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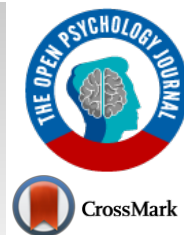
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RESEARCH ARTICLE

Borderline Personality Disorder in the Pandemic Situation in Indonesia

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43 Abstract:

Background:

Individuals with borderline personality disorder (BPD) feel more stressed than others during the pandemic. Several researchers from the West have concluded that the factors causing BPD consist of neurobiology, childhood trauma, attachment coping and social support. These results were different from the research conducted in Indonesia. Therefore, it's necessary to re-examine the factors causing BPD, as knowing the causative factors of BPD is very important for prevention.

Objectives:

This research had two stages: (1) Mapping the factors causing BPD (2) Knowing the proactive coping used by participants.

Methods:

Data collection in Study 1 used four scales: BPD scale, Childhood Adversity, Proactive Coping, and Social Support. There were 180 participants in this study. Hypothetical analysis was performed with Structural Equation Modeling (SEM).

Online interviews were conducted in Study 2 with six participants who were previously known to have BPD based on the results of the BPD scale.

Results:

Study 1: Childhood adversity, social support, and proactive coping play a role in BPD. However, not all factors play a direct role in BPD. Proactive coping (PC) had a direct role in BPD. Study 2: The participants do not use proactive coping but use defense mechanisms, such as repression, regression, and denial. They tend to be more depressed so they don't use proactive coping as usual.

Conclusion:

The coping strategies participants carried out before the pandemic were different from those applied during the pandemic. Childhood adversity, social support, and proactive coping play a role in BPD. However, only PC had a direct role. The better the PC owned, the fewer BPD criteria individuals have.

Keywords: Borderline personality disorder, Bpd scale, Proactive coping, SEM, Pandemic, COVID-19.

26 Article History

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1. INTRODUCTION

1.1. Study 1

Interaction among individuals that have enough affection becomes a great input and guide to the individuals in problem-solving. However, too much affection in it will result in dependence. This is often referred to as borderline personality disorder [1]. According to Wong [2], borderline personality

disorder (BPD) is a personality that can be found in people from all cultures. The causes of individuals experiencing BPD in an area/country need to be known for prevention because individuals with BPD can do risky things.

Since the Coronavirus disease (COVID-19) became a pandemic, WHO instructed the public, including people in Indonesia, always to wash their hands, wear masks properly and keep physical distance from others. This makes people unable to do many activities. The instruction can minimize the transmission of the COVID-19 virus, but it impacts the psychological condition of the individual, such as post-

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traumatic stress symptoms, confusion, and anger. Stress is also due to the long quarantine duration, fear of infection, frustration, boredom, inadequate supplies and information, and financial loss. Therefore, Brooks, *et al.* [3] suggest that if quarantine is deemed necessary, officers should quarantine individuals no longer than it needs.

Individuals with borderline personality disorder (BPD) feel more stressed than others during the pandemic because in the DSM-5 del Barrio [4] stated that individuals with BPD often experience a fear of being alone and often feel empty. Even though the pandemic is almost over, individuals with BPD still feel the effects of the pandemic. The researcher gained this data from several clients who said that the pandemic conditions still impacted them. Therefore, they always need the presence of others to accompany them. If these needs are unmet, they can engage in risky behavior to attempt suicide to get attention. In his research, Preti, *et al.* [5] conclude that people with Cluster B personalities (including BPD) exhibit stress-related reactions and impulsive and risky behavior during this pandemic. Individuals with BPD will have difficulty regulating emotions, fear of abandonment and rejection. This condition is painful for individuals with BPD.

