

Parenting Styles of Adolescents With and Without Non-Suicidal Self-Injury (NSSI) Intentions: A Comparative Study

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Abstract

Non-suicidal self-injury (NSSI) is an increasingly common behavior among Indonesian adolescents. This study aims to examine the differences in parenting patterns between adolescents with and without NSSI intentions. A total of 278 adolescents aged 13–18 years (45.3% female and 54.7% male) participated by completing the Parent as Social Context Questionnaire – Adolescent Report (PSCQ-AR). Of these, 172 were categorized as adolescents without NSSI intentions, while the other 106 were classified as adolescents with NSSI intentions. A *t* test was conducted to examine the differences in parenting patterns between the two groups. The results showed that adolescents with NSSI intentions experienced significantly higher unsupportive parenting patterns, especially in the dimensions of coercion ($d = -0.349$), chaos ($d = -0.401$), and rejection ($d = -0.495$). In contrast, adolescents without NSSI intentions reported higher levels of supportive parenting, particularly warmth ($d = 0.275$) and structure ($d = 0.249$). No significant differences were found in the autonomy dimension between the two groups. To assess the direct contribution of each dimension, simple regression analyses were conducted. Supportive parenting was found to negatively predict NSSI intentions ($\beta = -.134, p = .026$), whereas unsupportive parenting, particularly rejection ($\beta = .235, p < .001$), was also found to be a stronger positive predictor. These findings contribute to NSSI research by highlighting the different roles of parenting dimensions in adolescents with and without NSSI intentions.

Abstrak

Non-suicidal self-injury (NSSI) merupakan perilaku yang semakin umum di kalangan remaja Indonesia. Penelitian ini bertujuan untuk mengkaji perbedaan pola asuh antara remaja dengan dan tanpa intensi NSSI. Sebanyak 278 remaja berusia 13–18 tahun (45,3% perempuan dan 54,7% laki-laki) berpartisipasi dengan mengisi Parent as Social Context Questionnaire – Adolescent Report (PSCQ-AR). Dari jumlah tersebut, 172 dikategorikan sebagai remaja tanpa intensi NSSI, sedangkan 106 lainnya diklasifikasikan sebagai remaja dengan intensi NSSI. Uji beda *t* test dilakukan untuk menguji perbedaan pola asuh antara kedua kelompok. Hasil penelitian menunjukkan bahwa remaja dengan intensi NSSI mengalami pola asuh *unsupportive* yang secara signifikan lebih tinggi, khususnya dalam dimensi *coercion* ($d = -0,349$), *chaos* ($d = -0,401$), dan *rejection* ($d = -0,495$). Sebaliknya, remaja tanpa intensi NSSI melaporkan tingkat pola asuh yang lebih *supportive*, khususnya pada aspek *warmth* ($d = 0,275$) dan *structure* ($d = 0,249$). Tidak ditemukan perbedaan signifikan dalam dimensi *autonomy* antara kedua kelompok. Untuk menilai kontribusi langsung dari setiap dimensi, analisis regresi sederhana dilakukan. Pola asuh *supportive* ditemukan memprediksi intensi NSSI secara negatif ($\beta = -0,134, p = 0,026$), sedangkan pola asuh *unsupportive*, terutama *rejection* ($\beta = 0,235, p < 0,001$) juga ditemukan sebagai prediktor yang lebih kuat secara positif. Temuan ini berkontribusi pada penelitian NSSI dengan menyoroti peran berbeda dari dimensi pengasuhan pada remaja dengan dan tanpa intensi NSSI.

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INTRODUCTION

Adolescence is a developmental stage characterized by various changes, including biological shifts such as brain plasticity and puberty, as well as behavioral changes like an increased desire for independence and heightened attention to peer relationships (Blakemore & Mills, 2014). Cognitively, adolescents develop the ability to think abstractly and logically, extending their reasoning beyond concrete experiences, thereby enhancing their problem-solving skills (Santrock, 2019). However, these psychological and physical changes can make adolescents more susceptible to stress compared to other developmental stages (Hsieh et al., 2014). Such stress can either motivate or hinder adolescents as they explore roles, commitments, and identities, which are key social developmental tasks (Santrock, 2019).

