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Understanding emotion regulation strategies in female adolescents with depressive symptoms: a qualitative study

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ABSTRACT

In Malaysia, adolescents are at a high risk for depression, with the prevalence rising from 18.3% in 2017 to 26.9% in 2022. Additionally, the proportion of female adolescents affected is significantly higher than male adolescents, with 36.1% of females experiencing depression compared to 17.7% of males. Thus, a qualitative study was conducted to explore the emotion regulation strategies used by female adolescents experiencing depressive symptoms. Semi-structured interviews were performed with 15 female adolescents, aged 14 to 16 years, who had severe depression scores as assessed by the DASS-21. Using purposive sampling, all 15 female adolescents were selected from six public secondary schools in the Klang Valley, Malaysia. The Klang Valley, which includes the two main states of Selangor and Kuala Lumpur, was chosen due to its ranking among the top three states in 2022 with the highest rates of depression symptoms. All responses were recorded and analyzed using a thematic analysis approach. The findings revealed that female adolescents employed five emotion regulation strategies: suppressing expression, pampering themselves, seeking support, reorganizing their thoughts, and engaging in negative actions. This study explores the emotional experiences of female adolescents to design feasible and flexible interventions that address a wide range of individual needs.

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1. INTRODUCTION

Depression is a widespread psychological disorder observed in children and adolescents, notably increases in occurrence during the puberty period [1]. It is characterized by persistent sadness, frustration, and helplessness, often accompanied by a loss of interest in activities and disruptions in sleep, appetite,

concentration, and overall well-being [2], [3]. These challenges greatly affect emotional well-being, social relationships, and academic performance [3]. Moreover, among the various emotional disorders in developmental psychology, depression has emerged as a formidable threat to the healthy development of adolescents. According to the World Health Organization (WHO), the prevalence of depression among adolescents aged 10-14 years is estimated to be approximately 1.1%, while the rate is higher at approximately 2.8% among older adolescents aged 15-18 years [4]. Furthermore, data from the National Health and Morbidity Survey (NHMS) [5] indicates a sharp rise in depression among Malaysian adolescents, increasing from 18.3% in 2017 to 26.9% in 2022. Notably, female adolescents exhibit a significantly higher prevalence, with 36.1% experiencing depression compared to 17.7% of male adolescents. Past studies also showed that female adolescents report more symptoms of depression compared to male adolescents [6], [7]. Additionally, female adolescents from Asia are at the highest risk of developing depression [8].

While the statistics in Malaysia provide a clear picture of depression's prevalence, especially among female adolescents, understanding how female adolescents regulate their emotions is equally crucial for a comprehensive view of the issue. Emotional regulation is a crucial skill that supports emotional well-being and serves as a key focus of prevention strategies aimed at promoting healthy habits that can last a lifetime [9]. Female adolescents are particularly vulnerable to negative emotional states due to intense and fluctuating emotions, difficulties in accurately identifying their feelings, and additional pressures from peer relationships, academic expectations, and identity exploration [9]–[11]. These challenges emphasize the significance of emotional regulation, which has consistently been recognized as a key factor in the onset and progression of depressive symptoms [12]. Emotion regulation is defined as a complex and multifaceted process involving internal and external mechanisms. It helps individuals regulate the intensity, expression, and display, using various strategies to modify how emotions are experienced and expressed [13].

Emotion regulation is often mistakenly equated with coping; however, the two concepts are distinct from one another. Coping refers explicitly to how individuals respond to stress, whereas emotion regulation applies to managing emotions in various situations and responses to a broader array of stimuli [14]. This distinction underscores the versatility of emotion regulation, which extends to a wide range of emotional experiences and situations. Female adolescents rely on various strategies to regulate and express their emotions effectively. Female adolescents often use emotion regulation strategies, including reappraisal, distraction, social sharing, problem-solving, acceptance, suppression, avoidance, self-blame, blaming others, and rumination [15]-[19]. Some researchers argue that the way we regulate our emotions depends on factors like the situation, intensity of the emotion, individual differences, and the type of emotion involved [16]. Building on this idea, Gross [16] developed a framework that categorizes emotion regulation strategies into five types. The first is situation selection, where people choose to approach or avoid situations based on the emotions they expect to feel. Second, situation modification involves changing aspects of a situation to influence its emotional impact. The third, attention deployment, is about focusing or shifting attention toward or away from an emotional stimulus. The fourth, cognitive change, involves reinterpreting the meaning of an emotional situation. Finally, response modulation involves consciously managing emotional responses such as suppressing or amplifying them.

Previous studies revealed that depression among female adolescents is a major public health concern worldwide, including in Malaysia, underscoring the crucial role of emotion regulation strategies in managing emotions and reducing depressive symptoms [11], [12]. However, female adolescents are more vulnerable to depression due to distinct emotional patterns and often rely on emotion regulation strategies such as rumination, self-blaming, and catastrophizing [12], [19]. Numerous studies have found a strong association between depressive symptoms and the use of emotion regulation strategies that emphasize the profound influence of depression on how individuals regulate their emotions [10]–[12]. Although these findings are well-established, research exploring gender differences in emotion regulation strategies remains inconsistent. Some studies suggest that female adolescents are more likely to employ cognitive reappraisal to regulate their emotions when experiencing depression [20]. In contrast, others are prone to strategies like rumination and self-blame [19]. Additionally, studies on female adolescents in Malaysia showed that they regulate their emotions by expressing their feelings [21]. These inconsistencies highlight the need for further research, specifically exploring how female adolescents regulate emotions when experiencing depressive symptoms in the Malaysian context.