Several researchers have concluded that the factors causing BPD consist of neurobiology [6, 7] childhood trauma [8 - 10], attachment [11 - 13], coping [14, 15] and social support [16, 17]. Childhood trauma is a child's perception of parenting that involves parent's antipathy, emotional neglect, physical and psychological violence, sexual abuse and witnessing other violence committed by close people [10]. Riggs [18] explored a cold, and inconsistent parenting can cause childhood trauma. Furthermore, adult attachment also plays a role in BPD. Hasan & Zeifman [19] referred to attachment to human behavior from babies to adulthood. One could measure the attachment by observing several aspect, such as being safe, intimacy, protection, stress upon farewell and sexual relationship. Attachment theory provides a broad yet parsimonious explanatory framework for understanding the development, maintenance, and treatment of personality pathology [20].

Coping also gives effects on BPD. According to Greenglas, Shwarzer, & Jakubiec [21] no coping is negative when taken with the right measure. In proactive coping, individuals have the initiatives in solving their problems, obstacles will become opportunities, start thinking of steps to take before doing something. They can learn from their own experiences when they solve problems in the past.

These studies were conducted in the West, and the results differed from the research conducted by Wibhowo, *et al.* [22]. The study concluded that childhood trauma, social support, and adult attachment did not directly contribute to BPD. Other factors become mediators, namely proactive coping. This shows that there is a gap between the studies. Therefore, it is necessary to re-examine the factors causing BPD as knowing the causative factors of BPD is very important for prevention.

This research consists of two stages, as follows:

1. Mapping the factors causing BPD
2. Knowing the proactive coping used by participants

To prove the role of the factors causing BPD, it is necessary to investigate individuals aged 18-30 years. The reason for choosing this age is that BPD can be diagnosed starting at 18 years. In addition, this age range is included in emerging adulthood, when individuals face challenges toward maturity [23, 24]. If the individual can go through it without a personality disorder in the emerging adult period, then the individual will be happier. Individuals aged 18-30 years are active internet users, so knowing the factors that cause BPD at that age can be done onsite or online.

The hypotheses in study 1 are:

1. There is a direct effect of CA on BPD
2. There is a direct role of the SS towards BPD
3. There is a role for CA and SS *via* PC against BPD

The hypothesis in study 1 can be illustrated as shown in Fig. (1).

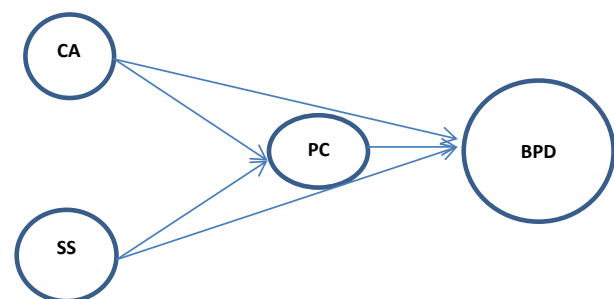


Fig. (1). Relationship of Childhood adversity (CA), Proactive Coping (PC), Social Support (SS), and BPD.

1.2. Study 2

Coping is the individual's way of reacting when they are facing problems. Grebot, Paty, & Girarddephanix [25] conclude that there are similarities between defense mechanisms and coping. Repression in the defense mechanism is the same as an escape in coping. Denial (defense mechanism) is the same as minimizing problems by not being constructive (coping). The difference between defense mechanisms and coping is in the process of their occurrence. The defense mechanism is done accidentally, while coping is done intentionally.

A study conducted by Zajackowska, *et al.* [26] concluded that many people with BPD do not believe in the existence of Covid-19 and use maladaptive coping. The use of maladaptive coping will exacerbate the disorders experienced by individuals. Therefore, the purpose of this study is to find out the coping that is often used by individuals with BPD, so that appropriate therapy can be carried out.

2. METHODS

2.1. Study 1

In this study, the data were taken by using four measuring instruments in the form of a scale, which is valid and reliable [10].

The following are the four scales used.

1. Borderline Personality Disorder Scale (BPD scale). This scale was created by researchers in Indonesian, based on the BPD criteria in the DSM-5, to know the individual's BPD level (alpha coefficient = 0.811). The examples of items on the BPD scale are "I feel empty", "My mood easily changes from very sad to very happy in just hours", "I have tried to suicide several times".

