

Family Factors and the Emergence of Suicidal Ideation in Adolescents

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Abstract

Suicide remains the second leading cause of death among adolescents globally, with suicidal ideation often being the critical precursor. While family factors are recognized as a significant trigger, the qualitative mechanisms remain underexplored. This multiple-case study employed a qualitative design to investigate the family-related dynamics influencing suicidal ideation in adolescents. Three participants (aged 20–21) from Salatiga, Indonesia, with lived experience of suicidal ideation attributed to family factors, were selected via purposive and snowball sampling. Data were collected through in-depth interviews and observations, then analyzed thematically. Eleven key themes emerged: suicidal ideation, suicide attempts, family communication dysfunction, excessive pressure, grief, history of violence, parental overcontrol, responsibility burden, hopelessness, low self-esteem, and protective factors. The findings reveal that suicidal ideation arises from a complex interaction between dysfunctional family dynamics (e.g., poor communication, pressure, violence) and the adolescent's internal psychological state (e.g., hopelessness, low self-esteem). Protective factors, including improved family dynamics, social support, and religiosity, were crucial in mitigating risk. The study underscores the need for early intervention targeting family systems and strengthening protective resources to prevent adolescent suicide.

Keywords: suicidal ideation, adolescents, family factors, qualitative study, protective factors

Abstract

Bunuh diri tetap menjadi penyebab utama kematian kedua di kalangan remaja secara global, dengan ide bunuh diri sering menjadi prekursor kritis. Sementara faktor keluarga diakui sebagai pemicu yang signifikan, mekanisme kualitatif tetap kurang dieksplorasi. Studi beberapa kasus ini menggunakan desain kualitatif untuk menyelidiki dinamika terkait keluarga yang memengaruhi ide bunuh diri pada remaja. Tiga peserta (berusia 20-21 tahun) dari Salatiga, Indonesia, dengan pengalaman hidup tentang ide bunuh diri yang dikaitkan dengan faktor keluarga, dipilih melalui purposive dan snowball sampling. Data dikumpulkan melalui wawancara dan observasi mendalam, kemudian dianalisis secara tematik. Sebelas tema utama muncul: ide bunuh diri, upaya bunuh diri, disfungsi komunikasi keluarga, tekanan berlebihan, kesedihan, riwayat kekerasan, kontrol orang tua yang berlebihan, beban tanggung jawab, putus asa, harga diri rendah, dan faktor perlindungan. Temuan ini mengungkapkan bahwa ide bunuh diri muncul dari interaksi kompleks antara dinamika keluarga disfungsional (misalnya, komunikasi yang buruk, tekanan, kekerasan) dan keadaan psikologis internal remaja (misalnya, putus asa, harga diri rendah). Faktor perlindungan, termasuk peningkatan dinamika keluarga, dukungan sosial, dan religiusitas, sangat penting dalam mengurangi risiko. Studi ini menggarisbawahi perlunya intervensi dini yang menargetkan sistem keluarga dan memperkuat sumber daya pelindung untuk mencegah bunuh diri remaja.

Kata kunci: ide bunuh diri, remaja, faktor keluarga, studi kualitatif, faktor perlindungan

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INTRODUCTION

Suicidal ideation in adolescents represents a significant global public health challenge, with community-based studies indicating lifetime prevalence rates as high as 24.0% (Liu et al., 2022). Given these alarming statistics, understanding the etiology of suicidal thoughts is critical for developing effective prevention strategies. While individual psychological factors have been extensively studied, the family context—as the primary developmental environment—demands comprehensive examination (Alvarez-Subiela et al., 2022).

Parenting practices are consistently identified as key family-level risk factors. Longitudinal research establishes a direct, prospective relationship between harsh parenting and the onset of suicidal ideation in early adolescence (Hammond et al., 2025). Specifically, authoritarian parenting characterized by high control and low warmth significantly increases adolescent susceptibility to suicidal thoughts (Guan et al., 2023). The distinction between harsh and positive parenting is crucial; while harsh parenting directly predicts suicidal ideation, positive parenting does not demonstrate an equally strong protective relationship (Hammond et al., 2025).

Beyond specific behaviors, overall family functioning is profoundly influential. Adolescents from disharmonious families lacking parental care are 2.6–5 times more likely to experience suicidal ideation (Yang et al., 2022). Family conflict, a widely studied predictor, operates through pathways such as perceived burdensomeness and thwarted belongingness, as outlined in the Interpersonal Theory of Suicide (Picou et al., 2024). Conversely, positive family relationships serve as powerful protective mechanisms, buffering against stressors that contribute to suicidal behavior (Diamond et al., 2022). Furthermore, family factors interact bidirectionally with individual psychological symptoms like depression and anxiety, which significantly increase suicide risk when co-occurring (Xu et al., 2024).

