



Original Research

EMOTIONAL DYSREGULATION AND ITS ASSOCIATION WITH NON-SUICIDAL SELF-INJURY AMONG NURSING STUDENTS AT UNIVERSITAS GADJAH MADA

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ABSTRACT

Introduction: College students often experience difficulties in managing their emotions effectively (emotional dysregulation), where individuals with high levels of emotional dysregulation tend to use non-suicidal self-injury (NSSI) as a form of emotional management and to cope with negative influences. Research on the relationship between emotional dysregulation and NSSI among nursing students has not been conducted.

Method: This study is a correlational analytical study with a cross-sectional design. The study population consisted of nursing students of the Faculty of Medicine, Public Health, and Nursing of Universitas Gadjah Mada (FK-KMK UGM). From this population a sample of 130 students was obtained through convenient sampling because the topic raised was sensitive so that respondents could participate in this research without being known by anyone else except the researcher. To measure the emotional dysregulation and non-suicidal self-injury the instruments of Difficulties in Emotion Regulation Scale (DERS) and the Self-Harm Inventory (SHI) were used. Data analysis employed the Spearman Rank Correlation test.

Results: Part of the nursing students (59.2%) of FK-KMK UGM experienced emotional dysregulation, but the majority (77.7%) did not engage in NSSI. Emotional dysregulation differed significantly only based on cohort, while NSSI did not show significant differences based on all respondent characteristics (age, gender, cohort, and residence). Correlation analysis of emotional dysregulation and NSSI yielded a correlation coefficient (r) of 0.496 with a significance value (p) of 0.001.

Conclusions: There was a significant relationship with moderate strength and a positive direction between emotional dysregulation and NSSI among nursing students at FK-KMK UGM.

Keyword: DERS; emotional dysregulation; non-suicidal self-injury (NSSI); nursing students; SHI

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1. INTRODUCTION

Students are a group that needs to adapt to changes in both academic and non-academic matters as at this moment they are experiencing the transition from late adolescence to early adulthood (Fiqria & Supradewi, 2021). When academic and non-academic activities occur concurrently, college students may be at risk of experiencing negative emotions, including disappointment, anger, anxiety, guilt, and sadness (Kumala & Darmawanti, 2022). Compared to students majoring in other disciplines, nursing students often face higher levels of stress and negative emotions (Admi et al., 2018; Tung et al., 2018; Zhu et al., 2021).

Excessive academic activities and the anxiety arising from both clinical and non-clinical experiences make nursing education and training a complex process (Costa et al., 2022). Furthermore, nursing students often encounter non-academic stressors, such as busy schedules in student associations, organizations, and other activities, interpersonal conflicts, poor family conditions, romantic issues, and so forth (Jaliil et al., 2020). This leads students to experience difficulties in managing their emotions effectively (emotional regulation).

Proper emotional regulation can assist individuals in coping with existing stressors and pressures, whereas individuals with poor emotional regulation may find it difficult to handle either of them (Mardhiyah & Falah, 2024). Individuals with poor emotional regulation (emotional dysregulation) are unable to control their impulses and act by their desired goals when confronted with negative emotions (Ozeren, 2022). Emotional dysregulation occurs when a person experiences intense emotions that ultimately affect inappropriate behaviors, disrupt goal attainment, and create confusion (Morelen et al., 2016).

A substantial body of research supports the involvement of emotional dysregulation in various dysfunctional behaviors and psychopathologies, such as its involvement in the mechanisms of the desire to engage in non-suicidal self-injury (NSSI) (Garofalo et al., 2018, 2021; Zeng et al., 2023). Studies by Wolff et al., (2019) and Zakaria & Theresa, (2020) indicate that emotional dysregulation has a significant relationship with NSSI. Individuals with high levels of emotional dysregulation tend to experience intense and uncontrolled feelings, leading them to use NSSI as a means of managing

emotions and mitigating negative influences (Nolen-Hoeksema, 2012).

