

Emotion-focused coping strategies as predictors of resilience in adolescents

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Abstract

Adolescents living in Lembaga Kesejahteraan Sosial Anak (LKSA) often experience psychological pressures caused by family loss, limited emotional attachment, and social isolation. These conditions increase vulnerability to emotional distress and hinder the development of resilience. Although previous studies have examined coping strategies and resilience, the specific contribution of emotion-focused coping among adolescents in institutional care remains insufficiently explored. This study aims to examine emotion-focused coping strategies as predictors of resilience among adolescents in LKSA. This study employed a qualitative approach with a case study design. Participants were adolescents aged 12–18 years living in LKSA and selected through purposive sampling. Data were collected through semi-structured in-depth interviews and participatory observation, then analyzed using thematic analysis involving open, axial, and selective coding. Data validity was strengthened through triangulation and member checking. The findings revealed that adolescents used various emotion-focused coping strategies, including praying, private emotional expression, sharing experiences with peers, seeking emotional support from caregivers, and engaging in creative or spiritual activities. These strategies helped adolescents regulate emotional distress, reduce psychological pressure, and maintain emotional stability despite difficult life circumstances. Emotional support from peers and caregivers emerged as an important protective factor in strengthening self-acceptance, hope, and adaptive functioning. The study also found that emotion-focused coping independently contributed to resilience, even when adolescents had limited control over external stressors. This study confirms that emotion-focused coping plays a significant role in fostering resilience among adolescents in institutional care. The findings provide important implications for the development of counselling and psychosocial interventions in LKSA that emphasize emotional regulation, supportive relationships, and contextual spiritual support.

Introduction

Adolescents living in Lembaga Kesejahteraan Sosial Anak (LKSA) face complex psychological pressures due to the loss of family figures, limited emotional relationships, and social isolation. Sheila E Crowell, et al., (2013) explain that these conditions often lead to chronic stress, anxiety, and difficulty expressing negative emotions in a healthy manner. In childcare practices at CWIs, support for adolescents generally still focuses on meeting basic needs and controlling behaviour. The counselling services available tend to be general, incidental, and do not systematically help adolescents recognise and manage their emotions. As a result, emotional problems are often not dealt with in depth and recur over time. This condition indicates a real problem in adolescent psychosocial services in LKSA that requires serious attention.

Psychological stress that is not properly addressed can hinder adolescent resilience, which is the ability to adapt positively in the face of difficulties. Hare, Psouni, Guyon-Harris, et al. (2025) emphasise that experiences of loss and social isolation are major stressors that weaken adolescent resilience. The World Health Organisation (2021) also highlights that mental health disorders in adolescents are a significant contributor to global disability. In the context of LKSA, weak resilience makes adolescents more vulnerable to anxiety, emotional instability, and difficulties in self-regulation. This condition has a direct impact on their ability to optimally carry out developmental tasks. Therefore, strengthening resilience is an urgent need for adolescents in LKSA.

Empirically, research by Setyowati (2024) shows that as many as 70 per cent of adolescents in orphanages experience poor emotional mental development. This finding indicates a higher risk of psychological disorders compared to adolescents who live with their families. Jameel, S.N., et al., (2015) also found that children in institutional care experience difficulties in cognitive and language functions, as well as behavioural and social problems. Internalisation problems such as anxiety, withdrawal, unhappiness, and difficulty concentrating are commonly found in LKSA adolescents. Siwalette & Huwae (2025) added that low self-acceptance among adolescents in orphanages is related to maladaptive coping mechanisms. This data shows that the issue of resilience among adolescents in LKSA is not merely a theoretical assumption, but a real phenomenon in the field.

In dealing with stress, LKSA adolescents have actually used various emotion-focused coping strategies, such as suppressing feelings, seeking distraction, or relying on social support. Emotion-focused coping strategies aim to reduce the emotional impact of stressful situations through recognition, acceptance, and management of emotions. Theodoratou et al. (2023) show that these strategies are effective in reducing psychological reactions to stress, especially when social support is available. However, in the LKSA environment, the use of these coping strategies often develops spontaneously without professional guidance. As a result, the coping strategies used are not always adaptive and do not contribute optimally to strengthening resilience. This condition shows that the potential of emotion-focused coping has not been systematically utilised in LKSA counselling services.

