

Case Study of Young Adult Individual with Mild Depressive

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Abstract: This study investigates the case of a 21-year-old female undergraduate student, referred to as TY, diagnosed with a Mild Depressive Episode (F32.0). The research employs a qualitative case study approach, utilizing semi-structured interviews, observations, and standardized measurement tools to explore the interplay of biological, psychological, and social factors contributing to TY's condition. Findings reveal a significant family history of mental disorders, including borderline personality disorder and bipolar disorder in her mother, which suggests a genetic predisposition to depression. Psychological stressors, such as familial conflicts and academic pressures, exacerbate her symptoms, characterized by persistent sadness, anxiety, and sleep disturbances. The results underscore the importance of the biopsychosocial model in understanding mild depression, emphasizing the need for integrated treatment plans that address genetic vulnerabilities, psychological dynamics, and social support systems. This case highlights the complexity of mental health disorders and the necessity for multifaceted approaches in clinical practice.

Keywords: Depressive, Mild Depressive, F32.0, Biopsychosocial Theory

1 INTRODUCTION

Depression, according to Kaplan and Sadock (1997) in Synopsis of Psychiatry, falls under the category of mood disorders and is closely related to emotions. Emotions here involve the interaction between psychological, somatic, and behavioral aspects, and are often interpreted similarly to affect. Meanwhile, mood refers to a subjective emotional state that can be felt and expressed by individuals as well as observed by others. Individuals in a depressive mood exhibit symptoms such as decreased energy and interest, feelings of guilt, concentration difficulties, loss of appetite, and suicidal thoughts. According to Maslim (2019), a depressive episode is characterized by primary symptoms such as depressive affect, loss of interest and pleasure, and decreased energy leading to fatigue even after light activity. These symptoms cause a general decrease in activity. A Mild Depressive Episode (F32.0) refers to a form of depressive episode with low severity, where the individual exhibits at least two of the three primary symptoms mentioned, along with at least two additional symptoms. At this level, no severe symptoms are present. For example, an individual may experience persistent feelings of sadness, loss of interest in previously enjoyable activities, and significant fatigue, accompanied by difficulty concentrating and reduced self-confidence. However, the individual is still able to perform work and social activities with relatively mild impairment (Maslim, 2019). This diagnosis can only be made if symptoms persist for at least two weeks. The subcategories of F32.0 are divided into F32.00, which is a mild depressive episode without somatic symptoms, and F32.01, which is a mild depressive episode accompanied by somatic symptoms, such as unexplained physical complaints, for example, headaches, digestive disorders, or muscle tension (Maslim, 2019).

In this manuscript, a case study is presented of a subject with mild depression undergoing outpatient treatment at hospital psychiatric ward. The subject was diagnosed by a psychiatrist as having mild depression since 2022. In the subject's case, genetic factors contributing to mental illness were identified. In Engel's biopsychosocial theory, the biological aspect plays a role. The subject has a family history of mental disorders: the mother has borderline personality disorder and bipolar disorder, the father has dependent personality disorder, the sibling has been diagnosed with ADHD, and the father's cousin, aged eight, has autism. This combination of genetic factors makes TY vulnerable to mental health disorders, which in this case manifest as depression.

The core theory underpinning this discussion is the biopsychosocial model, which posits that an individual's health and illness are influenced by the intricate interplay of biological, psychological, and social factors (Sarafino et al., 2020). This model, introduced by George Engel in 1977, serves as an enhancement to the biomedical model, which was criticized for

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State the core theory (e.g., biopsychosocial) from the outset, not just in the discussion.

its narrow focus on biological aspects of health and disease, neglecting the psychological and social dimensions that are crucial for a comprehensive understanding of human health (Engel, 1977). In this context, the biopsychosocial approach provides a framework for analyzing the case findings of TY, highlighting the significance of genetic predispositions, cognitive processes, emotional states, and social influences in the development and management of mental health disorders.

In previous studies, Qonitatin et al. (2011) examined the effectiveness of catharsis through expressive writing in reducing mild depression symptoms in students, while Yola and Pranungsari (2023) studied the application of the empty-chair technique in adults with mild depressive episodes, and Lutfiyah (2021) highlighted the relationship between major depression and parenting styles and a history of parental abuse. Meanwhile, this study examined mild depression in subjects undergoing outpatient treatment since 2022 with a family history of multiple psychiatric disorders (borderline personality disorder, bipolar disorder, dependent personality disorder, ADHD, and autism). The analysis focuses on the role of biological and genetic predisposition in relation to relational psychological dynamics, using a biopsychanalytic framework.

