

7 Themes of Depression Female Students Residing in A Dormitory: A Qualitative Interpretative Phenomenological Analysis

Yane Restuwaty Walukouw

¹Universitas Advent *ndonesia* (UNAI)

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Abstract

Depression is a debilitating and distressing illness that profoundly impacts the abilities and academic pursuits of adolescents. Manifesting in various aspects, such as physical, emotional, cognitive, behavioral, and social domains, depression disrupts academic functioning and impedes learning. This research employs a phenomenology qualitative approach with semi-structured interviews to gather data. The study involves six female adolescents, aged 18 to 20, who are experiencing depression, based on diagnosed by the doctor and who are enrolled as students in an Adventist University in Indonesia during 2022-2023 academic year. The primary objective of this study is to gain a qualitative understanding of depression in female adolescents. By doing so, faculty members can develop a deeper comprehension of how to effectively support and assist students dealing with depression. The following 6 themes such as "Family Condition", "Dormitory Condition". "Feeling hopeless and helpless", "An experience of loneliness and isolation", "Feeling unworthy", and "Therapy as a last resort." The feeling that they have to deal with it by themselves, and/or the lack of caring who support the students in getting help. The finding suggested the ongoing importance of reducing stigma and promoting mental health education for the students as well as their parents, deans of dormitory, school staff, and dormitorian. It seems that the present research implicitly opens away to explore and to understand the intersubjectivity of students as an important part of dormitory society.
depression, physical, emotions, cognitive, social, academic functioning

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: yanewalukow@gmail.com

Coserponding Author
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INTRODUCTION

Although there is a lot of knowledge about the causes of depression among young adults in Indonesia, it is still hard to find effective treatments. In the first half of 2021, UNICEF and Gallup surveyed teens in 21 countries and found that, on average, one in five around the world are depressed or lose interest in things they used to enjoy. Of all the countries with teens, Indonesia has the third most depressed teens—up to one-third of all teens there. A UNICEF survey from 2022 found that the country where teens are most likely to be depressed is Cameroon. Indonesia is only three points behind that country. The Indonesian National Adolescent Mental Health Survey (I-NAMHS) found that one in three Indonesian teens had a mental health problem in the past year, and one in twenty had a mental disease in the same time period. These numbers are equal to about 15.5 million and 2.45 million teenagers, respectively. The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) was used to make the mental disorder diagnoses for the teens. This is the standard way to make mental disorder diagnoses in Indonesia and around the world. 3.7% of teens had an anxiety disorder, which is a mix of social phobia and generalized anxiety disorder. This was followed by major depressive disorder (1.0%), conduct disorder (0.9%), and then PTSD and ADHD (both 0.5%). I-NAMHS also found that few teens get professional help for their mental health problems, even though the government has made it easier for people to get to many health centers. The National

Adolescents Mental Health Survey (2022) found that only 2.6% of teens and young adults with mental health issues used services in the past year (Isfandari, 2011)

There are nine million depressed people in Indonesia, which is 3.7% of the total. Someone in Indonesia kills themselves every hour. The shocking number of 3.4 deaths for every 100,000 people in Indonesia was found by the World Population Review. Some 16 million people (15+ years old) have shown signs of anxiety or sadness, and another 400,000 people (1.72% of the population) live with more serious illnesses like psychosis. In this group, 57,000 people have been shackled before, according to a study from the Health Ministry in 2013. About 19% of young people in Indonesia have thought about committing suicide, and 45% have actually done it. Indonesia has about 270 million people, making it the fourth most popular country in the world. However, it only has about 800 psychiatrists (0.3 psychiatrists per 100,000 people), 450 psychologists, and 48 mental health facilities. It's not easy to get to these kinds of services. It is where almost half of all therapists work. There are also 34 provinces in Indonesia, but more than half of the 48 mental health centers are only in four. Only in Yogyakarta has it been possible to put a psychologist in each of its 18 public health roles. (Willopo, 2022).

Among people aged 15 to 24, 6.2% had depression, according to the Indonesia Basic Health Survey (Riset Kesehatan Dasar or RISKESDAS). A different study found that about 7.7% of Indonesian kids had mental or emotional issues. Only 9.2% of depressed 15–24-year-olds went to a health facility for help, which is a shame (Isfandari, 2011).

There is a gap between the availability of health facilities and the large number of teens and young adults who suffer from depression. One big problem is that kids and teens often don't get professional help until years after they first noticed they had a mental health problem, which is a lot later than adults (Korczak & Goldstein, 2015; McGorry, Purcell, Goldstone, & Amminger, 2011).

