

Personal Growth Initiative Profile on Non-Suicidal Self-Injury (NSSI)

Putri Saraswati, Faculty of Psychology, Universitas Muhammadiyah Malang, Indonesia **Tulus Winarsunu,** Faculty of Psychology, Universitas Muhammadiyah Malang, Indonesia

: psaraswati@umm.ac.id

Abstract

Non-Suicidal Self-Injury (NSSI) is widely practised. The impact of this NSSI is the repetition of self-harming behaviour and unresolved problems. On the other hand, many successful individuals live their lives without hurting themselves. Some individuals have issues but don't hurt themselves even though they haven't solved the problem. Personal Growth Initiatives (PGI) help individuals deal with their problems. This study aims to describe the condition of PGI in individuals who do NSSI. The research method is quantitative and qualitative. The scale used is PGIS-II and an open-ended questionnaire. The research subjects are individuals who have done NSSI, namely as many as 14 male subjects and 29 female subjects. The sampling technique is accidental sampling. The results show that male and female subjects have PGI averages that can be categorized as high (4.16 and 3.84), late teens and early adults also have high PGI averages (3.92 and 3.97), and different levels of education have high PGI averages, too (Junior High School= 3.89; Senior High School= 3.91; Bachelor's degree= 4.28; Master' degree= 4.00). The result of further research is that the thing that makes individuals who have done NSSI want to be a better person is mistakes or sins. The parties supporting them to be better are themselves and their parents. They want to be a better person when they have problems. The reason for wanting to be a better person is to want to boast of themselves. The way to be a better person is to get closer to God/according to religious teachings (such as praying and being grateful).

Keywords: Self-injury, personal growth, guilty feeling, self-regulated, self-esteem, and religiosity

Introduction

Non-Suicidal Self-Injury (NSSI) is a behaviour that endangers oneself, especially the body, usually by injuring/scratching sharp objects or burning the skin, or other ways (Staniland; et al., 2021). However, many types of behaviour are categorized as NSSI, the most common of which are banging yourself against complex objects and injuring/scratching sharp objects on the skin (cutting) (Pérez et al., 2018). NSSI behaviour is not suicidal. This behaviour is related to intrapersonal functions, namely internal regulation such as stress regulation, emotion regulation (Gargiulo & Margherita, 2019), and interpersonal, namely the influence of interaction with other people and attachment to friends (Pérez et al., 2018). The results of other studies show that individuals who have done NSSI have eating disorders, dysfunctional personality traits, impulsive behaviour, and traumatic experiences (Vieira et al., 2021). Teenagers with higher negative attitudes and feelings in family life are more likely to injure and self-destruct themselves (Pérez et al., 2018). Many self-injury phenomena occur and are exposed on social media (Seko & Lewis, 2018).

Individuals who do NSSI are those who try to deal with negative feelings, punish themselves or seek help or support from others (Seko & Lewis, 2018). According to Gargiulo & Margherita (2019), individuals who experience SI have relationship problems with others, hide, are lonely, hate and feel guilty, have melancholy emotions, and have problems with emotional regulation and self-disclosure. This behaviour is more common in teenagers. These teenagers commit self-injury (SI) in conditions unknown to many people, and they rarely seek professional help because they are worried and embarrassed by their behaviour (Seko & Lewis, 2018).

This NSSI behaviour can occur in individuals without pathological disorders or disorders such as anxiety, mood, psychosis, eating disorders, and personality disorders (Hepp et al., 2020). Based on the cognitive and emotional model of the NSSI (Hasking, Whitlock, Voon, & Rose, 2017), self-efficacy predicts individuals to do NSSI. Meanwhile, Hooley & Franklin's (2018) benefits and barriers model on positive and negative reinforcement states that individuals who do NSSI are caused by their reluctance to feel pain or suffer, so these feelings are diverted by doing NSSI. Further explained in the four-function model (Nock, 2009), NSSI occurs due to intrapersonal and interpersonal factors. Negative intrapersonal reinforcement factors explain that NSSI occurs because individuals punish themselves, while positive intrapersonal reinforcement explains that NSSI happens because individuals feel that they get positive feelings when doing NSSI. Furthermore, interpersonal factors state that individuals can reduce unwanted behaviour from other people or unwanted interactions with others (negative interpersonal reinforcement) by doing NSSI. Meanwhile, from an interpersonal point of view, individuals will get attention or positive reactions from others by doing NSSI.

