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## Rational Emotive Behavior Therapy (REBT) to Reduce Self-Harm Behavior in Adolescents in Terms of Big Five Personality Traits

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### ABSTRACT

This study aims to examine *Rational Emotive Behavior Therapy* in reducing *Self-Harm* behavior in adolescents and to examine differences in *Self-Harm* behavior in adolescents regarding *Big Five Personality Traits*. This study's research sample was 200 students in X school aged 15-20. Six subjects who met the criteria were obtained after screening using the *Self-Harm* scale measurement and personality dimension assessment using the *Big Five Personality Traits* scale. The research was conducted using an experimental method. This research uses a *Pre-experiment* with *one group pretest and posttest design* method. This research instrument is the *Self-Harm* scale and *Big Five Personality Traits*. Data analysis in this study used the *Wilcoxon Signed Rank Test* statistical test and the *Kruskall Wallis* test. The results of the *Wilcoxon Signed Rank Test* showed an *Asymp. Sig (2-tailed)* value of  $0.027 < 0.05$ , meaning that there are differences in *pretest* and *post-test* results after being given *Rational Emotive Behavior Therapy* behavior. This proves that *Rational Emotive Behavior Therapy* effectively reduces *Self-Harm* behavior in adolescents. Then, the *Kruskall Wallis* test results show an *Asymp. Sig (2-tailed)* of  $0.227 > 0.05$ . there is no significant difference in reducing *Self-Harm* behavior in adolescents with the personality types of *openness, Conscientiousness, Agreeableness, and Neuroticism*

## INTRODUCTION

Individual development occurs in several stages, starting from childhood, continuing into adolescence, and reaching adulthood. However, adolescence is considered a crucial transitional phase between childhood and adulthood. In addition, adolescents also experience psychosocial changes, where each individual begins to search for self-identity and expand social interactions with the surrounding environment (Santrock, 2009). Santrock and his colleagues suggest that the age of adolescence for women ranges from 12 to 21 years, while for men, the age range ranges from 13 to 22 years. During adolescence, individuals face various demands and pressures from the environment and other factors. Any changes or growth experienced can affect their self-perception and social interactions. Some adolescents can overcome problems well, but some have difficulty resolving the challenges. The inability to cope with problems and pressures can lead to stress and negative emotions. Each individual has different ways of expressing these negative emotions. One phenomenon in mental health is self-harm behavior, which is an unhealthy coping mechanism using physical pain to cope with emotional distress (Sibarani, 2021).

Self-harm behaviors are deliberate acts of self-harm that may cause minor physical injury and psychological distress due to internal stress. This behavior usually involves cutting or hurting oneself with sharp objects, with a low risk of death and aims to relieve or express psychological distress (Walsh, 2007). Self-harm is often committed as an expression of anger, self-punishment, a way to deal with uncomfortable feelings, or as a form of distraction to relieve negative emotions (Brown, Comtois, & Linehan, 2002). Negative or irrational thinking can trigger self-harm, which individuals do to vent emotions. Individuals who engage in self-harm tend to hope that by self-harming, they can relieve negative emotions, reduce anxiety, relieve guilt, or even try to overcome problems in interpersonal relationships (APA, 2013).

Research conducted by the American Academy of Child and Adolescent Psychiatry, involving 597,548 participants from 41 countries from 1990 to 2015, stated that 17% had committed self-harm behavior with an average age of 13 years to 18 years. Then, a study conducted by YouGov Omnibus noted that 35% of the Indonesian population admitted to having committed Self-Harm, with the highest prevalence found in the adolescent group. Among adolescents, 45% reported to have self-harmed, which means that out of every five Indonesian students, two of them have committed self-harm. Despite this, many people are unaware of this, and individuals who self-harm are often reluctant to tell others (Yougov, 2019). Then, a survey conducted by Good News from Indonesia in October 2023 revealed that around 36.7% or one in four people in Indonesia had intentionally committed Self-Harm behavior in their lifetime (Ivana, 2023). In June 2024, the latest data showed that in Indonesia, the prevalence of self-harm is exceptionally high among adolescents, with 45% reported to have committed self-harm, often as an unhealthy way to deal with emotional distress, stress, or mental problems faced by adolescents.

