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RESEARCH ARTICLE

Emotional Intelligence and Suicidal Ideation in Indonesian Adolescents: Dynamics, Contributing Factors, and Pathways to Resilience

Hardini Sabatiana Dewi[1*)], Arthur Huwae[2]

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Abstract

Suicide ideation among adolescents has emerged as a pressing global health crisis, with recent national surveys in Indonesia reporting that over 1% of youth experience such thoughts and many face related mental health challenges. This study explores the dynamics and influencing factors of emotional intelligence (EI) in adolescents who experience suicide ideation. Employing a qualitative case study design, five participants aged 15–22 years with a history of suicide ideation were purposively selected. Data were gathered through in-depth, semi-structured interviews guided by Goleman's EI framework and analyzed using Miles and Huberman's interactive model. Results reveal that all participants exhibited underdeveloped EI, characterized by difficulties in recognizing and regulating emotions, limited self-control during emotional crises, and impaired relationship skills. Key factors shaping these EI patterns included negative parenting, traumatic experiences, and insufficient social support. Despite these challenges, some adolescents demonstrated adaptive coping through creative expression and supportive relationships. The findings highlight the importance of family and community support as protective factors and underscore the need for targeted interventions to enhance EI and resilience in vulnerable youth. This study contributes critical insights for mental health practitioners and educators aiming to prevent adolescent suicide.

Keywords: Emotional Intelligence; Suicide Ideation; Adolescence; Qualitative Research; Coping Strategies

INTRODUCTION

Adolescence represents a pivotal and sensitive developmental stage marked by profound biological, psychological, and social transitions. During this period, young people face increasingly complex academic pressures, social expectations, and emotional challenges, all of which can heighten vulnerability to psychological distress and maladaptive coping mechanisms (Santrock, 2020). One of the most alarming manifestations of this vulnerability is suicide ideation, which has become an urgent global public health issue. According to the World Health Organization (WHO, 2021), suicide ranks as the second leading cause of death among individuals aged 15–29. In Indonesia, the Ministry of Health (Kemenkes RI) reported 2,785 suicide cases among children and adolescents in 2022. Data from the Indonesia National Adolescent Mental Health Survey (I-NAMHS) in 2022 further revealed that 1.4% of adolescents aged 10–17 years experienced suicide ideation, with 0.5% making plans and 0.2% attempting suicide. Strikingly, over 80% of these adolescents who reported suicidal thoughts also met criteria for a mental disorder (Center for Reproductive Health et al., 2023).

Despite the gravity of these statistics, much of the literature on adolescent suicide ideation has focused predominantly on socio-economic determinants or general mental health disorders, often overlooking nuanced psychological constructs such as emotional intelligence (EI) as both risk and protective factors (Galindo-Domínguez & Iglesias, 2023). Recent international studies indicate that the prevalence of suicide ideation in adolescents may reach as high as 14% (Galindo-Domínguez & Iglesias, 2023), with those experiencing such ideation at significantly increased risk for self-harm and suicide attempts (Extremera et al., 2018). The etiology of suicide ideation is recognized as multifactorial, involving neurobiological factors (such as serotonin and dopamine dysregulation), psychosocial risk (hopelessness, exposure to suicide), and social influences like isolation or negative peer interactions (Vargas-Medrano et al., 2020). Environmental exposures–including

[1*,2] Faculty of Psychology Satya Wacana Church University
Jalan Diponegoro 52-60, Salatiga, Central Java, Indonesia.

*) *corresponding author*

Hardini Sabatiana Dewi
Email: hardini1310@gmail.com

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traumatic experiences, media portrayals of suicide (Rosa et al., 2019), and authoritarian or harsh parenting–can further exacerbate these vulnerabilities (Paskah & Huwae, 2024; Zhao & Wang, 2023).

Within this context, emotional intelligence (EI) emerges as a critical, yet persistently underexplored, dimension in understanding adolescent vulnerability to suicide ideation. First conceptualized by Salovey and Mayer (1990), EI refers to the capacity to accurately perceive, understand, manage, and utilize emotions to facilitate adaptive behavior and personal growth. Their foundational model frames EI as a subset of social intelligence, highlighting the ability to monitor one′s own and others′ emotions, to discriminate among these emotions, and to use this information to guide thinking and actions (Mayer et al., 2001; Salovey & Mayer, 1990). Over time, this theoretical construct has been further refined and expanded by researchers such as Goleman (2018), who articulated five core dimensions: self-awareness, self-regulation, intrinsic motivation, empathy, and social skills. These domains underscore that EI is not simply a personal trait, but a set of learned abilities and relational competencies that develop throughout the lifespan in response to family, school, and cultural influences (Goleman, 2018; Peláez-Fernández et al., 2024).

The developmental trajectory of EI is profoundly influenced by early attachment relationships, parenting practices, and the broader emotional climate within families and communities (Aiken et al., 2019; Siswanto et al., 2024; Peláez-Fernández et al., 2024). Supportive parenting, emotional validation, and consistent opportunities for emotional learning foster the growth of EI, while environments characterized by emotional invalidation, harsh discipline, or trauma can impair its development (Zhao & Wang, 2023; Sójta et al., 2023). In collectivist societies like Indonesia, where family hierarchy, respect for elders, and social harmony are core values, the open expression of distress or emotional needs may sometimes be discouraged or even pathologized (Siswanto et al., 2024). Such cultural dynamics can lead to the suppression of emotional expression, undermine self-awareness, and reduce opportunities for the adaptive development of EI, particularly in youth (Paskah & Huwae, 2024). Conversely, collectivist strengths–such as communal support and intergenerational guidance–can also promote emotional resilience when families and communities model healthy emotional communication and coping.

