

## **THE DYNAMICS OF DEPRESSION AMONG LATE ADOLESCENTS WITH AUTHORITARIAN PARENTING STYLES IN SAMARINDA**

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### **Abstract**

The purpose of this study was to analyze factors contributing to depression among late adolescents (aged 18 to 24) in Samarinda City, with a focus on how authoritarian parenting styles shape their emotional experiences and cognitive distortions. Five participants with mild to moderate depressive symptoms (e.g., lack of interest, changes in sleep patterns, social withdrawal, and self-injurious behavior) were selected through purposive sampling to participate in this qualitative case study. Methods such as Person-Centered Therapy (PCT), Interpersonal Therapy (IPT), and Beck's cognitive theory framework were used to thematically analyze data collected from in-depth interviews and observations. Authoritarian parenting, family discord, and persistent academic pressure all contributed to participants' cognitive distortions, which manifested as pessimistic views of life and the future. Lack of motivation, decreased social functioning, repetitive thoughts, sleep disturbances, and feelings of worthlessness were all attributed to these conditions. Furthermore, low self-esteem and discrepancies in self-concept were influenced by a lack of emotional support from family. The study's findings suggest that multiple factors, including the interaction of cognitive, interpersonal, and family environmental factors, contribute to depression in late adolescence. Restructuring negative thought patterns, improving interpersonal relationships, enhancing self-acceptance, and enhancing psychological well-being in adolescents requires a multimodal intervention approach based on Cognitive Behavioral Therapy, Interpersonal Therapy, and Person-Centered Therapy for Individuals.

**Keywords:** Adolescents aged 18-24, Depression, parenting, cognitive distortions

### **Abstrak**

*Tujuan penelitian ini adalah untuk menganalisis faktor-faktor yang berkontribusi terhadap depresi di kalangan remaja akhir (usia 18 hingga 24 tahun) di Kota Samarinda, dengan fokus pada bagaimana gaya pengasuhan otoriter membentuk pengalaman emosional dan distorsi kognitif mereka. Lima partisipan dengan gejala depresi ringan hingga sedang (misalnya, kurang minat, perubahan pola tidur, penarikan diri dari pergaulan, dan perilaku melukai diri sendiri) dipilih melalui pengambilan sampel bertujuan untuk berpartisipasi dalam studi kasus kualitatif ini. Metode seperti Terapi Berpusat pada Individu (Person-centred Therapy/PCT), Terapi Interpersonal (Interpersonal Therapy/IPT), dan kerangka teori kognitif Beck digunakan untuk menganalisis data secara tematik yang dikumpulkan dari wawancara mendalam dan observasi. Pengasuhan otoriter, perselisihan keluarga, dan tekanan akademis yang*

*terus-menerus semuanya berkontribusi pada distorsi kognitif partisipan, yang bermanifestasi sebagai pandangan pesimistis terhadap kehidupan dan masa depan. Kurangnya motivasi, penurunan fungsi sosial, pikiran yang berulang-ulang, gangguan tidur, dan perasaan tidak berharga semuanya disebabkan oleh kondisi-kondisi ini. Selain itu, rendahnya harga diri dan perbedaan konsep diri dipengaruhi oleh kurangnya dukungan emosional dari keluarga. Hasil penelitian menunjukkan bahwa ada banyak faktor, termasuk interaksi elemen kognitif, interpersonal, dan lingkungan keluarga, yang berkontribusi terhadap depresi pada remaja akhir. Penataan ulang pola pikir negatif, peningkatan hubungan interpersonal, peningkatan penerimaan diri, dan kesejahteraan psikologis pada remaja membutuhkan pendekatan intervensi multimodal berdasarkan Cognitive Behavioral Therapy, Interpersonal Therapy, dan Person-Centered Therapy pada Individu.*

**Kata kunci:** *Remaja usia 18-24 tahun, Depresi, pola asuh, distorsi kognitif*

## **INTRODUCTION**

As they enter adulthood, late adolescents (those aged 18 to 24) grapple with issues of autonomy, academic adjustment, and self-discovery. At this stage of development, academic, social, and family demands are more intertwined than in previous stages. Prolonged stress, which can develop into depressive disorders, can result from these pressures if not managed adaptively. Academic stress, which includes workload, performance demands, and competition, is associated with the development of depressive symptoms and a decline in academic performance among late adolescents (Fassl et al., 2025).

