

Spirituality-based narrative counseling model to reduce self-injurious behavior in Islamic boarding school students

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ABSTRACT

This research aims to develop a spirituality-based narrative counseling model to reduce self-injurious behavior. The basis for developing this counseling model is a postmodern approach by adapting the spiritual values inherent in Islamic boarding school students. The development of a spirituality-based narrative counseling model in this research is based on the research and development model of Borg and Gall (1983). It only focuses on three main stages, including (1) identifying students' self-injurious behavior profiles, (2) drafting a hypothetical spirituality-based narrative counseling model to reduce students' self-injurious behavior, and (3) conducting an acceptability test of the model developed through one expert in the field of guidance and counseling and one Islamic boarding school counselor. The data analysis technique used in this research is quantitative and descriptive analysis. The results of the study showed that the level of self-harming behavior of Islamic boarding school students in Taman District, Sidoarjo Regency, was 14.80% indicating a high level of self-injuring behavior, 59.54% a moderate level of self-injuring behavior, and 30.61% a low level of self-injuring behavior. Based on the analysis results, a spirituality-based narrative counseling model that includes six stages is acceptable for counselors in Islamic boarding schools. Future researchers can follow up on the results of this research by testing the effectiveness of spirituality-based narrative counseling to reduce self-injurious behavior in Islamic boarding school students.

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1. Introduction

Globally, mental health problems are the leading cause of disability and death among adolescents aged 10 to 19 years (Moghaddam et al., 2016). One of the most common mental disorders is self-harming behavior (Hawton et al., 2013). Research suggests that the phenomenon of self-harm or self-injurious behavior contributes to mental health problems, which are also increasing throughout the world (Te Maro et al., 2019). Self-harm behavior is on the rise among the younger generation. Data shows that self-injurious behavior is a significant risk factor for suicide attempts in various groups, especially adolescents and adults (Klonsky et al., 2013). A subsequent study found that 70% of suicide attempts were made by people who had previously harmed themselves (Tresno et al., 2012). WHO also published data on self-harm in 2020. This data shows that self-harm is the second highest cause of death among teenagers aged 18 to 29 years worldwide (Clements et al., 2016).

In Indonesia, over a third (36.9%) of the population engage in self-injurious behavior. A survey of students at a university also found that approximately 6% of the student population

engaged in active and chronic self-harm behavior (Rodham & Hawton, 2009). Facts show that self-injurious behavior carried out by individuals will usually be repeated in the future, or at least individuals who have self-injured will think about carrying out this behavior again (Fitzgerald & Curtis, 2017). Self-injury behavior is briefly described as an intentional act of injuring oneself to cause damage to a physical member (Favazza, 1996). Self-injurious behavior is described as a direct and socially unacceptable act of destruction of body tissue, which occurs without conscious, deliberate suicidal intent (Yates, 2004). Self-harm behavior can be understood as actions and intentions that are manifested in the form of impulsive self-harm and attempts to harm oneself aimed at diverting intolerable emotions (Claes & Vandereycken, 2007; Swannell et al., 2014).

The most common self-harm behavior is cutting or cutting the skin (Tang et al., 2016). Research shows that around 13-25% of school-aged adolescents and young adults engage in self-injurious behavior (Rodham & Hawton, 2009). Teenagers have the highest risk of self-harm because it is a period of transition or transition from childhood to adulthood (Berk, 2015). This period is marked by sexual maturity and hormonal, cognitive, physical, and psychosocial changes. Considering the many changes teenagers face during this period, this period can be categorized as a period of conflict because teenagers cannot adapt to the changes. It is common for teenagers to experience pressure and stress due to their inability to deal with conflicts and changes. If these negative emotions are not controlled, they will then lead to negative emotions and negative impacts such as drug abuse, difficulty socializing, and self-destructive actions (Cohen et al., 2016; Schweizer et al., 2020).

