	
22	39	36.4	36	31.3	75	33.8	
23	8	7.4	14	12.2	22	10	
24	1	1	0	0	1	0.5	
25	3	2.8	0	0	3	1.4	
Field of Study							0.419
Exact	26	24.3	27	23.5	53	23.9	
Non-Exact	75	70.1	77	67	152	68.5	
Health	6	5.6	11	10.5	17	7.6	

Multiple regression analysis was used to test the relationship between Self-compassion and psychological well-being with NSSI (Table 2). The results of the data analysis showed  $F_{count} = 10.539$  and  $F_{table} = 3.09$ , which means ( $10.539 > 3.09$ ). In addition, it is known that the value of  $p = 0.00$  ( $p < 0.05$ ). Based on these results, it can be interpreted that the null hypothesis ( $H_0$ ) is rejected, and the hypothesis proposed by the researcher is

accepted. This result suggests a significant association between psychological well-being and self-compassion simultaneously with NSSI.

Pearson's correlation test was performed to test whether there was a correlational relationship between the predictor variable and the criterium variable. From the test results, the correlation between psychological well-being variables and NSSI showed  $p = 0.00$  ( $p < 0.05$ ) and  $r = -0.350$ . This result indicates a significant relationship between psychological well-being and NSSI, with weak tightness. The correlation test results between the self-compassion variable and the NSSI. The results of the correlation test showed  $p = 0.00$  ( $p < 0.01$ ) and  $r = -0.378$ . This result shows a significant relationship between self-compassion and NSSI, with weak resistance.

**TABLE II.** simultaneous test

Variables	Mean (SD)	2	3
NSSI	78.70 (15.587)	-.479**	-.431**
Psychological Well Being	85.34 (6.985)	1.000	.582**
Self-Compassion	52.69 (8.450)	.582**	1.000

\*\*  $p < 0.05$

Multiple linear regression tests can predict changes occurring in future NSSI variables. The contribution of each variable shows the coefficient value of the psychological well-being variable of  $-0.291$ . In comparison, the value of the coefficient of the self-compassion variable is  $-0.486$ . This value indicates that the relationship between psychological well-being and self-compassion with NSSI in students is negatively correlated. That is, the weaker the psychological well-being and self-compassion, the stronger the NSSI experienced by students.

**TABLE I.** MULTIPLE REGRESSION LINEAR TEST

	B	$\beta$	R	$R^2$	F	df
Psychological Well Being	-0.29	-	0.41	0.16	10.539	2
		0.196				
Self-Compassion	-0.48	-	1	9	10.539	
		0.264				

The multiple linear regression test  $R = 0.411$  results indicated that the relationship between psychological well-being and self-compassion with NSSI had moderate tightness.  $R^2 = 0.169$  suggests that psychological well-being and self-compassion affect NSSI by 16.9%. The rest, 83.1%, of the appearance of NSSI was influenced by others.

## DISCUSSION

The current study found an incidence rate of 48.4% of the entire sample. The most frequently performed NSSI methods are hitting oneself, pulling hair, pinching and biting. These findings are similar to Xiao's who conducted a meta-analysis during 2010-2021 [28]. It is slightly different from Tang's finding that cutting is a more popular method [20]. The prevalence of women is more than men. The smaller number of male samples affected the results in the analysis [23].

Most respondents (66%) have done NSSI 5-50 times in their life and the average frequency of NSSI is 26.28. This condition needs to be surveilled as self-injury can trigger suicide [7]. The first onset of self-injury behavior mostly occurs at the age of 16-19 years (32%) with an average of 14.13 years. Meanwhile, the most recent self-injury behavior was carried out at the age of 20-23 years (68%) with a mean of 19.6 years.

No differences were found in terms of gender and age. This is consistent with the meta-analysis conducted by Yang & Feldman which found no gender differences in non-NSSI for urban areas [28]. However, this is different from the findings where research finds differences in the gender of non-NSSI between women and men [25]. It was further explained that gender differences in NSSI are not permanent and will change with development and age maturity, so that NSSI will disappear in early adulthood. From some studies, there are indeed variations in the findings in terms of gender differences, with some studies showing a lower prevalence in men and other studies showing no differences. One reason is that men are less likely to report a history of NSSI than women [1].

The hypothesis is that self-compassion and psychological well-being are related to NSSI in college students. The results found a relationship between self-compassion and NSSI. This finding is consistent with the findings of Gregory, those who have lower self-compassion are more likely to commit self-injury [6]. Wiseman also found that a person's self-compassion has an important role in making an individual's decision to commit self-injury [26]. Individuals who have low self-compassion are more likely to engage in NSSI. High self-compassion keeps adolescents away from engaging in maladaptive behaviors, such as NSSI [9]. Thus, individuals with high self-compassion tend to use healthier coping skills, are more likely to tolerate negative emotions, and tend to use healthy coping skills. With the research evidence, it reinforces that self-compassion is an internal resource that can be learned and improved.