Worldwide, depression among late adolescents is a major mental health issue. According to the *Global Burden of Disease Study* report, depression ranks high among diseases affecting people aged 18 to 24 (Liu & Kuai, 2025). Adolescents' high vulnerability to psychological disorders is highlighted by data from the 2019 Basic Health Research (Riskesdas), which recorded a depression prevalence of 6.1% among the population aged 15 and older in Indonesia. Adolescents' learning patterns and work readiness have been affected by increased depression risk, particularly post-pandemic (Ismah, N., & Widayat, 2023; Sri et al., 2025), and local studies also confirm that family dynamics and academic pressure are key factors contributing to this risk.

Regarding adolescent mental health, the home environment is crucial. There is a strong correlation between adolescent depression and measures of family relationship quality, including cohesion, communication, and conflict intensity. Symptoms of depression and cognitive distortions are more likely to develop in families where there is little or no parental unity, frequent arguments, and problematic parenting styles (Shi et al., 2023; Waraan et al., 2023). Adolescents are more likely to experience psychological vulnerability if their parents exhibit an authoritarian parenting style, characterized by strict control, high expectations, and little emotional support (Harkness, K. L., & Bagby, 2021). Urban adolescents are more likely to suffer from depression and self-isolation if they spend too much time on social media and compare themselves to others (Wang, S., Liu, W., & Huang, 2022).

Depression, according to Beck's cognitive theory (Jere et al., 2021), stems from a "cognitive triad" of distorted thoughts: a pessimistic view of one's own abilities, the world around them, and their own future. Persistent dysfunctional cognitive schemas form as a consequence of these distortions, which are further reinforced by maladaptive parenting experiences and a lack of emotional support (Marchetti, I., & Pössel, 2023; Schleider et al., 2022). Person-Centered Therapy explains that adolescents' emotional well-being can deteriorate due to a mismatch between self-concept and actual experience (incongruence) caused by a lack of unconditional positive regard (Sanders, P., & Hill, 2022; Weissman, M. M., Markowitz, J. C., & Klerman, 2020), while the Interpersonal Therapy framework emphasizes the role of role conflict and relationship transitions in triggering depression.

Although academic stress, family dynamics, and social pressure have been identified as risk factors for depression in adolescents, previous research has typically examined these factors in isolation, leaving the psychological mechanisms linking them unexplored (Fassl et al., 2025; Shi et al., 2023; Wang, S., Liu, W., & Huang, 2022). In particular, there remains a lack of comprehensive research on the impact of authoritarian parenting styles on the development of cognitive distortions, particularly the cognitive triad—a key component of depression—especially when using qualitative methods that emphasize personal subjective experiences (Marchetti, I., & Pössel, 2023). Furthermore, there is a scarcity of research specifically targeting the local context in Samarinda City, Indonesia. Consequently, our understanding of how cognitive, interpersonal, and local cultural factors interact to influence adolescents' experiences of depression remains limited. Therefore, this study aims to address this knowledge gap by employing an integrative and contextual approach; thereby providing a more comprehensive understanding with real-world applications.

The unique challenges faced by late adolescents in Samarinda City result from complex social, academic, and economic dynamics in urban areas. Higher risks of depressive disorders may be linked to changes in urban lifestyles, high family expectations, and intense academic pressures. Nevertheless, there remains a scarcity of research focusing on authoritarian parenting styles and the dynamics of depression among late adolescents in the Samarinda context. Therefore, to develop more contextual and effective psychological interventions, this study aims to deeply investigate the subjective experiences of depression among late adolescents, with a focus on the roles of authoritarian parenting styles, cognitive distortions, and academic pressure.

## **METHODS**

To investigate the dynamics of depression among late adolescents in the context of daily life, this study employs a qualitative approach using a case study design. We selected this method because the phenomenon under investigation is complex and multifaceted, involving the interplay of various factors such as parenting styles, family dynamics, and social influences (Yin, 2023; Creswell & Poth, 2021). Researchers can delve deeper into