Based on the results of observations and interviews in one of the schools in Surabaya City, most of these children tend to be reactive to the problems experienced by being silent and choosing to keep their feelings rather than sharing them with people around them, such as their parents. Some children may try to tell or talk about their problems but often feel that their parents do not respond well. This is due to variations in personality differences in each child that make them respond differently when faced with the same situation. The environment and personality type also influence in terms of committing Self-Harm behavior.

The results of an initial interview with one of the students with the initials KM (16 years old) said, "I do things like this so as not to hurt other people around me. I also feel that so far I am fine with what I am doing now even though I am crying and alone; I also feel fine and look fine in front of everyone even though I am hiding by wearing long

sleeves". Then the researcher interviewed a student with the initials TB (16 years old) saying that "I feel angry and angry because I do not get attention from my parents, so I feel unappreciated and do not get affection either. This makes me often bang my head against the wall, and I also sometimes take medicine. I "feel that it is better to be sick than half and half. Namely, I barcode slash. I made lines and wrote on my left arm using a needle and a razor blade; initially, I did not know what to do, so I saw how to slash this online. Then I shared what I experienced on Instagram Story, but I hid some people, and some people replied to my story, which made me feel satisfied with something like that".

Meanwhile, a student with the initials RM (18 years old) stated that I feel like I am not considered in my family environment and do not get enough love. Do you know why? Because my parents are divorced, this makes me feel lonely; no one supports me, and I feel unloved. Then, my mother remarried someone else; this also made me feel alone, and I immediately thought, "Why was I born if I witnessed unhappy things like other people?" I felt that no one cared about me, and I felt angry. At first, I channelled my anger by taking many drugs and high doses. I saw on the internet that cutting my hands was more satisfying to hurt myself, so I finally vented it, and this often happened to me, and I often did it and also felt satisfied".

From some of the student's problems above, they admitted that they hurt themselves because they felt they did not get love, did not get support from the family environment, and felt angry and angry because they felt that life was unfair. Afiatin (2015) argues that adolescents are vulnerable to facing problems that eventually lead to self-harm behavior, namely Self-Harm. This self-harming behavior arises after experiencing distressing events or experiences and having difficulty rationally expressing their feelings. Individuals who engage in this behavior think that causing physical pain to their body parts can help relieve the emotional pain they feel. The causes of self-harm behavior committed by adolescents are

due to channelling pent-up negative emotions such as stress, anxiety, and depression caused by problems such as the absence of harmony and warmth in family relationships, having problems with other people such as problems in dormitory relationships, and friendships such as bullying and problems at school such as the many assignments given. Based on the explanation above, it can be concluded that students who experience Self-Harm behavior tend to find it difficult to express their emotions to others. Hence, they prefer to vent on themselves.

One approach that can be an alternative to help these problems is to use REBT techniques. This REBT technique was developed by Albert Ellis in 1950 and emphasises the importance of feelings, thoughts, and behavior. This approach is used because it is designed to emphasise the interaction between rational thoughts, emotions and behavior (Erismon & Karneli, 2021). Geldard (2012) explains that REBT views individuals as able to control their thoughts, feelings, and actions. This approach changes not only behavior but also cognitive and emotional aspects. According to Ellis (2006), REBT helps individuals realise the difference between irrational and rational thinking through ABCDE steps, namely activating events, beliefs, consequences, disputing, and practical new philosophy, using various cognitive, emotive, and behavioral techniques.

Taylor (2006) explains that personality can affect whether or not the individual does coping / diversion; if the coping that is carried out is not appropriate and lasts for an extended period, then the person commits Self-Harm behavior. There are various types of personalities, according to several theories. One of them is the Big Five Personality Traits theory proposed by Costa and McCrae (1995), which is a dominant set of various specific cognitive, affective, and behavioral tendencies that are then grouped into five domains, namely Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness.

