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Differences in Adaptive and Maladaptive Coping Strategies Between Adolescents with and Without a History of Self-Harm at SMAN 1 and SMAN 2 Bangkinang Kota, Kampar Regency

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Abstract**:** *Adolescent self-harm is a mental health problem associated with ineffective stress management. This study aimed to determine differences in adaptive and maladaptive coping strategies between adolescents with and without a history of self-harm at SMAN 1 and SMAN 2 Bangkinang Kota, Kampar Regency. A comparative analytic cross-sectional design was used involving 248 respondents, consisting of 124 adolescents with a history of self-harm and 124 without such history, selected using purposive sampling. Coping strategies were measured using the Brief COPE questionnaire and grouped into adaptive and maladaptive coping. The results showed that the adaptive coping score was 36.2 ± 7.8 in the self-harm group and 37.1 ± 7.2 in the non-self-harm group, with p = 0.182. Maladaptive coping scores were 22.9 ± 6.1 and 18.4 ± 5.3, respectively, with p < 0.001. In conclusion, there was a significant difference in maladaptive coping, but not in adaptive coping. These findings highlight the importance of school-based nursing interventions to reduce maladaptive coping among adolescents at risk of self-harm.*

Keywords: adolescent; self-harm; adaptive coping; maladaptive coping

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INTRODUCTION

Adolescence is a developmental stage marked by rapid biological, psychological, and social changes that leave individuals vulnerable to emotional distress and mental health problems. During this stage, adolescents frequently face identity conflicts, academic demands, peer relationships, and family dynamics that can affect their ability to manage stress. When the coping strategies used are ineffective, adolescents may express distress through maladaptive behaviors, including self-harm, defined as the deliberate act of injuring oneself without suicidal intent (Nawaz et all, 2024).

Globally, non-suicidal self-injury (NSSI) is not a rare phenomenon among adolescents. A large-scale meta-analysis covering non-clinical adolescent samples between 2010 and 2021 estimated that a substantial proportion of adolescents worldwide report at least one lifetime episode

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of self-injury, with prevalence rates that appear to have risen over the past decade (Xiao et al., 2022). Self-harm among adolescents is a critical issue because this behavior is often linked to a broader range of psychological problems, including depression, suicidal ideation, and impaired social functioning. In an educational context, self-harm is also a concern because many adolescents do not seek formal help, so schools are often the first place to recognize warning signs and provide initial support. Therefore, a school-based approach is highly relevant in efforts to prevent, detect early, and support vulnerable adolescents (Schmied et all, 2024).

Theoretically, self-harm is often understood as a maladaptive coping response when adolescents struggle to regulate their emotions and lack effective problem-solving strategies. A profile analysis of coping among adolescents found that those engaging in NSSI cluster into distinguishable coping profiles, with certain profiles characterized by heavy reliance on avoidance and disengagement rather than active problem-solving (Giordano et al., 2022). This pattern has since been replicated across cultural settings: comparative studies between adolescents with and without a history of NSSI consistently report that the NSSI group scores higher on maladaptive coping dimensions while showing comparatively similar or only modestly lower adaptive coping capacity (Liu et al., 2024; Wang et al., 2025). Several studies indicate that adolescents who engage in self-harm more frequently use strategies such as self-blame, denial, avoidance, and venting, whereas adolescents without a history of self-harm tend to use problem-solving, social support, and active planning more often. Thus, examining the differences in coping strategies between adolescents with and without a history of self-harm is important for understanding patterns of psychological vulnerability more specifically (Yoniati et all, 2024).