Despite substantial quantitative evidence linking family factors such as harsh parenting, family conflict, and dysfunction to adolescent suicidal ideation, a significant gap exists in understanding the qualitative, lived experiences and the subjective psychological processes through which these factors operate within specific cultural contexts like Indonesia. Existing research, predominantly from Western and other East Asian populations, has effectively established correlational and longitudinal relationships but often treats the family as a "black box," lacking deep exploration of the interactive dynamics, personal meanings, and nuanced emotional experiences (e.g., grief, entrapment, loss of self-identity) from the adolescent's perspective. Moreover, while protective factors like family support are acknowledged, how these factors dynamically interact with risk factors in real-life settings to prevent the escalation from ideation to action remains underexplored through in-depth qualitative inquiry.

This study aims to address this gap by: (1) Identifying and exploring the specific family dynamics and subjective psychological themes (e.g., communication patterns, pressure, violence, control) that adolescents in Salatiga, Indonesia, perceive as central to their experiences of suicidal ideation; and (2) Understanding the interplay between these risk factors and existing protective factors (e.g., evolving family dynamics, social support, religiosity) within their lived contexts, and how this interaction influences the trajectory of their suicidal thoughts.



This study offers several novel contributions. Firstly, it employs a qualitative multiple-case study design to provide a rich, contextualized understanding of the phenomenon within an urban Indonesian setting, complementing the predominantly quantitative and cross-cultural literature. Secondly, it focuses on uncovering the subjective and process-oriented aspects the "how" and "why" behind the statistical relationships, delving into complex themes like excessive responsibility burden, grief, and the internalization of family pressure. Thirdly, it uniquely integrates the analysis of both risk and protective factors within a single qualitative framework, examining their simultaneous operation in participants' narratives to offer a more holistic view of resilience and vulnerability. Finally, it contributes to the context-specific literature on adolescent mental health in Indonesia, where cultural norms surrounding family honor, academic achievement, and filial piety may shape unique expressions of family-related distress and coping.

METHOD

This study uses a qualitative approach with a multiple case study design that aims to gain an in-depth understanding of the family factors that influence the emergence of suicidal ideation in adolescents. The selection of the multiple case study design is based on the theoretical justification that the phenomenon of suicidal ideation is a complex phenomenon that requires in-depth exploration of the unique individual context and family dynamics in each case (Yin, 2018). This design allows researchers to explore similarities and differences across cases, thereby providing a more comprehensive understanding of the psychological dynamics of suicidal ideation influenced by family factors.

The study participants consisted of three adolescents aged 20–21 years in Salatiga who had experienced suicidal ideation due to family factors. The participants' demographic characteristics include two males and one female, with a middle socioeconomic background and student status. All participants are out-of-town students from various regions in Java (Kudus, Jakarta, and Cirebon).

The inclusion criteria for the study were: (1) adolescents aged 20–21 years; (2) had experienced suicidal ideation during adolescence; (3) the primary trigger for suicidal ideation was related to family dynamics; (4) willing to participate in the study voluntarily; and (5) able to communicate effectively in Indonesian. The exclusion criteria included: (1) participants in acute mental crisis; (2) those with severe mental disorders that could interfere with the interview process; and (3) those who did not provide informed consent.

In addition to the main participants, the study also involved supporting participants, namely parents, friends, and relatives of the main participants, to enrich the data through triangulation of sources. Participant selection was conducted using purposive sampling with the snowball sampling technique. The purposive criteria established were adolescents who had experienced suicidal ideation with family factors as the primary trigger. The sampling process began with information gathered through the researcher's social network, followed by the snowball technique to identify other participants who met the research criteria. The purposive technique was chosen because it aligns with the logic of qualitative research, which prioritizes depth of information and relevance to the research objectives over statistical representativeness.



The research instruments consisted of observation guidelines and interview guidelines developed based on a theoretical framework regarding suicidal ideation and family factors. The development of the instruments was based on relevant theories, including Beck et al (1979), family systems theory, and previous research findings on risk factors for suicide among adolescents.