Empirical research increasingly highlights the vital protective role of EI in adolescent mental health. Higher levels of EI have been consistently linked to greater psychological adjustment, enhanced stress management, stronger coping skills, higher life satisfaction, lower levels of depression, and improved academic outcomes (González Moreno & Molero Jurado, 2024; Galindo-Domínguez & Iglesias, 2023). Adolescents who demonstrate strong EI are more likely to identify and regulate negative emotions, seek help when needed, maintain positive social relationships, and persevere through adversity (Extremera et al., 2018; Guo et al., 2024). In contrast, low or immature EI has been associated with emotional dysregulation, impulsivity, social withdrawal, diminished self-esteem, increased psychological distress, and heightened vulnerability to suicide ideation and attempts (Kulkarni & Velhal, 2023; de Almeida, 2023; Sójta et al., 2023). Notably, the mediating and moderating effects of EI on the relationship between adverse experiences (such as bullying, family conflict, or peer rejection) and suicide risk have been repeatedly demonstrated (Galindo-Domínguez & Iglesias, 2023; Peláez-Fernández et al., 2024).

Recent Indonesian studies echo these global trends, emphasizing that emotionally invalidating parenting, limited social support, and exposure to trauma can stunt the development of adaptive EI, thereby intensifying risk for suicide ideation (Aiken et al., 2019; Zhao & Wang, 2023; Paskah & Huwae, 2024). For example, Aiken et al. (2019) observed that adolescent suicide attempters were more likely to come from families characterized by poor emotional communication and high levels of invalidation. Similarly, Zhao and Wang (2023) found that harsh or authoritarian parenting predicts increased suicide ideation, partially mediated by lower self-esteem and poor emotion regulation skills. In the Indonesian context, Paskah and Huwae (2024) reported that adolescents experiencing domestic violence or neglect displayed both lower emotional intelligence and higher depressive and suicidal symptoms, further supporting the importance of culturally attuned interventions that promote EI in at-risk youth.

Although international research increasingly acknowledges EI as a potential buffer against suicide ideation (Galindo-Domínguez & Iglesias, 2023; Extremera et al., 2018), there remains a notable gap in the literature, especially concerning how EI operates within the unique cultural, familial, and social context of Indonesian adolescents. Existing studies rarely synthesize theoretical perspectives–such as those of Salovey & Mayer and Goleman–within culturally relevant frameworks or qualitatively explore the lived experiences of Indonesian youth.

Therefore, this study seeks to address these gaps by narratively synthesizing the major EI theoretical frameworks, situating adolescent suicide ideation within the Indonesian cultural context, and integrating both international and local empirical findings. Specifically, this research aims to: (1) describe the characteristics and developmental trajectories of emotional intelligence in Indonesian adolescents who have experienced suicide ideation; (2) explore how familial, social, and cultural factors shape EI and its role as a risk or protective factor; and (3) contribute new insights into contextually appropriate interventions for suicide prevention. By focusing on the lived experiences of Indonesian adolescents, this study seeks not only to advance theoretical understanding but also to inform culturally sensitive policy and practice for adolescent mental health and suicide prevention.

MATERIALS AND METHODS

Research design

This study employed a qualitative approach using a case study design, which enables in-depth exploration of a particular phenomenon within its real-life context (Sugiyono, 2019). The case study method was chosen to allow a rich, holistic understanding of the emotional intelligence (EI) experiences of adolescents who have contemplated suicide, focusing on their developmental trajectories, social contexts, and adaptive or maladaptive emotional processes (Yin, 2018). This design is especially suited for sensitive topics where subjective meaning, context, and lived experience are central (Aiken et al., 2019).

Participants and Recruitment

The study involved five adolescents (three females, two males) aged 15–22 years, all of whom reported experiencing suicide ideation. Participants were recruited using purposive sampling, targeting individuals who met the following inclusion criteria: (1) aged between 15 and 22 years, (2) had a history of suicide ideation (self-reported or disclosed during screening), (3) were able and willing to articulate their emotional experiences, and (4) consented voluntarily to participate in the research. Exclusion criteria included current acute psychiatric crises (requiring hospitalization), severe cognitive impairment, or inability to communicate effectively during interviews.

The sample size was determined based on the principle of data saturation in qualitative research, where recruitment continued until the narratives were sufficiently rich and no new themes emerged (Guest et al., 2006; Sugiyono, 2019). While the sample was small, this approach is consistent with qualitative case study standards that prioritize depth over breadth and is justified by the intensive, narrative nature of the research topic. Ethical approval was obtained from the institutional review board (Ethics Committee No.: E.6.m/148/KE-FPsi-UMM/VI/2024). All participants (and guardians for minors) provided written informed consent. To ensure confidentiality and safety, pseudonyms were used, and any identifying details were removed from transcripts and reports.

Participant Selection Process

Potential participants were identified through school counselors, mental health professionals, and youth organizations in multiple Indonesian regions. Initial screening interviews were conducted to confirm eligibility and willingness to share personal experiences. Efforts were made to ensure diversity in gender, background, and region, enriching the variety of adolescent perspectives captured (see Table 1 for demographics).

