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Submission date: 11-Jan-2023 10:57AM (UTC+0700)

Submission ID: 1991059435

File name: STRENGTH-BASED_PARENTING_B-Agnes.pdf (364.98K)

Word count: 6460

Character count: 36612

STRENGTH-BASED PARENTING, SELF-COMPASSION, AND THE URGE TO SELF-INJURE IN UNIVERSITY STUDENTS

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Abstract

University students might experience emotional problems leading to self-injury during the COVID-19 pandemic due to negative relationships with their parents at home. However, strength-based parenting (SBP) can be a protective factor for self-injury. Previous studies showed that SBP had a positive correlation with self-compassion, but no study investigated the effect of SBP and self-compassion on the urge to self-injure. This present study aimed to examine if self-compassion mediated the relationship between SBP and the urge to self-injure. Participants were 193 university students in Surabaya aged 18-21 years old ($M = 19.92$; $SD = 1.21$), 86.5% was female. They were recruited voluntarily and asked to complete a series of questionnaire online, consisting of the Strength-Based Parenting Scale, Self-Compassion Scale, and the Alexian Brothers Urge to Self-Injure Scale. Mediation analysis was performed using PROCESS Macro for SPSS. Result showed that SBP was not directly related to the urge to self-injure, $t(190) = 0.84$, $p = .40$ (*ns*), but self-compassion mediated the relationship, $ab = -0.93$ [-1.30, -0.57]. SBP positively influenced self-compassion, $a = 0.17$, $t(191) = 5.70$, $p < .001$, and self-compassion negatively influenced the urge to self-injure, $b = -5.49$, $t(192) = -8.74$, $p < .001$. Further exploration revealed that self-judgment and over-identification influenced the urge to self-injure, $t(186) = -3.35$, $p < .01$ and $t(186) = -1.98$, $p < .05$, respectively. Therefore, self-compassion trainings and activities to reduce self-criticism and to identify negative thoughts or feelings might play an important role in preventing and overcoming the urge to self-injure in university students.

Keywords: self-compassion; self-injury; strength-based parenting; undergraduate students

INTRODUCTION

35 The Covid-19 pandemic has led to many changes. In addition to the high mortality rate resulting from the coronavirus, the physical and social restrictions to prevent the spread of the virus have brought major changes in society, including university students. The large-scale social restrictions (PSBB), as well as public activity restrictions (PPKM), have been implemented since April 2020, requiring students to change their mode of learning from face-to-face learning to online learning (CNN Indonesia, 2020). Activities involving many people were also prohibited. These drastic changes have seriously impacted university students who were still in late adolescence (18-21 years old; Santrock, 2013), particularly in terms of their social interactions with peers, independence from parents, and academic adjustments.

A study has shown that loneliness and social isolation during the pandemic contributed to

mental health problems among adolescents (Loades et al., 2020). In addition, considering adolescents spent most of their time at home, their independence from their parents tended to decrease, especially at the beginning of the pandemic (Bülow et al., 2021). Disrupted routines also affect parent-adolescent relationships, including increased conflicts leading to emotional or psychological problems such as loneliness and depressive tendencies in adolescents (Liu et al., 2021).

Meanwhile, adolescents were also required to adjust to online lectures. During the pandemic, they needed to quickly adapt to learning technology and deal with technical problems, such as connection issues, that often occur during online learning. These circumstances were found to affect students' stress levels (Andiarna & Kusumawati, 2020; Harahap et al., 2020). Furthermore, the study of Andiarna and Kusumawati (2020) on 285 undergraduate students in Java showed that 96% of female respondents and 93% of male

respondents reported experiencing severe academic stress due to various problems, such as the demand to study independently, difficulty in understanding online teaching materials, overload assignments, connection problems, high internet cost, and parental pressure. In contrast, a study conducted before the pandemic showed that 77.2% of psychology students from different universities experienced low stress levels (Mulya & Indrawati, 2016). Another study conducted before the pandemic showed that 21% of undergraduate nursing students had moderate levels of stress and 3% had severe levels of stress, and friendship was the most likely stressor for these students (Hidayatullah & Aminoto, 2018). The difference in the stress levels before and during the pandemic, as well as the shifting of the stressors from friendship to online learning indicates the need to address mental health problems. Stress that is not managed properly can lead to depression and further to self-injury (Schwartz-Mette et al., 2022).