Based on some of the perspectives above, individuals who do NSSI are caused by their inability to deal with the problems they experience and feel, so they choose to avoid the issues by doing NSSI. Some individuals have severe problems and have not even been able to solve them, but they are still trying to solve them and do not do NSSI. This is in line with research (Berger et al., 2017) stating that individuals who can healthily manage their emotions will have less opportunity to do NSSI. In addition, individuals with someone who can listen while telling stories without judgment also reduce the occurrence of NSSI. NSSI usually occurs in individuals with interpersonal stress and can be strengthened by social factors (Victor et al., 2019). Individuals closely attached to their parents and with good parental supervision will be less likely to do NSSI (Victor et al., 2019). Positive behaviour in parenting can reduce NSSI.

Furthermore, individuals with positive social selfworth tend to have fewer problems with their peers, making them less likely to do NSSI (Victor et al., 2019). Individuals with good friends who do not do NSSI and are not depressed are less likely to do NSSI (Victor & Klonsky, 2018). Good modelling in managing emotions is related to the absence of NSSI (Victor & Klonsky, 2018). Individuals with a good and supportive environment will try to face their problems without needing to do NSSI. Thus, they will have good personal growth initiatives.

Supportive and friendly environment help individuals not to do NSSI and to have good personal growth to deal with and solve their problems. So, it is essential for those who do NSSI to have a continuous effort to be better people to deal with their issues to reduce or stop the possibility of doing NSSI. As explained above, the main factor of doing NSSI is when an individual cannot deal with his problem. In the concept of psychology, the continuous effort to be a better person is called a personal growth initiative (PGI). PGI is a constant and active individual effort to become a better person. This is in line with the opinion of Weigold et al. (2018) that PGI is a deliberate, active involvement in the process of individual self-growth for all essential aspects of life; this process involves personal awareness. Shigemoto & Robitschek (2018) argue that PGI is a collection of skills carried out intentionally to improve oneself to fight traumatic events. PGI has two dimensions, namely, the dimensions of thought and behaviour.

Individuals who have an excellent PGI will have the desire to change into better people and will continue to try to express their thoughts and behaviour. In this case, the dimension of the mind is the individual's ability to plan the change process. Meanwhile, the behavioural extent is the individual's ability to engage or carry out the plans that have been made previously (Weigold et al., 2018). Individuals with good PGI can maximize their potential and escape difficulties (Shigemoto & Robitschek, 2018). High levels of PGI in individuals also make them have low levels of stress and depression (Shigemoto & Robitschek, 2018). PGI is an agent within the individual, meaning that PGI can change and develop (Weigold et al., 2018).

The two main principles in PGI are, first, intentionality, namely awareness and intention of an individual to grow or change for the better (Weigold et al., 2018). Thus, the individual is actively trying to improve himself. A person can choose which aspects of himself will be changed and modified and which parts will be maintained or not changed (Robitschek et al., 2012). The second principle is transferability, where PGI is not rigid in certain aspects of life for the individual, but rather on aspects of life that, according to the individual, are essential to be developed or changed so that he becomes a better person, for example in parts of social life, education, work, etc. In addition, PGI can also be used at various stages of individual life development, such as adolescence, early adulthood, middle adulthood, and late adulthood (Robitschek et al., 2012).

With a good PGI in an individual, it is hoped that he will not easily give up on the obstacles he faces in life. He will focus and strive to become a better person to achieve his goals. Thus, it is expected that he will be able to have fewer negative behaviours, including hurting himself when he is experiencing problems. This is in line with the research of Klockner and Hicks (2008 in Borowa et al., 2020) that individuals with good PGI are more likely to seek help and assistance when experiencing problems than individuals with lower PGI levels. Individuals with good PGI will be more aware and have more opportunities to develop into better people (Borowa et al., 2020).

This study aims to determine the psychological picture of PGI of self-injury (NSSI) doers. Thus, this research is expected to discover the psychological concept of PGI in individuals who do NSSI and answer the questions of what, when, why, and how NSSI adolescents do PGI and who supports them to do PGI. The benefit of this research is to develop a theoretical study of PGI.

