

Loneliness Examined From the Perspective of Self-Esteem and Religiosity in Self-Harm Perpetrators

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Abstract: The increase in cases of self-harm in Indonesia necessitates preventive measures from both the health and education sectors. One such measure is to conduct research on this issue. This study aims to explore the relationship between self-esteem, religiosity, and loneliness among self-harmers. A total of 368 participants were involved in this study, namely self-harmers aged 16 to 38 years old in Indonesia, who were selected as the population using a purposive sampling approach.. Data were collected using loneliness, self-esteem, and religiosity scales adapted into Indonesian. Data analysis using a two-predictor regression test found that the significance value of the p-value was 0.000 ($p < 0.01$), and the value of $R_{x1,2y} = 0.611$ was obtained. The R-squared value of 0.373 indicates that the study contributes an effective 37.3%, thereby confirming that the hypothesis stating there is a significant negative relationship between self-esteem and religiosity with loneliness among self-harm perpetrators is acceptable. This means that the higher the religiosity and self-esteem of an individual, the lower the level of loneliness experienced by self-harmers.

Keywords: Loneliness, self esteem, religiosity, self harm

Abstrak: Peningkatan kasus bunuh diri di Indonesia mengharuskan adanya langkah-langkah pencegahan dari sektor kesehatan dan pendidikan. Salah satu langkah tersebut adalah melakukan penelitian mengenai isu ini. Penelitian ini bertujuan untuk mengeksplorasi hubungan antara harga diri, keagamaan, dan kesepian di kalangan pelaku bunuh diri. Sebanyak 368 peserta terlibat dalam penelitian ini, yaitu individu yang melakukan tindakan merugikan diri sendiri berusia 16 hingga 38 tahun di Indonesia, yang dipilih sebagai populasi menggunakan pendekatan sampling purposif. Data dikumpulkan menggunakan skala kesepian, harga diri, dan keagamaan yang telah diadaptasi ke dalam bahasa Indonesia. Analisis data menggunakan uji regresi dua prediktor menemukan bahwa nilai signifikansi p-value adalah 0.000 ($p < 0.01$), dan nilai $R_{x1,2y} = 0.611$ diperoleh. Nilai R-squared sebesar 0,373 menunjukkan bahwa studi ini berkontribusi sebesar 37,3%, sehingga mengonfirmasi bahwa hipotesis yang menyatakan adanya hubungan negatif yang signifikan antara harga diri dan keagamaan dengan kesepian di kalangan pelaku bunuh diri dapat diterima. Hal ini berarti semakin tinggi keagamaan dan harga diri seseorang, semakin rendah tingkat kesepian yang dialami oleh pelaku bunuh diri.

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Kata Kunci: Kesepian, harga diri, keagamaan, dan perilaku merusak diri sendiri.

Introduction

Religious behavior means all actions or Self-harm is a non-lethal act in which an individual consciously initiates unusual behavior, without intervention from another individual, resulting in self-injury (WHO, 2014). Self-harm is also a mental health phenomenon that occurs as a maladaptive coping mechanism, whereby physical pain is used to cope with stressors or emotional pressure (Woodley et al., 2021). Furthermore, scratching or cutting the skin using a knife or other sharp object is one of the most popular patterns of self-harm behavior; this act is also known as self-cutting (Tang et al., 2016). Other types of self-harm behavior include hitting oneself, scratching scars, burning certain parts of the body, pulling out hair, and consuming deadly toxic substances (Mutiara Insani & Ina Savira, 2022).

According to the WHO (2018), self-harm and suicide are the second leading causes of death worldwide among individuals aged 18 to 29. In Indonesia, a YouGov Omnibus survey conducted in June 2019 revealed that approximately 36.9% of the Indonesian population had intentionally engaged in self-harm. The highest prevalence was found among the 18-24 age group, with 45% of respondents reporting having engaged in self-harm (Kasmanah et al., 2024). One notable case occurred in Karangasem, Bali, where Minister of Women's Empowerment and Child Protection (PPPA) Bintang Puspayoga revealed that there were 49 teenagers, all female, who were involved in self-harming behavior. A total of 40 children made one incision, while nine others did so repeatedly. Surprise inspections by the school in December 2022 and February 2023 revealed that many of them were experiencing significant mental stress (Chaeruddin, 2023).