In addition to self-compassion, high well-being can be a protective factor that can reduce the negative impact of stressful events [18]. Those who have a high level of well-being will be able to avoid risky and self-harming behaviors, such as NSSI. There is a significant relationship between welfare and NSSI. Students with NSSI behavior reported lower levels of well-being than those without a history of NSSI. However, studies on the relationship between well-being and NSSI are very limited. This study has found a negative correlation, although the correlation is not as strong as expected.

Understanding the protective factors of the NSSI will lead to efforts that can be made to conduct effective interventions. Self-compassion and psychological well-being have been proven to play a role in protecting individuals so that they have the ability to take adaptive action decisions when encounter bad situations and avoid self-defeating choices such as self-injury behavior.

This research is interesting to continue to be developed because the incidence rate is very high. The limitations of this study need to be noticed for further research. There are several limitations to this study, (1) The findings are based exclusively on self-reports. Future research can collect more comprehensive information with other methods such as interviews, self-monitoring behavior records, parental reports. (2) The number of samples is small from one university, so that it does not represent students in Indonesia. (3) Measurements based on Indonesian culture are not yet available, even though this study uses measurements that have been tested for validity and reliability before being used.

## **Conclusion**

Low self-compassion and welfare have the potential to increase the occurrence of NSSI in students. Strengthening protective factors is important to notice in order to reduce or prevent student involvement in NSSI behavior.

## **References**

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

- Burns, R. A., Anstey, K. J., & Windsor, T. D. (2011). Subjective well-being mediates the effects of resilience and mastery on depression and anxiety in a large community sample of young and middle-aged adults. *Australian and New Zealand Journal of Psychiatry*, 45(3), 240–248. <https://doi.org/10.3109/00048674.2010.529604>
- Cleare, S., Gumley, A., & O'Connor, R. C. (2019). Self-compassion, self-forgiveness, suicidal ideation, and self-harm: A systematic review. *Clinical Psychology and Psychotherapy*, 26(5), 511–530. <https://doi.org/10.1002/cpp.2372>
- Freire, C., Ferradás, M. D. M., Valle, A., Núñez, J. C., & Vallejo, G. (2016). Profiles of psychological well-being and coping strategies among university students. *Frontiers in Psychology*, 7(OCT). <https://doi.org/10.3389/fpsyg.2016.01554>
- Gandhi, A., Luyckx, K., Adhikari, A., Parmar, D., De Sousa, A., Shah, N., Maitra, S., & Claes, L. (2021). Nonsuicidal self-injury and identity formation in Indian clinical and nonclinical samples: A comparative study. *International Journal of Social Psychiatry*, 67(3), 219–226. <https://doi.org/10.1177/0020764020943618>
- Gregory, W. E., Glazer, J. V., & Berenson, K. R. (2017). Self-compassion, self-Injury, and pain. *Cognitive Therapy and Research*, 41(5), 777–786. <https://doi.org/10.1007/s10608-017-9846-9>
- Hamza, C. A., Stewart, S. L., & Willoughby, T. (2012). Examining the link between nonsuicidal self-injury and suicidal behavior: A review of the literature and an integrated model. *Clinical Psychology Review*, 32(6), 482–495. <https://doi.org/10.1016/j.cpr.2012.05.003>
- Jeong, J. Y., & Kim, D. H. (2021). Gender differences in the prevalence of and factors related to non-suicidal self-injury among middle and high school students in south korea. *International Journal of Environmental Research and Public Health*, 18(11). <https://doi.org/10.3390/ijerph18115965>
- Jiang, Y., You, J., Zheng, X., & Lin, M. P. (2017). The qualities of attachment with significant others and self-compassion protect adolescents from non-suicidal self-injury. *School Psychology Quarterly*, 32(2), 143–155. <https://doi.org/10.1037/spq0000187>
- Joseph, S., & Guzman, R. De. (2021). Relationship between Psychological Well-being and Depression among Selected Adolescents. 12(3), 4937.
- Khan, M. M. (2005). Suicide prevention and developing countries. 459–463.
- Kim, S., Kim, Y., & Hur, J. W. (2021). Non-suicidal self-injury among korean young adults: A validation of the korean version of the inventory of statements about self-injury (Psychiatry Investig 2019, 16(4), 270–278). *Psychiatry Investigation*, 18(6), 589–590. <https://doi.org/10.30773/pi.2019.01.23e>
- Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27(2), 226–239. <https://doi.org/10.1016/j.cpr.2006.08.002>
- Klonsky, E. D., & Glenn, C. R. (2009). Assessing the Functions of Non-Suicidal Self-Injury: Psychometric Properties of the Inventory of Statements About Self-Injury. *J Psychopatol Behav Assess*, 31(3), 215–219. <https://doi.org/10.1007/s10862-008-9107-z>.Assessing
- Morey, Y., Mellon, D., Dailami, N., Verne, J., & Tapp, A. (2017). Adolescent self-harm in the community: An update on prevalence using a self-report survey of adolescents aged 13-18 in England. *Journal of Public Health (United Kingdom)*, 39(1), 58–64. <https://doi.org/10.1093/pubmed/fdw010>
- Neff, Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139–154. <https://doi.org/10.1016/j.jrp.2006.03.004>
- Nierenberg, A. A., Rapaport, M. H., Schettler, P. J., Howland, R. H., Smith, J. A., Edwards, D., Schneider, T., & Mischoulon, D. (2010). Deficits in psychological well-being and quality-of-life in minor depression:

