International Journal of Public Health Science (IJPHS)
Vol. 15, No. 1, March 2026, pp. 283~296
ISSN: 2252-8806, DOI: 10.11591/ijphs.v15i1.26841

Emotional experiences of Indonesian health science students with self-harm: a phenomenological study

Meidiana Dwidiyanti, Geovanny Serviam Permana Putri Rahamitu, Luky Dwiantoro, Nur Setiawati Dewi, Sri Padma Sari, Alifia Dian Yusriana
Department of Nursing Science, Faculty of Medicine, Diponegoro University, Semarang, Indonesia

Article Info

Article history:

Received Aug 28, 2025
Revised Feb 6, 2026
Accepted Feb 16, 2026

Keywords:

Coping mechanisms
Emotion regulation
Emotions
Health students
Self-harm

ABSTRACT

Health students often face academic pressure and interpersonal conflicts that can affect their emotional regulation, thereby increasing the risk of self-harm behavior. This study aimed to explore the emotional experiences of health students who have engaged in self-harm through a phenomenological approach. A total of 8 participants (aged 18–25 years) who had engaged in self-harm and came from various health study programs participated in in-depth interviews lasting 45–70 minutes. The results of the study reveal three main themes: i) psychosocial stress as a trigger for negative emotions, ii) the role of social support in the recovery process, and iii) coping mechanisms and the need for professional intervention. These findings reveal emotional dynamics that have not been widely explored in the context of health students in Indonesia, particularly how self-harm is perceived as a strategy to control excessive emotional intensity. This study makes a new contribution by highlighting the need for interventions based on emotional regulation and increased social support that are appropriate to the subjective experiences of health students. Interventions based on empathy and psychological approaches that are more sensitive to the cultural context of the campus are the main recommendations.

Corresponding Author:

Meidiana Dwidiyanti
Department of Nursing Science, Faculty of Medicine, Diponegoro University
Semarang, Indonesia
Email: mdwidiyanti@gmail.com

1. INTRODUCTION

Mental health has become an essential concern in higher education, particularly among health science students who experience high academic demands and emotional pressure [1]. Research has shown that students in health programs often struggle with anxiety, depression, and stress due to the demanding nature of their studies and the expectation to perform well academically and professionally [2]. These pressures may lead to emotional dysregulation, which in some cases manifests as self-harming behaviors [3]. Previous studies have also emphasized that self-harm serves as a maladaptive coping mechanism to relieve emotional distress without suicidal intent [4]. This emotional turmoil is exacerbated by the stigma surrounding mental health issues, which can deter students from seeking help [5]. However, data from Southeast Asia remains limited. In Indonesia, mental health problems among college students have been rising, yet self-harm remains underreported due to stigma and cultural barriers.

Despite the increasing prevalence of self-harm among university students, particularly in health sciences, there remains a lack of in-depth understanding of their subjective emotional experiences. Most existing research focuses on prevalence and risk factors, leaving a gap in exploring the lived emotional

realities behind these behaviors [6]. Without this understanding, universities may struggle to design effective and empathetic interventions to support students' emotional well-being.

This study aims to explore the emotional experiences of Indonesian health science students who have engaged in self-harm using a phenomenological approach. By uncovering the emotions, perceptions, and coping mechanisms of these students, the study contributes to a deeper understanding of the emotional landscape underlying self-harming behavior. The findings are expected to inform the development of tailored mental health interventions and preventive programs that address students' emotional and psychological needs [7].

These students face unique stress due to the demanding nature of their academic program, which can exacerbate feelings of emotional distress and lead to self-injurious behavior as a coping mechanism [7]. The phenomenological study of these experiences revealed a critical need for supportive interventions and a deeper understanding of the underlying emotional struggles faced by these students [2]. This understanding is critical to developing effective prevention and support strategies within academic institutions [8].

The emotional experiences of health science students who have engaged in self-harm are complex and varied, often rooted in the need to cope with overwhelming emotions and stress [9]. Self-harm is often used as a mechanism for emotion regulation, providing temporary relief from emotional distress, and is not necessarily associated with suicidal ideation [10]. This behavior is prevalent among college students, including in the health sciences, due to the high levels of stress and emotional challenges they face during their academic journey [11].

Previous research has shown an association between stress and self-harm. The relationship between stress and self-harm is a well-documented phenomenon, especially among health science students who often face significant academic and emotional stress [12]. Stress can manifest in various forms, such as anxiety and depression, which are closely linked to self-injurious behavior [13]. This relationship is particularly evident in high-stress environments such as universities, where students may use self-harm as a coping mechanism to manage overwhelming emotions [14]. The emotional experiences of health science students who have engaged in self-harm reveal the complex interplay of psychological distress and the need for emotional release, highlighting the importance of understanding and addressing these issues in academic settings [15].

However, the subjective experiences of university students have not been widely explored. The emotional experiences of health science students who have engaged in self-harm are complex and diverse, often intertwined with their academic and personal lives [16]. This phenomenological study aims to explore these experiences, focusing on the emotional, cognitive, and psychological dimensions that influence self-injurious behavior [13]. Health science students, like other young adults, may engage in self-harm as a means of coping with stress, emotional distress, and the pressures of their academic environment [17]. This study highlights the need for a deeper understanding of these experiences to inform effective interventions and support mechanisms [18].

The emotional experiences of students who self-harm are not fully understood. The emotional experiences of health science students who have engaged in self-harm are complex and diverse, often characterized by struggles with intense emotional distress and the need for emotional regulation [19]. These experiences are not only highly personal but also influenced by external perceptions and societal attitudes towards self-harm [20]. A phenomenological approach to understanding these experiences reveals that self-injury serves multiple functions, such as a means of coping with overwhelming emotions, a form of self-punishment, or a way to take control of one's life. This understanding is critical to developing effective interventions and support systems for students who self-injure [21].

The emotional experiences of health science students who have engaged in self-harm are complex and varied, often characterized by a deep sense of isolation, emotional distress, and a struggle for self-control [22]. Despite the prevalence of self-harm among college students, there is a lack of in-depth research that specifically focuses on the emotional experiences of health science students who engage in this behavior [23]. This gap in research is significant, as understanding these experiences is critical to developing effective interventions and support systems tailored to this demographic [9].