The interview guidelines were developed using a semi-structured format covering the following main domains: (1) experiences of suicidal ideation; (2) family communication dynamics; (3) parenting patterns and parental control; (4) experiences of violence within the family; (5) family pressures and expectations; (6) social support systems; and (7) protective factors. The observation guidelines were designed to observe nonverbal aspects during the interview, the participant's environmental conditions, and relevant social interactions.

The validity of the instruments was ensured through expert judgment from supervisors in clinical psychology and counseling, as well as through limited trials with participants with similar characteristics but not included in the main research sample.

Data collection was conducted using two main techniques: observation and in-depth interviews. Observations were made during the interview process to obtain more comprehensive information by noting participants' facial expressions, body language, voice intonation, and other nonverbal cues. Observations were also made of the participants' environmental conditions (rooms, homes, etc.) to obtain additional information about their life contexts.

Interviews were conducted in person, lasting approximately 45 minutes, and were conducted 1 to 2 times per participant to obtain in-depth, comprehensive information. The interview process was documented using field notes and audio recordings with the participants' consent, while maintaining the confidentiality of their identities.

The data collection process emphasized research ethics, with the researcher requesting informed consent from participants before beginning and ensuring that all participant identities and data would be kept confidential in accordance with research ethics principles.

The collected data were organized and analyzed using Braun and Clarke's thematic analysis technique. The analysis process included the following stages: (1) familiarization with the data through repeated reading of the interview transcripts; (2) initial coding of the data; (3) search for potential themes; (4) review and refinement of themes; (5) definition and naming of final themes; and (6) writing of the analytical report.

Audio recordings of the interviews were transcribed verbatim and analyzed alongside observation notes to identify key themes emerging from family factors influencing the emergence of suicidal ideation in adolescents. The analysis process was conducted inductively to allow for the emergence of unexpected themes from the data.

To ensure the credibility and validity of the research, this study used method, source, and theory triangulation techniques. Methodological triangulation was conducted using two data collection techniques: observation and interviews. Source triangulation was conducted by collecting data from various sources, both from main participants and supporting participants with diverse backgrounds. Theoretical triangulation uses multiple theoretical perspectives to understand the phenomenon under study, thereby enabling the verification and validation of findings from diverse academic viewpoints.



In addition to triangulation, data credibility is further strengthened through member checking, where analysis results are reconfirmed with participants to ensure the accuracy of the researcher's interpretation of their experiences.

RESULT AND DISCUSSION

This study involved three participants (MG, AM, and AE) aged 20-21 years old in Salatiga who had experienced suicidal ideation in adolescence, triggered by family factors. Data were collected through observation and in-depth interviews, then analyzed using thematic analysis. Based on the in-depth interviews and observations, eleven main themes were identified that explain the triggering and protective factors of suicidal ideation in adolescents.

Suicidal ideation is the initial stage where a person has thoughts or desires to die or commit suicide. The emergence of suicidal ideation in all participants of this study is rooted in feelings of distress and the desire to give up, seeing suicide as a solution to the problems faced.

- a. Participant 1 (MG) revealed: *“Boleh... karena waktu itukan berat banget gitu, ditinggal mama, terus juga aku urus banyak hal jadi ngerasa kayak... apa aku nyusul mama aja ya? itu kepikiran tiba tiba aja gitu karena ya capek aja, kayaknya nyusul mama enak”* This shows that MG felt tired and considered suicide as a way out of the existing burdens and tasks.
- b. Participant 2 (AM) said: *“Kalau dulu tuh kak, yang cerita awal itu yang ditekan itu buat jadi seperti apa yang mereka ingin kan... eee... ya aku putus asa aja gitu rasanya... ga kuat kak... aku pengen ngelakuin yang aku mau... tapi eee kalau aku ga nurut, katanya aku mau dibuang... ya aku mikir aja... mending mati.”* This illustrates that AM's suicidal ideation arose due to exhaustion and feelings of worthlessness, seeing death as the only solution.
- c. Participant 3 (AE) said: *“Gua ngerasa failure aja sebagai dulu tuh ngerasa sebagai individu yang gagal aja, gagal memekspektasi orang tua, gagal ee masuk ke apa unik negeri, gagal dalam ini, terus nilai juga beberapa ee enggak nyampai 90. Walaupun gua tahu ee nilai gua tuh udah oke aja, cuman ya karena tuntutan dari orang tua sih. Pas itu habis ambil rapot sama ambil ijazah kayak Anjir. Apa gua lompat aja biar selesai.”* AE felt that she had failed to meet his parents expectations and saw suicide as a way out to feel better.