All individuals in the teenage age range, including students living in Islamic boarding schools, can face developmental risks. The facts about the problems of students living in Islamic boarding schools are some problems that are not much different from the problems of teenagers living outside Islamic boarding schools (Alifia et al., 2023). However, the peculiarities of life in Islamic boarding schools make the problem of adolescent behavior in Islamic boarding schools a unique fact. This is because students are in a group with values that differ from most of society's (Asnawi et al., 2016). Spiritual values are one of the factors instilled in every student in Islamic boarding schools. Through the spiritual aspect, it is hoped that students can be directed toward success in life. In its development, spirituality is also thought to improve individual mental health so that it is hoped that students can carry out their roles and functions in life optimally (Kao et al., 2020). Every student in Islamic boarding schools is taught to be able to give meaning to worship for every behavior carried out through steps and thoughts that are natural towards the whole person (hanif) and have a monotheistic (integralist) thought pattern, as well as the principle "only because of Allah."

The serious problem of students in Islamic boarding schools is self-injurious behavior (Khairunnisa et al., 2022). Most self-injurious behavior is carried out by individuals hoping to get relief by channeling negative emotions, overcoming interpersonal difficulties (low social skills and negative media influence), and encouraging positive emotions (Walsh, 2012). Furthermore, factors that encourage self-injurious behavior are emotional dysregulation, eliminating negative emotions, receiving attention from the environment, punishing oneself, and feeling relief from the pain felt emotionally (Hollander, 2008). Emotional dysregulation is how individuals respond to emotions they feel maladaptively. Self-harming behavior is classified as maladaptive coping, such as channeling felt pressure, or as maladaptive coping, which can hurt or reduce the individual's overall well-being (Hollander, 2008).

One counseling approach that has been used to reduce self-injurious behavior is narrative counseling. Narrative counseling comes from a postmodern, post-structuralist approach with a social constructivist paradigm (Tarragona, 2008). Narrative counseling has the main idea that social reality (reality) is built based on social and cultural narratives internalized by individuals. In contrast, social constructivism focuses on individual perceptions and thoughts forming their reality views. Through narratives/stories created by individuals, narrative counseling helps individuals achieve a specific understanding of identity, problems experienced, how individuals experience problems, and how the problems faced by these individuals affect life (Frank, 2018).

Narrative therapy uses externalization techniques to rewrite and retell stories, look for unique results, and use creative methods to explore clients' stories to seek change for the better (Frank, 2018). The counselor works with the client to rewrite history in a collaborative, open, and

honest therapeutic relationship. Students are assumed to be experts about themselves, while counselors are facilitators from a neutral point of view who help students feel more supported and accepted. Narrative therapy allows students to lead a storytelling process where students are the central and important figures in their lives (Ricks et al., 2014).

Apart from discussing the concept of narrative counseling, it is also necessary to discuss spirituality and its position in narrative counseling to integrate spirituality and narrative therapy. This will provide a good framework for developing a spirituality-based narrative counseling model. Spirituality is related to the supreme being, the one, divine, and holy, and it means that individuals respect "something" that is considered one and holy and direct their lives in line with that (Harris et al., 2016). An individual's spiritual experience is internal, more profound, and self-directed. According to this definition, this type of spirituality relates to how individuals experience their true selves and reflect these aspects as they are (Harris et al., 2016). Spirituality is one of the concepts that can be adapted in narrative therapy because it has a structure that shapes individual experiences and adds meaning to these experiences

Based on the description of the urgency of narrative counseling in helping students overcome various problems and challenges in Islamic boarding schools, as well as the demands for changes to Islamic boarding schools so that they can help students through optimal developmental tasks, this research aims to develop a narrative counseling model by combining existing and taught spiritual values. To students in Islamic boarding schools to reduce self-injurious behavior.

2. Method

2.1. Research design

This research aims to develop a product in education. This product is specifically a spirituality-based narrative counseling model. Research and development is the research approach used in this research. The research and development model used is the Borg and Gall (1983) version, which is limited to three stages: problem identification, product design development, and product validation. The model's acceptability consists of aspects of clarity, usefulness, feasibility, and accuracy of the counseling model developed, namely the spirituality-based narrative counseling model. The results of this study provide an opportunity for further research to test the effectiveness of spirituality-based narrative counseling in reducing self-injurious behavior in Islamic boarding school students.