To conclude, while previous studies have extensively examined emotion regulation and its role in adolescent depression [10]–[12], [19], [20], most studies have relied on quantitative methods and focused on general adolescent populations only [9]–[12], [19]–[21]. Simultaneously, there has also been limited exploration of gender-specific experiences in emotion regulation [9], [17], [20], [21]. Moreover, the existing qualitative studies in Malaysia related to emotion regulation have largely centered on specific subpopulations, such as adolescents with drug abuse issues [22], parents and teachers [23], refugee students [24], adolescents with their teachers [25], healthcare professionals [26], and teachers [27]. While previous studies provide valuable insights, they fail to capture the specific strategies employed by female adolescents

experiencing depressive symptoms. Thus, this study aims to fill this gap by qualitatively examining how female adolescents regulate their emotions when experiencing depressive symptoms. By focusing on this underrepresented group, the study offers novel insights into the gender-specific challenges of emotion regulation. It contributes to the broader understanding of adolescent mental health in Malaysia. The key research question guiding this study is: What are the strategies that female adolescents employ to regulate their emotions when experiencing depressive symptoms?

2. RESEARCH METHOD

2.1. Sample and sampling procedure

This qualitative article is part of a large-scale study involving difficulties in regulating emotions among adolescents in Malaysia [28]. According to the Adolescent Health Survey (AHS) by the Institute for Public Health, Ministry of Health Malaysia, 26.9% of adolescents report feeling depressed [5]. The Klang Valley, which includes the major states of Selangor and Kuala Lumpur, has a notably high prevalence of depression symptoms. It ranks among the top three regions in Malaysia with the highest reported rates of depression. Additionally, the survey reveals that depression is more common among female adolescents, with 36.1% affected compared to 17.7% of male adolescents. Therefore, this study recruited female adolescents from six public secondary schools in the Klang Valley, Malaysia. The study interviewed female adolescents aged 14 to 16 years old. This age range was selected because it is marked by significant biological, cognitive, and socio-emotional changes [11].

A purposive sampling technique was used to recruit all the female adolescents. The students were screened according to the inclusion criteria, including those who participated in a large-scale study on difficulties in regulating emotion among adolescents [28], female adolescents only and those with severe scores on the depression construct in DASS-21. The cut-off score for depression is 14 and above [29]. Students who were identified as having learning disabilities, cognitive impairments, and diagnosed mental health disorders were not included in the study. Female adolescents who met the inclusion criteria were invited to participate in an online semi-structured interview. Thus, 15 female adolescents between 14 and 16 agreed to be interviewed. All of them also had obtained parental informed consent. After collecting data from these 15 female adolescents, data saturation was achieved. All the female adolescents aged 14 years old (n=5), 15 years old (n=8), and 16 years old (n=2).

2.2. Procedure

Data collection was conducted in May 2023 and continued until September 2023. The selected female adolescents who passed the inclusion criteria and agreed to be interviewed were contacted by social messaging applications such as WhatsApp and Telegram. Then, the researchers set up interview sessions with those who agreed to be interviewed. In the first part of the interview, participants were briefed regarding the research topic, consent, and the confidentiality of their identity. They were also informed that the data was reserved only for analysis purposes. The interviews were conducted online via Google Meet using a protocol interview that had been set up. The duration of each interview was about 45 to 90 minutes. The participants spoke freely and informally about their emotional experiences and how they regulated their emotions. Interview questions were asked in Malay, including, "Have you ever had emotional experiences with individuals such as parents, siblings, peers, or teachers? If so, how did you regulate your emotions during those incidents?" All interviews were recorded with the consent of the participants. After their interview session ended, each participant received a cash reward of RM20 (USD4.25) for their participation.

2.3. Data analysis

Research team members agreed that the data must have reached saturation before the data analysis process could begin [30]. To keep the data and information private and confidential, each of the 15 participants was represented by a pseudonym, a false name provided by the researcher to be distinct from the actual names of the participants [31]. Participants aged 14 were given pseudonyms starting with the letter A, and participants aged 15 and 16 were given pseudonyms starting with B and C, respectively.

Following the methodology proposed by Braun and Clarke [32], the thematic analysis process was used, which consisted of six steps. First, researchers started by familiarizing themselves with the data. Researchers transcribed all the audio recordings and saved them in Microsoft Word. The transcripts were then shared in Google Drive. The researchers familiarized themselves with the data by carefully reading the transcripts and extracting meaningful ideas and content. During this step, initial patterns and potential ideas in the transcripts were written and imported into Google Spreadsheet to enable auto-synchronized sharing among the researchers. The second step involved generating codes for the entire dataset. A deductive approach was employed for coding purposes. After carefully reading the initial patterns and potential ideas,

the researchers built a coding framework to analyze the data. The first and fourth authors, actively participating in the data collection phase, coded the transcripts separately and subsequently engaged in discussions regarding their respective codebooks. Any disagreements were resolved by rereading the text section and discussing the most appropriate coding option. After establishing the intercoder agreement, the codebook was finalized, and the first author proceeded to code the remaining transcripts.

Subsequently, the third step, which involved searching and generating the themes, includes investigating and cultivating themes derived from the codes. The codes were organized into subthemes and themes. For example, the codes "father," "counsellor," and "teachers" were grouped under the 'searching for informational support' subtheme. Subthemes were grouped into potential themes based on their interconnection. For example, the 'searching for informational support' subtheme was placed under the 'seeking support' theme. Next, step four relates to reviewing themes, where the research team members discuss these subthemes and themes, making necessary modifications until a unanimous agreement is achieved concerning the ultimate assemblage of themes. This review is essential to ensure the validity and reliability of the findings. In this study, we used "the research team checking" to ensure validity. This process involves the researcher informally verifying the accuracy of their understanding with participants during data collection.

Then, to ensure reliability, we employ a method known as 'multiple coding,' also called 'peer review,' 'consistency checks,' or 'intercoder reliability.' This approach is the qualitative equivalent of 'interrater reliability' in quantitative research. It involves having one or more additional qualitative researchers independently analyze the study data [33]. The research team finalized the theme, including academic experts in education, psychology, and psychiatry. Kakar *et al.* [33] emphasized that this procedure is essential for ensuring the study's verifiability. Finally, five themes for both objectives were identified, and these themes were subsequently subdivided into more specific subthemes. The fifth step involved a comprehensive review of the identified themes to ensure accuracy and coherence. Finally, the last step involved examining the composition of the analysis, with team members providing feedback and conducting checks to enhance the overall quality of the work. Quotes were included to fortify and exemplify our interpretation.

