

Factors Influencing the Manifestation of Depression in Adolescents

Mullaboeva Nargiza Sharopaliyevna,

PhD, Namangan Institute of Engineering and Technology

mullaboyevanargiza79@gmail.com

The article provides information on depressive states observed during adolescence, its impact on the socialization of the individual and his objective attitude to the world around him.

Experiences related to community life are starting to play a big role in a teenager's experiences. The team is also needed because the teenager is able to satisfy the desire to interact with their peers in the team, experience common emotional states with the team that result from general excitement, a particular experience, initiative, or thoughtful action.

Keywords: depression, stress, psyche, emotion, mood, socialization.

INTRODUCTION

Today's teenagers have some physical, mental, and political advantages over their predecessors. They show sexual maturation, the process of socialization, mental growth earlier. That is why in our country boys and girls are considered to be teenagers from 10-11 to 14-15 years old.[1], [2]

In the emotional life of a teenager, a new stage begins in the emotional life of small school students. The adolescent's emotional state changes. This applies to general emotional tone as well as mood and mood swings. New social connections, social life events, and new relationships with other people's behaviors emerge. It is on the basis of these relationships that a new kind of experience emerges, in which the child develops an emotional relationship to things that were previously insignificant to him.[3], [4]

Such relationships include, first and foremost, the adolescent's relationship with adults and the experiences associated with them, as well as the experiences associated with their peers. In short, in adolescence there are feelings of a social nature, the child wants to do good to people.[5]–[7]

As noted above, adolescence is characterized by a sense of self-growth, a sense of independence, a sense of independence that requires a real change in an objective attitude to the world around us.

The teenager wants to be given the opportunity to think freely, to be treated seriously. Such desires of the teenager are often ignored. As a result, the adolescent develops feelings of resentment and anger towards the world around him, especially his loved ones. "I'm stubborn, I don't agree with anyone's opinion, and even though I know I'm wrong, I do what I know," the teen says to himself. "Sometimes you want to go to the movies, but the family won't let you, you ask all day, you beg - it's useless, you frown, you don't talk to anyone," complains another

teenager.[8]

LITERATURE REVIEW

Relationships with adults create dreams, desires, and other different thoughts about how a child will behave in order to “take pain from adults” as he or she grows up. Many teenagers dream of doing great things, showing heroism, being like the best people, enjoying the good deeds of adults. (A 7th grader says, "I wanted to be as strong-willed as Muhammadkadir Abdullaev, and I wanted to be like the writer Abdulla Qodiriy.")

In addition to enjoying the ideal images of adults, the disrespectful attitude of adults towards adolescents can create feelings in adolescents such as anger and resentment towards adults for not understanding their inner world[9].

Experiences related to community life are starting to play a big role in a teenager's experiences. The team is also needed because the teenager is able to satisfy the desire to interact with their peers in the team, experience common emotional states with the team that result from general excitement, a particular experience, initiative, or thoughtful action.

With the advancement of science and technology, it is becoming commonplace for mental experiences such as depression, aggression, and anxiety to increase. Everyone should know how to protect themselves from certain negative experiences. A person may encounter situations throughout his or her life that seem to ruin normal life. Experiencing such situations often weakens the perception of the world around us and our place in that world. Even a calm, thoughtful person becomes aggressive in this situation[10] [11]. He may be upset with life and feel humiliated. At such a time, a person begins to try to be alone, not to talk to anyone. We see a lot of people constantly worrying about something, complaining about life. Some leave the situation in the hands of others instead of solving their problems independently. "How are you?" Some may answer, "It's good for now," while others may say, "Life is hard now."