2 MATERIALS AND METHODS

In this manuscript, data was obtained using a qualitative approach, using case study method. According to Harley (2004), case study research is a form of in-depth investigation of a phenomenon in its real context, often with data collection taking place over a certain period of time. The main objective of this study is to analyze the context and processes that can explain the theoretical issues being examined. The phenomenon being studied is not separated from its context, as in laboratory research, but rather the context itself is an important part because it can influence and be influenced by the observed behavior and/or processes. In other words, case studies aim to understand how behavior and processes interact with their context. The participant is referred to as TY, who lives in Malang, Indonesia. TY is the first of two siblings and is currently studying at a university in Malang. TY lives with his family.

The data collection for this research employed a combination of semi-structured interviews, observations, and literature review techniques. The assessment lasted 4 months with a 1-month interval between assessments. The semi-structured interviews were designed to last between 15 to 30 minutes per session, allowing for in-depth exploration of participants' experiences. A question guide was developed based on aspects from the PPDGJ 3 book, specifically focusing on the mild depressive symptoms. This guide ensured that the interviews remained focused while also allowing for flexibility to explore relevant topics that emerged during the discussions. In addition to the interviews, observations were conducted to assess various aspects of the participants' well-being. These observations focused on physical appearance, cognitive functioning, conative behaviors, affective responses, and social interactions, providing a comprehensive view of the participants' mental health status.

Participants were selected based on their reported experiences with mild depressive symptoms, as indicated during the initial screening process. To supplement the qualitative data gathered from the interviews, standardized measurement tools were utilized. The Depression Anxiety Stress Scales (DASS) were employed to quantify the levels of depression, anxiety, and stress among participants, while the Parental Bonding Instrument (PBI) was used to assess the quality of parental relationships and their potential impact on mental health. This multi-faceted approach to data collection allowed for a richer understanding of the participants' experiences and the factors influencing their mental health.

3 RESULTS

Based on the evaluation results, the following data on the subject were found: TY is a 21-year-old female undergraduate student from Malang, East Java, who underwent psychological evaluation at Malang Hospital from March 11 to May 6, 2025, under the supervision of a clinical psychologist.

Initial complaint: On March 11, 2025, TY reported severe, throbbing headaches that only occurred in crowded environments (e.g., campus areas), with episodes lasting up to 24 hours and interfering with activities. Since returning to her parents' home in early 2020, she has experienced episodes of sadness lasting 1–4 days, self-isolation, and crying, triggered by family conflicts (her mother's unstable emotions and her father's inactivity). Two months before the evaluation, TY also experienced chest tightness at night that interfered with sleep.

Medical Record: Based on the PPDGJ-III criteria, TY was diagnosed with F32.0 Mild Depressive Episode. Family history indicates the mother has Borderline Personality Disorder and bipolar disorder, and the sibling has ADHD.

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Explain the participant inclusion criteria.

Name the measurement tools used (e.g., the Beck Depression Inventory-II to supplement the interview, if used).

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- Integrate direct quotes from interviews to illustrate symptoms.

Table 1. Cronological Data

Event	Feelings/Perceptions
In 2020, moved to my parents' house due to the COVID-19 pandemic	Felt lonely and uncomfortable because there was no one to talk to, began to get to know my parents and younger sibling better.
Witnessed parental conflicts, including arguments and infidelity	Experienced stress and emotional pressure. Felt overwhelmed by the home situation and the responsibility of caring for my sibling with ADHD.
In 2023, I experienced severe stress and started seeing a psychiatrist	Feeling mentally exhausted due to the combination of family conflicts and a breakup. Started taking medication prescribed by the psychiatrist.
In 2024, continued treatment with a new psychiatrist, started taking fluoxetine and clobazam	Reported that clobazam was very helpful in managing anxiety. Felt relieved even though still in the process of adaptation.
Internship in Surabaya, began reducing dosage and frequency of consultations	The psychiatrist consultation schedule changed to once a month. Feelings were more stable but remained cautious about stress triggers. The client felt comfortable being outside the home, not exposed to family problems.
Early 2025 experienced shortness of breath at night, unstable mood, difficulty remembering negative things	Symptoms of anxiety and depression reappeared, possibly triggered by academic stress (thesis) and family dynamics.
The thesis work is not immediately completed due to waiting for one group member.	This has caused the client to feel anxious, worried about not being able to complete their thesis, and anxious about facing the defense.
Experiencing severe dizziness in public places, which disrupts daily activities.	This makes the client feel uncomfortable and hindered because they cannot carry out activities normally.
Seeking treatment at RSSA, visiting a psychiatrist, and being referred to a clinical psychologist	The client felt that seeking treatment at RSSA was an effort to find a cure, especially for their problems of depression and dizziness when in crowded places.