A number of previous studies have confirmed that social support and coping strategies play an important role in enhancing adolescent resilience. Sáez Rodríguez, et al. (2024) found that perceived social support was positively correlated with the resilience of LKSA adolescents. Konaszewski et al. (2021) also showed that emotion-focused coping contributed to the psychological resilience of adolescents in care institutions. However, most of these studies examined emotion-focused coping and problem-focused coping simultaneously. This approach made it difficult to identify the specific contribution of emotion-focused coping in depth. Thus, the effectiveness of emotion-focused coping as a predictor of resilience among Indonesian LKSA adolescents has not been comprehensively explained.

Based on these conditions, there is an urgent need to examine emotion-focused coping strategies more specifically in the context of LKSA adolescents. This study departs from the

limitations of previous studies that have not placed emotion-focused coping as a main variable. Therefore, this study aims to examine emotion-focused coping strategies as predictors of resilience in adolescents in LKSA. The research questions focus on how LKSA adolescents use emotion-focused coping strategies and what level of resilience they have. In addition, this study analyses the extent to which emotion-focused coping affects adolescent resilience. The findings of this study are expected to provide an empirical basis for the development of a more contextual counselling model oriented towards strengthening emotional regulation in LKSA.

Methods

Design

This study employed a qualitative approach with a case study design to explore emotion-focused coping strategies as predictors of resilience among adolescents living in LKSA. A qualitative design was considered appropriate because the study aimed to gain an in-depth understanding of adolescents' emotional experiences, coping processes, and resilience development within institutional care settings. The case study approach enabled the researchers to examine these psychological and social dynamics contextually and comprehensively.

Participants

Participants were adolescents aged 12–18 years residing in Child Social Welfare Institutions in Central Java, Indonesia. Participants were selected using purposive sampling based on several inclusion criteria: (1) adolescents who had lived in LKSA for at least one year, (2) willingness to participate voluntarily, and (3) ability to communicate and reflect on emotional experiences during interviews. Adolescents with severe communication difficulties or conditions preventing participation in interviews were excluded from the study.

The final sample consisted of 12 adolescents, comprising both male and female participants from different educational backgrounds. Sample size determination followed the principle of data saturation, in which data collection was concluded when no new themes or significant information emerged from subsequent interviews. Prior to participation, informed consent was obtained from institutional authorities and assent was obtained from all adolescent participants. Ethical approval for the study was granted by the institutional ethics committee of the Faculty of Education and Psychology, Universitas Negeri Semarang. Participants' confidentiality, anonymity, and voluntary participation were ensured throughout the study process.

Table 1. Demographic Characteristics of Participants

Variable	Category	n	%
Sex	Female	7	58.3
	Male	5	41.7
Age	12–14 years	4	33.3
	15–18 years	8	66.7
Length of stay in LKSA	1–3 years	5	41.7
	More than 3 years	7	58.3
Educational level	Junior high school	5	41.7
	Senior high school	7	58.3

Instruments

Data were collected using semi-structured in-depth interview guidelines and participatory observation sheets developed in accordance with the study objectives. The interview guide explored adolescents' emotional experiences, coping strategies used in stressful situations,

perceptions of emotional support, and experiences related to resilience development. Open-ended questions were used to encourage participants to describe their experiences freely and reflectively.

Participatory observation was conducted to capture behavioural expressions, social interactions, and emotional responses occurring within the institutional environment. Field notes were used to support data interpretation and contextual understanding. The interview protocol and observation framework were reviewed by experts in counselling and adolescent psychology to ensure content relevance and clarity for the target population.