Beyond simple group comparisons, more recent work has begun to map the specific mechanisms underlying maladaptive coping in self-harming adolescents. Network analyses of cognitive emotion regulation strategies have shown that adolescents with a history of NSSI organize their regulation strategies into denser, more rigid networks of self-blame and rumination compared to peers without such a history, suggesting that maladaptive coping in this group is not merely a matter of skill deficit but reflects an entrenched regulatory pattern (Zadehparizi & Kianimoghadam, 2024). Related evidence points to early maladaptive schemas and low distress tolerance as upstream vulnerabilities that push adolescents toward self-injury when confronted with stress, effectively narrowing their coping repertoire to maladaptive options (Babaeifard et al., 2024; Saarijärvi et al., 2023). Emotion-regulation pathways also appear to mediate the well-documented links between childhood adversity and later self-harm: studies of adolescents and young adults with depressive disorders show that childhood maltreatment and stressful life events predict NSSI largely through their effects on cognitive emotion regulation strategies (Qian et al., 2022), while negative coping styles and alexithymia have similarly been identified as mediators connecting early maltreatment or trauma to later self-injury (Li et al., 2024; Liu et al., 2026). At a more granular, moment-to-moment level, ecological momentary assessment research has shown that short sequences of anger and shame frequently precede acts of self-injury, illustrating how maladaptive emotional responses can escalate rapidly in daily life when adaptive regulation fails (Kudinova et al., 2023). Physiological evidence adds further weight to this picture, with adolescents who self-injure exhibiting altered stress-related resting-state functional connectivity, which may help explain why they default to maladaptive rather than adaptive responses under pressure (Otto et al., 2023).

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Coping patterns among self-harming adolescents are also shaped by their broader relational and social context. Parenting style has repeatedly emerged as a differentiating factor between adolescents with and without a history of NSSI, with harsher or less warm parenting associated with a stronger reliance on maladaptive coping and elevated anxiety symptoms (Liu et al., 2024; Wang et al., 2025). Family functioning more broadly, including within collectivistic cultural settings that emphasize family harmony, has been linked to adolescents' likelihood of engaging in self-injury, suggesting that cultural expectations around emotional expression may shape which coping strategies adolescents feel able to use (Yang et al., 2025). Consistent with this, family environment and the coping skills fostered within it have been identified as protective against both self-injurious behavior and suicide attempts (Zaini et al., 2021). Outside the home, victimization experiences such as school bullying have been shown to heighten the risk of NSSI partly through their effect on adolescents' coping strategies and emotion regulation capacity (Wang et al., 2024), reinforcing the relevance of the school environment as both a risk context and a potential site for intervention. Personality characteristics and habitual defense styles further differentiate adolescents who self-injure from those who do not, adding another layer to the profile of vulnerability that schools and clinicians may need to consider (Peng et al., 2023).

Psychological factors internal to the adolescent also help explain why coping so often fails to remain adaptive under stress. Narrative accounts of adolescents and emerging adults who self-injure highlight the role that hope, or its absence, plays in sustaining or interrupting the cycle of self-harm, suggesting that coping cannot be fully understood apart from an adolescent's broader sense of future possibility (Petti & A, 2024). Latent-profile work examining NSSI in relation to both intrapersonal and interpersonal factors similarly shows that adolescents cluster into meaningfully different vulnerability profiles, with some profiles combining low hope, weak family support, and heavy reliance on avoidance, while others retain stronger protective resources despite comparable stress exposure (Lee et al., 2024). Read alongside the profile-analytic evidence discussed above (Giordano et al., 2022), this body of work suggests that coping should not be treated as a single continuum from adaptive to maladaptive, but as a constellation of interacting psychological, familial, and social resources that jointly determine whether an adolescent under stress moves toward self-harm or toward healthier alternatives.