Method

Qualitative and quantitative research is the research methods used in this study. Quantitative methods were used to collect numerical data and then analyzed for scores linked between variables. Qualitative methods were used to collect data regarding what, when, who, why and how questions of PGI. The population in this study were teenagers who had done NSSI. The sampling technique used is accidental sampling.

The measuring instrument used in this study for quantitative methods is the PGIS-II psychological scale belonging to Robitschek (2008), the Indonesian version. With a validity of 0.363 to 0.611 and reliability of 0.868. Meanwhile, the open-ended question method was used to collect qualitative data. The data collected was analyzed using correlational statistical techniques (quantitative data), and then text analysis was used to analyze qualitative data.

This research procedure began with collecting references for research proposals, making qualitative questions for PGI, preparing the PGI scale used by researchers in previous studies, and distributing psychological scales and questions. These scales and questions were distributed using an online application. The last stage was data analysis and making research reports.

Results

The subjects of this study consisted of 14 males with a mean of 4.16 (14 issues) and 3.84 females (29 subjects). In terms of age, the mean PGI score for late adolescence was 3.92 (24 topics), and the mean PGI score for early adulthood in this study was 3.97 (19 subjects). The subjects of this study who had the last education in Junior High School were 16 people (3.89), Senior High School were 21 people (3.91), Bachelor's were four people (4.28), and master's were two people (4.00). Based on the results of the correlation test, it is known that gender has no relationship with PGI (sig. 0.685), and education has no relationship with PGI (sig. 0.403) in the case of NSSI doers.

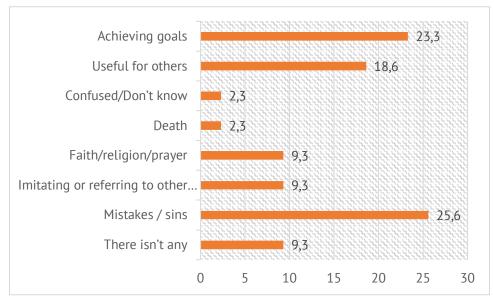


Figure 1. What made the subject perform PGI

Qualitative questions related to what made the subject perform PGI can be described as follows: 1) feelings of guilt and committing a sin for what has been done (guilty feeling), as much as 25.6%; 2) the desire to achieve the goal (achievement goal), as much as 23.3%; 3) the desire to be useful for others (meaningful for other), as much as 18.6%; 4) imitating

or referring to other people or books (modelling), as much as 9.3%; 5) belief in religion or God (belief in God), as much as 9.3%; 6) there is nothing that makes the subject do PGI, as much as 9.3%; 7) self-understanding and belief that a human being will die (death), as much as 2.3%; and 8) confused or did not know, as much as 2.3%.

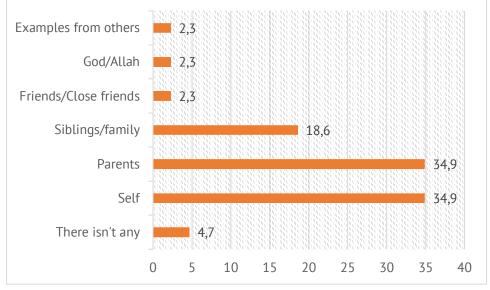


Figure 2. Who supports the subject in doing PGI

The data obtained from the question "who supports the subject in doing PGI" (figure 2), the results obtained are 1) self, as much as 34.9%; 2) parents, as much as 34.9%; 3) relatives or family, as

much as 18.6%; 4) no support, as much as 4.7%; 5) friends or close friends, as much as 2.3%; 6) God, as much as 2.3%; 7) examples from others, as much as 2.3%.