Table 1. Participant Demographics

Identity	P1	P2	P3	P4	P5
Initial	GWM	RSE	ILA	SAP	KM
Origin	Magelang	Boyolali	Bali	Cilegon	Manado
Age	21 yo	20 yo	21 yo	21 yo	19 yo
Gender	Female	Male	Female	Female	Female
Occupation	Student	Student	Student	Student	Student
Age of experience *suicidal ideation*	13-15 yo	18 yo	12-14 yo	16 yo	13-15 yo

Data Collection Procedures

Data were collected through in-depth, face-to-face interviews, held in mutually agreed safe and private locations to ensure participant comfort and emotional safety. Interviews were guided by a flexible protocol based on Goleman's (2018) five dimensions of emotional intelligence (self-awareness, self-regulation, motivation, empathy, social skills), with probing questions designed to explore the subjective meaning, context, and developmental trajectory of each dimension (Goleman, 2018; Mayer et al., 2001).

The interviews were semi-structured and adapted to the pace and readiness of each participant, allowing for open-ended responses and the emergence of novel themes. Each interview lasted 60–90 minutes, with follow-up sessions as needed for clarification or member-checking. With participants' permission, interviews were audio-recorded using secure devices, and field notes were made to capture nonverbal cues, contextual factors, and the interviewer's immediate impressions. To protect confidentiality, all audio files and transcripts were stored in encrypted, password-protected files. Only the research team had access to raw data, and all identifiers were removed prior to analysis. Participants were informed that they could decline to answer any question or withdraw from the study at any point without penalty.

Interview Guidelines and Recording Techniques

The development of interview guidelines in this study was grounded in a thorough review of previous literature addressing adolescent emotional intelligence and suicide ideation (Galindo-Domínguez & Iglesias, 2023; Kulkarni & Velhal, 2023). The interview protocol was designed to elicit detailed narratives regarding participants' emotional experiences, regulation strategies, and social influences, while remaining sensitive to the vulnerable nature of the subject matter. Core questions included open-ended prompts such as, "*Can you describe a time when you felt overwhelmed by your emotions?*", "*How do you usually manage intense feelings?*", and "*What role have family or friends played in how you deal with emotional pain?*" These initial questions provided a foundation for participants to reflect on and articulate their emotional lives in their own words. In order to encourage richer and more nuanced responses, the interviewer employed probing techniques–such as follow-up questions, requests for examples, and gentle clarification–to delve deeper into significant moments or inconsistencies, clarify meanings, and explore the context and consequences of emotional events. All interviews were audio-recorded with explicit participant consent to ensure a complete and accurate capture of the data, minimizing the risk of omission or misinterpretation. Additionally, the interviewer maintained detailed field notes during and immediately after each session to document nonverbal cues, shifts in mood, environmental factors, and other contextual information that might not be fully conveyed through audio recordings alone. This multimodal approach to data collection helped ensure both the richness and credibility of the qualitative data, while also upholding ethical standards of participant care and confidentiality.

Data Analysis

Data analysis in this study adhered to the interactive model proposed by Miles and Huberman, as described by Sugiyono (2019), which emphasizes iterative engagement with the data to ensure depth and rigor. The process began with data reduction, in which interview transcripts were read multiple times and systematically condensed. During

this stage, the researchers identified significant statements, pivotal experiences, and salient emotional themes, particularly those aligned with the five core dimensions of emotional intelligence. This process of distillation allowed the research team to focus on the most relevant and insightful aspects of the participants' narratives, filtering out extraneous information without losing context or meaning.

The next stage, data display, involved organizing the emergent themes and illustrative quotations into structured formats such as matrices and thematic charts. These visual representations facilitated cross-case comparisons and enabled the identification of recurring patterns, unique variations, and thematic relationships across participants. Such displays supported a logical and transparent analytic trail, making it easier to trace the evolution of interpretations and support claims with direct evidence from the data.

The final phase, conclusion drawing and verification, required the research team to synthesize findings and review thematic patterns in light of the study's objectives. This phase was not linear but involved repeated reference back to the original data to verify that interpretations were well-grounded and faithfully represented the participants' perspectives. The research team engaged in regular reflective discussions, challenging initial interpretations and seeking alternative explanations where necessary to guard against premature closure or researcher bias.

To enhance the trustworthiness and credibility of the findings, several validation strategies were systematically applied. Triangulation was conducted by incorporating diverse data sources (participants from different backgrounds), multiple methods (in-depth interviews and field notes), and collaborative analysis among several researchers or coders, thereby reducing potential bias and enhancing the robustness of interpretations (Creswell & Poth, 2018). Member-checking was implemented by sharing preliminary themes and narrative summaries with participants, inviting their feedback, clarification, and confirmation that the representations accurately reflected their lived experiences. Additionally, peer debriefing involved presenting emerging themes and analytic decisions to independent qualitative researchers for constructive critique and input, which helped to further minimize researcher subjectivity and strengthen the analytical process. This comprehensive, multi-layered approach to analysis ensured that the findings were both credible and richly grounded in the empirical data.

Confidentiality and Ethical Considerations

Strict confidentiality was maintained throughout the research process. Informed consent included an explanation of confidentiality protocols, data storage security, and participants' rights. In cases where emotional distress emerged during interviews, the researcher provided immediate support and, when necessary, referrals to professional counselors.

