

Self-Injury Among Adolescents: A Case Study in Islamic Integrative Guidance and Counseling

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ABSTRACT

This study aims to examine self-injury behavior among adolescents, its causative factors, and intervention efforts through the perspective of Islamic integrative guidance and counseling. The research employs a qualitative method with a case study approach. The sampling technique was purposive, targeting two adolescent subjects with a history of self-injury. Data were collected through in-depth interviews and observation, then analyzed using the Miles and Huberman analysis model. The findings indicate that external pressures, primarily from family (academic and career expectations conflicting with the subjects' desires), are the main triggers for self-injury behavior. Both subjects admitted to using self-injury as a coping mechanism to divert negative emotions and obtain momentary relief, despite the risk of causing addiction. Further analysis revealed patterns of irrational thinking, inability to express emotions, and negative self-perception in the subjects. Self-injury is a complex behavior requiring systematic intervention. The Rational Emotive Behavior Therapy (REBT) approach integrated with Islamic values such as *husnuzhan* (positive thinking) and submission to Allah's decree can serve as an effective intervention framework. This integration helps change irrational beliefs, enhance emotional regulation, and build a more positive life meaning, thereby preventing the recurrence of self-injury behavior. The implications of this study suggest that counselors and educators should consider culturally and spiritually integrated approaches when addressing self-injury in adolescents. The proposed REBT-Islamic model provides practical guidance for implementing interventions that are both psychologically effective and spiritually resonant within Muslim communities. Future research is recommended to empirically test this model in broader educational and clinical contexts.

KEYWORDS

Adolescents, Emotional Regulation, Islamic Integrative Counseling, Rational Emotive Behavior Therapy, Self-Injury

INTRODUCTION

Human life, both as individuals and social beings, is a journey inseparable from successive waves of problems. In facing these life dynamics, each individual develops unique and different coping strategies. Some can respond constructively, transforming pressure into learning that leads to adaptive behavior. However, others become submerged in a whirlpool of problems, where minds trapped in darkness filled with feelings of helplessness, pessimism, and various other cognitive distortions instead give rise to destructive behavior (Putri et al., 2024). One manifestation of destructive and concerning behavior, especially during

vulnerable developmental phases such as adolescence and early adulthood, is the practice of self-harm, known as *self-injury*.

Self-injury, or *non-suicidal self-injury (NSSI)*, is defined as the deliberate act of injuring one's own body tissue without the intent to end life. These acts vary, ranging from cutting, scratching, burning, hitting, to biting body parts until wounds are inflicted (Ee & Mey, 2011). Individuals who engage in it often seek temporary escape from unbearable emotional burdens, such as psychological pain, loneliness, anger, or feelings of emptiness. Although it may provide momentary relief, this behavior risks creating an addictive cycle, where individuals return to self-harm whenever faced with similar pressures (Zahroh et al., 2024). More concerning, research by Glenn (2017) indicates that prolonged self-injury can become a *gateway* that increases vulnerability to suicidal ideation and attempts, transforming it from merely an emotion regulation mechanism into a serious threat to life safety.

This phenomenon becomes increasingly complex due to its hidden nature (*hidden behavior*). Individuals who self-injure are often very skilled at hiding their scars, appearing normal in public, and fabricating convincing reasons to conceal the behavior from others, including close family (Guntur et al., 2021). This makes early detection very difficult, and often intervention only occurs after the behavior has persisted and become entrenched. The primary vulnerability for this behavior lies within the adolescent and early adulthood groups, a developmental phase marked by labile emotional turmoil, intense identity searching, and cognitive immaturity in processing pressure (Li et al., 2020). Research by Hidayati et al. (2021) even reveals that self-injury patterns can persist from adolescence into early adulthood, indicating that without proper intervention, this behavior has the potential to become a long-term maladaptive coping pattern.