Both happiness and unhappiness are in the hands of man. Happiness is created by everyone with their own hands. We are limited to judging it as good or bad. I.P.Pavlov admits in this way about many life situations that cause discomfort in the cortex of the cerebral hemispheres.[12] "In general, life is unpleasant and full of difficulties," he said. These difficulties have a strong effect on the nervous system, indicating its existence. Life can always be very difficult, difficult situations cause unexpected upsets and depression.”[13] The difficulties in life can be divided into two categories. The first group is the challenges that can be overcome, it takes a lot of effort to overcome them. The second category of difficulties is insurmountable (for example, there is no cure for cancer, but some people believe that it will be cured in the future).[14]–[16]

Depression is the most common emotional condition in our lives.

Depression is derived from the Latin word "depressio", which means defeat, depression. Depression is a depressive disorder, an inability to feel joy, a mental disorder that manifests itself in the slowing down of thoughts and actions in the human mind or behavior.[17]–[20]

In a state of depression, initially, heavy experiences are experienced with feelings of anxiety, frustration, sadness, despair. A person's enthusiasm and general activity for daily activities - study, work, work - suddenly decreases. There is a loss of interest in life and activity. Feelings of guilt, helplessness, and despair in the face of life's challenges are heightened. In a person in a state of depression, low self-esteem, misunderstanding of time is observed, time seems to pass very hard and slowly for him.[21], [22]

PROPOSED METHODOLOGY

Depression causes apathy, rapid fatigue. Sometimes a state of prolonged and severe depression can even lead a person to the level of suicide. Depression can be described as a disease accompanied by mental and physical changes. Because it leads to depression, sadness, despair, severe depression, desire for self-death, slowing of mental processes, loss of desire to think, a sharp decrease in the effectiveness of thoughts, inability to acquire mental knowledge, insecurity, guilt. [23], [24] Depression is also reflected in physical changes. Decreased physical activity, rapid fatigue, lethargy, loss of appetite, constipation, insomnia, in some cases, on the contrary, a lot of sleep and eating, in some cases, "freezing" for hours. [25]

One of the most worrying symptoms of depression is a disorder of comprehension and thinking. Sometimes this condition can be considered mentally weak.

According to statistics, people over the age of 40 are more prone to depression. Two-thirds of them are women. Among people over the age of 65, depression is three times more common.

Causes of depression include:

- Fear, panic, sadness, grief;
- Depression, dissatisfaction;
- Conditions that cause long-term mental distress;
- Frequent mood swings;
- Subordination to others;
- Low self-esteem and self-blame;
- Personal loss - betrayal of a loved one, death of a spouse, divorce, loss of parents, children and loved ones;
- Failure, dismissal;
- Criticism and insults;

- Sometimes after an infectious disease, take a lot of certain medications without a doctor's supervision, especially medications that calm the central nervous system. [26][27]

Depression is such a common emotionally distressing experience that it is accompanied by feelings such as despair, insecurity, guilt, decreased interest in outside activities. These manifestations of depression are accompanied by decreased mental and motor activity, lethargy, rapid fatigue, loss of appetite, mood swings, insomnia (especially in the morning). In some types of depression, however, insomnia and loss of appetite are replaced by drowsiness and overeating. These physical manifestations are vegetative signs of depression and are the basis for the already existence of assumptions about its psychosomatic nature.

In a state of depression, he looks at his personal inner world with high attention and his interest in the activities of the external environment decreases. He thinks of human personality as nonsense, ridicule (hypochondria). Often, depression is preceded by initial hypochondriac discomfort.

Depression is a sad mood, depression or anxiety, sometimes a health-related, health disorder. In medical terms, the various symptoms of illness that accompany mood disorders are anxiety, a mental condition that leads to feelings of inadequacy. In many cases, depression is manifested in complaints such as suicidal ideation, retardation of psychomotor features, various somatic symptoms, disorders of the physiological system (insomnia).

Depression is also seen as a syndrome and symptom of many diseases. Sometimes this concept is used vaguely as a symptom of a disease state syndrome.

