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Beyond Symptom Management: Patience and Social Support as Modifiable Buffers Against Adolescent Depressive Tendencies

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Abstract. Adolescent depressive tendencies often persist as sub-clinical shadows despite representing a critical window for preventative action. Although depression is a complex, multifactorial disorder, identifying accessible protective factors is essential for public health. Therefore, this study aimed to evaluate the predictive power of patience (an internal regulator) and social support (an external resource) in mitigating depressive tendencies among 259 Indonesian adolescents (ages 15–18). Using multiple linear regression, the results showed that both patience (β = -.150, p = .021) and social support (β = -.163, p = .012) were significant negative predictors of depressive symptoms. While the variables accounted for a modest portion of total variance, they represented vital entry points or crucial "safety valves" for non-clinical interventions. The data confirmed that the synergy between internal cognitive endurance and external social scaffolding created a robust "protective buffer" against mental health decline. In summary, this study advocated for a shift toward "resilience-first" mental health policies, recommending the integration of character-based emotional regulation and peer-support networks within educational frameworks to intercept the progression toward clinical depression.

Keywords: adolescent depression, patience, social support

Membendung Arus Depresi: Sinergi Kesabaran dan Dukungan Sosial sebagai Pelindung Psikologis pada Remaja

Abstrak. Kecenderungan depresi pada remaja sering kali berkembang di bawah radar klinis, menjadikannya target krusial untuk intervensi preventif. Meskipun faktor genetik dan lingkungan makro bersifat tetap, variabel psikologis yang dapat dimodifikasi seperti kesabaran dan dukungan sosial menawarkan peluang intervensi yang nyata. Penelitian ini menguji peran kedua variabel tersebut sebagai prediktor kecenderungan depresi pada 259 remaja (15–18 tahun) di Indonesia menggunakan analisis regresi linier berganda. Hasil penelitian menunjukkan bahwa kesabaran (β = -.150) dan dukungan sosial (β = -.163) secara signifikan memprediksi penurunan kecenderungan depresi. Temuan kunci penelitian ini mengungkapkan bahwa meskipun kontribusi totalnya tergolong rendah dalam model multifaktorial depresi, kesabaran dan dukungan sosial berfungsi sebagai "katup pengaman" (*safety valves*) yang krusial. Sinergi antara regulasi internal (kesabaran) dan penguatan eksternal (dukungan sosial) terbukti mampu mereduksi risiko eskalasi gangguan mental. Hasil ini mendesak pergeseran strategi kesehatan mental remaja dari sekadar pengobatan gejala menuju penguatan resiliensi berbasis karakter dan komunitas. Kami mengusulkan integrasi program pelatihan regulasi emosi dan sistem peer-support di lingkungan sekolah sebagai strategi mitigasi depresi yang komprehensif.

Kata Kunci: depresi remaja, dukungan sosial, kesabaran

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Adolescence is a crucial transitional period in life, marked by various cognitive, biological, and socio-emotional changes. During this stage, adolescents begin to explore, set future goals, and understand personal strengths and weaknesses (Desi et al., 2020; Santrock, 2017). However, this process of self-exploration is often accompanied by conflicts, both internal and external, specifically impacting mental health, such as depression.

Adolescent depression is characterized by feelings of sadness, loss of interest, decreased energy, feelings of low self-esteem, sleep disturbances, and decreased appetite (Endriyani et al., 2022). This phenomenon further worsens psychological well-being, specifically considering the high suicide rate associated with depression, with the majority of victims aged 15-29 (Susanti & Ika, 2019). WHO data from 2019 confirmed that approximately 300 million people worldwide suffer from depression, with 15.6 million cases in Indonesia (Yusri, 2023). According to Kaligis et al. (2021), 80% of adolescents aged 16-24 reported experiencing symptoms of depression. Furthermore, Health et al. (2022) showed that 1 in 3 adolescents (34.9%) experienced mental health problems in the past 12 months, and some reported self-harm or suicide. This phenomenon confirmed adolescents, specifically aged 15 to 29 years old, were a vulnerable group to emotional mental disorders, potentially leading to more serious consequences, such as suicide.

