Low Self-Esteem, Coping Stress, Emotional Regulation, and Coping Stress Significantly Increase Self-Injury in Students

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Abstract

Self-injury in students should be avoided. As a foundation for developing a self-injury prevention program, it is vital to identify the elements that induce self-injury. This study aims to assess the effect of self-esteem, coping with stress, emotional regulation, and self-compassion on self-injury, as well as the coefficient of determination and regression model. The study included forty junior high school students who had self-injured. Various scales were tested, including the self-esteem scale, coping stress scale, emotion regulation scale, self-compassion scale, and self-injury scale. A multiple regression test was used to analyze the data with SPSS 26. Self-esteem (X1), coping stress (X2), emotional control (X3), and self-compassion (X4) all contributed 65.5 percent to self-injury (Y). School counselors must enhance self-esteem, coping with stress, emotional regulation, and self-compassion in students to prevent self-injury.

Keywords: self-esteem, coping stress, self-compassion, self-injury, student

Introduction

Individuals with self-injury have a psychiatric illness. Non-Suicidal Self-Injury (NSSI) is another word for the act of inflicting intentional injury on specific portions of the body to cause tissue damage. Although not suicidal, this behavior deviates from the social norm (Beauchaine et al., 2019; Behavior, 2019; Schroder et al., 2017). Self-injury such as cutting, burning, and self-beating was carried out by 6% of adults and 15% of teenagers (Witt et al., 2021; Behavior, 2017). This conduct has been linked to psychopathology, including mood swings, anxiety, eating disorders, and attempted suicide (Schroder et al., 2017; Behavior, 2018b; Steinhoff et al., 2021),

Data on self-injury problems in Indonesia are shown by several research results as follows. Into the Light and Change.org Indonesia (2021) conducted a survey involving 5.211 participants from 34 provinces in Indonesia. Teenagers (18-24 years old) and young adults (25-34 years old) participated in the survey. In the previous month, 98% of those polled reported feeling lonely. Suicidal thoughts or self-harm were reported by two out of five subjects. In addition, more than half of survey participants from sexual minority groups (non-heterosexual; 57%) and gender minorities reported feelings of loneliness, suicide, and self-harm (intersex, transgender, and others; 56%) (Change.org, 2021). Furthermore, according to Ho (2019), a third of Indonesians (36%) had self-harmed. This is particularly true among young Indonesians, nearly half (45%) self-harming (Ho, 2019). Farida and Mohammad (2021), reported the results of their survey of 200 students at one of East Java's state institutions and found that 38% of them had injured themselves five to ten times. NSSI behavior includes cutting, biting, carving, pinching, pulling hair, scratching, hitting, interfering with wound healing, stabbing, and ingesting harmful substances.

Suicide risk is often found in self-injury offenders. Many studies have concluded that individuals with a history of NSSI have a greater chance of committing suicide (Muehlenkamp et al., 2018; Behavior, 2019; Behavior, 2017). The data showed that in the general population of NSSI, 4% were self-employed, and 4.3%-17% in the population of NSSI patients with mental disorders committed suicide. There is a population of patients with a history of NSSI treated for therapy, as many as 5% died by suicide within 10 years. In Southeast Asia, injuries by NSSI cause death more often than suicide attempts (Hasking et al., 2018; Beauchaine et al., 2019; Taliaferro et al., 2018).

In the academic aspect, a student with cases of self-injury shows disturbances in learning motivation and low learning achievement. They lack interest in studying, leaving classes, and skipping classes. Schoolwork is frequently neglected, and classroom learning involvement is mostly passive (Riggi et al., 2016; Gandhi et al., 2017). Some self-injury children displayed bad social behaviors in school, such as being isolated, having difficulties communicating, lacking self-confidence, apathy, and avoiding friendship interactions. They usually exclusively make acquaintances with a few students and have strict cliques (Gandhi et al., 2017; Steinhoff et al., 2021;

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Daukantaitė et al., 2021). They also underperformed in school in terms of academics and non-academic activities. Low academic achievement and poor socializing skills are factors and consequences that interact to influence student self-injury.