RESEARCH METHOD

Interpretative Phenomenology Analysis was used in this study. This is a way to understand and analyze the stories that people tell about their lives. According to McGorry, Purcell, Goldstone, and Amminger (2011), Interpretative Phenomenology are more than just a list of events; they are put together in a way that gives them meaning and purpose. IPA stands for interpretative phenomenological analysis. It is a type of qualitative psychology study. Idiographic focus means that IPA doesn't try to find generalizations. Instead, it tries to show how one person in a certain setting makes sense of a situation. The ideas that led to IPA (Smith, 2007)

In story inquiry studies, purposeful sampling is used most of the time. People who want to take part in the study must meet some kind of requirement that fits with the study's purpose, problem, and goal. People who had sadness were asked to take part in this study. This type of study doesn't have a set rule for the size of the group. The usual number of people in a group is between 6 and 10. Six women between the ages of 18 and 21 are taking part in this study. This is because sampling should end when there is no new information to be found. This is called "sampling to the point of redundancy," and it is a popular method used in qualitative studies. Haydon G. and Riet. (2017)

Data collection using semi structural interview, with six participants, they were students of One of Adventist University in Indonesia, with age range 18-21 years old

RESULTS AND DISCUSSION

All participants in the conversations and interviews expressed negative emotions such as "bad temper," "isolation," "lack of sleep," "irritation," and "sensitivity." Subjects often mentioned self-destructive behaviors such irregular medicine use, self-harm, and suicide attempts as repercussions of depression when discussing their feelings and mental

states. Various approaches, such as drugs and psychotherapy, are utilized to treat depression. Family therapy can be beneficial if familial discord is exacerbating a teenager's depression.

Regarding Family Condition

The participants' family, who were experiencing depression, were causing significant distress and emotional issues for them, potentially worsening their sadness. The family is generally perceived as a tranquil and supportive setting. The main concerns regarding this topic revolved around cases of inconsistency, verbal, physical, and sexual abuse within the family; a lack of affection within the family; financial and economic issues within the family; and forced, unwanted marriages arranged by the family.

1.(A) I was bullied by my classmates during my elementary and secondary school years because I have dark skin and a skinny body. Every time I talked to my father about it, he became really angry and confronted the school and the students who were bullying me. My friends also mocked me because of those incidents. As a result, I became an introverted and antisocial girl. When I was in my second year of high school, my father passed away. I completely broke down because I no longer had anyone to protect and comfort me. Since that time, whenever someone bullied me, I felt incredibly sad and began hurting myself by grabbing my hair until it was almost bald. Nobody knew about it because I wore a hijab (headscarf). When I reached college, it was difficult for me to interact with other students, and people considered me irritating, sensitive, and antisocial. When I had conflicts with my friends, I resorted to the same self-harming behavior. My family eventually urged me to see a doctor and take medication. After that, I started to get better, feeling calmer and more peaceful."

2.(B) I grew up in a happy family; my father is a pastor, and my mother was a housewife. My father had a more democratic style than my mom, who was a perfectionist mother, always expecting the best from her firstborn. Sometimes, I couldn't cope with it, and it made me feel sad and unworthy. This marked the beginning of my episodic panic attacks. I truly didn't know how to handle them. My family asked me to see a doctor and take medication, but the panic attacks persisted.

3.(C) My family was really dysfunctional. My parents had affairs and dated other people. My mother bullied me because my skin was darker than my two older sisters, who were really loved by her. When I was 5 years old, my parents separated. I stayed with my father, even though I didn't see the good side of his attitude, but at least he tried to support me financially. I really hated them, especially when my father molested me at the age of 19. I was so upset with him. The anger and bitterness hit me like a wave, causing me to have panic attacks and self-harm. But no one cared, even when I tried to end my life with 125 sleeping pills. Now, I am studying in college with the help of a sponsor. My mother still doesn't support me continuing my studies, but my father still supports me with a small amount of money.

4.(D) My mom passed away when I was 4 years old. I lived with my older brother, but I really missed having a mother figure in my life. My dad remarried to someone who didn't care about us. She only cared about pleasing my father. I wasn't comfortable staying with my stepmother, so my father put us in the homes of some of his relatives. We kept moving from one house to another, and I became a very introverted girl. I didn't know how to relate to others. I was good at household chores, but I never initiated conversations with others. My family just knew me as the quiet girl.

5.(Di) I grew up in a pastor's family. Both my parents were devoted ministers, but they didn't have much time for me. They expected me to be a mature, independent, and role model daughter of a minister. Since they were so busy, they didn't have much time for me.

They didn't know I was struggling with these expectations and many other things, but I faced them alone. I met someone on social media who was a good man with a different religion than mine. He was good-looking, attentive, caring, thoughtful, and always there for me when I needed help. I didn't tell my family about him at first. But eventually, they found out about him through the things he sent me. They were disappointed and forced me to break up with him. It was devastating, but I did it for the sake of their reputation. I was so sad that I tried to end my suffering by cutting my wrists. I was depressed and sought professional help. The doctor prescribed me medication, but it didn't help much. I tried to forget my boyfriend by continuing my studies and staying in the dormitory.

6.(M) I grew up in a broken home. My father was a womanizer who loved to date many women even though he was married and had two children. One time, they had a fight and I was curious to see what was going on in their room. I was shocked to see my father beating my mother and throwing the television at her face. I screamed and ran away to seek help, but no one was around. It was 1 AM in the morning and I kept crying until I fell asleep on the front yard of our house. Eventually, my parents separated and moved to different cities. I was confused because I loved my irresponsible father, but I loved my mother more. I decided to stay with her and my hyperactive younger brother. My mother was a good businesswoman. She had a small store that was very profitable. She also owned several houses and had expanded her business. My father, on the other hand, was a spoiled brat. Even though he had a good business, he couldn't manage it well and ended up broke. He now owns a small florist shop. Even though my mother was a single parent, we had everything we needed. She put us in an expensive school and made sure we had the best education possible. I missed my father deeply, but he didn't care about us. I kept texting him, but he never replied. When I started high school, my mother asked me to move to the city where my father lived. I was upset, but I tried to convince her that I would be okay. I stayed with my paternal grandmother for a few months, but she was always siding with my father. I tried calling him again, but he still didn't answer. Moving back to my father's family was not easy. I had to adjust to everything, including the house and the school. But the most discouraging thing was my father's lack of interest in me. He really didn't care about me. I was very sad, but I didn't know who to talk to. My mother didn't agree with my decision to move in with my father, so I couldn't share my burden with her. And my paternal grandmother was always siding with my father. I became depressed and started having tantrums. I even started hearing strange voices that reminded me of my parents fighting. I realized that I needed professional help. My psychiatrist diagnosed me with depression and prescribed medication. He told me that if I didn't take my medication regularly, my depression could lead to schizophrenia.