Suicide attempts are the next stage after suicidal ideation, where individuals take actual action to end their lives. All three participants had the experience of attempting suicide, although with different methods, which were then unsuccessful due to protective factors.

- a. Participant 1 (MG) attempted suicide by riding a motorcycle at high speed on a deserted road: *“Akukan dulu suka motoran gitulah. Nah... waktu itu.. emm... udah malem gitu, lupa jam berapa tapi jalanan udah sepi dan aku juga motoran sendiri dijalan yang orang jarang lewat... terus ya kepikiran buat bunuh diri kan ya akhirnya aku coba ngebut ngebutan waktu itu kalau ga salah hampir nyentuh 100...”* His goal was to get into an accident and catch up with his mother.
- b. Participant 2 (AM) committed *self-harm* such as *cutting* and hunger strike: *“Waktu itu udah cutting, terus mogok makan... terus eee... pas juga memang keadaan ku lagi*



ga baik terus di marahin.. yang dikasarin tadi kak... aku mikir kayak... aku nih ga pantes idup... mmm kayak daripada di kasarin gitu, mending aku mati aja... pokoknya dulu tuh dipikiran ku cuman mati mati mati...". She also has a habit of biting her nails and peeling off the skin of her fingers when she is desperate.

- c. Participant 3 (AE) thought about jumping from a tall building: "*Ah anjirlah ya cepat mati aja biar ini biar apa biar cepat selesai gitu ya. Dulu sih kayak gitu.*". He recalled: "*Pas itu habis ambil rapot sama ambil ijazah kayak Anjir. Apa gua lompat aja biar selesai.*"

Family communication dysfunction refers to unhealthy interaction patterns that tend to be one-way, lack empathy, and are ineffective in resolving conflicts. In all three participants, this communication pattern mainly occurred with the father figure.

- a. Participant 1 (MG) felt isolated after the death of his mother, with whom he previously shared "*Kalau sekarang tuh kayak ya ga ada orang yang bisa aku ajak ngobrol terus sekarang tuh kayak apa ya... aku sih merasanya semua tuh kayak menyalahkan aku, papa sama adek ku sih... padahal mereka tuh ga ngaca.*". He feels that she lacks a safe space for expression and is a scapegoat for the family's problems.
- b. Participant 2 (AM) described her relationship with his father as less close: "*Ya... biasa kak, kayak papa sama anak? Cuman ya jarang komunikasi aja?? Ya tapi dulu papa tuh kasar sih kak... jadi itu mungkin yang buat aku jarang komunikasi sama dia eee... kayak merasa ada jarak?*".
- c. Participant 3 (AE) felt that communication tended to be judgmental from him father, so he took a passive position: "*Gua sampai sekarang masih bingung juga sih dia apa kayak gimana mesti berkomunikasi yang baik dan efektif sama dia tuh kayak gimana. Jadinya gua cuma kayak yang ngikut aja mungkin Kak gitu. Cuman gue jarang sama papa tuh kareena papa tuh suka ngejudge gitu*".

This theme encompasses unrealistic pressure from the family, especially regarding academic achievement and life accomplishments, which creates a heavy psychological burden on adolescents.

- a. Participant 2 (AM) experienced favoritism and comparison with her younger brother, even though he had tried hard: "*aku kan dulu anak judo kak, adek ku juga... kalau misal adek ku lebih bisa dari aku... ya adek ku dibanggain, aku malah kayak di cuekin atau kayak 'gimana sih kak?'*". She felt forced to be what her parents wanted with the threat of being 'thrown out' if she did not comply.
- b. Participant 3 (AE) faced perfectionist demands from his father regarding academic grades (above 90 since grade 4 elementary school) and the need to enter a state university: "*Tuntutan ee bokap gua harus gua harus masuk ke univ negeri gitu. Dan yang enggak gampang kan maksudnya...*". "*Kayak sebenarnya papa gua tuh perfeksionis banget, Kak tentang nilai. Jadi kita bertiga tuh ee dari sejak SD, SD pertengahan tuh berarti SD kelas 4 lah ya. SD kelas 4 tuh udah dituntut untuk nilai semua nilai rapor tuh di atas 90, Kak.*". This pressure causes mental fatigue and thoughts of giving up.

The deep sorrow of losing a family member, such as a parent, can create complex trauma and drastic changes in family dynamics and life responsibilities, triggering a desire to "reunite" with the deceased.