2. Childhood Adversity Scale. Examples of items on this scale include "parents grabbed my hair," "parents neglected my education."

3. Social support scale. This scale contains items such as 'I am involved in activities organized by friends,' it is easy for me to get the information I need."

4. Proactive coping scale. This scale contains items that reveal individual ways of dealing with problems. Examples of things are "I take advice from professionals about my problems, 'I am used to planning before doing something.

Participants and Procedure

Participants in the study were individuals aged 18-30 years, obtained by the snowball technique. The scale is shared online (google form). The number of participants is 180 people. The results, show 25% (14% male and 11 female) of 180 participants had high BPD scores.

2.2. Study 2

After the data had been collected (Study 1), participants with a BPD score above 75 were selected (above average value). Participants were contacted via email and asked for their willingness to be interviewed. Six participants were willing to be interviewed through google meet.

This study used semi-structured interviews. To find out the participants' coping methods, interviews were conducted with participants who scored above 75 on the Borderline Personality Disorder Scale. 25 people scored above 75, but six people with the highest score were interviewed (two male, four female). The interview guide is based on the Defense Style Questionnaire/DSQ-40 [24] and the Proactive Coping Scale [22] The proactive Coping Scale has good reliability (coefficient Alpha 0.798). Interviews were conducted via google meet. Some of the questions in the interview were; "What is the most difficult problem you have ever experienced?", "How did you overcome it?", "How did you overcome the problem, especially during this pandemic?".

3. RESULTS

3.1. Study 1

To test the hypothesis, analysis was performed with SEM. The model on threshold personality factors can be accepted because the goodness of the fit criteria has met the cut-off value (Fig. 2).

For more detail, the relationship of each variable can be seen in Table 1.

Based on these data, it can be seen that childhood adversity does not have a direct role in proactive coping and does not play a direct role in BPD. Social support plays a role in

proactive coping but does not play a role in BPD, while proactive coping plays a role in BPD.

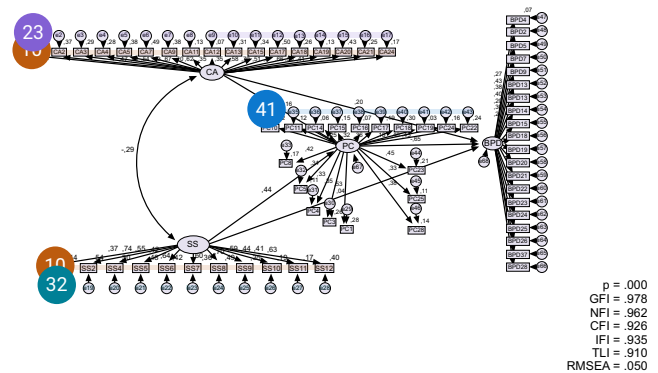


Fig. (2). Model of Measurement test results on the BPD.

Table 1. The relationship between each variable and the threshold personality.

-	-	-	Estimate	S.E.	C.R.	P	Label
PC	<---	CA	-,133	,075	-1,777	,075	par_64
PC	<---	SS	,322	,080	4,016	***	par_65
BPD	<---	PC	-,425	,150	-2,837	,005	par_66
BPD	<---	SS	-,020	,043	-,454	,650	par_67
BPD	<---	CA	,106	,055	1,932	,053	par_68

Abbreviations: CA (Childhood Adversity), PC (Proactive Coping) BPD (Borderline Personality Disorder), SS (Social Support).

3.2. Study 2

The results show that 9.02% of participants aged 18-40 years were included in the BPD category. Meanwhile, Table 2 shows participants of the interview conducted in Indonesia when the condition was still physically distancing.

Table 2. Demographic data of participants interviewed.