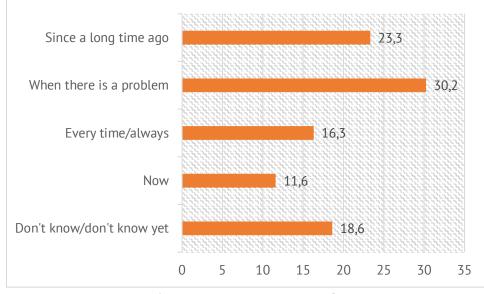


Figure 3. When the subject did PGI

Based on qualitative data, it is known that the answers to the question of when the subject did PGI are: 1) when the subject has a problem, as much as 30.2%; 2) since a long time ago, as much as 23.3%; 3) don't know, as much as 18.6%; 4) every time, as much as 16.3%; 5) starting now/currently, as much as 11.6%.



Figure 4. Why the subject did PGI

The answers to the question of why the subject did PGI are 1) because of the subject's desire to boast of himself, as much as 60.5%; 2) because the subject wants to make others proud, as much as 18.6%; 3)

because of religious teachings that the subject believes in, as much as 14%; and 4) because they don't want to repeat the mistakes that the subject has made, as much as 7%.

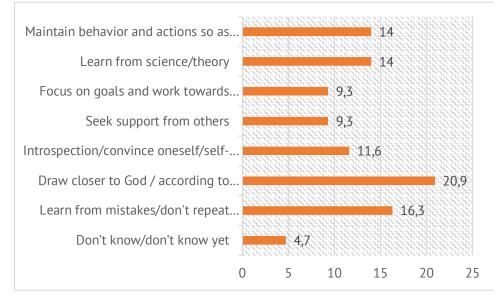


Figure 5. How the subject does PGI

From the qualitative data, it is known that the answers to the question of how the subject does PGI, the answers are: 1) by getting closer to God or by obeying the religious teachings that the subject believes in, as much as 20.9%; 2) the subject learns from mistakes and does not want to repeat the mistakes he has made, as much as 16.3%; 3) by learning from theory or science, as much as 14%; 4) the subject maintains his behaviour so as not to hurt others, as much as 14%, 5) the subject conducts selfintrospection, convinces himself and self-motivated, hard work, as much as 11.6%; 6) the subject seeks support from others, as much as 9.3%; 7) by focusing on the goals the subject wants to achieve and continuing to try to achieve them, as much as 9.3%; 8) some subjects do not know or do not know yet how to do PGI, as much as 4.7%.

Discussion

Gender, age, and education level in the subjects of this study have the same PGI level, namely high. In

addition, the correlation test results show that gender, age, and education level do not have a relationship with PGI. This is because PGI has a transferability principle, meaning that the high or low level of PGI for everyone will differ in different aspects. This is in line with research by Robitschek et al. (2012) that individuals can determine which parts of their lives will be developed, modified, or maintained so that the level of PGI will be different in each aspect of an individual life. Therefore, it is very likely that the subjects of this study have high levels of PGI.

The answer to the question "what made the subject do PGI" the results of the study explain that the things that made the subject do PGI are the mistakes they made and the sins they committed. Subjects feel that their mistakes or sins make them need to improve themselves or try to change themselves to be better people. In psychology, this feeling of guilt is called the guilty feeling. A guilty feeling is a part of negative emotions. It makes individuals feel stressed and uncomfortable, so they will try to change their feelings to be more positive (Graton & Mailliez, 2019). Individuals who do NSSI and have high PGI have a sense of guilt because they have done things they should not, so they want to change into better people. The guilty feeling can also make individuals act according to social norms if the information they receive is accurate and reliable (Graton & Mailliez, 2019). This means that individuals who do NSSI and have high PGI realize that the behaviour that has been done is not correct, so they want to become better people. This is reinforced by the cognitive theory of attention, which explains that quilt (quilty feeling) makes individuals more aware or pays attention to the responsibility so that it encourages individuals to feel their emotions more and allows them to act to deal with these emotions (Graton & Mailliez, 2019). In the study of Zarzycka et al. (2022), quilt and shame help individuals avoid making mistakes and improve themselves for the better. Thus, it is not surprising that guilty feeling helps individuals perform PGI.