2.2. Participants

The expert examination process was carried out by two people: one expert in the field of counseling guidance and one Islamic boarding school counselor as a practitioner. The expert trial subjects in this research were determined purposively based on specific criteria.

2.3. Data collection tools

The research instruments used consisted of two types. The first is the self-injurious behavior scale, developed by researchers based on indicators of self-injurious behavior. The self-injurious behavior scale consists of 32 items, which have been declared valid based on validity and reliability tests. Instrument validity testing was carried out using item analysis, and reliability testing was carried out using Cronbach's Alpha with the help of the SPSS 20.00 for Windows program. The reliability test results on the self-injurious behavior scale show a coefficient of 0.872, which means that the self-injurious behavior scale has a high level of reliability. Meanwhile, the second instrument is the acceptability scale for a spirituality-based narrative counseling model. The acceptability scale aims to see the advantages and disadvantages of the development product, which contains statements regarding the clarity, usefulness, feasibility, and accuracy of the prototype of the spirituality-based narrative counseling model being developed. The model assessment on the acceptability scale was carried out by one expert in guidance and counseling and one practitioner (Islamic boarding school counselor).

2.4. Research procedure

The research and development model used is the Borg and Gall (1983) version, which is limited to three stages: problem identification, product design development, and product validation. At the problem identification stage, we measure self-injurious behavior in students. Next, in the

second stage, we designed a draft research product, namely a spirituality-based narrative counseling model. Meanwhile, in the final stage, we carry out product validation to determine product acceptability.

2.5. Data analysis

Data analysis was carried out on the results of expert tests to determine the acceptability of the spirituality-based narrative counseling model. The results of expert tests on the acceptability of spirituality-based narrative models were analyzed qualitatively and quantitatively. Qualitative data analysis is carried out by paying attention to and following suggestions, comments, criticism, and expert input. Meanwhile, each expert obtained quantitative data through an acceptability assessment scale using the inter-rater-agreement model.

3. Results and Discussion

The procedures for developing a spirituality-based narrative counseling model, the research results describe three main parts. First, the profile of self-injury behavior among Islamic boarding school students in Taman District, Sidoarjo Regency, is presented. The profile of self-injurious behavior in Islamic boarding school students is classified based on high, medium, and low categories. Second, a hypothetical product design, namely a spirituality-based narrative counseling model to reduce self-injurious behavior, is presented. Third, product feasibility data is presented: a spirituality-based counseling model to reduce self-injurious behavior in Islamic boarding school students.

Identification of the problem, namely the profile of self-injury behavior carried out by Islamic boarding school students in Taman District, Sidoarjo Regency, involved 196 samples determined using the cluster random sampling technique. Self-injurious behavior was measured using a self-injurious behavior scale developed by researchers based on self-injurious behavior criteria. The data obtained was based on the self-injurious behavior scale. Descriptive statistical analysis was carried out with the help of SPSS 20.0 for Windows software, so the results were obtained as in Table 1 below.

Table 1. Descriptive statistic

	N	Range	Minimum	Maximum	Sum	Mean	Std. Deviation
VAR00001	196	36.00	86.00	122.00	20118.00	102.6429	7.48297
Valid N (listwise)	196						

Based on the analysis results in Table 1, the score range was obtained for categorizing the results of the self-injurious behavior scale. Self-injurious behavior is in the high category, 11 – 122. Self-injurious behavior is in the medium category, 99 – 110. Meanwhile, self-injurious behavior, which is in the low category, is 86 – 98. A summary of the measurement of the level of self-injurious behavior is described in Table 2 below:

Table 2. The number of students corresponds to the level of self-injurious behavior

Criteria for self-injurious behavior	Total	Prosentase
High	29	14,80%
Medium	107	54,59%
Low	60	30,61%
Total	196	100%

Table 3 explains that of the 196 students, 14.80% showed high self-injurious behavior, 54.59% were in the medium category, and the remaining 30.61% were in the low category. The spirituality-based narrative counseling model was developed by focusing on the individual's subjective perception, not religion/spirituality, which is determined objectively and viewed as a representation of objective truth (Alici, 2018). The most important part of this counseling model is how the individual perceives spirituality, what meaning the individual gives to spirituality, where the individual positions spirituality in life, and how spirituality functions in forming the individual's identity.