Family is one of the elements that can influence adolescent mental health. Info Datin highlights family as a stressor that can elevate the likelihood of mental problems. A study found a strong positive link between two factors, with a correlation coefficient of 0.626, indicating that higher levels of family dysfunction are associated with increased likelihood of depression (Utaminigtas, et.al, 2021). Adolescent depression can result from a deficiency in comprehension, focus, and care. Parental sadness, lack of emotional attachment, parental marital strife, and economic troubles in the family can also cause it. The functioning of a family can significantly impact the growth, development, and well-being of its members. If the structure and dynamics of family relationship are ineffective, the family might be considered dysfunctional. Research indicates that inadequate family dynamics can result in depression in individuals (Cheng et al., 2022). Family functioning significantly influences the progression, trajectory, and recurrence of depression (Keitner et al., 1995; Sireli and Soykan, 2016).

Family functioning pertains to a family system's capacity to fulfill its members' fundamental needs and handle conflict efficiently. The circumplex model of marriage and

family systems evaluates family functioning based on cohesion, flexibility, and communication. Cohesion refers to the emotional connection between family members. Flexibility is the capacity of the family structure to adjust to change. Communication is the capacity of family members to exchange information and emotions in a coherent and considerate manner. Effective communication enhances family unity and adaptability. Effective family communication enhances dispute resolution, mutual support, and meeting the needs of all family members. Numerous theoretical and empirical studies have linked family dysfunction to depression in adolescents. Family system theory explains this link by saying that when the family system works better as a whole, the mental health and behaviour of its members also improve. This means that members are less likely to be depressed or have other emotional and behavioural issues. Family cohesion can create a warm family environment and offer positive emotional support, which can lower the risk of teens getting depression or other forms of negative emotional distress. On the other hand, family freedom helps families deal with change and lessens the effect that bad things have on teens' mental health. Less family strife happens when people talk to each other positively. This makes families more flexible and cohesive, which is good for teens' mental health.

Family functioning has a big effect on a teen's sadness, according to empirical studies (Lin et al., 2008; Sireli and Soykan, 2016; Shao et al., 2020). There is a strong link between family cohesion and sadness (Kashani et al., 1995; Roley et al., 2014; Zahra and Saleem, 2020). Teenage sadness is caused in large part by families that can't change or talk to each other well (Gladstone et al., 2005; Sheeber et al., 2007; Lee et al., 2017). A recent meta-analysis found that family dysfunction is linked to depressed symptoms and that family functioning is a key indicator of depression in individuals (Guerrero-Muñoz et al., 2021).

Dormitory Condition

Most students regain their psychological stability while living at home with their parents. However, boarding school students have to adjust to living away from the security of a family and away from parental guidance. Therefore, boarding students find psychological and physical problems because they do not receive care from home. For many boarding students, the separation from home for the first time may create feelings of doubt, confusion, and anxiety (Weiss, 1973) However, not every boarding student is psychologically mature enough to convert their loneliness to positive outcomes. Most outstanding students learn how to deal with the attachment and separation processes of interpersonal situations in normal psychological growth and to create a unique self-identity. However, those who fail to learn how to manage stressful situations suffer from unpleasant and distressing consequences due to their social and emotional loneliness (Cutrona, CE, 1982). In addition, unresolved loneliness can provide a source for depressive episodes. Depression can be manifested with a loss of interest, depressed mood, psychic anxiety, somatic anxiety, altered appetite and sleep, and painful physical symptoms (Tylee, 2005)

1.(A). It was the first time I had to stay in a dormitory. It wasn't easy to relate to my roommates. I'm a perfectionist, and I like everything to be orderly and neat. But my roommates sometimes weren't. This made me upset and irritated, so I kept fighting with them. My roommates talked to my classmate about my behavior. Instead of speaking directly to me, she sent me a PDF message. But I was really scared that the messages would spread to my other friends. I became so upset that I unconsciously started grabbing my hair and became hysterical. Seven of my friends tried to calm me down, but nothing worked until someone gave me sleeping pills. This went on for more than five hours. The next day, I woke up feeling weak and empty. After that, my family and the dean of the dormitory asked me to see a psychiatrist. She diagnosed me with panic attacks and self-harm

tendencies, and prescribed antidepressant medication. The medication worked well. I became more calm, and the symptoms only came out occasionally with smaller effects.