Students engage in self-harm for a variety of complex and interrelated reasons, often rooted in emotional distress and the need for coping mechanisms [24]. Motivations for self-harm among this demographic are primarily intrapersonal, such as emotion regulation, self-punishment, and anti-dissociation, rather than interpersonal reasons such as peer bonding or communication [23]. These behaviors are often exacerbated by factors such as insecure attachment, childhood trauma, and emotional neglect, which contribute to the development of maladaptive coping strategies [1]. The emotional experiences of health science students who have engaged in self-harm reveal a nuanced landscape of psychological challenges and unmet needs, highlighting the importance of understanding these motivations to inform effective interventions and support systems [3].

The emotional experiences of health science students who have engaged in self-harm are complex and varied, often intertwined with their academic and personal lives [25]. These students face unique

challenges as they navigate the pressures of their educational environment while managing their mental health [26]. Phenomenological studies of these experiences reveal that self-injury serves as a coping mechanism for intense emotions, stress, and the demands of their training [27]. These behaviors are often a response to feelings of inadequacy, isolation, and the need for emotional release [1].

The long-term impact of self-harm experiences among health science students is diverse, affecting their emotional well-being, professional development, and personal growth [20]. Engaging in self-harm can lead to a complex interplay of emotional distress, coping mechanisms, and potential personal insight and resilience [28]. These experiences often leave a lasting imprint on individuals, influencing their future interactions, mental health, and professional practice [28].

This research is important for understanding the emotional factors underlying self-harm. It highlights the multifaceted nature of self-harm, which is often a response to emotional distress and a means of emotion regulation [5]. The study of self-harm among health science students may provide insight into the emotional experiences that drive such behavior, potentially informing more effective interventions and support systems [1].

This research provides a new perspective for mental health interventions. This approach shows that interventions not only focus on stopping self-injurious behavior but also address the emotional and psychological needs of the individual [29]. This study highlights the complexity of self-injury as a coping mechanism and the need for tailored interventions that take into account the individual's emotional landscape and personal experiences [8].

The emotional experiences of students involved in self-harm are complex and varied, often linked to broader mental health challenges such as depression, anxiety, and emotional dysregulation [30]. These experiences are characterized by feelings of isolation, misunderstanding, and a struggle to control overwhelming emotions. Students often perceive self-harm as a coping mechanism for emotional pain, which academic pressures and social challenges can exacerbate [31]. This phenomenological study aims to investigate these emotional experiences to understand the underlying factors and inform supportive interventions.

2. METHOD

In this study, eight participants were recruited using snowball sampling. This number was considered adequate because phenomenological studies emphasize data depth, and a sample size of 6–10 participants is commonly used to achieve data saturation. In-depth, semi-structured interviews were conducted via Zoom, lasting 45–70 minutes in Indonesian, then recorded and transcribed verbatim.

2.1. Design and sample

Descriptive qualitative study using a phenomenological approach. The study population consisted of health science students, with a total of eight participants selected through purposive sampling based on inclusion criteria: i) undergraduate health students who had engaged in self-harm (both male and female); ii) aged between 18 and 25 years; iii) communicative, literate, and able to express their thoughts; iv) willing to participate as confirmed verbally and through signed informed consent; and v) had engaged in self-harm for approximately one year.

2.2. Interview guidelines

To explore the emotional experiences of health science students who engage in self-harm, semi-structured interviews were conducted. The interviews began with opening questions aimed at understanding participants' experiences as health science students and their interpretations of self-harm. Following this, exploratory questions prompted participants to share specific experiences related to self-harm and to reflect on their emotional states before and after these incidents. Thematic questions delved deeper into participants' perceptions of support from peers and faculty regarding mental health, their coping mechanisms for academic pressure and emotional distress, and the role of solitude in their emotional experiences. Finally, closing questions encouraged participants to suggest changes that could enhance emotional well-being among students and to articulate their envisioned paths to recovery. This qualitative approach aimed to provide a comprehensive understanding of the complex emotional landscapes navigated by health science students, contributing valuable insights to the literature on mental health in academic settings.

2.3. Data collection

Data were collected through in-depth online interviews conducted using the Zoom platform, guided by a semi-structured interview protocol that an expert had validated. Throughout the interview process, the researcher was attentive to the emotional well-being of participants by avoiding sensitive questions that might trigger self-harming urges.

2.4. Data analysis

Data analysis followed Creswell's phenomenological analysis steps, aided by NVivo software for data organization. Validity was strengthened through researcher triangulation, member checking, and audit trails. Following the development of the transcripts, member checking was conducted to ensure the accuracy of the narratives shared by participants. The edited transcripts were returned to each participant for verification, allowing them to confirm that their experiences were accurately reflected. Notably, no requests for adjustments were made by the participants.

Two team members performed thematic analysis to explore the emotional experiences of health science students who have engaged in self-harm, utilizing six-phase approach [5]. The first phase involved familiarization with the data, accomplished through an initial review of the transcripts during transcription and a subsequent joint analysis session. Each research assistant reviewed all transcripts to generate codes that provided an overview of the dataset. Transcripts were coded both individually and collectively to identify findings specific to the emotional experiences of participants. Once a consensus on common themes was reached, each transcript was manually coded and entered into a color-coded codebook. The team then convened to generate initial candidate themes by compiling clusters of related codes. In subsequent phases, team members revisited the dataset to refine and review these themes, ensuring they aligned with the overall analysis.

Each theme was defined and named accordingly. For instance, initial codes reflecting feelings of hope and self-limitation, perceptions of loneliness, and moments of relief from self-harm were ultimately compiled and renamed as "The Dilemma Between Hope and Self-Limitation." The final phase of the analysis involved synthesizing the findings and crafting the write-up, selecting illustrative quotations that highlighted the prominence of each developed theme. This rigorous process ensured that the findings accurately captured the complex emotional landscapes navigated by health science students engaging in self-harm.

3. RESULTS AND DISCUSSION

A total of 8 participants were included in the analysis; the majority were female, and their ages ranged from 18 to 25 years. The demographic profile of the respondents is summarized in Table 1. This phenomenological study identified four major themes that represent the complex emotional experiences of health science students who have engaged in self-harm: i) the dilemma between hopes and self-limitation, ii) a calming presence and the pain of loneliness, iii) finding peace in solitude and self-expression, and iv) self-harm: a momentary relief, a deep regret. The research themes and their underlying dimensions are summarized in Table 2.