Autoanamnesis: In TY's self-report, a final-year student in Malang, the primary complaint was severe headaches that primarily occurred in crowded settings, beginning one month before the initial evaluation. The subject reported depressive and stress-related symptoms, including excessive anxiety about the thesis defense, fear of making mistakes, sleep disturbances, severe dizziness, shortness of breath every night, and unstable emotions since January 2025.

Then I would wake up in the middle of the night feeling suffocated, followed by intense sadness (TY, personal communication, May 21, 2025).

The developmental history indicates that the subject was raised by grandparents without prenatal data, with no traumatic events during childhood and adolescence. Moving back to his parents' home during the COVID-19 pandemic in 2020 triggered depressive symptoms due to witnessing frequent conflicts between his parents within the household. The peak of stress occurred in 2022 due to conflicts between both parents and the end of a romantic relationship, leading the subject to receive psychiatric intervention and medication. The subject temporarily stopped treatment during an internship outside the city but resumed treatment in early 2025, beginning consultations with a clinical psychologist in February-March 2025. Socially, despite having close friends, the subject felt more at ease outside the home and chose committee activities to alleviate stress; two romantic relationships ended, supporting emotional coping but causing distress when the breakups occurred.

Alloanamnesis: According to the subject's mother, the subject has lived with the subject's grandfather since the age of 6 months because the subject's parents did not yet have a permanent home, but the subject's parents visited the grandfather's house every night. According to the account, since childhood, the subject has been characterized as an individual with sociable and enthusiastic social interaction skills.

Observation: During the evaluation, TY appeared neat and age-appropriate. When discussing family conflicts, there was mild psychomotor slowing. Speech was regular and coherent, with intact orientation and attention. Affect was appropriate to content: flat when expressing sadness, more animated when discussing academic activities. She was cooperative but appeared vigilant when faced with the mother figure.

Assessment Summary: TY meets the criteria for a Mild Depressive Episode lasting at least two weeks, with primary symptoms of depressed mood and reduced energy; and additional symptoms: impaired concentration, pessimistic outlook on the future, and sleep disturbances. No suicidal ideation, significant psychological agitation, or severe somatic symptoms were found except for headaches and chest tightness. These findings are consistent with a diagnosis of F32.0.

4 DISCUSSIONS

This discussion integrates TY's case findings with biopsychanalytic theory, an approach that examines the interaction of biological, psychological, and social factors. Biologically, TY's family history indicates a genetic predisposition to mental disorders, with the mother having Borderline Personality Disorder and bipolar disorder, the father having Dependent Personality Disorder, and the sibling having ADHD. The biopsychosocial model emphasizes the role of genetics as a fundamental vulnerability factor in the development of affective disorders.

The biopsychosocial approach in health psychology views that an individual's health and illness are simultaneously influenced by biological, psychological, and social factors (Sarafino et al., 2020).

- Biological factors

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- Analyze the limitations of the biopsychosocial model in the context of this case (e.g., the difficulty in measuring the relative contribution of each factor).
- Explain the causal mechanisms between factors (e.g., how family conflict → psychological stress → depression gene expression).

Include genetic aspects and the structure and physiological functions of the body. For example, structural abnormalities of organs such as a damaged heart valve or an excessive immune response to allergens can significantly affect a person's health.

- Psychological factors

Involve cognitive processes, emotions, and motivation. Cognition, such as beliefs and interpretations of bodily symptoms, can influence a person's decision to seek treatment. Positive emotions are associated with faster recovery and a healthy lifestyle, while negative emotions can increase vulnerability to disease. Additionally, motivation plays a crucial role, whether driven by internal factors or external influences such as the desire to please loved ones.

- Social factors

Include interpersonal relationships, social group influences, and cultural values and community environments. Social interactions can shape health behaviors, such as substance use among adolescents due to peer pressure, or emotional support from family that can accelerate recovery from illness. Community environments and public policies can also support or hinder healthy behaviors, for example through the availability of safe public spaces and access to healthy food.

Overall, this approach emphasizes the importance of understanding the complex interactions between the body, mind, and social environment in maintaining health and preventing disease.

