

Psychological Dynamics of Individual with Acute and Transitional Psychotic Disorders

Dyah Permatasari¹ and Nanda Audia Vrisaba²

^{1,2} *Universitas Negeri Surabaya, Surabaya, Indonesia*
dyah.21097@mhs.unesa.ac.id ; nandavrisaba@unesa.ac.id

Abstract: Acute-Transient Psychotic Disorder is a mental condition in which individuals have difficulty understanding or assessing reality, often characterized by symptoms such as delusions, hallucinations, strange behavior, and disorganized speech. Based on the DSM-V, this disorder differs from schizophrenia mainly in duration, which occurs within 1 day to less than 1 month. This study aims to determine and understand the psychological picture of individuals who have acute and transient psychotic disorders. The researchers uses a single case study method with a qualitative approach. In the examination process, the researchers collects data by conducting interviews, observations, and looking at the subject's medical records. The results show that acute and transient psychotic disorders can occur due to internal and external factors from the subject. This can also be studied more deeply using Freud's psychoanalytic approach related to defense mechanisms and psychosexual development.

Keywords: Acute-Transient Psychotic Disorder, Psychoanalysis, Defense Mechanism, Psychosexual Development

1 INTRODUCTION

Acute-Transient Psychotic Disorder is a mental condition in which individuals have difficulty understanding or assessing reality, often characterized by symptoms such as delusions, hallucinations, bizarre behavior, and disorganized speech. According to the DSM-V, this disorder differs from schizophrenia primarily in its duration, which occurs within 1 day to less than 1 month, in the absence of a general medical disorder (Harrison et al., 2018). Although individuals can recover fully, there is a risk that this condition can progress to schizophrenia (Sadock et al., 2019). The exact cause is unknown, but this disorder often occurs in patients with a history of personality disorders such as borderline, schizoid, schizotypal, or paranoid, who may have a biological or psychological vulnerability to psychotic symptoms (Sadock et al., 2010). Severe psychosocial stress, such as the loss of a family member or a serious accident, can also trigger this disorder, especially if faced by individuals who are already vulnerable.

According to the DSM V-TR, brief psychotic disorder is characterized by the presence of at least one of the following positive psychotic symptoms: delusions, hallucinations, disorganized speech (such as frequent rambling or incoherence), or markedly abnormal psychomotor behavior, including catatonia (Criterion A). The episode lasts for at least 1 day but less than 1 month, after which the individual fully returns to their predisposition level of functioning (Criterion B). The disturbance is not better explained by depressive or bipolar disorder with psychotic features, schizoaffective disorder, or schizophrenia, and is not attributable to the physiological effects of a substance (e.g., hallucinogen) or another medical condition (e.g., subdural hematoma) (Criterion C). In addition to the four major symptom areas listed in the diagnostic criteria, assessment of cognitive, depressive, and manic symptoms is essential to distinguish between the schizophrenia spectrum and other psychotic disorders.

Psychotic disorders can be triggered by substance use, drugs, toxins, or other medical conditions. In the case of substance- or drug-induced psychotic disorders, the psychotic symptoms are considered to be the direct physiological

effects of the substance abuse, drug use, or toxic exposure, and usually resolve once the trigger is removed. In psychotic disorders associated with other medical conditions, the psychotic symptoms are considered to be the direct physiological effects of the medical condition. However, transient psychotic disorders often have no clear cause, although patients with certain personality disorders may be more biologically or psychologically vulnerable to psychotic symptoms, especially those with borderline, schizoid, schizotypal, or paranoid traits. Some patients may also have a family history of schizophrenia or mood disorders, although this has not been definitively concluded. From a psychodynamic perspective, psychotic symptoms can be viewed as inadequate coping mechanisms, or as a form of defense against forbidden fantasies, and may be related to attempts to escape from stressful psychosocial situations or the inability to meet certain expectations (Yoseph et al., 2009). Although no particular age group is more susceptible to the initial symptoms of psychotic disorders, McFarlane (2011) indicated that these symptoms often first appear in adolescence, triggered by a combination of neurodegenerative processes, psychosocial stress, and hormonal changes. Research by Dian (2018) shows that traumatic experiences can trigger acute psychotic disorders, which are characterized by difficulty distinguishing between reality and fantasy, social isolation, and aggressive and destructive behavior. Patients with low socioeconomic status or who have experienced significant cultural changes, such as immigration, are also at higher risk for developing the disorder (Yoseph et al., 2009).