Neuroticism personality type has the most substantial relationship with self-harm behavior. Adolescents with high levels of neuroticism tend to experience intense negative emotions, such as anxiety, depression, and emotional instability. In stressful situations, adolescents are more prone to use self-harm as a way to relieve or distract these feelings. This is due to difficulties in managing emotions and high sensitivity to pressure, which makes individuals tend to seek emotional release through self-harm. Then, Extraversion personality type Adolescents with low levels of extraversion (introversion) are at greater risk of self-harm. Individuals with this type tend to feel more socially isolated, lonely, or lack support from the environment. The cause is the inability to express emotions socially or the difficulty of getting emotional support from others or surroundings, which can increase the risk of committing self-harm as a personal escape.

Then, the Openness personality type. Adolescents with high openness tend to reflect deeply on personal problems, which can increase vulnerability to self-harm behavior if adolescents do not have adequate coping strategies. However, openness can also help individuals find solutions to emotional distress more creatively, so the impact depends on environmental factors and social support. Then, in the Agreeableness personality type, adolescents with low levels of friendliness (antagonistic) tend to be more at risk of self-harm. Adolescents may have difficulty building healthy interpersonal relationships or directing frustration towards others towards themselves. Causes such as Interpersonal conflict or tension in social relationships often trigger self-harm in individuals who have difficulty maintaining harmonious relationships. Moreover, the last personality type is Conscientiousness; adolescents with this personality type tend to be impulsive, less organised and lack effective coping strategies. Impulsivity makes it easier for individuals to self-harm without considering the future impact, especially in situations of stress or frustration.

Research conducted by Goddard (2018) states that individuals with a reported history of self-harm consistently score higher on Neuroticism and Openness and lower on Friendliness and Conscientiousness compared to participants without a history of self-harm ( Baetens, Claes, Willem, Muehlenkamp, & Bijttebier, 2011; Hasking et al., 2010; MacLaren & Best, 2010). Conscientiousness also reduces the risk of Self-Harm behavior, with individuals who are more organised and responsible tend to commit less Self-Harm (Anderson, 2012).

Based on this explanation, the researcher intends to examine whether REBT can effectively reduce Self-Harm behavior in adolescents by considering the Big Five Personality traits. Through this approach, it is hoped that adolescents can be more aware of triggers and emotions that arise when experiencing crises and learn appropriate coping strategies to take more adaptive actions. In addition, understanding the relationship between personality and Self-Harm behavior will help design more effective interventions to prevent and overcome Self-Harm in adolescents.

## **METHODS**

The research conducted was a pre-experiment model with a one-group pre-test and post-test research design. This design uses one group of subjects and takes measurements before and after the intervention on the research subject; then, the difference in the results of the two measurements is considered as the effect of the treatment (Latipun, 2015). In this study, the number of subjects was 200 students in school X, which was determined based on the Krejcie and Morgan table. Several criteria, namely as follows, determined the sample in this study:

- a. Adolescent boys or girls.
- b. 15-20 years old.
- c. Experienced moderate to severe Self-Harm behavior.
- d. Having one of the prominent scores of the 5 Big Five personality types.
- e. Willing to be a respondent by filling out an Informed Consent.

The results of the 200 research subjects showed that 30 subjects experienced Self-Harm in the moderate and mild categories. A total of 27 subjects experienced Self-Harm behavior in the moderate category, three subjects experienced Self-Harm behavior in the severe category, and 170 subjects experienced Self-Harm behavior in the mild category. This means that 30 subjects meet the criteria for research subjects in the Self-Harm category.

Then, 30 subjects of this study who experienced moderate and severe Self-Harm behavior conducted a personality test, which resulted in 2 students having a prominent Neuroticism personality type, three students having a prominent Agreeableness personality type, four students having a prominent Conscientiousness personality type, and four students having a prominent Openness personality type. The other 17 students have balanced scores but do not stand out, so they cannot be determined as research subjects.

