



Research Article

The Role of Social Support in Preventing Self-Harm Behavior in Depressed Adolescents

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ABSTRACT

Adolescents aged 20-24 must have maturity in thinking and acting to be vulnerable to psychological problems. If adolescents cannot control this condition, it results in depression, which tends to commit self-harm. Efforts to prevent self-harm cannot be separated from the support of other individuals so that the perpetrator is consistent in avoiding it so that he does not commit self-harm repeatedly. Social support significantly increases adolescents' positive attitudes and reduces their psychological burden. This study aimed to analyze the role of social support in preventing self-harm behavior in depressed adolescents. This type of research is qualitative research with a phenomenological approach. The research informants came from Jember Regency, Ponorogo Regency, and the City of Surabaya, namely five depressed teenagers who had repeated self-harm behaviors—data collection techniques using in-depth interviews. This study found that the main informant did self-harm to divert psychological pain into physical pain. Types of self-harm include pulling hair, slashing hands with a razor or knife, banging your head against a wall, and consuming drugs excessively. This study's results suggested that adolescents be more courageous in facing problems, seek mental health assistance from psychologists or psychiatrists, and build emotional closeness with their parents, peers, and the surrounding environment.

Keywords: Depression, self-harm, sosial support.

INTRODUCTION

Adolescents are prone to mental health problems because they are in a transitional period from childhood to adulthood (Saputro, 2018). The transition through adolescence can bring about anxiety as individuals search for their identities. This process begins in early adolescence, progresses through middle adolescence, and culminates late adolescence. Late adolescence, between the ages of 20 and 24, is often marked by internal conflict as individuals struggle to adapt to the changes and may encounter various challenges (Thesalonika et al., 2021). Even though



adolescents are expected to express emotions appropriately, control themselves independently, accept the consequences, and fully embrace their conditions (Muawanah, 2019). Adolescents who cannot control their developmental conditions can lead to depression.

World Health Organization (WHO) notes that around 300 million (4.4%) people suffered from depression in 2018, so by 2020, depression is the second-order disease in the world (Kedang et al., 2020). Meanwhile, in Indonesia in 2018, the prevalence of depression in the age group over 15 years was 6.1% or as many as 11,315,500 million people (RI Ministry of Health, 2018). Furthermore, Peltzer and Pengpid (2018) stated that the age group of 15-19 years experienced moderate depressive symptoms as much as 22%, while those who experienced severe depressive symptoms, as much as 7.2% would tend to take detrimental actions such as self-harm or self-harm behavior, taking drugs, committing social deviations, and committing suicide. It was reported that 22% of individuals aged 15-19 experienced moderate depressive symptoms, while 7.2% experienced severe depressive symptoms. Those with severe symptoms were more likely to engage in harmful behaviors such as self-harm, drug use, social deviance, and suicide (Thesalonika et al., 2021; Raihani et al., 2022).

Self-harm behavior deals with excessive emotional stress or diversion of emotional pain in the form of clawing, carving, burning, cutting, tattooing, pulling and pulling hair, and excessive body piercing (Stuart, 2016). Self-harm occurs in adolescents who feel unable and helpless to respond to a condition so that hallucinations can instruct their minds to do self-harm (Katona & Cornelius, 2012). The conditions in question can be loneliness, demands on oneself in facing the future, and conflicts with parents. Based on research conducted by Mitha (2022), perpetrators of self-harm often feel worthless, lose support systems, and believe no one understands their condition. They frequently blame themselves for events, resulting in a low level of acceptance of life.

The Ministry of Health of the Republic of Indonesia (2019) also added that adolescents aged 20 years and over are at the peak of self-harm. Based on research conducted by Wibisono et al. (2018), they have explained that the cause of self-harm in two adolescents aged 17-20 years is attributed to both internal and external factors experienced by the adolescents. Internal factors include anxiety, feelings of worthlessness, and guilt, while external factors include experiences of infidelity and physical violence by the mother.

Self-harm behavior can be prevented by strengthening sources from the closest people around adolescents, such as parents, siblings, lecturers, teachers, and peers who can listen, give full attention, and provide opportunities for adolescents to express problems, provide facilities and infrastructure, support services, information needs, attention, awards in the form of appreciation or praise or advice that can make adolescents feel safe, valued, and at ease (Rahmayanti et al., 2018). The social support that comes from family and peers adolescents can influence the prevention of depression so that they can meet the needs of social support because they get emotional, esteem, instrumental, and informative support (Adicondro et al., 2011).

