

# Emotion Focused Coping And Its Role In Alleviating Loneliness Among Adolescents With Working Parents

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## Abstract

The phenomenon of dual-career families in Indonesia, which accounts for 87.05% of households, has the potential to affect adolescents' mental health. Indonesia ranks second highest in adolescent loneliness prevalence in the ASEAN region, at 9.6%, following the Philippines. This study is a correlational quantitative research involving 105 adolescents aged 10–19 years with working parents, aiming to analyze the relationship between emotion-focused coping and the level of loneliness. The instruments used were the Loneliness Scale and the Emotion-Focused Coping Scale. The results indicated a significant but weak negative correlation ( $r = -0.230$ ;  $p = 0.018$ ), suggesting that higher use of emotion-focused coping is associated with lower levels of loneliness. The majority of respondents reported a moderate level of loneliness (39%) and a very high use of emotion-focused coping strategies (38.1%). These findings indicate that while emotion-focused coping may contribute to reducing loneliness, other factors are likely to have a stronger influence on the level of loneliness experienced by adolescents.

**Keywords:** Loneliness; Emotion Focused Coping; Adolescents; Dual Career Family

## Abstrak

Fenomena keluarga dengan orang tua bekerja (dual career family) di Indonesia yang mencapai 87,05% berpotensi memengaruhi kesehatan mental remaja. Indonesia sendiri menempati peringkat kedua tertinggi di ASEAN dalam prevalensi kesepian remaja, yaitu sebesar 9,6% setelah Filipina. Penelitian ini merupakan studi kuantitatif korelasional yang melibatkan 105 remaja berusia 10–19 tahun yang memiliki orang tua bekerja, untuk menganalisis hubungan antara emotion focused coping dan tingkat kesepian. Instrumen yang digunakan yaitu Skala Kesepian dan Skala Emotion Focused Coping. Hasil penelitian menunjukkan adanya hubungan negatif yang signifikan namun lemah ( $r = -0,230$ ;  $p = 0,018$ ), yang mengindikasikan bahwa semakin tinggi penggunaan emotion focused coping, maka tingkat kesepian cenderung semakin rendah. Mayoritas responden memiliki tingkat kesepian pada kategori sedang (39%) dan penggunaan emotion focused coping pada kategori sangat tinggi (38,1%). Temuan ini menunjukkan bahwa meskipun emotion focused coping dapat berperan dalam mengurangi kesepian, terdapat faktor-faktor lain yang kemungkinan memiliki pengaruh lebih besar terhadap tingkat kesepian remaja.

**Kata Kunci:** Kesepian; Emotion Focused Coping; Remaja; Dual Career Family

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## **Introduction**

Adolescence is a developmental stage between childhood and adulthood, during which individuals undergo cognitive, biological, and socioemotional changes that span the transition from childhood to adulthood (Karimah, 2021). This period is often called a "storm and stress," characterized by mood swings and emotional instability (Rachmanie & Swasti, 2022). Emotional development is essential for adolescents to respond to life challenges. Furthermore, emotional development in adolescents is significantly influenced by the role of parents as the closest role models. Negative behaviors from parents, such as rejection, neglect, and apathy during emotionally tense moments, can adversely affect the adolescent's emotional growth (Hutajulu, 2020). Parents are responsible for guiding, educating, and providing for their children's material and psychological needs. When adolescents' material needs are met but their psychological needs such as parental attention and affection are lacking, they may feel bored and experience a loss of belonging in the family (Wulandari et al., 2019).

The phenomenon of dualincome families is increasingly common in Indonesia. According to the Central Bureau of Statistics (2023), 87.05% of families in both urban and rural areas consist of working husbands and wives. As the number of dual-income households grows, dual-career and single-career families have become more prevalent in Indonesia. Parents in dual-career households often face challenging situations that cause stress, including difficulties balancing work and personal obligations, frequent parenting conflicts, household management issues, and financial challenges (Hendrayu et al., 2017). Conflict and disharmony between parents can worsen the atmosphere at home. Moreover, parental disputes can make adolescents feel unsafe and uncomfortable in their homes (Sudirman, 2018).

Working parents tend to experience more work-family conflicts. Howard Sharp et al. (2020) stated that parental stress is associated with unsatisfactory parenting styles (such as being overly controlling, emotionally distant, or lacking communication skills), which can lead to behavioral problems in children. Working parents may also struggle to dedicate enough time to address household issues, leading to poor communication, unmet emotional needs in adolescents, and insufficient parental supervision. Consequently, adolescents may engage in risky behaviors such as smoking, drinking alcohol, or using drugs (Ajidahun, 2015).