Self-esteem is one factor that determines a person's behavior and quality of life. Individuals with high self-esteem have faith in their abilities and a sense of self-importance, which leads to self-assured behavior (Satuf et al., 2018; Hyatt et al., 2018; Kim & Beehr, 2018). On the other hand, individuals with low self-esteem generally believe they are inadequate, are anxious and fearful, have poor communication skills, worry about other people's reactions, and believe their lives are (Baiden et al., 2017; Kolubinski et al., 2018). Students that engage in self-injury have these low self-esteem features as well. As a result, evidence of the association between self-esteem and self-injury is required.

Another factor is determining people's ability to deal with life's obstacles in their ability to cope with stress (Abaied & Rudolph, 2011; Liang et al., 2020). Coping stress refers to a person's ability to handle and overcome life pressures brought on by his problems. Individuals skilled at dealing with stress can discover positive solutions to their problems. On the other hand, individuals with poor stress-coping skills cannot face obstacles and will negatively solve them (Białczyk et al., 2020; McLafferty et al., 2019; Skapinakis et al., 2020). Individuals who can manage stress are good, have a positive attitude toward their environment, can find strength, and have creative while making decisions about the problem (Riggi et al., 2016; Steinhoff et al., 2021). Students who self-injure do so because they cannot deal with the issues they confront in life. His helplessness in confronting the issue.

Emotional regulation impacts a person's attitudes and behavior in reaction to life experiences. Individuals with effective emotional regulation can express themselves satisfactorily and acceptably in reaction to their circumstances. Preece et al., (2022) define emotional regulation as "the process by which humans control the emotions they perceive and express when they meet them." There are two approaches to emotional regulation: (1) Cognitive reappraisal (cognitive re-weighing) is a type of cognitive transformation in which probable emotional core situations are considered, resulting in a change in emotional influence. (2) Expressive Suppression (the deliberate suppression of emotional expression) is a sort of responsible disclosure that slows down the process of expressing an emotion (Lemos et al., 2021; Rodríguez-Sabiote et al., 2021; Preece et al., 2020). Those with good emotional control skills express emotional displays that are pleasing to both the self and others. Social standards govern how emotions are conveyed. On the other hand, individuals who lack emotional control express emotions that contradict cultural norms and provoke negative responses from others (Hiekkaranta et al., 2021; Arató et al., 2022; Daros & Ruocco, 2021). Self-harm is a method of emotional expression that is not socially acceptable. The perpetrator of self-injury is frequently linked to a lack of emotional control.

Self-compassion has been demonstrated to link to a person's psychological adaptive function, reduce anxiety and despair, and improve wisdom and emotional intelligence. Compassion is defined as the affection we get when we witness someone suffering, which motivates us to strive to comprehend and feel what he is going through and the desire to help, care and understand. Compassion for oneself is self-compassion (Neff et al., 2007; Pommier et al., 2020; Neff et al., 2021). Self-compassion is characterized by Pommier et al., (2020), and Neff et al., (2021) has three components: self-kindness, a sense of universal humanity, and mindfulness, as expressed in many Buddhist Master's teachings. According to the findings of Neff's research, a person with high self-compassion is more able to feel comfortable in social situations and accepts himself as he is, as well as increase wisdom and emotional intelligence and trigger better emotional coping skills. Self-injury is caused by a lack of compassion for oneself, humanity, and self-awareness (Neff et al., 2007; Heriot-Maitland et al., 2019; Bluth & Blanton, 2014; Lathren et al., 2019).

Cases of student self-injury have not been adequately resolved in schools as a preventative or cure effort. Identifying the major elements contributing to self-injury is vital to avoid it. It is critical to identify the triggering variables so that preventive actions can be implemented confidently (Riggi et al., 2016; Baiden et al., 2017; Taliaferro et al., 2018; Glenn et al., 2019). However, the primary elements contributing to self-injury behavior have yet to be identified. The findings of factors that cause self-injury were used to build counseling advice programs in schools to prevent students from self-injuring. Based on the background, this study aims to evaluate the relationship and influence of self-esteem, coping stress, and self-compassion towards self-injury, as well as the coefficient of determination and model of the equation of multiple linear regression. The solution to this study problem provides crucial information for schools, particularly school counselors, who put together self-injury prevention programs for students.

