



Journal Website

Article history:

Received 07 September 2024

Revised 11 October 2024

Accepted 12 November 2024

Published online 05 April 2025

International Journal of Education and Cognitive Sciences

Volume 6, Issue 1, pp 128-136



E-ISSN: 3041-8828

The Mediating Role of Self-Compassion in the Relationship Between Family Functioning and the Tendency Toward Self-Injurious Behaviors in Adolescents

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Article Info

Article type:

Original Research

How to cite this article:

Khalaj, E., Pirkhaefi, A., Mohammadi, A. (2025). The Mediating Role of Self-Compassion in the Relationship Between Family Functioning and the Tendency Toward Self-Injurious Behaviors in Adolescents. *International Journal of Education and Cognitive Sciences*, 6(1), 38-50.

<https://doi.org/10.61838/kman.ijecs.6.1.13>



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ABSTRACT

Purpose: This study aimed to examine the mediating role of self-compassion in the relationship between family functioning and the tendency toward self-injurious behaviors in adolescents.

Methods and Materials: The research method was correlational, and structural equation modeling was employed. The statistical population of this study included all first-year high school students (both male and female) in Qom during the 2022-2023 academic year. A total of 391 students were selected using a multi-stage cluster random sampling method. The study utilized the Self-Injurious Behavior Scale (Weiderman & Sansone, 1998), the Family Functioning Scale (Epstein et al., 2007), and the Self-Compassion Scale (Reis et al., 2011). Data analysis and hypothesis testing were conducted using structural equation modeling with SPSS-V25 and Amos software.

Findings: The results indicated that family functioning had a significant direct negative effect on the tendency toward self-injurious behaviors ($\beta = -0.28$, $p < 0.001$), meaning that higher family functioning was associated with lower self-injury. Additionally, self-compassion had a significant direct negative effect on self-injurious behaviors ($\beta = -0.57$, $p < 0.001$) and a significant positive relationship with family functioning ($\beta = 0.48$, $p < 0.001$). The indirect effect of family functioning on self-injurious behaviors through self-compassion was also significant ($\beta = -0.27$, $p < 0.001$), indicating that self-compassion mediated this relationship. Model fit indices confirmed the adequacy of the proposed model ($\chi^2/df = 2.56$, RMSEA = 0.06, CFI = 0.95, GFI = 0.95).

Conclusion: Strengthening family relationships and promoting self-compassion through psychological interventions may help mitigate self-harm tendencies among adolescents. These findings highlight the need for family-based and self-compassion-focused interventions in clinical and educational settings.

Keywords: self-injurious behaviors, family functioning, self-compassion

1. Introduction

Non-suicidal self-injury (NSSI) among adolescents is a pressing mental health concern characterized by deliberate self-inflicted harm without suicidal intent. Research has consistently linked NSSI to various psychological and environmental factors, particularly family functioning and self-compassion (Baetens et al., 2014). Family dynamics play a critical role in adolescent mental health, influencing emotional regulation, coping mechanisms, and self-perception (Navabinejad et al., 2024). Dysfunctional family environments, including poor communication, emotional neglect, and invalidation, have been associated with a higher risk of NSSI (Martin et al., 2011; Wang et al., 2022). Adolescents who experience emotional invalidation within their families are more likely to engage in self-injurious behaviors as a means of coping with emotional distress (Baetens et al., 2014). Research suggests that family cohesion, emotional support, and adaptability act as protective factors, reducing the likelihood of self-injury (Bean et al., 2022). Conversely, families characterized by conflict, inconsistent discipline, and emotional unavailability may contribute to maladaptive coping strategies, increasing vulnerability to NSSI (Peymannia et al., 2018).

A study by Wang et al. (2022) found that family dysfunction was directly related to an increased risk of NSSI, with family communication and emotional responsiveness being key determinants of self-injurious behaviors (Wang et al., 2022). Similarly, Martin et al. (2011) reported that adolescents from invalidating family environments exhibited higher levels of self-injurious thoughts and behaviors (Martin et al., 2011). These findings highlight the importance of a supportive family environment in mitigating self-harming tendencies among adolescents.

Self-compassion, defined as the ability to treat oneself with kindness, recognize shared humanity, and maintain a balanced perspective on personal suffering, has been identified as a significant protective factor against NSSI (Gregory et al., 2017). Individuals with higher levels of self-compassion tend to experience lower levels of self-criticism and emotional distress, reducing the likelihood of engaging in self-injurious behaviors (Nagy et al., 2021). Research suggests that self-compassion enhances emotional regulation and fosters adaptive coping mechanisms, which are essential for managing psychological distress (Erol & Inozu, 2023).