An early phase often goes unnoticed behind the high depression rate in adolescents, namely depressive tendencies. This describes the presence of early symptoms, such as sad mood, loss of interest, or emotional exhaustion, potentially progressing to depressive disorders when left untreated (Guo et al., 2022). The issue is increasingly emerging as a mental health concern requiring serious attention. Cai et al. (2021) emphasized the importance of early identification of these tendencies to prevent the development of more severe depression. Physiological, psychological, and social changes play a significant role in increasing the risk of developing depressive tendencies (Li et al., 2021). Understanding these early conditions opens up further study into their potential implications for adolescents' lives.

In various situations, depressive tendencies can impact daily functioning. The resulting emotional imbalance has the potential to disrupt learning activities, reduce the quality of social interactions, and affect self-perception. Over time, unaddressed psychological distress can become a gateway to other, more complex problems (Malhotra & Sahoo, 2018; Moustakbal & Maataoui, 2023). This overview emphasizes the importance of focusing on the early stages, specifically when considering the various factors contributing to its emergence.

Adolescent depressive tendencies are influenced by various psychosocial and psychological factors. Psychosocial factors

described by Axelta & Abidin (2022) include experiences of bullying, sexual violence, and the quality of relationships with parents, which can contribute to an increased tendencies. On the other hand, psychological factors, as described by Rahmawaty et al. (2022), include negative self-perceptions, difficulties in coping with stress, and low self-esteem, which increase the potential for depression in adolescents.

This study specifically highlights two key aspects representing the psychological and social dimensions, namely patience and social support. Patience was selected as an intrapersonal factor because it relates to an individual's ability to manage emotional responses to stress and pressure, which is important in the self-control context (Nashori et al., 2020). Meanwhile, social support was selected as an interpersonal factor that plays a crucial role in providing a sense of security, acceptance, and social connectedness (Sarason et al., 1983 in Bintang & Mandagi, 2021). Both factors are considered relevant to study simultaneously because they complement each other in protecting adolescent depressive tendencies.

Patience, as an element of self-control, is crucial in helping adolescents cope with stress and emotional distress. Based on an Islamic psychological perspective, patience enables individuals to remain calm in the face of adversity, which can reduce these tendencies (Dilla & Susanti, 2022). For example, when facing social pressure or personal difficulties, adolescents with high patience tend to manage their emotions and avoid the negative impacts of stress better (Nashori et al., 2020).

Social support is also a highly relevant factor in reducing depression. Social support received from family, friends, or other social environments provides a sense of security, acceptance, and care, which can improve their psychological well-being (Bintang & Mandagi, 2021). In this regard, positive social interactions cope the problems and stress in their lives, potentially reducing the depression risk. Therefore, patience and social support are two important factors that play a role in reducing adolescent depressive tendencies. Zulaikha & Sulistyarini (2020) proved that patience was negatively associated with depressive tendencies in final-year college students working on their theses. As supported by Qomaruddin et al. (2023), patience therapy interventions can reduce depression levels in postpartum survivors. Furthermore, social support has been shown to have a significant relationship with depression levels. Syahputra et al. (2020) reported that social support influenced depression levels in students from the 2018 intake of the Faculty of Medicine at the Veteran National Development University, Jakarta. In line with Wurisastuti & Mubasyiroh (2020), social support, particularly from husbands, influences postpartum depressive symptoms. The combination shows that patience and social support not only play a significant role in managing depression

theoretically but have also been empirically proven in related studies.

Investigations on the role of the two variables in adolescent depressive tendencies are still limited although patience and social support have been widely studied in relation to depression in various groups. Considering that adolescence is a developmental period vulnerable to emotional and psychosocial stress, this study hypothesized that patience and social support played a role in adolescent depressive tendencies.

Method

This study used a quantitative method with a non-experimental correlational design to examine the relationship between patience, social support, and depressive tendencies in adolescents. The participants were 259 adolescents residing in Yogyakarta, aged 15–18, currently attending senior high school (SMA/equivalent), comprising 100 males (38.6%) and 159 females (61.4%). All participants took part voluntarily.