Method

This study aims to see how self-esteem, coping with stress, emotional control, and self-compassion affect self-injury. The participants in the study were 40 junior high school pupils who had been recognized as self-injuring. They ranged in age from 13 to 15, with 26 women and 14 men. The offenders of self-injury were identified based on classroom observations and case records of student difficulties at school. Students who were recognized as self-injuring were given self-esteem scales, coping stress scales, self-compassion scales, and a self-injury scale. The self-esteem Inventory Scale (SE-IS) was used to determine self-esteem, comprising markers such as acceptance, virtue, influence, and achievement (Gnambs & Schroeders, 2020; Perez-Gramaje et al., 2020). The Coping Stress Inventory Scale (CS-IS), which uses the Frech Ways of Coping Checklist (WCC-R) tool, is used to determine the level of coping stress (Skapinakis et al., 2020; Adrian et al., 2019). Gross and John's ERQ (Emotion Regulation Questionaire) instrument was used to assess emotional regulation (2003). The questionnaire has ten items rated on a scale of 1 to 7, with 1 indicating "strongly disagree" and 7 indicating "strongly agree." The level of self-compassion is measured by a self-compassion ion scale (SCS) instrument. SCS includes three indicators which include 1) Self-kindness, 2) Common humanity, and 3) Mindfulness (Pommier et al., 2020; Neff et al., 2021; Neff & Germer, 2013). The scale self-Injury instrument is adapted from the Self-Injury Questionnaire Treatment-Related (SIQ-TR), which has four aspects: frequency in a given period, frequency distribution, attitude, affection, and functionality (Behavior, 2018a; Witt et al., 2021; Glenn et al., 2016). To find out the relationship, influence, contribution, and model of the predictor variable regression equation on self-injury, multiple regression analysis techniques were used with the help of the SPSS 26 program.

Results and Discussion

A. Test Analysis Requirements

Before using regression analysis, statistical requirements tests such as normality, linearity, and heteroskedasticity tests were performed. The following is a summary of the regression analysis requirements test results. The normality test uses the Shapiro-Wilk method. Table 1 summarizes the findings (1) self-esteem has a significance value (Sig) of.401>.05, which indicates that the data is normally distributed, and (2) coping stress has a significance value (Sig) of.152>.05, which indicates that the data is normally distributed, (3) the emotional regulation has a significance value (Sig) of.081>.05, which indicates that the data is normally distributed, and (4) the self-compassion has a significance value (Sig) of .085>. 05, then the data is normally distributed.

Table 1

Normality Test Results

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Itself.	Statistic	df	Itself.
SelfInjury	.112	40	.200*	.973	40	.437
Self esteem	.105	40	.200*	.972	40	.401
Copingstress	.113	40	.200*	.959	40	.152
EmotionalReg	.115	40	.199	.951	40	.081
Selfcompassion	.117	40	.179	.951	40	.085

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Table 2 shows a linear correlation between self-esteem (X1) and self-injury (Y1), with a value of.206 >.05.

Table 2

Self-Esteem to Self-Injury Linearity Test

ANOVA Table

			Sum of Squares	df	Mean Square	F	Itself.
SelfInjury *	Between	(Combined)	6888.150	24	287.006	1.578	.181
Self-esteem	Groups	Linearity	564.092	1	564.092	3.102	.099
		Deviation from Linearity	6324.058	23	274.959	1.512	.206
		Within Groups	2727.750	15	181.850		
		Total	9615.900	39			

Table 3 shows a linear correlation between the factors of coping stress (X2) and self-injury (Y). The two variables have a linear relationship of .291 >.05.

Table 3

Coping Stress to Self-Injury Linearity Test

ANOVA Table

			Sum of Squares	df	Mean Square	F	Itself.
SelfInjury * Copingstress	Between Groups	(Combined)	6667.150	24	277.798	1.413	.246
		Linearity	676.965	1	676.965	3.444	.083
		Deviation from Linearity	5990.185	23	260.443	1.325	.291
	Within Groups		2948.750	15	196.583		
	Total		9615.900	39			

Table 4 shows there is a linear correlation between the variables of self-compassion (X3) and self-injury (Y), as evidenced by a correlation of .706 >.05.

Table 4

Emotional Regulation to Self-Injury Linearity Test

ANOVA Table

			Sum of Squares	df	Mean Square	F	Itself.
SelfInjury * EmotionalReg	Between Groups	(Combined)	5885.233	25	235.409	.883	.620
		Linearity	845.998	1	845.998	3.175	.096
		Deviation from Linearity	5039.236	24	209.968	.788	.706
	Within Groups		3730.667	14	266.476		
	Total		9615.900	39			

Table 5 demonstrates that the variables self-compassion (X4) and self-injury (Y) have a linear correlation (.889 >.05).