The biopsychosocial model was introduced by George Engel in 1977 as an improvement over the biomedical model (BMM), which was considered too narrow in understanding health and disease. Engel proposed that the biomedical model needed to be expanded to accommodate psychological and social factors in addition to biological factors in understanding health and disease (Engel, 1977). This model emerged as a response to the limitations of the biomedical model, which focused solely on biological aspects and ignored the psychological and social dimensions of human experience in the context of health.

The subject diagnosed with mild depression experienced various dynamics, beginning in 2020 when the subject moved in with his parents. Previously, the subject had lived with his grandfather, grandmother, and aunt from his father's family. While living in his grandfather's house, the subject felt that his life was problem-free. The following data is consistent with the results of the autoanamnesis, which stated that the subject felt happy and had no conflicts in his life at his grandfather's house. The subject also did not find any conflicts within themselves; there were no thoughts about why they did not live with their parents, unlike most other people in general. In their life at their grandfather's house, the subject felt that they could speak freely, especially with their aunt, who always listened carefully and attentively to the subject.

In 2020, when the subject moved in with his parents, he felt that there were many conflicts within the household. Arguments between his parents always started with his mother due to her mood swings. The subject mentioned that family arguments were often caused by trivial matters, but they escalated because the mother made a big deal out of them, while the father tended not to respond to anything the mother said.

Since 2020, the subject has experienced symptoms of depression, such as feeling persistently sad and crying in their bedroom all night. This was caused by the conflicts at home. The subject also mentioned that sometimes they preferred to leave the house so they wouldn't have to deal with their parents. From 2021 to 2022, the subject endured all the problems at home. The subject, who was in a romantic relationship with their partner, said that they could talk about family problems with their partner, and this made them feel like they had someone to talk to.

In 2023, the subject found out that his father was having an affair with another woman; this made the subject feel that his parents were truly problematic and that his family was not okay. In the same year, the subject also broke up with his partner, who had been his confidant, causing him to feel deep sadness. She felt unable to cope and decided to seek treatment from a psychiatrist, where she had weekly appointments and was prescribed three types of medication to alleviate her depressive symptoms. In 2024, the subject, who had initially been receiving treatment with weekly appointments, switched to monthly appointments because she moved to Surabaya to undertake an internship at PT Wika. Upon moving, the subject experienced an improvement in mental health, evidenced by a reduction in the intensity of sadness compared to when at home.

In 2025, the subject experienced severe dizziness in crowded places; this prompted the subject to seek treatment at Saiful Anwar Hospital. TY consulted a psychiatrist and was eventually referred to a clinical psychologist for psychotherapy. The issue faced upon first arrival was academic anxiety due to an unfinished thesis. The subject also mentioned frequently feeling forgetful and unfocused after crying all night due to parental conflicts.

The biopsychosocial theory states that health conditions and illnesses are caused by three factors: biological, psychological, and social. From a biopsychosocial perspective, biological factors play a role, as TY has a family history of mental disorders: her mother has borderline personality disorder and bipolar disorder, her father has dependent personality disorder, her younger sibling has been diagnosed with ADHD, and her father's eight-year-old cousin has autism. This combination of genetic factors makes TY more vulnerable to mental health disorders, which in this case manifests as depression.

Psychological factors influence TY's condition. Concerns about failing her thesis defense and fear of provoking her mother's anger if she tries to talk about family issues make TY tend to fear others' judgments and fear hurting others' feelings, as shown by the psychological test results. These characteristics make it difficult for TY to be open about what he feels. TY also shows a high level of dependence on people who can be confidants, such as his aunt, girlfriend, and friends. When these figures cannot be confidants, TY experiences severe depressive symptoms.

Family social factors are the primary source of stress. The parenting style of TY's parents differs significantly from that of her grandparents, who once provided a sense of security. TY's mother often vents her emotions without listening to TY, while her father tends to be passive. This dynamic leaves TY feeling trapped in the midst of ongoing conflicts. She also feels responsible for supervising her younger sibling with ADHD. This unhealthy relationship hinders the fulfillment of her basic psychosocial needs: a sense of safety and love.

Overall, TY's mild depression arises from a combination of a lack of safety at home, the loss of an emotional support network, academic pressure, genetic predisposition from a high-risk family, and pessimistic thinking patterns. The interaction of these factors creates a difficult-to-break cycle of stress. Although physiological needs are met, needs for security, love, belonging, and self-esteem are not adequately fulfilled. Without the fulfillment of these needs, TY continues to experience prolonged sadness, difficulty sleeping, concentration difficulties, and decreased energy, characteristic of depression.