2.(B) As the firstborn, I was determined to be the best in my studies, as a role model for my younger siblings. However, my perfectionist mother always considered me a loser and inadequate. She even put me in the same class as my sister, who is very intelligent and determined to be the best in every aspect. Every time we had a quiz or exam, I would become depressed and have a panic attack. My friends in the dormitory thought I was pretending to seek attention. No one knew how much I was suffering in this situation, and they didn't understand what was happening to me.

3.(C) Staying in a dormitory was one of the hardest things that ever happened to me. I had a hard time dealing with my roommates and making friends, especially with those who were critical and judgmental. Since I had panic attacks often, many of them thought I was faking it for attention. I didn't understand what was going on with me either. Because of the bullying I experienced in high school, I had a hard time relating to my roommates. I had panic attacks many times, and many of them thought I was just faking it for attention. Rumors and negative comments started to spread, which added to my trauma. It seemed like no one understood me.

4.(De) I am an introverted girl who struggles to relate to others. My friends consider me bashful. One day, I disagreed with one of my roommates. I done nothing wrong, but she continued to blame and yell at me. I apologized, but her attitude left me extremely hurt. Everything looked to be improving, until I realized they weren't treating me fairly. I abstained from all social activities. I had no ambition to study, so I skipped classes, didn't complete my homework, and didn't care about anyone. Nobody knew I was suffering from depression. I would spend all day in bed, napping and doing nothing. Nobody seemed to care about how horrible I felt.

5.(Di) My parents sent me to the dormitory for summer classes so that I might participate in more healthful activities rather than staying at home and continuing my relationship with a guy my parents didn't like. I was still taking medication, but I didn't tell the dean since I didn't want everyone to know about my condition. The gloom and melancholy of my depression loomed over me, and I had no desire to attend summer sessions. So I took my antidepressant every morning, but I slept all day and couldn't attend class. My dormitory dean entered my room and asked if I had a problem or was taking any medication, but I refused, saying that nothing was wrong. Finally, she told me that I couldn't attend courses and that I should return home. I was afraid my parents would be furious with me, so the next day I didn't take any medication and attended classes until I finished the program.

6.(M) My mother described me as a bright girl. However, I lost enthusiasm to attend class after moving to another place and experiencing numerous issues with others. Sometimes I'd just stay in bed for two or three days. One day, my dormitory dean came into my room and inquired about my troubles. I confessed all of my worries with her, and I realized that someone genuinely cared about me. Since then, anytime I have a difficulty, I usually consult her. I no longer have tantrums and attend class on a regular basis.

The people in a teen's life are part of their physical environment, and how they act and what they do can have a big effect on their mental health. For teens, family members, especially those who live in the same house as them, are some of the most important people in their lives. (Perlman, D.P, 1982). Campus dorms have a lot of problems in common, like bad indoor temperature control, not enough lighting, high humidity, not enough air flow, and making it hard for people to get along with each other, all of which hurt students' lives. taking into account the educational and display purposes of school buildings. Owning to the demonstrative and educational functions of buildings in campus". (Lu et.al., 2016) To solve this problem, it seemed that difficulty in talking to parents, teachers and issues arising from peer relations should first be managed. For this, good social support from school

administrative officers, teachers, parents, and classmates may help individuals and provide relief to distressed students, nourishing them to maintain sound mentality

School Environment

College campuses abruptly closed, with many students returning to live with families or isolated both on and off campus. The social isolation and disruption of social relationships quickly led to increasing rates of behavioral health problems among young people, both globally and in the United States. Students experienced anxiety, depression, and the loss of sleep that exacerbates these common mental health problems (Sheid, 2022)

1.(A) My father passed away when I was second year high school, my mom has no money to send me to school, so my uncle, younger brother of my father send me to UNAI, a boarding school in Bandung. I was traumatized with my bullied classmate, so I need time to relate with my classmate. But all my classmate mostly of them are boys, only few are girls. Everything is going well, I have close friend, namely Rose (fake name). We became very close and I share a lot of things with her, even my family problems. I have tried with to mingle with all of my classmate, but seem still needs time. My classmate considered me as a temperamental girl, sensitive and irritating. Until once, rose my close friend listen bad things from my roommate. Instead of spoke directly, she wrote me pdf letter with a lot of suggestion to change my attitude toward others. I really up-set with that letter, I scare also that letter spread to others friend. The wave of anxiety and scary, causes self-harm.

2.(B) Being the best student is the goal of my mom, since I was firstborn, she expected me to become a role model for my younger siblings. My mother is a perfectionist mother who never feel satisfy with my achievement. In my school I have same course and same room with my younger sister. She is very smart and very determine for being the best in every aspect in her life. Comparing to me I was so vulnerable. Everytime we will have the quiz or exam I'll become so stressful and become panic attack.

3.(C) I was studying in the private university. Someone sponsored me to study there, in the class, I was the only girl, the rest are boys. Many times I became a victim of bullying. I can not repay, just silent, but deep in my heart I really angry, but can not do anything. Everytime I see those who are bullying me, I was getting up set, feel dizzy, nausea, unconsciously I have seizure. My classmate were thinking I was just seeking attention. No body care with me. And no body understand my condition.

4.(De) In the school my friend considered me as an introvert and shy girl. I have hard time to relate with others, I was comfortable doing everything by my-self. When I was in the first semester I really enjoying doing school work. But since I have problem with my roommate in dormitory, I have no motivation to do my school work, I seldom come to the school, my grade getting down.