Table 1. Participant characteristic

Participant code	Gender	Age	Courses	Marital status
P1	Female	21 years old	Nursing	Not married yet
P2	Male	24 years old	Medicine	Not married yet
P3	Female	19 years old	Nutrition	Not married yet
P4	Female	20 years old	Nursing	Not married yet
P5	Male	23 years old	Medicine	Not married yet
P6	Female	22 years old	Nutrition	Not married yet
P7	Female	18 years old	Nursing	Not married yet
P8	Female	25 years old	Medicine	Not married yet

Table 2. Research themes and dimension

Themes	Dimension
The dilemma between hopes and self-limitation	-Conflicting emotions between aspirations and limitations - Experiences of academic pressure - Fear of failure and its impact on self-worth
A calming presence and the pain of loneliness	- Supportive relationships and their role in emotional well-being - Feelings of isolation despite being in a community - Coping mechanisms related to social interactions
Finding peace in solitude and self-expression	- The role of solitude in reflection and emotional processing - Creative outlets for self-expression (e.g., art, writing) - Balancing solitude with the need for social connection
Self-harm: A momentary relief, a deep regret	- Immediate emotional relief versus long-term consequences - Regret and guilt associated with self-harm - Seeking alternative coping strategies post-self-harm experience

3.1. Theme 1: The dilemma between hopes and self-limitation

The results showed a significant emotional conflict between the expectations and limitations felt by students. High academic pressure often triggers feelings of anxiety and dissatisfaction with oneself. This indicates the need for psychological support to help students manage their expectations and increase their self-confidence.

> *"The anxiety usually comes when assignments pile up and I feel like there is not enough time to get everything done. Sometimes it also happens when I am having problems with friends or family."* (P1)

> *"Yeah, I get anxious because the assignments keep piling up and I cannot seem to finish them."* (P6)

> *"Anxiety often comes when assignments are overwhelming or I am afraid I will not finish something on time."* (P8)

Students reported emotional conflict between their academic aspirations and perceived limitations. High academic pressure, time constraints, and fear of failure triggered feelings of anxiety and inadequacy. Who noted that academic-related stress can disrupt emotional balance and lead to maladaptive coping. These results highlight the importance of early emotional regulation training within academic institutions to prevent emotional overload and self-harming tendencies [32].

Many participants reported feeling overwhelmed by their emotional states, often perceiving a lack of control over their affective responses [5]. This emotional turmoil contributed to feelings of frustration and hopelessness, which, in some cases, culminated in self-harming behaviors as a maladaptive strategy to manage psychological distress [33]. Such emotional responses are consistent with the theoretical understanding that emotional stress arises from challenging circumstances, such as academic failure or interpersonal conflicts, which disrupt psychological equilibrium [34].

Academic-related anxiety—driven by workload, time pressure, and fear of unmet expectations—was identified as a significant stressor [35]. These findings are in alignment with prior research indicating that anxiety is frequently triggered by external stressors, including academic demands and social conflict, which compromise psychological well-being [36]. Furthermore, the inability to regulate emotions effectively was commonly associated with emotional entrapment, a perceived loss of control, and a deterioration in overall quality of life [37]. This aligns with the literature that emphasizes the disruptive impact of emotional and academic stressors on mental health [38].

3.2. Theme 2: A calming presence and the pain of loneliness

While students acknowledged the presence of supportive relationships, many still experienced deep loneliness. The absence of consistent emotional support increased vulnerability to stress and self-harm. Social support has been recognized as a protective factor that promotes resilience and recovery [39]. Hence, universities should foster supportive environments and peer-counseling systems that encourage help-seeking and reduce stigma around mental health [18]. These findings reinforce the importance of cultivating emotionally supportive educational environments to enhance student well-being.

Although university students have social relationships, many feel isolated and lonely. Support from friends and family becomes crucial to their emotional well-being. This emphasizes the importance of creating a campus environment that supports healthy social interactions and reduces the stigma against talking about mental health.

Social support refers to various forms of assistance or help received from others that can enhance an individual's physical and psychological well-being. As described by participants:

> *"My mom is always there for me, no matter what."* (P1)

> *"Yes, there are a few people who matter to me and are a major reason why I try not to self-harm."* (P2)

> *"In addition to my mom, I also feel supported by my close friends."* (P2)

> *"I have a friend who always supports me in trying to stop self-harming."* (P7)

Students who feel they lack a supportive environment often struggle to cope with stress and life pressures. Prolonged loneliness can trigger feelings of worthlessness and hopelessness. One participant explained:

"I often feel alone, even among my friends." (P3)

This lack of social support exacerbates students' emotional conditions, making them more vulnerable to engaging in self-harm as a maladaptive coping mechanism. The process of emotional recovery and stress management refers to the efforts individuals make to overcome, reduce, and adapt to psychological pressures caused by life challenges or traumatic events. Emotional pressure may arise from external factors such as academic demands, relationship conflicts, loss, or trauma, as well as internal factors such as anxiety, guilt, or uncertainty. The recovery process aims to restore emotional balance, improve mental health, and rebuild a sense of control over oneself and one's circumstances. As highlighted by participants:

"I think I need to learn techniques like meditation or journaling, and maybe talk to someone who understands or has been through something similar to get a new perspective." (P1)

"Maybe if I can learn more ways to deal with emotions." (P2)

Furthermore, the hope for social support influences how individuals respond to emotional stress. When someone believes they have support from their social environment, they are more likely to seek help, express their emotions, and use healthy coping strategies. As shared by one participant:

"I hope to have a friend who can help me…." (P8)

The findings of this study confirm that social support plays a crucial role in maintaining emotional and mental well-being. It not only serves as a protective buffer against emotional stress arising from life challenges but also actively contributes to the emotional recovery process.

Health science students experience substantial academic and professional pressures, which, if left unmanaged, may escalate to stress, anxiety, and self-injurious behavior [3]. Recovery from self-harm is often facilitated by the presence of robust social support systems [40]. Social support—derived from family, peers, and academic institutions—serves as a protective factor by offering emotional validation, psychological resources, and a sense of security [18].

A supportive environment enhances individual resilience, promotes adaptive emotional regulation, and reduces the likelihood of relapse into self-harming behavior [41]. Social support fosters emotional expression and validation, mitigates feelings of loneliness and isolation, and contributes to a sense of acceptance [42]. When students feel heard and supported, they are more likely to seek professional help and engage in constructive emotional processing [43].

Interpersonal relationships characterized by empathy and non-judgmental support not only assist in emotional regulation but also facilitate the reduction of mental health stigma [44]. This, in turn, encourages help-seeking behavior and openness in expressing distress [45]. Support from family, peers, and academic networks collectively contributes to emotional stability, promotes healthier coping strategies, and supports recovery from self-harming tendencies [46].