In the context of psychoanalysis, Freud emphasized that psychotic disorders can occur when there is an imbalance in the personality structure between the id, ego, and superego, which usually work together to maintain a person's mental balance. Freud argued that normality is the result of a balance of energy between these three structures. When the ego is unable to control the urges of the id or withstand the pressures of the superego, the individual may slip into a neurotic or even psychotic state (Semiun, 2006). This personality structure consists of three, such as: conscious, preconscious, and unconscious, which regulate how individuals respond to instinctive urges and pressures from the outside world (Alwisol, 2004; Hall & Lindzey, 1993). When the ego loses control, the defense mechanisms used can become maladaptive, worsening the individual's mental condition. Traumatic experiences can be a trigger for this disorder, as shown by Dian (2018), where trauma can disrupt mental balance and cause individuals to have difficulty distinguishing between reality and fantasy, which is often accompanied by social isolation and aggressive or destructive behavior (Yoseph et al., 2009). Psychotic symptoms often first appear in adolescence, driven by a combination of neurodegenerative factors, psychosocial stress, and hormonal changes, which can progress to more serious disorders such as schizophrenia if not treated appropriately (McFarlane, 2011). Through a deep understanding of personality structure and defense mechanisms, Freud's psychoanalytic approach provides important insights into how and why these psychotic disorders occur.

2 MATERIALS AND METHODS

In this study, a qualitative approach with a single case study method was employed. Data collection involved semi-structured interviews, which fall under the category of in-depth interviews and are less rigid compared to structured interviews (Sugiyono, 2019). Semi-structured interview were conducted for participant and significant person of participant. The researchers also utilized observation to understand the behaviour exhibited by the subject during interactions, and document analysis, including medical records, to determine the subject's diagnosis. The purpose of researchers using a qualitative case study approach is to get a complete picture of the client's problems, conditions, and personality. The duration of the assessment conducted on the participants, for example approximately two weeks or 14 days. Participants in this study consisted of one client with male gender and aged 22 years. The participant, referred to as ZA, is from East Java and is a Muslim. ZA is the eldest of three siblings. ZA received their education up to senior high school in a boarding school and has not had any work experience.

3 RESULTS

Based on the examination results, the subject meets the criteria for Acute and Transient Psychotic Disorders not Specified based on the Guidelines for the Classification and Diagnosis of Mental Disorders (PPDGJ-III). The following is results of the examination that the researchers has conducted on the subject based on PPDGJ-III:

- Using a diagnostic order that reflects the priority given to selected key features of the disorder. The priority order used is:
 - a.) Acute onset (2 weeks or less = the length of time that psychotic symptoms become apparent and interfere with at least some aspects of daily life and work, excluding a prodromal period in which symptoms are often vague) as the defining characteristic of the entire group;
 - Based on auto anamnesis from the subject's father, the Islamic boarding school, and fellow students, the subject said that the subject was 'sick' and not like usual. The subject often daydreamed and was like a

dazed person, so he was incoherent when communicated with. The subject experienced this around January 24, 2024, and finally the subject was picked up by his parents on January 28, 2024 (for 4 days the subject could not be communicated coherently).