14 There are two types of self-injury, namely non-suicidal self-injury (NSSI) and suicidal self-injury or suicidal behavior. In contrast to suicidal self-injury, where harmful behavior aims to end one's life, NSSI is a harmful behavior intentionally performed to reduce discomfort, seek attention, or avoid certain circumstances (Nock, 2010). This includes skin cutting, biting oneself to the point of bleeding, skin burning, hair pulling, and substance abuse (Parks, 2010). NSSI often occurs in adolescents, including undergraduate students (Cipriano et al., 2017; Elvina & Bintari, 2021); for this reason, this study focused on NSSI.

During the Covid-19 lockdown, NSSI was generally occurred because of social isolation and loneliness, although these were not the main reasons why people engage self-injury (Hawton et al., 2021). A study by Hidayati et al. (2021) showed that 100 university students (46.51%) in Indonesia deliberately self-injured with the main reasons of reducing negative emotions and punishing themselves. Similarly, a study conducted by Elvina and

Bintari (2021) on 311 people aged 18-29 in Indonesia also showed that 40.2% (125 people) deliberately injured themselves and that 47.2% of them continued to do it in the past year.

According to Parks (2010), self-injury behavior is a result of negative feelings such as anxiety, anger, and fears that develop and become more intense, ultimately causing an individual to experience emotional exhaustion and become unable to deal with stress. A different point of view indicates that self-injury is performed to free oneself from shame or guilt of violations, mistakes, or failures (McKenzie & Gross, 2014). Research has shown that feelings of shame, self-criticism, and fear of self-compassion are associated with stress and depressive symptoms and could further develop into self-injury behavior in adolescents (Xavier et al., 2016a). Another study showed that self-compassion serves as a protective factor to reduce depressive symptoms that lead to self-injury (Xavier et al., 2016b).

Self-compassion is considered a positive coping strategy when an individual has to deal with difficult circumstances such as failure and helplessness (Allen & Leary, 2010). Self-compassion consists of three dimensions, i.e., self-kindness, common humanity, and mindfulness. Self-kindness refers to a warm and understanding attitude towards oneself, particularly when an individual comes up against failures and helplessness. This attitude is contrary to self-judgment, characterized by self-blaming and self-criticizing. Common humanity is an awareness that difficulties and failures are common circumstances in life. In contrast to common humanity, isolation is a mindset in which an individual thinks that he or she is the only one who suffers. Meanwhile, mindfulness signifies total acceptance of difficulties without judgment. The opposite of mindfulness is over-identification, which reflects an overreaction to negative thoughts or feelings (Germer & Neff, 2013). Self-compassion helps an individual deal with life's challenges. Research showed that self-

compassion was positively correlated with happiness and negatively correlated with stress and depression (Fong & Loi, 2016). Since university students have to face major challenges during the pandemic, research on self-injury needs to take into account self-compassion as an internal factor that might contribute to the decline in the rate of self-injury.

In addition to internal factors, there are external factors that could influence the urge to self-injure in adolescents. One of them is family, particularly how parents treat their adolescent children (Cipriano et al., 2017). Parents who are overcontrolling, unsupportive, or even abusive can leave the child feeling insecure and neglected, eventually leading to self-injury behavior. Additionally, dysfunctional parenting, as well as a lack of trust and attention from parents are also associated with self-injury behavior (Baetens et al., 2014; Bureau et al., 2010). On the other hand, parental support plays an important role in preventing the recurrence of self-injury behavior (Muehlenkamp et al., 2012). Overall, the relationship between parents and their adolescent child may influence the urge to self-injure. Given that university students spent most of their time at home during the pandemic, the influence of family environment, in particular parental behavior, becomes more pronounced. A study conducted during the recent pandemic showed that positive parent-adolescent relationships increased adolescent adjustment; however, negative parent-adolescent relationships were associated with emotional and behavioral problems in adolescents (Campion-Barr et al., 2021). Thus, perceived negative parenting may trigger self-injury behavior among undergraduate students during the pandemic, while perceived positive parenting may reduce the urge to self-injure. This study focused on a parenting style that is based on the perspective of positive psychology, in this case, Strength-Based Parenting (SBP), to examine the extent to which this parenting style contributes to the urge to self-injure among university students.