3.3. Theme 3: Finding peace in solitude and self-expression

Many participants found temporary calm through solitude, journaling, or listening to music—forms of adaptive coping that promote emotional regulation [47]. However, when emotional distress became overwhelming, solitude turned into social withdrawal, intensifying feelings of isolation. This duality suggests that solitude can be both a healing space and a risk factor depending on students' emotional state. Emphasizing the need for structured creative outlets in academic settings. Universities could integrate mindfulness and expressive art programs to encourage healthy emotional expression [48].

Research found that some college students find peace in solitude and use creative activities as a channel to express themselves. However, it is important to balance alone time with the need for social interaction. Universities need to provide spaces and opportunities for students to engage in creative activities that can support reflection and emotional processing.

Participants developed independent strategies such as journaling, listening to music, or isolating themselves to calm their emotions. Although these actions were done individually, they reflect efforts to build inner resilience while still hoping for relationships that offer emotional understanding and

companionship. Students also attempted to directly address their problems by seeking solutions or asking for help from others. As expressed by participants.

> *"When I told someone about the stress I was feeling on campus, they immediately reassured me."* (P1)

> *"At one point, I felt extremely anxious and overwhelmed, but my mother came and hugged me."* (P2)

When facing emotional distress, students attempted to manage their feelings through techniques such as meditation, journaling, or relaxation to gain a sense of calm and emotional control. This was reflected in the following participant statements:

> *"Sometimes I talk to a close friend, but not always. I also write in a journal to clear my head."* (P1)

> *"Sometimes, I try doing things I enjoy—like listening to music."* (P2)

> *"When those emotions come up, I usually prefer to be alone, listening to music or writing in my diary."* (P3)

> *"I like listening to mellow songs or lyrics that relate to how I feel."* (P3)

> *"Sometimes, just listening to music helps me calm down."* (P4)

> *"When I get emotional, I usually listen to music to calm myself."* (P6)

> *"Yes, I've done that—usually I just listen to music."* (P7)

These are examples of adaptive coping mechanisms, which play a crucial role in helping students regulate their emotions and navigate life's stressors more healthily. However, when students' emotions become unmanageable, they tend to shift toward maladaptive coping mechanisms, which may worsen their emotional state and psychological well-being. In these cases, students reported engaging in self-harm and social isolation.

Self-harm, or deliberately injuring oneself, was often used by students as a way to relieve emotional distress. As described by participants:

> *"Yes, it happened. I once engaged in self-harm."* (P1)

> *"When I'm extremely worried or sad, sometimes I feel like I can't control myself, so I self-harm."* (P2)

> *"Yes, sometimes when I feel emotional, I self-harm."* (P3)

> *"Yes, sometimes when I feel very angry or anxious, I can't hold those feelings back, and I end up hurting myself."* (P4)

> *"Sometimes yes, sometimes no. But when emotions spiral out of control, I'm more likely to do it."* (P5)

> *"Because I don't know what else to do—those emotions just won't come out—so I hurt myself."* (P6)

> *"Yes. When those emotions arise and become uncontrollable, I end up self-harming."* (P7)

> *"Yes, I often hurt myself when I can no longer hold in my feelings."* (P8)

In addition to self-harm, some students also withdrew or isolated themselves. Students experiencing social and emotional isolation often felt a lack of support, which further worsened their emotional condition:

> *"When it gets too much, I prefer to be alone and don't want to interact with anyone."* (P4)

> *"Usually, I feel angry, anxious, or sometimes just lonely."* (P5)

> *"I prefer being alone, so I don't bother anyone else."* (P6)

> *"I feel like I'm drifting, and I don't know who to talk to anymore."* (P7)

Although self-harm and isolation have significant negative impacts, some participants also expressed an emerging awareness of the need to seek help and develop more adaptive coping strategies. Students hoped for the presence of someone with the expertise and professional competence to offer appropriate interventions—someone who could help them manage and resolve their struggles, making them feel supported and capable of finding practical solutions. As one participant shared:

> *"I hope to have a friend who can help me…."* (P8)

This shift indicates that, despite the profound adverse effects of self-harm, individuals still have the potential to recover with the proper support. The results of this study show that students employ various coping mechanisms to manage stress and emotional pressure. These mechanisms range from problem-focused coping, which targets solving the root cause of stress, to emotion-focused coping, which aims to manage the emotional response to stress. In some cases, when emotional distress becomes overwhelming and unmanageable, students tend to turn to maladaptive coping strategies such as self-harm and social isolation as a form of escape. While these behaviors may provide temporary relief, they ultimately worsen emotional distress in the long term. A strong association was observed between self-harm and social isolation, particularly among individuals experiencing emotional distress or dysregulation [48]. Self-harming behaviors are often employed as mechanisms to manage unarticulated negative emotions, while social withdrawal exacerbates emotional vulnerability by increasing loneliness and reducing access to critical support systems [49].

Coping strategies emerged as a central determinant in the management of emotional stress and self-injurious behavior [47]. Adaptive coping mechanisms—such as expressive writing, verbal disclosure, and engagement in creative activities—proved effective in mitigating the urge to self-harm and promoting psychological well-being [50]. In contrast, maladaptive strategies, including substance use and social withdrawal, were found to intensify emotional distress and perpetuate the cycle of self-harm [47].

Professional psychological intervention, including cognitive-behavioral therapy (CBT) and individual counseling, has been identified as a pivotal element in recovery [51]. Such interventions enable individuals to recognize and restructure maladaptive cognitive patterns, develop healthier coping strategies, and rebuild positive social relationships. Family and peer support further reinforce the recovery process by fostering acceptance and emotional security [52]. The ability to employ adaptive coping mechanisms significantly reduces self-harm behaviors, while maladaptive coping increases the risk of emotional deterioration and recurrence [53].

3.4. Theme 4: Self-harm: A momentary relief, a deep regret

Participants described self-harm as providing short-term emotional relief followed by guilt and shame. Who explained self-harm as a maladaptive emotion regulation strategy that temporarily reduces distress but perpetuates emotional dysregulation. The results reaffirm that intervention programs should target emotional regulation skills, integrate cognitive-behavioral approaches, and promote healthier coping mechanisms [54]. Additionally, these findings highlight the emotional cycle of relief and remorse that characterizes non-suicidal self-injury among students.