Participants	Gender	Age	Last Education	Profession	Marital status
Al	Female	20	Senior High	Student	Single
Er	Male	20	Senior High	Student	Single
Fd	Male	38	Senior High	Entrepreneur	Married
Lc	Female	40	Master Program	Entrepreneur	Single
Lb	Female	22	Senior High	Student	Single
Nn	Female	39	Bachelor	Online Business	Single

Based on the results of the interview, it can be seen that participants aged 30 years above (Lc and Nn) want to get married but always have an on-and-off relationship with their partner. Participant Fr was married but complained that he did not divorce to keep his commitments. He felt empty in his marriage. Furthermore, participants aged 20 (Al and Er) have not thought about having a serious relationship. Currently, they are confused about their future because they feel they have not found a field that matches their interests and talents. Lb (22) is currently in a dating relationship. LB feels that his relationship worries him because he always wants to be close to his partner. If his partner is far away, he demands that his partner always call him. This condition made him uncomfortable, but he did

not know how to deal with it. From all participants, it can be concluded that they want an adult attachment, but especially during this pandemic, it is difficult to achieve it. Table 3 is a summary of the results of the interviews with participants.

12 Based on the results of the interview, it can be seen that the participants do not use proactive coping but use defence mechanisms, such as repression, regression, and denial. According to participants, they tend to be more depressed, so they don't use proactive coping as usual

Besides, all participants said they were also depressed during this pandemic because they could not meet face-to-face with their friends. One of the criteria for people with BPD is that they are afraid of being ignored, so during this pandemic, they felt neglected by their friends. To overcome this, they (participants Lc and Nn) suppressed their feelings of loneliness until they wanted to commit suicide to be noticed by others. Participants Al, Er, Fd and Lb suppressed their feelings of loneliness by trying to contact their friends via social media, but they were not satisfied because they could not find a solution to their problem. They thought that because they could only meet online, their friends could only provide limited solutions, such as directly providing solutions without listening carefully to their complaints.

4. DISCUSSION

From the results of the study, it can be seen that in Indonesia, BPD is more experienced by women than men. This

could be due to many factors, including women being more willing to fill out the scale than men. Another factor is related to culture. Some of the criteria in the BPD are considered normal by Indonesian culture, especially if women carry them out. For example, Indonesian culture considers the criteria for fear of oneself and unstable emotions normal if the person experiencing it is a woman.

Participants with BPD have changed their coping strategies before and during the pandemic. Before the pandemic, they did proactive coping when they had problems. Proactive coping includes negotiation, being open to the help of others, and prevention. During the pandemic, the coping strategies used by participants were defense mechanisms (regression, denial, repression, and rationalization). In other words, the pandemic makes individuals with BPD use more maladaptive coping strategies than when they are not in a pandemic.

Furthermore, from the interview results, it can also be found that individuals with BPD need friends who can be contacted anytime because they feel very lonely during this pandemic. Therefore, psychologists are advised to develop online counseling further or create chatbots so individuals with BPD can contact them anytime. This research can be continued by making chatbots and or online counseling applications for individuals with BPD. For individuals with BPD to have more effective coping strategies, the appropriate therapy, Dialectical Behavior Therapy (DBT) should be applied. In DBT, individuals will be asked to correct the wrong ways of thinking and to form effective coping.

Table 3. Summary of interview results.

Participants	Biggest Problems	Coping Before Pandemic	Coping During Pandemic
Al	Conflicts with parents regarding the choice of a study program	Trying to discuss with their parents and trying to prove that he can be accepted to study at the university of their choice (Negotiation)	Because he has to stay at home and always meet his parents, Al tries to suppress all his desires to avoid conflict (Repression)
Er	Conflict with parents regarding career choice	Explain to parents that his choice to pursue music is the best (negotiation). This made the parents angry because they wanted Er to pursue another field. Furthermore, Er continues to pursue music and tries to apply for college as the parents expect (open to other people's suggestions)	Grant the wishes of parents for not being able to perform musical activities during the pandemic (Repression)
Fd	The wife is always jealous and cannot discuss anything	Keep the distance from friends so Ed's wife doesn't get jealous. Fd also tries his best to meet the needs of the family (prevention)	Taking the positive thought of this pandemic period, that he can work with his wife so that she can trust him more (rationalization)
Lc	Conflict with family because he has to take care of his old mother. Lc's career is also not progressing because he is often fired from work	Discuss with family so that they can take turns in taking care of their mother so that Lc can find a job Lc also always asks his best friend for help to hug him when Lc is discouraged (Seeking help from those who are considered capable).	Can only cry and cry. During the interview, Lc cried continuously (regression)
Lb	Having a long-distance relationship with a boyfriend, while Lb always needs attention	Set a schedule to meet with her boyfriend regularly. (active)	Ask her boyfriend to contact her more often at certain hours, by phone, WhatsApp, or video call. If the boyfriend is late to contact her, then Lb feels panic, restless and angry (regression)
Nn	She is often fired from work. Currently, her parents died of Covid-19, so Nn has no one to accompany her	Helping her parents with their work (open to other people's suggestions).	At the time of this study, Nn had been in the hospital for three consecutive months. Previously she had been in and out of different hospitals (regression, denial)