In Javanese society and Indonesian society in general, self-harm and suicide are stigmatized and considered taboo. This cultural perspective often hinders open discussion and the search for support, leaving affected individuals isolated and unable to express their distress in healthy ways. The taboo nature of these issues also triggers feelings of shame, which can exacerbate psychological suffering and increase the urge to self-harm as a coping mechanism (Nurdiyanto & Subandi, 2023). In certain regions, spiritual or supernatural explanations for self-harm and suicide still exist, which can

sometimes lead to further marginalization. Local cultural beliefs can shape responses to mental illness, including self-harm, influencing how families and communities approach seeking help and healing (Lesmana et al., 2015). From a cultural perspective, the value placed on group harmony and social belonging can cause distress when adolescents feel alienated or excluded. Attachment to peers or lack of peers has been strongly linked to self-harming behavior, as lonely or isolated individuals may use self-harm as a way to cope with social pain (Liem et al., 2021).

Preliminary research conducted by Wilson (2012) shows that the desire and behavior of self-harming are related to several of the same variables. Those who engage in self-harm feel more satisfied because they have been able to release their pent-up emotions. Self-harming behavior is also said to be able to eliminate the unpleasant emotions they feel. Previous research has revealed that before individuals engage in self-harm, there are behavioral changes that are interrelated with self-harm and the emergence of other emotional problems, such as changes in eating patterns and sleep schedules, a decrease in social interaction with friends and family, changes in daily routines and mood, such as increased aggressive behavior, declining academic performance, frequent talk of suicide, substance abuse, social withdrawal, feelings of constant failure and despair, worthlessness, or loss of hope (Hawton & Rodham, 2006).

The results of research managed by Nasution et al. (2024) show that loneliness has a positive and significant effect on self-harm in the high category, with a practical contribution of 38.1%. Individuals who experience loneliness typically have low and unsatisfactory social support, meaning that there is no one else they can turn to for help in resolving their problems. The solution to the problem that arises is the desire to self-harm. Hawkley & Cacioppo (2010) define loneliness as a bad feeling state that arises from a mismatch between desired and actual social relationships (Grocott et al., 2024). Someone who experiences constant loneliness is prone to physical and mental health problems that can be harmful, including a significantly elevated risk of depression (Cacioppo, Hughes, et al., 2006) and cardiovascular disease (Thurston & Kubzansky, 2009). Social withdrawal can exacerbate feelings of loneliness and create a cycle in which lonely individuals may develop a preference for solitude and thus become increasingly isolated from potential sources of support and friendship.

Loneliness can push people to do unhealthy coping behaviors. One form of maladaptive coping behavior is self-harm (Rokach & Patel, 2024).

Loneliness is influenced by multiple factors, one of which is self-esteem (Cacioppo, Hawkley, et al., 2006). Self-esteem is an internal and personal pattern that indicates a person's relational evaluation of others (Leary, 2005). Referring to sociometer theory, individuals who feel isolated or rejected interpersonally tend to exhibit lower self-esteem (Learly, 1990). Self-esteem has been identified to mediate the relationship between loneliness (Kapikıran, 2013). Self-esteem can influence a person's attitude towards life, their determination to strive and compete with others, and stimulate their strengths (Li et al., 2018). Research by Baumeister et al. (2003) proves that low self-esteem can be a forecaster of loneliness, given that individuals who do not view themselves positively feel uncomfortable when interacting socially.

Furthermore, research integrating sociometer theory with religiosity and self-harm elaborates that religious involvement and identity can strengthen a person's sense of belonging and self-worth, which is one of the core functions of a sociometer, thereby helping to prevent prolonged low self-esteem. This explains why stronger religiosity and the social support that accompanies it provide protection against self-harming behavior. Conversely, individuals without a religious community or whose religious identity is marked by struggle or rejection may be more vulnerable if their sociometer records chronic social rejection or devaluation. It can be concluded that the connection between sociometer theory and self-harming behavior, as well as religious attachment, depends on how self-esteem, social acceptance, and a sense of belonging function as a bridge between these domains. Religious attachment can serve as a vital resource for maintaining a healthy sociometer, which in turn can reduce the risk of self-harming behavior when social belonging is threatened or disrupted (Waters, 2015).