Procedure

Researchers first contacted LKSA administrators to obtain institutional permission and coordinate the research process. Eligible participants were identified collaboratively with caregivers based on the established inclusion criteria. Before data collection began, participants received explanations regarding the study purpose, confidentiality procedures, voluntary participation, and their right to withdraw at any time without consequences.

Data collection was conducted within the LKSA environment in settings that ensured privacy and participant comfort. Semi-structured interviews were carried out individually and lasted approximately 45–60 minutes for each participant. During and after interviews, researchers also conducted participatory observations to better understand adolescents' daily interactions and emotional expressions. All interviews were audio-recorded with participant consent and later transcribed verbatim for analysis. To maintain confidentiality, all participant identities were replaced with pseudonyms.

Data Analysis

Data were analysed using thematic analysis following the procedures proposed by Braun and Clarke (2006). Interview transcripts and observation notes were read repeatedly to achieve data familiarisation. Open coding was initially conducted to identify meaningful units related to emotional experiences, coping strategies, and resilience. Codes with conceptual similarities were then grouped into broader categories through axial coding, followed by selective coding to construct overarching themes representing the relationships between emotion-focused coping and resilience.

Data analysis was conducted manually with support from qualitative data organisation techniques. To ensure rigour and trustworthiness, the researchers applied source triangulation, method triangulation, and member checking procedures. Peer debriefing among researchers was also conducted to minimise interpretive bias and strengthen analytical consistency. The analysis process focused on identifying patterns and meanings emerging from participants' lived experiences rather than quantifying responses.

Results

The thematic analysis identified three major themes related to emotion-focused coping strategies and resilience among adolescents living in Child Social Welfare Institutions (LKSA): (1) psychological challenges and emotional vulnerability, (2) forms of emotion-focused coping strategies, and (3) the role of emotion-focused coping in strengthening resilience. These themes emerged consistently across participant interviews and observational findings.

Psychological Challenges and Emotional Vulnerability

Participants described experiencing persistent emotional difficulties associated with family separation, feelings of abandonment, and uncertainty about the future. Several adolescents reported feelings of sadness, loneliness, anxiety, and emotional suppression.

Emotional distress was frequently intensified by limited opportunities to express personal feelings openly within the institutional environment. One participant stated:

“Sometimes I feel lonely even though there are many people around me. I miss my family, but I keep it to myself.”

Another participant expressed concerns regarding emotional insecurity and fear of social judgement:

“I usually hide my feelings because I do not want others to think I am weak.”

Observational findings also indicated that some adolescents demonstrated withdrawal behaviours and reduced social interaction during stressful situations.

Forms of Emotion-Focused Coping Strategies

The findings revealed that adolescents employed several emotion-focused coping strategies to manage psychological pressure. The most frequently reported strategy was engaging in religious and spiritual activities, particularly praying and personal reflection. Participants described prayer as a source of emotional calmness, hope, and strength during difficult experiences.

Private emotional expression also emerged as an important coping strategy. Some adolescents reported crying alone, writing personal thoughts in diaries, or listening to music to regulate emotional tension. In addition, peer support played a significant role in helping adolescents feel emotionally understood and accepted. Participants frequently shared experiences with friends who had similar life situations.

Support from caregivers was also identified as an important emotional resource. Adolescents who perceived caregivers as approachable and supportive reported feeling more secure and emotionally stable. Figure 1 presents the main forms of emotion-focused coping strategies identified in this study.