Taking subjects in this study refers to the type of personality that meets the category of Self-Harm behavior. However, only six out of 24 research subjects are willing to follow and participate to become research subjects. Given that this research was conducted near the end of semester exams, 24 subjects could not participate in this study.

This study will give a seven-session REBT (Rational Emotive Behavior Therapy) intervention. In Session I, the opening is carried out, Session II and Session III are carried out Psychoeducation and learning relaxation techniques, Session IV recognises and responds to Self-Harm behavior, Session V and Session VI are carried out to identify irrational thoughts, and Session VII evaluation and termination are carried out.

## **RESULTS AND DISCUSSION**

After the intervention, to answer the research hypothesis whether Rational Emotive Behavioral Therapy (REBT) is effective in reducing Self-Harm behavior in adolescents and whether there are differences in Self-Harm behavior in adolescents in terms of Big Five Personality Traits

in the study, there are four personality types namely Openness, Conscientiousness, Agreeableness, and Neuroticism to adolescents after the Rational Emotive Behavior Therapy intervention, data analysis was carried out using the Wilcoxon Signed Rank Test and the Kruskal-Wallis Test.

The Asymp was found in the Wilcoxon Test data analysis results. Sig. (2-tailed) = 0.027, because the p-value (0.027) is smaller than 0.05, these results answer the researcher's first hypothesis, which states that there is an effect of REBT therapy to reduce Self-Harm behavior in adolescent students. Based on the Wilcoxon Signed Rank Test results, it can be concluded that REBT therapy significantly reduces Self-Harm behavior in research subjects. All research subjects experienced a decrease in scores after the implementation of REBT therapy, and statistical tests proved that this decrease was a significant effect.

Then, the analysis results state that the p-value =  $0.227 > 0.05$ , which means there is no significant difference in reducing Self-Harm scores between the Big Five personality types (openness, Conscientiousness, Agreeableness, and Neuroticism). In other words, this result shows that REBT therapy does not show significant differences in effectiveness based on the personality types of openness, Conscientiousness, Agreeableness, and Neuroticism. In the subject of this study, it can be concluded that the type of personality possessed by the subject does not affect the effectiveness of REBT therapy in reducing Self-Harm behavior in the subject of this study. However, looking through the Mean Ranks in the rank results table for Self-Harm data after being given REBT therapy on subjects with the Neuroticism personality type obtained a mean of (5.25). Then, the Neuroticism personality type experienced a faster decline when given REBT therapy compared to the openness, Conscientiousness, and Agreeableness personality types.

This study aims to determine whether REBT effectively reduces Self-Harm behavior in adolescents regarding Big Five Personality Traits.

Based on the results of hypothesis testing, it is found that REBT therapy effectively reduces Self-Harm behavior in adolescents, so the hypothesis is accepted. The results of this test are also reinforced by the significant difference in scores between the pre-test and post-test results. The decrease in the Self-Harm score can be seen in that the average value of the Pre-Test score (14.67) is higher than the Post-Test score (7.67). This shows that there is a decrease in Self-Harm scores after REBT therapy. This shows that REBT therapy is effectively used to treat Self-Harm in adolescents.

Adolescents often face significant emotional distress due to various factors, such as family problems, bullying, academic performance, self-identity, and social relationships. In these situations, some adolescents may begin to feel disconnected from social and emotional support, leading individuals to turn to self-harm behaviors as a way of coping with feelings of anxiety, anger or distress. Self-harm behavior is often used as a coping mechanism to reduce emotional pain or as a form of control over the inability to cope with stressful situations.