participants' subjective experiences and understand the formation of negative cognitive schemas associated with authoritarian parenting styles through the use of a case study design (Lim, 2025). Five residents of Samarinda in their late teens (ranging from 18 to 24 years old) participated in this study. Purposive sampling was used to select participants, considering specific criteria such as a tendency to isolate oneself from social situations, difficulty regulating emotions, communication barriers, and signs of depression as determined by the Patient Health Questionnaire-9 (PHQ-9). This method was used to ensure that the selected participants were relevant to the research topic (Creswell, J. W., & Poth, 2020). Three individuals were found to have moderate depression and two had mild depression, based on the screening results. Recorded symptoms included changes in sleep patterns, loss of interest in previously enjoyed activities, impaired social functioning, and a tendency toward self-harm. As a reliable and valid tool for measuring the severity of depression, the PHQ-9 has been widely used. Psychological instruments, in-depth interviews, and participant observations were used to collect data. Subjective experiences related to caregiving, family dynamics, academic pressure, and social relationships, among other things, were explored in depth through in-depth interviews regarding the participants' depression. The purpose of the observations was to obtain a clear picture of the participants' behavior, including their patterns of social interaction and emotional expression. The aim of combining these methods was to enhance data quality through methodological triangulation.

Data identification, preliminary coding, grouping codes into themes, and interpretation of meaning were the steps in the thematic analysis process used to analyze the collected data. Parental criticism, negative self-reflection, family conflict, academic pressure, and the desire for affection are some of the main themes that emerged from this process. Thematic analysis was chosen because it can be used to identify patterns of meaning in qualitative research in a flexible and systematic manner. The use of methods such as triangulation, participant verification, and researcher reflection helps ensure data validity. The researchers used triangulation, which involves comparing data from various sources and techniques, as well as participant verification, which involves comparing the researcher's interpretations with the participants' experiences, to ensure consistency. To further reduce the likelihood of subjective bias, the researchers also engaged in self-reflection. By obtaining participant consent prior to data collection, research ethics considerations were also met. Before the interviews, participants were briefed on the research objectives, the steps they needed to follow, and the emotional risks they might face. By using pseudonyms and implementing secure data storage, the confidentiality of participants' identities was maintained. According to (Creswell, J. W., & Poth, 2020), participants were also informed that they could withdraw from the study at any time. There were more females than males among the five participants in this study, which included adolescents with the initials AE, GF, NA, DD, and RA. It is suspected that these adolescents suffer from major depression. Information collected from these five cases.

**Table 1.** Adolescents Experiencing Depression

| <b>PERSONAL INFORMATION</b>  | <b>AE</b>                             | <b>GF</b>                             | <b>RA</b>         | <b>NA</b>         | <b>DD</b>                             |
|------------------------------|---------------------------------------|---------------------------------------|-------------------|-------------------|---------------------------------------|
| <b>USIA</b>                  | 17 years                              | 18 years                              | 22 years          | 22 years          | 24 years                              |
| <b>URUTAN KELAHIRAN</b>      | Only child                            | 2 of 4 siblings                       | Only child        | 1 of 2 Brothers   | Only child                            |
| <b>JENIS KELAMIN</b>         | Female                                | Female                                | Female            | Male              | Male                                  |
| <b>STATUS TEMPAT TINGGAL</b> | With the biological mother and father | With the biological mother and father | With both parents | With both parents | With the biological mother and father |

## RESULTS AND DISCUSSION

The findings of this study highlight the complex interactions between cognitive distortions, authoritarian parenting styles, family conflict, family economic status, local culture, chronic academic pressure, and mild to moderate depressive symptoms among late adolescents in Samarinda. Participants’ negative perceptions of themselves, the world, and the future are characterized by Beck’s cognitive triad. Persistent rumination and self-harming behaviors are symptoms of these thoughts, which also include feelings of worthlessness, hopelessness, and self-blame.

### **Cognitive distortions and the negative *cognitive triad* in relation to parenting styles**

*“I don’t receive love or attention. I long for genuine affection, even the comfort of a hug, but I feel alone and unworthy of anyone’s support”* (participant AE). This statement reveals underlying negative beliefs such as *“others don’t care”* and *“I am worthless.”* The depressive state is reinforced by these thoughts, which arise automatically and repeatedly, as ruminations.

*“My parents constantly demand things of me, but they almost never take the time to listen to my feelings,”* said one participant (NA). It appears this participant lacks a safe environment to express their emotions, leading them to suppress their feelings and take criticism personally.

*“Academic pressure makes me feel like my life is on the brink of ruin if I don’t meet expectations”* (participant GF). Negative thinking or overthinking is evident, and the participant views failure as a catastrophe.

According to Aaron T. Beck’s theory, symptoms of depression stem from a person’s negative perceptions of themselves (fear of failure or feelings of worthlessness), the world (perceived as unjust and full of pressure), and the future (bleak and hopeless).