RESULTS OF STUDY

Theme 1. The Paradox of Self-Awareness: Recognizing the Emotional Storm Without Being Able to Control It

A central pattern emerging from the interviews was a paradoxical self-awareness among the participants. On the one hand, they demonstrated a keen ability to identify and label complex negative emotions. This was evident in P2's expression, who could detail his feelings as, *"Disappointed, tired, a little sad, and angry,"* while P3 described her confusion amidst a mix of emotions: *"I don't know, my feelings are mixed up. I want to be cared for, but I don't know if it's because they feel sorry for me... It's all mixed up, so it's unclear, like a gray area."* This awareness even extended to an understanding of sudden and inexplicable mood shifts. P4 described this clearly, stating, *"I was really happy, and then suddenly I felt sad, even though I felt like everything was actually fine that day, but for some reason I suddenly felt bad."* Meanwhile, P1 recognized that her feelings of sadness and fear were rooted in a lack of support: *"I didn't want to be alone, but I forced myself to be, because I was afraid... I knew no one around me could support me."*

On the other hand, this awareness was often unaccompanied by the ability to manage or control these emotions, leading to intense internal conflict and a feeling of being trapped. P5 vividly illustrated this paradox, stating, *"It's heavy... I want to die, but I don't want to die—it's like being emotionally sandwiched. The urge is so strong, but the fear is even stronger."* This internal conflict often triggered somatic symptoms, where psychological distress was expressed through physical complaints. P4 described this sensation as *"being strangled,"* a state where she had a strong desire to scream but was unable to: *"I wanted to scream, I wanted to rage... but... I couldn't."* Furthermore, P5 expressed anger toward the thoughts themselves: *"It is like I cannot accept it, I... what did I do to deserve thoughts like this... giving up but feeling angry at the same time."* This emotional burden was exacerbated by external pressures that were felt deeply, as expressed by P1: *"As the second child but the first-born with no disability, I carried all of my parents' hopes—and that pressure was crushing."*

This inability to manage recognized emotions had a direct impact on daily functioning. P5 recounted how she could start the day motivated to create, only to *"spiral into suicidal thoughts—wanting to die, to jump, to hang myself"* moments later. This chronic emotional distress also impacted physical health, as reported by P1, who experienced severe daily headaches during junior high school. At its peak, when the emotions became too heavy to bear, some participants experienced a state of emotional numbness. P2 described it as a condition where he *"couldn't feel anything,"* and even activities he once enjoyed felt *"meaningless."* This condition persisted after acts of self-harm, leaving only a feeling of *"emptiness."*

Overall, this pattern indicates a significant dissonance between the cognitive awareness of emotions and the functional skills to regulate them. Their awareness of negative feelings became an additional source of suffering, as they felt powerless against them.

Theme 2. The Spectrum of Coping Strategies: From Self-Destructive Acts to Creative Expression

To cope with the emotional storms described in the previous theme, participants employed a spectrum of coping strategies, ranging from self-destructive (maladaptive) and avoidant to more constructive and expressive. This spectrum was not static; participants often moved between these strategies depending on the intensity of the psychological distress they experienced.

Maladaptive Strategies: Channeling Internal Pain into Physical Acts

At the most concerning end of the spectrum were maladaptive strategies, where unbearable emotional pain was channeled into destructive physical acts. Self-harm was the most common manifestation. P3 vividly described her actions at her lowest point: *"Cutting my hands, and when it gets this bad, I bang my head… Recently, I tried again to tie a rope around my neck…"*. P2 also described a self-harm routine in a calm tone, as if it were a regular mechanism he used to alleviate pressure: *"once I' m done cutting, I just leave it for a while… then I just put a bandage on it. I' ll probably wear long sleeves or something so it' s not visible"*. These acts varied in severity, as revealed by P4, who used hairpins to harm herself without causing bleeding, and P5, who shifted from cutting herself to hitting pillows or scratching her scalp: *"…if I can't stand it anymore and want to self-harm, instead of cutting myself, I hit my pillow, or at worst… scratch my scalp"*. These actions, including other impulsive behaviors like throwing objects and screaming as done by P4, served as desperate attempts to transform abstract internal pain into something tangible and real.

Avoidant Strategies: Seeking a Safe Space from Thoughts

As an alternative to self-destructive acts, participants frequently used avoidant and distraction strategies. These strategies were aimed at creating distance from painful thoughts and feelings. Isolation was the most common form. P1 consciously sought solitude in unfamiliar places where no one knew her, stating that *"the important thing is being alone, just being alone, somewhere no one knows me"*. P3 also chose to isolate herself by sleeping or finding other activities to make the feelings of despair *"go away."*

Distraction also served as a key strategy. P2, realizing that solitude worsened his condition, proactively kept himself busy with various activities: *"I tried to keep myself busy–joining organizations, participating in any kind of activity–just so I wouldn't end up being alone for too long"*. Similarly, P1 used media like videos and films to quiet her mind, creating a calm environment in her room to avoid *"overthinking."* For P5, playing games with friends became a way to *"compromise"* with suicidal urges when she was in a less severe state. These strategies demonstrate a conscious effort to control the external environment when they felt unable to control their internal world.

Constructive Strategies: Transforming Emotion into Expression

At the most adaptive end of the spectrum were constructive strategies, whereby participants began to transform their emotional turmoil into healthier forms of expression. Creative expression became a crucial outlet. P4 found relief by journaling or recording her voice: *"Sometimes I write, sometimes I just record myself talking–just saying whatever I want to say, whatever is in my head"*. P2 also channeled his emotions through writing on social media, which he considered a non-destructive method. For P5, drawing was not only a way to relieve stress but also provided her with a sense of agency and purpose: *"I just want to focus on drawing today… At least it allows me to create something… maybe even open commissions"*.

In addition to creative expression, some participants relied on spiritual beliefs. P4 found strength by speaking to God in her most difficult moments: *"Sometimes I just say, 'God, I' m not strong enough. God, I' m tired. God, I want to go home' "*. Over time, more mature cognitive coping strategies even emerged. P1 began to learn from her past experiences to not react impulsively, trying to remind herself that she had successfully navigated similar situations before. The emergence of these constructive strategies signified a turning point and the development of resilience in some participants, showing that they were not merely passive in their suffering but were actively seeking a path toward healing.