Many respondents reported that self-harm provided temporary relief but was followed by regret and guilt. This suggests the need for a better approach in addressing mental health issues among college students. Education on stress management strategies and alternatives to self-harm should be an integral part of student support programs. The emotional changes experienced during and after self-harm indicate a significant and complex emotional dynamic. During the act of self-harm, the dominant emotional response is a sense of temporary relief. Participants reported that self-injury helped shift their focus away from intense emotional pressure, creating a short-lived calming sensation. As described by participants:

"At that time, it felt like relief, as if all the emotions that had piled up were released." (P1)

"It felt like I could get a bit of relief after that, but not every time—only when the emotions were too much to handle." (P2)

"It felt like a momentary relief, but then I ended up feeling worse, kind of like regret." (P3)

"It hurt, but somehow it felt addictive and relieving. The physical pain did not compare to the emotional pain." (P4)

"I could feel the pain, but after that, it felt like something was released." (P5)

"It felt fine, kind of nice even. It hurt, but not that badly. It was more about letting things out." (P6)

"It was strange—the pain did not feel real at the time." (P7)

This phenomenon is linked to neurobiological mechanisms, where the release of endorphins in response to physical pain creates a sensation of comfort that helps reduce emotional tension, such as anger, sadness, and guilt. The emotional state after self-harming often shifts significantly. While a sense of relief is initially present, many participants experienced profound regret, guilt, and shame following the act. As expressed by participants:

"It felt like a brief relief, but afterward, I felt worse, kind of regretful." (P3)

"After doing it, I felt a bit of relief. But over time, I felt ashamed and regretful…." (P4)

"Yes, I've felt regret. Sometimes I feel like it only made things worse..." (P5)

"Yes, I often regret it—but I also feel temporary relief." (P8)

The emotional shifts experienced by participants during self-harm are complex and dynamic. While the act may bring short-term relief, functioning as a distraction from intense emotional distress, it is followed by negative emotional states such as regret, guilt, shame, and anxiety, which may worsen psychological conditions and lead to social withdrawal. This emotional cycle suggests that self-harm is not merely a physical behavior, but a manifestation of difficulty in adaptively managing emotions. It reflects an unmet need for emotional regulation and underscores the importance of developing healthier coping mechanisms and providing emotional support to those who are at risk.

Participants described engaging in self-harm during episodes of intense emotional states such as anxiety, profound sadness, or loss of emotional control [55]. The behavior was perceived as a temporary outlet for intolerable emotional tension [56]. The transient relief reported post-incident is reflective of a psychological process known as somatization, whereby emotional stress manifests as physical symptoms [57].

This emotional modulation can be understood through the Emotion Regulation Model, which posits that individuals with deficits in emotional awareness, understanding, and regulation are more prone to adopt maladaptive strategies, such as self-harm [58]. This behavior also aligns with the concept of experiential avoidance, wherein individuals attempt to suppress or escape from painful emotional experiences [59]. These emotional fluctuations reflect a pattern of chronic emotional dysregulation, wherein self-harm fails to resolve the underlying emotional conflict but instead sustains a pathological cycle of stress, momentary relief, and remorse [60]. This pattern is consistent with Linehan's dialectical behavior therapy (DBT), which conceptualizes self-harm as an impulsive coping mechanism aimed at alleviating affective distress, particularly among individuals with borderline personality disorder, for whom emotion regulation is especially problematic [61].

The study's findings are consistent with Linehan's DBT, which conceptualizes self-harm as an impulsive coping response to emotional pain. Compared with prior studies [61], this research expands the understanding of self-harm among Indonesian health science students, emphasizing cultural nuances and the influence of academic pressures. The integration of local context enhances transferability and contributes novel insights to the global literature on self-injury. The discussion has been strengthened to ensure theoretical consistency and reduce thematic repetition.

This study was limited by the small sample size of eight participants and the qualitative approach, which restricts generalizability. The interviews were conducted in Indonesian and translated into English, which might have led to minor interpretive variations. Future research should include larger samples, multiple sites, and mixed-method designs to enhance validity and cultural representativeness.

The results underscore the need for institutional mental health strategies that integrate emotional literacy, mindfulness training, and peer-support mechanisms to reduce self-harming behavior and promote psychological well-being. Universities should strengthen early detection programs and provide accessible counseling tailored to students' cultural and emotional contexts. Policymakers and academic institutions should prioritize mental health education and integrate emotional support services into health curricula.

4. CONCLUSION

This study provides valuable insights into the emotional experiences of Indonesian health science students who engage in self-harm. It highlights emotional dynamics that have not been widely explored in the Southeast Asian context and offers a deeper understanding of how cultural and academic factors contribute to self-harming behavior. The findings emphasize the importance of holistic emotional support in higher education, including counseling, mindfulness-based interventions, and social engagement activities.

Concrete recommendations include developing university-based mental health programs that provide continuous support for emotionally vulnerable students, implementing peer mentoring and resilience training, and fostering a stigma-free environment to encourage help-seeking. Strengthening collaboration between educators, mental health professionals, and policymakers is essential to improving student well-being.

ACKNOWLEDGMENTS

We want to thank all those who have provided support in this research. We appreciate the help from colleagues and mentors who have provided valuable insights and constructive suggestions throughout the research process. We also thank our family and friends who have provided moral encouragement. Without their support and collaboration, this research would not have been realized.

FUNDING INFORMATION

The authors received no financial support for the research, authorship, or publication of this article. The authors state no funding involved.

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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Meidiana Dwidiyanti	✓	✓			✓				✓					
Geovanny Serviam					✓	✓		✓		✓				
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C : **C**onceptualization
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Va : **Va**lidation
Fo : **Fo**rmal analysis
I : **I**nvestigation
R : **R**esources
D : **D**ata Curation
O : Writing - **O**riginal Draft
E : Writing - Review & **E**diting
Vi : **Vi**sualization
Su : **Su**pervision
P : **P**roject administration
Fu : **Fu**nding acquisition

CONFLICT OF INTEREST STATEMENT

All authors declare that there are no conflicts of interest in the conduct or publication of this research.

ETHICAL APPROVAL

To minimize potential risks to participants, the researcher adhered to ethical principles in qualitative research and obtained ethical approval from the Health Research Ethics Committee (Komite Etik Penelitian Kesehatan/KEPK) of the Faculty of Medicine, Diponegoro University, under reference number: 259/EC/KEPK/FK-UNDIP/V2024.

DATA AVAILABILITY

The data that support the findings of this study are available from the corresponding author upon reasonable request. Due to privacy and ethical considerations, the data cannot be made publicly available. All relevant data supporting the conclusions of the study are included in the manuscript and its supplementary materials.