3. RESULTS AND DISCUSSION

The findings provide valuable insights into the emotion regulation strategies employed by female adolescents experiencing symptoms of depression. While previous studies in Malaysia have examined emotion regulation more broadly [21]–[28], this study specifically focuses on the unique experiences of female adolescents. Through semi-structured interviews with 15 female adolescents, we identified key strategies used to regulate emotions during depressive symptoms, including: i) suppressing expression (e.g., isolating oneself, avoiding or ignoring others); ii) pampering oneself (e.g., engaging in mental activities, eating, sleeping, interacting with pets or dolls, and participating in physical activities); iii) seeking support (e.g., receiving emotional support, searching for informational support, and looking for network support); iv) reorganizing thoughts (e.g., reappraising the situation in positive ways, acceptance, problem-solving, and embracing themselves); and v) engaging in negative actions (e.g., physical harm, emotional self-harm, and expressions of negative response).

This study contributes a novel perspective by demonstrating a strong alignment between these findings and the process model of emotion regulation [16]. The process model which includes situation selection, attentional deployment, and cognitive change is reflected in the strategies of suppressing expression, pampering oneself, and reorganizing thoughts, respectively. Similarly, the strategy of seeking support aligns with situation modification, as both involve attempts to alter the emotional impact of external circumstances. Lastly, response modulation aligns with engaging in negative actions, such as self-harm, as a means of influencing emotional expression or experience. These strategies are further explored in the detailed analyses presented in the following sections.

3.1. Suppressing expression

Suppressing expression involves adolescents' purposeful restraint or regulation of outward manifestations of emotions, responses, or conduct [13]. When female adolescents described suppressing their expression, they mentioned behaviors such as isolating oneself, avoiding behavior, and ignoring behavior. According to the interview, female adolescents intentionally isolate themselves or create distance between themselves and others. Their sense of being emotionally overwhelmed drives this behavior, thus necessitating isolating themselves as one of the regulation strategies. Interestingly, all female adolescents respond to isolating themselves, and they mention words such as "like being alone," "staying in the room," "repressing emotions," and "remaining quiet." From the interview session, female adolescents have acknowledged a propensity to use isolation to create distance, especially when experiencing negative emotional states. This study also found that female adolescents tend to be alone or hide their feelings when they feel negative emotions [25], for example:

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"If I am feeling down, I tend to isolate myself in my room." (Bella, female, 15) "Usually, when I am feeling sad, I prefer to be alone." (Basyirah, female, 15)
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Additionally, the findings also found that female adolescents tend to keep their negative emotions to themselves, particularly when faced with situations that are demanding or distressing. The adolescents explained that they "keep it within themselves" and feel reluctant to share or express their negative emotions with others openly. Furthermore, female adolescents also tend to avoid the situation. Avoiding behavior is when female adolescents purposefully create a sense of separation from situations that could yield unfavorable outcomes [1]. During the interview sessions, the female adolescents described how they avoided acknowledging their situation. These strategies refer to how female adolescents can deny the reality of a particular circumstance [16]. This behavior can be a commendable approach to safeguard themselves from possible unease, strain, or adverse sentiments associated with acknowledging and confronting the situation.

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"I just prefer to keep it to myself." (Bazilah, female, 15)
"When I am angry, I prefer to remain silent." (Ayla, female, 14)
"I choose not to listen to what my mother is saying." (Bushra, female, 15)
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Ignoring behavior often involves intentionally not acknowledging or confronting their current situations or emotional experiences [34]. This approach to handling emotions can be seen as a form of suppression, where the individual actively seeks to detach themselves from the feelings associated with a particular circumstance. For example, Bahirah, a 15-year-old girl, expresses this by saying, "I feel like just ignoring what I feel afterwards." This statement reflects a conscious effort to avoid dealing with her emotions following an experience. Bahirah might be attempting to shield herself from discomfort or vulnerability by choosing not to engage with her feelings. However, this method can also lead to unresolved emotional issues and further complications in her emotional well-being.

Overall, these findings suggest that emotion regulation strategies are highly context-dependent, particularly during periods of negative emotions. The effectiveness of these strategies among female adolescents is influenced by the specific situations in which they are employed [35], [36]. Context becomes especially critical in scenarios where there is an elevated risk of mental health challenges. For instance, isolation was identified as a common emotion regulation strategy used by female adolescents when experiencing depression. Although this strategy is generally considered a more negative approach, it provides temporary emotional relief that can help them manage with emotional distress in the short term.

On the other hand, suppression expressions have also been linked to their own set of complexities in the context of depression. Research indicates that suppression may worsen relationships during the depressive period [37]. Previous research has shown that suppression during periods of depression is often associated with adverse psychological outcomes, potentially increasing depressive symptoms and emotional distress [38]. However, other studies have not found evidence that suppression either worsens depression or helps to reduce its impact, suggesting that its effects may vary depending on different contexts and populations [39].

3.2. Pampering self

Female adolescents love participating in activities that help divert or distract their attention. According to the findings, most strategies categorized under pampering self can help female adolescents distract themselves from negative emotions. Research indicates that distraction is a commonly employed emotion regulation strategy often used to shift focus away from distressing thoughts or feelings and temporarily relieve emotional discomfort [16]. Throughout the interview session, the female adolescents mentioned engaging in mental activities such as drawing, writing, reading, and watching drama. All these activities require mental representation to convert one's thoughts and concepts into visual forms. Mental representation is a cognitive process visualizing various scenarios or ideas without direct physical engagement [40]. The female adolescents expressed that engaging in these activities helped them experience positive emotions:

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"I like to draw. Drawing makes me happier." (Bella, female, 15)
"I keep myself busy by reading novels and watching dramas." (Adira, female, 14)
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Besides, female adolescents also often divert or distract themselves from emotional experiences by engaging in activities such as eating and sleeping, as both behaviors can help them regulate and alter negative emotions. For instance, eating may provide comfort or temporary relief from distressing feelings, while sleeping can offer a break from overwhelming emotions, allowing for mental and emotional recovery.