A meta-analysis by Suh and Jeong (2021) demonstrated that self-compassion was inversely related to self-injurious thoughts and behaviors, suggesting that fostering self-kindness and mindfulness may serve as protective factors against self-harm (Suh & Jeong, 2021). Additionally, studies have shown that self-compassion moderates the impact of childhood trauma and adverse experiences, reducing their detrimental effects on mental health (Yu et al., 2023). By cultivating self-compassion, individuals may develop a healthier approach to emotional distress, decreasing the reliance on self-injury as a coping mechanism (Hamidikian et al., 2023).

Recent research has explored the mediating role of self-compassion in the link between family functioning and psychological well-being. Adolescents from supportive family environments tend to develop higher levels of self-compassion, which in turn reduces the likelihood of engaging in NSSI (Sharifpour shirazi & Ghaderi, 2022). On the other hand, those who experience emotional neglect or invalidation within their families may struggle with self-compassion, increasing their vulnerability to self-harm (Mohammadian Yokhabehe et al., 2019).

A study by Erol and Inozu (2023) found that self-compassion mediated the relationship between childhood trauma and NSSI, indicating that fostering self-compassion could buffer the negative impact of adverse experiences (Erol & Inozu, 2023). Similarly, FooladiArdakani and ChoobforoushZadeh (2023) demonstrated that resilience training integrated with self-compassion significantly reduced psychological distress, highlighting the therapeutic potential of self-compassion in mental health interventions (FooladiArdakani & ChoobforoushZadeh, 2023). These findings underscore the importance of self-compassion as a crucial factor in mitigating the effects of dysfunctional family dynamics on adolescent well-being.

Given the established links between family functioning, self-compassion, and NSSI, intervention strategies should focus on enhancing family communication, fostering emotional support, and promoting self-compassion among adolescents. Family-based interventions that improve parental responsiveness and reduce emotional invalidation may help prevent the development of self-injurious behaviors (Bean et al., 2022). Furthermore, integrating self-compassion training into therapeutic programs can equip adolescents with healthier coping strategies, reducing the reliance on self-harm as a means of emotional regulation (Kumar et al., 2023).

Studies have shown that mindfulness-based self-compassion interventions significantly reduce self-criticism and emotional distress, making them effective tools for addressing NSSI (Hsieh et al., 2019). By promoting self-compassion in adolescents, clinicians and educators can help them develop resilience against psychological distress, thereby reducing the prevalence of self-injurious behaviors (Sierra-Swiech, 2023). The present study aims to examine the mediating role of self-compassion in the relationship between family functioning and the tendency toward self-injurious behaviors in adolescents.

2. Methods and Materials

2.1. Study Design and Participants

This study is an applied research based on its objective and follows a quantitative approach in data collection and analysis. It employs a descriptive design using correlational methods and structural equation modeling. The statistical population comprised all first-year high school students (both male and female) in the city of Qom during the 2022-2023 academic year. Regarding the sample size, different views exist on the minimum required sample in structural equation modeling research. Given the number of estimated parameters in the model, the minimum sample size for this study was set at 350 students. Considering potential dropouts, a total of 400 students (200 female and 200 male) were selected based on inclusion and exclusion criteria. The inclusion criteria were: being between 15 to 18 years old, residing in Qom, and providing informed written consent to participate in the study. The exclusion criteria included: failure to complete the questionnaire and responses deemed invalid. The sampling method employed was multi-stage cluster random sampling. Initially, two districts (Districts 1 and 2) from Qom were randomly selected. From each district, two schools were chosen, and within each school, four classes were randomly selected. The questionnaires were then distributed among students in these classes. Notably, three students were excluded due to failure to return the questionnaires, and six students were excluded due to incomplete responses. The final sample size consisted of 391 students (195 females and 196 males).

2.2. Data Collection Tools

Self-Injurious Behaviors Scale: This questionnaire, developed by Weideman and Sansone in 1998, consists of 22 items assessing direct self-injurious behaviors (such as

cutting, burning, and suicide attempts), which involve immediate tissue damage, as well as indirect self-injurious behaviors (such as illegal drug use, reckless driving, and risky sexual behaviors). Various studies have supported the validity and reliability of this tool. The validity study of this questionnaire, using a cutoff score of 5 or higher, accurately classified 84% of respondents diagnosed with borderline personality disorder through clinical interviews. In international studies, the internal consistency of the questionnaire, measured by Cronbach's alpha, was reported as 0.80 for the entire scale (Mohammadian Yokhabehe et al., 2019; Peymannia et al., 2018). In a study by Tahbaz and Hosseinzadeh (2011), Cronbach's alpha for this questionnaire was found to be 0.74.