When adolescents face stress, they respond to and manage it in various ways based on their experiences, a process referred to as coping (Thompson et al., 2010). Coping strategies can be categorized into two types: adaptive coping, which leads to beneficial outcomes (e.g., planning, active problem-solving), and maladaptive coping, which results in adverse effects (e.g., self-blame, denial; Meyer, 2001; Su et al., 2015). Not all adolescents manage stress adaptively. Those who struggle with effective coping mechanisms are at higher risk of experiencing stress, which can lead to risky behaviors (Johnson et al., 2012). One such risky behavior commonly exhibited by adolescents under stress is non-suicidal self-injury (NSSI). Research indicates that 93% of participants in studies on NSSI reported engaging in it as a way to manage stress and regulate emotions (Edmondson et al., 2016).

NSSI, also referred to as self-injurious behavior, self-harm, or deliberate self-harm, encompasses behaviors that intentionally harm the body without suicidal intent (Hawton et al., 2012; Klonsky, 2009; Nock, 2010). Examples include cutting, burning, hitting, pulling hair, or scratching wounds to prevent healing (McKenzie & Gross, 2014). Adolescents are at a significantly higher risk of engaging in NSSI compared to adults (Veague & Collins, 2009). A meta-analysis found that the global prevalence of NSSI among non-clinical adolescent samples is 17.2%, with the behavior peaking during adolescence. The average age of onset is 12, and the intensity of NSSI tends to increase with age (Gillies et al., 2018; Swannell et al., 2014). According to data from the Global Burden of Disease study by the Institute for Health Metrics and Evaluation (IHME) in 2019, around 760,000 people die by suicide each year, which accounts for 1.3% of global deaths (Dattani et al., 2023).

In Indonesia, 75.3% of 393 individuals aged 16–24 reported engaging in self-harm (Kaligis et al., 2021). In 2023, mass instances of NSSI were reported in two schools. At one junior high school in Bengkulu Utara, 52 students were found with cuts on their arms (Aprizal, 2023). In a Situbondo elementary school in East Java, several fifth-grade students exhibited similar injuries (Dian, 2023). These rising cases of NSSI in Indonesia highlight the urgent need to address this issue. NSSI poses a serious concern for adolescents as it is a strong predictor of suicidal ideation and behavior. Studies reveal that 30% of adolescents who engage in NSSI attempt suicide, and the risk of suicide increases with the frequency of NSSI (Brunner et al., 2014; Castellví et al., 2017; Heerde et al., 2015). Despite its severity, there is currently no standardized intervention to effectively address NSSI. A meta-analysis of 112 studies on NSSI interventions by Harris et al. (2022) found that most showed minimal

impact in reducing the behavior. However, interventions targeting the underlying causes of NSSI tend to be more effective (Harris et al., 2022). Understanding the processes involved in forming and maintaining NSSI is, therefore, critical.

Various factors contribute to adolescents engaging in NSSI. Intrapersonally, NSSI is often associated with poor emotion regulation (Chen & Chun, 2019). A meta-analysis study on Chinese adolescents by Fan et al. (2021) also identified several significant contributors to NSSI, in descending order: adverse life events, negative coping styles, problematic internet use, sleep disturbances, traumatic experiences, problematic parent-child relationships, and mental health problems. Among these, interpersonal and environmental factors, particularly within the family, also warrant deeper exploration. Parenting is one of these factors. Wang et al. (2023) emphasize that parenting influences the parent-adolescent relationship, which in turn may impact adolescents' risk of engaging in NSSI. Therefore, it is essential to investigate how specific parenting dimensions may differentiate adolescents who exhibit and those who do not exhibit NSSI intentions.

Parenting styles are characterized by descriptive behaviors and qualities that define parental practices (Skinner et al., 2005). According to Skinner et al., parenting styles are categorized into six dimensions: warmth, structure, autonomy support, rejection, chaos, and coercion. These dimensions can be grouped into supportive (warmth, structure, autonomy support) and unsupportive (rejection, chaos, coercion) parenting styles. Skinner et al. also explained each dimension. Warmth refers to the expressions of love and care that parents show toward their children. Structure involves providing guidance and clear information about pathways to achieve desired goals. Autonomy support reflects parenting that allows children the freedom to express themselves and make their own decisions. Rejection is characterized by hostile or overtly negative behaviors that express parental disapproval or dismissal. Chaos refers to inconsistent, unpredictable, and disorganized parenting behaviors that hinder goal achievement and overall well-being. Finally, coercion involves overly controlling demands that pressure children into compliance and limit their independence.