Female adolescents have admitted to employing eating and sleeping as one of their emotion regulation strategies:

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"Food... I would look for something to eat." (Bazla, female, 15)
"If I am getting a bit too depressed, I might choose to sleep to avoid thinking about it." (Bazilah, female, 15)
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In addition, participating in physical activities such as sports or going outdoors involves any act about the human body's movement. These various activities necessitate a heightened expenditure of energy. During the interviews, the female adolescents mentioned that they participate in physical activities such as Zumba or play sports such as archery and long-distance sports events as their extracurricular activities. Both physical activities help them to enhance their positive emotional experiences. Other female adolescents reported partaking in various physical undertakings such as social outings. Some relevant examples from the interviews are as:

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"I will do Zumba [dance]." (Cyra, female, 16)
"I am participating in a long-distance event, 1500 in schools. As well as archery." (Ain, female, 14)
"I like to go out. I go to MyTown shopping center with my friends." (Bahijah, female, 15)
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Finally, some female adolescents reported engaging in activities such as playing and interacting with pets or inanimate objects like dolls to release negative emotions. Interacting with pets can provide comfort and a sense of companionship and help alleviate depression [41]. In this study, one of the female adolescents noted that playing with their pets helped them manage negative emotions, while another mentioned using dolls to regulate her emotional state.

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"I like to play with my cats. My cat likes to run around, so I will chase and play with him. It makes me feel better afterwards." (Bahirah, female, 15)
"Sometimes I just.... You know, just play with my plushie, that is all." (Bazilah, female, 15)
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These findings are consistent with previous research [42], which proposed that female adolescents can manage overwhelming emotions and navigate crises by engaging in pleasurable and self-soothing activities. Furthermore, the current study highlights that female adolescents tend to engage in these activities more frequently than male adolescents [1]. This suggests that female adolescents may exhibit greater emotional regulation strategies.

3.3. Seeking support

The female adolescents highlighted the importance of external support in promoting good emotional experiences. Seeking support involves everyday interactions through direct or indirect communication, intending to convey to others that they are cared for and supported. Emotion regulation includes both intrinsic processes (where individuals manage their own emotions) and extrinsic processes (where external factors play a role in influencing emotions). In this context, seeking support reflects female adolescents' tendency to reach out to significant others for help, aiming to reduce uncertainty about themselves, their emotions, or their situation. The findings showed that female adolescents have been identified with three types of support: emotional, informational, and network. First, emotional support involves seeking concern, empathy, and sympathy from others during challenging times [43]. During the interviews, the female adolescents stated that they share their problems with trusted people such as their family members, including their mothers, cousins, siblings, and grandparents:

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"I always open up my feelings to my mother." (Camilla, female, 16)
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The female adolescents also shared that they often discuss their emotional experiences with friends. Many of these trusted friends are peers at school with whom they feel comfortable discussing personal issues. Most female adolescents reported that they frequently disclose to their school friends about the challenges they face or the problems they are dealing with. This conversation is crucial for expressing their feelings,

[&]quot;I share my problem with my cousin. In fact, we always confide and comfort each other. I also always shared with my grandmother, but now she is no longer here. She passed away last January." (Ain, female, 14)

[&]quot;I told my sibling about the situation." (Ayla, female, 14)

seeking advice, and receiving emotional support. By talking with friends of the same age and in similar environments, they find understanding and empathy, which helps them feel less isolated in their experiences.

"Sometimes, I will share with my friends. They will try to make jokes and try to cheer me up. They also spend their money on me. Then, when they spend the money, they always say that this is what they can afford. Furthermore, I will say it is okay. I do not need much. The important thing is that I have friends to talk to." (Bella, female, 15)

Secondly, female adolescents usually turn to individuals perceived as knowledgeable and capable of offering practical solutions, such as their parents or school counsellors. This is called informational support. One of the female adolescents also was looking for a school counsellor who could provide advice. Subsequently, she plans to consult with a medical professional to gain information and insights about her mental health. This approach underscores the importance of accessing expert guidance to navigate complex emotions and issues. By reaching out to trusted sources for support, these female adolescents aim to gather the information they need to make informed decisions and address their concerns more effectively.

"After I told my father about the issues, he reported it to the school. Then, after a few days, I noticed the friend who had always bullied me remained silent." (Bella, female, 15) "Last year, I went for a counselling session. And the counsellor intended to take me to the hospital to get a proper diagnosis." (Bushra, female, 15)

Thirdly, female adolescents also emphasize the importance of social network support. A social network allows individuals to establish personal representation, pursue knowledge, and interact with others [43]. The female adolescents mentioned a few examples of social networks, such as TikTok, Twitter, and Instagram, which help them navigate negative emotional experiences. They also discussed relying on social networks to alleviate negative emotional experiences. Importantly, social networks play a significant role in providing a channel for individuals to express themselves, enabling them to disseminate their thoughts, feelings, and experiences [43]. Sharing on social networks serves as an outlet to express oneself, a means to connect with others, and to solicit responses:

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"Sometimes I will look at quotes on TikTok, and some of them relate to my emotions. It makes me feel happy and satisfied." (Bella, female, 15)
"Almost every day, I will rant on Twitter." (Bahirah, female, 15)
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Through this current finding, female adolescents purposefully sought support to reflect and re-engage with the issue and find a resolution. After specific periods, female adolescents choose to share their emotional experiences with trusted persons, including family members, peers, and teachers. Considering they spend most of their time at home or school, family members, peers, and teachers are considered integral members of their social spheres. This aligns with previous findings and reveals that family members and teachers are crucial support systems [23]. At the same time, other studies [25], [44] highlighted the importance of peers in the stages of an adolescent's development.

