

Handling Community Cases of Self-injury (Barcode) in Early Adolescents Using Self-Talk Therapy

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Abstract

Self-injury is a non-suicidal self-harm disorder that seems to be largely maintained by negative reinforcement, for example that the behavior is reported to rapidly reduce negative emotions and unpleasant emotional arousal. The self-injury behavior is carried out with the aim of overcoming it with trauma-related symptoms such as anger and/or disgust directed at oneself, so that the individual feels positive feelings or feels better. The method used to handle these problems is to use self-talk therapy, which is a form of intrapersonal communication, meaning that communication is carried out by the individual to himself, either consciously or unconsciously. The subjects in this study consisted of students aged 12-15 years, consisting of 13-15 children. The implementation stage of self-talk therapy consists of four sessions, session I consists of pre-test, psychoeducation and the initial understanding stage. Session II is an in-depth session on self-talk, students are divided into two groups with lighter and heavier problems. Sessions III and IV are sessions on understanding how to do negative to positive self-talk and evaluation. As a result of this activity, the student's self-injury behavior or barcode is reduced or never done again. It can be concluded that the average teenager is self-injury because he does not understand the impact, with self-talk therapy students are more able to control themselves and begin to be able to distinguish negative thoughts and understand how to direct positive thoughts.

Keywords: Best Practices, Counseling, Student, Self-injury, Self-talk

1. Introduction

Adolescence is a time of transition from childhood to adulthood. A teenager can no longer be said to be a child, but he is still not mature enough to be said to be an adult. They are looking for the most suitable lifestyle for them and this is often done through the trial-and-error method even though there are many mistakes.

During this period, there will be changes that include various aspects or functions of development (Santrock, 2012). The following changes take place in adolescence: 1) High emotions, this depends on the physical and psychological changes that occur because in early adolescence emotional changes occur faster; 2) Changes in the body, interests, and roles expected by social groups pose new problems; 3) Changes in values because of changes in interests and behavior patterns. After almost adulthood, adolescents no longer take seriously everything they considered important in childhood; and 4) Be ambivalent about any changes (Harefa & Mawarni, 2019).

The phenomenon of self-injury found in SMP Negeri 21 Banjarmasin is that some individuals self-injure by slicing their arms with razors or broken glass, shaping them just like incisions and some forming them like letters (Normanisa et al., 2020). Research conducted by Harefa & Mawarni (2019) stated that as many as 34% of respondents experienced depression for about 1-5 days a month and 4.4% felt depressed for more than 24 days. Individuals who commit self-harm are individuals who express



their emotions by hurting themselves because basically, self-harm is not included in suicide attempts but is included in no suicidal self-injury (NSSI).

Self-injury occurs due to a lack of knowledge about managing their emotions, some individuals do not realize that hurting themselves will have a bad impact on them or on the person who sees them (Normanisa et al., 2020). In the Maidah (2013) stated that the factors that cause self-injury are divided into two, namely:

- a. Family factors are factors that come from outside of oneself such as the character of the father and mother, parenting patterns, and the treatment of parents towards their children.
- b. Individual factors are factors that come from within the individual himself, namely psychological and personality factors such as the individual's ability to cope with stress, the individual's ability to adapt to changes that occur in him, the individual's personality itself.

The treatment that can be used to overcome the problem of self-injury is to get used to doing self-talk. Intrapersonal communication or self-talk is a dialogue that is carried out to oneself as a form of release from existing problems. Self-talk itself is used in psychoanalytic therapy where the patient will say everything without anything being covered so that the patient can engage cognitively and logically with consciousness so that no denial is done and accompanied by a therapist who is behind the patient. The difference is that self-talk can be done independently by individuals without a therapist by engaging cognitively clear and logical thinking with the result finding a point where they get a solution (Harefa & Mawarni, 2019).

Self-talk is one of the techniques included in cognitive therapy. Self-talk is a technique that can be used to refute irrational beliefs and develop healthier thinking, which will result in more positive self-talk (Erford et al., 2015). Self-talk consists of two types, namely positive and negative self-talk. Positive self-talk where this self-talk will bring out positive emotions by ordering yourself to be constructive. The second is negative self-talk where this self-talk is an individual's irrational statement that causes his emotions to be disturbed. Such statements will give rise to feelings of depression, low self-esteem, self-blame and excessive worry (Ananda & Apsari, 2020).