SBP is a parenting style employed deliberately to recognize and cultivate conditions, processes, and positive qualities in children (Waters, 2015a, 2017). Parents who implement SBP seek to identify their children's strengths (strength knowledge) and provide opportunities for their children to develop such strengths (strength use). Furthermore, parents who adopt SBP will encourage their children to deal with stress by using their strengths (including their character strengths) and utilizing resources around them (Waters, 2015b). Children can then develop more positive coping strategies in order to adjust well (Waters, 2015b). Parents who focus more on their children's strengths and provide space for the children to develop their strengths will have children with high levels of self-confidence and self-esteem (Sumargi & Firlita, 2020). In this situation, children will use their strengths and potential when challenged with a problem (Waters, 2015b). Research on SBP shows that SBP has a positive impact on adolescent well-being (Sumargi & Giovanni, 2021) and self-esteem (Sumargi & Firlita, 2020). SBP was also found to be positively associated with self-compassion among university students (Ratna et al., 2021). Parents who support children's strength development are more likely to encourage their children to feel positive about themselves, to be warm and self-accepting, as well as to be non-judgmental.

To date, there has been no research showing the relationship between SBP, self-compassion, and the urge to self-injure among university students, particularly during the Covid-19 pandemic. This study specifically aimed to examine whether self-compassion mediates the relationship between SBP and the urge to self-injure. The results are expected to give practical benefits for policymakers in the field of family welfare and education, as well as psychologists regarding the importance of promoting adolescents' mental health through prevention initiatives and early intervention for self-injury. In the light of previous studies, SBP was found to be correlated with self-

compassion (Ratna et al., 2021), and self-compassion was found to be associated with the urge to self-injure (Xavier et al., 2016b); thus, this study hypothesized that SBP would affect the urge to self-injure through self-compassion in university students.

METHOD

This study was a quantitative study with SBP as the independent variable, self-compassion as the mediator variable, and self-injury as the dependent variable. The research protocol has passed the ethical review process by the Health Research Ethics Committee of Widya Mandala Surabaya Catholic University and was declared to be in accordance with the Ethical Guidelines for Health-Related Research Involving Humans, CIOMS Geneva.

The participants were 193 university students in Surabaya. Surabaya was chosen as the location of the study because the city was once labeled a “dark red” zone due to a large number of Covid-19 cases. Therefore, the enforcement of public activity restrictions was even stricter (Salman & Faizal, 2020).

Of the 193 participants, 86.5% were female students. Based on the age range for late adolescence (Santrock, 2013), the age range of participants in this study was 18-21 years old ($M = 19.92$; $SD = 1.21$). A total of 110 adolescents (57%) came from public universities and 83 (43%) from private universities in Surabaya. Around 31% of the students were in their second year, and 29.5% were in their third. Next, 24% of participants were in their first year, 15% in their fourth year and only 0.5% had been studying for more than four years. Participants took various majors, the top three of which were social sciences (27%), business (13.5%), and health sciences (13%). One hundred and thirty participants (67%) had self-injured at some point, while the rest (33%) had never self-injured.

The study used incidental sampling, anyone who met the characteristics of the study

population (i.e., university students aged 18-21 years old) and provided their consent could participate. In other words, they were recruited voluntarily for this study. Data collection was carried out by distributing research information along with the link to the questionnaire online, including through social media such as Instagram. All participants completed the questionnaire online.

The measure used in this study was a series of questionnaires consisting of three types of scales, i.e., Strength-Based Parenting Scale (SBPS; Waters, 2015a), Self-Compassion Scale (SCS; Neff, 2003), and Alexian Brothers Urge to Self-Injure Scale (ABUSI; Washburn et al., 2010). SBPS and SCS had been translated into Indonesian in previous studies (Ratna et al., 2021; Sumargi & Giovanni, 2021), while ABUSI was translated by researchers into Indonesian and went through a review and back translation process by a competent expert in Indonesian and English.