Adolescents who experience positive emotions and maintain warm, close relationships with their parents tend to have strong attachments, exhibit positive responses even in stressful situations, and deal with conflict more effectively. Those with close parental relationships are likelier to express emotions honestly and are less inclined to suppress negative emotions. In contrast, adolescents who perceive parental absence may lack sufficient guidance and support, leading to emotionally distant relationships (Raissachelva et al., 2020). Additionally, busy work schedules often cause children to develop stronger bonds with caregivers than with their mothers, experience loneliness, or rely too heavily on peer relationships, sometimes prioritizing friendships over parental attachment (Khaeruddin & Ridfah, 2017).

Support from peers and family is crucial for adolescents. A lack of perceived social support from both friends and family can lead to mental health issues (Noret et al., 2020). Poor parent-child communication patterns may hinder adolescents from building social relationships, as they lack adaptive role models. Consequently, they

struggle to learn essential interaction and communication skills. Parents play a vital role in supporting adolescents through transitional periods. Without sufficient parental support, adolescents may experience loneliness due to a lack of a safe space to share their challenges. Failure to adapt and form social bonds with others often results in increased feelings of loneliness (Channitun & Soetikno, 2022).

Although loneliness is often associated with the elderly, research shows that adolescents experience loneliness more frequently than adults. A national survey by Psychology Today found that 79% of 40,000 respondents who reported feeling lonely were adolescents, even though this age group is typically immersed in friendships that serve as a secondary social environment after the family (Febriani, 2021). Furthermore, a study by Peltzer, Karl & Pengpid (2017) found that 9.6% of Indonesian adolescents reported loneliness the second highest rate among adolescents in seven ASEAN countries, after the Philippines at 14.2%.

Macdonald et al. (2018) argued that loneliness arises when individuals feel their needs for close relationships are unmet and they believe they are not cared for. Loneliness occurs due to a lack of social interaction within one's community. Shemesha et al. further explained that loneliness manifests in various forms, such as difficulty forming intimate relationships, having few friends, dissatisfaction in existing relationships, lack of interest in new social bonds, and decreased friendship intensity (Fikrie et al., 2021).

Perlman and Peplau (1998) classified loneliness into two types: (1) emotional loneliness, which results from the absence of an intimate attachment figure such as a parent, close friend, or partner, and (2) social loneliness, which stems from a lack of integration into a social network, including friends, neighbors, or colleagues (Agusti & Leonardi, 2015). Austin (1983) also described three dimensions of loneliness: (a) Intimate Others, referring to feelings of isolation from close individuals or the loss of significant people; (b) Social Others, involving a lack of social contact and inability to foster social connections; and (c) Belonging and Affiliation, the belief that one is incapable of forming relationships with others (Marisa & Afriyeni, 2019).

Loneliness in adolescents can manifest in various ways, such as boredom, feelings of failure, loss of meaning, and emptiness (Sutanto & Suwartono, 2019). Adolescents whose parents both work may experience different types of loneliness, such as feeling alone when completing daily tasks, lacking parental presence, guidance in decision-making, or emotional support. These experiences can shape how adolescents perceive and relate to others, increasing the likelihood of developing problematic, subjective thought patterns (Octaviany, 2019). Negative effects of loneliness include suicidal ideation, depression, and physical health issues such as diabetes, obesity, hypertension, and accelerated aging. In addition to the intensity of loneliness, its duration also significantly affects mental health symptoms. Lonely individuals often lack social support and frequently experience negative emotions (Mahardika & Sulistyarini, 2022).

According to Lambert, adolescents may engage in behaviors such as drug use, alcohol consumption, smoking, and partying to cope with loneliness (Lubis & Yudhaningrum, 2020). In Indonesia, adolescent loneliness is also linked to problematic internet use (Agusti & Leonardi, 2015). Lonely individuals often suffer from sleep disturbances, declining physical health, and anxiety (Hawkey & Capitanio, 2015). Other studies have shown that loneliness increases adolescents'

vulnerability to bullying ([Acquah et al., 2016](#)).

According to Perlman & Peplau (1982), individuals experiencing loneliness can benefit from coping behaviors cognitive and behavioral efforts to manage stress ([Christy & Partasari, 2022](#)). Coping refers to an individual's dynamic efforts to manage specific demands perceived as taxing or exceeding their resources ([Rokach, 2018](#)). There are two main types of coping: (1) problem-focused coping, where individuals seek information or take direct action to resolve difficulties, and (2) emotion-focused coping, which emphasizes reducing unpleasant emotional responses to stressors ([Andriyani, 2019](#)).