3.4. Reorganizing thoughts

Reorganizing thoughts is one emotion regulation strategy that helps female adolescents regulate their emotional experiences. Reorganizing thought refers to restructuring thoughts about a situation or emotional experience in positive or negative ways [45]. Throughout the interview session, there are a few ways for female adolescents to reorganize their thoughts, including problem-solving, accepting emotional experiences, reappraising the situation positively, and embracing themselves. Solving problems requires female adolescents to possess the ability to identify the issues they are facing and directly implement the most suitable methods to solve the problems [1]. The findings of this study showed that to resolve the problems, female adolescents often search for information through the internet or clearly understand the necessary steps to be taken. They are observed to engage in effective problem-solving strategies actively:

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"I will find a way to solve the problem by looking through the internet." (Bazilah, female, 15) "I will study even harder. I will prepare early for my exams. I will study with my schoolmates." (Bella, female, 15)
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Besides, the female adolescents learned to accept and acknowledge emotional experiences rather than try to resist them. Through interviews, they revealed that they are adopting a mindset of acceptance,

using phrases like "move on," "endure it," "leave it to God," "forgive," and "be patient." These expressions reflect consciously embracing their emotions and experiences rather than suppressing them. They can fully recognize and process their emotional states by accepting these feelings. This approach helps them confront and regulate their emotions more effectively and fosters personal growth and resilience.

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"I should move on." (Bahirah, female, 15)
"Just endure it." (Bazilah, female, 15)
"Leave it to God." (Bazla, female, 15)
"I am the type who would like to forgive other people." (Aira, female, 14)
"I feel like I need just to be patient." (Cyra, female, 16)
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Subsequently, reappraising the situation in positive ways means looking at the situation from a more optimistic point of view [13]. Female adolescents could reframe their cognitive processes about their parents' intentions for a clear and better future. Rather than fixating on potentially unfavorable interpretations or presumptions, they opted to construe their parents' actions or decisions favorably, accentuating their benevolent intentions. The study found that cognitive reappraisal is significantly more vital for female adolescents than male adolescents [20]. This cognitive reappraisal can contribute to a more favorable and adaptable emotional reaction. Simultaneously, the female adolescents reflected on attributing a potentially unfavorable outcome to their perceived lack of dedication to their studies. This awareness involves an honest re-evaluation of the situation and recognizing areas for improvement.

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"I know my parents wanted the best for me." (Ain, female, 14)
"I believe I have not dedicated sufficient time to my studies to achieve a favorable outcome."
(Adira, female, 14)
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Finally, female adolescents also embrace themselves as one of the strategies for regulating their emotions. Embracing themselves refers to adolescents who can recognize and value their self-worth [46]. For example, one female adolescent mentioned the concept of self-love. Self-love is present when individuals recognize that they have their own identities, strengths, and weaknesses. An adolescent explains about the concept of self-love:

"Self-love is when a person truly cares for themselves. When people practice self-love, they do not care about what others think, good or bad at something; they are simply confident in themselves." (Bushra, female, 15)

In summary, all the findings suggest that reorganizing thoughts can help to reframe a situation or emotional experience [45]. This study provides empirical support for the assertions made by Zagaria *et al.* [1] highlighting the benefits of reorganizing thoughts as an emotion regulation strategy. Additionally, study by Değer *et al.* [10] highlighted the significant advantages of reorganizing thoughts in managing emotions, further underscoring its importance in promoting emotional well-being. Furthermore, problem-solving, which under reorganizing thoughts, was associated with a lower prevalence of depression [11], [12].

3.5. Engaging in negative actions or behavior

Through the interview, the findings revealed that female adolescents also engage in negative actions and behavior. They are involved and participate in harmful and destructive actions or behavior. They may harm themselves physically and emotionally as well as express negative behavioral responses. Physical harm is one of the negative behaviors that female adolescents perform. In this situation, female adolescents intentionally inflict physical harm upon themselves [47]. The current study aligns with the previous findings [48] and shows that self-harm reduces negative emotions and provides instant emotional relief. Additionally, these results were also found to be consistent with other studies where suicide ideas have been associated with depression symptoms [47].

In addition, statistics in 2022 showed that female adolescents in Selangor showed that 22.7% experienced suicidal ideation, 18.4% made suicidal plans, and 16.7% attempted suicide. In Kuala Lumpur, the rates were slightly different, with 23.7% reporting suicidal ideation, 16.9% making suicidal plans, and 15.8% attempting suicide [5]. These figures reveal a concerning trend among female adolescents in the studied region. During the interviews, further insights into self-harm behaviors were uncovered. One female adolescent reported engaging in self-harm by cutting her hand. Another female adolescent also described that making cuts on her hand was not the only method she used to inflict physical harm. She mentioned that "scratching her hand until it becomes red" was one of the strategies she employed to release her negative emotions.

"I had experience cutting my hand. Yeah, at that time, I could not handle it anymore. Though I rarely do all these things, once I feel so down, I will do it." (Ain, female, 14)

"Most people will cut, but I just used my hand to scratch until they turned red. There are a few lines, but it is not visible." (Bushra, female, 15)

When dealing with emotional self-harm, female adolescents often spend much time reflecting on painful memories. This tendency to focus on past hurts usually stems from negative emotional experiences that significantly impact their well-being. These distressing memories often become the focus of their thoughts, causing them to revisit and analyze their pain repeatedly. This ongoing rumination can increase their emotional distress and make it more difficult for them to move forward [49], [50]. Consequently, breaking this cycle of repeated reflection becomes an important step in helping them to regulate their emotions and heal.

"When I remembered it again, it started. At the beginning of this year, everything seemed fine, so I did not think about this issue. But when it was mentioned, then I started to remember it again." (Balqis, female, 15)

Lastly, female adolescents sometimes respond negatively when expressing their emotions. They may use harsh words or get into conflicts with others. This finding is consistent with a previous study [51], which highlights the significant impact of peer relationships on adolescents' reactions. For example, when adolescents experience humiliation, they tend to respond emotionally, sometimes in a reactive manner. Most of the 15 female adolescents interviewed recalled reacting negatively, such as by scolding or arguing verbally. These negative responses often occur to deal with their emotional distress. However, they can lead to more problems in relationships [51] and emotional well-being [6]. For instance, one female adolescent described using harsh language during a disagreement. This only made the situation worse and increased her emotional pain. These behaviors show how hard it can be for female adolescents to regulate their emotions and highlight the need for better ways to help them communicate their feelings.