The second highest answer is the desire to achieve goals in psychology. It is called goal orientation. Goal orientation is the individual's desire to achieve his goals. In goal orientation, there are dimensions of performance and mastery goals (Kaspi-Baruch, 2019). The concept of goal orientation is like the idea of achievement goals; the difference is that the achievement goal is in academic settings, and goal orientation is more general, not only limited to educational settings. Individuals who have good goal orientation will try to master their competence and or avoid losing their competence. In other goal orientation dimensions, individuals with different goal orientations will try to show their best performance and avoid their worst performance to achieve their goals. Thus, individuals with good goal achievement will also have good PGI. This is in line with the results of research (Saraswati, 2019) that the targeted goals positively affect PGI; individuals with a clear goal orientation will continue to give their best performance or avoid their worst performance. On the other hand, individuals will continue to try to master their competence or avoid losing it.

The third answer is the desire to be of benefit to others. In psychology, benefiting others is called prosocial. Prosocial behaviour is carried out to help one person or many people. Prosocial is carried out by individuals with many motives, not only for the welfare of others but also for the personal motives (personal gain) of the helper (egocentric) or other reasons (Pfattheicher et al., 2022). Prosocial behaviour also has advantages for the individuals being helped and the individual who helps them. It's the same with the subject of this research; the thing that makes the issue do PGI is to be useful for others. By being helpful to others, the subject benefits others; thus, he also gets benefits by doing PGI, for example, the feeling of being needed and more meaningful, which NSSI does require.

Furthermore, the data from the question "who supports the subject to do PGI" resulted in the most answers being themselves and their parents. The following answer is relatives or family. This is in line with the results of research by Wan et al. (2019) that social support can reduce NSSI behaviour. Because social help from parents and, friends, and family will make individuals feel they have a place to share stories with people who accompany them assist them when they are in need. Individuals with social support will not feel lonely, stressed, anxious or depressed, so the mental health of individuals with social support is much better than those who do not have it (Qi et al., 2020). In addition, the party who can support the subject of doing PGI is himself. In psychology, when individuals can manage themselves or have good selfregulation, they will be able to direct their behaviour to achieve goals. Self-regulation is a process of determining and achieving these goals by monitoring and evaluating the strategies and efforts to achieve these goals (Inzlicht et al., 2021). In this selfregulation, individuals will plan, implement, monitor and assess all their activities related to achieving their goals (Inzlicht et al., 2021). Thus, if individuals have good self-regulation, they can support their PGI.

The answer to the question "when did the subject do PGI" was when the subject had a problem. PGI is an active and deliberate process carried out by individuals to continue growing to become better. PGI has closely related to the counselling process and the principal function of individual change in the counselling process (Weigold et al., 2020). Individuals who come to counselling seeking professional help usually have problems or have difficulty with behaviour and thoughts, and feelings. Therefore, it is not surprising that when an individual has a problem, he desires to change into a better person. The second most common answer was a long time ago. The subjects in this study have been doing PGI for a long time, but only in certain aspects of themselves, not all aspects of their lives. This is in line with the research results of Weigold et al. (2018) that PGI has the nature of transferability so that PGI's abilities can be selected on certain aspects that we want to develop, for

example, social. The following answer is that the subject does not know when they will do PGI. This is because the issue does not yet have the desire and ability to change and solved the problem. The statement is in line with the research of Weigold et al. (2018) and (Borowa et al., 2018) that clients with PGI have the awareness, desire and ability to strive to change themselves and participate in the process.

The results of the following data analysis related to the question "why did the subject do PGI" revealed an answer: because the subject wanted to be proud of himself, or in psychology, it was self-esteem. Selfesteem is an indicator of self-acceptance, self-respect. and satisfaction with oneself but does not mean feeling perfect or superior (Niveau et al., 2021). High self-esteem can help individuals improve their efforts in adapting and dealing with problems (Niveau et al., 2021). That the reason the subject does PGI is so that he has good self-esteem so that he can adapt and deal with his problems. The following result is because the subject wants to make others proud. Making others proud is a form of prosocial behaviour; as previously written, one of the goals of prosocial actions is to help improve the welfare of others, as well as other motives such as other personal motives (Pfattheicher et al., 2022). By doing PGI, the subject can make other people proud of him because the subject changes into a better person. The following reason why the issue does PGI is his belief in the teachings of the religion he adheres to or called religiosity. There are two kinds of religiosity (Kucharska, 2020): 1) dispositional religiosity, namely general belief in religion, religious behaviour and commitment and religious well-being (spiritual/religious well-being); 2) functional religiosity, which refers more to religious experiences, and uses religion as a source of motivation or as a copy strategy. The subjects of this study use religion or religiosity as a reason to become better people (PGI). This happens because religious welfare can be a goal in life. In Kucharska's (2020) writing, individuals who have religious beliefs and use religion as a coping strategy can improve their mental health. Belief in the power of God and that God can solve all the problems of its adherents is a belief that makes individuals more optimistic in dealing with their issues so that they continue to strive to become better.