Emotion-focused coping involves regulating emotional responses to internal stressors. According to Carver et al. (1989), emotion focused coping includes five mechanisms: a) Use of emotional support seeking empathy and moral support; b) Positive reinterpretation viewing stress as an opportunity for growth; c) Acceptance acknowledging and resolving unavoidable stressful situations; d) Denial refusing to accept the existence of stress, which can exacerbate the problem; and e) Religious coping using faith-based practices to manage stress and seek comfort in a higher power ([Andriyani, 2019](#)).

Not all adolescents experiencing loneliness can cope effectively. Failure to resolve their problems can lead to stress, negative emotions, and harmful behaviors such as self-harm, substance abuse, delinquency, and other risky behaviors ([Sandra et al., 2022](#)). Lonely adolescents are also more likely to use social media to seek support and compensate for their lack of social contact ([Cauberghe et al., 2020](#)).

The above discussion aligns with Zammuner's (2019) findings that seeking social support an emotion-focused coping strategy is associated with lower levels of social loneliness and positive affect and life satisfaction. However, Schoenmakers et al. (2015) showed that not all loneliness-coping strategies are effective; chronically lonely individuals may lower their expectations in response to repeated loneliness, thereby increasing the likelihood of continued loneliness. Another study by Morgan & Burholt (2022) suggested that emotion-focused coping strategies, when used in isolation from problem-focused strategies, are generally ineffective in reducing loneliness.

Due to inconsistencies in findings across studies conducted at different times, the present study aims to investigate further the relationship between emotion focused coping and loneliness among adolescents with working parents. The proposed hypothesis is that there is a significant relationship between emotion-focused coping and the level of loneliness experienced by adolescents whose parents are both employed.

## **Research Method**

This study employed a quantitative research design. Data were collected through a Google Form questionnaire distributed to adolescents whose parents are both employed. The variables in this study include loneliness as the dependent variable and emotion-focused coping as the independent variable. The validity test used content validity to assess whether each item accurately measures the intended construct, while the reliability test used Cronbach's Alpha technique. Data analysis was carried out using correlation analysis to examine the relationship between the studied variables. The research subjects comprised 105 adolescents aged 10–19

years, all of whom had both parents working. The measurement instruments used in this study were the Loneliness Scale and the Emotion-Focused Coping Scale. The Loneliness Scale was based on the three dimensions of loneliness proposed by Austin (1983): Intimate Others, Social Others, and Belonging and Affiliation, with item discrimination indices ranging from 0.443 to 0.695 and a reliability coefficient of 0.920. Meanwhile, the Emotion-Focused Coping Scale was based on the theory by Lazarus and Folkman (1984) and developed by Carver et al. (1989). It consists of five aspects: Positive Reinterpretation and Growth, Denial, Acceptance, Religion, and Seeking Emotional Social Support. The item discrimination indices range from 0.312 to 0.598, and the reliability coefficient is 0.862.

## Results

The participants in this study consisted of 105 adolescents, including 25 males and 80 females, aged between 10 and 19 years. The results showed that the empirical mean score for the loneliness variable was 2.77, while the empirical mean score for the emotion-focused coping variable was 3.71. The basic assumption tests in this study consisted of normality and linearity tests, as shown in the following tables:

Table 1. Normality Test

Variable	Sig.	Description
Emotion Focused Coping	0,198	Data is normally distributed
Loneliness	0,200	Data is normally distributed

Table 1 shows that the significance value for the loneliness variable is 0.200, and for the emotion-focused coping variable is 0.198. Given that both significance values are greater than 0.05 ( $p > 0.05$ ), it can be concluded that the data for both variables are normally distributed.

Table 2. Linearity Test

	Sig.	Description
Deviation from Linearity	0,08	Linear

Table 2 shows that the significance of the *Deviation from Linearity* is 0.08. This indicates a linear relationship between emotion-focused coping and loneliness, as the significance value exceeds 0.05 ( $p > 0.05$ ). After the assumption tests were conducted, the researcher performed a correlation test to examine the relationship between the two variables, as shown below:

Table 3. Correlation Test between Loneliness and Emotion Focused Coping

Variable	Pearson Correlation	Sig. (2-tailed)	N
Loneliness	-0,230	0,018	105
Emotion Focused Coping			

Table 3 indicates that the correlation coefficient is -0.230 with a significance level of 0.018 ( $p < 0.05$ ). This means there is a significant negative relationship between emotion-focused coping and loneliness, although the correlation strength is weak. This suggests that other factors may also influence adolescent loneliness



beyond emotion-focused coping. Therefore, the alternative hypothesis (Ha) of this study is accepted.