Family Assessment Device (FAD): To assess the adaptability of the study participants, the Family Assessment Device was used. This questionnaire is based on the McMaster Model of Family Functioning and clinically evaluates family dynamics. Since family adaptability is a reflection of overall family functioning, this tool is useful in assessing family adaptability. The questionnaire consists of 60 four-point Likert scale items, covering seven subscales: problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. Items are scored from 1 (strongly agree) to 4 (strongly disagree). Some items describing unhealthy functioning are reverse-scored. Shock and Daniel (2001) examined the reliability and validity of the general functioning scale, with results supporting its construct validity. In various Iranian studies, the validity of this questionnaire has been reported between 0.91 and 0.93, with subscale reliability coefficients ranging from 0.72 to 0.92 (Sharifpour shirazi & Ghaderi, 2022). In this study, content validity (expert review) was used to determine the validity of the scale, and internal consistency (Cronbach's alpha) was used for reliability assessment, yielding an internal consistency coefficient of 0.81 for the total score.

Self-Compassion Scale—Short Form: This questionnaire comprises 12 items across three subscales: self-kindness versus self-judgment (4 items), common humanity versus isolation (4 items), and mindfulness versus over-identification (4 items). Responses are rated on a 5-point Likert scale ranging from almost never (score 1) to almost always (score 5). Neff, Kirkpatrick, and Rude (2007) evaluated this questionnaire in Thailand, Taiwan, and the United States, obtaining Cronbach's alpha coefficients of 0.87, 0.95, and 0.86, respectively. In a study by Reis et al. (2011), internal consistency coefficients for the subscales of

self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification were 0.85, 0.82, and 0.86, respectively. Reis et al. (2011) also reported an overall Cronbach's alpha of 0.86 for the questionnaire. To assess validity, the correlations between item scores and their respective subscales were calculated, yielding coefficients ranging from 0.54 to 0.76 for self-kindness versus self-judgment, 0.52 to 0.76 for common humanity versus isolation, and 0.61 to 0.71 for mindfulness versus over-identification. In a study by Kashanki, Ghorbani, and Hatami (2017), Cronbach's alpha for this scale was reported as 0.78. In this study, confirmatory factor analysis was conducted to examine validity, which confirmed the construct validity of the scale ($p < 0.014$, $df = 1.42$, $GFI = 0.96$, $AGFI = 0.94$, $CFI = 0.95$, $RMSEA = 0.05$) (Mohammadian Yokhabehe et al., 2019). Additionally, in this study, Cronbach's alpha for the entire questionnaire was 0.86, and for the subscales of self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification, it was 0.78, 0.81, and 0.87, respectively.

2.3. Data Analysis

In the inferential analysis section, given the nature of the research question and hypotheses, structural equation

modeling was applied using SPSS-25 and AMOS-19 software.

3. Findings and Results

The demographic analysis of the participants revealed that among the 391 adolescents included in the study, 195 were female (49.87%), and 196 were male (50.13%). The age distribution indicated that 112 participants (28.64%) were 15 years old, 129 participants (32.99%) were 16 years old, 98 participants (25.06%) were 17 years old, and 52 participants (13.30%) were 18 years old. Regarding place of residence, 289 participants (73.91%) resided in urban areas, while 102 participants (26.09%) were from rural regions. In terms of parental education levels, 87 participants (22.25%) reported that their fathers had completed primary education, 136 participants (34.78%) indicated secondary education, and 168 participants (42.97%) had fathers with higher education. Similarly, 103 participants (26.34%) reported that their mothers had completed primary education, 142 participants (36.32%) indicated secondary education, and 146 participants (37.34%) had mothers with higher education.

The descriptive findings of the research variables are presented in Table 1.