An authoritarian parenting style, according to Beck's cognitive development theory, plays a significant role in the emergence of the negative cognitive triad. A person's self-esteem plummets ("*I'm never good enough*"), as do their perceptions of the world and their future prospects, after internalizing their parents' criticism and demands as facts. Such parenting experiences, according to Beck's cognitive development theory, can lead to the development of a persistent pessimistic view of one's self-identity, environment, and future. By subtly teaching their children that their value as individuals depends on their compliance and achievements rather than their very existence, authoritarian parents contribute to the development of dysfunctional cognitive schemas in their adolescents. Viewing oneself as a "*failure at everything*" or the world as "*cruel and unfair*" are examples of negative automatic thoughts that exacerbate depressive symptoms; participants' statements indicating persistent rumination and overgeneralization regarding failure further support this. Academic and family pressures contribute to participants' rumination and excessive generalization of negative emotions, which aligns with the triad findings. According to research (Harkness, K. L., & Bagby, 2021; Shi et al., 2023), children are more likely to develop dysfunctional cognitive schemas and are more vulnerable to depression when they grow up in homes characterized by a lack of emotional warmth, high expectations, strict control, and one-way communication.

As they age, a person's life experiences shape their negative cognitive schemas, which are maladaptive ways of thinking about themselves, the world around them, and their future. Feelings of worthlessness, self-blame, and a generally bleak outlook on life are common ways these schemas manifest in depressed adolescents. Cognitive distortions such as overgeneralization and catastrophizing are associated with these habitual thought patterns emerging without conscious effort. The cognitive triad—a person's negative perceptions of themselves, the world, and their own future—is a key component in the maintenance of depression, and research has shown that negative cognitive schemas play a major role in this process (Hasanah & Santi, 2025). A study conducted by (Putri, O. E. H., 2024) found that adolescents suffering from depression tended to experience negative thoughts less frequently after applying the *cognitive Behavioral Therapy* (CBT) approach.

### **Family conflicts that lead to withdrawal**

*"Arguments between my parents, whether trivial or not, are a common occurrence at home. I'd rather be alone than go home"* (participant DD). Individuals with this disorder distance themselves from family relationships because they feel uncomfortable there.

In addition to hindering adolescents' ability to express themselves emotionally, authoritarian parenting styles can lead to role conflicts and strained family relationships. Prolonged role conflicts occur when participants—especially those experiencing parental divorce—are expected to meet family expectations without clear role

definitions or emotional support. According to the Interpersonal Therapy model (Weissman, M. M., Markowitz, J. C., & Klerman, 2020), this exacerbates psychological distress by causing role conflict arising from role transitions. According to research (Fassl et al., 2025), there is a strong association between academic stress and depression among late adolescents. This is because participants experience psychological exhaustion, loss of motivation, sleep disturbances, and reduced concentration as a result of high academic pressure, excessive performance expectations, and minimal emotional support. The symptoms described here align with findings in the study (Marchetti, I., & Pössel, 2023), which indicates that late adolescents are more likely to experience negative thoughts and feelings of hopelessness.

### **Need for affection and low self-esteem**

*“I really want to be hugged and listened to, but I never get that even though I don’t have any siblings”* (participant RA). An individual’s low self-esteem is a direct result of emotional emptiness and unmet needs for affection.

An individual’s self-concept and their actual experiences become misaligned (incongruence) when they do not receive unconditional positive regard from their family, according to Person-Centered Therapy. Consequently, individuals experience self-acceptance issues, low self-esteem, and unmet emotional needs, all of which are components of their self-concept (Sanders, P., & Hill, 2022). Participants’ repeated claims regarding their need for “hugs,” “affection,” and “attention” from parents or other close relatives are consistent with these findings. Participants’ depressive symptoms are exacerbated by this crisis of self-acceptance.