Literature Review

A review of existing literature reveals a fairly comprehensive map regarding the underlying factors of self-injury behavior. These factors are interconnected, forming a complex network of causality. Broadly, these factors can be grouped into: (1) Environmental Factors, including pressures from the social environment such as interpersonal conflict, toxic relationships, and performance demands, as well as negative dynamics within the family such as authoritarian parenting, conflict, and lack of emotional support (Widyaningrum, 2024; Amri, 2025). (2) Biological Factors, related to dysregulation of neurotransmitter systems in the brain causing individuals to seek sensation or satisfaction through physical pain (Rini, 2022). (3) Cognitive Factors, such as irrational beliefs and thought patterns, negative biases in interpreting events, and post-traumatic cognitive distortions. (4) Affective Factors, namely the inability to manage and express negative emotions such as depression, anxiety, anger, and intense shame. This inability in emotional regulation is cited as the core of self-injury behavior (Malumbot, 2020; Saputro, 2025). (5) Behavioral Factors, where self-injury can be learned and become habitual because it provides negative consequences (injuries) perceived as more controllable than abstract emotional chaos. Other research also indicates that an individual's capacity for emotional regulation is strongly influenced by their

perception of the structure and fairness within the normative systems surrounding them, which in a broader context can contribute to psychological stability (Rahmadi et al., 2025).

From the intervention side, various psychotherapy approaches have been tested to address self-injury. One widely applied and effective approach is *Rational Emotive Behavior Therapy (REBT)* developed by Albert Ellis. REBT assumes that human emotional and behavioral problems do not originate from the event (*Activating Event*) itself, but from the irrational beliefs (*Irrational Belief*) they hold about that event. Therefore, intervention focuses on identifying, confronting, and restructuring those irrational beliefs into rational ones, which will ultimately lead to healthier emotional and behavioral consequences (*Consequence*) (Corey, 2009; Dalby, 2014). REBT, with techniques such as *disputing irrational beliefs*, *rational reframing*, and *cognitive restructuring*, offers an operational framework for untangling the negative thought knots underlying self-harm actions (Adzikra et al., 2025; Sofiannisa et al., 2025).

In parallel, within the context of Indonesian society which is predominantly Muslim, Islamic values and teachings offer a rich source of spiritual meaning and resilience. The Qur'an and Hadith provide comprehensive guidance in managing the heart and mind. Concepts such as *husnuzhan* (positive thinking) towards Allah, *tawakal* (surrender), *sabr* (patience), and the belief that with hardship comes ease (QS. Al-Insyirah: 5-6) form a strong psychological-spiritual foundation. Verses such as QS. Al-Hujurat: 12, which forbids negative assumptions, and QS. Az-Zumar: 53, which affirms the boundless mercy of Allah for those who repent, can serve as a basis for building more positive perceptions and meanings towards life (Bastomi, 2018; Basid, 2023). The integration between scientific psychotherapy principles like REBT and local-spiritual Islamic wisdom has the potential to create a holistic counseling approach, touching not only the cognitive-behavioral aspects but also fulfilling the client's spiritual needs.

Research Gap

Although studies on self-injury and the REBT approach have been conducted extensively, and the discourse on Islamic value-based counseling continues to develop, there is a significant gap in the current literature. First, the majority of research on self-injury in Indonesia remains descriptive, mapping causative factors and impacts, or testing variable relationships quantitatively. In-depth qualitative research exploring the complexity of subjective experiences, cognitive-emotional processes, and contextual dynamics (especially family pressure within Indonesia's collectivist culture) of self-injurers is still relatively limited. Second, the discourse on integrating Western psychotherapy with Islamic values in the counseling context often remains theoretical-normative. That is, many writings discuss *why* integration is important and *what principles* can be synergized, but few operationally demonstrate *how* this integration is applied in the counseling process for specific cases like self-injury.