5.(Di) My parents send me to school for taking summer class. to avoid me meet my boy friend. I feel so depressed and don't like to attend the class. I took the antidepressant pills in the morning, so I was sleeping for the whole day. Finally I met the dean of dormitory, she suggested me to stop taking the medicine and attend the class. Good that I can finish the summer class.

6.(M) I am studying in the school, because I like to be closed with my father. But I just realized, my father is a responsible father, who never care to others. Everytime I remember it, I feel so sad, I don't like to attend the class and doing the school work. Those think frequently happened during my high school. The self-harm left scratches on my wrist. My classmate kept on bullying me, it made me sad. Since then and on I though no body care on me in my classroom.

The university period is a critical stage of emerging adulthood (Arnett, JJ, et al, 2014) during which time individuals are often faced with increasing expectations from their families and society. When there is a perceived failure to meet these expectations, the onset

of common mental disorders, such as depression, and risky behaviors, such as suicide, may arise (Ibrahim, AK, et al, 2013 and Purborini, N, 2021). Depression is prevalent among university students in many regions of the world (4January J, et al 2018, Wang My, et al, 2020) and affects the quality of life, relationships, academic attachment, and work opportunities of many students (WHO, 2017). Many studies reported over 30% of university students suffer from depression (Wang My, et al, 2020). Detecting depression in kids college students who are away from home can be difficult. Some [depression symptoms](#), like uncharacteristic sadness and crying, are straightforward, but others, like trouble concentrating and irritability, are less so. People with depression also tend to isolate themselves and take less pleasure in things they used to enjoy, so if you hear that your child is spending too much time alone in their dorm room or quitting the things that used to make them happy, they might be depressed. (Ehmke, 2023)

Beyond the counseling center, colleges can also provide specialized programs for both substance use and mental health. Collegiate recovery programs are available for support for a variety of addictive behaviors. Colleges can also support peer-based mental health programs. Peer supports are critical as students are much more likely to talk to other students, and a peer is more likely to be around when s/he/they is needed. Peer supports provide community, help reduce stigma, and can promote a sense of normalcy. Peer supports can also be structured to serve the needs of culturally diverse students and can be integrated into academic programs and courses. An obvious step is to train graduate students to lead support groups, and to then assist undergraduate students as peer support specialists. Campuses can also involve students in advocacy training, empowering them to make changes needed in social systems and structures, starting with their campus environment.(Scheid, 2022)

Feeling Hopeless and Helpless

Shea and Hurley defined hopelessness as “the feeling that any effort aimed at constructive change ... is doomed before it is even attempted” ([Shea and Hurley, 1964](#)). They also defined helplessness as “the conviction that everything that can be done has been done, which results in an inability to mobilize energy and effort ...” ([Shea and Hurley, 1964](#)).

Depression can make people feel hopeless because there is no foreseeable end to how they are feeling. A person may also feel helpless. They may say or think that no one can help them get better and that they will always feel depressed.

1.(A) Due to my background, depression, and self-harm habit, I doubt my future. Will I be able to finish my studies, find a job, meet someone to be my future husband, and have a happy family?

2.(B) I have a hard time dealing with my mother. She is a perfectionist, authoritarian, and determined to do the best for the family according to her will. I am confused about how to continue my life. Every time I make a decision, she interferes, believing that her ideas are the best for everyone. I fear for my future. With my health condition, will I be able to finish my studies? Find a job? Have a successful career? Find a husband? Have a happy life?

3.(C) I doubt whether I can continue my life without the support of my family. I am dependent on my sponsor. My mother does not agree with my studies, and my father does not have enough money to support me. I hope that someone will continue to support me financially. I fear that I will not be able to continue my studies. Will I be able to finish my studies? Find a job? Find a husband and have a happy family?

4.(De) I fear for my future. I am like an orphan, with no one to care for me. My mother passed away when I was 5 years old, and my father remarried. I was passed from one house to another. Fortunately, I have an older brother who showed me the way to go to a dormitory and work and study there. I have followed his path until now. Before I had problems in the

dormitory, I had no problems with my studies. But since I have been suffering from depression, my grades have been declining. I do not know how I will...

5.(Di) When I had depression, of course I was afraid of my future. But now that I have finished my studies, I am confident that I can find a job and have a successful career as a nurse.

6.(M) I have no problems with my studies. I always have good grades. However, my emotional level is very fluctuating. Sometimes I feel very excited about doing something, and sometimes I feel very lazy. I fear for my future career. I am afraid that I will not be able to stay in one activity consistently.

Detecting depression in kids college students who are away from home can be difficult. Some [depression symptoms](#), like uncharacteristic sadness and crying, are straightforward, but others, like trouble concentrating and irritability, are less so. People with depression also tend to isolate themselves and take less pleasure in things they used to enjoy, so if you hear that your child is spending too much time alone in their dorm room or quitting the things that used to make them happy, they might be depressed.