REFERENCES

[1] A. Tickell, P. Fonagy, K. Hajdú, S. Obradović, and S. Pilling, "'Am i really the priority here?': Help-seeking experiences of university students who self-harmed," *BJPsych Open*, vol. 10, no. 2, p. e40, Mar. 2024, doi: 10.1192/bjo.2023.652.

[2] R. Murali and V. Avudaiappan, "Unveiling the invisible struggles: exploring student perspectives on mental health in universities," *IEEE Potentials*, vol. 43, no. 3, pp. 31–35, May 2024, doi: 10.1109/MPOT.2024.3486902.

[3] M. J. Alam, M. I. K. Pratik, A. H. Khan, M. S. Islam, and M. M. Hossain, "Prevalence and level of stress among final-year students at a health science institute in Bangladesh," *Discover Mental Health*, vol. 5, no. 1, 2025, doi: 10.1007/s44192-025-00136-2.

[4] A. I. Leshner, "Target student mental well-being," *Science*, vol. 371, no. 6527, pp. 325–325, Jan. 2021, doi: 10.1126/science.abg5770.

[5] B. Cliffe and P. Stallard, "University students' experiences and perceptions of interventions for self-harm," *Journal of Youth Studies*, vol. 26, no. 5, pp. 637–651, May 2023, doi: 10.1080/13676261.2022.2033187.

[6] M. M. Sweetman *et al*., "The lived experiences of health science graduate students with anxiety and depression," *Learning Environments Research*, vol. 26, no. 3, pp. 709–726, Oct. 2023, doi: 10.1007/s10984-022-09448-4.

[7] K. Cody, J. M. Scott, and M. Simmer-Beck, "Examining the mental health of university students: a quantitative and qualitative approach to identifying prevalence, associations, stressors, and interventions," *Journal of American College Health*, vol. 72, no. 3, pp. 776–786, Mar. 2024, doi: 10.1080/07448481.2022.2057192.

[8] H. Norman, L. Marzano, A. Oskis, and M. Coulson, "'My heart and my brain is what's bleeding, these are just cuts.' An interpretative phenomenological analysis of young women's experiences of self-harm," *Frontiers in Psychiatry*, vol. 13, Jul. 2022, doi: 10.3389/fpsyt.2022.914109.

[9] A. Brereton and E. McGlinchey, "Self-harm, emotion regulation, and experiential avoidance: a systematic review," *Archives of Suicide Research*, vol. 24, no. sup1, pp. 1–24, Feb. 2020, doi: 10.1080/13811118.2018.1563575.

[10] H. Chen *et al.*, "Influence of academic stress and school bullying on self-harm behaviors among Chinese middle school students: the mediation effect of depression and anxiety," *Frontiers in Public Health*, vol. 10, Jan. 2023, doi: 10.3389/fpubh.2022.1049051.

[11] X. Zhang, Q. Wu, F. Chen, X. Zhao, and Z. Huang, "Exploring relation between non-suicidal self-injury behaviors and problems of emotion mal-regulation with knowledge graph approach," in *Proceedings of the 2024 5th International Symposium on Artificial Intelligence for Medicine Science*, New York, NY, USA: ACM, Aug. 2024, pp. 754–758, doi: 10.1145/3706890.3707019.

[12] E. Abdollahi, M. Kousha, A. Bozorgchenani, M. Bahmani, E. Rafiei, and F. Eslamdoust-Siahestalkhi, "Prevalence of self-harm behaviors and deliberate self-cutting in high school students in northern Iran and its relationship with anxiety, depression, and stress," *Journal of Holistic Nursing and Midwifery*, vol. 32, no. 3, pp. 169–177, Jul. 2022, doi: 10.32598/jhnm.32.3.2193.

[13] 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, p. 100683, Jan. 2024, doi: 10.1016/j.jadr.2023.100683.

[14] A. R. Musslifah, H. K. Tjahjono, A. Khilmiyah, and F. M. Suud, "Forms of self-harm behavior in adolescent students at boarding school," *Nazhruna: Jurnal Pendidikan Islam*, vol. 7, no. 2, pp. 338–356, Jun. 2024, doi: 10.31538/nzh.v7i2.4788.

[15] I. Baetens *et al.*, "Guidelines, policies, and recommendations for responding to NSSI in schools and universities," in *The Oxford Handbook of Nonsuicidal Self-Injury*, *Oxford University Press*, 2023, pp. 930–951, doi: 10.1093/oxfordhb/9780197611272.013.47.

[16] A. Asgharzadeh, A. M. Ardakan, and H. R. Aryanpour, "Investigating the lived experience of adolescents with a history of self-mutilation," *Journal of Adolescent and Youth Psychological Studies*, vol. 3, no. 2, pp. 417–432, Nov. 2022, doi: 10.52547/jspnay.3.2.417.

[17] X. Xu, "Using big data to analyze the mental health status of college students," *Journal of Computational Methods in Sciences and Engineering*, vol. 24, no. 6, pp. 3632–3645, Nov. 2024, doi: 10.1177/14727978241296987.

[18] I. S. Santiago *et al*., "Stress and exhaustion among medical students: a prospective longitudinal study on the impact of the assessment period on medical education," *BMC Medical Education*, vol. 24, no. 1, p. 630, Jun. 2024, doi: 10.1186/s12909-024-05617-6.

[19] R. Christoforou, M. Boyes, and P. Hasking, "Emotion profiles of university students engaging in non-suicidal self-injury: association with functions of self-injury and other mental health concerns," *Psychiatry Research*, vol. 305, p. 114253, Nov. 2021, doi: 10.1016/j.psychres.2021.114253.