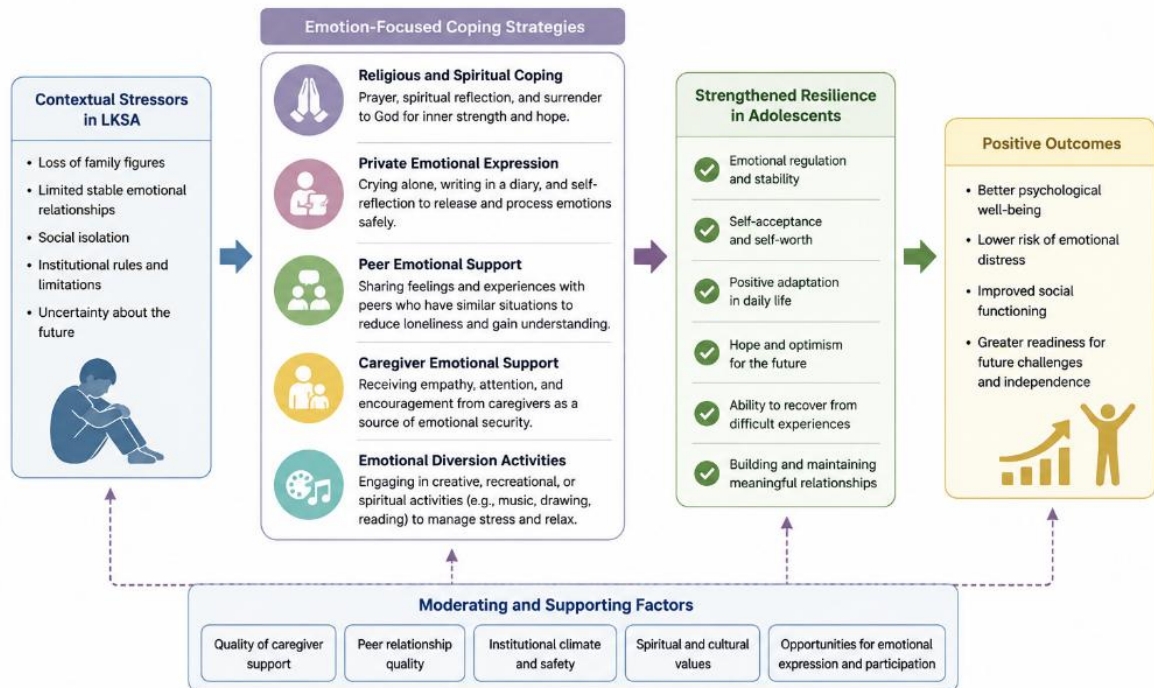


Figure 1. Main emotion-focused coping strategies identified among adolescents in LKSA.

Figure 1. Forms of Emotion-Focused Coping Strategies among LKSA Adolescents

Emotion-Focused Coping and Resilience

Participants who actively engaged in adaptive emotion-focused coping strategies demonstrated stronger indicators of resilience. These adolescents described greater self-acceptance, emotional stability, optimism, and ability to continue daily activities despite ongoing stressors. Emotional support from peers and caregivers contributed to feelings of belonging and psychological safety.

Several participants explained that emotional coping strategies helped them recover more quickly after experiencing sadness or conflict. One adolescent stated:

“When I pray or talk with my close friend, I feel calmer and stronger to continue my activities.”

Another participant described the importance of supportive relationships:

“There is a caregiver who listens to me. That makes me feel cared for and not alone.”

Across the interviews, resilience was reflected in participants’ ability to maintain hope, adapt to institutional life, and regulate emotions despite experiences of loss and emotional limitation.

Discussion

The present study demonstrates that adolescents in Child Social Welfare Institutions experience persistent emotional vulnerability characterised by loneliness, emotional suppression, and future-oriented anxiety. However, rather than treating this vulnerability as merely an individual psychological deficit, the findings suggest a more structural explanation rooted in the caregiving ecology of institutional environments. Adolescence is a developmental period highly dependent on stable attachment figures for emotional regulation and identity consolidation, yet institutional settings often provide fragmented or inconsistent emotional availability. This structural mismatch creates a developmental context in which emotional insecurity becomes a normative rather than exceptional experience.