Based on the results of observations and interviews conducted with guardians and guidance and counseling teachers (BK) or homeroom teachers at SMP Negeri X in Surabaya, it is known that some students have some kind of wound in the form of a line on their arms. After direct observation of grade VII students, it was found that around 16 students consisting of two men and 14 women committed self-injury that did not aim to commit suicide. The causes of the students committing self-injury include trial and error because they see it on social media and because of problems in the family and have been bullied so that they lack confidence.

In this regard, practitioners get community problems, namely early adolescents with self-injury behavior. The efforts that will be made are the provision of psychoeducation and interviews with students and adolescent families as well as communication with schools regarding self-injury.

2. Literature Review

2.1. Adolescent

Adolescence is a transition period from childhood to adulthood which is characterized by psychological growth and development (Zuroida & Grahani, 2022). Adolescents have not only psychological but also physiological needs. The fulfillment of these needs has an influence on adolescent development such as a sense of security, wanting to be loved, accepted, supported and appreciated (Anggaswari & Budisetyani, 2016). However, on the contrary, if the needs of adolescents

are not met, it can have a psychological impact, including emotional problems (Anggaswari & Budisetyani, 2016).

Santrock (2003) divide adolescence into two phases, namely the so-called "early adolescence" or "pre-adolescence" which ranges from 12-15 years old and "late adolescence" or "late adolescence" between the ages of 15-18 years. Characteristics of adolescence: 1) Adolescence as a period of transition from childhood to adulthood; 2) Adolescence as a period of change (there is an increase in emotions); 3) Adolescence as a problematic age, tends to be untidy, not careful; 4) Adolescence as an age that causes fear (feeling a lot of problems); 5) Adolescence tends to impose as he wants (unrealistic); and 6) Adolescence as the threshold of adulthood (seeking to find one's own identity).

According to Hurlock (1991), the developmental tasks of adolescence include accepting one's physical condition, understanding and embracing adult gender roles, and establishing positive relationships with peers of different genders. Additionally, adolescents need to achieve emotional and economic independence while developing intellectual skills essential for their roles in society. They must also internalize adult and parental values, cultivate socially responsible behaviors necessary for adulthood, and prepare for marriage. Lastly, understanding and preparing for the various responsibilities of family life are crucial aspects of adolescent development.

2.2. Self-injury

According to DSM IV TR (Diagnostic and Statistical Manual of Mental Disorder TR, 2000), self-injury is a non-suicidal self-harm disorder that seems to be largely maintained by negative reinforcement, for example that the behavior is reported to rapidly reduce negative emotions and unpleasant emotional arousal. According to Maidah (2013), the factors that cause self-injury are divided into two, namely:

- a) Family factors are factors that come from outside oneself such as the character of the father and mother, parenting patterns, and the treatment of parents towards their children.
- b) Individual factors are factors that come from within the individual himself, namely psychological and personality factors such as the individual's ability to cope with stress, the individual's ability to adapt to changes that occur to him, and the individual's personality itself.

2.3. Self-talk Therapy

Talking to oneself or commonly referred to as self-talk is a form of intrapersonal communication, meaning that communication is carried out by the individual to himself, either consciously or unconsciously. Suseno in (W. Wulandari, 2017), consciously mention examples of self-talk as hopes, ideals, or prayers. Meanwhile, the form of self-talk can unconsciously take place spontaneously (Harefa & Mawarni, 2019). Self-talk is a series of processes within a person that enable individuals to understand themselves (Harefa & Mawarni, 2019). Self-talk is common in every human being. Everything that an individual thinks can affect his state of mind. Words delivered to oneself can automatically affect one's thoughts.