The problem data above became the basis for developing a spirituality-based narrative counseling model. This model was developed to help clients escape the problem of self-injurious behavior. Spirituality is one aspect that is integrated into narrative counseling. The stages of the spirituality-based narrative counseling model being developed are depicted in Figure 1 below:

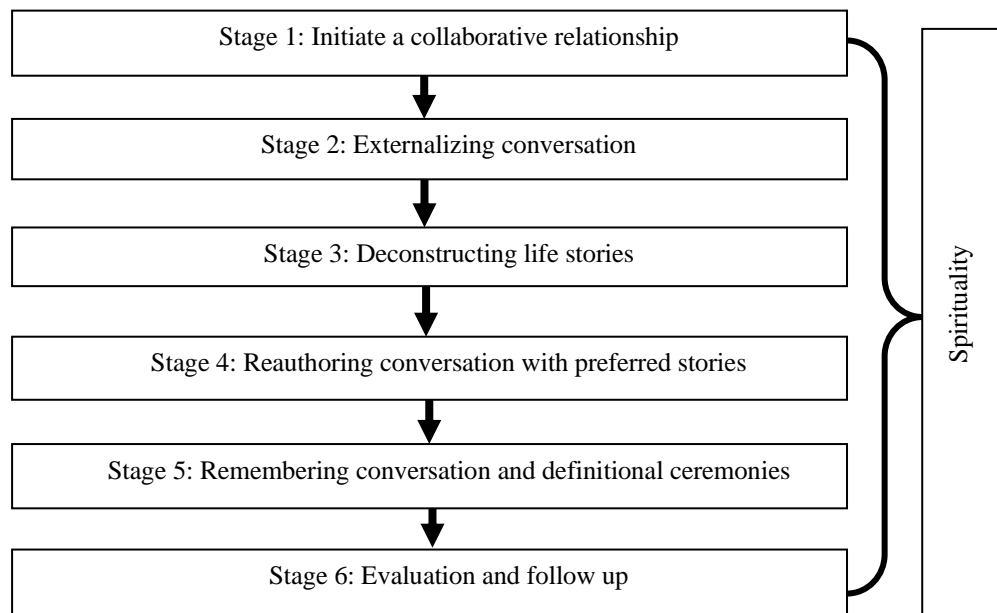


Fig. 1. The stages of the spirituality-based narrative counseling model

The stages of the spirituality-based narrative counseling model described above will be carried out in six (6) counseling sessions with a duration of approximately 60 minutes for each session. The product developed in this research is a narrative counseling model to reduce self-injurious behavior. The product was assessed for acceptability by one expert in guidance and counseling, and one practitioner in this research was an Islamic boarding school counselor. Below is a table of product acceptability assessment results by experts and practitioners.

Table 3. Results of expert and practitioner assessment of product acceptability

Product assessment aspects	Validity index
Relevance	1,00
Efficiency	1,00
Effectiveness	1,00
Impact	1,00

The expert test index on the acceptability of the spirituality-based narrative counseling model for each assessment aspect is 1.00. This means that the spirituality-based narrative counseling model has very high or excellent validity and is suitable for use as intervention material. Furthermore, the qualitative expert assessment results include comments, suggestions, and criticism of the spirituality-based narrative counseling model to reduce students' self-injurious behavior. Suggestions and input from experts are then used as material and input in improving the model developed.

This research succeeded in describing data related to self-injurious behavior (injurious behavior cells), especially among Islamic boarding school students in Taman District, Sidoarjo Regency. The research results showed that 54.59% were in the medium category, 14.80% were in the high category, and the remaining 30.61% were in the low category. These findings prove that self-injurious behavior among teenagers, including students, is a problem that needs to be resolved. Self-harming behavior carried out by students is actually not a psychological disorder, but rather a form of a person's inability to deal with stress (Carroll et al., 2014). Although not everyone who commits self-harm always commits suicide, people with this behavior are 1.68 times more likely to commit suicide (Chan et al., 2016). Suicide can result in death if the method used to harm oneself causes severe injury or is accompanied by intense suicidal ideation (Sansone et al., 1998). The high

number of cases of self-harm among teenagers is supported by research. Research shows that 40% of teenagers who were research informants have carried out self-harm behavior and through qualitative methods the factors that cause teenagers to carry out self-harm behavior are revealed (Gillies et al., 2018).