Table 1

Descriptive Findings of the Research Subscales

Variable	Mean	Standard Deviation	Skewness	Kurtosis
Problem-Solving	15.70	5.51	-0.22	-1.56
Communication	15.47	5.29	-0.19	-1.51
Roles	15.67	5.45	-0.22	-1.55
Affective Involvement	15.40	5.76	-0.13	-1.68
Affective Expression	17.06	4.11	-1.25	0.41
Behavioral Control	15.51	4.70	-0.58	-0.97
General Functioning	15.93	4.56	-0.76	-0.86
Self-Kindness	11.47	2.54	-0.53	-0.06
Common Humanity	11.14	3.69	-0.17	-0.83
Mindfulness	11.92	2.55	-0.29	-0.94
Direct Self-Injurious Behaviors	4.93	2.45	0.18	-0.49
Indirect Self-Injurious Behaviors	5.27	1.83	0.06	-0.05

The results in Table 1 indicate that among the components of family functioning, the lowest mean belongs to affective involvement.

Prior to conducting the main analyses, the assumptions of normality, linearity, multicollinearity, and homoscedasticity were examined. The assumption of normality was assessed using skewness and kurtosis values, which ranged between -

1.68 and 0.41 for all variables, indicating an acceptable level of normality. The Kolmogorov-Smirnov test further confirmed normality, as all p-values exceeded 0.05. Linearity was checked using scatter plots, which displayed a consistent linear relationship among predictor and outcome variables. Multicollinearity was assessed through variance inflation factors (VIF), with all values falling between 1.12

and 2.48, confirming the absence of severe multicollinearity. Additionally, Levene's test for equality of variances showed non-significant results for all variables ($p > 0.05$), indicating that the assumption of homoscedasticity was met. Therefore, all statistical assumptions were satisfied, allowing for the implementation of structural equation modeling.

The results regarding the model implementation in both standardized and unstandardized states, along with some of the key goodness-of-fit indices for the path analysis model of the tendency toward self-injurious behaviors, are presented in Figure 1 and Table 2.

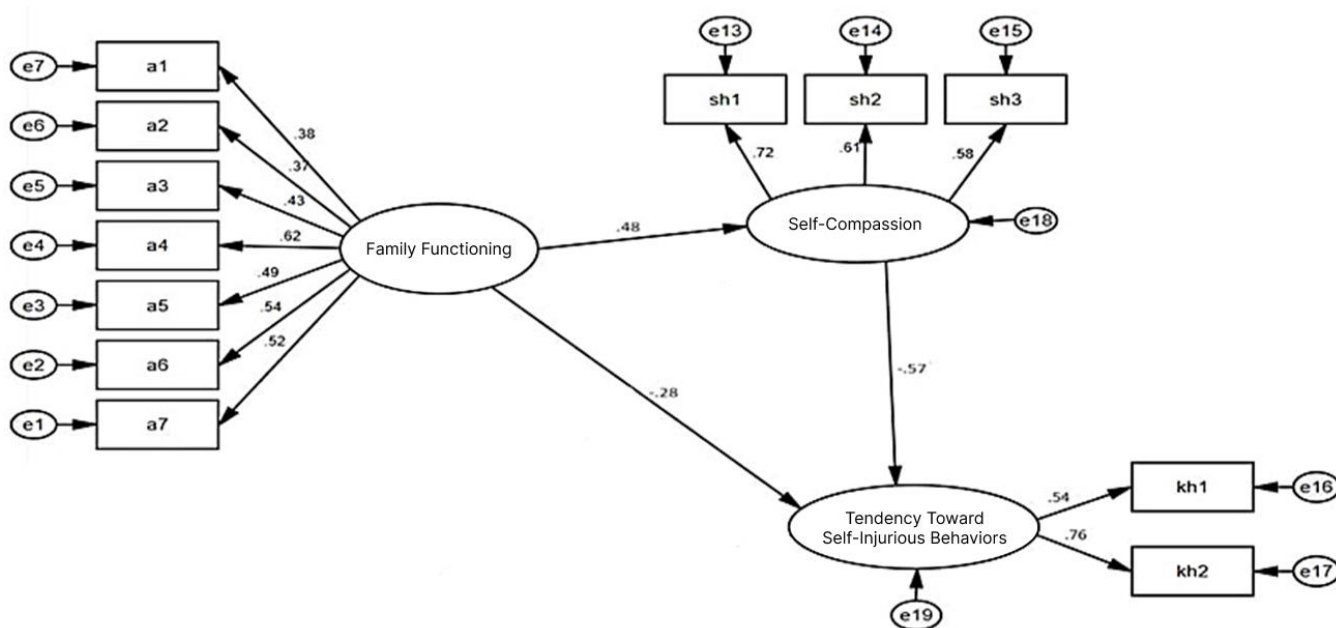
Table 2

Fit Indices for the Model of Tendency Toward Self-Injurious Behaviors

Index	Value	Acceptable Threshold	Goodness-of-Fit Index
$(\chi^2)/df$	2.56	< 3	
RMSEA (Root Mean Square Error of Approximation)	0.06	< 0.10	
CFI (Comparative Fit Index)	0.95	> 0.90	
NFI (Normed Fit Index)	0.93	> 0.90	
GFI (Goodness-of-Fit Index)	0.95	> 0.90	
AGFI (Adjusted Goodness-of-Fit Index)	0.94	> 0.90	