The things that underlie self-harm behavior are emotional distress, family problems, social pressure, and low self-esteem. In this study, the subject's behavior appeared in response to negative emotions such as anger, guilt or sadness. His irrational beliefs, such as "I am worthless" or "I have to be perfect to be accepted by others and get attention from others, " can trigger Self-Harm behavior. The provision of REBT seeks to help adolescents identify their irrational beliefs by inviting subjects to recognise irrational thought patterns that underlie self-harm behavior. Then, challenge their irrational beliefs by working together to question the validity of the beliefs in the subject, replacing them with rational beliefs. Namely, the subject is trained to develop healthier beliefs such as "Mistakes are part of learning" or "I am valuable even though I am not perfect" and then taught to manage emotions healthily by managing negative emotions such as relaxation or channelling

emotions through more meaningful activities in each subject.

Rational emotive behavior therapy (REBT) can have a significant impact in changing the psychological dynamics of adolescents who are trapped in self-harm behavior. The REBT process begins with recognising Activating Events, which are often related to emotional distress or difficult situations in an adolescent's life. For example, problems with peers or academic failure can trigger feelings of worthlessness. The therapy then focuses on the beliefs that accompany the individual's emotional reactions, such as the irrational belief that failure or feeling neglected means the individual is not worthy of respect. Next, REBT helps the adolescent to dispute the irrational beliefs that exacerbate the individual's emotional state (Disputing), replacing them with more rational and realistic thinking. For example, the adolescent may be taught to replace the belief "I am worthless" with "I am facing challenges, but they do not diminish my value as an individual". By changing this way of thinking, the negative emotions underlying the self-harm behavior become more manageable. Hence, the adolescent no longer feels the need to self-harm to cope with emotional pain.

Finally, adolescents are taught to develop and apply more effective new beliefs daily. Individuals learn that adolescents have control over how they respond to stress and challenges and can seek social support or use healthier coping skills instead of self-harming. In this process, REBT not only reduces self-harm behavior but also provides adolescents with tools to increase the individual's emotional well-being, overcome anxiety, and improve the individual's social relationships. Research conducted by Ramadhani (2023) on group counselling with REBT techniques in reducing Self-Harm behavior in high school students shows that REBT therapy can make students learn healthier and adaptive coping strategies and improve individual emotional and mental well-being. The research conducted by Aisyah (2022) at SMP Negeri 10 Semarang using REBT-based group counselling showed that REBT therapy conducted

in group counselling can overcome problems and reduce the frequency and intensity of Self-Harm, mutual support in groups and the process of identification and challenge of irrational beliefs play an important role in the effectiveness of this REBT intervention. In another study conducted by Rusdy (2024) on the subject's motivation during the intervention took place as well as the reliability of REBT in changing an irrational thought and changing it to rational thinking and making subjects aware that negative behavior has a psychologically uncomfortable impact, researchers who used REBT techniques succeeded in making subjects aware that negative behavior comes from irrational thoughts and invites individuals to fight irrational beliefs with more positive ways of thinking, which in turn can reduce the level of Self-Harm faced by adolescents.

Furthermore, based on the results of the second hypothesis in this study, it is suggested that there is no significant difference in Self-Harm behavior in subjects with the personality types of openness, Conscientiousness, Agreeableness, and Neuroticism. This happens because the research subjects are adolescents who still cannot maximally develop the ability to think to find solutions personally and still tend to depend on the opinions of others, so in solving problems, they still do not have strong principles by the personality identity of each subject. According to Erik Erikson's developmental theory, adolescents aged 12 to 18 are still exploring and looking for identity, beliefs, and things they want. Meanwhile, a mature and stable self-identity is formed in late adolescence or early adulthood, around 18 to 25 years (Santrock, 2003). Jean Piaget supports this statement in the theory of cognitive development, adolescents in the formal operational stage of development (Age 12 years and over), where adolescents begin to develop abstract and logical thinking skills. However, this ability is still in a developmental stage and not fully mature. Adolescents often have difficulty making decisions independently and tend to be influenced by peers and group dynamics (Suparno, 2006).

