

FORGIVENESS AND PSYCHOLOGICAL WELL-BEING AMONG ADOLESCENTS: COGNITIVE AND EMOTIONAL DYNAMICS IN POST- SUICIDE ATTEMPT RECOVERY

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ABSTRACT

Recovery after a suicide attempt in adolescence is not adequately described by the absence of a subsequent attempt. It also involves rebuilding emotional stability, self-evaluation, relationships, meaning, and the capacity to engage with life. This integrative review examines forgiveness as a potentially relevant process within that broader recovery trajectory, with particular attention to cognitive and emotional mechanisms linking forgiveness to psychological well-being. Peer-reviewed literature on adolescent suicidality, recovery, forgiveness, self-forgiveness, cognitive appraisal, emotion regulation, and psychological well-being was integrated through a targeted conceptual review. The literature suggests three related pathways. First, cognitive change may occur when adolescents move from rigid self-condemnation, global negative beliefs, and repetitive rumination toward more differentiated appraisals of the suicidal crisis and the events surrounding it. Second, emotional recovery may involve tolerating painful affect, reducing persistent anger and shame, and developing more adaptive emotion-regulation strategies. Third, forgiveness of self, others, or uncontrollable situations may support well-being when it emerges voluntarily and is distinguished from excusing harm, forced reconciliation, or premature closure. Evidence directly testing forgiveness among adolescents after a suicide attempt remains limited; therefore, forgiveness should be considered a plausible adjunctive recovery process rather than an established suicide-specific treatment. Clinical application should remain embedded within evidence-based suicide care, including safety planning, risk monitoring, family involvement when appropriate, and treatments with empirical support for suicidal adolescents. The review proposes a cognitive-emotional framework in which forgiveness may contribute to psychological well-being by reducing maladaptive rumination and self-condemnation while supporting emotional regulation, self-acceptance, relational repair, and renewed meaning.

Keywords: *adolescents; forgiveness; self-forgiveness; psychological well-being; suicide attempt; recovery; cognitive appraisal; emotion regulation*

INTRODUCTION

Adolescent suicidal behavior is a major clinical and public-health concern, but the period after an attempt deserves attention in its own right. Young people who survive a suicide attempt may continue to experience depression, hopelessness, shame, interpersonal conflict, social disconnection, and recurrent suicidal thoughts. Contemporary ideation-to-action models emphasize that the emergence of suicidal ideation and the transition from ideation to an attempt are related but not identical processes; factors such as perceived burdensomeness, thwarted belonging, psychological pain, entrapment, and acquired or dispositional capability have been examined as possible contributors to suicidal behavior [1,2]. A recent systematic review of adolescent suicide theories similarly indicates that no single pathway adequately explains why some adolescents move from suicidal thoughts to an attempt [3].

Recovery is therefore broader than symptom reduction. A 2026 review of quantitative and

qualitative studies on recovery from suicidality in young people describes recovery as a multidimensional and non-linear process involving personal, relational, clinical, and contextual changes [4]. For adolescents, this process occurs during a developmental period in which identity, autonomy, emotion regulation, peer relationships, family relationships, and future orientation are still being reorganized. After an attempt, questions such as 'Why did I do this?', 'Who is responsible?', 'Can I trust myself again?', and 'Can my relationships be repaired?' may become central to the adolescent's interpretation of the crisis.

Forgiveness may be relevant to these questions. In psychological research, forgiveness is generally conceptualized as a change in motivational, cognitive, and emotional responses toward an offense, offender, oneself, or an adverse situation. It does not require denying wrongdoing, abandoning accountability, forgetting harm, or restoring an unsafe relationship [5,6]. Self-forgiveness similarly requires more than simply feeling better about oneself; responsible self-forgiveness involves acknowledgment of harm or failure, reduction of destructive self-condemnation, and movement toward constructive self-acceptance and change [7].