- After the subject was home, the subject experienced hallucinations of seeing Habib Umar and delusions that he would be given a cap by Habib Umar because he was the chosen one.
- When the subject was at home and during that time the subject did not want to eat and had difficulty sleeping so he had to be reminded or even bribed to eat. In addition, the subject rebelled when his parents did not allow him to leave the house. The subject did not pray, even though he usually prayed five times daily.
- While in the Cendrawasih inpatient room, the subject once heard the sound of a bird laughing at night.

b.) The presence of a distinctive syndrome (either “polymorphic” = various and rapidly changing, or schizophrenia-like = typical schizophrenic symptoms);

- The subject had various delusions and hallucinations within two weeks, from around January 24, 2024 to early February 2024.
- The subject had a delusion that he was trusted to be given a peci by Habib Umar.
- The subject had a visual hallucination in the form of seeing Habib Umar coming to his house with his troops, but could not see anymore because there was a light behind the door of his house that covered Habib Umar and his troops.
- The subject had a visual hallucination in the form of the weather outside changing very quickly and alternately.
- The subject had an auditory hallucination in the form of hearing the sound of birds laughing.

c.) The presence of associated acute stress (not always present, so specified with the 5th character; .x0 = without associated acute stress; .x1 = with associated acute stress). Prolonged difficulties or problems should not be included as a source of stress in this context;

- The subject had an experience that he had liked the same sex while in the Islamic boarding school and had expressed his feelings, the reaction of the student that the subject liked was to avoid him. In addition, the subject felt that his boarding school friends looked at him strangely after the incident where the subject expressed his feelings in front of his boarding school friends.

d.) It is unknown how long the disruption will last.

- It is not known exactly how long the subject experienced hallucinations and delusions.

- There are no disorders in this group that meet the criteria for a manic episode (F30.-) or a depressive episode (F32.-), although individual emotional changes and affective symptoms may be prominent from time to time.
- There is no organic cause, such as head trauma, delirium, or dementia. It is not intoxication due to alcohol or drug use.
 - Based on alloanamnesis, the subject has never been hospitalized. The subject usually only has fever and flu. The subject has no history of seizures.
 - The subject does not consume alcohol or drugs.

Observation:

Observation of the subject's daily activities shows that the subject is already in a stable phase. The subject can follow routine activities carried out while in the room such as exercise and prayer. While in the room, the subject often interacts and jokes with other patients. The subject will help other patients without being asked, but to clean the room or wash the lunch box, the subject must be asked first.

Autoanamnesis:

During kindergarten, the subject felt sad because his mother no longer waited for him at school, even though he had friends who accompanied him until elementary school. During elementary school, the subject enjoyed playing with his friends and participated in a school-level chess competition even though he did not win. The subject still remembers his three close female friends, namely NSA, SK, and AFA, who were born in 2003. After graduating from junior high school, the subject decided to go to a boarding school because he wanted to experience a free teenage period, although not in a destructive sense. He started learning to ride a motorbike in the 1st grade of junior high school and had two close friends whom he called the 'three friends,' and they are still in touch now. The subject regrets ever making his mother cry, but his

mother still prays for his well-being. The subject wants to continue his education at an Islamic boarding school after watching the boarding school's hymn video. After graduating from junior high school, the subject waited one year before going to a boarding school, during which time he took his mother to and from work and took care of her when she was pregnant. He also prepared himself physically, mentally, and spiritually to enter the boarding school. The subject helped call to prayer for his newborn sibling and prepared a thanksgiving for his birth. At the boarding school, the subject always woke up at 03.00 WIB to pray and take a bath, and was a planner who recorded daily activities. He liked to write, both in a daily journal and motivational sentences, and lived a simple life at the boarding school by sleeping under a carpet or prayer mat. He had six roommates at the boarding school and was initially in a special dormitory for Arabic language students before being transferred to the Tahfidz dormitory in mid-2023. The subject faced several challenges in memorizing the Quran, such as boarding school illnesses, IMNI exams, and Quran exams. To overcome stress, the subject performed ablution, recited the Quran, wrote, and visited graves at the boarding school, and rarely told other people. The subject began to feel feelings of affection for the same sex when he was transferred to the tahfidz dormitory in late 2023. He liked a younger and more beautiful student. The subject finally expressed his feelings in early 2024, although he regretted it afterward and felt bullied by others. He felt sad and guilty, so he went to the Islamic boarding school grave to beg for forgiveness, cry, and ask for punishment from Allah. After that, the subject felt 'sick' like he was going crazy, which he considered as a punishment from Allah for liking the same sex. Although other people saw him as quiet, kind, and honest, the subject felt less confident. He was once advised by his friend that as a man, he must be firm, and not easily carried away by feelings. Before being taken to the mental hospital, the subject was taken to alternative medicine by his family after the Islamic boarding school contacted them. When at home, the subject felt a difference of opinion with his parents regarding the hallucinations he experienced, wanted to meet Habib Umar, but was not allowed to leave the house. The subject even injured his arm because of frustration. He hopes to continue his daily activities as usual, publish books, continue his education at the college level, and build his Islamic boarding school.