The results of data analysis from the question "how does the subject do PGI" is by getting closer to God or by obeying religious teachings. In psychology, it is called religiosity. Religiosity is a complex and multidimensional construct containing beliefs, attitudes, behaviours, and other functional aspects of humans (Kucharska, 2020). Therefore, religiosity is related to mental health (Kucharska, 2020). Individuals who believe in their religious teachings and carry out orders and are obedient and submissive to spiritual teachings; then these individuals will feel optimistic about the problems they face. Even though they find it difficult, they will still believe God will help them solve the problem. They will not give up easily and will continue to strive while carrying out religious teachings, with the hope of mercy from God so that God will give the best for them. The following way to do PGI is to learn from mistakes and not repeat those mistakes. In psychology, self-reflection is a metacognitive process involving self-awareness and evaluation of individual thoughts, behaviours, and

feelings to increase self-knowledge/insight (Crane et al., 2019). Thus, when an individual can collect his awareness to evaluate his thoughts, behaviour, and feelings, he will be able to assess his condition to improve himself and develop himself. In addition, how to do PGI is to learn from theory (modelling or observational learning) and maintain behaviour to avoid hurting others or self-control. According to Bandura, modelling psychology/observational learning is learning or shaping behaviour through observing specific skills and behavioural rules (Abdullah, 2019).

In modelling theory, behaviour can be formed by 1) paying attention and perceiving the behaviour to be imitated, including PGIbehaviourr; 2) the process of retention or storing information related to the behaviour to be imitated; thus, the individual will add experience and knowledge in his memory, as well as PGlbehaviourr; 3) the production process, namely the experience and knowledge in the individual's memory, which must be carried out or practised including PGlbehaviourr; and 4) the motivational process in which the individual receives benefits from the behaviour carried out, in this case,e is PGI. Inn Boekaerts et al. (2000), self-control in psychology is part of self-regulation. When they have reviewed the tasks they are responsible for and plan strategies to complete them, individuals with good self-regulation will carry out these strategies using their self-control and self-observation, and eventually, they will conduct self-evaluation. Self-control is an individual's effort to provide the proper response to achieve goals (Bieleke et al., 2021). Self-control is a series of self-corrective actions an individual takes while achieving goals (Wolff & Martarelli, 2020; Briki, 2018). If the individual's goal is to become a better person, selfcontrol is needed to achieve it. Good self-control is related to positive emotions, self-esteem, happiness and life satisfaction and negative emotions, such as depression and anxiety (Briki, 2018).

Conclusions

Based on the results of the data analysis, it can be concluded that NSSI doers (male and female, late

teens, and early adults, having education levels of Junior High School, Senior High School, Bachelor's, and Master's) have high PGI. The psychological picture that makes the subjects try to be better people is that they have made mistakes and feel guilty. In psychological terms, it is called a guilty feeling. The aspects which support PGI are obtained from oneself/self-regulation and parents (social support). The time the subjects want to do PGI is when they make mistakes.

Furthermore, they do PGI to make others proud of them, or in a psychological construct called selfesteem. The method used to carry out PGI is to increase religiosity (get closer to God, carry out religious teachings). The implication of the results of this study is the importance of providing opportunities for NSSI doers to self-reflect, respect themselves and draw closer to God. Therefore, psychological scientists need to research more deeply the ability of selfreflection, self-esteem, and religiosity of NSSI doers. In addition, it is also necessary to investigate more deeply whether NSSI doers have ever visited a professional helper or whether they have stopped doing NSSI or not. Future researchers also need to specify what aspects of PGI the research subjects have, given its nature of transferability. Meanwhile, the implication of this research for psychologists is to help clients with NSSI to get to know themselves better, appreciate themselves, and draw them closer to God.