These converging lines of evidence have practical implications for how self-harm is addressed in adolescent populations. Rather than treating self-harm purely as a symptom to be eliminated, some scholars now argue for reframing it along a functional continuum, recognizing that self-injury often serves an immediate emotion-regulation function for the adolescent even as it signals a need for healthier coping alternatives (Ruan & Yan, 2025). This reframing supports a shift toward early, low-stigma, school-based screening and support rather than delayed clinical referral alone. Encouragingly, systematic reviews of prevention and intervention programmes for adolescent NSSI indicate that structured, skills-based programmes, including those delivered in school settings, can meaningfully reduce self-injury and strengthen adaptive coping when properly implemented (Escofet-Colet et al., 2025), and brief digital psychological interventions have shown promise in randomized trials for preventing relapse once self-harm has occurred (Zhang et al., 2025). Clinician-oriented guidance further emphasizes that early identification of maladaptive coping patterns, rather than waiting for repeated or severe episodes, is central to effective, evidence-based management of adolescent NSSI (Apicella et al., 2025).

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Kampar Regency, particularly SMAN 1 and SMAN 2 Bangkinang Kota, has yet to generate adequate data on adolescent coping patterns related to self-harm. This information is greatly needed as a basis for developing early-detection programs, psychoeducation, and support for at-risk adolescents. This study was conducted to determine the differences in adaptive and maladaptive coping strategies between adolescents with and without a history of self-harm, as a basis for developing school-based mental health nursing interventions

METHODOLOGY

This study used a comparative analytic design with a cross-sectional approach, comparing two independent groups: adolescents with a history of self-harm and adolescents without such a history. The study was conducted at SMAN 1 and SMAN 2 Bangkinang Kota, Kampar Regency, during the 2026 academic year. The population comprised all active students at the two schools, while the sample was selected using purposive sampling based on the results of self-harm history screening.

The sample consisted of 248 respondents, comprising 124 respondents in each group. The sample size was determined using G*Power, assuming an effect size of 0.375, power of 0.80, and alpha of 0.05. The instruments used included a demographic questionnaire, a self-harm screening instrument, and the Brief COPE to measure adaptive and maladaptive coping strategies (Carver, 1997). The reliability test of the Brief COPE showed good internal consistency (Serrano et all, 2025).

Data were analyzed using univariate analysis to describe respondent characteristics and coping scores, and bivariate analysis using the Independent Samples t-Test or Mann-Whitney U test, depending on the results of the normality and homogeneity tests. Results were considered significant at $p < 0.05$. This study observed ethical principles, including informed consent, data confidentiality, and referral readiness for respondents requiring psychological support.

RESULTS AND DISCUSSION

The respondents' characteristics showed a mean age of 16.1 years, with a relatively balanced sex distribution between males and females. Respondents were distributed across grades X to XII, with no significant difference between the self-harm and non-self-harm groups. The Brief COPE reliability test showed a Cronbach's alpha of 0.84 for adaptive coping and 0.79 for maladaptive coping, indicating that the instrument was sufficiently reliable for use in this population. This homogeneity in age, sex distribution, and grade level across groups strengthens the internal validity of the subsequent group comparisons, since it reduces the likelihood that observed differences in coping scores are simply artifacts of demographic imbalance rather than genuine differences associated with self-harm history.

The mean adaptive coping score was 36.2 ± 7.8 in the group with a history of self-harm and 37.1 ± 7.2 in the group without such a history, and the test results showed no significant difference, with $p = 0.182$. This finding indicates that the ability to use adaptive coping was relatively similar between the two groups, so adaptive coping was not a major distinguishing factor between adolescents with and without a history of self-harm in this study. Theoretically, this may occur because some at-risk adolescents still possess adaptive strategies, but their use is not strong enough to fully suppress psychological stress (Lazarus & Folkman, 1984). This interpretation is

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broadly consistent with profile-analytic work showing that adolescents who engage in NSSI do not necessarily lack adaptive coping skills altogether; rather, they tend to fall into profiles where adaptive strategies coexist with, but are ultimately overridden by, a stronger pull toward maladaptive responses under stress (Giordano et al., 2022). Similarly, research examining historical NSSI alongside current coping strategies has found that adolescents with a past history of self-injury can still report using active, emotion-focused coping in the present, suggesting that adaptive coping capacity may persist even after self-harm has occurred, though it does not by itself prevent relapse (Bradley et al., 2025). Taken together, these findings suggest that the presence of adaptive coping skills alone is an insufficient marker of resilience against self-harm; what may matter more is the balance between adaptive and maladaptive strategies, and whether adaptive skills are consistently activated at the moment of acute distress.