NSSI is the deliberate destruction of bodily tissues without any desire to commit suicide (Gillies et al., 2018). NSSI serves as a form of emotional release, where individuals dissociate from cognitive and emotional pain, regain control over emotions, and vent feelings of emptiness (Arinda & Mansoer, 2020; Thomas & Bonnaire, 2023). Researchers have observed that 25–63% of those who suffer from NSSI during adolescence will continue to engage in self-harming behaviors, with 7% initiating repetitive NSSI during college years (Kiekens et al., 2019). According to a study conducted by Shafira & Hargiana, (2022), out of 236 nursing students who served as respondents, the majority, 81 respondents, reported having engaged in NSSI. The findings of Griep & MacKinnon, (2022) indicate that NSSI behavior is a risk factor for suicidal tendencies. Gradually performed NSSI behavior exposes individuals to pain, ultimately leading to habituation, which results in diminished fear of death (Brausch & Boone, 2015). The occurrence of NSSI behavior is triggered by the high intensity of negative emotions; when it does occur, there is an increase in negative emotions, rather than emotional relief (Griep & MacKinnon, 2022).

The researcher conducted a preliminary study through interviews with two psychologists at the Psychological Services of the Faculty of Medicine, Public Health, and Nursing of Universitas Gadjah Mada (FK-KMK UGM). The results showed that there were students at FK-KMK UGM who engaged in NSSI as a stress coping strategy, with the most common behavior being cutting on the wrist or hitting certain body parts. According to sources, the issue lay in the students' inability to manage their emotions. Furthermore, the triggers for NSSI could vary from person to person, including issues with parents, partners, friends, and others.

Research on NSSI has been extensively conducted in Indonesia; however, studies addressing emotional dysregulation and its relationship with NSSI among nursing students have yet to be found. Therefore, the researcher was interested in conducting a study on the relationship between emotional dysregulation and NSSI behavior among nursing students at FK-KMK UGM, with an aim to gain a more thorough understanding of this relationship.

2. MATERIALS AND METHODS

2.1 Design

This correlational analytical research employed a cross-sectional design. The type of correlational analytical research was chosen because this research aims to connect two variables (emotional dysregulation and non-suicidal self-injury). This study also uses a cross-sectional design, namely data collection carried out at one time to analyze and interpret the findings (Abduh et al., 2023).

2.2 Population and sampling

This research was conducted at the Nursing Science Study Program of FK-KMK UGM from March 4 to March 8, 2025. The population in this study consisted of nursing students from FK-KMK UGM from the 2024, 2023, 2022, and 2021 cohorts. Sampling was carried out using a convenience sampling technique, resulting in a total sample size of 130. Convenience sampling was chosen as the topic was sensitive and allowed respondents to take part in the study without their identities being revealed to anyone other than the researcher. Inclusion criteria were college students who active and registered in the Nursing Science Study Program of FK-KMK UGM as part of the 2021–2024 cohorts, and willing to become respondents and provide signed informed consent. Students of the Nursing Science Study Program of FK-KMK UGM who were on leave during the conduct of the study was excluded from the study.

2.3 Variables

This study used two variables, namely, emotional dysregulation as a dependent variable and NSSI as an independent variable.

2.4 Instruments

Emotional dysregulation was measured using the Difficulties in Emotion Regulation Scale (DERS), which was developed by Gratz & Roemer, (2004) and translated into Indonesian by (Masdar, 2017), with a reliability coefficient of 0.865. The results of validity and reliability tests indicated that out of 36 items, 27 were deemed valid with a value range of 0.316 to 0.642. Despite the existence of non-valid items, (Masdar, 2017) included the items in his analysis because the DERS is a standardized measurement tool. Respondents' emotional dysregulation was assessed using the 36 questions included in the instrument on a five-

point Likert scale, resulting in a total score within the range from 36 to 180. NSSI was measured using the Self-Harm Inventory (SHI), developed by Sansone et al. (2011). The SHI has been translated into Indonesian by Kusumadewi et al., (2019), with a reliability coefficient of 0.831. The results of validity and reliability tests showed that one of 22 items was deemed invalid (item 22). Nevertheless, this item is still used because the SHI is a standardized instrument. The NSSI behavior of the respondents was measured with the 22 items using yes (score 1) or no (score 0) answers, resulting in a total score range of 0–22.

2.5 Procedure

Research data was taken directly from respondents using a demographic data questionnaire, the DERS, and the SHI. After reviewing students' academic schedule, the researcher coordinated with the heads of the 2021, 2022, 2023, and 2024 cohorts, who had previously received an explanation about this research. Then, the researcher requested assistance from each class head to disseminate the online questionnaire (using Google Forms). Upon providing informed consent, respondents could proceed to fill out the questionnaire and scales. After the respondents completed the entire process, the researcher re-checked to ensure that all questions were fully answered. At the end of the data collection session, the researcher gave out souvenirs to the respondents.