The weakness of this research is that all research subjects believe in God. If the research subjects are more diverse, it is possible to find different research results, especially in the section on how to do PGI.

References

- Abdullah, S. M. (2019). Social Cognitive Theory: A Bandura Thought Review published in 1982-2012. *Psikodimensia*, *18*(1), 85. https://doi.org/10. 24167/psidim.v18i1.1708
- Berger, E., Hasking, P., & Martin, G. (2017). Adolescents' Perspectives of Youth Non-Suicidal Self-Injury Prevention. *Youth and Society*, *49*(1), 3–22. https://doi.org/10.1177/0044118X13520561

Bieleke, M., Wolff, W., & Keller, L. (2021). Getting

Trapped in a Dead End? Trait Self-Control and Boredom Are Linked to Goal Adjustment. *Motivation and Emotion*, 1–43.

- Boekaerts, M., Pintrich, P., & Zeidner, M. (2000). *Hanbook of self-regulation.*
- Borowa, D., Kossakowska, M. M., Harmon, K. A., & Robitschek, C. (2018). *Personal growth initiative' s relation to life meaning and satisfaction in a polish sample*.
- Borowa, D., Kossakowska, M. M., Harmon, K. A., & Robitschek, C. (2020). Personal growth initiative's relation to life meaning and satisfaction in a polish sample. *Current Psychology*, *39*(5), 1648–1660. https://doi.org/10.1007/s12144-018-9862-2
- Briki, W. (2018). Why do exercisers with a higher trait self-control experience higher subjective wellbeing? The mediating effects of amount of leisure-time physical activity, perceived goal progress, and self-efficacy. *Personality and Individual Differences*, *125*(September 2017), 62–67. https://doi.org/10.1016/j.paid.2017.12.020
- Crane, M. F., Searle, B. J., Kangas, M., & Nwiran, Y. (2019). How resilience is strengthened by exposure to stressors: the systematic self-reflection model of resilience strengthening. *Anxiety, Stress and Coping*, *32*(1), 1–17. https://doi.org/10.1080/10615806.2018.1506640
- Gargiulo, A., & Margherita, G. (2019). *of Clinical Phychology. 7*, 1–19.
- Graton, A., & Mailliez, M. (2019). A theory of guilt appeals: A review showing the importance of investigating cognitive processes as mediators between emotion and behavior. *Behavioral Sciences*, 9(12), 1–10. https://doi.org/10.3390/bs 9120117
- Hepp, J., Carpenter, R. W., Störkel, L. M., Schmitz, S. E., Schmahl, C., & Niedtfeld, I. (2020). A systematic review of daily life studies on non-suicidal selfinjury based on the four-function model. *Clinical Psychology Review*, *82*, 101888. https://doi.org/ 10.1016/j.cpr.2020.101888
- Inzlicht, M., Werner, K. M., Briskin, J. L., & Roberts, B. W. (2021). *Integrating Models of*. 319–347.

- Kaspi-Baruch, O. (2019). Big Five Personality and Creativity: The Moderating Effect of Motivational Goal Orientation. *Journal of Creative Behavior*, *53*(3), 325–338. https://doi.org/10.1002/jocb.183
- Kucharska, J. (2020). Religiosity and the psychological outcomes of trauma: A systematic review of quantitative studies. *Journal of Clinical Psychology*, 76(1), 40–58. https://doi.org/10.1002/jclp.22867
- Niveau, N., New, B., & Beaudoin, M. (2021). Selfesteem Interventions in Adults – A Systematic Review and Meta-analysis. *Journal of Research in Personality*, *94*(July). https://doi.org/10.1016/j.jrp. 2021.104131
- Pérez, S., Marco, J. H., & Cañabate, M. (2018). Nonsuicidal self-injury in patients with eating disorders: prevalence, forms, functions, and body image correlates. *Comprehensive Psychiatry*, *84*, 32–38. https://doi.org/10.1016/j.comppsych.201 8.04.003
- Pfattheicher, S., Nielsen, Y. A., & Thielmann, I. (2022). Prosocial behavior and altruism: A review of concepts and definitions. *Current Opinion in Psychology*, 44, 124–129. https://doi.org/10. 1016/j.copsyc.2021.08.021
- Qi, M., Zhou, S. J., Guo, Z. C., Zhang, L. G., Min, H. J., Li, X.
 M., & Chen, J. X. (2020). The Effect of Social Support on Mental Health in Chinese Adolescents During the Outbreak of COVID-19. *Journal of Adolescent Health*, 67(4), 514–518. https://doi.org/10.1016/j.jadohealth.2020.07.001
- Robitschek, C., Ashton, M. W., Spering, C. C., Geiger, N., Byers, D., Schotts, G. C., & Thoen, M. A. (2012). Development and Psychometric Evaluation of the Personal Growth Initiative Scale – II. 59(2), 274– 287. https://doi.org/10.1037/a0027310
- Saraswati, P. (2019). Goal Achievement as a Predictor of Personal Growth Initiative for Generation Z. 304(Acpch 2018), 330–334. https://doi.org/10. 2991/acpch-18.2019.80
- Seko, Y., & Lewis, S. P. (2018). The self-harmed, visualized, and reblogged: Remaking of selfinjury narratives on Tumblr. *New Media and Society*, 20(1), 180–198. https://doi.org/10.1177/