Third, there is a gap between REBT theory and its practice within the Indonesian cultural setting. REBT, with its emphasis on individuality and rational cognitive change, needs to be contextualized to align with family values,

respect for parents, and strong spirituality in Indonesian society. How can techniques like *disputing* irrational beliefs (e.g., “I must fulfill all my parents’ expectations”) be conducted without being perceived as defiance or a violation of propriety norms? How can the concept of *acceptance* in REBT be enriched with the concepts of *tawakal* (reliance on God) and *ridha* (contentment) in Islam? Such applied questions have not been widely answered through empirical research. Therefore, this research aims to bridge this gap by not only describing the self-injury phenomenon in depth but also concretely designing and proposing an REBT intervention model integrated with Islamic values, directly contextualized from real case data.

Aims and Contribution

Based on the background and identified research gaps above, this study has two main aims. First, to thoroughly examine the complexity of self-injury behavior in adolescents, focusing on triggering factors (particularly family pressure), accompanying irrational thought patterns, and the function of such behavior for the individuals. Second, to formulate effective intervention efforts or frameworks through the perspective of Islamic integrative guidance and counseling, using the REBT approach as a technical basis enriched and contextualized with Islamic spiritual values.

This research is expected to contribute theoretically and practically. Theoretically, it aims to enrich counseling psychology science, particularly in Indonesia, by developing applicable psycho-spiritual integration concepts. This research hopes to provide an integrative model showing concrete meeting points between cognitive-behavioral principles (REBT) and Islamic theistic/monotheistic concepts, thereby strengthening the theoretical foundation for culture-sensitive and religion-sensitive counseling.

Practically, the results of this study are expected to serve as a useful operational guide for counselors, guidance counseling teachers, and mental health practitioners in educational and community settings. By presenting in-depth case analysis along with detailed intervention steps, this research can enhance practitioners’ competence in detecting, understanding, and handling self-injury cases in adolescents with a more comprehensive approach suited to client values. Ultimately, the greatest contribution of this research is offering a holistic alternative approach that heals the mind, regulates behavior, and simultaneously soothes the soul in efforts to rescue the younger generation from the vicious cycle of self-harm behavior.

RESEARCH METHOD

Research Approach

This research uses a qualitative method with an intrinsic case study approach (Adil, 2023). This approach is chosen based on the research aim to deeply, holistically, and contextually understand the complexity of the self-injury phenomenon from the perspective of the individuals themselves. The qualitative method allows researchers to explore the meaning, subjective experiences, and

psychological and social dynamics underlying the behavior, which cannot be fully captured through quantitative approaches. The case study type is selected as it is suitable for investigating contemporary phenomena (*real-life phenomenon*) within clear real-life context boundaries, enabling the researcher to gather detailed and in-depth information about a specific case (Creswell, 1998). In this case, the studied phenomenon is self-injury behavior in adolescents, focusing on a deep understanding of the case itself (*intrinsic case study*) to produce analytical generalization for theory, rather than statistical generalization for a population.

Data Sources and Data Collection Techniques

The primary data source for this research is primary data obtained directly from two research subjects. Participant selection was conducted using purposive sampling technique to ensure the selected subjects truly met the research criteria and objectives (Creswell, 1998). The established criteria were: (1) individuals with a history of deliberate and repeated self-injury within the last year, (2) being students (to focus on the developmental and academic pressure context), and (3) willing to participate fully and share their experiences in depth. Based on these criteria, two subjects were selected: a final-year university student with the initials ZK (23 years old) and a Madrasah Aliyah (Islamic Senior High School) student with the initials SA (17 years old). Although limited in number, the depth and richness of information from both subjects were deemed sufficient to achieve the goal of a qualitative case study, which is to gain a comprehensive and in-depth understanding of the studied phenomenon.

The data collection techniques used were semi-structured in-depth interviews supported by non-participant observation. Interviews were conducted face-to-face in a comfortable and safe environment for the subjects, using a flexible interview guide focusing on key themes such as behavioral history, triggering contexts (especially family and academic pressure), cognitive-emotional processes before, during, and after self-injury, as well as the meaning and function of the behavior for them. Each interview session lasted between 90 to 120 minutes and was recorded with the subjects' consent for subsequent verbatim transcription. Observation was conducted regarding physical appearance, body language, and, with consent and sensitivity, visible scars to complement and confirm verbal data from the interviews. The combination of these techniques enabled rich and multidimensional data collection.