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"I was scolding them loudly." (Afifah, female, 14)
"I scolded them, and we had a verbal fight." (Ayla, female, 14)
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Collectively, these findings highlight the unhealthy strategies that female adolescents often use to regulate their emotional experiences, such as self-harm, rumination, and verbal conflicts. These behaviors underscore the urgent need for effective interventions that promote mental health and offer healthier alternatives for managing negative emotions. Adopting a holistic approach to address these challenges can enhance their emotional well-being [6].

4. CONCLUSION

In conclusion, emotion regulation strategies appear to be an essential skill for female adolescents and help them reduce depressive symptoms. Based on the findings, most female adolescents prefer multiple strategies to increase their positive emotional experiences. However, it is essential to note that female adolescents may possess strategies that contradict the selection of effective methods for regulating emotions, leading them to rely on habitual but ineffective approaches, such as avoiding others or being silent. Despite these complexities, the findings suggest that female adolescents' primary motivation behind adopting specific emotion regulation strategies is the pursuit of positive outcomes for themselves. This deeper understanding emphasizes the complexity of emotion regulation during adolescence and offers valuable insights for tailored interventions to promote well-being.

This study promotes new knowledge and provides the most recent information on the strategies employed in regulating emotions, especially among female adolescents. The findings can contribute to developing educational programs to enhance the acquisition of healthy emotion regulation skills among female adolescents. This endeavor may involve integrating evidence-based strategies into school curricula or extracurricular activities. Subsequently, professionals can utilize this information to create culturally sensitive interventions that consider the distinctive socio-cultural context of female adolescents. This information holds considerable significance in shaping policy decisions concerning mental health support and resources for adolescents, particularly within ministries such as the Ministry of Health and the Ministry of Education in Malaysia.

This study has several limitations, and it can be utilized to provide useful recommendations for future research. Given that Malaysia is a multicultural country, the current data are limited to specific racial

groups, and thus, they may not adequately represent the entire population. Hence, ensuring a diversity of races such as Chinese, Indian, and Bumiputera in future studies will increase the understanding of emotion regulation strategies in female adolescents. Secondly, female adolescents were interviewed in this study; thus, future studies must focus more on how male adolescents regulate their emotions. Lastly, this study was limited to exploring emotion regulation strategies from an adolescent's viewpoint. It is acknowledged that the viewpoints of others, such as teachers and parents, are also valuable in broadening our understanding of emotion regulation strategies.

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AUTHOR CONTRIBUTIONS STATEMENT

This journal uses the Contributor Roles Taxonomy (CRediT) to recognize individual author contributions, reduce authorship disputes, and facilitate collaboration.

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CONFLICT OF INTEREST STATEMENT

The authors state there is no conflict of interest.

INFORMED CONSENT

We have obtained informed consent from all individuals included in this study.

ETHICAL APPROVAL

Ethical approval was obtained from the Research Ethics Committee (REC) of Universiti Kebangsaan Malaysia (UKM) under the approval number UKM PPI/111/8/JEP-2021-182. Additionally, this study received approvals from the Ministry of Education Malaysia (KPM.600-3/2/3-ERAS (13255)), the Selangor Education Department (JPNS.SPO.600-1/1/2 JLD. 23 (58), and the Wilayah Persekutuan Kuala Lumpur Education Department (JPWPKL.600-9/1/5 JLD. 7 (30).

DATA AVAILABILITY

The data that support the findings of this study are available from the corresponding author [KFK], upon reasonable request.