However, when viewed from a comparison of the mean rank of the four personality types, it can be concluded that the Neuroticism personality type is in first place with a mean value of 5.25, which means that after being given REBT therapy, subjects with the Neuroticism personality type tend to experience a faster decrease in Self-Harm scores compared to other personality types. Neuroticism is often associated with a tendency to experience negative emotions, anxiety, and strong reactions to stress. The second personality type that dropped was the Openness personality type, with a mean rank of 3.75; this personality type felt trapped in negative thoughts and lost interest in previously interesting things. His imagination becomes a source of excessive worry and fear for him. This aligns with research conducted by Smith (2016), which shows that individuals with a high Openness personality type show slower change due to the tendency to overthink and ruminate or repeatedly think about the same thing.

Then, the third order is the Agreeableness personality type with a mean rank value of 2.00; this personality type tends to put the interests of others above the interests of adolescents themselves. Subjects are less accustomed to focusing on the changes needed to improve their condition in therapy than relying too much on the therapist's guidance and approval, which causes a lack of initiative to express their needs in therapy. This causes the process of changing negative thought patterns and identifying irrational beliefs to take longer because the main focus is helping others rather than helping themselves or improving themselves. Then, in last place is the Conscientiousness personality type, with a mean rank value of 1.00, meaning that this personality type experiences a slower decline than the other three personality types. This type feels guilty because of the inability to fulfil expectations, becoming overly self-critical and creating unrealistic expectations. Individuals with this personality type tend to be perfectionists, which can make adolescents overly critical of progress and reduce the perceived effectiveness of therapy.

According to Smith et al. (2016), despite having lower irrational beliefs, individuals with a high Conscientiousness personality type often have very high standards for themselves. This perfectionism can lead to stress, anxiety, and feelings of never being good enough, all of which can contribute to depression. This study provides evidence that REBT is effective in reducing Self-Harm behavior in adolescents, but there is no significant difference in the personality type of the subjects; this finding is important for future research in considering the design of more effective intervention programs and may need to be tailored to the personality type of the subjects.

## CONCLUSION

This study aims to determine the effectiveness of REBT (Rational Emotive Behavior Therapy) in reducing Self-Harm behavior and to analyse whether there are differences in the effectiveness of the therapy based on the dimensions of the Big Five Personality (Neuroticism, Openness, Agreeableness, and Conscientiousness). Self-harm behavior is a frequent problem among adolescents, especially students, and can have a profound impact on the psychological well-being of individuals. Many students commit Self-Harm as a response to emotional or psychological distress. This research focuses on efforts to reduce Self-Harm behavior by using REBT therapy, which aims to help individuals change irrational thought patterns and overcome emotional problems in adolescents. In addition, this study also explores whether personality dimensions based on the Big Five personality traits personality theory consist of personality types (neuroticism, openness, agreeableness, and conscientiousness) that affect the effectiveness of REBT therapy.

Based on the results of the analyses conducted, the following conclusions can be drawn:

- 1). Effectiveness of REBT Therapy in Reducing Self-Harm Behavior The results of the Wilcoxon Signed Rank Test show that REBT therapy has a significant influence in reducing self-harm behavior. The p-value obtained is 0.027 ( $<0.05$ ),

which means that after being given REBT therapy, there is a fundamental change in self-harm behavior, where the level of this behavior decreases significantly. The p-value, which is smaller than 0.05, indicates that this result does not occur by chance but rather a direct effect of the application of REBT therapy. Thus, REBT therapy proved to be effective as an intervention to reduce self-harm behavior in individuals who were the subject of the study.

- 2). Effect of Big Five Personality Traits Dimensions The results of the Kruskal-Wallis Test show that there is no significant difference in the effectiveness of REBT therapy based on the Big Five Personality dimensions (Neuroticism, Openness, Agreeableness, and Conscientiousness), with a p-value = 0.227 ( $> 0.05$ ). REBT therapy does not depend on the type of Big Five personality type; in other words, for individuals with high or low Neuroticism, Openness, Agreeableness, or Conscientiousness, REBT therapy still has a relatively similar impact. This shows that REBT can be applied universally or as a whole without considering differences in specific personality dimensions in the Big Five Personality Traits model.

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