Wulandari (2022) stated that the purpose of self-talk is as follows:

- a) To find out the subject's efforts in training and strengthening the positive thinking that he has
- b) To find out the development of the subject's confidence

The various benefits of positive self-talk are:

- a) Help yourself to take the positive side of an event
- b) Build mental strength
- c) Improve quality of life
- d) Maintain overall physical health
- e) Boosts confidence

Self-talk consists of two types, namely positive and negative self-talk. Positive self-talk where this self-talk will give rise to positive emotions by ordering oneself to be constructive. According to Hidayatullah & Al Alufi (2021) here are the stages of self-talk:

- a) The first stage is the process of providing understanding to the counselor that what causes emotions to be uncontrollable is that when facing a problem, the counselor has irrational beliefs and thoughts. This stage aims to enable counselors to distinguish between rational beliefs and irrational beliefs.
- b) The second stage is to make counselors aware that if they continue to think negatively and irrationally about a problem, then their problems will not be solved and will cause negative emotions.
- c) The third stage where the counselor develops positive self-talk sentences that can regulate counseling emotions aims to enable counselors to apply self-talk independently when they begin to feel excessive emotions.
- d) The fourth stage is that the counselor provides an understanding to the counselor about the benefits of self-talk with the aim that the counselor can try to regulate his emotions using the self-talk technique.

3. Methods

The treatment methods used for adolescents who have self-injury problems (barcode) are observation, interviews (Widyatama, 2023), filling in the SHI scale and anxiety scale and interaction as well as a form of intervention in the form of self-talk therapy. The implementation of students is divided into two groups 1, namely students who commit self-injury due to trial and error and have severe problems. Group 2, namely the group, is students who commit self-injury due to trial and error.

The teenagers who are the subjects are teenagers who commit self-injury at the age of 12-15 years old, as many as 15 7th grade students. The parties involved in this implementation are the students who have been observed, the principal as an advisor and motivator, the student as the person in charge of activities related to the students and the counseling guidance teacher.

The implementation of this activity will be carried out in October-December 2023 in three to four sessions depending on the level of problems faced. Group I consists of three sessions, while group two consists of three sessions. The details of the implementation are as follows, as shown in Table 1. below:

3.1. Session I: Participants of groups I and II

The activity began with filling out the SHI scale pretest which aimed to find out the subject's level of self-injury and the scale of anxiety and social interaction to find out if the subject had anxiety problems and difficulties with social interaction. Then continued with psychoeducation which aims to increase the subject's insight into self-injury, the factors that cause and impact it. After that, it entered the first session of self-talk therapy, where the subjects were divided into two groups, asked to introduce themselves, given a small note paper to answer questions about the initial stage of self-talk therapy and stick it on the board that had been provided.

3.2. Session II: Groups I and II

In this session, the problems and thoughts of the subject were explored more deeply by proposing several self-talk therapies. This activity was carried out by dividing the group into two parts. The purpose of this session is to provide an understanding of the subject regarding thoughts, and what is meant by self-talk.

3.3. Session III: Group I

In this session, the subject received a deeper explanation of the thoughts and activities carried out when the subject experienced problems and provided an understanding of positive self-talk or negative self-talk and its effects.

3.4. Session IV: Groups I and II

This stage is an evaluation stage, each subject is asked to explain their understanding of self-talk and make a commitment not to do self-injury again.

Table 1. Implementation of Activities to Handle Students Who Commit Self-Injury

Session/Day/Date	Time & Location	Activities
Session I: Friday, 13 October 2023	08.00-10.00/2nd Floor Hall	a. Pre-test. b. Self-injury psychoeducation. c. Community members talk about situations that cause negative thoughts to appear, so that negative self-talk arises when facing certain situations in their daily lives. d. Write a self-talk.
Session II: Tuesday, 21 November 2023	Group I 11.00-13.00/BK Room	Turning negative self-talk into positive self-talk.
Thursday, 7 December 2023	Group II 11.00-13.00/BK Room	
Wednesday, 22 November 2023	13.00-14.00/2nd Floor Hall	Socialization on the lighter about self-injury or self-harm.
Session III: Wednesday, December 6, 2023	Group I: 11.00-13.00/BK Room	Directing community members to implement and maintain positive self-talk to the situation they are facing.
Session IV: Wednesday, 6 December 2023 Thursday, 7 December 2023	12.30-13.00/BK Room/Teacher	Evaluation: The goal is to find out the development of the subject's confidence after doing the self-talk technique. Post-test.