Data Analysis Technique

The collected data were analyzed using the interactive analysis model by Miles and Huberman, which involves three interrelated stages: data reduction, data display, and conclusion drawing/verification (Qomaruddin & Sa'diyah, 2024). First, the data reduction stage was conducted from the start of the data collection process by repeatedly reading interview transcripts and observation notes to select, focus, and simplify raw data. At this stage, the researcher performed *open coding* to identify units of meaning and group them into initial categories or themes, such as "authoritarian family pressure," "irrational beliefs about failure," "dominant emotions (anxiety, sadness, anger)," and "function of self-injury as

emotional regulation.” Second, the data display stage involved organizing the reduced data into coherent descriptive narratives and thematic matrices. This display allowed the researcher to see relationships, patterns, and contradictions between themes more clearly, while also presenting direct quotes (*thick description*) to enrich the analysis. Third, the conclusion drawing stage involved interpreting the meaning of discovered patterns, making inferences, and formulating core findings. The validity of these findings was verified through methodological triangulation by comparing the consistency of interview and observation data, and through member checking, i.e., confirming the researcher’s interpretation back to the subjects to ensure accuracy and alignment with their experiences. This analysis process was cyclical and iterative, where preliminary findings could guide the researcher to probe further.

Research Ethics

The entire research process was conducted adhering strictly to the principles of scientific research ethics, considering the sensitivity of the self-injury topic and the vulnerability of the research subjects. First, the principle of voluntary informed consent was applied by providing complete oral and written explanations regarding the purpose, procedures, potential benefits, and possible risks of emotional discomfort arising during the interview. This explanation was provided to prospective subjects and parents/guardians (for SA). Participation was voluntary, and subjects had the right to withdraw at any time without negative consequences. Participation consent was signed before the research began. Second, the principle of confidentiality (anonymity and confidentiality) was strictly maintained by using initials to disguise the subjects’ real identities, institutions, and locations.

All personal identification data were removed from transcripts and reports. Recorded data and raw documents were stored securely on password-protected electronic devices accessible only to the researcher and were to be destroyed after the research period ended. Third, the principles of non-maleficence (do no harm) and beneficence (do good) were prioritized. The researcher constantly monitored the subjects’ emotional condition during interviews and was prepared to halt the session if necessary. As a form of responsibility, the researcher also prepared a list of referrals to professional counseling services subjects could contact if they needed further support post-research. Fourth, scientific integrity was maintained by reporting data and findings honestly, objectively, and transparently, including in the use of direct quotes to preserve the authenticity of the subjects’ voices.

FINDINGS AND DISCUSSION

Subject Profiles and Pressure Context

This research was conducted with two subjects: ZK, a 23-year-old final-year university student, and SA, an 11th-grade Madrasah Aliyah student aged 17. The research used an observation and in-depth interview approach, yielding rich qualitative data on personal experiences, social pressures, and psychological dynamics driving self-injury behavior. ZK is the eldest of two siblings, residing in

North Sumatra, Muslim, described as stocky, fair-skinned, wearing glasses, with a round face and sad eyes. SA, the youngest of four siblings, comes from an affluent family and is described as pretty, fair-skinned, with an ideal physique, and a soft voice, reflecting the idealized physical image for her age group.

Relationally, ZK described a fairly close family relationship, especially with his mother whom he considered a friend. However, despite this seemingly warm relationship, ZK remained unable to trust anyone, including his mother, to share his problems. He grew up under a highly authoritarian parenting style, where all aspects of his life, from education to future choices, were strictly directed by his parents. This created significant internal pressure, especially when ZK felt he failed to meet those expectations. Meanwhile, SA was raised in a seemingly harmonious and supportive family, especially by her mother, described as gentle and non-imposing. However, pressure came from her father, who held expectations for SA to become a teacher or religious scholar (*ustadzah*), a desire that conflicted with SA's own dream of becoming a flight attendant. The conflict between personal desires and parental expectations became a source of deep stress and inner turmoil for both.