According to Wright and McDonald's observations, behaviorists have addressed the problem of depression, focusing on creating a module of depression. The development of the behavioral approach was driven by the experimental work of Seligman and his colleagues, who attempted to explain depression as an assimilated weakness, a hopelessness. According to Seligman, all the situations that cause depression have in common, that is, aspects that are important to the individual for himself are related to the perception of inability to control areas. Harmful events cause reactions in the individual to fear, panic, and adaptation.[28], [29]

As a result of repeated repetition, the organism assimilates it. The accumulation of negative experiences creates experiences of helplessness, weakness, and depression in the individual. As a result, depression limits fear and stops its manifestation on an individual basis. Fear and depression manifest as mutually contradictory processes. With the disappearance of the damaging effect, the fear disappears, but the depression persists. According to differential theories of emotions and some psychoanalytic views, depression is the interaction of different emotions (interactive), in particular, the interaction of "grief - fear".[30]

According to Clerman, depression is not just a set of conditioned (maladaptive)

reactions.

Depression in children performs the following functions:

1. Social treatment;
2. Psychological agitation;
3. Subjective responses;
4. Psychodynamic defense mechanism.

Through depression, the baby communicates to the adults around him that something is wrong with him. Clerman also tries to justify the "purposefulness" of depression. Thus, the emotions and tensions experienced in human activity are varied. However, their impact on performance is also unique.[31]

Depression is a condition that always requires treatment. The peculiar nature of perception and the evaluation of things around it can cause great distress to a person who is depressed, when everything looks bad in the eyes or a little talk can lead to conflict in it, loss of contact with loved ones, suicide. As the depression worsens, the patient is less likely to kill himself as his movements slow down, but suffers more severely during the contraction process. Because of the possibility of altruistic homicide in pre-existing psychosis and depression in schizophrenia, the patient is dangerous to relatives because he believes that not only himself but also his loved ones do not need to live.[32]

After two major works by Abraham Maslow on the problem of depression, published in 1911 and 1916, Freud published his work in 1917, entitled "Sorrow Melancholy." In this work, the essence of the basic concepts is clarified.

In 1924, Rado developed the problem of manic depressive disorders in his article. In the first, cited article, A. Maslow provided information about his fundamental discovery. He learned that the basis of the mental life of depressed clients is ambivalence, the effect of which is stronger than compulsive neurosis.[33]

Depressed customers can't love. Even if they love, they hate at the same time. In them, love and hate are manifested together and with equal power. Abraham later identified the pregenital basis of ambivalence, and depressed clients are as ambivalent to others as they are to themselves. He pointed out that those who accuse themselves of sadism were the ones who first saw sadism outside.[34]

Freud's work, "Sorrow and Melancholy," begins with an analysis of the depression of self-blame, emphasizing that depressed individuals behave as if they have lost their "I" after the loss of the object. [35]

Freud described the pathognomic projection. He showed how depressive states testify to the existence of a superego, and that after the projection comes the struggle of the superego with the

ego instead of the struggle between the original ego and the ambivalent favorite object.[36]

As a result of his work, A. Maslow proved that self-blame is not only the body of the internationalization of the "ego" to the object, but also the effect of the internationalization of the object's attitude to the "ego". The book goes into great detail about the conditions under which depression develops in a new way (especially about early childhood depression). Freud gives a detailed account of his views in his book, *Community Psychology and the Analysis of the Self*. [37]

Depressive moods often develop in individuals who are at risk of life-altering or life-changing. The main psychodynamic factor in this is the conscious and unconscious perception of changes such as personal loss. Usually this loss is easy to identify. This can be in the case of infidelity of a lover, death of a spouse, divorce, loss of job, and so on. But in other situations it is necessary to determine its symbolic significance. For example: progress in service is experienced as a loss, not a success. Because it awakens a sense of guilt. Some people take a hard look at change. That is, in order to get used to the conditions, it is necessary to weaken the connection with the past. [38], [39]