In contrast, maladaptive coping scores showed a clear difference between the two groups. The mean maladaptive coping score was 22.9 ± 6.1 in the group with a history of self-harm, higher than the 18.4 ± 5.3 in the group without such a history, with $p < 0.001$. This result confirms that adolescents with a history of self-harm are more likely to use ineffective coping strategies such as denial, self-blame, and behavioral disengagement. This pattern is consistent with the Lazarus and Folkman coping theory, which emphasizes that individuals unable to manage stress adaptively tend to choose responses that actually worsen their emotional condition. It is also consistent with self-regulation research showing that adolescents who self-harm frequently display broader difficulties in emotional self-regulation, which manifest not only as self-injury but also as heightened emotional symptomatology and, in some cases, co-occurring risk behaviors (López-Martínez et al., 2025). The elevated reliance on maladaptive coping observed here mirrors findings from studies tracing the pathway from childhood adversity to self-harm: cognitive emotion regulation strategies have been shown to mediate the relationship between childhood maltreatment, stressful life events, and NSSI among adolescents and young adults with depressive symptoms, indicating that maladaptive coping is often not an isolated trait but the downstream product of earlier, unresolved emotional injuries (Qian et al., 2022). Comparable mediating roles have been reported for negative coping styles and for alexithymia, both of which help explain why adolescents exposed to maltreatment or trauma are more likely to gravitate toward self-harm as a regulation strategy (Li et al., 2024; Liu et al., 2026).

Examined in more detail, the maladaptive subdimensions of the Brief COPE appeared more dominant in the self-harm group than in the non-self-harm group. This finding is consistent with previous studies showing that self-harm in adolescents is often associated with the use of unproductive strategies, particularly self-blame and problem avoidance. In the context of mental health nursing, this is important because self-harm often represents a maladaptive form of emotion regulation when adolescents lack healthy coping skills (Carver, 1997). Network-based evidence reinforces this observation: adolescents with a history of NSSI have been found to organize their cognitive emotion regulation strategies into distinct, more maladaptive-centered networks compared with adolescents who have never self-harmed, implying that the dominance of maladaptive subdimensions is not incidental but reflects a more rigid underlying regulatory structure (Zadehparizi & Kianimoghadam, 2024). Latent profile studies point in the same direction, identifying subgroups of adolescents, including those with co-occurring social anxiety, who are characterized by predominantly maladaptive coping profiles and correspondingly elevated

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NSSI risk, while adolescents in adaptive-dominant profiles show markedly lower risk (Changminghao et al., 2025; Lee et al., 2024). At a finer-grained, momentary level, self-blame and disengagement in self-harming adolescents may be preceded by rapid escalations of anger and shame, suggesting that the maladaptive subdimensions captured by retrospective instruments like the Brief COPE likely reflect real-time emotional cascades that unfold in the moments before self-injury occurs (Kudinova et al., 2023). Underlying neurobiological differences, such as altered stress-related functional connectivity, and broader deficits in emotional competence may further constrain these adolescents' capacity to shift away from maladaptive responses once they are triggered (Otto et al., 2023, 2026).