Participant 1 (MG) was devastated by the death of his mother, with whom he was very close. *"Wah... iya. banget. apalagi aku dekat banget sama mama, makanya rasanya terpukul banget kehilangan mama"*. He experienced an accumulation of negative emotions and physical-emotional exhaustion that triggered suicidal ideation as a way to "catch up with mom".

Repeated experiences of physical, verbal or emotional abuse within the family can create complex trauma and chronic feelings of insecurity, leading adolescents to view death as the only way out.

- a. Participant 1 (MG) was often made a scapegoat and forced to take responsibility for problems he was not responsible for, even though he did not experience physical violence: *"Nah... iya itu, kayak cuman aku yang harus menyelesaikan... aku yang salah... aku harus ini aku harus itu, padahal ya itu... ya kayak apa ya... bahkan tuh hal yang mereka bisa nyelesein sendiri, harus aku yang lakuin"*.
- b. Participant 2 (AM) experienced systematic physical abuse from her father, including being hit and thrown hard objects: *"Kasar secara fisik gitu kak... kayak ya kalau salah dikit aku di pukul... banyak main tangan, pernah tuh kak... aku di lempar sepatu boots tentara itu... tau ga kak? Kena muka... sakit banget..."*. She also experienced verbal violence: *"Kalau verbal... eee... pernah kak, aku pernah dikata katin gitu... kayak ga guna, gitu katanya"*.
- c. Participant 3 (AE) witnessed emotional violence against her mother: *"Kalau Misalnya mama di apa? Mama lagi disudutin sama papa itu gua ada perasaan untuk.... anjing... jangan kayak gitu."* He was also beaten by her father for failing the state university entrance test or playing PS too much. His father is also often judgmental.

Overcontrolling parenting includes restriction of freedom, unilateral decision-making, and lack of personal autonomy space, creating feelings of entrapment and loss of self-identity in adolescents, which can trigger suicidal ideation.

Participant 2 (AM) felt that his life was completely controlled by her parents, like a "doll" that had to be perfect and follow their dreams: *"Iya kak... kalau yang aku lihat, kebanyakan sih hidupku emang di atur sama mereka... kayak aku tuh bonekanya mereka gitu loh. aku harus perfect aku harus mengikuti mimpi mereka, kemauan mereka"*. The threat of being "dumped" if disobedient causes extreme distress and feelings of hopelessness.

The imposition of responsibilities that are inappropriate for the developmental stage of adolescents, both economically and emotionally, can create chronic stress and feelings of lost adolescence, ultimately triggering suicidal ideation as an escape.

- a. Participant 1 (MG) was forced to take care of the administration and family after his mother's death, without support from his father: *"ditambah aku di kasih tanggung jawab yang cukup besar dari mama buat ngurus ini dan itu, aku juga yang ngurusin eee... surat surat gitu. ya kayak merasa ini tuh berat banget, harusnya di umurku itu aku masih main sama temen temenku dan lainnya aku jadi harus urus ini dan itu, setelah itupun juga aku bertanggung jawab atas ini dan itu juga"*. He felt that he had lost his teenage years and had to bear his own grief.
- b. Participant 3 (AE) has been burdened with high expectations as "father's successor" since high school, required to be responsible and independent: *"He... kayak yang"*



pasti kalau Kakak tahu ee anak pertama tuh kan nanti bakal jadi penerus bokap kan, penerus ayah gitu. Jadi dari awal SMA tuh gua udah di apa ya, udah dicecerin gitu loh tentang ee lu harus bertanggung jawab, lu harus ee apa? Harus bisa berdiri diatas kaki sendiri, harus bisa ini, harus bisa itu, harus bisa ini harus bisa itu. Jadi kayak banyak banget yang mesti dipenuhin gitu loh sebagai sebagai anak sulung gitu.”.

Hopelessness is the loss of hope and belief that a difficult situation will improve in the future. Adolescents who experience this feel a void of meaning in life and are unable to envision solutions, believing their suffering is permanent, so suicidal ideation emerges as a way out.