Table 5

Self-Compassion to Self-Injury Linearity Test

ANOVA Table

			Sum of Squares	df	Mean Square	F	Itself.
SelfInjury * Self-compassion	Between Groups	(Combined)	4934.817	24	205.617	.659	.824
		Linearity	828.495	1	828.495	2.655	.124
		Deviation from Linearity	4106.322	23	178.536	.572	.889
	Within Groups		4681.083	15	312.072		
	Total		9615.900	39			

Table 6 shows the results of the heteroskedasticity test (Glejser) that: (1) self-esteem (X1) has a significant value (Sig) .138 >. 05, (2) coping-stress (X2) has a significance value (Sig) .168 >. 05, (3) emotional regulation (X3) has a significance value (Sig) .849 >. 05, (4) self-compassion (X4) has a significance value (Sig) .503 >. 05. Thus, it can be concluded that regression models have no heteroskedasticity in the overall predictor variables X1, X2, X3, and X4.

Table 6

Heteroskedasticity Test

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Itself.
		B	Std. Error	Beta		
1	(Constant)	37.695	17.837		2.113	.042
	Selfesteem	-.942	.621	-1.039	-1.518	.138
	Coping stress	1.106	.785	1.340	1.409	.168
	EmotionalReg	.189	.984	.234	.192	.849
	Self-compassion	-.660	.975	-.809	-.677	.503

a. Dependent Variable: Abs_RES

B. Self-esteem and Self-Injury Correlations, Coefficients of Determination, and Regression Models

According to Table 7, the t score = -6.88, and the significance value (Sig) of self-esteem is .000. It can be concluded that self-esteem impacts self-injury. The correlation between self-esteem and self-injury is negative (-.715), indicating that the higher one's self-esteem, the lower one's risk of self-injury. Self-injury is more common when one's self-esteem is low. The formula of regression is $Y= 147.86_{+}(-0.715)X_1$.

Table 7

Dependent Coefficient of variable Y

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Itself.
		B	Std. Error	Beta		
1	(Constant)	147.862	4.396		33.635	.000
	self-esteem	-.715	.104	-.745	-6.888	.000

a. Dependent Variable: self-injury

Table 8 shows the coefficient of determination (R Square) is .555, implying that the effect of self-esteem on self-injury is 55.5%, while other factors influence the remaining 44.5%.

Tables 8

Coefficientndetermination of Self Esteem (X1)

Modell Summary

Model	R	R Square	Adjusted R Square	Std. The error in the Estimate
1	.745[a]	.555	.544	9. 227

a. Predictors: (Constant), Self Esteem

C. Coping-Stress and Self-Injury Correlations, Coefficients of Determination, and Regression Models

According to Table 9, the t score = -6.01, and the significance value (Sig) of coping stress is .000. It is reasonable to conclude that coping stress affects self-injury. The correlation is negative (-.673), implying that the greater the coping stress, the lower the risk of self-injury. The risk of self-injury increases as coping stress decreases. The formula of regression is $Y = 149.435_{+}(-.673)X_2$.

Table 9

Dependent Coefficient of variable Y

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Itself.
		B	Std. Error	Beta		
1	(Constant)	149.435	5.251		28.461	.000
	coping stress	-.673	.112	-.698	-6.013	.000

a. Dependent Variable: self-injury

Table 10 shows that the coefficient of determination (R Square) is .488, implying that the effect of self-esteem on self-injury is 48.8%, while other factors influence the remaining 41.2%.

Table 10

Coping Stress coefficient of determination (X2)

Model Summary

Model	R	R Square	Adjusted R Square	Std. The error in the Estimate
1	. 698[a]	. 488	. 474	9. 904

a. Predictors: (Constant), Coping Stress

D. Emotional Regulation and Self-Injury Correlations, Coefficients of Determination, and Regression Models

Table 11 shows the t score = -5.365 and Sig .000. It can be concluded that self-injury is mediated by emotional regulation. The correlation is negative (-.731), implying that the better one's emotional regulation, the less one injures oneself. The lesser the emotional regulation, the greater the risk of self-injury. The model regression is Y = 154. 224+ (-. 731) X_3.