History and Patterns of Self-Injury Behavior

ZK's history of self-injury began during high school when he failed to meet his parents' demand to take a civil service exam. He felt deeply guilty and useless for disappointing his parents, and in a state of unbearable emotion, he began to self-harm by biting his thumb until it bled. This physical pain ironically gave him a sense of calm. Upon entering university, the intensity of this behavior increased, primarily due to pressure to graduate quickly and become a civil servant. When reality proved otherwise with his studies delayed until the 10th semester and his parents' insistence that he either continue studying or focus on the civil service exam ZK felt increasingly distant from their expectations. He began cutting his arm little by little, and although the wounds were clearly visible, his parents paid no attention or showed empathy. This reinforced ZK's belief that he was insignificant and unheard.

SA experienced self-injury for the first time after realizing her father did not approve of her desire to become a flight attendant. Her father hoped one of his children would become an *ustadzah*, and this expectation fell on her as the youngest. SA experienced prolonged confusion and stress between fulfilling her father's wish and pursuing her own dream. In this state, she cut her arm, pulled her hair, and hit her body as a form of emotional release. The second episode occurred when she experienced a severe facial acne breakout, significantly disturbing her self-image. SA felt ashamed, stressed, and did not want to meet anyone. She resumed self-injury in the same ways. SA admitted that after hurting herself, she felt calm and did not feel pain at that moment, but the pain emerged only after she regained awareness. This behavior became like an addiction, repeatedly performed whenever her mind was chaotic and stress approached.

Emotional and Cognitive Dynamics

From the in-depth interviews, it was revealed that both ZK and SA had thought and emotion patterns indicating imbalance in emotional regulation and the presence of irrational beliefs. ZK felt various emotions such as anxiety, sadness, and confusion, primarily due to feeling incapable of meeting his parents' expectations. He also experienced inner conflict because his desire to choose his own career path in e-sports was outrightly rejected by his family. Meanwhile, SA felt sadness, anger, disappointment, and pressure when confronted with the reality that her career aspirations were deemed unsuitable by her family. Additionally, the changes in her physical appearance due to acne caused her to lose self-confidence and added to her emotional distress.

Both subjects demonstrated an inability to express emotions verbally and healthily. When facing stress, they chose to suppress it until it was eventually expressed through self-injury. In psychological terminology, they experienced what is called *overwhelming emotional distress* a condition where negative emotions become so intense they cannot be managed in adaptive ways. For them, self-injury was not merely a form of escape but a coping mechanism to channel unbearable emotions. They experienced tension between the drive to please their parents and the need to defend their identity and personal desires, ultimately creating an inner conflict that culminated in self-harm actions.

Discussion: Theory Integration and Intervention Solutions

The self-injury behavior exhibited by ZK and SA consistently aligns with the definition of nonsuicidal self-injury (NSSI) deliberate self-harm without suicidal intent, aimed at relieving emotional pressure. In these cases, both ZK and SA indicated that self-harm became a form of outlet when pressure from the environment and internal conflict became unbearable. This aligns with the findings of Rachmadintha et al. (2023), which state that self-injury often becomes a last resort for individuals unable to express their feelings verbally.

In this context, the *Rational Emotive Behavior Therapy (REBT)* approach becomes relevant as an effective method for handling self-injury cases. REBT, as developed by Albert Ellis, emphasizes changing irrational beliefs that are the root of negative emotions and behaviors. For instance, in ZK's case, the belief that he must become a civil servant to be considered a successful child needs to be changed to a more rational belief, such as that his self-worth is not determined by the profession he chooses. SA also needs to form a new belief that she can still be dutiful to her parents even if she chooses a profession different from her father's wish. In the initial stage, the counselor needs to help clients identify irrational beliefs, then perform *disputing* or challenging those beliefs, and finally replace them with emotionally healthier affirmations.