A person may face difficulties in maintaining their value after loss, especially if they are overly dependent on others. Individuals with such dependence are more prone to situational (situational) depression. They maintain a violent but conflicting internal relationship with the lost object mental events. Love for an object leads to an identity that is aimed at keeping it within. And the feeling of hatred demands to destroy it. Because a person is identified with a lost object, he or she experiences destructive attacks directed against him or her. If the depressive symptoms are less pronounced, then the depression is considered a neurosis. But the process of situational depression can lead to serious depression. Cyclothymic oscillations in mood swings from ascending to descending are similar to manic depressive oscillations. During depression, feelings of inadequacy and high levels of self-esteem decrease. [40]

There are two types of depression:

1. Mental functional depression
2. Psychological depression

The concepts of mental depression and psychological depression are different. Depression is common in mental illness. This is definitely a set of severe psychiatric symptoms that require medical attention. [41]

In many cases, if an ordinary person says, "I'm depressed!", They shouldn't think about whether he or she should be treated in a psychiatric or psychiatric hospital. A normal insane person interprets the word depression as a mental state in which the condition poisons his or her life and he or she thinks that this condition can be easily changed by a practicing professional

psychologist. How is a depressed mental state different from a depressive disorder? How should he deal with mental depression?[42]

Psychological depression is a temporary condition. It is more variable than a state of mental depression. In the case of mental illness, depression is persistent and regular, making it difficult to cure. The mental state of depression is variable, the person's condition changes from one good to one bad for a variety of reasons. The psychologist, on the other hand, can find these causes and exert his influence. Then the state of mental depression improves and disappears for a lifetime.[43]

Mental depression is not a physical illness. In many cases, it initially occurs not because of internal causes of the disease, but because of external causes, such as: dissatisfaction with one's own life or those around and close ones. Later, the psyche of a person suffering from mental depression for these reasons will change. For example: a regular bad mood or its severe symptoms are observed. [44]

Psychological depression is a changing condition. Psychological depression is the effect of depression or dissatisfaction. Initially, this is the effect of man on the difficult conditions of life. This can lead to resentment or disappointment from others. If the state of mental depression lasts a long time, the human psyche becomes accustomed to this state and effects. The human psyche changes. He also falls into a state of mental depression for trivial reasons, and then the state of mental depression becomes like a conditioned reflex in every favorable situation and recurs frequently. The "favorable situation" can be easily found by the human psyche for depression. In such cases, psychological services are necessary for a depressed client. Otherwise, depression can eventually lead to mental illness.[45]

Mental depression is a form of swallowing internal aggression (i.e., rebellion). Psychologists have found that people who are often depressed are always belligerent, quarrelsome, or aggressive in this situation. But it puts aggression into a person. Indeed, if a person is aggressive, or dissatisfied with his life and those around him, his loved ones, he will try to alleviate his depressed mood and improve his life. But social conditions (upbringing, customs, laws) cannot exclude this aggression, and man suppresses his own aggression (revolt). But the power of this aggression is nowhere to be found. He suffers and is disappointed by the revolt within himself. Slowly a state of mental depression occurs.[46]

What if the person is not aggressive? Absolutely non-aggressive people will not be! Aggression is a form of self-defense. If any living soul is absolutely non-aggressive, it cannot survive this life. If you, too, are still alive and reading these words, then you are not aggressive, and the problem here is the level of development of aggression. It depends on how well you understand yourself and show it in society.[47]

It follows that any person can be brought into a state of aggression. You just have to be more discriminating with the help you render toward other people. People's social life is so diverse that sooner or later it will do so, and a situation will arise in which we will not be able to bring out our aggression on our own, and this will continue for a long time. So there is definitely depression. That is why mental depression is so common and it cannot be said that no one falls into depression.[48], [49]

CONCLUSION

The state of mental depression itself is an unpleasant state. Depressive moods are observed in a person, and this mood is frequent and severe. A person's personal life and relationships with loved ones will not be smooth, or his psyche will be tied to a person. Because social life is associated with society and having a certain position in it, human life is ruined due to mental depression. These are: relationships, friendships, personal life, position at work and business, and other relationships. Then there are good reasons for a depressed mood. And people tend to do that. Anxiety is very severe and occurs frequently. Failure to consult a psychologist in a timely manner can lead to the following situations and consequences.