Overall, this spectrum of coping strategies illustrates a dynamic and ongoing struggle, not a static condition. Participants moved between these categories in response to the emotional turmoil they could recognize but struggled to control. These actions, from the destructive to the creative, are fundamentally attempts to reclaim a sense of agency over their overwhelming internal suffering. The shift from strategies aimed merely at numbing or escaping pain to those capable of processing and transforming it into something meaningful marks a crucial point in their emotional journey toward recovery.

Theme 3. The Double-Edged Sword of Social Connection: Family and Friends as a Source of Wounding and a Catalyst for Healing

Social connection emerged as the most powerful and paradoxical force in the participants' lives. Relationships with family and friends served as a "double-edged sword": on one side, they were the primary source of the emotional wounds and trauma that triggered suicidal ideation, yet on the other, they became the most crucial healing agent and a catalyst for recovery.

Relationships as a Source of Wounding

For most participants, the family environment was the primary arena for deep emotional wounds. These experiences ranged from explicit violence to more subtle pressures and invalidation. P5 recounted the trauma of living with a violent, alcoholic father: *"He is a heavy drinker, and every time he gets drunk… he takes it out on me, my sister, and my mom too. So I think… (starts crying) I am your child, how can you do that…"*. This wounding also stemmed from betrayal, as experienced by P1 while living with relatives who not only had a toxic relationship but also stole her school savings. Beyond violence, psychological pressure from parents was also a heavy burden. P1 felt the crushing weight of expectations: *"…I carried all of my parents' hopes–and that pressure was crushing,"* while P3 felt *"crushed"* by parents who would not listen to her aspirations: *"But can' t they just try to listen too? It feels like I' m being crushed."*

These wounds were exacerbated when participants sought support externally, only to face emotional invalidation. When P5 tried to open up to her mother, the initial response she received was advice to pray more, which made her feel that her feelings were being dismissed. A similar pattern occurred in peer environments. P4 described how she eventually chose silence after her friends trivialized her feelings: *"…when I talk about it, they just kind of exclude me, like, 'Oh, is that all?' So I prefer just to keep quiet."* These experiences–whether of violence, pressure, or emotional neglect–created a foundation of profound insecurity and mistrust that made it difficult for them to build healthy relationships.

Relationships as a Catalyst for Healing

Amidst these wounds, supportive and accepting relationships proved to be a decisive turning point in the

participants' recovery. The presence of figures who provided a sense of safety without judgment was key. For P4, having a partner who fully accepted her condition was a profound gift: *"...every time I told him about those thoughts, he never belittled me or insulted me."* The most transformative moment for P5 was when her mother finally offered unconditional support: *"It's okay, dear. You don't have to be so hard on yourself... as long as it's good, and I'll support you."* This acceptance served as a reminder of her own worth, which helped her fight against suicidal ideation.

Support came not only from individuals but also from communities. P1 rediscovered a sense of safety and trust within her church community, where she felt that people genuinely cared for her. P5's friends also provided consistent practical and emotional support, from inviting her to play games to distract her, to offering themselves as listeners: *"My friends said... you have us... just tell us, we'll always listen."* Interestingly, the experience of suffering cultivated an extraordinary level of empathy within the participants. They were able to transform their wounds into a strength to support others. P2, for instance, was motivated to be a good listener because of his own experiences: *"Because I know how exhausting it is not to be listened to... I don't want others to feel what I felt–it's as simple as that."* Similarly, P1 was determined to accompany a friend who was struggling so she would not feel alone, because *"I've been in that position too."* This transformation from victim to healer demonstrates a profound development of emotional intelligence, whereby they could use their understanding of their own suffering to build stronger, more supportive relationships.

The emotional journeys of the participants vividly demonstrate that emotional intelligence and mental health cannot be separated from their relational context. The wounds inflicted by damaging relationships–whether through violence, pressure, or invalidation–directly hindered their ability to recognize, manage, and trust their own emotions. Conversely, their healing process was consistently dependent on their ability to find and cultivate safe and supportive relationships. The shift from isolation and mistrust toward openness and empathy, made possible by the presence of caring people, was central to the development of their resilience and emotional intelligence.

Theme 4: The Struggle for Meaning: A Battle Against Feelings of Worthlessness

This final theme synthesizes the core of the participants' internal struggle: a constant battle against deep-rooted feelings of worthlessness (low self-esteem) and their effort to find and hold on to meaningful reasons to live. Their journeys show that the motivation to survive did not emerge spontaneously but was born from an active battle against negative self-beliefs.

The Root of Despair: Feeling Like a Burden and Worthless

The foundation of the participants' suicidal ideation was a profoundly negative self-perception, which manifested most powerfully in the feeling of being a burden to others. P2 explicitly stated that one reason to end his life was so that *"the people around me won't be burdened anymore, taking care of me and so on."* This feeling was so profound that even receiving support felt like a mistake. P5 revealed her painful internal conflict: *"...it's kind of sad because they've gone to so much trouble to give me support, but in the end I decide to end it all..."*. In this state, the support that should have been healing instead became a reminder of how much of a "nuisance" she felt she was.