The foundational principles of REBT, which directly target the cognitive-emotive nexus identified in the subjects, are visually conceptualized in its core ABC model, as depicted below.

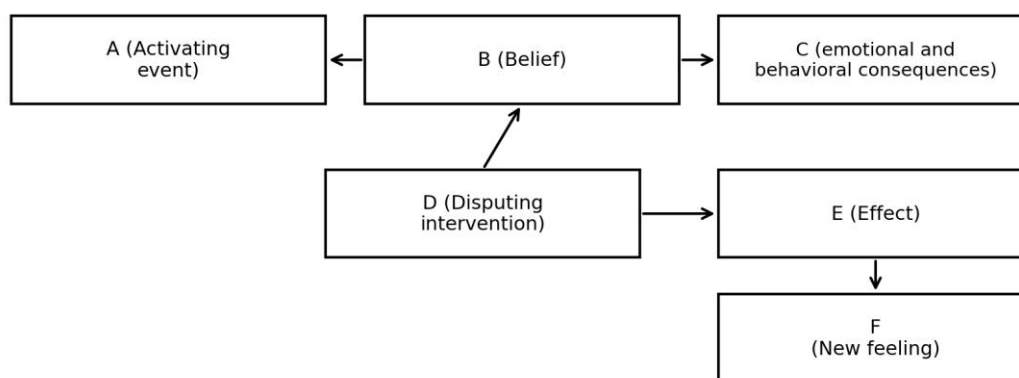


Figure 1. Albert Ellis's REBT Framework

To strengthen the effectiveness of REBT within the religious Indonesian cultural context, Islamic values can be integrated as a spiritual foundation in therapy. Concepts such as *husnuzhan* (positive thinking towards Allah), *tawakal* (surrender after striving), and *ridha* (acceptance of God's decree with an open heart) can help clients reframe their perspective on life's pressures. For example, QS. Al-Insyirah verses 5-6, which state, "Indeed, with hardship comes ease," can serve as a basis that every difficulty has a way out. This verse helps form a positive thinking framework and instills hope that their suffering is not the end of everything.

Integrating Islamic values into REBT also includes understanding that the body is a trust (*amanah*) from Allah that must be cared for, as mentioned in QS. Az-Zumar: 53 regarding the prohibition of despairing of Allah's mercy. By realizing this, self-injury behavior can be understood not only as a psychological issue but also as a spiritual transgression that must be ceased to preserve one's dignity as a servant of Allah. This spiritually based counseling can strengthen the client's commitment to change, not only for mental health reasons but also due to deep faith-based motivation.

Overall, the integrative approach combining REBT and Islamic values is not only an effective psychological therapy method but also a solution within the cultural and spiritual context of Indonesian society. By providing space for both rationalization and spiritualization, clients not only learn to think more healthily and logically but also find life meaning, inner peace, and new hope in facing their pressures. This model is expected to become a tangible contribution to comprehensive and contextual efforts in handling self-injury among Muslim adolescents.

Research Implications

This research carries significant implications both theoretically and practically within the field of guidance and counseling, particularly in the religious context of Indonesia. Theoretically, the study strengthens the foundation for an integrative counseling approach that synergizes Western psychotherapy (REBT) with Islamic

spiritual values. The findings demonstrate concrete meeting points between cognitive restructuring and concepts such as *husnuzhan* (positive thinking), *tawakal* (trust in God), and *ridha* (contentment), thereby contributing to a body of counseling knowledge that is both culture-sensitive and religion-sensitive. Furthermore, it offers a perspective on how REBT principles and techniques, such as disputing irrational beliefs, can be adapted and communicated within a culture that emphasizes respect for parents and social harmony, without losing their therapeutic essence.