Alloanamnesis:

a. Father

On Sunday, January 28, 2024, the subject was picked up from the boarding school by his family because the Islamic boarding school reported that the subject was 'sick', and on January 29, 30, 31, 2024, the family tried to treat the subject by taking him to several 'smart people' such as Kyai; although the subject looked calm when he was around them, when he returned home, his condition remained like a 'sick' person, so that in one day he could be taken to three different 'smart people', until finally on Thursday, February 1, 2024, the subject was taken to the Mental Hospital by the family, the first time the subject was admitted to the Mental Hospital, and when he entered the Emergency Room, the subject rebelled a little before being transferred to the intensive care unit for 4 days without being allowed to be visited, and then on Monday, February 5, 2024, the subject was transferred to the inpatient room. The family did not care about what the neighbours said regarding stereotypes about people in mental hospitals, as long as their child recovered.

b. Mother

The subject only drank breast milk for the first three months because he suddenly did not want to anymore, so the subject's mother was forced to give him formula milk with a bottle until he was three years old. At the age of two, the subject was taught toilet training and accustomed to defecating in the bathroom, although the process was often accompanied by bedwetting, but the subject's mother was always patient and consistent in getting the subject used to tell him if he wanted to defecate. When the subject was five years old and still in kindergarten, the subject's mother taught him body parts that should not be touched by just anyone. According to his mother, the subject was a quiet and shy child, so when he was in kindergarten the subject had to be accompanied at school because of his shy nature, such as when he did not want to take pictures because he was embarrassed. However, when he entered junior high school, the subject's shy nature diminished, although he remained a quiet child and rarely talked about problems.

c. Sister

The subject's younger sibling views the subject as a caring and patient older sibling. According to the subject's younger sibling, the subject is an older sibling who rarely talks to his family, especially to himself. The subject's younger sibling said that usually the content of the interaction with his older sibling (subject) is limited to telling stories about activities while at the Islamic boarding school. The subject and his younger sibling were in the same school when they were in elementary school, the younger sibling said that the subject had many friends when he was in elementary school and often played with them.

Based on stories from his older sibling's boarding school friends, the subject's younger sibling found out that the subject started to isolate himself when he moved to dormitory A (specifically for tahfidz) around August 2023. When he was still in dormitory B (specifically for students studying Arabic), the subject still often gathered with his dormitory friends and housemates who were in the same Islamic boarding school as him. The subject's younger sibling said that when he was in dormitory A, the subject only had one friend to talk to who was the subject's neighbour who was in a different dormitory from the subject.