This feeling of being a burden was rooted in a more fundamental belief that they were useless and unworthy of life. P1, who blamed herself for circumstances she could not control, reached the devastating conclusion: *"Why bother living if my life is so useless?"*. This belief was exacerbated by feelings of being unwanted, as she would exclaim during fights with her parents: *"I might as well die, it's okay, I don't need to live, I didn't ask to be born."* This sense of worthlessness also appeared as a paralyzing shame and guilt, as experienced by P3, who felt she had to hide after breaking someone's trust. Consequently, some participants, like P4, felt a constant need to prove their value through external achievements, by wanting to "participate in competitions or activities to prove that I am capable and that I have value...".

Finding Reasons to Survive: Motivation from Relationships, Purpose, and Hope

In the midst of this despair, the participants actively sought and held on to various sources of motivation that served as their anchors for survival. One of the strongest motivators was relationships and responsibility toward others. P3 found the strength to keep fighting because she did not want to waste her parents' sacrifices and felt a responsibility for her younger brother: *"my parents have sacrificed so much for me–how could I just throw it all away? It would be such a waste... I still want to bring happiness to my little brother."*

In addition to relational motivation, future hopes and goals also served as significant drivers. P2, after navigating his darkest phase, began to recall the goals he had not yet accomplished, which gave him a reason to move forward: *"...it just sort of came to mind... like, there's still a lot left to achieve."* He also wanted to leave a positive legacy, *"something that I can give to the people around me too."* For other participants, motivation came from spiritual or existential sources. P4 persevered with the belief that her life still had a purpose in God's eyes: *"...I still hold on to the thought that maybe I'm alive because God still wants me to be."*

Ultimately, positive life experiences became tangible evidence that countered feelings of worthlessness. P1 recognized a shift in her motivation after experiencing positive changes in her life: *"...having experienced good things–having good friends, a supportive church environment, doing well in my studies, and even my family being in a better place–I no longer feel like I used to..."*. This awareness shows that as support and positive experiences grow, self-perception can change, and new hope can be formed.

The participants' journeys underscore that the fight against suicidal ideation is a struggle to rediscover meaning and self-worth. This process involves a fundamental shift from an internal focus on guilt and feeling like a burden to an external and future-oriented focus on relationships, responsibilities, and goals. The ability to find a *"reason to survive"*–whether relational, personal, or spiritual–becomes a direct antidote to the poison of worthlessness. Victory in this battle does not mean negative feelings disappear forever, but rather that they have found something greater and stronger to hold on to.

DISCUSSION

This study explored the dynamics of emotional intelligence (EI) in Indonesian adolescents who have experienced suicidal ideation. The findings reveal a complex interplay of internal and external factors, which have been synthesized into four main themes: (1) the paradox of self-awareness, where recognizing emotions is disconnected from the ability to control them; (2) a broad spectrum of coping strategies, ranging from self-destructive to constructive; (3) the dual role of social connection as both a source of wounding and a catalyst for healing; and (4) the struggle for meaning as a battle against feelings of worthlessness. This discussion interprets these themes in light of Goleman's (2018) EI theory and existing literature.

The Paradox of Self-Awareness: A Disconnect Between Awareness and Regulation

A primary finding of this study is the significant dissonance between participants' self-awareness and their self-regulation skills. The adolescents demonstrated a keen ability to identify and label their complex negative emotions, a core component of self-awareness, which is the foundational dimension of emotional intelligence (Goleman, 2018). This distinction between perceiving emotions and managing them has been central to the concept since its inception (Salovey & Mayer, 1990). However, this study reveals that for these participants, awareness, rather than being a tool for control, often became an additional source of suffering as they felt powerless against the emotional storm they could clearly recognize. This suggests a critical breakdown in what Quintana-Orts et al. (2020) describe as cognitive emotion regulation strategies; while the participants possess cognitive awareness of their feelings, they lack the subsequent strategies to effectively manage them.

This disconnect aligns with the findings of Rodhiyah and Djuwita (2023) and Adinda and Prastuti (2021), who link difficulties in emotion regulation to depressive symptoms. Our study provides a vivid phenomenological account of this difficulty, where participants described the experience as feeling "strangled" or "emotionally sandwiched". Such intense internal conflict can be understood as a precursor to broader mental health challenges, as suggested by Kulkarni and Velhal (2023), who frame low emotional intelligence as a forerunner to mental health derangements in adolescents. Furthermore, the development of this gap between awareness and regulation may be rooted in past adverse experiences. Research by Sójta et al. (2023) indicates that experiences of trauma and parental invalidation can hinder the development of resilient emotional regulation skills. This suggests that for adolescents with a history of trauma, developing self-awareness without the corresponding skills for self-regulation can exacerbate feelings of being trapped and overwhelmed, a core feature of their distress.

The Dynamics of Coping: From Self-Destruction to Resilience

In response to the internal paradox of awareness without control, participants employed a wide spectrum of coping strategies. These strategies were not static but represented a dynamic struggle to manage overwhelming emotional states. This spectrum ranged from highly maladaptive acts, which provided immediate but destructive relief, to more constructive strategies that signified a nascent development of resilience and higher-order emotional intelligence skills.

At the most concerning end of the spectrum were maladaptive strategies, where unbearable emotional pain was channeled into destructive physical acts. Self-harm was the most common manifestation, with participants reporting actions such as cutting, head-banging, and even attempted strangulation. These behaviors represent a critical failure in self-regulation, a core dimension of emotional intelligence (Goleman, 2018). The prevalence of these actions underscores the findings of Rodhiyah and Djuwita (2023), who identify difficulty in emotion regulation as a significant predictor of depressive symptoms. As our findings show, these acts served as a desperate attempt to transform abstract internal pain into something tangible and real. This reliance on maladaptive strategies creates a dangerous feedback loop, aligning with research by Saputra et al. (2025), which emphasizes that such strategies significantly increase the risk of suicidal ideation, especially when social support is lacking.