Practically, the findings offer operational guidelines for counselors, guidance teachers, and mental health practitioners in handling cases of self-injury among Muslim adolescents. The proposed intervention framework provides concrete steps for integrating cognitive-behavioral techniques with a spiritually meaningful approach for clients. For educational institutions and families, the identification of academic pressure and family expectations as primary triggers implies the critical need to foster more supportive environments. Schools and families should be encouraged to build open communication, reduce mental health stigma, and prioritize dialogue in shaping children's futures. Ultimately, this research advocates for the integration of value-based and spiritual counseling modules into school guidance and counseling curricula, as well as ongoing training for school counselors on managing self-injury and applying integrative approaches.

Research Limitations

Despite being carefully designed, this study acknowledges several limitations. First, the use of a qualitative case study approach with two participants limits the statistical generalizability of the findings. The depth of understanding achieved is intended for analytical generalization towards theory, not for representing the entire population of adolescents with self-injury behavior. Second, as a qualitative study, although triangulation and member checking were conducted, data interpretation inherently involves an element of researcher subjectivity. The researcher's own experiences and perspectives may have influenced the analysis of the subjects' narrative data. Third, the participant range was limited to adolescents/young adults still within an educational context (school/university) and from family backgrounds with specific pressure dynamics. The experiences of adolescents who have dropped out of school, are working, or come from different family configurations may not be represented. Finally, the integrative intervention model proposed is a conceptual design developed based on case analysis. The operational effectiveness of this model requires further testing through action research or experimental studies within actual counseling settings.

Suggestions for Further Research

Based on the findings and limitations of this study, several suggestions are proposed for future research development. First, further research is strongly recommended to empirically test the effectiveness of the proposed REBT-Islam integrated intervention model. Action research or quasi-experimental studies with control groups could measure the impact of the intervention on reducing self-

injury intensity, improving emotional regulation, and changing irrational beliefs in a broader population.

Second, future studies could explore the causative factors and dynamics of self-injury among adolescent groups with different characteristics, such as those from broken homes, victims of bullying, or individuals with disabilities. Exploring the role of social media and pop culture factors is also relevant. Third, there is a need to develop culturally sensitive assessment instruments for the early detection of irrational beliefs related to family pressure and spirituality. Additionally, developing training modules or practical guidebooks for counselors on integrative REBT-Islam techniques would be highly beneficial. Finally, research employing mixed methods designs could combine the strengths of qualitative approaches (to explore meaning and experience) and quantitative approaches (to test variable relationships and generalization) to gain a more comprehensive understanding of the self-injury phenomenon.

CONCLUSION

Self-injury is the behavior of harming oneself; its forms can include cutting the arm, pulling hair, hitting one's own body, burning the skin, biting fingers until they bleed, and others. This behavior is performed not with the intent to end life but to relieve emotions that have become unbearable. The subjects stated that after performing this behavior, their hearts felt relieved. Although this is a positive effect, this behavior tends to make the self-injurer addicted and repeat the behavior repeatedly.

Self-injury is a mental health issue that should not be trivialized, thus individuals engaging in self-injury must receive appropriate intervention from professionals. In Islamic integrative guidance and counseling, many efforts can be made, one of which is through REBT. In these cases, self-injury often stems from irrational thoughts. Therefore, the counselor must be able to confront these thoughts and help the client create new thoughts that can change their behavior in a positive direction. Implementing REBT must be done based on Islamic values, enabling the client to seek life's meaning and change their perspective to become more rational as God's creation who must care for themselves.

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AI USAGE DECLARATION

In the preparation of this manuscript, the author employed the artificial intelligence tool DeepSeek AI strictly as an editorial assistant to enhance the technical quality of the writing. Its use was confined to proofreading for grammar and spelling, refining sentence structure for improved clarity and flow, and translating specific sections from Indonesian to English while preserving academic rigor. The author affirms that all substantive intellectual content including the research conception, data analysis, interpretation, conclusions, and theoretical contributions originates solely from the author's own scholarly work and critical thinking, thereby ensuring the complete originality and academic integrity of this study.

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