1. Mental depression gradually turns into a depressive disorder;
2. Man's personal and social life has been ruined. Instead of dreams, hopes, plans, failures result from depression, anxiety.
3. Feelings swallowed come out involuntarily from time to time. This is dangerous both for himself and for those around him.
4. Suicides occur because a person does not want to live such an unhappy life and cannot change it.

Manifestations of adolescent depression are related to their interactions with parents, peers, and teachers, as well as problems with learning and the adolescent's self-awareness and self-esteem.

REFERENCE

- [1] S. Rich, M. Levinger, S. Werner, and C. Adelman, "Being an adolescent with a cochlear implant in the world of hearing people: Coping in school, in society and with self identity," *Int. J. Pediatr. Otorhinolaryngol.*, vol. 77, no. 8, pp. 1337–1344, Aug. 2013, doi: 10.1016/j.ijporl.2013.05.029.
- [2] A. Mishra, S. S. Maheswarappa, M. Maity, and S. Samu, "Adolescent's eWOM intentions: An investigation into the roles of peers, the Internet and gender," *J. Bus. Res.*, vol. 86, pp. 394–405, May 2018, doi: 10.1016/j.jbusres.2017.04.005.
- [3] J. Tang *et al.*, "Prevalence of and risk factors for non-suicidal self-injury in rural China: Results from a nationwide survey in China," *J. Affect. Disord.*, vol. 226, pp. 188–195, Jan. 2018, doi: 10.1016/j.jad.2017.09.051.
- [4] Y. P. Chua and Y. P. Chua, "Do computer-mediated communication skill, knowledge and

- motivation mediate the relationships between personality traits and attitude toward Facebook?,” *Comput. Human Behav.*, vol. 70, pp. 51–59, May 2017, doi: 10.1016/j.chb.2016.12.034.
- [5] L. E. Jobe and S. Williams White, “Loneliness, social relationships, and a broader autism phenotype in college students,” *Pers. Individ. Dif.*, vol. 42, no. 8, pp. 1479–1489, Jun. 2007, doi: 10.1016/j.paid.2006.10.021.
- [6] Y. Al-Saggaf and S. Nielsen, “Self-disclosure on Facebook among female users and its relationship to feelings of loneliness,” *Comput. Human Behav.*, vol. 36, pp. 460–468, 2014, doi: 10.1016/j.chb.2014.04.014.
- [7] M. A. K. Samuelsson, “Social networks of children in single-parent families: Differences according to sex, age, socioeconomic status and housing-type and their associations with behavioural disturbances,” *Soc. Networks*, vol. 19, no. 2, pp. 113–127, 1997, doi: 10.1016/S0378-8733(95)00284-7.