2.6 Analysis

Data analysis in this study was conducted using univariate and bivariate analyses. The univariate analysis included frequency, percentage, mean \pm SD, and median (IQR) for each variable. The bivariate analysis utilized the Spearman Rank Correlation test to determine the relationship between variables, as well as the t-test and Mann-Whitney test to assess the differences in variable scores based on respondent characteristics.

2.7 Ethical Clearance

This research has received approval from the Ethics Committee of FK-KMK UGM (Ethics Letter Number KE-FK-0237-EC-2025).

3. RESULTS

A description of the characteristics of the respondents is provided in Table 1. The data reveal that most of the respondents were female (91.5%), had a median age of 20 years, and lived in their family houses (47.7%). According to the table, emotional dysregulation among respondents had a mean \pm SD of 94 ± 19.089 . Most respondents (59.2%) exhibited emotional dysregulation, indicating an inability to manage emotions, while the remaining respondents (40.8%) demonstrated normal emotional regulation.

The data also show that respondents had a median NSSI score of 2 (in a range of 0–5), placing them within the non-NSSI category. Therefore, it can be concluded that most nursing students at FK-KMK UGM did not engage in NSSI (77.7%). However, the researcher did find two respondents who exhibited severe NSSI behavior that led to psychopathic tendencies.

The differences in emotional dysregulation and NSSI based on respondent characteristics are outlined in Table 2. The results of the study indicate that the levels of emotional dysregulation in this research significantly differed based on respondent characteristics ($p = 0.033$). Post hoc analysis using the Mann-Whitney test revealed that the 2023 cohort had a significantly higher score than those of other cohorts. However, when considering age, gender, and residence, no significant differences were observed in emotional dysregulation.

The results of the study further indicate that there were no significant differences in the levels of NSSI in this research based on age, gender, residence, and cohort.

Results on the relationship between emotional dysregulation and NSSI are presented in Table 3. The Spearman Rank correlation test yielded a correlation coefficient (r) of 0.496, indicating a positive correlation with moderate strength, and a significance level of 0.001 ($p < 0.05$). These results indicate that there was a significant relationship between emotional dysregulation and NSSI among nursing students at FK-KMK UGM.

4. DISCUSSION

Based on the data obtained, most nursing students at FK-KMK UGM were females (91.5%). The dominance of females in the nursing field is attributed to culture, tradition, and history, which perceive them as having a caretaking role within the family and society (Rahmawati et al.,

2022). Furthermore, Sultana et al., (2015) stated that many people believe males are not suited for the nursing profession because it has traditionally been a female-dominated field. Besides, females are generally perceived to show greater care for patients than males. This stereotype that has developed in society has resulted in the limited involvement of males in the field of nursing. Women are twice as likely to engage in NSSI as men due to higher levels of psychological distress (Lutz et al., 2023). Women exhibit greater attention to their emotions, leading to emotional dysregulation if the coping strategies exacerbate negative feelings, which ultimately lead to NSSI (Nolen-Hoeksema, 2012).

The nursing students at FK-KMK UGM had a median age of 20 years, indicating that they were in the stage of early adulthood (Yusuf, 2012). At this age, individuals are preoccupied by problems, emotional tensions, periods of social isolation, periods of commitment, changing values, and adjustment to new patterns of life (Putri, 2018). Individuals in early adulthood will experience worries, doubts, and confusion in facing various demands from within and outside themselves (Bagus & Wijaya, 2021). It is also the period in which individuals are able to break away from parental dependence that characterizes the preceding adolescence period (Nugsria et al., 2023). NSSI behavior increases in early adolescence due to hormonal changes that can increase psychological distress (Patton et al., 2007). Then, a decrease in NSSI may occur in late adolescence/early adulthood as the prefrontal cortex develops, which helps improve individual emotion regulation (Moran et al., 2012).