Table 11

Dependent Coefficient of variable Y

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Itself.
		B	Std. Error	Beta		
1	(Constant)	154.224	6.715		22.967	.000
	emotional regulation	-.731	.136	-.657	-5.365	.000

a. Dependent Variable: self-injury

Table 12 shows that the coefficient of determination (R Square) is .431. It can be inferred that emotional regulation contributes 43.1% to self-injury and that other factors influence 56.9%.

Table 12

Coefficient of determination of emotional regulation (X3)

Model Summary

Model	R	R Square	Adjusted R Square	Std. The error in the Estimate
1	-.657[a]	.431	.416	10.436

a. Predictors: (Constant), emotional regulation

E. Self-Compassion and Self-Injury Correlations, Coefficients of Determination, and Regression Models

Table 13 shows that the t = -4.03 and the significance value (Sig) is .000. It can be concluded that self-compassion impacts self-injury. The correlation is negative (-4.82), indicating that the higher the coping stress, the lower the risk of self-harm. The lower the coping stress, the greater the risk of self-injury. The formula of regression is Y = 142. 169+ (-. 482) X_2.

Table 13

Dependent Coefficient of variable Y

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Itself.
		B	Std. Error	Beta		
1	(Constant)	142.169	5.963		23.840	.000
	self-compassion	-.482	.120	-.547	-4.030	.000

a. Dependent Variable: self-injury

Table 14 shows that the correlation coefficient (R) is .547, and the coefficient of determination (R Square) is .299. It can be concluded that self-compassion contributed 29.9% to self-injury, with the remaining 69.1% impacted by other factors.

Table 14

Coefficient of determination of emotional regulation (X3)

Model Summary

Model	R	R Square	Adjusted R Square	Std. The error in the Estimate
1	.547[a]	.299	.281	11.581

a. Predictors: (Constant), self-compassion

F. Self-Esteem, Coping Stress, emotional regulation, self-compassion and Self-Injury Correlations, Coefficients of Determination, and Regression Models

Based on Table 15, F= 16. 628 with a value of significant (Sig) of .000< .001. It was concluded that *self-esteem* (X_1), *coping stress* (X_2), emotional regulation (X_3), and self-compassion (X_4) simultaneously had a significant effect on *self-injury* (Y).

Table 15

ANOVA Test Results

ANOVA

Model		Sum of Squares	df	Mean Square	F	Itself.
1	Regression	4766.265	4	1191.566	16.628	.000[b]
	Residual	2508.135	35	71.661		
	Total	7274.400	39			

a. Dependent Variable: self-injury

b. Predictors: (Constant), self-esteem, self-compassion, emotional regulation, coping stress

Table 16

Multiple Regression Coefficient

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Itself.
		B	Std. Error	Beta		
1	(Constant)	153.699	6.171		24.905	.000
	selfesteem	-1.99	.529	-2.074	-3.760	.001
	coping stress	-. 769	.686	-. 876	-1.962	.005
	emotionalregulation	-.537	.213	-.482	-2.518	.017
	self-compassion	-.425	.186	-.482	-2.289	.028

a. Dependent Variable: self-injury

The multiple regression mathematical equations based on Table 16 are Y = 153. 699+ (-1.99) X_1 + (-,769) X_2 + (-. 573) X_3+ (-. 425) X_4. The following is the meaning of this regression formula:

1. The constant (a) value has a positive value of 153. 699. A positive sign indicates a unidirectional influence between an independent variable and a dependent variable. This suggests that if all independent variables, including self-esteem, coping stress, emotional regulation, self-compassion, 0 percent or not change, then the value of self-injury is 153. 699.
2. In the case of self-esteem, the regression coefficient is -1.99. The value implies that the self-esteem and self-injury variables have a negative (opposite) relationship. This means that if the self-esteem variable increases by 1%, the self-injury variable decreases by 1.99%. Assuming the other factors stay the same.
3. The value of the coping stress regression coefficient is -.769. The value indicates that the coping stress and self-injury variables have a negative (opposite) relationship. This suggests that if the coping-stress variable increases by 1%, the self-injury variable will decrease by.769. Assuming the other factors stay the same.
4. In the case of emotional regulation, the regression coefficient is -. 573. The score indicates that emotional regulation and self-injury variables have a negative (in the opposite direction) relationship. This means that if the emotional regulation variable goes up 1%, the self-injury variable reduces down .573. Assuming that the other variables stay the same.
5. In the case of self-compassion, the regression coefficient is -. 425. The value indicates that the variables of self-compassion and self-injury have a negative (opposite) correlation. This means that if the self-compassion variable increases by 1%, the self-injury variable will decrease by.425. Assuming the other variables stay the same.