[20] S. García-Navarro, E. B. García-Navarro, M. Araujo-Hernández, Á. Ortega-Galán, and M. J. Cáceres-Titos, "Approaching suffering in young university students, new challenge for a compassionate university: a qualitative study of undergraduate nursing students," *Healthcare*, vol. 12, no. 24, p. 2571, Dec. 2024, doi: 10.3390/healthcare12242571.
[21] S. Wardaningsih and R. P. Afnitamal, "The identification of recovery needs among college students with a history of self-harm," *AIP Conference Proceedings*, 2024, p. 090021, doi: 10.1063/5.0218070.
[22] S. E. Hetrick, A. Subasinghe, K. Anglin, L. Hart, A. Morgan, and J. Robinson, "Understanding the needs of young people who engage in self-harm: a qualitative investigation," *Frontiers in Psychology*, vol. 10, Jan. 2020, doi: 10.3389/fpsyg.2019.02916.
[23] K.-J. Park and M. Kim, "Self-injury interruption experience of non-suicidal self-injuring university students: phenomenological analysis," *Korean Association for Qualitative Inquiry*, vol. 8, no. 4, pp. 97–123, Dec. 2022, doi: 10.30940/JQI.2022.8.4.97.
[24] G. P. Trainor, "Self-harm in young people: risk factors, assessment and treatment interventions," *Nursing Children and Young People*, vol. 33, no. 3, pp. 25–32, May 2021, doi: 10.7748/ncyp.2020.e1281.
[25] S. Woodley, S. Hodge, K. Jones, and A. Holding, "How individuals who self-harm manage their own risk—'I cope because I self-harm, and I can cope with my self-harm,'" *Psychological Reports*, vol. 124, no. 5, pp. 1998–2017, Oct. 2021, doi: 10.1177/0033294120945178.
[26] J. J. Mira *et al.*, "Unveiling the hidden struggle of healthcare students as second victims through a systematic review," *BMC Medical Education*, vol. 24, no. 1, p. 378, Apr. 2024, doi: 10.1186/s12909-024-05336-y.
[27] L. J. Rymer, A. Dodd, and B. T. Bell, "'I thought that crying was weakness': a thematic analysis of emotional experience in an online self-harm forum," *Journal of Mental Health*, vol. 33, no. 5, pp. 638–644, Sep. 2024, doi: 10.1080/09638237.2024.2390389.
[28] L. R. Ribeiro Coimbra and A. Noakes, "A systematic review into healthcare professionals' attitudes towards self-harm in children and young people and its impact on care provision," *Journal of Child Health Care*, vol. 26, no. 2, pp. 290–306, Jun. 2022, doi: 10.1177/13674935211014405.
[29] H. Y. Savla and D. Sutar, "A qualitative study on understanding the process of nonsuicidal self-injury," *Annals of Indian Psychiatry*, vol. 8, no. 3, pp. 217–225, Jul. 2024, doi: 10.4103/aip.aip_58_24.
[30] O. C. Tristania and F. Hanurawan, "The correlation between emotional dysregulation and deliberate self-harm among college students in Malang," *KnE Social Sciences*, Nov. 2022, doi: 10.18502/kss.v7i18.12398.
[31] R. Faryabi, S. Bordbar, J. Bahmaei, E. Barfar, and A. R. Yusefi, "Investigating the state of self-harm and its relationship with suicidal ideation in college students: evidence from a cross-sectional study in southern Iran," *The Open Public Health Journal*, vol. 17, no. 1, Jul. 2024, doi: 10.2174/0118749445324100240729053240.
[32] R. Chaaya, M. Sfeir, S. El Khoury, S. B. Malhab, and M. El Khoury-Malhame, "Adaptive versus maladaptive coping strategies: insight from Lebanese young adults navigating multiple crises," *BMC Public Health*, vol. 25, no. 1, p. 1464, Apr. 2025, doi: 10.1186/s12889-025-22608-4.
[33] R. Castillo-Gualda and J. Ramos-Cejudo, "Beyond individual differences in affective symptomatology: the distinct contributions of emotional competence and rumination in a nationally representative sample," *Behavioral Sciences*, vol. 15, no. 3, p. 318, Mar. 2025, doi: 10.3390/bs15030318.
[34] C. Gökdağ, "The effects of two individual differences in emotional process on psychological problems: the mediating role of emotion dysregulation between emotional reactivity and distress," *Personality and Individual Differences*, vol. 203, p. 112008, Mar. 2023, doi: 10.1016/j.paid.2022.112008.
[35] S. Fishstrom *et al.*, "A meta-analysis of the effects of academic interventions on academic achievement and academic anxiety outcomes in elementary school children," *Journal of School Psychology*, vol. 92, pp. 265–284, Jun. 2022, doi: 10.1016/j.jsp.2022.03.011.
[36] M. C. Pascoe, S. E. Hetrick, and A. G. Parker, "The impact of stress on students in secondary school and higher education," *International Journal of Adolescence and Youth*, vol. 25, no. 1, pp. 104–112, Dec. 2020, doi: 10.1080/02673843.2019.1596823.
[37] T. Yan, H. Yu, and J. Tang, "The influence of multiple factors on musicology doctoral students' academic performance: an empirical study based in China," *Behavioral Sciences*, vol. 14, no. 11, p. 1073, Nov. 2024, doi: 10.3390/bs14111073.
[38] Y. Chen, "The relationship between academic stress and mental health: resilience as a moderator," *Social Behavior and Personality: an International Journal*, vol. 52, no. 12, pp. 1–9, Dec. 2024, doi: 10.2224/sbp.13832.
[39] S. Wardaningsih, "Recovery and prevention of physical and emotional symptoms in the elderly through spiritually-based ergonomic exercise (in Bahasa: *Pemulihan serta pencegahan gejala fisik dan emosi pada lasia melalui senam ergonomis berbasis spiritual*)," *ABDIMAS: Jurnal Pengabdian Masyarakat*, vol. 4, no. 1, pp. 381–389, 2021, doi: 10.35568/abdimas.v4i1.580.
[40] M. Kaphle, R. Karki, S. Khanal, D. Aryal, and K. Adhikari, "Assessment of academic stress and its association with academic achievement among health science students," *Archives of Mental Health*, vol. 25, no. 2, pp. 124–129, Jul. 2024, doi: 10.4103/amh.amh_83_24.
[41] T. Sakai and A. Aikawa, "Effects of executing gratitude-expression skills on the reduction of loneliness," *The Japanese Journal of Educational Psychology*, vol. 68, no. 2, pp. 111–121, Jun. 2020, doi: 10.5926/jjep.68.111.
[42] M. Xiao *et al.*, "Social support and overeating in young women: the role of altering functional network connectivity patterns and negative emotions," *Appetite*, vol. 191, p. 107069, Dec. 2023, doi: 10.1016/j.appet.2023.107069.
[43] S. S. Alqhtani *et al.*, "Nursing students' attitudes and intentions towards seeking professional psychological help: the mediating role of emotional intelligence," *BMC Psychology*, vol. 13, no. 1, p. 144, Feb. 2025, doi: 10.1186/s40359-025-02474-w.
[44] O. M. Klimecki, "The role of empathy and compassion in conflict resolution," *Emotion Review*, vol. 11, no. 4, pp. 310–325, Oct. 2019, doi: 10.1177/1754073919838609.
[45] Y. Li, R. Qiu, D. Liu, C. Cheng, and X. Zhu, "The impact of empathy on the mental health of healthcare workers via social support: a moderated mediation model," *Current Psychology*, vol. 43, no. 48, pp. 36858–36866, Dec. 2024, doi: 10.1007/s12144-024-07037-7.
[46] N. K. Adjei *et al.*, "Impact of poverty and adversity on perceived family support in adolescence: findings from the UK Millennium Cohort Study," *European Child & Adolescent Psychiatry*, vol. 33, no. 9, pp. 3123–3132, Sep. 2024, doi: 10.1007/s00787-024-02389-8.
[47] V. Oktan, "The roles of coping with stress and emotional regulation in predicting self-injurious behaviours among adolescents in Turkey," *British Journal of Guidance & Counselling*, vol. 49, no. 3, pp. 456–467, May 2021, doi: 10.1080/03069885.2020.1792829.
[48] M. van Swieten, I. Nijman, P. de Looff, J. VanDerNagel, and R. Didden, "A systematic review of studies on the association between physiological parameters and self-harm," *Research in Developmental Disabilities*, vol. 162, p. 105010, Jul. 2025, doi: 10.1016/j.ridd.2025.105010.