Note: (...) = coping strategies carried out

CONCLUSION

Study 1

This research concludes that childhood adversity, social support, and proactive coping play a role in borderline personality disorder. However, not all factors play a direct role in BPD. The better the PC (proactive coping) owned, the fewer BPD criteria individuals have.

Study 2

Participants with BPD have changed their coping strategies before and during the pandemic. Before the pandemic, participants used proactive coping but during the pandemic, participants used defense mechanisms.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The research had been approved by the Ethics Committee of the Faculty of Psychology, Soegijapranata Catholic University, Semarang, Indonesia.

HUMAN AND ANIMAL RIGHTS

No animals were used for studies that are the basis of this research. All the humans were used in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national), and with the Helsinki Declaration of 1975, as revised in 2013 (<http://ethics.iit.edu/ecodes/node/3931>).

CONSENT FOR PUBLICATION

The participants participated voluntarily and gave their individual consent to participate on an informed consent form.

STANDARDS OF REPORTING

STROBE guidelines were followed.

AVAILABILITY OF DATA AND MATERIALS

All data can be accessed anytime since all materials are in the references of the article.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest, financial or otherwise.

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REFERENCES

- [1] Laird AA, Veague HB, Rabbitt CE. Developmental precipitants of borderline personality disorder. *Dev Psychopathol* 2005; 17(4): 1031-49. [<http://dx.doi.org/10.1017/S0954579405050480>] [PMID: 16613429]
- [2] Wong EKO. Borderline personality disorder in the east. *Asian J Psychiatr* 2013; 6(1): 80-1. [<http://dx.doi.org/10.1016/j.ajp.2012.05.004>] [PMID: 23380325]
- [3] Brooks SK, Webster RK, Smith LE, *et al.* The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; 395(10227): 912-20. [[http://dx.doi.org/10.1016/S0140-6736\(20\)30460-8](http://dx.doi.org/10.1016/S0140-6736(20)30460-8)] [PMID: 32112714]
- [29] del Barrio V. Diagnostic and statistic manual of mental disorder. 2004.
- [25] Preti E, Di Pierro R, Fantuzzi M, Madeddu F, Calati R. Personality disorders in time of pandemic. *Curr Psychiatry Rep* 2020; 22(12): 80. [<http://dx.doi.org/10.1007/s11920-020-01204-w>] [PMID: 33170391]
- [15] Leichsenring F, Salzer S, Jaeger U, *et al.* Short-term psychodynamic psychotherapy and cognitive-behavioral therapy in generalized anxiety disorder: a randomized, controlled trial. *Am J Psychiatry* 2009; 166(12): 875-81. [<http://dx.doi.org/10.1176/appi.ajp.2009.09030441>] [PMID: 19570931]
- [34] Powell SE, Beauchaine TP, Linehan MM. A biosocial developmental model of borderline personality: Elaborating and extending linehan's theory. *Psychol Bull* 2009; 135(3): 495-510. [<http://dx.doi.org/10.1037/a0015616>] [PMID: 19379027]
- [18] Sajadi SF, Honarmand MM, Zargar Y, Arshadi N, Sajadi SF. Predicting alexithymia in adolescents based on early trauma and attitudes toward father and mother. *J Fundam Ment Heal* 2015; 17(3): 109-14.