- [8] J. Romani, S. Campredon, and D. Da Fonseca, “Refus scolaire anxieux: profils psychopathologiques d’adolescents suivis en hôpital de jour,” *Arch. Pediatr.*, vol. 24, no. 10, pp. 950–959, Oct. 2017, doi: 10.1016/j.arcped.2017.08.003.
- [9] S. Leikas, “Sociable behavior is related to later fatigue: moment-to-moment patterns of behavior and tiredness,” *Heliyon*, vol. 6, no. 5, May 2020, doi: 10.1016/j.heliyon.2020.e04033.
- [10] İ. Koçoğlu, A. E. Akgün, and H. Keskin, “The Collective Unconscious at the Organizational Level: The Manifestation of Organizational Symbols,” *Procedia - Soc. Behav. Sci.*, vol. 235, pp. 296–303, Nov. 2016, doi: 10.1016/j.sbspro.2016.11.033.
- [11] D. Feinstein, “Energy psychology: Efficacy, speed, mechanisms,” *Explore*, vol. 15, no. 5. Elsevier Inc., pp. 340–351, Sep. 01, 2019, doi: 10.1016/j.explore.2018.11.003.
- [12] S. Mignot *et al.*, “Identifying teenage sexual abuse victims by questions on their daily lives,” *Child Abus. Negl.*, vol. 85, pp. 127–136, Nov. 2018, doi: 10.1016/j.chiabu.2018.07.027.
- [13] K. A. Tamminen and Z. A. Poucher, “Open science in sport and exercise psychology: Review of current approaches and considerations for qualitative inquiry,” *Psychology of Sport and Exercise*, vol. 36. Elsevier Ltd, pp. 17–28, May 01, 2018, doi: 10.1016/j.psychsport.2017.12.010.
- [14] U. Akram, J. C. Stevenson, M. Gardani, A. Akram, and S. Allen, “Psychopathy and chronotype disposition: the mediating role of depression,” *Heliyon*, vol. 5, no. 11, Nov. 2019, doi: 10.1016/j.heliyon.2019.e02894.
- [15] D. G. Kelty-Stephen, “Threading a multifractal social psychology through within-organism coordination to within-group interactions: A tale of coordination in three acts,” *Chaos, Solitons and Fractals*, vol. 104, pp. 363–370, Nov. 2017, doi: 10.1016/j.chaos.2017.08.037.
- [16] P. C. Moisescu, “The Role of Physical Education has Social Integration of Children Dominated Computer,” *Procedia - Soc. Behav. Sci.*, vol. 116, pp. 4150–4154, Feb. 2014, doi: 10.1016/j.sbspro.2014.01.907.
- [17] L. Hamama, Y. Hamama-Raz, K. Dagan, H. Greenfeld, C. Rubinstein, and M. Ben-Ezra, “A preliminary study of group intervention along with basic canine training among traumatized teenagers: A 3-month longitudinal study,” *Child. Youth Serv. Rev.*, vol. 33, no. 10, pp. 1975–1980, Oct. 2011, doi: 10.1016/j.childyouth.2011.05.021.