Research indicates that supportive parenting dimensions reduce the likelihood of NSSI, while unsupportive dimensions increase its likelihood (Buckmaster et al., 2019; Maharani et al., 2022). Additionally, negative parenting characteristics, such as parental invalidation, are higher among adolescents who engage in NSSI compared to those who do not (Mahtani et al., 2019). A systematic review of 26 studies (Fong et al., 2022) found that low parental support, high psychological control, and reactive control are strongly associated with an increased risk of NSSI, with additional evidence suggesting the role of invalidating parenting behaviors. However, research on the relationship between parenting styles and NSSI remains limited, particularly regarding how specific parenting dimensions contribute to the formation and persistence of NSSI (Fong et al., 2022).

To gain a deeper understanding of the relationship between parenting styles and NSSI, it is essential to examine how adolescents' perceptions of parenting styles differ with their intentions toward engaging in NSSI prior to the act itself. Therefore, this study aims to examine the differences in parenting styles between adolescents with and without NSSI intentions. We hypothesize that adolescents with NSSI intention will have significantly higher scores on unsupportive parenting compared to adolescents without NSSI intention. We also hypothesize that unsupportive parenting predicts the intention to engage in NSSI. Comparing parenting styles between adolescents with and without NSSI intentions is theoretically meaningful, as it allows for the identification of early relational risk factors before the behavior is enacted, providing valuable insights for preventive interventions.

METHODS

This study focused on examining the differences in parenting styles between adolescents with and without NSSI intentions, employing a quantitative approach (Gravetter & Forzano, 2015). It is part of a larger research project investigating the relationship between parenting styles and NSSI behaviors. The ethical committee of Universitas Padjadjaran granted ethical approval for this study under ethics number 654/UN6.KEP/EC/2024.

The participants are adolescents aged 12 to 18 years. This age range was selected based on the results of a meta-analysis study, which showed that the average age of NSSI behavior in adolescents begins at approximately 12 years (Gillies et al., 2018). Participants were chosen using a two-stage cluster sampling technique to obtain a sample of adolescents in Bandung (Kodinariya & Makwana, 2013). Four districts out of a total of 30 in Bandung were randomly selected to determine the sampling frame, which consists of junior, senior, and vocational public schools located in the selected districts. Three junior high schools, two senior high schools, and three vocational high schools were randomly chosen and agreed to participate in this study. The number of research samples needed was calculated using the cluster sampling proportion estimation formula (Scheaffer et al., 2012). The sample calculation was obtained with the assistance of the UNPAD SAS application (Jatnika et al., 2021), with a bound of error of 0.1. Based on this, the minimum number of participants required was 200. Around 60–80 students from each school were randomly chosen, resulting in a total of 560 participants.

NSSI intention was assessed using a closed multiple-choice question about participants' previous experiences and intentions regarding NSSI. Participants were asked to select one of the following three options: (1) never engaged in NSSI nor had the intention to do so; (2) never engaged in NSSI but had the intention to do so; or (3) previously engaged in NSSI. Participants were categorized into two groups for this study based on their responses. Those who selected “never engaged in NSSI nor had the intention to do so” were classified as the *adolescents without NSSI intention* group. Participants who selected “never engaged in NSSI but had the intention to do so” were categorized as the *adolescents with NSSI intention* group. Adolescents who reported having previously engaged in NSSI were excluded from the study.

Parenting styles were measured using the Parent as Social Context Questionnaire – Adolescent Report (PSCQ-AR; Skinner et al., 2005). Abidin et al. (2019) adapted the scale for use in the Indonesian language. The scale consists of 24 items, measuring six parenting dimensions with four items each: warmth (e.g., “My parents let me know they love me”), rejection (e.g., “My parents think I’m always in the way”), structure (e.g., “My parents explain the reasons for our family rules”), chaos (e.g., “When my parents say they will do something, sometimes they don’t really do it”), autonomy support (e.g., “My parents let me do the things I think are important”), and coercion (e.g., “My parents think there is only one right way to do things—their way”). The six dimensions are categorized into two groups of parenting styles: supportive parenting styles (warmth, structure, and autonomy) and unsupportive parenting styles (rejection, chaos, and coercion). The Indonesian version of the PSCQ-AR has been validated in prior research (Abidin et al., 2019), with confirmatory factor analysis (CFA) demonstrating good model fit, $\chi^2(216) = 671.99$, RMSEA = .039, GFI = .96, CFI = .97, NFI = .96, indicating that the structure was appropriate for use with Indonesian adolescents. The internal consistency of the current samples also indicates strong reliability for both supportive parenting styles ($\alpha = .92$) and unsupportive parenting styles ($\alpha = .81$).