According to Deaux & Snyder (2012), self-esteem is defined as self-assessment, which is the totality of an individual's thoughts and feelings about themselves, so that the self becomes an object rather than a subject. Low self-esteem is a major problem for most people and can be expressed in high levels of anxiety. Low self-esteem includes negative self-evaluation and feelings of helplessness, hopelessness, fear, sadness, sensitivity, imperfection, guilt, and inadequacy (Deans & Meocevic, 2006). Low self-esteem is a normal human emotion, but clinically it can be pathological if it interferes

with daily behavior, becomes pervasive, and appears alongside other illnesses (Stuart, 2012).

A systematic review study exhibited a significant negative relationship between self-esteem and self-harm behavior, explaining that individuals with a history of self-harm have lower self-esteem than individuals without a history of self-harm, and that low self-esteem is a common trait among those who engage in self-harm or have a history of self-harm (Forrester et al., 2017). This is also in line with research conducted by Lei et al. (2024), which found that low self-esteem in a person can trigger high levels of depression, which in turn can lead to self-harming behavior. Self-esteem was discovered to be significantly lower in these groups compared to adults with no history of non-suicidal self-injury (NSSI) (Forrester et al., 2017). It is further explained that self-avoidance, which can be seen as a form of extremely hostile low self-esteem, can lead to the conviction that a person deserves to be punished or hurt, resulting in Non-Suicidal Self Injury (NSSI) (Franklin et al., 2017).

Chronic low self-esteem tends to increase exposure to various hostile emotional conditions, particularly feelings of rejection and shame, which in turn can provoke Non-Suicidal Self Injury (NSSI) as a way to cope with problems (Hooley & St. Germain, 2014; Muehlenkamp & Brausch, 2012). The results of Gilbert et al. (2010) increase the possibility that more adverse or critical types of self-image, such as self-loathing and self-deprecating, may have a stronger association with non-suicidal self-injury (NSSI) than general self-esteem. Low self-esteem can result from a variety of experiences, including strenuous events early in life, and increases the risk of non-suicidal self-injury (NSSI) (Leary & Baumeister, 2000). This is pertinent because it has been proven that feelings such as rejection and shame activate Non-Suicidal Self Injury (NSSI) (Armey et al., 2011; Snir et al., 2015).

According to Kazim et al. (2023), loneliness is also influenced by religiosity. Rakhmat (2003) defines religiosity as a state in which a person is compelled to act and behave in a manner related to religion. Hawari explains that religiosity is the practice of religion or a measure of how deeply one believes and expresses that belief through daily worship (Ancok & Suroso, 2005). The phenomenon of enthusiasm for deepening religious teachings among teenagers has recently shown signs of increasing. This condition can be seen from the increasing number of religious activities attended and

organized by teenagers. This was also stated by Thaher (1993) that religious growth is very noticeable among the younger generation. However, behind the phenomenon of increased religiosity among teenagers, there is another phenomenon among teenagers that shows indifference towards religious beliefs (Thobroni, 1993).

The results of Borrill et al.'s (2011) study found that people who have religious affiliations do not report repetitive self-harm behavior as often as those who do not have religious affiliations. Research also shows that in homes where there is an expectation that religious values and beliefs must be adhered to, children may find it difficult to express themselves and internalize their emotions, which can lead to self-harming behavior and poor moods (Meltzer et al., 2011). Religious teachings often promote moral and ethical standards that can prevent self-harm. Low religiosity can lead to a lack of internalized moral guidelines, which can potentially lead to reduced self-regulation and increase the likelihood of engaging in self-harm as a maladaptive coping mechanism (Reza et al., 2024).

Research conducted by Elvina & Bintari (2023) on young adults in Indonesia found that negative religious coping, which may be more common among those with lower religiosity, significantly moderates the relationship between stress and the severity of Non-Suicidal Self Injury (NSSI). Low religiosity can cause individuals to lose psychological resources that protect them, thereby increasing their vulnerability to self-harming behavior as a way of coping with feelings of emptiness or despair (Waters, 2015). Other research shows that individuals with low religiosity or spiritual dissatisfaction may experience feelings of abandonment or guilt, intensifying negative emotions and the tendency to engage in self-harm (Pihasniwati et al., 2023).

Previous research on loneliness and low self-esteem clearly illustrates the importance of positive self-assessment, while research on loneliness and low religiousness plays a crucial role in helping individuals avoid behaviors that may be harmful to themselves. Therefore, in this study involving self-harmers in Indonesia related to loneliness, self-esteem barriers, and religiosity, it is important to further examine these factors because in Indonesia, where Islam is the majority religion, religious teachings explicitly prohibit self-harm and suicide. Belief in heaven and hell, as well as divine judgment, reinforces the sanctity of life. This can also provide a moral

framework for individuals to value themselves more in life, which in turn can motivate people to avoid self-harming behaviors.