Studies with adolescents indicate that forgiveness is associated with lower depression and anger and with higher well-being [8]. A review focused on adolescents also reported positive associations between forgiveness and several indicators of psychological well-being [9]. More recently, large-cohort evidence has linked forgiveness and especially self-forgiveness with child and adolescent mental health and psychological well-being [10]. However, these findings should not be generalized automatically to adolescents recovering from a suicide attempt. Direct evidence in this specific population remains sparse.

This article therefore examines a narrower question: how might forgiveness contribute to psychological well-being during post-suicide attempt recovery through cognitive and emotional processes? The aim is not to present forgiveness as a substitute for suicide-specific treatment. Rather, the review develops a theoretically grounded framework for understanding when forgiveness may become relevant after immediate safety has been addressed, and identifies boundaries that should guide research and clinical application.

METHOD

This paper uses an integrative conceptual review approach. The purpose was to synthesize theory and empirical findings across partially overlapping literatures rather than to estimate a pooled treatment effect. Targeted searches were conducted for peer-reviewed work concerning adolescent suicide attempts and recovery, forgiveness and self-forgiveness, psychological well-being, cognitive appraisal and rumination, emotion regulation, and psychological interventions for suicidal adolescents. Priority was given to systematic reviews, meta-analyses, theoretical models, longitudinal or large-sample

studies, and influential foundational work relevant to the proposed mechanisms.

Because the literature directly examining forgiveness after an adolescent suicide attempt is limited, evidence was organized in layers: (a) research specifically addressing adolescent suicidality and recovery; (b) adolescent studies linking forgiveness with mental health or well-being; and (c) broader forgiveness research that clarifies plausible cognitive and emotional mechanisms. Claims about post-attempt recovery were kept distinct from findings obtained in general adolescent or adult samples. The synthesis is therefore hypothesis-generating and should not be interpreted as a systematic review of an established forgiveness intervention for suicidal adolescents.

RESULT AND DISCUSSION

3.1 Post-Attempt Recovery as a Developmental Process

Earlier follow-up literature showed that adolescents who attempt suicide constitute a heterogeneous group and may remain vulnerable after the acute crisis [11,12]. More recent work has shifted attention toward the processes through which young people recover from suicidality. Recovery may include reductions in suicidal thinking and distress, but also reconnection with others, restoration of agency, development of coping skills, changes in self-understanding, and renewed reasons for living [4]. This broader perspective is compatible with eudaimonic conceptions of psychological well-being, which emphasize self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth [13].

These domains are especially relevant after a suicide attempt. Self-acceptance may be disrupted by shame about the attempt; positive relations may be strained by conflict, fear, blame, or secrecy; autonomy may be complicated by increased supervision; environmental mastery may be weakened by a sense of helplessness; and purpose in life may be uncertain. Recovery can therefore be understood partly as reconstruction of the adolescent's relationship with self, others, and the future.

3.2 Cognitive Dynamics: Appraisal, Rumination, and Self-Condensation

Cognitive processes influence how adolescents interpret both the events preceding an attempt and the attempt itself. A painful interpersonal event, academic failure, bullying experience, family conflict, or perceived rejection does not have a fixed psychological meaning. Appraisal processes shape whether the experience is interpreted as temporary or permanent, specific or global, manageable or inescapable. Suicidal states have been linked theoretically to hopelessness, defeat, entrapment, and rigid negative interpretations [1-3].

After an attempt, repetitive thinking can maintain distress. Rumination may repeatedly reactivate anger toward others, guilt about consequences for family members, shame about having attempted suicide, or self-accusations about perceived weakness. Forgiveness may alter this cycle when it involves a change in the meaning assigned to the offense or failure rather than simple suppression of negative thoughts. Process-based forgiveness interventions have shown reductions in depression, anger/hostility, and stress/distress across adolescent and adult samples exposed to interpersonal hurt, although these results are not specific to suicide-attempt survivors [14].

Self-forgiveness may be particularly relevant when the adolescent directs moral condemnation toward the self. A useful distinction is between guilt and global shame. Guilt can focus on a behavior and may motivate repair, whereas shame more readily becomes a negative judgment of the whole self. Responsible self-forgiveness does not erase responsibility. Instead, it can allow an adolescent to acknowledge the seriousness of an act while rejecting the conclusion that the act defines the total value or future of the person [7]. This distinction may support cognitive flexibility and self-acceptance, two processes that are compatible with recovery.