Figure 1

Model of the Tendency Toward Self-Injurious Behaviors in Standardized Coefficients



Overall, in working with AMOS software, none of these indices alone determines whether the model fits or does not fit; rather, they should be interpreted collectively. The

obtained values indicate that, overall, the model exhibits an appropriate explanatory and fit quality. The measurement model indices are reported in the following section.

Table 3

Coefficients and Significance of the Direct Effect of Family Functioning on the Tendency Toward Self-Injurious Behaviors

Predictor Variable	Criterion Variable	Type of Effect	Standardized β	Significance Statistic	Sig
Family Functioning	Tendency Toward Self-Injurious Behaviors	Direct	-0.28	-3.29	0.001
Family Functioning	Self-Compassion	Direct	0.48	3.91	0.001
Self-Compassion	Tendency Toward Self-Injurious Behaviors	Direct	-0.57	-5.11	0.001

The results in [Table 3](#) indicate that family functioning and self-compassion have a significant direct effect on the tendency toward self-injurious behaviors. Additionally, the direct effect of family functioning on self-compassion is also

significant ($p < 0.05$). The negative coefficient suggests that as family functioning improves, the tendency toward self-injurious behaviors decreases.

Table 4

Coefficients and Significance of the Indirect Effect of Family Functioning on the Tendency Toward Self-Injurious Behaviors

Predictor Variable	Criterion Variable	Type of Effect	Standardized β	Significance Statistic	Sig
Family Functioning	Tendency Toward Self-Injurious Behaviors	Indirect (Mediated by Self-Compassion)	-0.27	-3.22	0.001

To examine the mediating role of self-compassion in the relationship between family functioning and the tendency toward self-injurious behaviors, the Sobel test was conducted. Sobel suggests that this ratio asymptotically follows a normal distribution, and when the ratio exceeds ± 1.96 for large samples, the null hypothesis is rejected at the 0.05 significance level. The results indicate that family functioning has an indirect effect on the tendency toward self-injurious behaviors through self-compassion ($p < 0.05$). This finding implies that as family functioning improves, the level of self-compassion increases, which in turn reduces the tendency toward self-injurious behaviors.

4. Discussion and Conclusion

The present study aimed to examine the mediating role of self-compassion in the relationship between family functioning and the tendency toward self-injurious behaviors in adolescents. The findings demonstrated that family functioning had a significant direct effect on self-injurious behaviors. Moreover, self-compassion was found to mediate the relationship between family functioning and self-injurious behaviors, suggesting that adolescents with higher self-compassion are less likely to engage in self-injury even in the presence of dysfunctional family environments. These results highlight the importance of both family dynamics and self-compassion in understanding and addressing adolescent self-injury.

The results of this study revealed a significant negative relationship between family functioning and self-injurious behaviors, indicating that adolescents from well-functioning families are less likely to engage in self-injury. This finding is consistent with previous research demonstrating that family dysfunction, including poor communication, low emotional support, and high conflict, is a major risk factor for non-suicidal self-injury (NSSI) ([Martin et al., 2011](#); [Wang et al., 2022](#)). Adolescents who experience emotional

invalidation, neglect, or high levels of family conflict often struggle with emotional regulation and are more likely to resort to self-injury as a maladaptive coping mechanism ([Baetens et al., 2014](#)).

Furthermore, Wang et al. (2022) found that the quality of family interactions significantly influences adolescent NSSI, emphasizing the importance of parental involvement and emotional support in preventing self-harm ([Wang et al., 2022](#)). Similarly, Bean, Keenan, and Fox (2022) highlighted the role of family therapy in reducing self-injurious behaviors, indicating that interventions targeting family communication and cohesion can be effective in addressing adolescent self-injury ([Bean et al., 2022](#)). The present study's findings align with these studies, reinforcing the idea that family functioning plays a crucial role in adolescent mental health and well-being.