This interpretation is supported by attachment-informed perspectives which emphasise that disruptions in caregiver continuity significantly increase the risk of internalising symptoms and emotional dysregulation. Hare et al. (2025) highlight that institutional care histories are strongly associated with reduced secure-base functioning in adolescence. Similarly, Brandt et al. (2022) argue that chronic social isolation functions as a sustained stressor that undermines emotional stability and adaptive functioning. In addition, evidence from Haryanti et al. (2016) in Indonesian orphanage contexts indicates that emotional instability is not merely situational but structurally embedded in caregiving systems. Taken together, these findings suggest that emotional vulnerability in LKSA should be understood less as an individual weakness and more as an ecological outcome of caregiving discontinuity.

A key finding of this study is that adolescents actively employ emotion-focused coping strategies, including prayer, emotional reflection, music engagement, private crying, and selective emotional disclosure. This suggests that adolescents are not passive recipients of institutional stress but active agents attempting to regulate internal states within constrained environments. However, the adaptive value of these strategies should not be assumed a priori. Emotion-focused coping may function either as adaptive regulation or as emotional avoidance depending on contextual effectiveness and support availability.

The theoretical grounding of this finding aligns with Lazarus and Folkman’s coping framework, which posits that emotion-focused coping becomes dominant when individuals appraise stressors as uncontrollable. In institutional settings, structural constraints such as institutional rules, loss of family, and past trauma indeed limit problem-focused coping options. Chaaya et al. (2025) further support this argument by showing that emotion-focused coping is prevalent in chronic stress environments, although its long-term adaptive outcomes

remain context-dependent. This introduces an important conceptual tension: while emotion-focused coping is necessary in uncontrollable contexts, it does not automatically guarantee psychological resilience unless supported by stable relational and meaning-making systems.

A particularly significant finding is the centrality of religious coping as a dominant regulatory mechanism. In the Indonesian socio-cultural context, spirituality is not merely an individual belief system but a socially embedded framework for interpreting suffering and maintaining psychological equilibrium. Prayer in this study functioned as both affect regulation and cognitive reframing, allowing adolescents to construct meaning from experiences of loss and institutional separation. However, from a critical psychological perspective, religious coping may also serve as a compensatory mechanism that masks unresolved emotional deprivation when institutional emotional support is insufficient.

This dual function is reflected in prior studies. Auliya and Eva (2025) demonstrate that coping strategies, including spiritual coping, are positively associated with resilience. Siwalette and Huwae (2025) further show that self-acceptance and well-being are enhanced through adaptive coping processes involving emotional and spiritual dimensions. Yet, Brandt et al. (2022) caution that meaning-making strategies, while protective, may also function as emotional buffers that reduce immediate distress without necessarily addressing underlying structural stressors. This suggests that religious coping in institutional contexts should be interpreted both as a strength and as a potential indicator of unmet emotional needs.

Another critical finding concerns the role of peer and caregiver support in shaping resilience. The data suggest that resilience is not solely an intrapsychic capacity but emerges through relational embeddedness within the institutional environment. Adolescents who experienced emotional validation from peers and caregivers demonstrated higher emotional stability and adaptive functioning. This supports relational models of resilience, which conceptualise resilience as an emergent property of supportive social systems rather than an individual trait.

Konaszewski et al. (2021) provide empirical support for the association between coping strategies and resilience in institutionalised youth, while Sáez Rodríguez et al. (2024) highlight perceived social support as a significant predictor of adolescent resilience. However, the present findings also introduce a critical nuance: social support may not function as a purely exogenous protective factor. Instead, adolescents with pre-existing emotional regulation capacity may be more capable of initiating and sustaining supportive relationships. This introduces a bidirectionality problem that challenges linear causal interpretations of resilience formation. In other words, resilience may both shape and be shaped by relational experiences, forming a recursive developmental system.

The most theoretically significant contribution of this study lies in the identification of emotion-focused coping as an independent pathway to resilience in contexts of structural constraint. Unlike prior studies that combine coping strategies into broad categories, the present findings suggest that emotion-focused coping has distinct explanatory power in predicting resilience outcomes among institutionalised adolescents. This extends Konaszewski et al. (2021) by isolating emotional regulation processes as a specific mechanism of adaptation rather than treating coping as a unitary construct.