SBPS (Waters, 2015a) consists of 14 items and is divided into two dimensions, namely strength knowledge (7 items) and strength use (7 items). There are seven response options which range from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). The total score is averaged after the negative items are reverse-scored. The internal consistencies of SPBS in this study were $\alpha = .94$ for both strength knowledge and strength use subscales, and $\alpha = .96$ for the whole scale.

SCS (Neff, 2003) consists of 26 items and is divided into six dimensions, namely self-kindness (5 items), self-judgment (5 items), common humanity (4 items), isolation (4 items), mindfulness (4 items), and over-identification (4 items). There are five response options ranging from 1 (*Almost Never*) to 5 (*Almost Always*). All the items in the self-judgment, isolation, and over-identification subscales are reverse-scored. The final score is the average value of all items. In this study, the internal consistencies of SCS were $\alpha = .80$ for self-kindness, $\alpha = .78$ for self-judgment, $\alpha = .80$ for common

humanity, $\alpha = .68$ for isolation, $\alpha = .66$ for mindfulness, $\alpha = .68$ for over-identification, and $\alpha = .91$ for the whole scale.

ABUSI (Washburn et al., 2010) consists of 5 items that reflect the frequency, intensity, and duration of the urge to self-injure, as well as the difficulty of resisting the urge for the past week. There are seven response options ranging from 0 (*None or Not Difficult*) to 6 (*Always or Unable to Resist*). The final score is the sum of all of the items. The internal consistency of ABUSI in this study was $\alpha = .89$.

For data analysis, mediation analysis was performed using the PROCESS macro for SPSS (Model 4, Hayes, 2017). Prior to this, product moment correlation analysis was used to describe the relationships between research variables. Finally, multiple regression analysis was carried out to explore the effects of self-compassion dimensions on the urge to self-injure.

RESULT AND DISCUSSION

Several assumption tests were run prior to data analyses using mediation and multiple regression analyses. Inspections of multivariate outliers using Mahalanobis Distance and Cook's Distance showed no extreme data. The multicollinearity

assumption was met based on the correlation coefficient between the two independent variables (SBP and self-compassion), which was not too high ($r = .38$, see Table 1) and a Tolerance value greater than 0.10 (0.86) and the VIF value smaller than 10 (1.17) for the two independent variables. The linearity assumptions were also met both for self-compassion and SBP, $F(1, 57) = 84.8, p < .001$ and $F(1, 108) = 5.02, p < .05$, respectively. However, the normality and homoscedasticity assumptions were not met. The normality test using Kolmogorov-Smirnov showed that only self-compassion data followed a normal distribution, while the Glejser test for homoscedasticity assumption showed a less homogeneous error variance when self-compassion was considered as a predictor. To overcome the possible bias, the bootstrapping method (calculation by taking multiple data samples) was applied with 5,000 data samples for statistical analysis calculations. The use of the bootstrapping method is recommended when the assumption of normality and homoscedasticity are not met (Field, 2013). Bootstrapping generates a bias-corrected and accelerated 95% confidence interval (BCa 95% CI), indicating the minimum and maximum limit of the calculated statistical coefficients. If the range of values does not include 0, then the results obtained can be declared significant.

Table 1.
Descriptive Data of Research Variable

| Variable | Scale Score Range | M | SD | Correlation | |
|-----------------------------|-------------------|------|------|-------------|---------|
| | | | | 1 | 2 |
| 1. Strength-based parenting | 1-7 | 4.52 | 1.39 | - | - |
| 2. Self-compassion | 1-5 | 2.92 | 0.62 | .38*** | - |
| 3. The urge to self-injure | 0-30 | 6.34 | 5.93 | -.16* | -.55*** |

Note. $N = 193$.

* $p < .05$, *** $p < .001$

Table 1 provides an overview of the research data, including the Mean, Standard Deviation (SD), and correlations between research variables. From the Mean and SD values, it can be concluded that, on average, participants perceived their parents to be relatively frequent in employing strength-

based parenting (the SBP score was above the average of the scale mean). With respect to self-compassion, participants typically still lacked compassion towards themselves (the SC score was slightly below the average of the scale mean). Meanwhile, the scores of the urge to self-injure were relatively varied (the

SD was quite large), although in general, the urge to self-injure in most participants were not severe (the average was below the scale mean).