A key finding of this study was the mediating role of self-compassion in the relationship between family functioning and self-injurious behaviors. Specifically, adolescents with higher levels of self-compassion were less likely to engage in self-injury, even when experiencing family dysfunction. This finding aligns with research suggesting that self-compassion serves as a protective factor against self-harm by fostering emotional regulation, reducing self-criticism, and promoting adaptive coping strategies ([Gregory et al., 2017](#); [Nagy et al., 2021](#)).

Erol and Inozu (2023) demonstrated that self-compassion mediates the relationship between childhood trauma and NSSI, highlighting its role in mitigating the negative effects of adverse experiences ([Erol & Inozu, 2023](#)). Similarly, Suh and Jeong (2021) found that self-compassion significantly reduced the risk of self-injurious behaviors, further supporting its protective role in mental health ([Suh & Jeong, 2021](#)). The findings of the present study corroborate these results, suggesting that fostering self-compassion may be an

effective strategy for reducing self-injury among adolescents.

Additionally, the results align with the work of Yu et al. (2023), who found that self-compassion moderated the effects of childhood maltreatment on NSSI (Yu et al., 2023). Adolescents with high levels of self-compassion were less likely to engage in self-injury, even when faced with adverse family environments. This suggests that interventions aimed at enhancing self-compassion could help adolescents develop healthier coping mechanisms, reducing their reliance on self-harm.

The findings of this study have important theoretical and clinical implications. Theoretically, the study contributes to the growing body of literature on self-compassion and its role in adolescent mental health. Previous research has emphasized the significance of self-compassion in mitigating psychological distress and promoting well-being (Hsieh et al., 2019). The present findings extend this literature by demonstrating that self-compassion not only directly reduces self-injurious behaviors but also mediates the impact of family dysfunction on NSSI.

Clinically, the results suggest that interventions targeting self-compassion could be an effective strategy for reducing self-injurious behaviors in adolescents. Mindfulness-based self-compassion interventions have been shown to decrease self-criticism and enhance emotional resilience, making them valuable tools for mental health professionals (FooladiArdakani & ChoobforoushZadeh, 2023). Furthermore, integrating self-compassion training into family-based interventions could help improve adolescent mental health outcomes by addressing both individual and family-level risk factors (Sharifpour shirazi & Ghaderi, 2022).

Despite its contributions, the present study has several limitations. First, the study relied on self-report questionnaires, which may be subject to social desirability bias and reporting inaccuracies. Future research should incorporate multiple assessment methods, including clinical interviews and behavioral observations, to enhance the validity of the findings. Second, the cross-sectional design limits the ability to establish causal relationships between family functioning, self-compassion, and self-injurious behaviors. Longitudinal studies are needed to determine the temporal direction of these relationships and assess whether self-compassion serves as a stable protective factor over time. Third, the study sample was limited to adolescents in a specific geographic region, which may limit the generalizability of the findings to other cultural and

demographic contexts. Future research should explore these relationships in diverse populations to determine the extent to which the findings apply across different cultural and socioeconomic backgrounds.

Future research should explore the mechanisms through which self-compassion exerts its protective effects on NSSI. Examining the role of emotion regulation, cognitive reappraisal, and distress tolerance in the relationship between self-compassion and self-injury could provide valuable insights into the underlying processes involved. Additionally, future studies should investigate the effectiveness of self-compassion interventions in reducing self-injurious behaviors among adolescents. Randomized controlled trials assessing the impact of mindfulness-based self-compassion training on NSSI could offer valuable evidence for clinical applications. Lastly, research should consider the interaction between self-compassion and other psychological factors, such as resilience, self-esteem, and interpersonal trust, to develop a more comprehensive understanding of the protective factors against adolescent self-injury.

Given the significant role of family functioning in adolescent NSSI, practitioners should prioritize family-based interventions that enhance communication, emotional support, and parental responsiveness. Educating parents on the importance of emotional validation and supportive parenting practices could help reduce the risk of self-injurious behaviors in adolescents. Additionally, incorporating self-compassion training into school-based mental health programs could provide adolescents with the tools needed to develop healthier coping strategies and reduce self-criticism. Mental health professionals should consider integrating self-compassion techniques into therapeutic interventions, such as cognitive-behavioral therapy and dialectical behavior therapy, to promote emotional regulation and resilience. By addressing both family and individual-level risk factors, practitioners can develop more comprehensive and effective interventions for reducing self-injury among adolescents.

Authors' Contributions

This article is derived from the first author's doctoral dissertation. All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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