Data analysis further indicated that the majority of nursing students at FK-KMK UGM resided in their family houses (47.7%) or boarding houses (45.4%) during their studies, while the remainder lived in dormitories or rental houses. Azizah et al., (2023) also reported that most nursing students lived in their family houses (46.5%) or boarding houses (44.9%). Shafira & Hargiana, (2022) identified that most nursing students at the Faculty of Nursing of Universitas Indonesia (FIK UI) lived with their parents or relatives (76.7%), while the remaining resided in boarding houses, dormitories, or apartments (23.3%). Students who leave home to attend college may be prone to feelings of sadness, loneliness, and anxiety (Al-Qaisy, 2010). Meanwhile, Burhan & Hamzah, (2020) found that students who lived with their parents or in boarding houses experienced moderate levels of stress. The risk of NSSI may

Table 1. Description of Respondents' Characteristics and Variables (n = 130)

Variable	f	(%)	
Age			Median (IQR)20.00 (19–21)
Gender			
Female	119	91.5	
Male	11	8.5	
Residence			
Boarding house	59	45.4	
Family house	62	47.7	
Dormitory or rental house	9	8.9	
Cohorts			
2021	34	26.2	
2022	30	15.4	
2023	41	31.5	
2024	35	26.9	
Emotional Dysregulation Score			Mean \pm SD 94.32 \pm 19.089
Level of Emotional Regulation			
Normal (<92)	53	40.8	
Emotional Dysregulation (\geq 92)	77	59.2	
NSSI Level			Median (IQR)
Non-NSSI (0–5)	101	77.7	2 (0–5)
Mild NSSI (6–11)	27	20.8	
Severe NSSI (>11)	2	1.5	

Table 2. Differences in NSSI Levels Based on Respondent Characteristics (n = 130)

Variable	Emotional Dysregulation			NSSI		
	Mean \pm SD or Median (IQR)	r	p	Mean \pm SD or Median (IQR)	r	p
Age		-0.08	0.35 ^a		-0.146	0.08 ^a
Gender			0.26 ^b			0.08 ^b
Female	94.97 \pm 18.79			3.37 \pm 3.270		
Male	87.27 \pm 21.69			1.55 \pm 1.916		
Residence			0.09 ^c			0.17 ^c
Boarding House	96.00 (87–108)			2.00 (0–5)		
Own House	95.50 (81.5–109)			2.00 (0–6)		
Dormitory & Rent House	87.00 (66.5–95)			2.00 (0–5)		
Cohort			0.03 ^{*c}			0.05 ^c
2021 (n = 34)	90.50 (75.5–			2.00 (0–4)		
2022 (n = 20)	102.25)			2.00 (0–4)		
2023 (n = 41)	91.00 (76–103,75)			5.00 (1–7.5)		
2024 (n = 35)	103.00 (86–115.5)			2.00 (0–5)		
	96.00 (85–102)					

^aSpearman Rank Correlation test, ^bIndependent t-test, ^cKruskall-Wallis test ^{*}Spearman Rank Correlation test

Table 3. The relationship between emotional dysregulation and NSSI (n = 130)

Variable	NSSI	
Emotional Dysregulation	r	p
	0.496	0.001**

^aSpearman Rank Correlation test

increase in young adulthood due to stressful experiences at university (Liu et al., 2016; Nock, 2010). The early years of college can be stressful and burdensome, leading to the use of NSSI as a form of emotional coping (Arnett, 2016; Azmitia et al., 2013; Klonsky & Glenn, 2009). Therefore, emotional dysregulation may be a key mediator between stressful experiences and NSSI (Ewing et al., 2019). This is supported by various studies showing that stressful experiences can increase negative affect and emotional dysregulation (Brose et al., 2017; Denovan & Macaskill, 2017; Herts et al., 2012; McLaughlin & Hatzenbuehler, 2009; Stutts et al., 2018).

In this study, some nursing students at FK-KMK UGM were found to experience emotional dysregulation (59.2%). Similarly, Safruddin & Widyastuti, (2025) and Rahmayani & Rinaldi, (2025) found moderate levels of emotional dysregulation among students at Universitas Negeri Makassar and Universitas Negeri Padang, respectively, who shared similar characteristics. The similarities between the two studies are that the research population was both college students, had the same age range, and the research location was both in Indonesia.

Emotional dysregulation in college students makes it difficult for them to control and respond to stress and negative emotions (Tristania & Hanurawan, 2022). It can manifest when individuals experience unexpected emotional outbursts, struggle to manage small issues, and have difficulties controlling impulsive behaviors (Andromeda & Indah, 2023). Emotional dysregulation, during increased stress and negative emotions, may lead to an elevated risk of NSSI (Kiekens et al., 2018). Furthermore, emotional dysregulation can also contribute to low self-esteem and psychological well-being, a lack of social support, and the emergence of feelings of loneliness (Cavanaugh & Buehler, 2016).