Researchers conducted a preliminary study on two adolescents aged 23 in Ponorogo Regency and 22 in Jember Regency in November 2022. Researchers found that both of them admitted to being depressed and engaging in self-harm as a way of coping with their feelings of stress, which stemmed from their family situations and an inability to accept the realities of life. The first teenager, who came from a broken home, expressed his disappointment with the violence inflicted by his father. This feeling of disappointment turned into a deep and prolonged trauma, exacerbating the teenager's depression. At the same time, the second teenager couldn't accept that he had failed to get into the medical department, which had been his dream for a long time. This

condition makes teenagers lack self-confidence, and feel sad and angry, even when they see their peers who have successfully passed their favorite majors. As a form of diversion of pain, the first teenager injured his hand with a knife (cutting), while the second teenager hit his head against the wall until it hurt.

Based on several studies and preliminary studies, social support is very influential in preventing self-harm in depressed adolescents. Researchers examined in depth using qualitative research on depressed adolescents who engage in self-harm behavior to get the needed social support. This study aimed to analyze the role of social support in preventing self-harm behavior in depressed adolescents.

METHODS

The research methodology employed in this study is qualitative, utilizing a phenomenological approach; this means that the study aims to explore and understand the lived experiences and perspectives of the participants, focusing on the essence of their experiences related to the research topic. The study was conducted in East Java Province by seeking critical informants from Jember Regency, Ponorogo Regency, and Surabaya City—from April 2023 to June 2023. Five teenagers with a diagnosis of depression have repeatedly engaged in self-harm behavior. The primary informants in this study were adolescents with mental health problems that a psychologist or psychiatrist had diagnosed as depression. The process of selecting informants uses a purposive technique; the researcher sets several criteria for informants, which are announced via Instagram and Twitter social media. Some informants are someone known by the researcher. The data collection process in this study used in-depth interviews. This research uses thematic analysis techniques (thematic analysis) through three stages: understanding the data, compiling the code, and looking for themes (Heriyanto, 2018, 318). The process of presenting data is in the form of descriptions of words or narrative descriptions. The Health Research Ethics Commission of the Faculty of Dentistry, University of Jember, approved this study for ethical testing. The results of the ethical test stated that this research was feasible and was proven by issuing an ethical certificate No. 1979/UN25.8/KEPK/DL/2023.

RESULTS AND DISCUSSION

Characteristics of Informants

Based on the results of Table 1, it is known that all of the informants in this study were female. All key informants are 20-23 years old. All primary informants were teenagers diagnosed with depression who had committed self-harm with an intensity of 5-20 times per month.

Table 1. Characteristics of Informant

Informants	Gender	Age (years)	Self Harm Intensity
IU1	Woman	20	16 times/month
IU2	Woman	20	20 times/month
IU3	Woman	22	20 times/month
IU4	Woman	22	3 times/month
IU5	Woman	23	5 times/month

Based on the results of IK's interview excerpts, it was stated that women were required to perform physically and psychologically well. Besides, women tended not to accept a problem readily.

All the informants had emotions that they were unable to manage properly. When faced with a problem, women often find themselves inclined to take these issues personally, leading to a sense of emotional distress and sadness. The results of research by Ratnasari and Suleiman (2017) stated that female individuals produce more negative emotions than male individuals because of interpersonal relationships. The results of another study by Umairah (2022) stated that women are not more likely to accept problems than men, who easily accept issues in their lives.

All informants are aged 20-23 years. That age is the stage of development of late adolescents who are required to have thoughts and behaviors and act in an adult manner. They state that the age factor causes IU5 to experience difficulties when it comes to regulating their emotions which results in individuals doing self-harm. A prior study (Febbiyani & Adelya, 2017) suggested that emotional maturity comes from adopting the mindset of a young adult, where one does not display one's emotions openly but learns to adapt to different situations and express one's feelings appropriately. Therefore, a young adult must achieve emotional maturity to solve problems effectively.

All informants in this study were teenagers who had self-harm for more than six months. The higher the individual carries out the intensity of self-harm behavior every month, the higher the level of reasons for channeling emotions for depressed adolescents they experience, and the higher the level of social support needed. IU3 states that the longer the intensity of self-harm behavior, the more burdens the mind feels, useless and passive. This reason encourages informants to feel the pain that is felt emotionally can be felt naturally. The results of research by Fadhila (2020) state that perpetrators of self-harm show pain with visible wounds rather than heartache with invisible wounds. Self-harm does not address the problem, but relief relieves temporary negative emotions. Hence, individuals tend to repeat self-harm behavior in the future.

Self Harm Behavior

The findings that researchers can explain include the reasons for doing self-harm, the type of self-harm done, and the factors that cause self-harm so that the individual does not do it repeatedly.