4 DISCUSSIONS

ZA is a 22-year-old man whom his biological parents have raised since childhood. The subject is the first child of three siblings. In this case study, the subject was diagnosed with acute and temporary psychotic disorder in 2024 at the Mental Hospital and was included as a new patient. The subject was initially picked up by his parents at the Islamic boarding school because the Islamic boarding school said that the subject was sick and his behavior was not as usual, even his friends said he had been possessed by a genie. The subject was finally taken to the Mental Hospital by his family after 3 days of trying alternative medicine. The condition of the subject before being taken to the Mental Hospital was angry in the form of raising the volume of his voice in his house until it needed to be held by 7 people, but the subject did not engage in destructive behavior such as hitting people or throwing things. Symptoms that appeared in the subject included delusions, visual and auditory hallucinations. The delusion possessed by the subject is that the subject believes that he has the privilege to be able to get a cap from Habib Umar. Then, the subject's visual hallucination is that he sees Habib Umar from Yemen visiting his house, but he cannot see his troops because they are blocked by the light behind the door of his house. Then, for the auditory hallucination, the subject hears the sound of birds laughing. If associated with Sigmund Freud's psychoanalytic theory, then the background to the symptoms of acute and temporary psychotic disorders is because of the inconsistency between the id and superego of the subject. The id and superego are always in conflict because they are very opposite. If the id represents personal interests and pleasures, then the superego represents the limitations or norms applied by society. The ego plays a role in connecting the mechanism between the id and superego. Anxiety occurs in the ego's efforts to fulfill the needs between the id and superego. In this case, there are two factors that cause the subject to experience psychotic disorders, namely internal and external factors. Internal factors include the existence of defense mechanisms that are not appropriate in dealing with anxiety and external factors include parenting patterns and various experiences of the subject from adolescence to adulthood.

If associated with internal factors, then the id or drive within the subject is the feeling of liking the same sex, where this is contrary to his superego, which is related to the instillation of strong religious norms that if the Islamic religion that is adhered to does not allow its followers to like or have relationships with the same sex, because of an imbalance or something that is opposite, moreover this id is a primitive drive with the principle of only pursuing pleasure or enjoyment (pleasure principle) where this id tries to satisfy all its desires and needs immediately, then this can cause anxiety in the subject, because the subject's ego finds it difficult to make a balanced decision. When the ego cannot achieve a balance between the basic needs of the id and the moral standards of the superego which are both strong, this often results in strong anxiety. If the subject cannot resolve this conflict effectively, positive symptoms or symptoms can appear as a manifestation of the imbalance. Moreover, the subject does not have the right and effective coping mechanism in dealing with his anxiety. The subject cannot manage conflict well because the subject often suppresses the conflicts he experiences so that the suppressed conflict can eventually manifest in acute and temporary psychotic symptoms. The subject experienced a 'boarding school disease', namely himself who liked the same sex in late 2023 to early 2024. This incident made him regret and very sad until the subject cried at the grave of his Islamic boarding school after the subject expressed his feelings to the student he liked in front of his other boarding school friends. In addition, the subject was also busy with his target of memorizing the Quran, the subject felt sad because he felt that his memorization was slower than his other tahfidz friends. In early 2024, the subject saw and heard hallucinatory voices. This is certainly related to one of the defense mechanisms, namely repression, where the subject suppresses various things (memories, thoughts, and perceptions) that are considered dangerous to himself into the unconscious level, when there is a problem the subject chooses not to tell others and suppresses the problem himself. The subject only wanted to tell someone else, namely one of his trusted boarding school friends, when his anxiety had increased and it did not help much. In addition, this repression was also shown by the subject who when asked about his sad past experiences, would become beautiful memories. In addition, initially the subject also said that he did not want to remember the past too deeply, such as the 'boarding school disease', but after probing and over time, the subject was willing to tell about the incident. The defense mechanism of reaction formation also played a role in this because after crying regretfully at the grave of his boarding school, the subject continuously recited dhikr, which is the formation of a reaction when someone does something that is contrary to the id, namely the subject's sexual urge to like the same sex. When viewed from the perspective of the psychosexual stages, there are three stages related to the problems that the subject experiences, from the cause of the subject liking the same sex to the defense mechanism that the subject uses to overcome anxiety due to the 'boarding school disease', namely: the oral phase, the phallic phase, and the genital phase.