The findings from TY's case are consistent with the results of a case study in a journal (Lutfiyah, 2021) which shows that major depression often arises from the interaction between genetic predisposing factors and exposure to a harmful family environment, such as poor parenting, violence or family conflict, and loss of emotional support, making individuals vulnerable from an early age and causing depressive symptoms to appear later in life. In both cases, there is implicit evidence of gene-environment interaction: a family history of mental disorders, combined with psychosocial stressors (domestic conflict, abuse/rejection, loss of supportive relationships, academic pressure) that act as triggers or reinforcers of depressive episodes; the journal also mentions how genetic interactions can affect neurotransmitter production, thereby increasing vulnerability, which is consistent with the worsening of TY symptoms when environmental conditions deteriorate. Clinically, this comparison reinforces the urgency of a biopsychosocial approach, meaning that interventions must target biological aspects (medication evaluation, family history), psychological aspects (cognitive therapy/psychotherapy), and social environment improvement (family support, stressor reduction) to break the cycle of risk.

The biopsychosocial model provides a comprehensive framework for understanding TY's case, yet it also presents limitations, particularly in quantifying the contributions of biological, psychological, and social factors. For instance, while TY's family history indicates a genetic predisposition to mental disorders, it is challenging to measure the exact impact of these genetic factors compared to the psychological stress stemming from family conflicts and academic pressures. The interplay between these elements complicates the assessment of their relative contributions to TY's mild depressive episode. Furthermore, the model's emphasis on the interaction of these factors may obscure the specific causal pathways, making it difficult to isolate how family conflict leads to psychological stress, which in turn may influence gene expression related to depression. This complexity highlights the need for a nuanced approach in clinical practice, where understanding the multifaceted nature of mental health is essential for effective intervention.

In TY's case, the causal mechanisms between the identified factors illustrate how family dynamics can significantly impact mental health. The ongoing conflicts between TY's parents, particularly her mother's emotional instability and her father's passivity, create a stressful home environment that exacerbates TY's psychological distress. This distress manifests as depressive symptoms, including sadness, anxiety, and sleep disturbances, which are further compounded by academic pressures related to her thesis defense. The psychological stress from these familial interactions may trigger biological responses, such as alterations in gene expression associated with depression, thereby reinforcing the cycle of mental health deterioration. Additionally, TY's reliance on external support systems, such as friends and her aunt, underscores the importance of social factors in her coping mechanisms. However, the loss of these support networks, particularly following her breakup, further intensifies her feelings of isolation and despair. Thus, the biopsychosocial model, while valuable, must be applied with an understanding of its limitations in capturing the intricate web of influences affecting TY's mental health.

5 CONCLUSIONS

The TY case shows that mild depressive episodes can arise from the complex interaction between biological, psychological, and social factors, as explained in the biopsychosocial model. Genetic factors from families with a history of mental disorders constitute biological predisposition, while psychological stress from family conflicts, loss of emotional support, and academic burdens exacerbate the condition. The absence of an emotionally safe environment and dysfunctional family communication patterns further exacerbate depressive symptoms. Applying the biopsychosocial approach can provide a deeper understanding of the interplay between biological, psychological, and social factors in the development of mental disorders in individuals.

In conclusion, the case of TY underscores the importance of a multifaceted approach to understanding and addressing mild depressive episodes, particularly through the lens of the biopsychosocial model. Practical recommendations for managing similar cases include the implementation of integrated treatment plans that encompass biological, psychological, and social interventions. Clinicians should consider genetic predispositions and family histories when developing treatment strategies, while also addressing psychological stressors through cognitive-behavioral therapy and providing social support to foster healthier family dynamics. Additionally, creating safe emotional environments and enhancing communication within families can significantly alleviate the psychological burden on individuals like TY.

However, this study is not without limitations. The reliance on qualitative methods, including case studies and self-reports, may introduce biases and limit the generalizability of the findings. Furthermore, the complexity of interactions among biological, psychological, and social factors makes it challenging to isolate specific contributions to TY's depressive symptoms. Future research should aim to incorporate larger sample sizes and quantitative measures to better understand the dynamics at play and to validate the findings of this case study. By addressing these limitations, researchers can enhance the robustness of the biopsychosocial model in clinical practice and contribute to more effective mental health interventions.

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