1. The reason for doing Self Harm

The results of interviews with IU1, IU2, IU3, and IU5 state that self-harm behavior diverts pain in the mind into physical pain and seeks satisfaction from the saturation point of individual negative emotions. IU4 also states that there are thoughts that make a mess, many problems do not find a solution, and the activities carried out do not find satisfaction with the success achieved, so negative emotions arise that trigger self-harm behavior. IU4 stated that there were environmental factors originating from the friendship environment; IU4 admitted to being betrayed because one of her friends on campus reported IU4's actions which resulted in a crisis of trust in her peers. IU4 could not accept the reality because she had been trusted by the lecturer as an outstanding student. Then, IU4 did not have good emotional regulation, so venting was done by hurting herself to eliminate bad feelings. The results of research conducted by Putri and Rahmasari (2021) stated that individuals doing self-harm aim to get satisfaction from negative emotions, resolve interpersonal problems, and induce more positive feelings.

2. Types of Self Harm Behavior

The results of the interviews showed that all informants had carried out mild, moderate, and severe types of self-harm behavior. Types of self-harm behavior in a mild way include pulling hair, slapping cheeks, slashing hands with sharp objects, scraping hands with needles, and picking nails. Moderate types of self-harm behavior are evidenced by scratching the head with nails until the scalp

is injured, banging the head against the wall, and punching the wall with the hands. In contrast, severe self-harm involves excessive drug consumption, such as taking one tablet daily without indicating that it will cause organ damage. Evidenced by the interview results, IU4 admitted that he had taken headache and allergy medicine excessively every day before going to bed, even though the individual did not feel the pain. This result is in line with research conducted by Elvira and Sakti (2022), stating that the pleasure felt when self-injury can divert an individual's focus on the problems they have and focus on the wounds that exist.

3. Factors Causing Self Harm

Factors that cause adolescents who experience depression to commit self-harm include family factors due to domestic violence, broken homes, lack of attention from parents, and not having close communication with parents. Emotional and psychological pressure resulting from unpleasant events, incidents, or experiences related to violence can lead to excessive stress and depression. Traumatic conditions cause mental illness to cause someone to hurt themselves to the point of potentially committing suicide. According to Azizah et al. (2022), a lack of attention and good communication between children and parents can lead to the emergence of self-harm behavior in a teenager. The interview results with IU5 stated that there were individual factors due to past trauma. The feelings of trauma that occur at a young age are due to frequent shouting resulting from fights between father and mother in the house. The pressure and fear experienced from childhood to adulthood resulted in anger, resentment, hurt, and disappointment. Environmental factors occur because of the betrayal of friends and a crisis of trust. Research conducted by Rosmalina and Khaerunnisa (2021) states that psychosocial refers to psychological and social factors so that interactions affect each other from one individual to another.

Social Support

Social support involves trust, concern, encouragement, motivation, and enthusiasm to assist others (Widiantoro et al., 2019). Support is obtained if the individual feels that he has comfort, attention, acceptance, encouragement, and the presence of other people for him, and he can be asked for help if the individual has difficulty dealing with a problem (Sancahya & Susilawati, 2014).

1. Sources of Social Support

Social support comes from parents, children, siblings, relatives, spouses, co-workers, peers, and neighbors (Ayu & Lestari, 2018). The results of interviews with several informants indicated that they had close friends with fellow boarding children who were able to understand their physical and psychological health conditions. The research results conducted by Divine and Akmal (2018) state that the presence of peers affects individuals in recognizing emotions because the higher the adolescents' attachment to their peers, the higher their emotional intelligence. Meanwhile, other informants stated that they had the intensity of being close to their parents; that is, mothers could tell their mothers about any problems they experienced without forcing and covering each other. Mentions that having an intimate relationship with family can build individual closeness in facilitating communication. Strengthening family relationships creates emotional closeness by openly expressing love and feelings and providing support (Rahmayanty et al., 2023).

2. Types of Social Support

a. Emotional Support

The results of interviews with IU1, IU2, IU3, and IU4 stated that they needed friends to help relieve their problems by wanting to be heard. They get emotional support by wanting to listen to stories, having a sense of caring and empathy, and helping to solve problems. Adolescents tend to

need support from their peers compared to their parents because the emotional support of peers can create a sense of security, comfort, and feeling loved. With support from peers, depressed teenagers will think that they have strength, a stimulus of happiness, and calmness to restore their self-confidence to be able to live their lives so as not to commit acts of self-harm (Asran, 2021). However, the results of interviews with IU5 stated that every individual also needs the role of parents to children because they are required to meet and interact with family at home. Parents can understand the child's state of mind by allowing the child to share stories, understand the problems, and not easily make unilateral decisions. The research results conducted by (Rahmi, 2020) showed that as much as 78.7% of emotional support in the form of family presence makes teenagers feel comfortable dealing with problems.