The results of the product-moment correlations, which were confirmed with the values of *BCa* 95% CI showed that both SBP and self-compassion were statistically significant in the association with the urge to self-injure in the expected directions (i.e.,

negative relationships), $r = -.16, p < .05$ for SBP and $r = -.55, p < .001$ for self-compassion. This indicates that when SBP is applied regularly, and self-compassion is practiced frequently, the urge to self-injure among university students tends to decrease. The relationship between SBP and self-compassion was also statistically significant ($r = .38, p < .001$), indicating that the frequent use of SBP was often followed by an increase in self-compassion.

Table 2.

Path Coefficients and Mediation Effects of Self-Compassion on the Relationship between Strength-Based Parenting and the Urge to Self-Injure

| Path | <i>b</i> | <i>SE</i> | <i>t</i> | <i>p</i> | 95% CI |
|-------------------------------|----------|-----------|----------|----------|----------------|
| SBP → SC (<i>a</i>) | 0.17 | 0.03 | 5.70 | .000 | 0.11 to 0.23 |
| SC → SI (<i>b</i>) | -5.49 | 0.63 | -8.74 | .000 | -6.73 to -4.25 |
| SBP → SI | | | | | |
| Total effect (<i>c</i>) | -0.69 | 0.30 | -2.28 | .024 | -1.29 to -0.09 |
| Direct effect (<i>c'</i>) | 0.23 | 0.28 | 0.84 | .401 | -0.31 to 0.78 |
| SBP → SC → SI | | | | | |
| Indirect effect (<i>ab</i>) | -0.93 | 0.18 | <i>a</i> | <i>a</i> | -1.30 to -0.57 |

Note. *N* = 193. SBP = Strength-based Parenting, SC = Self-compassion, SI = Self-injure.

^a*t* and *p* values were not available because the indirect effect was tested using a bootstrap confidence interval method (Hayes, 2017).

Table 2 shows the results of the mediation analysis using the PROCESS macro for SPSS (Hayes, 2017). In the first path, SBP (independent variable) significantly predicted self-compassion (mediator variable), $t(191) = 5.70, p < .001$. The effective contribution of this model (R^2) was 0.15, $F(1, 191) = 32.46, p < .001$. This suggests that SBP positively influenced self-compassion (i.e., the increase in SBP was followed by the increase in self-compassion). In the second path, the relationship between self-compassion (mediator variable) and the urge to self-injure (dependent variable) was significant, $t(192) = -8.74, p < .001$. This demonstrates that self-compassion negatively influenced the urge to self-injure (i.e., the increase of self-compassion was followed by the decline of the urge to self-injure).

Next, the total effect of SBP on the urge to self-injure was significant, $t(191) = -2.28, p = .02 (p < .05)$, while the direct effect of SBP on the urge to self-injure by controlling self-

compassion (mediator variable) was not significant, $t(190) = 0.84, p = .40 (ns)$. The overall model of SBP and self-compassion toward the urge to self-injure was $R^2 = .31, F(2, 190) = 41.85, p < .001$.

Finally, the indirect effect of SBP (independent variable) on the urge to self-injure (dependent variable) through self-compassion (mediator variable) was tested using the bootstrap confidence interval method with 5,000 bootstrap samples and 53447598 as the random seed number. The bootstrap confidence interval is a highly recommended method for making inferences about an indirect effect (Hayes, 2017). In this study, the indirect effect was significantly different from zero, as revealed by a 95% bootstrap CI ranging from -1.30 to -0.57, which indicates that 0 was not included in this range; thus, the indirect effect was significant. Figure 1 represents the mediation analysis with the effect coefficients and standard error for each pathway.

Considering that the direct effect was not significant, but the indirect effect was significant, it concludes that the influence of SBP on the urge to self-injure was fully mediated by self-compassion, and therefore the hypothesis was confirmed.