It can be useless for people with depression to think that their symptoms will go away any time soon. Someone may also feel like they can't do anything. They might think or say that no one can help them get better and that they will always be sad. (Berry and Kubala, 2022)

Feeling of isolation

Avoiding social contact is a common pattern in people with depression. Some people skip activities they normally enjoy and isolate themselves. "When we're clinically depressed, there's a very strong urge to pull away from others and to shut down," says Stephen Ilardi, PhD, author of *The Depression Cure* and an associate professor of psychology at the University of Kansas. "The brain's stress response is an adaptation telling you it would be good to shut down just like when you're sick with a viral infection. But in this case, it's false information. It turns out to be the exact opposite of what we need." (Soong, 2024)

1.(A) It is very difficult for me to deal with my friends in the dormitory and in the classroom. I feel unworthy, inadequate, timid, and insecure. I am comfortable staying alone. These feelings lead me to conclude that I am isolated.

2.(B) Because I have frequent panic attacks, my dormitory friends think I am a spoiled girl who is seeking attention. But I understand what is happening to me, and it is out of my control. Because of this, I feel unworthy and isolated from others.

3.(C) Since it was my first time staying in a dormitory, it was difficult for me to deal with my friends. I had many panic attacks, and others thought I was a problematic girl who was seeking attention. In crowded places, I feel insecure, unworthy, and isolated.

4.(De) Because I had a problem with my classmate, my friends accused me of making a mistake (even though I did nothing wrong). I feel inadequate, guilty, unworthy, and lonely.

5.(Di) It was difficult for me to deal with my friends, and I only have a few friends who are really close to me. No one understands me, and I feel insecure and lonely.

6.(M) I only have a few friends who really understand me. I am a very sensitive girl, and I get angry and irritated easily. No one likes to be close to me. I feel lonely.

People who are depressed do things like hiding and not telling others about their problems for a variety of reasons. This can make them feel lonely, which makes them feel worse, which makes their depression worse. The year 2020 by Achterbergh et al. According to Perlman (1982), loneliness is a bad feeling that comes up when there seems to be a gap between what you want and what you have in terms of social ties. It is now well known

that being alone is bad for your mental and physical health (Morrison & Smith, 2018). Most of the research that has been done on the link between loneliness and mental illness has been on depression. Cross-sectional work shows that people with depression are ten times more likely to feel lonely than the general population (Bebbington et al., 2013). Longitudinal studies demonstrate that loneliness not only increases the risk of becoming depressed, and worsens depressive symptoms amongst those who are already depressed [Stessman et al. 2-13), Rottenberg], but also that loneliness and depression influence each other reciprocally. This means that people who are lonely are more likely to become depressed, but also that their depression reinforces their loneliness. (Cacioppo, 2006)

Depressed individuals engage in certain behaviours (withdrawing; not confiding) for a range of reasons, this can lead to feelings of loneliness, an awareness of which worsens their mood, thus perpetuating their depression. (Artheberg, 2020). Suggestion : Ilardi recommends finding someone you can trust to help spark your exercise – a personal trainer, therapist, or even a loved one. "It has to be someone who gets it, who is not going to nag you, but actually give you that prompting and encouragement and accountability," he says. Limit your time on social media. Be curious about what's driving this behavior, and whether you use it to connect with others or as a way to disengage. Put down your phone and take a short walk or screen break. (Soong, 2024).

Feeling of Unworthy (Worthless)

A person with depression may feel as though they are worthless or their life has no meaning. They may also believe they are a burden to others and that the world or their family is better off without them. If a person has these feelings alongside suicidal thoughts, they should seek emergency help. (Berry, 2024)

1.(A) Because of all the problems in my life, many people around me have suffered because of me, including my family, relatives, and close friends. I have become a burden to them, and they feel embarrassed because of me. This makes me feel unworthy.

2.(B) My mother expects me to be a role model for my younger siblings, but because of my depression, I cannot fulfill her expectations. My life feels like a waste, and I feel unworthy.

3.(C) My depression, self-harm, and suicide attempts have brought shame to my family. I feel useless and unworthy.

4.(De) My life is empty. No one cares about me. I feel worthless and unworthy.

5.(Di) All of my problems have really embarrassed my father. I feel nothing and unworthy.

6.(M) When I was in my hometown, I had a goal to unite my parents, but since I moved here, my father doesn't care. My goal cannot be achieved. I am a loser and a failure. My life has no meaning. I feel empty and unworthy.

A low sense of self-worth and bad thoughts about yourself are often linked to depression. The American Psychiatric Association (APA) says that sadness often causes people to feel worthless and guilty. Bill Roberts (2021) Even though it may be hard to deal with feelings of worthlessness, remember that there are many things you can do to find or get back happiness and self-confidence. Being kind to yourself is one of the most important things you can do for yourself. Know that feeling like you're not worth anything is a part of sadness. (2) Casalli (2021) One of the best ways to treat depression and improve your sense of self-worth is to do things on purpose that give you a sense of meaning, purpose, or mastery. People who are depressed might think they are not good enough or that their life has no point. Some people may also think that they are a bother and that the world or their family would be better off without them. If someone is having these feelings along with suicidal ideas, they need to get help right away. (Berry and Kubala, 2022).