Based on the results of the identification of self-harming behavior above, it is clear that students need to be able to reduce the level of self-injuring behavior. Santri need counseling services through a counseling model that does not only focus on academic problems, but rather a counseling service model that focuses on helping santri to modify the meaning and story of their lives, building adaptive coping strategies to become the foundation for behavior change in their life processes. The results of identifying the level of self-harming behavior became the basis for developing a hypothetical product design in the form of spirituality-based narrative counseling to reduce students' self-injuring behavior. This hypothetical design is the second finding in this research. This product was developed with reference to a narrative approach. Narrative counseling is an approach that explores individual problems using stories/narratives (Frank, 2018). Stories in individual lives are structures that include the values, thoughts and belief systems of society (Tarragona, 2008). This structure is transferred from generation to generation and will ultimately contribute to forming individual identity and enable individuals to direct their own lives (Duvall & Béres, 2011).

The goal of narrative counseling is to create an alternative story by rewriting the individual's dominant but dysfunctional story and reducing the impact caused by the individual focusing too much on the problem. Individuals who focus too much on problem stories will have an impact on personality (Tarragona, 2008). In addition, narrative counseling views problems as independent/separate from the individual. In the process, narrative counseling helps individuals see themselves apart from their problems (Etchison & Kleist, 2000). Furthermore, how spirituality is positioned in narrative counseling explains that spirituality can be seen in different ways in narrative counseling. First, involving the position of spirituality in building individual stories in narrative therapy. In other words, the relationship between narrative counseling and spirituality is about creating meaning for stories within an individual's life and spirituality enriches this meaning (Truter & Kotzé, 2005). Spirituality which is the basis of narrative therapy is based on the individual's involvement in the search for meaning within himself and this meaning is sought in the individual's relationship with God (Cauda, 1988; Sutoyo et al., 2023). The aim of narrative counseling within a spirituality frame is to create new meaning and purpose in life, because spirituality has a role in shaping individual actions and experiences (Coyle, 2014).

Spirituality-based narrative counseling is carried out in six stages. The first stage, building collaborative relationships. At this stage the counselor builds a good relationship with the students to create comfortable conditions, active and collaborative involvement between the counselor and the counselee. A sense of comfort, activeness and collaborative attitude will be supporting factors for achieving change or solving problems. The second stage, separating self-identity from the writer (externalizing conversation). At this stage, students are helped to separate the identity of the problem from their identity as an individual. Externalization techniques can be used directly in spirituality-based narrative counseling sessions by asking "how have externalized problems affected your relationship with God?". The third stage, deconstructing life stories. This stage aims to break the identity of students who are influenced by problems and try to find alternative stories that are empowering. The fourth stage, reauthoring conversation with preferred stories. This stage focuses on alternative stories that students have identified in the previous stage and will be strengthened. Strengthening alternative stories will help students find unique results and build a more empowered self-identity. The fifth stage, conversation about becoming a member again (remembering conversation) and confirmation (definitional ceremony). This stage focuses on raising students' appreciation for their lives so as to encourage understanding of their self-worth. During this stage, relationships with spiritual figures in the students' life stories are reviewed. Sixth stage, evaluation and follow up. Counselors can use evaluation rubrics and post-counseling interviews to determine changes in students' self-injurious behavior after attending a spirituality-based narrative counseling session compared to before attending the counseling session. After positive changes have been achieved, counselors and students can end counseling.

An important technique in this counseling model is the deconstruction process. Deconstruction is used to help dismantle the client's beliefs (Kwok, 2016; Timm, 2015). Through deconstruction, students are helped to identify alternative stories and expand the possibilities for

these alternative stories to be created. Through deconstruction questions, students can see spirituality from various points of view and even find different ways to express spirituality. Counselors can examine students' thinking which defines spirituality as something that is destructive and at the same time encouraging students to focus on aspects of spirituality that improve life.