In this study, it was found that most nursing students at FK-KMK UGM did not engage in NSSI, while the rest engaged in mild NSSI and demonstrated psychopathic tendencies. This is in line with research by Rina et al. (2021); Shafira & Hargiana (2022); and Sun et al. (2024), which stated that most nursing students do not engage in NSSI. A study at the Faculty of Nursing, University of Indonesia, a university in Taiwan, and the University of Riau, which also examined respondents with similar characteristics, namely a population of nursing students, and a similar age range, found that most nursing students did not engage in NSSI.

College students are prone to NSSI (Kiekens et al., 2019). Approximately 30–50% of students in early adulthood reported engaging in NSSI behavior (Glenn & Klonsky, 2011; Hamza & Willoughby, 2014). Individuals engage in NSSI to alleviate pressure or negative feelings they are experiencing, resulting in a sense of relief after such behavior (Zakaria & Theresa, 2020). Therefore, it is important that NSSI behavior be addressed by psychological service providers to prevent individuals from engaging in it repeatedly, which could escalate to more severe forms of NSSI (Lubis & Yudhaningrum, 2020).

Individuals with mild NSSI exhibit high levels of neuroticism, difficulties in recognizing and expressing emotions, and low coping strategies (Lin et al., 2017). Mild NSSI typically involves biting, punching, inserting objects under the nails or skin, pulling hair, and banging the head or other body parts against a wall (Lin et al., 2017). This behavior may result in minimal bodily harm and do not typically require emergency medical intervention; however, it remains at high risk of developing into severe NSSI if not addressed (Hooley et al., 2020; Poudel et al., 2022).

As for individuals with severe NSSI, Dierickx et al., (2023) explained that they tend to experience higher levels of depression and anxiety, as well as personality disorders and low self-esteem. It typically involves self-cutting, burning, carving words or images into the skin, scratching the skin, removing some area of the skin, rubbing the skin with bleach or cleansers, and dripping acid onto the skin (Lin et al., 2017). Individuals with severe NSSI receive more psychiatric diagnoses and treatment than their counterparts who engage in mild NSSI (Lloyd-Richardson et al., 2007; Ribeiro et al., 2016; Whitlock et al., 2008; You et al., 2011). Severe NSSI, which leads to psychological tendencies and is performed repeatedly, is one of the strongest independent predictors of later suicide attempts (Hamza & Willoughby, 2016; Kiekens et al., 2018). Although NSSI is performed without the intention of committing suicide, many individuals who engage in NSSI also experience suicidal ideation (Hamza & Willoughby, 2016; Wester et al., 2016).

Based on the results of the emotional dysregulation difference test, it was found that the emotional dysregulation scores in this study differed significantly based on cohort characteristics ($p = 0.033$), with the 2023 cohort having a significantly higher emotional dysregulation score than the other cohorts. This

difference may be attributable to the more intensive curriculum applied to the 2023 cohort compared to the other cohorts, as in the 2023 curriculum it is encompassing four blocks in one semester, each accompanied by a final block examination every month, the implementation of the Objective Structured Clinical Examination (OSCE), and an early clinical exposure program that was exclusive to the 2023 cohort. A rigorous curriculum, accompanied by both academic and non-academic pressures, has the potential to increase academic stress among students (Barseli et al., 2017). The increase in academic stress itself correlates positively with the rise in emotional dysregulation experienced by students (Kadi et al., 2020). Emotional regulation can suppress stress by reducing negative emotions (stress symptoms caused by academic burden) that arise in individuals (Barseli et al., 2017). Furthermore, damage to the prefrontal cortex can cause stress-induced emotional dysregulation (Wang & Saudino, 2011).

Up to now there have been no other research findings addressing the differences in emotional dysregulation scores based on academic cohort. However, research by Park et al., (2020) shows that first-year students have difficulty regulating their emotions well and tend to suppress their emotions.

Additionally, Rehing et al., (2024) found a low level of emotional regulation among students (75.62%), the majority of whom were first-year students (semesters 2 and 4). These findings are also in agreement with (Safruddin & Widyastuti, 2025), who found that there was no significant difference in emotional dysregulation scores based on age.

This study also indicates that the scores of emotional dysregulation did not differ significantly based on gender, mirroring the findings by Safruddin & Widyastuti, (2025). However, Yiğit & Guzey Yiğit, (2019) found a significant difference in the emotional dysregulation scores of females and males, with females exhibiting higher scores in the aspects of goals, strategies, and non-acceptance. The findings by Anderson et al., (2016) also indicate a significant difference in emotional dysregulation scores, with females outscoring their male counterparts. The discrepancies among research findings may be attributed to differences in gender proportions. Studies reporting differences in emotional dysregulation scores by gender generally involved respondents with balanced proportions of males and females.