- [18] T. Regan, B. Harris, and S. A. Fields, "Are relationships between impulsivity and depressive symptoms in adolescents sex-dependent?," *Heliyon*, vol. 5, no. 10, Oct. 2019, doi: 10.1016/j.heliyon.2019.e02696.
- [19] K. L. Knutson, "Sociodemographic and cultural determinants of sleep deficiency: Implications for cardiometabolic disease risk," *Social Science and Medicine*, vol. 79, no. 1, pp. 7–15, Feb. 2013, doi: 10.1016/j.socscimed.2012.05.002.
- [20] P. A. Melas, E. Tartani, T. Forsner, M. Edhborg, and Y. Forsell, "Mental health literacy about depression and schizophrenia among adolescents in Sweden," *Eur. Psychiatry*, vol. 28, no. 7, pp. 404–411, Sep. 2013, doi: 10.1016/j.eurpsy.2013.02.002.
- [21] M. Abrams, M. Milisavljević, and A. Šoškić, "Childhood abuse: Differential gender effects on mental health and sexuality," *Sexologies*, vol. 28, no. 4, pp. e89–e96, Oct. 2019, doi: 10.1016/j.sexol.2019.07.002.
- [22] N. N. Nechaev, "On the Psychological Mechanism of Ontogenetic Development in the Context of Developmental and Educational Psychology," *Procedia - Soc. Behav. Sci.*, vol. 233, pp. 407–412, Oct. 2016, doi: 10.1016/j.sbspro.2016.10.173.
- [23] R. P. Luciana, "The teacher's depression case study," in *Procedia - Social and Behavioral Sciences*, 2010, vol. 2, no. 2, pp. 4972–4976, doi: 10.1016/j.sbspro.2010.03.805.
- [24] R. Defelipe, C. Savalli, and E. Otta, "Demographics and self-reported well-being of Brazilian adults as a function of pet ownership: A pilot study," *Heliyon*, vol. 6, no. 6, Jun. 2020, doi: 10.1016/j.heliyon.2020.e04069.
- [25] M. Jaradat, M. Jibreel, and H. Skaik, "Individuals' perceptions of technology and its relationship with ambition, unemployment, loneliness and insomnia in the Gulf," *Technol. Soc.*, vol. 60, Feb. 2020, doi: 10.1016/j.techsoc.2019.101199.
- [26] J. H. Wang, W. Y. Yan, Y. R. Zhi, and J. C. Jiang, "Investigation of the Panic Psychology and Behaviors of Evacuation Crowds in Subway Emergencies," in *Procedia Engineering*, 2016, vol. 135, pp. 128–137, doi: 10.1016/j.proeng.2016.01.091.
- [27] A. Lecomte, A. Zerrouk, J. Sibeoni, S. Khan, A. Revah-Levy, and J. Lachal, "The role of food in family relationships amongst adolescents with bulimia nervosa: A qualitative study using photo-elicitation," *Appetite*, vol. 141, Oct. 2019, doi: 10.1016/j.appet.2019.05.036.
- [28] A. Munteanu, I. Costea, R. Paloş, A. Jinaru, and G. M. Dragomir, "Emo phenomenon - An actual problem in adolescence," in *Procedia - Social and Behavioral Sciences*, 2011, vol. 15, pp. 1611–1615, doi: 10.1016/j.sbspro.2011.03.339.
- [29] G. Hochachka, "On matryoshkas and meaning-making: Understanding the plasticity of climate change," *Glob. Environ. Chang.*, vol. 57, Jul. 2019, doi: 10.1016/j.gloenvcha.2019.05.001.
- [30] P. B. Badcock, K. J. Friston, and M. J. D. Ramstead, "The hierarchically mechanistic mind: A free-energy formulation of the human psyche," *Physics of Life Reviews*, vol. 31, Elsevier B.V., pp. 104–121, Dec. 01, 2019, doi: 10.1016/j.plprev.2018.10.002.
- [31] S. Marshall, A. Grinyer, and M. Limmer, "The 'lost tribe' reconsidered: Teenagers and young adults treated for cancer in adult settings in the UK," *Eur. J. Oncol. Nurs.*, vol. 33, pp. 85–90, Apr. 2018, doi: 10.1016/j.ejon.2018.02.001.
- [32] A. J. Plienis, D. J. Hansen, F. Ford, S. Smith, L. J. Stark, and J. A. Kelly, "Behavioral small group training to improve the social skills of emotionally-disordered adolescents," *Behav. Ther.*, vol. 18, no. 1, pp. 17–32, 1987, doi: 10.1016/S0005-7894(87)80048-5.
- [33] N. Hopkins and S. Reicher, "The psychology of health and well-being in mass gatherings:

- A review and a research agenda,” *Journal of Epidemiology and Global Health*, vol. 6, no. 2. Elsevier Ltd, pp. 49–57, Jun. 01, 2016, doi: 10.1016/j.jegh.2015.06.001.
- [34] J. Whelan, “Where should teenagers with cancer be treated?,” *Eur. J. Cancer*, vol. 39, no. 18, pp. 2573–2578, 2003, doi: 10.1016/j.ejca.2003.09.014.
- [35] J. I. Norris, N. M. Lambert, C. Nathan DeWall, and F. D. Fincham, “Can’t buy me love?: Anxious attachment and materialistic values,” *Pers. Individ. Dif.*, vol. 53, no. 5, pp. 666–669, Oct. 2012, doi: 10.1016/j.paid.2012.05.009.
- [36] M. D. Barnett, J. M. Moore, and S. M. Edzards, “Body image satisfaction and loneliness among young adult and older adult age cohorts,” *Arch. Gerontol. Geriatr.*, vol. 89, Jul. 2020, doi: 10.1016/j.archger.2020.104088.
- [37] Wahyuni, T. Abdullah, A. Zulkifli, and A. Mallongi, “Determinants of adolescents high-risk sexual behavior in SMK 8 and MegaRezky Health Vocational School Makassar,” *Enfermería Clínica*, vol. 30, pp. 273–277, Jun. 2020, doi: 10.1016/j.enfcli.2019.10.082.
- [38] G. Ramsdal, R. G. Gjørsum, and R. Wynn, “Dropout and early unemployment,” *Int. J. Educ. Res.*, vol. 62, pp. 75–86, Jun. 2013, doi: 10.1016/j.ijer.2013.06.011.
- [39] M. DeBellis, “A universal moral grammar (UMG) ontology,” in *Procedia Computer Science*, 2018, vol. 137, pp. 242–248, doi: 10.1016/j.procs.2018.09.023.
- [40] G. A. Carlson and J. H. Kashani, “Manic symptoms in a non-referred adolescent population,” *J. Affect. Disord.*, vol. 15, no. 3, pp. 219–226, 1988, doi: 10.1016/0165-0327(88)90019-5.
- [41] H. E. Douglas, M. Z. Raban, S. R. Walter, and J. I. Westbrook, “Improving our understanding of multi-tasking in healthcare: Drawing together the cognitive psychology and healthcare literature,” *Applied Ergonomics*, vol. 59. Elsevier Ltd, pp. 45–55, Mar. 01, 2017, doi: 10.1016/j.apergo.2016.08.021.
- [42] C. Crosnier-Schoedel, N. Trocmé, R. Carbajal, and G. Leverger, “Pediatrician’s experience in announcing bad news,” *Arch. Pediatr.*, vol. 25, no. 2, pp. 100–106, Feb. 2018, doi: 10.1016/j.arcped.2017.11.006.
- [43] S. Ruangkanasetr, A. Plitponkarnpim, P. Hetrakul, and R. Kongsakon, “Youth risk behavior survey: Bangkok, Thailand,” *J. Adolesc. Heal.*, vol. 36, no. 3, pp. 227–235, 2005, doi: 10.1016/j.jadohealth.2004.01.013.
- [44] E. Jeppesen, I. Bjelland, S. D. Fosså, J. H. Loge, and A. A. Dahl, “Health-related quality of life in teenagers with a parent with cancer,” *Eur. J. Oncol. Nurs.*, vol. 22, pp. 46–53, Jun. 2016, doi: 10.1016/j.ejon.2016.03.004.
- [45] M. B. Benoit, “The role of psychological factors on teenagers who become parents out-of-Wedlock,” *Child. Youth Serv. Rev.*, vol. 19, no. 5–6, pp. 401–413, 1997, doi: 10.1016/S0190-7409(97)00024-8.
- [46] A. P. Siddaway, A. M. Wood, and P. J. Taylor, “The Center for Epidemiologic Studies-Depression (CES-D) scale measures a continuum from well-being to depression: Testing two key predictions of positive clinical psychology,” *J. Affect. Disord.*, vol. 213, pp. 180–186, Apr. 2017, doi: 10.1016/j.jad.2017.02.015.
- [47] A. G. Asmolov, “Psychology of Modernity as a Social Situation of Development: Challenges of Uncertainty, Complexity and Diversity,” *Procedia - Soc. Behav. Sci.*, vol. 233, pp. 27–34, Oct. 2016, doi: 10.1016/j.sbspro.2016.10.122.
- [48] V. Ahuja and S. Alavi, “Cyber psychology and cyber behaviour of adolescents-the need of the contemporary era,” in *Procedia Computer Science*, 2017, vol. 122, pp. 671–676, doi:

10.1016/j.procs.2017.11.422.

- [49] L. Schwarz, L. Dorscht, S. Book, E. M. Stelzer, J. Kornhuber, and K. Luttenberger, “Long-term effects of bouldering psychotherapy on depression: benefits can be maintained across a 12-month follow-up,” *Heliyon*, vol. 5, no. 12, Dec. 2019, doi: 10.1016/j.heliyon.2019.e02929.