Data collection in this study was conducted by visiting junior high schools, senior high schools, and vocational high schools in Bandung. The questionnaire was completed using an online survey to optimize data collection efficiency. The aims of the research, confidentiality, and anonymity were

explained and ensured before data collection. Participants were assured that they had the right to withdraw from the study at any time. Participants spent approximately 45 minutes completing the questionnaire. The analysis techniques employed in this study included an independent-samples *t* test to examine differences between the two groups and Cohen's *d* to calculate the effect size of those differences. Prior to conducting the comparative analysis, the normality of the data was assessed by examining the skewness and kurtosis values to ensure that the data met the assumptions required for the *t* test. Afterward, each parenting dimension was analyzed separately using simple linear regression to examine the unique contribution of each parenting style dimension. All regression assumptions (linearity, homoscedasticity, normality of residuals, and independence) were tested and met prior to analysis.

RESULTS

A total of 172 participants were categorized as adolescents without NSSI intention, and 106 participants were categorized as adolescents with NSSI intention. The final sample for this study comprised 278 adolescents, of which 45.3% were girls and 54.7% were boys.

Table 1.
Description of Research Participants

Demographics	With NSSI Intention (<i>n</i> = 106)	Without NSSI Intention (<i>n</i> = 172)
Age	Range = 13–18 <i>M</i> = 15.24 <i>SD</i> = 1.19	Range = 13–18 <i>M</i> = 15.33 <i>SD</i> = 1.10
Gender (frequency)	Boys = 38 Girls = 68	Boys = 114 Girls = 58
Level of study (frequency)	Grade 8 = 7 Grade 9 = 27 Grade 10 = 30 Grade 11 = 32 Grade 12 = 10	Grade 8 = 16 Grade 9 = 46 Grade 10 = 57 Grade 11 = 32 Grade 12 = 21

The demographic analysis of the study reveals that the number of adolescents with NSSI intentions (*n* = 106) is smaller than those without NSSI intentions (*n* = 172). Both groups are within the age range of 13 to 18 years. Among adolescents with NSSI intentions, girls (*n* = 68) outnumber boys (*n* = 38). Conversely, in the group without NSSI intentions, boys (*n* = 114) outnumber girls (*n* = 58).

Table 2.
Hypothesis Test

	With NSSI Intention	Without NSSI Intention	<i>t</i> test	Cohen's <i>d</i>
Supportive	39.51 (5.847)	37.89 (5.879)	2.246*	0.277
Warmth	13.33 (2.190)	12.71 (2.334)	2.229*	0.275
Structure	12.77 (2.097)	12.23 (2.355)	2.014*	0.249
Autonomy	13.41 (1.982)	12.95 (1.997)	1.874	0.231

	With NSSI Intention	Without NSSI Intention	<i>t</i> test	Cohen's <i>d</i>
Unsupportive	25.20 (4.978)	27.85 (5.494)	-4.136**	-0.511
Coercion	8.85 (1.892)	9.53 (2.039)	-2.823*	-0.349
Chaos	8.73 (2.021)	9.57 (2.208)	-3.246*	-0.401
Rejection	7.63 (2.122)	8.75 (2.503)	-4.012**	-0.495

Note: **p* < .05; ***p* < .01

The results of the independent sample *t* test, as shown in Table 3, revealed significant differences in perceived supportive and unsupportive parenting styles between adolescents with and without NSSI intention. Adolescents with NSSI intention reported significantly higher mean scores for unsupportive parenting styles compared to those without NSSI intention. Conversely, adolescents without NSSI intention had significantly higher mean scores for supportive parenting styles. Further analysis of the dimensions of parenting styles showed that all dimensions of unsupportive parenting styles—coercion, chaos, rejection—were significantly different between the two groups. For supportive parenting styles, significant differences were observed in the warmth and structure dimensions, with adolescents without NSSI intention scoring higher. However, no significant difference was found in the autonomy dimension of supportive parenting style between the two groups.