By contrast, this research, as well as that by Safruddin & Widyastuti, (2025), had imbalances in the distribution of genders, which may have affected the results.

With respect to living environment, this research indicates no significant difference in emotional dysregulation scores, contrasting the findings by Mansell et al., (2022). Students residing in dormitories exhibited better emotion regulation abilities, partly due to the freedom to manage their emotions. In contrast, students living at home tended to suppress or control their emotions, which could negatively impact their psychological well-being (Mansell et al., 2022). The discrepancy between the two studies may be attributed to the population difference, in which Mansell et al., (2022) used a more specific sample of students, who were required to live away from their family homes and to visit there at some point during the semester break.

In this study, there was no significant difference in NSSI scores based on gender, consistent with several previous findings (Sabrina & Afiatin, 2023). However, Alifiando et al., (2022) reported different results, showing a significant difference in NSSI scores based on gender, with females having higher scores than males. Agustin et al., (2019) stated that female students tend to exhibit higher inclination toward NSSI behavior because they are more emotion-oriented compared to males. As with the previous case, imbalances in proportions of males and female nursing students may be responsible for these differences.

Based on age, this study found no significant difference in NSSI scores. The same was also found by Safruddin & Widyastuti, (2025). No significant difference in NSSI scores was also found based on cohort, in line with the findings of Alifiando et al., (2022), with the majority of students engaging in NSSI being in their fourth semester.

There was also no significant difference in NSSI scores based on residence. Arum's (2019) study showed similar results, revealing that students living at home with their parents and those residing in boarding houses exhibited comparable rates of self-injurious behavior, particularly in the category of suicidal ideation, with percentages of 35.2% and 34.2%, respectively.

There was a significant relationship with moderate strength and a positive direction between emotional dysregulation and NSSI among nursing students at FK-KMK UGM; the

higher the level of emotional dysregulation experienced by individuals, the more likely the individuals exhibited NSSI behavior. The same findings were obtained by

Safruddin & Widyastuti, (2025), who conducted a study on students in Makassar, and by Sabrina & Afiatin, (2023), who conducted a study on individuals aged 14–24 years. Wolff et al., (2019) also reported similar findings, indicating a strong relationship between NSSI and emotional dysregulation across various samples, irrespective of age, gender, and type of sample (e.g., clinical versus community).

Students face various challenges and pressures during their college life that can trigger the emergence of negative emotional situations (Arnett, 2016). Individuals who are unable to control their emotions adaptively and prefer to avoid these negative emotions will experience more intense negative emotions, a phenomenon commonly referred to as emotional dysregulation (Chen & Chun, 2019). Students with emotional dysregulation struggle to manage their emotions effectively and respond appropriately to unwanted negative emotions (Tristania & Hanurawan, 2022). This increases the risk for students to make poor decisions in expressing their emotions, likely to push them toward NSSI behavior (Jacobson et al., 2015; Klonsky et al., 2014; Tristania & Hanurawan, 2022). Findings by Miller et al., (2021) also provide strong support for the role of emotional dysregulation in generating NSSI behavior as a means to prevent suicidal thoughts or actions.

Individuals with emotional dysregulation will find it challenging to understand, express, and tolerate negative emotions or stress, thus feeling the need to convert these emotions into physical pain, such as through NSSI (Thomas & Bonnaire, 2023). Emotional dysregulation can exacerbate the painful emotions experienced by individuals, leading them to engage in NSSI as a means to avoid such feelings (Wolff et al., 2019). When negative emotions peak, individuals prone to NSSI may have an urge to hurt themselves as a way to transfer emotional pain into physical pain (Lockwood et al., 2017). Given the numerous findings concerning the relationship between emotional dysregulation and NSSI, individuals exhibiting such behavior need to seek professional help promptly and receive psychological and pharmacological interventions to prevent the escalation of this behavior.

5. CONCLUSION

A significant relationship was found with moderate strength and a positive direction between emotional dysregulation and NSSI among nursing students at FK-KMK UGM. The more an individual experiences emotional dysregulation, the greater the risk of students experiencing non-suicidal self-injury.

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Conflict of Interest

The authors declare no conflict of interest, financial or otherwise.

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