Research Method

The data collection method used in this study was quantitative, using a Likert scale as the research instrument. The sampling technique used was a non-probability sampling approach. The type of non-probability sampling method used was purposive sampling with a predetermined sample of individuals who engage in self-harm in Indonesia. This study used a two-predictor regression analysis method to determine the relationship between self-esteem and religiosity with loneliness as the dependent variable. Furthermore, the product-moment correlation technique was also used to test the relationship between self-esteem and loneliness with religiosity and loneliness.

The Likert scale used consists of favorable and unfavorable items and uses three measuring instruments as a data collection process, namely the loneliness scale, self-esteem scale, and religiosity scale. The loneliness scale used is the UCLA Loneliness Scale Version 3 (1996), developed by Russell, which consists of aspects of personality, social desirability, and depression. This scale has been adapted into Indonesian by Putri (2019) and has a reliability coefficient of 0.856. It consists of 20 items, including 11 favorable items and 9 unfavorable items. The self-esteem scale used is the Rosenberg Self-Esteem Scale (1965), developed by Rosenberg, which consists of the aspects of Self-Liking and Self-Competence. This scale has been adapted into Indonesian by Azwar, with a reliability coefficient of 0.93 and validity of 0.83, comprising 5 favorable items and 5 unfavorable items. Finally, the religiosity scale used is the Centrality of Religiosity Scale (CRS) (2012) developed by Huber, which consists of the dimensions of Intellectual, Ideology, Public Practice, Private Practice, and Religious Experience. This scale has been adapted into Indonesian by Chairani et al. (2023) with a validity coefficient of 0.194 and consists of 15 items, including 9 favorable items and 6 unfavorable items. After ensuring the readiness of all scales, the next step is to distribute the scales using questionnaires disseminated through social media platforms such as WhatsApp, Facebook, Telegram, Instagram, and Twitter.

In the initial stage of data analysis, data validity and reliability tests are required to determine that each item in the variables used is indeed valid and reliable. Then, the assumption test conducted includes a normality test to ensure that the data is normally

distributed, which is an important requirement in two-predictor regression testing, so that the analysis results are more accurate. Next, to test the hypothesis in this study, two-predictor regression testing is used to determine the relationship between self-esteem and religiosity with loneliness as the dependent variable. Additionally, the product-moment correlation test was used to determine the strength of the relationship between variables. The entire data analysis process was conducted using the SPSS (Statistical Package for the Social Sciences) 15.0 for Windows application.

Result and discussion

The results of the questionnaire distribution in this study obtained 368 respondents aged between 16 and 38 years who had engaged in self-harm. The data categories for the loneliness variable showed that out of the 368 respondents who exhibited loneliness, 26 participants were in the very high category, 85 in the high category, 119 in the moderate category, 123 in the low category, and 15 in the very low category. Participants in the low category were dominant in the loneliness variable compared to the other categories. The data categories for the self-esteem variable show that of the total respondents, 27 participants were categorized as very high, 83 as high, 108 as moderate, 123 as low, and 27 as very low. These figures indicate that the majority of participants have low to moderate levels of self-esteem. This also demonstrates that most participants in this study have a negative perception of themselves.

From the categorization of religiousness variable data, 7 participants were categorized as very high, 107 as high, 59 as moderate, 164 as low, and 31 as very low. The low category in this variable ranked first compared to other categories, so it can be said that the majority of participants had little intention to practice their religion.

Validity and Reliability Testing

According to Sugiyono (2016), if the Cronbach's Alpha score of a research variable reaches 0.7 or more ($\alpha > 0.7$), then the variable can be said to be reliable, and the items in the variable are said to be valid if the significance coefficient of an item is less than 0.05 (Sig. (2-tailed) < 0.05). Based on the results of the validity and reliability tests, it was found that the loneliness scale had an α value of $0.883 > 0.7$, with an internal validity coefficient range of 0.000–0.027 across its 20 items. The self-esteem scale obtained an α value of 0.824, with the internal validity coefficient range for all

items at 0.000. The religiosity scale obtained an α value of 0.884, with the validity coefficient range for its 15 items at 0.000. This indicates that the variables of loneliness, self-esteem, and religiosity used in this study are reliable, and each item in their respective scales is valid.