Moving along the spectrum, participants also frequently used avoidant strategies, such as isolation and distraction, to create distance from painful thoughts and feelings. Participants described consciously seeking solitude or proactively filling their schedules with activities to avoid being alone with their thoughts. While less physically harmful, these strategies represent an attempt to manage the external environment when the internal world feels uncontrollable, rather than processing the emotion itself.

The most hopeful finding within this theme was the emergence of constructive coping strategies, which marked a turning point toward healing. Creative outlets like drawing and journaling provided participants with a non-destructive method to externalize their turmoil, thereby gaining a sense of agency over their emotions. The adoption of these methods is evidence of developing EI, as it reflects an increased capacity for the adaptive cognitive emotion regulation strategies discussed by Quintana-Orts et al. (2020). This shift from destructive or avoidant behaviors to expressive and reflective practices signifies the development of resilience. As suggested by Sójta et al. (2023), resilience is a key outcome that is mediated by emotional intelligence, particularly in the context of overcoming past trauma. The emergence of these more mature strategies demonstrates that participants were not merely passive victims of their suffering but were actively, though arduously, seeking and developing paths toward recovery.

The Centrality of Social Connection in Wounding and Healing

This study powerfully underscores that emotional intelligence (EI) is not developed in a vacuum; it is profoundly shaped by the quality of relational experiences. For all participants, social connections served as a "double-edged sword." On one side, the family environment was the primary source of emotional wounds that stunted EI development. On the other, supportive relationships became the most crucial healing agent and a catalyst for recovery and the growth of mature EI skills, such as empathy and effective relationship management (Goleman, 2018).

The family environment was the primary arena for the deep emotional wounds that participants carried. These experiences ranged from explicit violence and betrayal, such as P5's abuse by an alcoholic father or P1's exploitation by relatives, to more subtle but equally

damaging psychological pressures. These adverse childhood experiences align with the "Disconnection and Rejection Domain" described by Sójta et al. (2023), which can severely hinder the development of resilient emotional regulation. Furthermore, a pervasive pattern of emotional invalidation was evident. Participants felt "crushed" by parents who would not listen or were told to simply "pray more" when expressing distress. This finding is consistent with the work of Aiken et al. (2019), who observed higher levels of emotional invalidation in the family interactions of adolescents who had attempted suicide. Such environments, as confirmed by research from Zhao and Wang (2023) and Paskah and Huwae (2024), directly contribute to depression and suicidal ideation. In a collectivist cultural context like Indonesia, where family harmony may sometimes be prioritized over individual emotional expression, this invalidation can create an environment where adolescents learn to suppress rather than regulate their emotions.

Conversely, the study reveals that supportive and validating relationships are the most potent catalysts for healing. The presence of a non-judgmental partner, an unconditionally supportive mother, or a caring community provided the psychological safety needed for participants to rebuild trust and self-worth. This aligns with the work of Siswanto et al. (2024), who emphasize that active parental involvement and consistent emotional support are optimal for a child's EI development. This finding also strongly supports the research of Galindo-Domínguez & Iglesias (2023), who identified social support as a critical buffer that moderates the relationship between EI and suicidal ideation. These safe relationships provided a corrective emotional experience, allowing participants to begin developing the healthy relational skills they were not taught in their early environments.

A remarkable finding was the transformation of participants' own suffering into profound empathy for others, a key component of the social awareness dimension of EI (Goleman, 2018). Having experienced the pain of being ignored, participants like P2 became determined to be attentive listeners for others, stating, "I don't want others to feel what I felt." This demonstrates a high level of emotional and cognitive empathy, where personal trauma is repurposed into a prosocial strength. This ability to connect with others' pain not only helps others but also reinforces their own healing and sense of purpose, representing a significant step in their emotional maturation.

The Search for Meaning as a Protective Factor against Worthlessness

Ultimately, the participants' journey was a struggle for meaning in the face of deep-seated feelings of worthlessness. This final theme synthesizes how the active development of self-motivation served as a direct antidote to the hopelessness that fueled their suicidal ideation. The findings show that the motivation to survive was not a passive state but an active process of battling deeply ingrained negative self-beliefs.

The foundation of the participants' suicidal ideation was a profoundly negative self-perception, which manifested most powerfully in the feeling of being a "burden" or "useless." This sense of worthlessness is a core component of hopelessness, which has been identified as a central feature in adolescents experiencing suicidal ideation (Utomo & Rahmasari, 2024). This study's findings illustrate how this worthlessness is often a direct consequence of relational trauma; it is not an inherent trait but an internalized belief forged through experiences of harsh parenting, bullying, or emotional neglect, as supported by the research of Zhao & Wang (2023) and Extremera et al. (2018). The participants' statements, from P1's devastating conclusion, "Why bother living if my life is so useless?" to P2's decision to withhold his struggles so as not to "burden" his family, highlight a core belief that their existence is a net negative in the lives of others.

In response to this despair, the active search for and discovery of "reasons to survive" became the central therapeutic process. This journey represents the development of self-motivation, a key dimension of emotional intelligence (Goleman, 2018). These reasons were multifaceted, ranging from relational responsibility (P3's desire not to waste her parents' sacrifices) to future-oriented goals (P2's desire to achieve something and leave a legacy) and existential beliefs (P4's faith that God still wanted her to be alive). This directly supports the conclusions of Guo et al. (2024), who found that meaning in life is a central element in reducing suicidal ideation by mitigating feelings of despair. The ability to find a purpose acts as a powerful cognitive and emotional anchor, providing the motivation needed to endure psychological pain and actively engage in constructive coping. As demonstrated by Sutarya et al. (2024), the combination of self-esteem and the social support that often fosters it has a significant influence on reducing suicidal thoughts, underscoring the interplay between finding internal meaning and receiving external validation.