3.3 Emotional Dynamics: Shame, Anger, Fear, and Emotion Regulation

Post-attempt recovery can involve intense and sometimes contradictory emotions. Adolescents may feel relief at surviving, fear that suicidal thoughts will return, anger toward people associated with earlier hurt, guilt about family distress, shame about hospitalization or disclosure, and sadness about losses that remain unresolved. These emotions should not be treated as obstacles that must simply be removed. Their function, intensity, duration, and regulation are more clinically informative.

Emotion regulation refers to processes through which individuals influence which emotions they have, when they have them, and how those emotions are experienced or expressed [15]. Cognitive reappraisal, acceptance, problem solving, interpersonal support, and distress-tolerance skills may help adolescents respond to emotional activation without escalating toward self-harm. In contrast, persistent avoidance, suppression, impulsive action, or repetitive self-attack may maintain vulnerability. Evidence from treatment research supports the importance of emotion-regulation skills in interventions for high-risk adolescents. A recent systematic review identified dialectical behavior therapy for adolescents as the intervention with the clearest evidence among the approaches reviewed for reducing suicidal and self-harming outcomes [16].

Forgiveness can intersect with emotion regulation, but the two concepts are not equivalent. Forgiveness may reduce the chronic activation of anger, resentment, revenge motivation, shame, or self-punitive affect; emotion regulation provides the broader capacity to tolerate and manage emotional states. An adolescent may need regulation skills before being ready to consider forgiveness. Pressuring forgiveness during acute instability could invalidate legitimate anger, obscure abuse, or create additional guilt when the adolescent is unable or unwilling to forgive.

3.4 Forgiveness of Self, Others, and Situations

A multidimensional view is useful because the target of forgiveness may differ across adolescents. Forgiveness of others may become relevant when the suicidal crisis followed bullying, betrayal, rejection, violence, or chronic interpersonal conflict. Self-forgiveness may be relevant to shame, perceived failure, the consequences of the attempt, or self-directed anger. Forgiveness of situations may concern irreversible losses or adverse circumstances for which no single person can reasonably be held responsible.

Recent Indonesian evidence among adolescent victims of bullying found that forgiveness, examined together with perceived social support, was associated with suicidal ideation; the study distinguished forgiveness of self, others, and situations [17]. This is clinically interesting because it places forgiveness closer to suicide-related outcomes in an adolescent sample. Nevertheless, the design and population do not establish that forgiveness causes reductions in suicidal ideation or that the same relationship applies after a suicide attempt.

The distinction also prevents a common conceptual error: reconciliation is not a required outcome of forgiveness. Where abuse, coercion, or ongoing danger is present, safety and boundaries take priority. An adolescent may reduce consuming resentment or self-condemnation without resuming contact with a harmful person. In clinical work, the adolescent's autonomy regarding whether, when, and whom to forgive should be protected.

3.5 From Forgiveness to Psychological Well-Being

The adolescent forgiveness literature provides a plausible basis for linking forgiveness with psychological well-being. Barcaccia et al. found that forgiving dispositions in adolescents were related to lower depression and anger and to greater well-being [8]. Wulandari and Megawati's review similarly concluded that forgiveness was positively related to indicators of adolescent well-being across the studies they examined [9]. Large-cohort findings published more recently also indicate meaningful associations between forgiveness, self-forgiveness, distress, and psychological well-being in young people [10].

These associations can be interpreted through several mechanisms. Reduced rumination may free attention from repeated replay of painful events. Reduced self-condemnation may support self-acceptance. Lower chronic anger may improve relationships. More flexible appraisal may permit the

adolescent to distinguish an event from an entire identity or future. These changes can, in turn, support domains of well-being such as positive relations, environmental mastery, purpose, and personal growth. However, the causal sequence remains uncertain. Higher well-being may also make forgiveness easier, and both may be influenced by family support, treatment engagement, spirituality, personality, social context, or time since the crisis.