4. Results and Discussion

The community that is the subject is the students of SMP Negeri X Surabaya which consists of 15 people. The purpose of this community case is to provide information to students about the meaning of self-injury, the impact of self-injury on health, the factors that cause self-injury, and how to overcome self-injury, so that it can increase understanding of the problem of self-injury, besides that self-talk therapy aims to reduce self-injury behavior, be able to manage negative thoughts to be positive and increase motivation in dealing with unpleasant situations.

Table 2. Community Identity

No.	Name	Gender	Age
1.	Azhr	F	13
2.	Cell	F	13
3.	Amel	F	13
4.	Felcy	F	12
5.	Risk	F	12
6.	Sam	M	13
7.	Chi	F	12
8.	Amd	F	13
9.	Bilq	F	12

No.	Name	Gender	Age
10.	Fitr	F	12
11.	Nath	F	13
12.	Fasl	M	13
13.	Key	F	12
14.	Azz	F	13
15.	Dea	F	15

From the results of psychoeducation that has been carried out, 10 out of 15 community members who attended as seen in table 2 above which states that they understand more about the meaning of self-injury, the impact of self-injury on health, the factors that cause self-injury, and how to overcome self-injury.

In table 3 below shows that participants have the influence of psychoeducation about self-injury and its impact, namely there is an increase in the subject's understanding of self-injury, around 70% of the subjects better understand the meaning of the actions they take, and 80% understand the impact of self-injury.

Table 3. Pretest and Post-test Results related to Psychoeducation

	Pre-test (%)		Post-test (%)	
	Yes	No	Yes	No
Have you ever heard about the term self-injury?	38,46	61,538	70	30
Do you know the impact of self-injury?	23,08	76,923	80	20

After receiving self-talk therapy, community members are better able to reduce self-injury behavior, understand positive self-talk and try to shift their negative thoughts to a more positive direction, as shown in table 4 as the following.

Table 4. Intervention Outcomes

Intervention	Before the Intervention	After the Intervention
Self-Talk Therapy	The client has not understood what is meant by thoughts and the influence of negative thoughts that have arisen when the client faces problems that the client thinks are heavy.	The client understands what is meant by the influence of negative thoughts that have arisen when the client faces a problem that the client thinks is heavy.
	Clients do not understand what is meant by positive self-talk, their way of thinking tends to be negative	Klein understands positive self-talk and how to turn negative thoughts into positive self-talk.
	Previous clients did barcodes without understanding the impact, some clients do it frequently. Clients who are prone to problems in the family tend to seek solutions by self-injury.	Clients who do self-injury trial and error finally understand and do not repeat it. Clients who are vulnerable to problems in parenting or negative forms of communication in the family begin to reduce or seek diversion so that they do not self-harm anymore by thinking more positively or doing other activities such as crying.
	The client has not understood what is meant by thoughts and the influence of negative thoughts that have arisen when the client faces problems that the client thinks are heavy.	The client understands what is meant by the influence of negative thoughts that have arisen when the client faces a problem that the client thinks is heavy.

5. Conclusion

Based on the results, it can be concluded that some members of the adolescent community experience problems that are quite blind to them feeling depressed, this is felt because the condition of adolescents tends to be stable, family parenting patterns and the influence of social media and peers. The interventions carried out are psychoeducation and training, self-talk therapy. The results obtained from the intervention were a decrease in self-injury or barcode behavior in adolescent clients, after applying self-talk therapy. Based on this conclusion, the suggestions that need to be conveyed related to the results of handling self-talk therapy problems in adolescents who commit self-injury are as follows: 1) For early adolescents, be able to apply self-talk therapy so that clients can think positively and avoid thoughts that lead to self-injury or barcode. and reduced self-injury behavior; 2) For families, conduct more supervision of client self-injury as well as educate and petrify self-talk therapy; and 3) For cross-sectors, to participate in supporting and participating in adolescent mental health support for self-injury or barcode and carrying out pre-planned programs, as well as monitoring and expanding programs that have been prepared.

5.1. Author Contributions

LS contributed to the design of research, data collection, analysis of results, and wrote the initial draft of the article. FN played a role in collecting field data, implementing Self-Talk therapy, and analyzing qualitative data. AAH contributed to the design of research methodologies, statistical data processing, and article revision.

5.2. Conflicts of Interest

The author stated that there is no conflict of interest related to this study.

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