During the oral phase, there was an event where the subject only drank breast milk in the first three months. Furthermore, the subject's mother gave formula milk with a bottle until the subject was 3 years old. The subject often bit the pacifier until the pacifier had to be changed many times. The subject's parents had tried to wean the subject when he

was two years old, but it was unsuccessful because the subject cried and his parents could not bear it. The subject only managed to stop breastfeeding at the age of 3 by not weaning, but when the subject asked where his bottle was, the subject's mother said that a scrap collector had taken the bottle, the subject believed her and did not cry at all. The subject is not the type of child who likes to put random food or objects into his mouth. The subject's meal portions are small. The subject could only eat a lot when he was 5 years old because the subject's mother tried to give the subject vitamins to increase appetite. This subject's behavior can be analyzed using oral aggression personality where there is dissatisfaction in this oral phase, this is also what causes the subject to really like eating from adolescence to adulthood. In addition, it is possible that the behavior of the subject who likes to read the Qur'an can be associated with this, as well as the behavior of the subject who likes to dhikr verbally when feeling anxious because of the 'boarding school disease' that he has, then it can also be associated with oral aggression personality because the subject tries to overcome his anxiety by doing this. During the phallic phase, the subject has started school. However, during kindergarten, the subject still needs to be accompanied by his mother. If associated with the Oedipus complex, then the subject's dependence on his mother can gradually make the child learn to suppress feelings of sexual love for his mother and replace it with a form of affection that is more socially acceptable. During the genital phase, the subject had a close relationship with the opposite sex when he was in junior high school. However, the relationship eventually became distant because he had graduated from school, so the subject had never met again with the female friend he had liked before. This proves that the subject actually also has sexual attraction to the opposite sex. However, because in late adolescence to early adulthood, the subject was in an Islamic boarding school environment where they often interacted or even lived with the same sex, this could cause homosexual impulses to rise from their latent state. In addition, at this stage, the subject's father was busy working as a traveling meatball seller, so the subject had less time to talk to his father to give advice, especially about education about puberty that the subject was experiencing. When the subject graduated from junior high school at the age of 17, the subject's father also migrated to Papua, so the role of the father for the subject during this period was still lacking. Although before migrating, the subject's father lived in the same house as the subject and the subject described that his father's figure was like a hero because he was significantly responsible for the family's economy, in terms of communication, the role of the subject's father was still lacking. In fact, the figure of a father in a man's life should be a friend to share, a role model, and a source of knowledge. In addition, in adolescence, puberty begins to occur, which causes various physical and emotional changes. When teenagers live in a boarding school environment, they often sleep together with peers of the same sex. This situation can give rise to homosexual impulses because of the physical and emotional closeness that occurs between them. At this stage of development, teenagers are in the process of exploring their identity and sexual orientation, so conditions such as in boarding schools can influence or strengthen these impulses. Environmental factors and social interactions during puberty play an essential role in the formation of adolescent sexual behavior and tendencies.

5 CONCLUSIONS

Based on the results of the medical records, the subject was diagnosed with F23.9 Unspecified Acute Transient Psychotic Disorder. Several symptoms appeared in the subject, namely visual hallucinations, auditory hallucinations, and delusions. The subject had visual hallucinations in the form of the weather around the subject changing and alternating quickly. In addition, the subject had visual hallucinations in the form of seeing Habib Umar coming to him and delusions in the form of the belief that he was a chosen person from Habib Umar, so he was given a cap. The subject also had auditory hallucinations in the form of hearing the sound of birds laughing. The subject began to feel these symptoms around the end of January 2024 and lasted until the beginning of February 2024. When at home, the subject was angry until 7 people held him and finally the subject was taken to the hospital on February 1, 2024. The emergence of these symptoms can be associated with Freud's psychoanalytic theory. In this situation, the subject experiences a conflict between his internal drive (id), which causes attraction to the same sex, which is contrary to the religious values instilled in him by the superego. In the Islamic religion, which he believes, different sexual orientations can be considered incompatible with the teachings. The imbalance between this primitive urge and religious values can cause anxiety in the subject because his ego has difficulty making balanced decisions. The ego is in a dilemma between fulfilling its natural urges and obeying the instilled norms. Moreover, the subject is a quiet and introverted figure.

ACKNOWLEDGEMENTS

The researchers would like to extend their deepest gratitude to our research subjects who agreed to participate in the data collection. Additionally, we thank all those who contributed to the writing of this article. First and foremost, the researchers appreciate the relevant parties who facilitated the smooth progress of the article. We also express our gratitude to our family and friends for their moral support and encouragement. Without the help and support of all these individuals, this article would not have materialized as intended.