The prominence of maladaptive coping in the self-harm group should also be understood in relation to the relational context in which these adolescents are embedded. Comparative studies of parenting styles have shown that adolescents with a history of NSSI are more likely to have experienced less warm or more controlling parenting, which appears to shape a coping repertoire skewed toward avoidance and self-blame rather than proactive problem-solving (Liu et al., 2024; Wang et al., 2025). Family functioning, evaluated within cultural contexts that place strong emphasis on family cohesion and harmony, similarly differentiates adolescents who self-harm from those who do not, echoing the importance of family-oriented values that are also salient within the Indonesian setting of this study (Yang et al., 2025; Zaini et al., 2021). Outside the family, exposure to school bullying has been associated with a higher likelihood of NSSI, an association that appears to operate partly through its disruptive effect on adolescents' coping strategies and emotion regulation, underscoring that maladaptive coping is not solely an individual trait but can also be a response shaped by adverse experiences within the school environment itself (Wang et al., 2024). Differences in personality characteristics and habitual defense styles between adolescents with and without a history of self-harm add a further layer of explanation for why some adolescents default to maladaptive coping under comparable levels of stress (Peng et al., 2023).

Practically, these findings underscore the importance of school-based interventions to reduce maladaptive coping and strengthen adolescents' emotion regulation skills. Mental health nurses, school counselors, and school health workers need to collaborate on early screening, counseling, and psychoeducation for at-risk adolescents. Such programs can help adolescents recognize stressors, express emotions safely, and choose healthier coping strategies. Evidence increasingly supports the feasibility of such an approach: systematic reviews of prevention and intervention programmes for adolescent NSSI report that structured, skills-based programs, several of which are delivered within school settings, can reduce the frequency of self-injury while strengthening adaptive coping resources (Escofet-Colet et al., 2025), and randomized trials of brief digital psychological interventions have demonstrated a capacity to lower relapse rates among adolescents who have already engaged in self-harm, suggesting that low-intensity, scalable formats may be particularly suitable for school-based delivery (Zhang et al., 2025). Clinician-oriented guidelines further recommend that programs prioritize early identification of maladaptive coping patterns and emotion regulation deficits before self-harm becomes entrenched, rather than intervening only after repeated or severe episodes (Apicella et al., 2025). Reframing self-harm as behavior situated along a functional continuum, rather than as a purely pathological act, may also help reduce stigma in school settings and encourage at-risk adolescents to seek help earlier (Ruan

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& Yan, 2025). Taken together, these findings suggest that school-based mental health nursing interventions in Kampar Regency should focus less on eliminating adaptive coping deficits, which appear comparable across groups, and more on directly targeting the maladaptive coping strategies, and their underlying relational and emotional drivers, that most clearly differentiate adolescents with a history of self-harm from their peers.

This orientation is particularly relevant for SMAN 1 and SMAN 2 Bangkinang Kota, where, as noted earlier, systematic data on adolescent coping patterns related to self-harm have not previously been available. The magnitude of the difference in maladaptive coping scores observed in this study, together with the near-equivalent adaptive coping scores across groups, offers school health workers a concrete, locally grounded starting point: screening efforts and psychoeducation programs may achieve more with limited resources by prioritizing the reduction of self-blame, denial, and disengagement rather than by assuming that at-risk adolescents first need to be taught adaptive skills they largely already possess. At the same time, the cross-sectional design of this study means that the direction of the relationship between maladaptive coping and self-harm cannot be firmly established; it remains plausible that maladaptive coping both precedes and follows episodes of self-injury in a reinforcing cycle, consistent with the broader literature reviewed above linking maladaptive coping to childhood adversity, family functioning, and school-based stressors such as bullying. Longitudinal and intervention studies conducted within Indonesian school settings would help clarify whether reducing maladaptive coping through structured, nurse-led programs translates into a measurable decline in self-harm over time, and would allow the findings of this study to be extended from description toward the development and evaluation of locally tailored, school-based mental health nursing interventions.

CONCLUSIONS

There was a significant difference in maladaptive coping between adolescents with a history of self-harm and those without such a history, whereas adaptive coping did not differ significantly. Adolescents with a history of self-harm showed higher maladaptive coping scores, indicating that this coping pattern should be a primary focus in efforts to prevent self-harm and in adolescent mental health interventions.

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