3.6 A Cognitive-Emotional Framework for Post-Attempt Recovery

Based on the reviewed literature, a provisional framework can be expressed as follows: painful or morally salient experiences surrounding the suicidal crisis activate appraisals about the self, others, and the future; these appraisals interact with emotions such as shame, guilt, anger, fear, and sadness; repetitive rumination and ineffective emotion regulation can maintain distress; when safety and stabilization are sufficient, voluntary forgiveness processes may help modify hostile or self-condemning interpretations and reduce the emotional load attached to them; these changes may support self-acceptance, relational functioning, meaning, and psychological well-being.

Table 1.

Proposed cognitive-emotional pathways linking forgiveness and psychological well-being during recovery.

Recovery domain	Potential difficulty	Forgiveness-related process	Possible well-being outcome
Self	Shame, guilt, self-condemnation	Responsible self-forgiveness; differentiated self-appraisal	Self-acceptance; personal growth
Cognition	Rumination, hopeless interpretations	Reappraisal of offense/failure and its meaning	Greater flexibility; environmental mastery
Emotion	Persistent anger, fear, sadness	Reduced revenge/self-punitive motivation alongside regulation skills	Emotional balance; improved functioning
Relationships	Blame, distrust, disconnection	Forgiveness where appropriate, with boundaries and accountability	Positive relations; social reconnection
Future	Loss of meaning and purpose	Integration of the crisis into a broader life narrative	Purpose in life; renewed agency

The framework is deliberately non-linear. An adolescent may progress in one domain while remaining distressed in another. Forgiveness may be relevant to some adolescents and irrelevant or premature for others. It should therefore be treated as one possible process within recovery rather than a universal stage that every survivor must complete.

3.7 Clinical and Research Implications

Clinical use of forgiveness concepts should occur only within a broader suicide-care framework. Immediate priorities after an attempt include assessment of current suicidal thoughts and intent, restriction of access to lethal means where feasible, safety planning, continuity of care, treatment of psychiatric symptoms, and involvement of supportive caregivers when clinically appropriate. Forgiveness work should never replace these elements.

When clinically appropriate, practitioners could assess whether unresolved self-condemnation, interpersonal resentment, or situation-focused anger is maintaining distress. Intervention may then begin with emotion identification, validation, distress tolerance, cognitive flexibility, and clarification of what forgiveness does and does not mean. Only after sufficient stabilization should the adolescent be invited, rather than pressured, to explore forgiveness. The process should preserve accountability, boundaries, and the adolescent's right not to reconcile.

Research should directly test the proposed model in post-attempt samples. Longitudinal studies are needed to establish temporal ordering among forgiveness, rumination, emotion regulation, suicidal ideation, and psychological well-being. Studies should distinguish self-, other-, and situation-forgiveness; measure both suicide-specific outcomes and positive recovery outcomes; and test moderators such as gender, developmental stage, family functioning, bullying, trauma exposure, spirituality, and cultural context. Intervention research

should first establish acceptability and safety before evaluating efficacy, ideally as an adjunct to evidence-based care rather than as a stand-alone suicide intervention.

CONCLUSION

Forgiveness offers a potentially useful lens for understanding part of the psychological work that may follow an adolescent suicide attempt. The strongest current evidence supports an association between forgiveness and better mental-health or well-being outcomes in adolescents generally, while broader forgiveness intervention research suggests benefits for depression, anger, and distress. Evidence directly demonstrating that forgiveness improves recovery after an adolescent suicide attempt is not yet sufficient.

A cautious interpretation is therefore warranted. Forgiveness may contribute to recovery when it helps adolescents loosen rigid self-condemnation, reduce maladaptive rumination, regulate persistent anger and shame, repair selected relationships, and reconstruct meaning. Its value depends on timing, voluntariness, safety, and clear separation from excusing harm or forced reconciliation. Future longitudinal and intervention studies should determine whether these cognitive and emotional pathways add measurable benefit to established suicide-focused care and whether improvements extend to psychological well-being, not merely to symptom reduction.

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CONFLICT OF INTEREST

The author declares no conflict of interest.

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