Depressive tendencies were measured using the Beck Depression Inventory–II (BDI-II), a 21-item scale with a 4-point Likert scale (0–3). It measures the severity of depressive symptoms across affective, cognitive, motivational, and somatic dimensions, with a higher total score confirming a higher level of depressive tendencies. In this study, the BDI-II showed excellent reliability (Cronbach's $\alpha = .90$).

Patience was measured using the 15-Item Patience Scale (SS-15), consisting of 15 items on a 6-point Likert scale and covering four dimensions, namely patience in the face of adversity, obedience, controlling lust, and controlling *ghaab* (anger). Higher scores reflect higher levels of patience. In this study, the scale had good reliability (Cronbach's $\alpha = .84$).

Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS), consisting of 12 items on a 7-point Likert scale. This instrument measures perceptions of social support from family, friends, and significant others, with higher scores confirming higher levels of social support. The instrument had good reliability in this study (Cronbach's $\alpha = .85$).

Data were analyzed using multiple linear regression with Jamovi statistical software version 2.3 to simultaneously examine the contribution of patience and social support to depressive tendencies among adolescents.

Results

This study aimed to examine the role of patience and social support as predictors of adolescent depressive tendencies. Data analysis was conducted in stages, beginning with testing the assumptions of multiple linear regression, followed by regression analysis to examine the simultaneous and partial contributions of the predictor variables.

Regression Assumption Test

This study first tested the regression assumptions, including normality of residuals, linearity of relationships between variables, homoscedasticity, autocorrelation, and multicollinearity before conducting the multiple linear regression analysis. A summary of the assumption test results is presented in Table 1.

Table 1

Summary of Multiple Linear Regression Assumption Test Results

Assumptions	Test Method	Criteria	Results	Kesimpulan
Residual normality	Kolmogorov-Smirnov, Shapiro-Wilk	$p > 0.05$	KS = 0.200; SW= 0.750	Fulfilled
Linearity	Test for Linearity	$p < 0.05$	p = 0.001	Linear
Homoscedasticity	Examination of residual distribution	No Pattern	Random residuals	Fulfilled
Autocorrelation	Durbin-Watson	≈ 2	DW = 2.123	No autocorrelation
Multicollinearity	Tolerance, VIF	Tol > 0.10; VIF < 10	Tol = 0.881; VIF = 1.135	No multicollinearity

Based on the test, all assumptions of multiple linear regression were fulfilled. Therefore, the multiple linear regression analysis could be continued to examine the relationship between patience, social support, and the adolescent depressive tendencies.

Results of Multiple Linear Regression Analysis

Multiple linear regression analysis was conducted to determine the simultaneous and partial contributions of patience and social support to the adolescent depressive tendencies. The results of the regression analysis are presented in Table 2.

Table 2

Results of Multiple Linear Regression Analysis

Predictors	B	t	*p*
Patience	-.027	-2.542	.012
Social Support	-.019	-2.343	.020

Model Compatibility:

$R = .258$; $R^2 = .066$; Adjusted $R^2 = .059$; $F(2,256) = 28.584$; $p < .001$

Partially, patience had a significant negative regression coefficient on depressive tendencies (β = ".027, p = .012), confirming that the higher the level of patience adolescents experienced, the lower the tendencies. Social support also showed a significant negative regression coefficient (β = ".019, p = .020), confirming that the higher the social support adolescents received, the lower the tendencies.

Generally, the results showed that patience and social support served as significant predictors of depressive tendencies, both simultaneously and independently. Although the model's explained variance was relatively small, the results emphasized the importance of internal psychological and social factors in understanding adolescent depressive tendencies.

Discussion

This study showed patience and social support were significantly negatively associated with depressive tendencies among adolescents. Therefore, intrapersonal and interpersonal factors served as protective resources in coping with emotional stress during adolescence, and were significant predictors of depressive tendencies, both simultaneously and independently, during a developmental period characterized by high psychosocial dynamics (Beirão et al., 2020).