The categorization of scores for loneliness and emotion-focused coping is presented in the following tables:

Table 4. Loneliness Score Categorization

Category	Score Range	Score Range	Score Range
Very Low	≤ 38,1	19	18,1%
Low	38,1 – 50,7	26	24,8%
Moderate	50,7 – 63,3	41	39%
High	63,3 – 75,9	11	10,5%
Very High	≥ 75,9	8	7,6%
Total		105	100%

Based on Table 4, it can be seen that the level of loneliness experienced by respondents in this study falls into the moderate category.

Table 5. Emotion-Focused Coping Score Categorization

Category	Score Range	Score Range	Score Range
Very Low	≤ 32,1	2	1,9%
Low	32,1 – 42,7	5	4,8%
Moderate	42,7 – 53,3	22	21%
High	53,3– 63,9	36	34,3%
Very High	≥ 63,9	40	38,1%
Total		105	100%

Based on Table 5, it can be concluded that the level of emotion-focused coping used by respondents in this study falls into the very high category.

## Discussion

Based on the results of the assumption tests, which included normality and linearity tests, the findings indicate a relationship between emotion-focused coping and loneliness, with a negative direction and a correlation coefficient of -0.230. This suggests that the strength of the correlation in this study tends to be weak. The negative correlation coefficient implies an inverse relationship: the higher the use of emotion-focused coping among adolescents, the lower the level of loneliness they tend to experience. Conversely, the lower the use of emotion-focused coping, the higher the loneliness adolescents are likely to feel. Therefore, it can be concluded that the results of this study support the proposed hypothesis.

Most of the participants reported a moderate level of loneliness, with 41 adolescents (39%) falling into this category. In contrast, the majority of participants scored in the very high category for emotion focused coping, with 40 adolescents (38.1%). Based on these categorization results, it can be inferred that adolescents with working parents tend to experience a moderate level of loneliness. This finding suggests that moderate loneliness influences the very high use of emotion-focused coping among adolescents whose parents are employed.

This is consistent with the findings of Marilyn Campbell (2015), who explained that emotion focused coping strategies, such as building social networks and fostering close relationships, are among the most effective approaches for adolescents to cope with loneliness.

The moderate loneliness category (41%) among adolescents may reflect dissatisfaction with their current social relationships, and feelings of loneliness even when physically surrounded by others (Marisa & Afriyeni, 2019). Therefore, the role of family particularly parents can influence adolescent loneliness. However, due to the weak correlation found, it is likely that other factors play a more significant role. This is in line with the systematic review by Nuzuli Chari Negara et al. (2023), which outlined that adolescent loneliness can be triggered by various factors, including negative experiences (e.g., discrimination, bullying), unstable family dynamics, internal psychological barriers (e.g., shyness), social relationship issues (e.g., rejection, poor friendships), and imbalances between virtual and face to face interactions.

The high level of emotion-focused coping employed by adolescents during experiences of loneliness suggests that this strategy plays an effective role in reducing feelings of loneliness. This aligns with findings by Tagomori et al. (2022), who reported that seeking connection, avoidance, seeking support, and cognitive strategies are the most commonly used methods by adolescents to reduce loneliness. Zhang et al. (2021) added that strategies such as distraction from problems or self-reassurance to accept situations help alleviate maladaptive emotions and enhance adolescents' ability to actively cope with stress. Furthermore, strategies such as self-comforting (e.g., playing with pets or using a phone), positive thinking, and staying busy are frequently used by adolescents to reduce feelings of loneliness (Nurrahman & Chairani, 2024). Individuals who engage in positive religious coping a component of emotion focused coping tend to report lower levels of loneliness (Mahardika & Sulistyarini, 2022).

## **Conclusion**

Based on the data collected, it can be concluded that there is a negative relationship between emotion-focused coping and loneliness among adolescents with working parents. However, the contribution or influence of emotion-focused coping on loneliness is not particularly strong. This suggests that other factors may play a greater role in explaining the variation in loneliness experienced by adolescents.

## **Recommendations**

During the course of this study, the researcher identified several limitations, particularly the unequal distribution of male and female participants. This was due to the data being collected online, which limited control over the sample size. Moreover, many potential participants ignored the questionnaire links shared via chat or did not view the Instagram Story containing the survey invitation. Therefore, it is recommended that future research collect data through offline methods. To enhance the generalizability of research findings, future studies should also involve a larger number of participants. Additionally, to provide more accurate representations of the situation based on the location of data collection, future researchers may conduct studies that focus on more specific or localized areas.

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