The techniques used in narrative counseling are suitable for use in conjunction with spirituality (Çakmak, 2022). Spirituality can be found through unique stories and meanings that individuals have successfully compiled by incorporating spiritual values, figures and activities in life. Because narrative counseling is not an approach based on the concept of spirituality, previous research was limited to literature reviews that attempted to explain the relationship between spirituality and narrative counseling. Another finding that supports the internalization of spirituality in narrative counseling is research which attempts to examine the use of spiritual values in narrative therapy in family/couple settings (Akbulut, 2020).

The development of a spirituality-based narrative counseling model to reduce self-injurious behavior in this research has several limitations. First, this research uses a research and development design whose stages are limited to testing the acceptability of a spirituality-based narrative counseling model to reduce self-injurious behavior in santri. Efforts to measure the effectiveness of counseling models have not been achieved in this research. As a result, the effectiveness of the model has not been proven empirically. The second limitation lies in that the resulting model is still limited to the internalization of the spirituality of the students, and has not linked it to other unique things that exist in Islamic boarding schools, such as Islamic boarding school culture.

4. Conclusion

The spirituality-based narrative counseling model was developed based on students' needs, where the problem of self-injurious behavior is increasingly complex. The spirituality-based narrative counseling model consists of six stages, namely building collaborative relationships, separating self-identity from the writer, deconstructing life stories, reauthoring conversations with preferred stories, conversations about becoming a member again and confirmation, and termination. The results of the assessment by experts and practitioners show that there is agreement on the product being developed. Recommendations for further research are to test the effectiveness of the spirituality-based narrative counseling model to reduce self-injurious behavior.

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References

- Akbulut, Z. (2020). The use of spirituality in narrative couples and family therapy. *Spiritual Psychology and Counseling*, 5(1), 113–130. <https://doi.org/10.37898/spc.2020.5.1.099>
- Alici, M. (2018). Dindar değil maneviyatçıyım: Postmodern din bilimlerinde maneviyat-dindarlık tartışmaları. *AKRA Kültür Sanat ve Edebiyat Dergisi*, 6(16), 11–20. <https://doi.org/10.31126/akrajournal.454620>