Partially, patience showed a significant negative relationship with the depressive tendencies. Therefore, adolescents with higher levels of patience tended to have lower tendencies. This was consistent with previous study where patience functioned as an adaptive mechanism for emotional regulation and self-control, thereby helping individuals psychologically cope with difficult situations (Ain, 2022; Alfain et al., 2023). Based on an Islamic psychological perspective, patience is not understood as a passive attitude but rather as an active ability to resist negative impulses, accept reality, and manage emotions constructively. This ability plays a crucial role in maintaining emotional stability and reducing the risk of affective disorders in adolescents (Fadilah & Madjid, 2020).

The dimension of patience in the adversity has strong relevance in the context of adolescent mental health. Safira & Sabran (2025) emphasized that the ability to accept and persist through difficult situations served as an effective emotional coping strategy and built psychological resilience, preventing anxiety from developing into clinical depression. In line with Yu et al. (2023), the ability to endure emotional stress and interpret negative experiences adaptively serves as a protective factor against mood disorders. Furthermore, the patient aspect of controlling *ghadab* (anger) plays a crucial role as it is directly related to the ability to regulate emotions. Adolescents who can manage negative emotions adaptively tend to have better self-control and a lower risk of depression (Ain, 2022).

Social support was also found to be significantly negatively associated with depression. Adolescents who perceived support from their immediate social environment, such as family and peers, tended to have lower levels of depression. This was consistent with a longitudinal study by Glickman et al. (2021), where peer support had a significant role in reducing depressive symptoms, specifically among adolescents experiencing emotional neglect. Lin et al. (2024) also confirmed that social support served as an important mediator in the relationship between psychosocial factors and depression in adolescents, providing a sense of security, acceptance, and esteem. This was in line with a systematic review by Yudistia (2025), where social support from significant others was consistently associated with reduced depression levels in adolescents across various cultural contexts.

The results of a multiple linear regression analysis showed that patience and social support simultaneously contributed significantly to depression in adolescents, accounting for 6.6% of the variance. Although this contribution was relatively small, the results remained theoretically and empirically meaningful. Adolescent depression is a multifactorial phenomenon influenced by the interaction of various psychological, social, and biological factors (Beck et al., 1996). As supported by McNamara et al. (2021), even predictive models of depression involving multiple complex factors still left a significant proportion of unexplained variance, thereby emphasizing the complexity of depression as a psychological condition.

Patience showed a slightly greater contribution than social support in predicting depressive tendencies when compared relative to standardized beta coefficients. The results were in line with a longitudinal study by Pellerin et al. (2026), where internal psychological resources, such as flexibility and resilience in the face of adversity, tended to be stronger predictors of psychological well-being and distress than situational or external factors. However, social support continues to play an integral role, functioning as an external reinforcer that helps individuals maintain emotional balance when facing stress (Alshammari et al., 2021).

This study had several limitations despite its immense contribution. First, the correlational design did not allow causal conclusions regarding the relationship between patience, social support, and depressive tendencies. Second, the sample's limited characteristics, being restricted to senior high school adolescents in a single geographic area with a predominance of female participants, limited the generalizability of the results to a broader population (Kanim & Cid, 2020). Furthermore, the relatively small contribution to the explained variance suggested that other factors potentially influencing adolescents' depressive tendencies were not addressed.

Conclusion

In conclusion, this study showed patience and social support served as protective factors associated with a lower depressive tendencies among adolescents. Based on analysis, adolescents with higher levels of patience and social support tended to have a lower tendencies. Simultaneously, both variables contributed significantly, although the proportion of explained variance was relatively small. The results confirmed that the depressive tendencies among adolescents were a multifactorial phenomenon influenced by various psychological and social factors beyond the examined variables. Therefore, efforts to prevent depression should consider strengthening internal resources, such as the ability to manage emotions, as well as support from the social environment simultaneously.

Recommendations

Future investigations were recommended to use longitudinal or experimental designs to test the causal relationship between patience, social support, and depressive tendencies. Furthermore, examining the contribution of each aspect of patience and source of social support separately was necessary to gain a deeper understanding of the protective mechanisms against depression among adolescents. Expanding sample characteristics from various regions and cultural backgrounds was also recommended to improve the generalizability of the results.

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