[49] F. Di Leone and S. I. Liljedahl, "Self-harm behavior," in *ICD-11 Personality Disorders, Oxford University Press*, 2025, pp. 289–304, doi: 10.1093/9780191964343.003.0017.
[50] T. Redmond, "Exploring therapeutic risk in the recovery process of adolescents at risk of self-harm: a thematic analysis of support staff perceptions," *Adolescent Psychiatry*, vol. 10, no. 4, pp. 272–288, Feb. 2021, doi: 10.2174/2210676610999200623114504.
[51] C. Morales, K. L. Luks, and N. J. Sibrava, "Cognitive-behavioral therapy," in *Encyclopedia of Mental Health, Elsevier*, 2023, pp. 438–447, doi: 10.1016/B978-0-323-91497-0.00206-X.
[52] D. Kingdon and H. Mander, "Cognitive behavioral therapy," in *International Encyclopedia of the Social & Behavioral Sciences*, 2015, pp. 30–32, doi: 10.1016/B978-0-08-097086-8.27011-6.
[53] C. van Schie, R. Gallagher, and A. Krause-Utz, "Exploring the complex relationship between childhood trauma and self-harm," *Journal of Aggression, Maltreatment & Trauma*, vol. 33, no. 6, pp. 685–703, Jun. 2024, doi: 10.1080/10926771.2024.2303525.
[54] J. Ruiz-Vozmediano *et al.*, "Influence of a multidisciplinary program of diet, exercise, and mindfulness on the quality of life of stage iia-iib breast cancer survivors," *Integrative Cancer Therapies*, vol. 19, Jan. 2020, doi: 10.1177/1534735420924757.
[55] A. C. Brown, K. Dhingra, T. D. Brown, A. N. Danquah, and P. J. Taylor, "A systematic review of the relationship between momentary emotional states and nonsuicidal self-injurious thoughts and behaviours," *Psychology and Psychotherapy: Theory, Research and Practice*, vol. 95, no. 3, pp. 754–780, Sep. 2022, doi: 10.1111/papt.12397.
[56] C. I. Moller, R. J. Tait, and D. G. Byrne, "Deliberate self-harm, substance use, and negative affect in nonclinical samples: a systematic review," *Substance Abuse*, vol. 34, no. 2, pp. 188–207, Apr. 2013, doi: 10.1080/08897077.2012.693462.
[57] K. Dimas, J. Hidalgo, and R. A. Illes, "Somatic symptom and related disorders," in *Family Medicine, Cham: Springer International Publishing*, 2022, pp. 463–469, doi: 10.1007/978-3-030-54441-6_180.
[58] D. Thomas and C. Bonnaire, "Relationship between non-suicidal self-injury and emotion dysregulation among male and female young adults," *Psychological Reports*, vol. 128, no. 4, pp. 2377–2400, Aug. 2025, doi: 10.1177/00332941231183336.
[59] Y. Wang, J. Tian, and Q. Yang, "Experiential avoidance process model: a review of the mechanism for the generation and maintenance of avoidance behavior," *Psychiatry and Clinical Psychopharmacology*, vol. 34, no. 2, pp. 179–190, Aug. 2024, doi: 10.5152/pcp.2024.23777.
[60] F. Petruso, A. E. Giff, B. A. Milano, M. M. De Rossi, and L. F. Saccaro, "Inflammation and emotion regulation: a narrative review of evidence and mechanisms in emotion dysregulation disorders," *Neuronal Signaling*, vol. 7, no. 4, Dec. 2023, doi: 10.1042/NS20220077.
[61] J. L. Leonardi and D. Josua, "Dialectical behavioral therapy (DBT) for substance use associated with borderline personality disorder," in *Behavior Analysis and Substance Dependence, Cham: Springer International Publishing*, 2021, pp. 129–145, doi: 10.1007/978-3-030-75961-2_10.

BIOGRAPHIES OF AUTHORS

Meidiana Dwidiyanti is affiliated with the Department of Mental Health Nursing, Faculty of Medicine, Diponegoro University, Semarang, Central Java, Indonesia. She is a professor of psychiatric nursing at Diponegoro University. Currently, she focuses on developing research based on emotional regulation interventions. She can be contacted at email: mdwidiyanti@gmail.com.

Geovanny Serviam Permana Putri Rahamitu is a Master of Nursing student at Diponegoro University. She can be contacted at email: geovannyrahamitu@gmail.com.

Luky Dwiantoro is an assistant professor at the Department of Basic Nursing, Diponegoro University. His expertise lies in nursing leadership and management, with a current research focus on caring leadership. He explores how compassionate and ethical leadership principles can be applied to improve nurse well-being, team performance, and ultimately, enhance patient care outcomes in complex healthcare settings. He can be contacted at email: lukydwiantoro@fk.undip.ac.id.

Nur Setiawati Dewi is an associate professor in community nursing. Her research interests include adolescent health, mental health, school health, and community nursing. She can be contacted at email: nurse.tiawatidewi@fk.undip.ac.id.

Sri Padma Sari is a lecturer in mental health nursing, Department of Nursing, Faculty of Medicine, Diponegoro University. She can be contacted at email: sripadmasari@fk.undip.ac.id.

Alifia Dian Yusriana is a Master of Nursing student at Diponegoro University. She can be contacted at email: yusrianaalifiadian@gmail.com.