An integrated theoretical framework emphasizing the interaction of cognitive, interpersonal, and phenomenological factors is established by this model, which systematically integrates Beck’s Cognitive Theory, Interpersonal Therapy (IPT), and Person-Centered Therapy (PCT). The aim is to explain the dynamics of depression among late adolescents in Samarinda City who have authoritarian parents. This model begins with the development of early maladaptive schemas as a result of authoritarian parenting patterns. These schemas, in turn, lead to cognitive distortions, interpersonal conflicts, and self-concept dissonance. Consequently, multidimensional depressive symptoms, including rumination, social withdrawal, and low self-esteem, are further reinforced. This framework is supported by research findings indicating that participants exhibited the Beck cognitive triad—comprising negative views of the self, the world, and the future—as a result of authoritarian parenting, IPT role conflict (including family conflict and parental divorce), and PCT incongruence, which includes unmet needs for affection and physical closeness, low self-esteem, and rumination. Authoritarian parenting patterns are the primary link exacerbating sleep disturbances, self-harming behaviors, and interpersonal conflicts. This robust theoretical investigation supports the notion that depression in late adolescents is multifaceted and suggests a multimodal approach to treatment that combines cognitive restructuring therapy (CBT),

interpersonal therapy (IPT), and personal counseling and therapy (PCT) to improve mental health.

This study adds to the growing body of evidence linking family dynamics, academic stress, and mutually reinforcing cognitive distortions to the complexity of depression among late adolescents in Samarinda. To reframe negative thought patterns, strengthen interpersonal relationships, enhance self-acceptance, and improve psychological well-being, holistic intervention strategies utilizing CBT, IPT, and PCT are essential. (Schleider et al., 2022; Zhou et al., 2024).

Samarinda is a rapidly developing metropolitan city facing complex academic, social, and economic dynamics. Anxiety among adolescents is exacerbated by factors such as excessive homework, unrealistic family expectations, and excessive social media use.

A meta-analysis (Wang, S., Liu, W., & Huang, 2022) confirmed that social media and social stress significantly exacerbate depression in urban adolescents. These findings align with the present study. Adolescent depression in Samarinda is influenced by societal pressures in addition to internal and interpersonal factors, as described in this context.

The small sample size limits the analytical generalizability of the research findings, which apply to various related theoretical contexts, including, but not limited to, late adolescents in urban areas dealing with authoritarian parents, intense academic pressure, and family conflicts. Previous theories and research are supported by the identified relationship patterns, such as authoritarian parenting styles triggering cognitive distortions and leading to depression. Nevertheless, due to the study's local context and small sample size, broad generalizations remain difficult to make.

Methods such as non-participant observation and semi-structured in-depth interviews strengthen the study's validity. Academic pressure, parenting styles, interpersonal dynamics, and cognitive and emotional components were the primary areas of inquiry in the interviews. Exploring self-perception, emotional experiences, patterns of interaction with parents, and perceptions of academic pressure are some examples of questions used. Meanwhile, observers closely noted signs such as a sad face, low eye contact, withdrawal, and slow responses as well as patterns of interpersonal communication.

Based on these results, a multimodal strategy combining CBT, IPT, and PCT is the best course of action. Cognitive behavioral therapy (CBT) involves methods such as thought recording and cognitive restructuring to help individuals recognize and change unhelpful thought patterns. Through communication analysis and assertive communication training, IPT aims to resolve interpersonal conflicts. At the same time, client-centered therapy (PCT) emphasizes the development of the client's self-concept, unconditional acceptance, and empathy.

The intervention process is carried out in stages, beginning with an assessment to identify interpersonal problems and cognitive distortions. Subsequently, social

relationships are explored, cognitive restructuring is performed, interpersonal communication is enhanced, and self-acceptance is strengthened. All three levels of functioning—cognitive, emotional, and social—are addressed in this holistic approach, thereby enabling more effective treatment of depression. Overall, the findings of this study support the idea that depression in late adolescents is a complex phenomenon influenced by various factors, including those at the individual, family, and environmental levels. Therefore, to improve adolescents' mental health in the long term, treatment needs to be comprehensive, tailored to their specific circumstances, and integrated.

## CONCLUSION

Researchers in Samarinda found that late adolescents (those aged 18 to 24) often experience mild to moderate symptoms of depression. These symptoms are caused by a complex interaction of various factors, including authoritarian parenting styles, cognitive distortions (such as negative self-perception, worldview, and future prospects), and stress resulting from long-term academic pressure accompanied by family conflicts. The interaction of these factors leads to a decline in psychosocial functioning, evident in symptoms such as excessive daydreaming, insomnia, lack of interest in daily activities, low self-esteem, and a general tendency toward self-isolation. Therefore, it is crucial to address adolescents using multimodal intervention strategies that include cognitive-behavioral therapy to restructure dysfunctional thought patterns, interpersonal therapy to improve relationship dynamics, and client-centered therapy to foster stronger self-acceptance.

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