Implications for DSM-V. *CNS Neuroscience and Therapeutics*, 16(4), 208–216. <https://doi.org/10.1111/j.1755-5949.2009.00108.x>

- Pyszkowska, A., & Rönnlund, M. (2021). Psychological Flexibility and Self-Compassion as Predictors of Well-Being: Mediating Role of a Balanced Time Perspective. *Frontiers in Psychology*, 12(June), 1–12. <https://doi.org/10.3389/fpsyg.2021.671746>
- Suh, H., & Jeong, J. (2021). Association of Self-Compassion with Suicidal Thoughts and Behaviors and Non-suicidal Self Injury: A Meta-Analysis. *Frontiers in Psychology*, 12(May), 1–15. <https://doi.org/10.3389/fpsyg.2021.633482>
- Tang, J., Ma, Y., Lewis, S. P., Chen, R., Clifford, A., Ammerman, B. A., Gazimbi, M. M., Byrne, A., Wu, Y., Lu, X., Chang, H., Kang, C., Tiemeier, H., & Yu, Y. (2020). Association of Internet Addiction with Nonsuicidal Self-injury among Adolescents in China. *JAMA Network Open*, 3(6), 1–14. <https://doi.org/10.1001/jamanetworkopen.2020.6863>
- Thippaiah, M. S., Shankarapura Nanjappa, M., Gude, J. G., Voyiaziakis, E., Patwa, S., Birur, B., & Pandurangi, A. (2021). Non-suicidal self-injury in developing countries: A review. *International Journal of Social Psychiatry*, 67(5), 472–482. <https://doi.org/10.1177/0020764020943627>
- Tresno, F., Ito, Y., & Mearns, J. (2012). Self-Injurious Behavior and Suicide Attempts Among Indonesian College Students. *Death Studies*, 36(7), 627–639. <https://doi.org/10.1080/07481187.2011.604464>
- Victor, S. E., Muehlenkamp, J. J., Hayes, N. A., J., G. L., Styer, D. M., & Jason J. Washburn. (2018). Characterizing gender differences in nonsuicidal self-injury: Evidence from a large clinical sample of adolescents and adults. *Compr Psychiatry*, 82(1), 53–60. <https://doi.org/10.1016/j.comppsy.2018.01.009>. Characterizing
- Wang, L., Liu, J., Yang, Y., & Zou, H. (2021). Prevalence and risk factors for non-suicidal self-injury among patients with depression or bipolar disorder in China. *BMC Psychiatry*, 21(1), 1–12. <https://doi.org/10.1186/s12888-021-03392-y>
- Wilkinson, P. O., Qiu, T., Jesmont, C., Neufeld, S. A. S., Kaur, S. P., Jones, P. B., & Goodyer, I. M. (2022). Age and gender effects on non-suicidal self-injury, and their interplay with psychological distress. *Journal of Affective Disorders*, 306(March 2021), 240–245. <https://doi.org/10.1016/j.jad.2022.03.021>
- Wiseman, J. M. (2018). Self-Compassion And Its Relation To Nonsuicidal Self-Injury (Nomor July). Wright State University.
- Xavier, A., Pinto-Gouveia, J., & Cunha, M. (2016). The protective role of self-compassion on risk factors for non-suicidal self-injury in adolescence. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 8(4), 476–485. <https://doi.org/10.1007/s12310-016-9197-9>
- Xiao, Q., Song, X., Huang, L., Hou, D., & Huang, X. (2022). Global prevalence and characteristics of non-suicidal self-injury between 2010 and 2021 among a non-clinical sample of adolescents: A meta-analysis. *Frontiers in Psychiatry*, 13(August), 1–16. <https://doi.org/10.3389/fpsy.2022.912441>
- Yang, X., & Feldman, M. W. (2018). A reversed gender pattern? A meta- analysis of gender differences in the prevalence of non-suicidal self-injurious behaviour among Chinese adolescents. *BMC Public Health*, 18(66), 1–7. <https://doi.org/10.1186/s12889-017-4614-z>
- Zade., & Mojtabaie, M. (2016). Effectiveness of self-compassion fo-cused therapy on reducing self-harm behaviors in juvenile of-fenders of tehran juvenile correction and rehabilitation center. *International Journal of Applied Behavioral Sciences (IJABS)*, 3, 3. <https://doi.org/10.22037/ijabs.v3i3.17380>