Normality Test

Normality testing is carried out as part of assumption testing to clearly determine the normality of data distribution. To confirm that the data on loneliness, self-esteem, and religiosity variables were normally distributed, this study used a Monte Carlo normality test. Data is considered to be normally distributed if the significance value $p > 0.05$. The purpose of the Monte Carlo test is to determine whether residual data from a research sample with extremely high values is normally distributed or not.

Table 1. Normality test results

No	Variable	$p > 0.05$	Description
1	Loneliness, self-esteem, and religiosity	0.265	Normally Distributed

Based on the results of the Monte Carlo normality test in Table 1 above, it was found that the significance value p was 0.265, which means that $p > 0.05$. This indicates that the distribution of the variables loneliness (Y), self-esteem (X1), and religiosity (X2) does not deviate significantly from normality and can be categorized as a normal distribution. Since the normality assumption test has been fulfilled, parametric statistical methods can be used for further data analysis.

Major Hypothesis Testing

Table 2. Major Hypothesis Test Results

Model	R	R-squared	F	Sig (p)
Regression	0.611	0.373	108.599	0.000

Table 2 shows the results of the major hypothesis test using two-predictor regression analysis. The table provides the correlation coefficient (R), coefficient of

determination (R-squared), F value, and significance level (p-value). Based on the regression test that has been conducted, it is known that the p-value is 0.000 ($p < 0.01$) and the $R_{x1,2y}$ value is 0.611. This value indicates that there is a highly significant relationship between the variables of self-esteem (X1), religiosity (X2), and loneliness (Y). The R-squared value of 0.373 indicates that 37.3% of the effective contribution to the loneliness variable (Y) can be explained by this regression model. The F value of 108.599 with a p-value of 0.000 indicates that the regression model is statistically significant. Therefore, the hypothesis stating that there is a significant relationship between self-esteem and religiosity with loneliness among self-harm perpetrators can be accepted with an effective contribution of 37.3%.

Minor hypothesis testing

Minor hypothesis testing was conducted using the Pearson product-moment test. The product-moment test requirement is that if the p-value is greater than 0.05 ($p > 0.05$), the hypothesis is rejected, and if the p-value is less than or equal to 0.05 ($p < 0.05$), the hypothesis is accepted.

Table 3. Minor Hypothesis Test Results

Variable	R	<i>p-value</i>	Hypothesis
Loneliness, Self-esteem	0.609	0.000	accepted
Loneliness, Religiosity	0.243	0.000	accepted

Table 4. Correlation criteria

Interval Coefficient	Level of Relationship
0.80-1.00	very strong
0.60-0.799	Strong
0.40-0.599	strong enough
0.20-0.399	Weak
0.00-0.199	very weak

The results of the first minor hypothesis test regarding the relationship between self-esteem and loneliness using product-moment correlation yielded a correlation coefficient (R) value of 0.609, which means that the two variables have a strong relationship with a p-value of 0.000. Since the p-value is less than 0.05, the hypothesis is accepted, and it can be concluded that there is a sufficiently strong negative relationship between self-esteem and loneliness among individuals who engage in self-harm.

Meanwhile, the results of testing the second minor hypothesis regarding the relationship between religiosity and loneliness using product-moment correlation yielded a correlation coefficient (R) value of 0.243, which means that the two variables have a weak relationship with a p-value of 0.000. Since the p-value is less than 0.05, the hypothesis is accepted, and it can be inferred that there is a weak negative relationship between religiosity and loneliness among individuals who engage in self-harm.

This study aims to find the correlation between self-esteem and religiosity with loneliness in self-harmers. Based on the results of the central hypothesis analysis in Table 2, it can be concluded that there is a significant correlation between self-esteem and religiosity with loneliness in self-harmers. Therefore, the central hypothesis stating that there is a significant relationship between self-esteem and religiosity with loneliness among self-harmers can be accepted with a practical contribution of 37.3%. It means that the level of self-esteem and religiosity influences loneliness behavior by 37.3%, while the remaining 62.7% can be influenced by other factors not examined in this study.

A study conducted by Rojo (2025) found a positive correlation between self-esteem and religiosity, although religiosity did not directly balance the relationship between anxiety and self-esteem. This suggests that although religiosity and self-esteem are interrelated, the nature of the relationship between the two may be complex and may depend on other mediating factors.