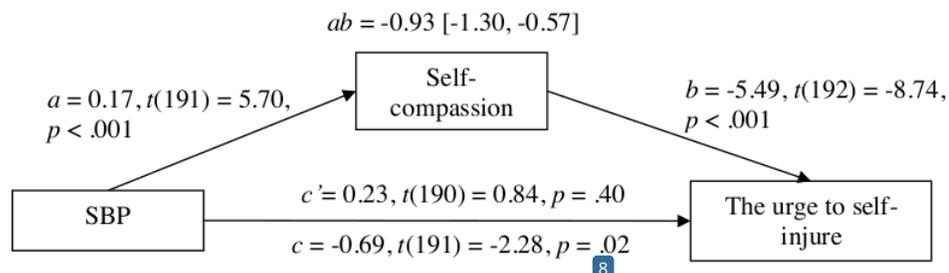


Figure 1. Path Model for Mediation Analysis of SBP and the Urge to Self-Injure with Self-Compassion as the Mediator

Note. The figure shows unstandardized regression coefficients.

This study's result supports the previous finding, which revealed a positive relationship between SBP and self-compassion (Ratna et al., 2021). Parents who are perceived as practicing positive parenting (in this case, parents who recognize and support children's strengths) are likely to encourage their children to have a positive view of themselves and become self-compassionate individuals. Self-compassion is seen as a loving attitude and willingness to understand oneself. In addition, self-compassionate individuals do not blame themselves when they face failures or suffering; they understand that everyone makes mistakes and fails sometimes. These individuals accept reality without immersing themselves in negative thoughts and feelings (Germer & Neff, 2013). Parents may cultivate this attitude by focusing on their children's positive qualities instead of their weaknesses and flaws. The positive attitude displayed by parents may be adopted and internalized by their children; thus, children who are in late adolescence maintain focus on their strengths, are appreciative towards themselves and are less likely to self-blame (Ratna et al., 2021).

Furthermore, the present study reveals that the effect of SBP on self-compassion can be extended to the urge to self-injure. The urge might be minimized by fostering self-compassion. Several studies have shown the negative associations of self-compassion with stress and depression (Bluth & Blanton, 2015;

Fong & Loi, 2016; Muris et al., 2016; Raes, 2011). University students with high levels of self-compassion were more likely to have low levels of depression; this relationship was partially mediated by a decline in repetitive negative thinking (Raes, 2010). Similarly, Muris et al. (2016) found a negative relationship between self-compassion, especially in the mindfulness dimension, with anxiety and depressive symptoms in adolescents. A study conducted by Fong and Loi (2016) on university students in Australia showed that self-compassion was positively associated with well-being and negatively associated with stress. Self-compassion was found to improve life satisfaction and change an individual's perceptions to be more positive when dealing with life challenges (Bluth & Blanton, 2015). Furthermore, Xavier et al. (2016b) stated that self-compassion acts as a moderator in the relationship between depressive symptoms and self-injury behavior in adolescents. Individuals with low levels of self-compassion are likely to have a tendency towards depression, which further leads to self-injury. Thus, it is important to address the role of self-compassion as a protective factor to reduce the urge to self-injure in adolescents.

The results of the present study reveal the relationship mechanism between positive parenting, such as SBP, with self-compassion and the urge to self-injure in university students. To date, the existing research has

only highlighted the impact of negative parenting, such as overcontrolling, lack of parental support and attention, parental rejection, and inconsistent parenting practices, on adolescents' urge to self-injure (Baetens et al., 2014; Bureau et al., 2010; Burešová et al., 2015; Fong & Loi, 2016). This study confirms the positive impact of SBP in supporting adolescents' mental health (Ratna et al., 2021; Sumargi & Firlita, 2020; Sumargi & Giovanni, 2021). SBP can serve as a protector factor against self-injury which is valent among adolescents, particularly during the Covid-19 pandemic. Based on the data collected, 67% of the 193 university students who voluntarily participated in this study reported that they conducted self-harm. Although, on average, participants' urge to self-injure was quite low, a large variation was identified in the individual participant data ($M = 6.34$; $SD = 5.93$, see Table 1). Further inspection of the data revealed that about 13%

of participants reported that their urge to self-injure was at above average level (above the mean score of the ABUSI scale). This indicates the urgency to address mental health problems in university students during the recent global pandemic. University students had to face academic challenges, as well as physical and social limitations during the pandemic that potentially influenced their levels of stress and depression (Andiarna & Kusumawati, 2020; Harahap et al., 2020; Liu et al., 2021).