Implications for Practice

The findings of this study offer several concrete recommendations for counselors, parents, and educational institutions aiming to support adolescents with suicidal ideation. For counselors and mental health professionals, the "paradox of awareness" suggests that interventions must move beyond simply helping adolescents label their emotions. While self-awareness is a crucial first step, the primary therapeutic need is to bridge the gap between awareness and regulation. Therapeutic modalities that explicitly teach emotional regulation skills, such as Dialectical Behavior Therapy (DBT), could be particularly effective. Furthermore, given the prevalence of creative expression (drawing, writing) as a constructive coping mechanism, professionals should consider integrating art and narrative therapies to help adolescents process trauma and externalize their internal struggles in a safe, non-verbal manner.

For parents and families, this study highlights the family environment as a critical factor. The most significant implication is the need to cultivate an environment of emotional validation. Simple yet powerful acts of listening without judgment, as exemplified by the supportive figures in the participants' lives, are more effective than offering immediate solutions or dismissive advice. Educational programs for parents should focus on teaching active listening and validating language, which can counteract the damaging effects of emotional invalidation observed in families of at-risk adolescents . Fostering this supportive environment is fundamental for the healthy development of a child's emotional intelligence .

For schools and educational institutions, the findings support the integration of comprehensive Social and Emotional Learning (SEL) programs into the curriculum, which can equip all students with the essential skills of self-awareness, self-regulation, and empathy. Moreover, recognizing that supportive communities are vital, schools

should foster a sense of belonging through peer support programs and by creating "safe spaces" where students feel they can be vulnerable without fear of judgment. This aligns with research emphasizing the importance of school social support as a protective factor against the negative effects of harsh parenting and low self-esteem .

Limitations and Future Research

This study provides an in-depth, qualitative exploration of its topic, but several limitations should be acknowledged. First, the case study design with a small sample size (N=5) means the findings are not generalizable to the broader population of adolescents experiencing suicidal ideation; its strength lies in its depth and richness, not its breadth . Second, the use of purposive sampling may have introduced selection bias, as participants were individuals who were willing and able to articulate their experiences. Their narratives may differ from those who are less willing or able to share. Third, the data is retrospective, relying on participants' recall of past events and emotions, which may be subject to memory biases.

These limitations point to several avenues for future research. Quantitative longitudinal studies could use larger, more diverse samples to test the relationships between the themes identified here (e.g., whether changes in perceived social support predict corresponding changes in emotional regulation skills over time). A mixed-methods approach, combining in-depth interviews with standardized measures of emotional intelligence, depression, and family functioning, could provide a more comprehensive and triangulated understanding. Finally, based on the practical implications, future studies could design and evaluate the efficacy of school-based or family-based interventions specifically aimed at bridging the gap between emotional awareness and regulation skills in at-risk adolescents.

CONCLUSIONS

This study contributes to a deeper understanding of the complex emotional worlds of adolescents in Indonesia who experience suicidal ideation. The central contribution of this research is the identification of four interconnected dynamics: a paralyzing paradox between emotional awareness and regulation; a diverse spectrum of coping strategies ranging from self-destructive to resilient; the pivotal role of social connection as both a wound and a remedy; and a profound struggle for meaning against feelings of worthlessness. The findings underscore that emotional intelligence is not an isolated, individual skill but is deeply forged, and often damaged, within a relational context. Ultimately, the journey toward recovery involves not only learning to manage emotions but also healing from relational trauma and actively constructing a sense of meaning and purpose. These findings highlight that fostering safe, validating environments is a critical public health strategy for preventing suicide and promoting the resilient development of emotional intelligence in young people.

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DECLARATION

Ethics approval and consent to participate

The researcher has obtained research permission from the SWCU Faculty of Psychology and has an ethical clearance number from the UMM Faculty of Psychology. Additionally, consent has been obtained from research participants prior to conducting in-depth research.

Consent for publication

I fully agree that this thesis can be published for academic purposes, and I am prepared to provide support and any additional information necessary to facilitate the publication process.

Availability of data and materials

All of the data and materials used in this research have been collected well and are available for those who need them, both for academic purposes and further research.

Conflicts of interest statement

The authors declare that they have no conflict of interest.

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Authors' contributions

The author's contributions to this research include planning, data collection, analysis, and report writing. All of these contributions would not have been possible without the support of those who assisted in the research process.

ABOUT THE AUTHORS

Hardini Sabatiana Dewi is an undergraduate student in Faculty of Psychology at Satya Wacana Christian University (SWCU). Specialization in psychology are educational psychology and clinical psychology.

Arthur Huwae teaches in Faculty of Psychology at Satya Wacana Christian University (SWCU). He earned his undergraduate degree in Psychology from UKSW and completed his master's degree in psychology at Soegijapranata Catholic University. Expert in the field of Mental health educational psychology, such as Psychology of Adolescence, Well-Being, Counseling, Sexual Abuse, Health Psychology, and Disabilities. His teaching responsibilities include courses in educational psychology, multicultural education, mental health, health behavior, personality psychology, and research methodology, along with supervision of undergraduate and graduate theses.

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ADDITIONAL INFORMATION

Correspondence All inquiries and requests for additional materials should be directed to the Corresponding Author.

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