- a. Participant 1 (MG) experienced despair due to family pressure and blame: *“Ada... sempet ada, ada masalah keluarga waktu itu dan ya aku yang di salah kan, aku di tekan... dan itu yang dilakuin keluarga ku. semua di salahin ke aku. aku yang harus nyelesin... karena waktu itu juga aku lagi capek... ya kena mental ku... aku nangis, aku kesel, putus asa. Kepikiran sih, kayak... apa aku nyusul mama aja ya”.*
- b. Participant 2 (AM) showed desperation because he was forced to follow his parents' wishes: *“Iya kak betul... aku disini aja sebenarnya dipaksa mereka. Aku awalnya mau nyerah... mau bunuh diri aja malah, sering dulu kayak putus asa aja”.*
- c. Participant 3 (AE) experienced hopelessness in the form of mental fatigue due to endless demands: *“Tapi ya udahlah. Jadi kayak ee banyak banget yang mesti gua lakuin dan juga kadang-kadang bikin gua capek dan kadang-kadang ada pikiran untuk nyerah gitu loh.”.*

Low self-esteem is characterized by a negative self-image, feelings of worthlessness, and doubts about one's ability to face challenges. This creates a vicious cycle where adolescents feel unable to cope with problems, leading to suicidal ideation as a way to end prolonged feelings of worthlessness.

- a. Participant 2 (AM) felt unworthy of life due to pressure and violence: *“ya aku putus asa aja gitu rasanya... ga kuat kak... aku pengen ngelakuin yang aku mau... tapi eee kalau aku ga nurut, katanya aku mau dibuang... ya aku mikir aja... mending mati.”.* She felt worthless.
- b. Participant 3 (AE) identified herself as a "failure" for not meeting her parents' academic expectations and personal standards: *“Gua ngerasa failure aja sebagai dulu tuh ngerasa sebagai individu yang gagal aja, gagal memekspektasi orang tua, gagal ee masuk ke apa unik negeri, gagal dalam ini, terus nilai juga beberapa ee enggak nyampai 90.”.*

Protective factors include elements that protect adolescents from suicidal ideation or attempts, such as more supportive family dynamics, social support systems, awareness of the value of life, and religiosity.

- a. Improved Family Dynamics: Participant 2 (AM) and Participant 3 (AE) both felt positive changes in relationships with parents. AM stated: *“Ada! ada banget, mungkin ya karena itu... aku ikutin apa yang mereka mau kan sekarang? jadi ya... mereka agak lebih baik...? jadi lebih terbuka, lebih bisa di ajak ngobrol... terus... udah mulai ga kasar sama ga main fisik juga gitu kak...”.* She also began to open up to her parents. AE noted changes in her father: : *“Perubahan sifat Oh, ada. Walaupun enggak banyak sih, enggak enggak signifikan sih cuman ada gitu dia. Enggak tahu*



- ya. Karena emang makin tua itu kayak kadang-kadang makin bijak ya orang.”. This improved family dynamic reduced the frequency of suicidal thoughts.
- b. Social Support: Support from peers or the social environment becomes a safe place to share complaints. Participant 2 (AM) has a good friend as a storyteller who can calm and appreciate him the most. Participant 1 (MG) also received support from her boyfriend who listened and calmed her down. Participant 3 (AE) felt closer to her friends in high school and got help from friends who had similar experiences.
 - c. Religiosity: Spiritual beliefs and religiosity can be a source of strength and meaning in life, which directly prevents suicide attempts. Participant 3 (AE) felt an inner voice stopping her from jumping: “*Oh, tadi gua belum nyebutin agama ya. Gua Kristen, Protestan, dan ya enggak enggak rohani-rohani banget sih. Cuman ee yang bikin gua enggak lompat itu apa sih? Enggak jadi terjun. Itu tuh ada satu suara yang ngembisikin gua, jangan, jangan nyerah gitu.*”. This was a factor in delaying the suicide attempt.
 - d. Awareness of the Value of Life: Remembering responsibilities to family or loved ones is also a motivator not to continue with a suicide attempt. Participant 1 (MG) did not continue his actions because he remembered his grandmother and younger brother who still needed him: “*Iya.. eee tiba tiba tuh berubah pikiran, pas keinget kalau ada mbah sama adek di rumah. Kayak yaaa... kepikiran kalau mereka juga masih jadi tanggung jawabku... aku juga ga mau mereka sedih karena aku gini*”. Participant 3 (AE) also thought about his mother and younger siblings if he jumped: “*wah kayaknya kalau gua lompat mama gua bakal acak adul nih apa perasaan dan kelanjutannya. gua juga kepikiran juga adik-adik gua eeee kayak kasihan kakaknya apa kakak enggak apa kakak gara-gara belajar terus dan dan enggak dan gagal penuh ekspektasi apa-apa. Jadi begitu kan gua juga mikir kayak aduh untung aja enggak gitu*”.