Looking for Therapy

Depression is a medical condition that impacts a person's mood and functioning. College students are particularly susceptible due to factors like lifestyle changes, chronic stress, genetic predisposition, and others. Treatment for depression typically involves a combination of medications and psychotherapy, tailored to the individual's needs. n 75% of cases, lifelong mental health conditions emerge by the age of 24, underscoring the importance of early intervention to prevent college-related depression. However, effectively addressing depression among college students can be challenging when they are physically distant from or hesitant to utilize on-campus health centers. Seeking help can be particularly difficult considering that only 21% of two-year colleges provide mental health services. Even among those that offer such services, the available resources may be limited. Nonetheless, these institutions can provide contact information for professionals who can offer more comprehensive assistance and support.(Solace Treatment, 2024)

1.(A) When I could not control my self-harm and panic attacks, I saw a doctor and took medication for three months. After I stabilized, I stopped seeing the doctor. I feel better, but sometimes when I face a problem, I have a little tantrum and scream for 5 to 10 minutes.

2.(B) I can't control my panic attacks, and they are really disturbing me. My parents suggested that I see a doctor. I did, and he prescribed me some medication. But it doesn't seem to be working very well. I keep having panic attacks, especially when I'm facing problems or have a quiz or exam. I'm getting hopeless. But if I'm involved in activities at church and I'm happy, nothing happens. I'm going to try to maintain my emotional stability. It seems to be working.

3.(C) When my panic attacks were really disturbing me, my parents suggested that I see a doctor. For the first two weeks, the medication seemed to be working well. I felt calm and could control my emotions. But then I met my father, and the wave of anger and anxiety made me have a tantrum again. The condition got worse when my friend sent me a message about my ex-boyfriend. I was so upset that I took the rest of the medication I had left and got drunk. My counselor rushed me to the hospital, and they gave me some medication to neutralize the effect. Since then, I haven't seen the doctor. I still have panic attacks sometimes, but the symptoms are milder.

4.(De) When I felt prolonged deep sadness (for more than two weeks), I realized that I was suffering from depression. But I didn't have enough money to see a doctor. I just looked for activities that made me feel better. I need to have more trustworthy close friends so that I can share my burden with them.

5.(Di) When I felt so depressed because my parents forced me to break up with my boyfriend, I committed suicide by cutting my wrists. But I was unsuccessful. My parents took me to the doctor, and he gave me some medication.

6.(M) When I felt so depressed because my father didn't care about me, I started hearing strange voices in the middle of the night. When I saw the doctor, he said that I had depression that was leading to schizophrenia. He gave me some medication, and I take it regularly. I don't know how long I'll need to take it.

According to the American Psychiatric Association (APA), depression is often linked to having low self-worth and negative thoughts about yourself. APA also says that feelings of worthlessness and guilt are typical signs of depression. Bill Roberts (2021) Even though it may be hard to deal with feelings of worthlessness, remember that there are many things you can do to find or get back happiness and self-confidence. Being kind to yourself is one of the most important things you can do for yourself. Know that feeling like you're not worth anything is a part of sadness.(2) Casalli (2021) One of the best ways to treat depression and improve your sense of self-worth is to do things on purpose that give you a sense of meaning, purpose, or mastery. People who are depressed might think they are not good enough or that their life has no point. Some people may also think that they are a

bother and that the world or their family would be better off without them. If someone is having these feelings along with suicidal ideas, they need to get help right away. (Berry and Kubala, 2022). The type and intensity of your teen's depression symptoms will determine the appropriate treatment. Most teens with depression can benefit greatly from a mix of conversation therapy (psychotherapy) and medication. If your kid has severe depression or is at risk of self-harm, they may need to be hospitalized or attend an outpatient treatment program until their symptoms improve. (Mayo Clinic, 2022).

Medications and therapy are just two of the many ways that sadness can be treated. If fights in the family are making a kid depressed, family therapy might help. Teenagers who are having problems at school or with their peers will also need help from their family or teachers. A teen with serious depression may need to stay in a hospital psychiatric unit from time to time. Brock, 2022). The FDA says that antidepressants can sometimes make kids and teens with depression and other mental illnesses more likely to think about and act on suicide thoughts. Because of this, younger patients who take antidepressants need to be closely watched and followed up on by their doctor. (The Brenann 2022)

Teenage sadness usually comes and goes in waves. Teenagers are more likely to become depressed again at some point after having one episode. Teenage depression can have very bad effects that can even be fatal if it is not managed. (Bruce, 2022) WHO's 2017 report noted some problems related to human resources in mental health care in Indonesia. In Indonesia, there are only 0.31 psychiatrists, 2.52 mental health nurses, and 0.17 social workers for every 100,000 people. This shows that Indonesia does not have enough mental health tools. Idiani and Riyadi's (2018) study found that some health services in Indonesian areas do not offer mental health services. Only 32.5% of the 685 state hospitals that the government owns offer psychiatry services, and only 8% offer inpatient services. These polls and studies show that Universal Health Coverage (UHC) in Indonesia's mental health care is a problem.

According to Riskesdas (2013), 6.1% of people over the age of 15 suffer from depression, with just 9% receiving treatment. These findings indicate that the nation's present mental health policy implementation faces a variety of obstacles. One of the issues is a lack of mental health resources. As previously stated, Indonesia has a small number of psychiatrists, mental health nurses, and social workers per population. Another issue is a shortage of mental health care in some Indonesian areas. As previously stated, just 32.5% of public hospitals owned by the government provide psychiatric services, with only 8% providing inpatient care.