REFERENCES

- [1] A. Zagaria *et al.*, "Differential Associations of Cognitive Emotion Regulation Strategies with Depression, Anxiety, and Insomnia in Adolescence and Early Adulthood," *International Journal of Environmental Research and Public Health*, vol. 20, no. 10, 2023, doi: 10.3390/ijerph20105857.
- [2] J. R. Pozuelo, L. Desborough, A. Stein, and A. Cipriani, "Systematic Review and Meta-analysis: Depressive Symptoms and Risky Behaviors Among Adolescents in Low- and Middle-Income Countries," *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 61, no. 2, pp. 255–276, 2022, doi: 10.1016/j.jaac.2021.05.005.
- [3] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. American Psychiatric Association Publishing, 2022. doi: 10.1176/appi.books.9780890425787.
- [4] World Health Organization, "Adolescent mental health," 2024. [Online]. Available: https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health
- [5] Institute for Public Health (IPH), "Technical Report National Health and Morbidity Survey (NHMS) 2022: Adolescent Health Survey," Selangor, 2022. [Online]. Available: https://iku.gov.my/images/nhms-2022/Report Malaysia nhms ahs 2022.pdf
- [6] Y. Yoon, M. Eisenstadt, S. T. Lereya, and J. Deighton, "Gender difference in the change of adolescents' mental health and subjective wellbeing trajectories," European Child and Adolescent Psychiatry, vol. 32, no. 9, pp. 1569–1578, 2023, doi: 10.1007/s00787-022-01961-4.
- [7] S. S. et al., "Prevalence and Determinants of Depressive Symptoms among Young Adolescents in Malaysia: A Cross-Sectional Study," *Children*, vol. 10, no. 1, p. 141, 2023, doi: 10.3390/children10010141.
 [8] S. Shorey, E. D. Ng, and C. H. J. Wong, "Global prevalence of depression and elevated depressive symptoms among adolescents:
- [8] S. Shorey, E. D. Ng, and C. H. J. Wong, "Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis," *British Journal of Clinical Psychology*, vol. 61, no. 2, pp. 287–305, 2022, doi: 10.1111/bjc.12333.
- [9] A. Sanchis-Sanchis, M. D. Grau, A. R. Moliner, and C. P. Morales-Murillo, "Effects of Age and Gender in Emotion Regulation of Children and Adolescents," *Frontiers in Psychology*, vol. 11, 2020, doi: 10.3389/fpsyg.2020.00946.
- [10] B. Değer, Ö. Çakmak-Tolan, and R. Yazar, "Investigation of the mediating role of emotion regulation in the relationship between automatic thoughts and depression, anxiety, stress in adolescence," *International Journal of Education Technology and Scientific Researches*, vol. 7, no. 17, pp. 835–887, Jan. 2022, doi: 10.35826/ijetsar.459.
- [11] G. Kökönyei, L. N. Kovács, J. Szabó, and R. Urbán, "Emotion Regulation Predicts Depressive Symptoms in Adolescents: A Prospective Study," *Journal of Youth and Adolescence*, vol. 53, no. 1, pp. 142–158, 2024, doi: 10.1007/s10964-023-01894-4.
- [12] C. Zsigo et al., "Emotion Regulation Deficits in Adolescent Girls with Major Depression, Anorexia Nervosa and Comorbid Major Depression and Anorexia Nervosa," Child Psychiatry and Human Development, vol. 54, no. 5, pp. 1476–1488, 2023, doi: 10.1007/s10578-022-01353-4.
- [13] K. McRae and J. J. Gross, "Emotion regulation," Emotion, vol. 20, no. 1, pp. 1–9, Feb. 2020, doi: 10.1037/emo0000703.
- [14] C. Trudel-Fitzgerald *et al.*, "Coping and emotion regulation: A conceptual and measurement scoping review," *Canadian Psychology / Psychologie canadienne*, vol. 65, no. 3, pp. 149–162, Aug. 2024, doi: 10.1037/cap0000377.
- [15] M. Lohani, S. Dutton, and J. S. Elsey, "A day in the life of a college student during the COVID-19 pandemic: An experience sampling approach to emotion regulation," *Applied Psychology: Health and Well-Being*, vol. 14, no. 4, pp. 1333–1352, 2022, doi: 10.1111/aphw.12337.
- [16] J. J. Gross, "Antecedent- and response-focused emotion regulation: Divergent consequences for experience, expression, and physiology," *Journal of Personality and Social Psychology*, vol. 74, no. 1, pp. 224–237, 1998, doi: 10.1037//0022-3514.74.1.224.
- [17] A. C. Santos, C. Simões, C. Cefai, E. Freitas, and P. Arriaga, "Emotion regulation and student engagement: Age and gender differences during adolescence," *International Journal of Educational Research*, vol. 109, 2021, doi: 10.1016/j.ijer.2021.101830.
- [18] M. J. Gutiérrez-Cobo, A. Megías-Robles, R. Gómez-Leal, R. Cabello, and P. Fernández-Berrocal, "Emotion regulation strategies and aggression in youngsters: The mediating role of negative affect," *Heliyon*, vol. 9, no. 3, 2023, doi: 10.1016/j.heliyon.2023.e14048.
- [19] N. Zuzama, J. Roman-Juan, A. Fiol-Veny, and M. Balle, "The Use of Rumination and Reappraisal in Adolescents Daily Life: Links to Affect and Emotion Regulation Style," *Child Psychiatry and Human Development*, vol. 54, no. 3, pp. 837–848, 2023, doi: 10.1007/s10578-021-01302-7.
- [20] L. Zhang, J. Lu, B. Li, X. Wang, and C. Shangguan, "Gender differences in the mediating effects of emotion-regulation strategies: Forgiveness and depression among adolescents," *Personality and Individual Differences*, vol. 163, 2020, doi: 10.1016/j.paid.2020.110094.
- [21] U. R. Hussin, Z. Mahmud, S. S. Bahrudin, N. Mokhtar, S. R. Tharin, and F. Pendidikan, "A Group Counseling Approach to Managing Emotions among Adolescent Girls in Religious Schools," (in Malay), Southeast Asia Psychology Journal (SAPJ), vol. 7, no. 2, pp. 106–115, 2019. [Online]. Available: https://jurcon.ums.edu.my/ojums/index.php/SAPJ/article/view/5232
- [22] F. N. Fakaruddin and A. M. Nor, "Emotion Regulation among Adolescents with Drug Abuse: A Qualitative Study," *Malaysian Online Journal of Educational Sciences*, vol. 8, no. 3, pp. 24–34, 2020.
- [23] N. H. Abd Hadi *et al.*, "Exploring Malaysian parents' and teachers' cultural conceptualization of adolescent social and emotional competencies: A qualitative formative study," *Frontiers in Public Health*, vol. 11, 2023, doi: 10.3389/fpubh.2023.992863.
- [24] N. M. Gosnell, "Mental health and emotion regulation among refugee students in Malaysia," University of Maryland, 2017.
- [25] N. S. Ahmad, N. H. Hashim, and R. C. Aman, "Adolescent emotional expression and regulation: A case study in Malaysia," International Journal of Interdisciplinary Social Sciences, vol. 5, no. 2, pp. 45–55, 2010, doi: 10.18848/1833-1882/cgp/v05i02/53098.
- [26] I. S. Khairuddin, N. A. Fadzil, A. AB Razak, and C. K. Phang, "Experience of a mindfulness program for nurses at a hospital in Kelantan, Malaysia: a qualitative study," *Malaysian Journal of Psychiatry*, vol. 30, no. 2, 2021.
- [27] F. S. M. Shaifuddin and N. T. Ab. Wahid, "Common Emotion Regulation Strategies among Science Teachers for Maximizing Their Personal and Social Well-Being," *International Journal of Academic Research in Progressive Education and Development*, vol. 11, no. 4, 2022, doi: 10.6007/jjarped/v11-i4/15861.