Table 3.
Simple Regression Test (Predictor of NSSI Intention)

	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>F</i> (1, 276)	<i>p</i>
Supportive	-.011	.005	-.134	.018	5.04	.026
Warmth	-.029	.013	-.133	.018	4.968	.027
Structure	-.026	.013	-.120	.014	4.055	.045
Autonomy	-.027	.015	-.112	.013	3.512	.062
Unsupportive	.022	.005	.242	.058	17.10	.000
Coercion	.041	.015	.168	.028	7.970	.005
Chaos	.044	.013	.192	.037	10.536	.001
Rejection	.049	.012	.235	.055	16.096	.000

To further examine the direct contribution of each parenting dimension to NSSI intention, simple regression analyses were conducted for all parenting style dimensions. The result shows that supportive parenting styles (warmth, structure, and autonomy) significantly and negatively predict NSSI intention. Although the effect size is small (*R*² = .018), it is statistically significant. The warmth dimension has a similar effect as the overall supportive parenting: the more warmth perceived, the lower the NSSI intention. The structure dimension also significantly and negatively predicts NSSI intention, though the effect is slightly weaker than warmth. The autonomy dimension shows a negative direction but is not statistically significant (*p* > .05), indicating it did not contribute meaningfully on its own in this analysis. It still holds theoretical importance, but cultural factors might have influenced its lack of significance.

In contrast, unsupportive parenting styles (coercion, chaos, rejection) positively predict NSSI intention. It shows a stronger effect than supportive parenting styles (*R*² = .058) and is statistically significant. The coercion dimension significantly increases NSSI intention. The chaos dimension also significantly increases NSSI intention, with a slightly stronger effect than coercion. Among all parenting style dimensions, rejection shows the strongest effect. These findings suggest that unsupportive parenting styles, particularly rejection, are a strong predictor of NSSI intention.

DISCUSSION

The present study aims to examine the differences in parenting styles between adolescents with and without NSSI intention. As hypothesized, adolescents with NSSI intention have significantly higher scores on unsupportive parenting compared to adolescents without NSSI intention. The results show that adolescents with NSSI intention experience significantly higher levels of unsupportive parenting style, including coercion, chaos, and rejection, compared to those without NSSI intention. Conversely, those without NSSI intention report higher levels of supportive parenting, warmth, and structure, while there is no significant difference in autonomy between the two groups.

Furthermore, the findings of this study reveal that supportive parenting styles negatively predict adolescents' intention to engage in NSSI. This finding suggests that adolescents are less likely to consider NSSI when they perceive their parents as warm and structured. On the other hand, unsupportive parenting was shown as the stronger predictor of NSSI intention, specifically the rejection dimension. Adolescents are more likely to develop NSSI intention when they perceive a high level of unsupportive parenting styles, particularly rejection. These findings highlight the impact of negative parenting styles on influencing adolescents' potential intention on NSSI.

Our findings are consistent with the correlational study by Maharani et al. (2022), which demonstrated that positive parenting characteristics, such as warmth, structure, and parental autonomy support, are associated with a reduction in self-injurious behavior. Conversely, negative parenting behaviors, such as rejection, chaos, and coercion, were found to be positively correlated with NSSI, indicating that higher levels of negative parenting significantly increase the likelihood of self-injurious behavior. Further evidence reinforces this connection. Research on negative parenting characteristics, such as parental invalidation, has shown that these behaviors are more prevalent among adolescents who engage in NSSI compared to their non-NSSI counterparts (Mahtani et al., 2019). These findings underscore the pivotal role parenting practices play in shaping adolescent mental health outcomes.