REFERENCES

- Alwisol. (2004). Psikologi Kepribadian. Malang: UMM Press.
- Cahyani, C. N., Yulianti, L., & Lianda, D. (2024). Sistem Pakar Untuk Mendiagnosa Gangguan Skizofrenia Menggunakan Metode Dempster Shafer. *20(1)*, 133–139.
- Feist J., & Feist G.J., (2017). Teori Kepribadian Buku I . Alih bahasa Hendriatno. Jakarta: Salemba Humanika.
- Engler, B. (2013). *Personality Theories* (9th ed.). Belmont, CA: Wadsworth, Cengage Learning.
- Febrya, I. W. V., & Elmirawati, E. (2017). Analisis Faktor Penyebab Orientasi Seksual Menyimpang Pada Narapidana Perempuan Di Lapas Kelas II A Pekanbaru. *Sisi Lain Realita*, *2(2)*, 13–30. [https://doi.org/10.25299/sisilainrealita.2017.vol2\(2\).2462](https://doi.org/10.25299/sisilainrealita.2017.vol2(2).2462)
- Hall, C. S. (2019). *A Primer of Freudian Psychology* (Terjemahan Cep Subhan KM). Yogyakarta: IRCiSoD.
- Hall, C. S., & Lindzey, G. (1993). *Teori-teori Psikodinamik*. Jakarta: Penerbit Kanisius.
- Hasanah, C. D. U., & Ambarini, T. K. (2018). Hubungan Faktor Trauma Masa Lalu dengan Status Mental Beresiko Gangguan Psikosis Pada Remaja Akhir di DKI Jakarta. *INSAN Jurnal Psikologi Dan Kesehatan Mental*, *3(2)*, 73. <https://doi.org/10.20473/jpkm.v3i22018.73-81>
- Kaplan, H. I., Sadock, B. J., & Sadock, V. A. (2010). *Kaplan & Sadock's Sinopsis Psikiatri: Ilmu Pengetahuan Perilaku Psikiatri Klinis* (10th ed, Terjemahan oleh Dr. Andreas Radianto). Jakarta: Penerbit Buku Kedokteran EGC.
- Maisaroh, S., Hasanah, S. N., & Risiko Faristiana, A. (2023). Fenomena LGBT Di Pondok Pesantren X Kabupaten Lamongan. *Jurnal Ilmu Komunikasi Dan Sosial*, *1(2)*, 224–238. <https://doi.org/10.59581/harmoni-widyakarya.v1i2.487>
- McFarlane, W. R. (2011). Prevention of the First Episode of Psychosis. *Psychiatric Clinics of North America*, *34(1)*, 95–107. <https://doi.org/10.1016/j.psc.2010.11.012>
- Rahmatullah, A. S. (2019). Homoseksual Kaum Santri di Pesantren. *AL-MURABBI: Jurnal Studi Kependidikan Dan Keislaman*, *6(1)*, 37–54. <https://doi.org/10.53627/jam.v6i1.3633>
- Sadock, B. J., Sadock, V. A., & Ruiz, P. (2017). *Kaplan & Sadock's Concise Textbook of Clinical Psychiatry* (4th ed.). Wolters Kluwer.
- Sadock, B. J., Sadock, V. A., & Grebb J.A (2019). *Kaplan & Sadock's Pocket Handbook of Clinical Psychiatry Sixth Edition*. Philadelphia: Wolters Kluwer.
- Semiun, Y. (2006). *Teori Kepribadian dan Terapi Psikoanalitik Freud*. Yogyakarta: Kanisius.
- Sugiyono. (2019). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Penerbit Alfabeta.
- Yoseph, I., Sri Puspawati, N. L. N., & Sriati, A. (2009). Pengalaman Traumatik Penyebab Gangguan Jiwa (Skizofrenia) Pasien di Rumah Sakit Jiwa Cimahi. *Majalah Kedokteran Bandung*, *41(4)*, 194–200. <https://doi.org/10.15395/mkb.v41n4.253>