The results of this study comprehensively reveal the complex psychological dynamics in the emergence of suicidal ideation in adolescents, especially in terms of family factors. Suicidal ideation does not emerge suddenly or in isolation, but rather through a gradual process involving multifactorial interactions between family factors, psychosocial stressors, and adolescents' internal psychological conditions that reinforce each other.



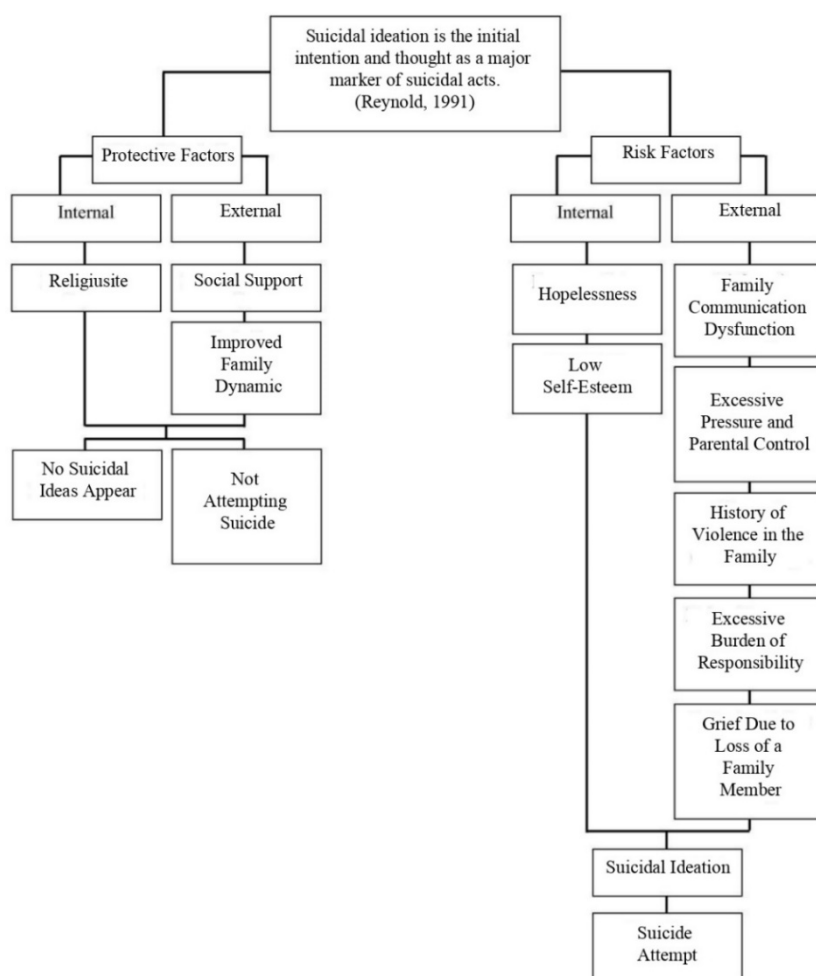


Figure 1. Model of Risk Factors and Protective Factors against Suicide Ideation and Attempts

This study succeeded in delving into the complexity of family mechanisms that contribute to the emergence of suicidal ideation in adolescents, while identifying significant protective factors. This study shows that family communication dysfunction, excessive stress, a history of violence, and excessive parental control are not stand-alone factors, but rather interrelated in creating a vulnerable psychological environment (Alvarez-Subiela et al., 2022; Llorca-Bofi et al., 2023). These unhealthy family dynamics operate cumulatively and interactively, where failures in one aspect (for example, communication) can exacerbate other aspects (such as conflict and control), thereby exponentially increasing the psychological burden of adolescents.

Family communication dysfunction, characterized by one-way communication patterns and a lack of empathy, has proven to be the main foundation of the stress experienced by adolescents. These unhealthy interactions hinder adolescents' development of healthy autonomy and self-esteem, as their perspectives and emotional experiences are often ignored or blamed (Sabah et al., 2023). The inability to be heard and validated in the family unit creates chronic psychological pain and feelings of



isolation, which then acts as a mediator in the relationship between traumatic experiences in childhood and the emergence of suicidal ideation (Keleş et al., 2023).