Table 17

Regression Test (Coefficient of Determination)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.809[a]	.655	.616	8.465

a. Predictors: (Constant), selfesteem, selfcompassion, emotionalregulation, copingstress

The value of the coefficient of determination, or R Square, is .655, according to Table 17. This indicates that the variables self-esteem, coping stress, emotional regulation, and self-compassion all have a 65.5% impact on the variable self-injury. Other variables affect the remaining 34.5 %.

According to this study's data analysis findings, a person with a high self-injury level is likelier to have low self-esteem. They have traits that characterize low self-esteem ownership in self-injury offenders. Self-injury actors have the following characteristics:

1. Difficulty managing impulses manifest as poor emotional control, apathy, and difficulty adapting to social situations.
2. Self-injuries are often driven by a desire to be loved, recognized, or accepted by others.
3. A rigid way of thinking, with a mindset that demands that its desires be met.

Personality perfectionists have an impact on adolescent self-injury as well. Low self-esteem features include (1) low self-confidence, (2) impulsive behavior, (3) verbal expression of emotions, (4) non-heterosexual orientation, (5) low-risk tolerance, (6) self-harm, (7) violent experiences, (8) dysfunctional family roles, and (9) social isolation. Self-injury is a common problem-solving escape for those with low self-esteem. When healthier alternatives aren't available, this behavior attempts to garner attention and acceptance from others (Wang et al., 2018; Gnambs & Schroeders, 2020; Masselink et al., 2018).

To prevent youths from self-harming, efforts must boost their self-esteem and develop positive personality traits like a sense of usefulness, self-meaningfulness, high self-esteem, self-confidence, and confidence in their talents (Refnadi, 2018). High self-esteem is also characterized by the existence of self-assurance that he can meet his own and others' expectations. On the other hand, a person with low self-esteem may believe they are worthless to self-harm (Satuf et al., 2018; Perez-Gramaje et al., 2020; Kim & Beehr, 2018; Wang et al., 2018).

Patients with minimal coping stress have a higher risk of self-injury. Coping with stress is an attempt to deal with stressful situations that can influence an individual's ability to identify and solve problems. Individuals with low coping pressure are impotent in the face of life's issues. They are easily disheartened and lack resilience in their lives due to a negative attitude toward themselves and the environment. They lack perseverance, inventiveness, and critical thinking skills, therefore their knowledge and problem-solving abilities are lacking (Białczyk et al., 2020; Ali et al., 2021; Riggi et al., 2016; McLafferty et al., 2019).

There are still a lot of young people who don't know how to cope with stress. They require programs that promote ownership of knowledge and problem-solving skills. They must have a positive self-image and a thorough understanding of their surroundings and society. Tenacity and resilience in the face of life's challenges must also be developed for them to grow into individuals who are not easily disheartened. They must find good strategies to realize their dreams and aspirations of living in the future with a positive outlook. Students in schools must be given stress-coping methods as part of their curriculum. Stress management is required to reduce the tendency to self-injury as a kind of bad behavior resulting from the helplessness of facing situations (Białczyk et al., 2020; Kruczek & Basińska, 2018; Vitaliano et al., 1985).

The stability of emotional regulation influences how an individual communicates their feelings. Poor emotional regulation leads to unnatural, unpleasant, and unsatisfactory emotional expression. We are confronted with various events and situations that necessitate changing our attitudes and conduct. An event has an emotional environment that necessitates that each person can produce an appropriate level of emotional response (Sfärlea et al., 2021; O'Toole et al., 2021). The ability to respond appropriately to emotions is influenced by emotional control. In the context of communal ideals, self-injury is an unnatural and undesirable form of emotional expression. Self-injury offenders have problems controlling their emotions. Students must make an effort to develop emotional regulation to avoid self-injury (Sfärlea et al., 2021; Daros & Ruocco, 2021; Marco et al., 2021).