1461444816660783

- Shigemoto, Y., & Robitschek, C. (2018). Exploring patterns of personal growth initiative and posttraumatic stress: A latent profile analysis. *Journal of American College Health*, 66(5), 350– 359. https://doi.org/10.1080/07448481.2018.14 31900
- Staniland;, Lexy;, Hasking;, Penelope;, Boyes;, Mark;, Lewis;, & Stephen. (2021). Stigma and nonsuicidal self-injury: Application of a conceptual framework. *Stigma and Health*, 6(3), 312–323.
- Victor, S. E., Hipwell, A. E., Stepp, S. D., & Scott, L. N. (2019). Parent and peer relationships as longitudinal predictors of adolescent nonsuicidal self-injury onset. *Child and Adolescent Psychiatry and Mental Health*, *13*(1), 1–13. https://doi.org/10.1186/s13034-018-0261-0
- Victor, S. E., & Klonsky, E. D. (2018). Understanding the social context of adolescent non-suicidal selfinjury. *Journal of Clinical Psychology*, 74(12), 2107–2116. https://doi.org/10.1002/jclp.22657
- Vieira, A. I., Rodrigues, T. F., Brandão, I., Timóteo, S., Nunes, P., & Gonçalves, S. (2021). Group-based intervention for eating disorders with nonsuicidal-self-injury: a case series. *Clinical Psychologist*, *25*(1), 107–119. https://doi.org/ 10.1080/13284207.2021.1892454
- Wan, Y., Chen, R., Ma, S., McFeeters, D., Sun, Y., Hao, J.,

& Tao, F. (2019). Associations of adverse childhood experiences and social support with self-injurious behaviour and suicidality in adolescents. *British Journal of Psychiatry*, *214*(3), 146–152. https://doi.org/10.1192/bjp.2018.263

- Weigold, I. K., Boyle, R. A., Weigold, A., Antonucci, S. Z., Mitchell, H. B., & Martin-wagar, C. A. (2018). Personal Growth Initiative in the Therapeutic Process : An Exploratory Study. https://doi.org/10. 1177/0011000018774541
- Weigold, I. K., Weigold, A., Russell, E. J., Wolfe, G. L., Prowell, J. L., & Martin-Wagar, C. A. (2020). Personal Growth Initiative and Mental Health: A Meta-Analysis. *Journal of Counseling and Development*, *98*(4), 376–390. https://doi.org/ 10.1002/jcad.12340
- Wolff, W., & Martarelli, C. S. (2020). Bored Into Depletion? Toward a Tentative Integration of Perceived Self-Control Exertion and Boredom as Guiding Signals for Goal-Directed Behavior. *Perspectives on Psychological Science*, 15(5), 1272–1283. https://doi.org/10.1177/174569162 0921394
- Zarzycka, B., Tomaka, K., Zając, K., & Marek, K. (2022). Feeling Guilty and Flattering God: The Mediating Role of Prayer. *Journal of Psychology and Theology*, *50*(2), 160–173. https://doi.org/10.1177/009164 7121992426