There are 2 ways of Therapy

1. Medication : Brain chemistry may contribute to an individual's depression and may factor into their treatment. For this reason, antidepressants might be prescribed to help modify one's brain chemistry. These medications are not sedatives, "uppers" or tranquilizers. They are not habit-forming. Generally antidepressant medications have no stimulating effect on people not experiencing depression. Antidepressants may produce some improvement within the first week or two of use yet full benefits may not be seen for two to three months. If a patient feels little or no improvement after several weeks, his or her psychiatrist can alter the dose of the medication or add or substitute another antidepressant. In some situations other psychotropic medications may be helpful. It is important to let your doctor know if a medication does not work or if you experience side effects. Psychiatrists usually recommend that patients continue to take medication for six or more months after the symptoms have improved. Longer-term maintenance treatment may be suggested to decrease the risk of future episodes for certain people at high risk. The FDA warns that [antidepressant](#) medications can, rarely, increase the risk of suicidal thinking and behavior in children and adolescents with depression and other psychiatric

disorders. Use of [antidepressants](#) in younger patients, therefore, requires especially close monitoring and follow-up by the treating doctor. If you have questions or concerns, discuss them with your [health care](#) provider.

2. Psychotherapy : Family therapy may be helpful if family conflict is contributing to a teen's depression. The teen will also need support from family or teachers to help with any school or peer problems. Occasionally, hospitalization in a psychiatric unit may be required for teenagers with severe depression.

CONCLUSION

Depression is defined as a psychological condition in which a person experiences deep negative feelings (Utaminings, et.al, 2021) Indonesia is in the third place with the highest number of teenagers experiencing depression or as many as one in three teenagers. Indonesia is only three points adrift of Cameroon, the country where teenagers suffer the most depression (UNICEF Survey, 2021). [Depression](#), which usually starts between the ages of 15 and 30, sometimes can run in families. In fact, teen depression may be more common among adolescents who have a family history of depression.(Bruce, 2022) In this study there are some themes as causes or symptoms of adolescence depression:

1. **Dysfunctional family** one of the main cause of adolescence depression, it was related with the study of (Utaminings, et.al, 2021).. Depression in adolescents is caused by a lack of understanding, attention and affection. In addition, it can also be caused by depression experienced by parents, lack of emotional attachment, parental marital conflicts and economic problems in the family. Family function will greatly affect the growth, development and welfare of family members.
2. **Dormitory Condition.** Adolescence which suffered with depression mostly they are introvert people who have hard time to adjust with others people in the dormitory. "Campus dormitories have many common problems, such as poor indoor thermal environment, insufficient lighting, high humidity, insufficient ventilation and promoting poor interpersonal relationships, which has a negative effect on students' life. Owing to the demonstrative and educational functions of buildings in campus".(Lu, M,et.al. 2016). To solve this problem, it seemed that difficulty in talking to parents, teachers and issues arising from peer relations should first be managed. For this, good social support from school administrative officers, teachers, parents, and classmates may help individuals and provide relief to distressed students, nourishing them to maintain sound mentality (Scheid, 2022).
3. **School Environment.** Beyond the counseling center, colleges can also provide specialized programs for both substance use and mental health. Collegiate recovery programs are available for support for a variety of addictive behaviors. Colleges can also support peer-based mental health programs. Peer supports are critical as students are much more likely to talk to other students, and a peer is more likely to be around when s/he/they is needed. Peer supports provide community, help reduce stigma, and can promote a sense of normalcy. Peer supports can also be structured to serve the needs of culturally diverse students and can be integrated into academic programs and courses. An obvious step is to train graduate students to lead support groups, and to then assist undergraduate students as peer support specialists. Campuses can also involve students in advocacy training, empowering them to make changes needed in social systems and structures, starting with their campus environment.(Scheid, 2022)
4. **Feeling Hopeless and Helpless.** Participants of this study feeling hopeless and helpless, is related with the study of Kuba and Beery, 2022, "Depression can make people feel hopeless because there is no foreseeable end to how they are feeling. A

person may also feel helpless. They may say or think that no one can help them get better and that they will always feel depressed.(Kubala and Berry, 2022)

5. **Feeling of Isolation**, those participant who suffered with depression felt of isolation. Depressed individuals engage in certain behaviors (withdrawing; not confiding) for a range of reasons, this can lead to feelings of loneliness, an awareness of which worsens their mood, thus perpetuating their depression.(Achterbergh,et.al, 2020)This means that people who are lonely are more likely to be become depressed, but also that their depression reinforces their loneliness.(Cacioppo, et.al 2016)
6. **Feeling of unworthy** Being people suffered with depression makes the participants feeling unworth It was related to the study of Kubala and Berry, 2022, A person with depression may feel as though they are worthless or their life has no meaning.They may also believe that they are a burden to others and that the world or their family is better off without them. If a person has these feelings alongside suicidal thoughts, they should seek emergency help.(another study by Caselli, 2021) intentionally doing activities that give you a sense of meaning, purpose, or mastery is one of the front-line methods for boosting self-worth and treating depression. A person with depression may feel as though they are worthless or their life has no meaning.
7. **Seeking for Therapy**. Depression is among the most treatable of mental disorders. Between 80% and 90% percent of people with depression eventually respond well to treatment. Almost all patients gain some relief from their symptoms.(Torres 2020)

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About the Author:

Yane Restuwaty Waukouw

Having responsibility as a University Counselor and at the same time Teaching some Psychological subject in Education and Theological Departments in Universitas Advent Indonesia (UNAI) Bandung