- Alifia, S., Fauziah, F., & Syaputra, Y. D. (2023). Problem checklist to identify problems with students in Islamic boarding schools. *Journal of Advanced Guidance and Counseling*, 4(2), 99–112. <https://doi.org/10.21580/jagc.2023.4.2.18259>
- Asnawi, Y. H., Soetarto, E., Damanhuri, D. S., & Sunito, S. (2016). Values and tradition inheritance in the Pesantren. *Research on Humanities and Social Sciences*, 6(8), 27–31.
- Berk, L. (2015). *Child development*. Pearson Higher Education AU.
- Borg, W.R. & Gall, M.D. (1983). *Educational research: An introduction*. New York: Longman.
- Çakmak, B. G. (2022). Spirituality in narrative therapy: A review study. *Spiritual Psychology and Counseling*, 7(3), 315–336. <https://doi.org/10.37898/spc.2022.7.3.175>
- Carroll, R., Metcalfe, C., & Gunnell, D. (2014). Hospital presenting self-harm and risk of fatal and non-fatal repetition: Systematic review and meta-analysis. *PLoS One*, 9(2), e89944. <https://doi.org/10.1371/journal.pone.0089944>
- Cauda, E. R. (1988). Spirituality, religious diversity, and social work practice. *Social Casework*, 69(4), 238–247. <https://doi.org/10.1177/104438948806900406>
- Chan, M. K., Bhatti, H., Meader, N., Stockton, S., Evans, J., O'Connor, R. C., Kapur, N., & Kendall, T. (2016). Predicting suicide following self-harm: Systematic review of risk factors and risk scales. *The British Journal of Psychiatry*, 209(4), 277–283. <https://doi.org/10.1192/bjp.bp.115.170050>
- Claes, L., & Vandereycken, W. (2007). Self-injurious behavior: Differential diagnosis and functional differentiation. *Comprehensive Psychiatry*, 48(2), 137–144. <https://doi.org/10.1016/j.comppsy.2006.10.009>
- Clements, C., Turnbull, P., Hawton, K., Geulayov, G., Waters, K., Ness, J., Townsend, E., Khundakar, K., & Kapur, N. (2016). Rates of self-harm presenting to general hospitals: A comparison of data from the Multicentre Study of Self-Harm in England and Hospital Episode Statistics. *BMJ Open*, 6(2), e009749. <https://doi.org/10.1136/bmjopen-2015-009749>
- Cohen, A. O., Breiner, K., Steinberg, L., Bonnie, R. J., Scott, E. S., Taylor-Thompson, K., Rudolph, M. D., Chein, J., Richeson, J. A., Heller, A. S., Silverman, M. R., Dellarco, D. V., Fair, D. A., Galván, A., & Casey, B. J. (2016). When is an adolescent an adult? Assessing cognitive control in emotional and nonemotional contexts. *Psychological Science*, 27(4), 549–562. <https://doi.org/10.1177/0956797615627625>
- Coyle, S. M. (2014). *Uncovering spiritual narratives: Using story in pastoral care and ministry*. Augsburg Fortress Publishers.
- Etchison, M., & Kleist, D. M. (2000). Review of narrative therapy: Research and utility. *The Family Journal*, 8(1), 61–66. <https://doi.org/10.1177/1066480700081009>
- Favazza, A. R. (1996). *Bodies under siege: Self-mutilation and body modification in culture and psychiatry*. Jhu Press.
- Fitzgerald, J., & Curtis, C. (2017). Non-suicidal self-injury in a New Zealand student population: Demographic and self-harm characteristics. *New Zealand Journal of Psychology*, 46(3), 156–163.
- Frank, A. W. (2018). What is narrative therapy and how can it help health humanities? *Journal of Medical Humanities*, 39(4), 553–563. <https://doi.org/10.1007/s10912-018-9507-3>
- Gillies, D., Christou, M. A., Dixon, A. C., Featherston, O. J., Rapti, I., Garcia-Angueta, A., Villasis-Keever, M., Reebye, P., Christou, E., & Al Kabir, N. (2018). Prevalence and characteristics of self-harm in adolescents: Meta-analyses of community-based studies 1990–2015. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(10), 733–741. <https://doi.org/10.1016/j.jaac.2018.06.018>