Previous research conducted by Szcześniak et al. (2020) found that loneliness is negatively correlated with self-esteem. It is explained that the balanced role of educational activities and self-esteem mediation in the relationship between loneliness and life satisfaction in old age has significant developmental and social implications. However, although feelings of loneliness and social isolation have an inverse

relationship with life satisfaction in old age, this relationship can be changed by participating in lifelong learning. It confirms that self-esteem acts as an intermediary between loneliness and life satisfaction, indicating that higher self-esteem can decrease the adverse effects of loneliness.

The results of Zhao et.al (2013) support the previously reported intervening role of self-esteem, showing that shy individuals typically have lower self-esteem and less confidence in their social behavior. They tend to avoid social situations to avoid negative outcomes, which ultimately leads to a decrease in their feelings of loneliness. The study also disclosed that the relationship between skittishness, community support, self-esteem, and loneliness has strong significance. This pathway indicates that social support acts as a mediator between skittishness and self-esteem, while self-esteem partially acts as a mediator in the relationship between community support and loneliness.

Several empirical studies have confirmed that higher levels of loneliness can predict lower self-esteem, even when this relationship is regulated by six personality aspects associated with loneliness. These six personality factors are neuroticism, emotional stability, shyness, self-efficacy, self-awareness, and friendliness (Cacioppo, Hawkley, et al., 2006).

The results of the minor hypothesis test in Table 3 mean that there is a significant correlation between self-esteem and loneliness, with a correlation coefficient (R) of 0.609, meaning that the two variables have a strong level of relationship. It can be concluded that the higher an individual's self-esteem, the lower the level of loneliness experienced by those who engage in self-harm. Conversely, the lower an individual's self-esteem, the higher the level of loneliness experienced by self-harm perpetrators. The findings of this study align with the research conducted by Yunior & Rohmatun (2022) on 103 international students at Sultan Agung Islamic University, which assessed the correlation between self-esteem and loneliness. It was found that there is a significant negative correlation between self-esteem and loneliness.

Previous research has shown a significant negative correlation between self-esteem and loneliness. Baumeister et al. (2003) provide evidence that low self-esteem can be a predictor of loneliness, as individuals who do not view themselves positively often feel uncomfortable when interacting socially.

The results of the minor hypothesis test in Table 3 show that there is a significant correlation between religiousness and loneliness, with a correlation coefficient (R) of 0.243, which means that the two variables have a weak level of relationship. It can be concluded that the higher an individual's religiosity, the lower the level of loneliness experienced by self-harmers. The lower an individual's religiosity, the higher the level of loneliness experienced by self-harm perpetrators. The findings of this study are supported by the research results of Aryani & Yuwono (2024) on 116 Chinese-ethnic adolescents to assess the correlation between religiosity and loneliness. It was found that there was a negative but insignificant correlation between religiosity and loneliness. These results are also in line with the research supervised by Azeem et al. (2024) among employees in Pakistan, which found that religiosity can mitigate the negative impact of loneliness in the workplace on job performance. Employees who can rely on their religiosity will not be affected by the dynamics of loneliness in the workplace, indicating that religiosity can serve as a psychological resource in reducing stress related to loneliness.

Conclusion

There is a relationship between self-esteem and loneliness with a p-value of 0.000 or ($p < 0.05$). The correlation coefficient (R) value is 0.609, indicating a strong relationship between the two variables with a p-value of 0.000. Since the p-value is < 0.05 , it can be concluded that there is a strong negative relationship between self-esteem and loneliness among individuals who engage in self-harm. There is a relationship between religiosity and loneliness with a p-value of 0.000 or ($p < 0.05$). The correlation coefficient (R) value is 0.243, indicating a weak relationship between the two variables with a p-value of 0.000. Since the p-value is < 0.05 , it can be said that there is a weak negative relationship between religiosity and loneliness among self-harmers. The results of the regression analysis revealed a p-value of 0.000 ($p < 0.01$), with $R_{x1,2y} = 0.611$ and an R-squared value of 0.373. These values indicate that there is a highly significant relationship between the variables of self-esteem (X1), religiosity (X2), and loneliness (Y). Therefore, it can be concluded that the hypothesis stating that there is a significant negative relationship between self-esteem and religiosity with loneliness among self-harmers is accepted, with a practical contribution of 37.3%. In comparison, the remaining 62.7% may be impacted by other factors not inspected in this research.

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