- [28] N. A. Rosharudin et al., "Psychometric properties of the Malay version of the difficulties in Emotion Regulation Scale-18 in Malaysian adolescents," PLoS ONE, vol. 18, no. 8, 2023, doi: 10.1371/journal.pone.0289551.
- [29] R. R. Musa, M. A. M. A. Fadzil, and Z. Z. Zain, "Translation, validation and psychometric properties of Bahasa Malaysia version of the Depression Anxiety and Stress Scales (DASS)," Asean Journal of Psychiatry, vol. 8, no. 2, pp. 82–89, 2007.
- [30] K. Mwita, "Factors influencing data saturation in qualitative studies," International Journal of Research in Business and Social Science (2147-4478), vol. 11, no. 4, pp. 414–420, 2022, doi: 10.20525/ijrbs.v11i4.1776.
- [31] J. Heaton, "**Pseudonyms Are Used Throughout': A Footnote, Unpacked," Qualitative Inquiry, vol. 28, no. 1, pp. 123–132, 2022, doi: 10.1177/10778004211048379.
- [32] V. Braun and V. Clarke, "Is thematic analysis used well in health psychology? A critical review of published research, with recommendations for quality practice and reporting," *Health Psychology Review*, vol. 17, no. 4, pp. 695–718, 2023, doi: 10.1080/17437199.2022.2161594.
- [33] Z. U. H. Kakar, R. Rasheed, A. Rashid, and S. Akhter, "Criteria for Assessing and Ensuring the Trustworthiness in Qualitative Research," *International Journal of Business Reflections*, vol. 4, no. 2, pp. 150–173, 2023, doi: 10.56249/ijbr.03.01.44.
- [34] F. Grundmann, S. Scheibe, and K. Epstude, "When Ignoring Negative Feedback Is Functional: Presenting a Model of Motivated Feedback Disengagement," Current Directions in Psychological Science, vol. 30, no. 1, pp. 3–10, 2021, doi: 10.1177/0963721420969386.
- [35] R. Wang, H. Li, B. Sang, and Y. Zhao, "Emotion regulation as a mediator on the relationship between emotional awareness and depression in elementary school students," *Frontiers in Psychology*, vol. 14, 2023, doi: 10.3389/fpsyg.2023.1127246.
- [36] K. M. P. McKone, E. A. Edershile, C. D. Ladouceur, and J. S. Silk, "Real-world flexibility in adolescent girls' emotion regulation strategy selection: An investigation of strategy switching," *Development and psychopathology*, vol. 36, no. 1, pp. 181–195, 2024, doi: 10.1017/S0954579422001079.
- [37] H. Hosogoshi *et al.*, "Expressive suppression of emotion is a moderator of anxiety in a unified protocol for transdiagnostic treatment of anxiety and depressive disorders: A secondary analysis," *Journal of Affective Disorders*, vol. 277, pp. 1–4, 2020, doi: 10.1016/j.jad.2020.07.132.
- [38] S. Chen, W. Zhou, T. Luo, and L. Huang, "Relationships Between Mental Health, Emotion Regulation, and Meaning in Life of Frontline Nurses During the COVID-19 Outbreak," Frontiers in Psychiatry, vol. 13, 2022, doi: 10.3389/fpsyt.2022.798406.
- [39] Y. Yang, K. Liu, S. Li, and M. Shu, "Social media activities, emotion regulation strategies, and their interactions on people's mental health in COVID-19 pandemic," *International Journal of Environmental Research and Public Health*, vol. 17, no. 23, pp. 1–16, 2020, doi: 10.3390/ijerph17238931.
- [40] B. Guelton, "Mental maps': Between memorial transcription and symbolic projection," Frontiers in Psychology, vol. 14, 2023, doi: 10.3389/fpsyg.2023.1142238.
- [41] R. D. Hawkins, E. L. Hawkins, and L. Tip, "I Can't Give Up When I Have Them to Care for': People's Experiences of Pets and Their Mental Health," Anthrozoos, vol. 34, no. 4, pp. 543–562, 2021, doi: 10.1080/08927936.2021.1914434.
- [42] S. Iwakabe, K. Nakamura, and N. C. Thoma, "Enhancing emotion regulation," Psychotherapy Research, vol. 33, no. 7, pp. 918–945, Oct. 2023, doi: 10.1080/10503307.2023.2183155.
- [43] Y. Liu, Y. Zhu, and Y. Xia, "Support-Seeking Strategies and Social Support Provided in Chinese Online Health Communities Related to COVID-19," Frontiers in Psychology, vol. 12, 2021, doi: 10.3389/fpsyg.2021.783135.
- [44] S. Chang et al., "Understanding Emotion Regulation Strategies Among Youths: A Qualitative Study," Journal of Adolescent Research, vol. 40, no. 1, pp. 44–65, Jan. 2025, doi: 10.1177/07435584231161002.
- [45] Y.-X. Wang and B. Yin, "A new understanding of the cognitive reappraisal technique: an extension based on the schema theory," Frontiers in Behavioral Neuroscience, vol. 17, Apr. 2023, doi: 10.3389/fnbeh.2023.1174585.
- [46] D. B. Rompilla, E. F. Hittner, J. E. Stephens, I. Mauss, and C. M. Haase, "Emotion Regulation in the Face of Loss: How Detachment, Positive Reappraisal, and Acceptance Shape Experiences, Physiology, and Perceptions in Late Life," *Emotion*, vol. 22, no. 7, pp. 1417–1434, 2022, doi: 10.1037/emo0000932.
- [47] M. S. Mohamad, M. M. Ali, N. Subhi, M. R. Kamaluddin, and C. S. Tsuey, "Relationship Between Cognitive Distortion and Life Event with NSSI Thought on Secondary School Students," *International Journal of Academic Research in Progressive Education* and Development, vol. 10, no. 1, Mar. 2021, doi: 10.6007/IJARPED/v10-i1/9654.
- [48] A. Murray, R. Wadman, and E. Townsend, "Do young people who self-harm experience cognitions and emotions related to post-traumatic growth?" *Journal of Affective Disorders Reports*, vol. 15, Jan. 2024, doi: 10.1016/j.jadr.2023.100683.
- [49] Y.-J. Wang, X. Li, C. H. Ng, D.-W. Xu, S. Hu, and T.-F. Yuan, "Risk factors for non-suicidal self-injury (NSSI) in adolescents: A meta-analysis," eClinicalMedicine, vol. 46, Apr. 2022, doi: 10.1016/j.eclinm.2022.101350.
- [50] L. Zhu, Q. Miao, H. Zhou, and J. Wu, "Experiences and Cognitive Characteristics of Non-Suicidal Self-Injury in Adolescents with Depression: A Qualitative Study," *Journal of Psychosocial Nursing and Mental Health Services*, vol. 62, no. 11, pp. 47–55, Nov. 2024, doi: 10.3928/02793695-20240611-01.
- [51] N. S. B. Md. Din and M. Ahmad, "Emotional Regulation on Negative Affect and Aggression: A Review," *Asian People Journal* (APJ), vol. 4, no. 2, pp. 29–44, 2021, doi: 10.37231/apj.2021.4.2.281.

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