Self-compassion, a concept that has a significant association with psychological health, is one of the variables that can help people reduce their pain. Self-compassion is a moderating influence in the formation and intensity of negative judgments linked with failures and occurrences that do not meet expectations (Neff & Germer, 2013; Preuss et al., 2021; Játiva & Cerezo, 2014). Self-compassion is recognizing suffering, failure, or error without criticizing or avoiding flaws, failures, or faults). Self-compassion is a technique for cultivating self-kindness and sentiments of care for oneself and one's body, as well as the ability to deal with threats or stressors from the environment nonjudgmentally (Lathren et al., 2019; Edwards et al., 2014). Self-compassion allows people to accept themselves and events as they are. Self-compassion aids in the organization of ideas and feelings to accept and not condemn body image and life circumstances, as well as reducing rejection of the fact.

Self-injury is the result of a person's dissatisfaction with unfavorable circumstances and events that have happened to him. The occurrence was created by sabotage and pain that he ignored until they committed self-injury as a means of escaping the situation. When one's expectations and desires aren't met, self-injury is a technique for satisfying oneself. Self-injury is committed by someone who has no concern for their own body or self. Self-harm is an act of self-judgment that injures the body and leaves scars that detract from its appearance. Self-injurers lack the understanding and emotion to accept the truths and circumstances that befall them. Students with higher self-compassion have more compassion for themselves, which helps them avoid self-injury tendencies.

Self-injury behavior is influenced by various elements, including family factors, biological impacts, personality, and others, in addition to self-esteem, coping stress, emotional control, and self-compassion. Muehlenkamp et al., (2018) and Riggi et al., (2016) study revealed that the following factors contribute to people engaging in self-injurious behavior:

a. Family variables include the lack of a role model in childhood for expressing emotions and a lack of appropriate family communication.

b. Biochemical influences, such as specific physical issues in the brain's erotogenic system, impact increased impulsivity and aggression.

c. Personality variables, such as closed persons with low self-esteem, rigid cognitive style, and a lack of ability to express thoughts, might lead to self-injury.

G. Guidance and counseling services for students in schools to prevent self-injury.

Guidance and counseling in schools play an important role in assisting students to reach their full potential (Camadan et al., 2020). Guidance and Counseling can help students avoid self-injury by providing prevention and problem-solving. Based on the findings of this study, guidance on attempts to promote self-esteem, coping with stress, emotional control, and self-compassion can be offered to students to prevent self-injury (Steinhoff et al., 2021; Riggi et al., 2016; Glenn et al., 2019). Various forms of guidance services can be packaged to increase *self-esteem*, self-compassion, and *coping stress* skills, including through (1) small group guidance, (2) group guidance in the classroom, (3) information services, (4) guidance services with online media, and (5) programs that are integrated with learning and extracurricular. Various forms of strategies can be used in the context of (1) socio-drama and psychodrama, (2) discussion of case studies, (3) simulations, (4) biblio-education, (5) educational cinema, and so on. The media that support implementing these services also need to be developed. Various alternative guidance services, strategies, methods, and media must be researched and trained to find the right ways for a guidance and counseling program (Riggi et al., 2016; Gerald A. Juhnke, Darcy Haag Granello, 210 C.E.; Shapiro, 2008).

This research will be followed up to establish acceptable, feasible, effective, and efficient approaches for increasing self-esteem and coping stress ability in students in the context of schooling, particularly through guidance and counseling services. Similarly, to address issues with self-injury, kids can be counseled using a range of effective ways and strategies. One of the alternate ways that can be used is cognitive-behavioral enhanced self-esteem and stress-coping abilities.

Conclusions and Suggestions

Conclusion

1. Self-esteem, coping with stress, emotional regulation, and self-compassion have a substantial relationship and influence self-injury, either separately or in combination.
2. The correlation between self-esteem, coping stress, emotional regulation, self-compassion, and self-injury is negative, indicating that the higher self-esteem, coping anxiety, emotional regulation, and self-compassion, the lower the self-injury.
3. Self-esteem, coping stress, emotional regulation, and self-compassion toward self-injury are all determined by Coefesien in 65.5% of cases, while other factors influence the remaining 34.5 percent.
4. The equation for multiple linear regression is Y= 153,699 + (-1.99) X_1 + (-,769) X_2 + (-.573) X_3+ (-.425) X_4.

Suggestion

1. Researchers can then look for intervention models to help students improve self-esteem, cope with stress, regulate emotions, and practice self-compassion.
2. School guidance and counseling can develop preventive and curative programs for self-injury treatment through greater self-esteem, coping stress, emotional regulation, and self-compassion.
3. It can help parents and the community create a parenting style and environment that promotes self-esteem, stress management, emotional regulation, and self-compassion in youth.

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