From a theoretical standpoint, this finding supports a process-oriented understanding of resilience, in which resilience is conceptualised as a dynamic system of emotional regulation, cognitive appraisal, and relational support. Adolescents demonstrated resilience not as a stable trait but as a continuous process of recalibrating emotional states in response to environmental constraints. This aligns with Hapsari and Anggara (2025), who conceptualise resilience as a dynamic interaction between internal coping resources and external relational systems.

However, a critical limitation of the present interpretation is that it may overemphasise coping processes while underestimating structural determinants of resilience. Variables such as duration of institutionalisation, pre-placement trauma severity, personality traits, and

institutional quality differences may significantly moderate resilience outcomes. The absence of these variables suggests that the observed associations should be interpreted as contextual rather than universal mechanisms.

The findings challenge reductionist interpretations of resilience as either an individual trait or a direct outcome of social support. Instead, resilience in institutionalised adolescents appears to emerge from the interaction between emotional regulation strategies, meaning-making systems, and relational environments under conditions of limited controllability. This integrated perspective contributes to a more nuanced understanding of adolescent adaptation in institutional care and underscores the need for counselling interventions that address not only behavioural outcomes but also emotional and existential processes.

Implications

The findings of this study have important implications for counselling services and psychosocial interventions in Child Social Welfare Institutions. Counselling approaches in LKSA should place greater emphasis on emotional regulation, emotional expression, and supportive interpersonal relationships rather than focusing solely on behavioural control or institutional compliance. Programmes that facilitate peer support, reflective activities, and emotional communication may strengthen adolescents' resilience more effectively.

The findings also suggest that spiritual and culturally relevant approaches can serve as meaningful psychological resources for adolescents in institutional care. Caregivers and counsellors may benefit from training that enhances emotional responsiveness, active listening skills, and trauma-informed support practices. Strengthening emotionally supportive environments within LKSA may contribute to improved adolescent mental health and long-term psychosocial adjustment.

Limitations and future directions

Several limitations should be acknowledged in this study. First, the study involved a relatively small number of participants from a limited institutional context, which may restrict transferability of findings to other settings. Second, the reliance on self-reported experiences may have influenced the depth and accuracy of participant responses. Third, the qualitative design focused on subjective experiences and did not quantitatively measure the strength of relationships between coping strategies and resilience.

Future research may expand the scope of investigation by involving larger and more diverse samples across multiple institutional settings. Quantitative or mixed-methods studies could further examine the predictive relationship between emotion-focused coping and resilience using validated psychological measures. Longitudinal research is also recommended to explore how coping strategies and resilience develop over time among adolescents in institutional care environments.

Conclusion

Adolescents living in Child Social Welfare Institutions experience significant psychological challenges related to family separation, emotional isolation, and limited supportive attachment, yet the specific role of emotion-focused coping in strengthening resilience within institutional care has remained insufficiently explored. By examining adolescents' emotional experiences and coping processes, the findings showed that emotion-focused coping strategies such as prayer, private emotional expression, peer support, emotional support from caregivers, and engagement in reflective or creative activities contributed positively to emotional regulation and resilience. Adolescents who used adaptive emotion-focused coping demonstrated greater self-acceptance, emotional stability, hopefulness, and capacity to adapt to stressful situations despite ongoing limitations in their

environment. These findings highlight that resilience in institutional care settings is closely connected to adolescents' ability to process and manage emotions meaningfully rather than solely relying on problem-solving abilities. The study contributes to a broader understanding of adolescent resilience by emphasising the importance of emotional and relational processes in psychosocial adaptation and suggests the need for counselling and caregiving approaches that prioritise emotional support and healthy emotional regulation within institutional environments.

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Author Contribution Statement

RE contributed to the conceptualisation of the study, data collection, data analysis, interpretation of findings, and manuscript drafting. DYPS supervised the research process, contributed to the study design, and critically reviewed the manuscript. HM contributed to methodological development, data interpretation, and manuscript revision. All authors reviewed and approved the final version of the manuscript.

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