Excessive pressure from parents, especially related to academic achievement, and overcontrolled parenting are the main triggers for feelings of entrapment and loss of self-identity. Authoritarian parenting, characterized by high demands and low warmth, significantly increases adolescents' susceptibility to suicidal ideation (Prasetiani & Mahanani, 2024). The phenomenon of parentification, in which adolescents are burdened with responsibilities that are not appropriate for their age, further exacerbates chronic stress and creates a feeling of "losing adolescence" (Andini et al., 2023). Restrictions on freedom and unilateral decision-making by parents within the framework of family system theory limit adolescents' development space and trigger despair (Guo et al., 2024).

Violence in the family, both physical and verbal, as well as traumatic experiences such as deep grief due to the loss of a family member, are very strong risk factors. A violent environment creates a persistent fear and undermines the fundamentals of adolescents' sense of security and self-esteem (Llorca-Bofi et al., 2023; Keleş et al., 2023). The COVID-19 pandemic has increasingly highlighted the vulnerability of adolescents who experience the trauma of loss, where the accumulation of stressors can worsen their mental health conditions (Irnat et al., 2024). These traumatic experiences directly trigger vulnerable psychological states, such as feelings of worthlessness and deep despair.

The family risk dynamics then boil down to the internal psychological conditions of adolescents that encourage the emergence of suicidal ideation. These findings are in line with Shneidman's theoretical framework, which states that suicidal ideation arises from feelings of hopelessness and inability to cope with problems, as well as the Joiner Interpersonal Theory, which links it to feelings of meaninglessness, unworthiness, and social isolation (Keleş et al., 2023; Picou et al., 2024). The psychological pain resulting from family dysfunction is perceived as endless and inevitable, which ultimately gives birth to despair as a direct path to suicidal ideation.

However, amid strong risk factors, this study also identifies several protective factors that play a crucial role. These factors not only mitigate the negative impact of dysfunctional family dynamics but also form a network of resilience that allows adolescents to survive crises. Positive changes in family dynamics towards a more supportive environment and open communication are the first bulwarks in preventing the escalation of suicidal ideation (Sabah et al., 2023; Li et al., 2023). Interventions such as family counseling have been shown to be effective in addressing structural problems in the family system and improving adolescent mental health, including reducing suicidal ideation (Agustine et al., 2024).

Social support from outside the family, especially from peers, acts as a vital emotional safety net. Effective support can reduce feelings of isolation, provide validation, and offer alternative coping perspectives and models (Dewi, 2025; Xu & Sun, 2022). In the Indonesian context, the development of emotional intelligence and emotional regulation skills through social support is also found to be an important path to self-resilience for adolescents who experience suicidal ideation (Dewi, 2025).

Meaningful belief systems, such as religiosity and spiritual intelligence, serve as a source of internal strength. Religiosity provides a framework of meaning that helps



adolescents understand suffering, offers a sense of belonging through community, and often contains teachings that affirm the value of life and prohibit suicide (Goudarzi et al., 2025). This belief binds adolescents to expectations and goals, directly countering the meaningless feelings that are risk factors in Joiner's theory.

Resilience and well-developed self-esteem are key psychological protective factors. Adolescents with high resilience are able to adapt positively when faced with family stress and tragedy, recover and even thrive from these difficulties (Dou et al., 2022). Self-esteem, built through the experience of being valued and supported, forms a positive self-concept that protects adolescents from internalizing feelings of worthlessness and hopelessness (Sabah et al., 2023; Dewi, 2025).

Overall, the findings of this study confirm the dynamic interaction model between risk and protection factors. The risk of family dysfunction can be mitigated by a network of mutually reinforcing protective factors, such as improved family support, a strong social support system, meaningful beliefs, and individual resilience and self-esteem (Dou et al., 2022; Dewi, 2025). The main clinical and preventive implications are the need for a comprehensive and systemic intervention approach, which not only addresses risk factors at the family level, but also actively builds and strengthens a range of protective factors at the individual, family, and community levels.

CONCLUSION

This study concludes that the emergence of suicidal ideation in adolescents is the result of dynamic and cumulative interactions between family risk factors and protective factors. Communication dysfunction, excessive pressure, violence, and overly controlling parenting together create a vulnerable psychological environment, which triggers feelings of hopelessness, worthlessness, and social isolation. However, the presence of protective factors such as a more supportive transformation of family dynamics, social support from peers, meaningful belief systems, and individual resilience and self-esteem can form a protective network that prevents the escalation of such thoughts into action. These findings underscore the importance of comprehensive, systemic prevention and intervention approaches, which simultaneously address family dysfunction while building resilience at the individual, family, and community levels. Thus, efforts to address adolescent suicidal ideation must move beyond focusing on the individual and making the family context a central target of intervention.

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