The association between parenting styles and adolescent behavior can be understood through the lens of fulfilling or frustrating adolescents' basic psychological needs (Deci & Ryan, 2011). Supportive parenting styles play a pivotal role in meeting these needs: warmth fosters a sense of belonging, structure provides the foundation for developing competence, and autonomy support allows adolescents to express and nurture their independence. Conversely, unsupportive parenting styles hinder these needs—rejection undermines adolescents' need to establish meaningful relationships, chaos disrupts their sense of competence, and coercion inhibits the development of psychological autonomy (Skinner et al., 2005). When these fundamental needs are unmet, adolescents often experience frustration, which can lead to compensatory behaviors as a means of coping (Vansteenkiste & Ryan, 2013). One such compensatory behavior that may arise from the frustration of unmet psychological needs is NSSI, as evidenced in prior research (Emery et al., 2016). These align with the study result, explaining that while warmth and structure may buffer adolescents against NSSI intention, the presence of coercion, chaos, and particularly rejection may be more influential risk factors, aligning with the framework where unmet psychological needs foster maladaptive outcomes.

Among the unsupportive parenting dimensions, rejection demonstrated the strongest effect on adolescents' intention to engage in NSSI. This finding aligns with previous research highlighting the critical role of parental rejection concerning NSSI. A study involving 5,619 Chinese adolescents found a direct relationship between parental rejection and NSSI (Ying et al., 2021). Similarly, Liu et al. (2020) reported that maternal rejection was significantly associated with severe NSSI. These results emphasize the impact of perceived emotional rejection from caregivers.

The non-significant results for autonomy support may be influenced by the collectivist culture prevalent among adolescents in Indonesia, including Bandung. In collectivist cultures, individuals prioritize self-restraint and consider their personal goals and needs as secondary to those of the in-group. Consequently, parents are more likely to emphasize interdependence rather than fostering autonomy. The emphasis on interdependence among adolescents in collectivist cultures might provide limited opportunities for them to develop autonomy. Adolescents are encouraged to engage with and meet the needs of others, which enhances their sense of self-worth and fosters a sense of social responsibility (Afriani et al., 2012; Rudy et al., 1999). In cultures that prioritize interdependence, autonomy support involving adolescent decision-making may not predict positive outcomes as it is in cultures that emphasize individual independence. In some collectivist settings, behaviors intended to promote autonomy can be perceived as signs of neglect from parents, which may cause differences in how autonomy is interpreted (Marbell-Pierre et al., 2019).

Regarding the proportion of adolescents with NSSI intentions, our findings revealed that the majority were girls. This aligns with Lundh et al. (2011), who reported a higher prevalence of NSSI among girls compared to boys. One possible explanation for this gender disparity is the influence of gender socialization on emotional experiences and expressions. Socialization processes often dictate how girls and boys are encouraged to process and express their emotions, potentially making girls more susceptible to NSSI (Schoenleber et al., 2014). Additionally, the coping strategies commonly employed by girls, such as rumination, may further contribute to this disparity. Rumination, which involves a repetitive and passive focus on negative thoughts and emotions, has been shown to intensify distress and increase the likelihood of engaging in maladaptive behaviors, including NSSI (Selby & Joiner, 2009).

This study has several limitations that warrant consideration and highlight directions for future research. The cross-sectional design limits the ability to draw causal inferences between parenting styles and NSSI intentions. Longitudinal research might be needed to examine how parenting styles may influence the development of NSSI intention over time. Additionally, reliance on self-reported data may introduce biases such as social desirability or inaccurate recall. Adolescents' perceptions of parenting may not fully reflect actual practices. The study's geographic focus on Bandung might restrict the generalizability to other regions with diverse cultural and socio-economic contexts. Expanding the sample to include diverse regions and cultural contexts could provide a more comprehensive understanding. Incorporating mixed methods and parent-reported data would enrich the findings, offering deeper insights into the interplay between parenting practices and adolescent mental health.

CONCLUSION

The study found that adolescents with NSSI intentions are more likely to report unsupportive parenting behaviors, including coercion, chaos, and rejection. In contrast, those without such intentions experience parenting characterized by warmth and structure. Supportive parenting is associated with lower NSSI intention. Unsupportive parenting, particularly rejection, strongly predicts greater NSSI intention. These results underscore the pivotal role of parenting in shaping adolescents' emotional and behavioral responses, emphasizing the importance for parents and teachers to prioritize warmth and structure in daily interactions and to avoid critical, dismissive, or overly controlling behaviors. Mental health professionals can help parents identify negative interactions between parents and adolescents while also helping them to adopt more supportive strategies.

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