In this study, multiple regression analysis was conducted to reveal the self-compassion dimensions that significantly influenced the urge to self-injure. As shown in Table 3, the results showed that self-judgment, $t(186) = -3.35, p < .01$, and over-identification, $t(186) = -1.98, p < .05$, were the two significant predictors of the urge to self-injure.

Table 3.

Regression Analysis of Self-Compassion Dimensions on the Urge to Self-Injure

| Self-Compassion Dimensions | <i>b</i> | <i>SE b</i> | <i>B</i> | <i>BCa 95% CI</i> | <i>t</i> | <i>p</i> |
|----------------------------|----------|-------------|----------|-------------------|----------|----------|
| Self-kindness | -0.81 | 0.84 | -0.11 | [-2.42, 0.82] | -1.14 | .346 |
| Self-judgment | -2.18 | 0.62 | -0.31 | [-3.33, -0.99] | -3.35 | .001 |
| Common humanity | -1.01 | 0.62 | -0.15 | [-2.20, 0.23] | -1.77 | .105 |
| Isolation | -0.31 | 0.54 | -0.04 | [-1.42, 0.70] | -0.51 | .567 |
| Mindfulness | 0.65 | 0.73 | 0.08 | [-0.76, 2.03] | 0.91 | .374 |
| Over-identification | -1.22 | 0.60 | -0.17 | [-2.32, -0.02] | -1.98 | .043 |
| Constant value | 19.14 | 1.64 | - | [16.12, 22.32] | 10.18 | .000 |
| <i>F</i> (6, 186) | | | | 16.29 | | .000 |
| <i>R</i> ² | | | | .35 | | |

Note. $N = 193$.

The result is consistent with the previous finding indicating that self-criticism was a significant predictor that influenced directly and indirectly (through depressive symptoms) self-injury behavior in adolescents (Xavier et al., 2016a). In this case, adolescents may have considered self-injury as self-punishment due to their negative views of themselves (e.g., they are worthless or unwanted and always make mistakes). Along with a negative self-image, negative feelings, such as anger and hatred, also escalate, leading to depressive

symptoms (Xavier et al., 2016a). Another study showed that repetitive negative thoughts, similar to over-identification, significantly increased anxiety and depressive symptoms (Raes, 2010). The relationships between self-compassion with depression and anxiety are likely to be mediated by repetitive negative thoughts; thus, individuals with high levels of self-compassion are less likely to sustain negative thoughts, and as a result, they have low levels of depression and anxiety (Raes, 2010). In line with these studies, the

present study confirms that reduced self-judgment and over-identification are likely to be associated with a decreased urge to self-injure.

CONCLUSION

In accordance with the aim of this study, which was to reveal the relationship mechanism between SBP, self-compassion, and the urge to self-injure in university students during the Covid-9 pandemic, it can be concluded that SBP significantly influenced the urge to self-injure through self-compassion (the mediation hypothesis was confirmed). Self-judgement and over-identification were the two dimensions of self-compassion that significantly influenced the urge to self-injury. These findings have practical implications, i.e., to help parents to understand the importance of identifying their children's strengths (strength knowledge) and encouraging them to use their strengths (strength use) to avoid depression and self-injury behavior. Additionally, policymakers and psychologists can develop training and activities to enhance self-compassion in order to minimize self-criticism as well as to identify negative thoughts or feelings (such as compassionate self-talk; Germer & Neff, 2019). Future research may study the extent to which self-compassion training can prevent and overcome the urge to self-injure in university students. Future research should also involve more university students (particularly males) from different cities throughout Indonesia in order to have a broader picture and to generalize the findings.

ACKNOWLEDGEMENT

The researchers would like to thank Widya Mandala Surabaya Catholic University for supporting this study through internal research grants and, therefore, allowing this research to be conducted and disseminated.

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