- Harris, K. A., Randolph, B. E., & Gordon, T. D. (2016). What do clients want? Assessing spiritual needs in counseling: A literature review. *Spirituality in Clinical Practice*, 3(4), 250. <https://doi.org/10.1037/scp0000108>
- Hawton, K., Saunders, K., Topiwala, A., & Haw, C. (2013). Psychiatric disorders in patients presenting to hospital following self-harm: A systematic review. *Journal of Affective Disorders*, 151(3), 821–830. <https://doi.org/10.1016/j.jad.2013.08.020>
- Hollander, M. (2008). *Helping teens who cut: Understanding and ending self-injury*. Guilford Press.
- Kao, L. E., Peteet, J. R., & Cook, C. C. H. (2020). Spirituality and mental health. *Journal for the Study of Spirituality*, 10(1), 42–54. <https://doi.org/10.1080/20440243.2020.1726048>
- Khairunnisa, A., Yulindrasari, H., & Suherman, S. (2022). Dominant discourse in teachers' perceptions about self-harm that is performed by female students at boarding school. *Proceedings of International Conference on Psychological Studies (ICPSYCHE)*, 3, 265–274.
- Klonsky, E. D., May, A. M., & Glenn, C. R. (2013). The relationship between nonsuicidal self-injury and attempted suicide: Converging evidence from four samples. *Journal of Abnormal Psychology*, 122(1), 231. <https://doi.org/10.1037/a0030278>
- Kwok, W.-L. (2016). Narrative Therapy, theology, and relational openness: reconstructing the connection between postmodern therapy and traditional theology. *Journal of Psychology and Theology*, 44(3), 201–212. <https://doi.org/10.1177/009164711604400303>
- Moghaddam, H. T., Bahreini, A., Abbasi, M. A., Fazli, F., & Saeidi, M. (2016). Adolescence health: The needs, problems and attention. *Int J Pediatr*, 4(2), 1423–1438. <https://doi.org/10.22038/ijp.2016.6569>
- Ricks, L., Kitchens, S., Goodrich, T., & Hancock, E. (2014). My Story: The use of narrative therapy in individual and group counseling. *Journal of Creativity in Mental Health*, 9(1), 99–110. <https://doi.org/10.1080/15401383.2013.870947>
- Rodham, K., & Hawton, K. (2009). Epidemiology and phenomenology of nonsuicidal self-injury. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 37–62). American Psychological Association. <https://doi.org/10.1037/11875-003>
- Sansone, R. A., Wiederman, M. W., & Sansone, L. A. (1998). The self-harm inventory (SHI): Development of a scale for identifying self-destructive behaviors and borderline personality disorder. *Journal of Clinical Psychology*, 54(7), 973–983. [https://doi.org/10.1002/\(SICI\)1097-4679\(199811\)54:7<973::AID-JCLP11>3.0.CO;2-H](https://doi.org/10.1002/(SICI)1097-4679(199811)54:7<973::AID-JCLP11>3.0.CO;2-H)
- Schweizer, S., Gotlib, I. H., & Blakemore, S.-J. (2020). The role of affective control in emotion regulation during adolescence. *Emotion*, 20(1), 80–86. <https://doi.org/10.1037/emo0000695>
- Sutoyo, A., Saraswati, S., Muslikah, M., & Supriyanto, A. (2023). The need for Islamic premarital counseling in Indonesia by professional school counselors. *Journal of Professional Teacher Education*, 1(1), 41-49. <https://doi.org/10.12928/jprotect.v1i1.492>
- Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behavior*, 44(3), 273–303. <https://doi.org/10.1111/sltb.12070>
- Tang, J., Yang, W., Ahmed, N. I., Ma, Y., Liu, H.-Y., Wang, J.-J., Wang, P.-X., Du, Y.-K., & Yu, Y.-Z. (2016). Stressful life events as a predictor for nonsuicidal self-injury in Southern Chinese adolescence: A cross-sectional study. *Medicine*, 95(9), e2637. <https://doi.org/10.1097/MD.0000000000002637>

- Tarragona, M. (2008). Postmodern/poststructuralist therapies. In J. Lebow (Ed.), *Twenty-first century psychotherapies: Contemporary approaches to theory and practice* (pp. 167–205). Hoboken, NJ, John Wiley & Sons.
- Te Maro, B., Cuthbert, S., Sofo, M., Tasker, K., Bowden, L., Donkin, L., & Hetrick, S. E. (2019). Understanding the experience and needs of school counsellors when working with young people who engage in self-harm. *International Journal of Environmental Research and Public Health*, 16(23), 4844. <https://doi.org/10.3390/ijerph16234844>
- Timm, M. (2015). Deconstructing pathology: A narrative view of the intake process. *Journal of Constructivist Psychology*, 28(4), 316–328. <https://doi.org/10.1080/10720537.2014.984884>
- Tresno, F., Ito, Y., & Mearns, J. (2012). Self-injurious behavior and suicide attempts among Indonesian college students. *Death Studies*, 36(7), 627–639. <https://doi.org/10.1080/07481187.2011.604464>
- Truter, C. J., & Kotzé, D. J. (2005). Spirituality and health: A narrative-pastoral approach. *HTS: Theological Studies*, 61(3), 973–984. <https://doi.org/10.4102/hts.v61i3.460>
- Walsh, B. W. (2012). *Treating self-injury: A practical guide*. Guilford Press.
- Yates, T. M. (2004). The developmental psychopathology of self-injurious behavior: Compensatory regulation in posttraumatic adaptation. *Clinical Psychology Review*, 24(1), 35–74. <https://doi.org/10.1016/j.cpr.2003.10.001>