b. Informative Support

The results of interviews with all informants stated that informative support was provided by peers and mothers in the form of advice, suggestions, problem-solving solutions, mental health information, and information on the dangers of self-harm. Informative support providers act as collectors and disseminators who will create a stressor. The information function then provides specific suggestions to individuals, supported by instructions, advice, and providing information (Saputri et al., 2022).

c. Instrumental Support

The results of interviews with IU2 and IU4 stated that peers could spend time accompanying informants when their emotions were down or taking them to a psychologist. IU1 and IU3 obtain instrumental support from peers by providing free time. Meanwhile, IU5 stated that parents paid for treatment with a psychologist or psychiatrist. Providing instrumental support influences the family's response to efforts to seek mental health services in caring for sick members (Zahra, 2019) so that the responsibility to provide treatment for children with unfavorable mental health conditions falls on the family, aiming to prevent the repetition of self-harm behavior.

d. Award Support

The results of interviews with all informants stated that giving praise and encouragement in the form of positive affirmations from peers and mothers so that individuals have strong beliefs to prevent self-harm behavior from recurring. The research result conducted by Sawitri and Widiasavitri (2021) explains that positive affirmations help respondents rise from a depressed state. IU3 also stated that providing award support through prizes expresses joy and pride. The research results by Wijaya et al. (2019) stated that rewards and awards in the form of gifts can positively impact individuals' happiness. Gifts can be used to educate individuals to feel happy about their successful actions or work others have appreciated.

Prevention Effort of Self-Harm Behaviour

1. Intrapersonal Communication (Self Talk)

The results of an interview with IU1 stated that doing self-talk every night while traveling around town on a motorbike can build communication between themselves. Self-talk can also generate courage and positive thoughts every day for individuals. The research results conducted by Ervina (2020) explain that self-talk can increase individual self-confidence to reduce the emergence of cognitive anxiety.

2. Interpersonal Communication

The results of an interview with IU3 underscore the importance of interpersonal communication in addressing individual needs. Whether it's through face-to-face interactions or

social media, the act of sharing problems, venting, and seeking help in difficult situations can alleviate sadness. This aligns with research conducted by Bahri (2018), which highlights that interpersonal communication is instrumental in fostering affection, care, mutual assistance, and self-control, thereby promoting a broad-minded perspective and acceptance of others' suggestions.

3. Improve Spiritually

The results of the interview with IU2 stated that by praying and listening to mutual, negative emotions are well controlled because prayer is a way of contemplating, calming down, and avoiding chaotic thoughts. Besides prayer, dhikr is a way to overcome feelings of unease; this is in line with research conducted by (Azizah & Noorsyifa, 2023) explaining that strengthening faith can be used as a panacea for anxiety disorders; with faith, it can fulfill the life of the human soul through positive and noble values to achieve happiness in life.

4. Healthy Lifestyle

The results of interviews with all informants stated that a form of diverting negative emotions to avoid self-harm behavior is by trying to live regularly, such as making a daily schedule. IU4 also noted that the planned schedule could divide time effectively for study time, rest, and channeling hobbies and sports. The research result conducted by Fathurrahman et al. (2021) states that exercise helps overcome emotions and reduces anxiety so that stress can be reduced.

5. Self Healing

Self-healing is rising from pain to recovery from psychological disturbances to positive activities. The results of the interview with IU5 stated that learning something new, such as taking graphic design training, editing photos and videos, and taking time to meet friends, can anticipate downtime, which can lead to negative emotions. The research result conducted by Aisa et al. (2021) explains that students apply self-healing by loving themselves and exploring their strengths and weaknesses, thus changing academic stress levels after carrying out a series of self-healing.

CONCLUSION AND SUGGESTION

Based on the research results, it can be concluded that late female adolescents diagnosed with depression tend to have difficulty accepting their problems quickly. As a result, they may engage in self-harm behavior when experiencing negative emotions. The longer depressed adolescents engage in self-harm each month, the greater the need for social support and the reasons for channeling their feelings. Social support, in the form of emotional, informational, instrumental, and appreciation support, is necessary. Emotional closeness from peers and family provides social support, which can be observed from the quality of trust and communication. Social support helps individuals accept care, appreciation, security, praise, or benefit from others. Depressed adolescents use this support to make efforts to prevent self-harm from recurring. These efforts involve intrapersonal and interpersonal communication to raise awareness among individuals, strengthen spiritual relationships, manage healthy lifestyles, and engage in self-healing to overcome adversity.

Depressed adolescents who have engaged in self-harm are expected to show courage in dealing with their problems. They should seek professional help for mental health treatment from psychologists or psychiatrists, improve their self-esteem, seek positive solutions when facing difficulties, avoid situations that trigger psychological stress, and build emotional connections with their parents, peers, and environment. Additionally, healthcare institutions and agencies can develop innovative programs to promote adolescent mental health by enhancing social support from adolescents, families, and educational institutions.

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