- [31] Sajadi SF, Zargar Y, Honarmand MM, Arshadi N. Designing and testing a model of some precedents and outcomes of borderline personality disorder in high school students of Shiraz. *Int J School Health* 2015; 1-8.
- [17] Tamura T, Nagata T. Suicidal ideation among Japanese undergraduate students: relationships with borderline personality trait, depressive mood, and childhood abuse experiences. *American J Psychol and Behav Sci* 2014; 1(2): 7-13.
- [19] Bochefort SM. The Role of Attachment Security and Invalidation in Borderline Symptomatology. : Master of Arts Thesis, Simon Fraser University : Burnaby 2014.
- [12] Cott LN, Levy KN, Pincus AL. Adult attachment, personality traits, and borderline personality disorder features in young adults. *J Pers Disord* 2009; 23(3): 258-80. [<http://dx.doi.org/10.1521/pedi.2009.23.3.258>] [PMID: 19538081]
- [22] Fonagy P. Attachment and borderline personality disorder. *J Am Psychoanal Assoc* 2000; 48(4): 1129-46. [<http://dx.doi.org/10.1177/00030651000480040701>] [PMID: 11212185]
- [14] Chapman PL, Haley JA, Mullis K. Adolescent coping strategies and self-esteem. *Child Study J* 1999; 29(1): 69-77.
- [8] Chapman AL, Specht MW, Cellucci T. Borderline personality disorder and deliberate self-harm: does experiential avoidance play a role? *Suicide Life Threat Behav* 2005; 35(4): 388-99. [<http://dx.doi.org/10.1521/suli.2005.35.4.388>] [PMID: 16178694]
- [16] Barros K. Borderline Personality Disorder Features, Perceived Social Support, Sleep Disturbance, And Rejection Sensitivity. : Master of Arts Thesis, Arizona State University : Tempe 2016.
- [17] Garrison KE, Dombrovski AY, Morse JQ, *et al.* Alone? Perceived social support and chronic interpersonal difficulties in suicidal elders. *Int Psychogeriatr* 2010; 22(3): 445-54. [<http://dx.doi.org/10.1017/S1041610209991463>] [PMID: 20003633]
- [18] Briggs SA. Childhood emotional abuse and the attachment system across the life cycle: What theory and research tell us. *J Aggress Maltreat Trauma* 2010; 19(1): 5-51. [<http://dx.doi.org/10.1080/10926770903475968>]
- [36] Hazan C, Zeifman D. Pair-bonds as attachments: Evaluating the evidence. In: Cassidy J, Shaver PR, Eds. *Handbook of Attachment: Theory, Guilford: Research, and Clinical Applications*. New York 1999; pp. 336-54.
- [20] Levy KN, Johnson BN, Clouthier TL, Scala JW, Temes CM. An attachment theoretical framework for personality disorders. *Can Psychol* 2015; 56(2): 197-207. [<http://dx.doi.org/10.1037/cap0000025>]
- [21] Greenglass E, Schwarzer R, Jakubiec D, Fiksenbaum L, Taubert S.

- Proactive coping inventory: multidimensional research instrument. Proceedings of the 20th International Conference of the Stress and Anxiety Research Society (STAR). 1999 July 12-14; Cracow, Poland.
- [22] Wibhowo C, Retnowati S, Ul Hasanat N. Childhood trauma, proactive coping, and borderline personality among adults. *Int J Res Stud Psychol* 2019; 8(1): 27-35.
[<http://dx.doi.org/10.5861/ijrsp.2019.3013>]
- [23] Arnett JJ. Emerging adulthood: A theory of development from the late teens through the twenties. *Am Psychol* 2000; 55(5): 469-80.
[<http://dx.doi.org/10.1037/0003-066X.55.5.469>] [PMID: 10842426]
- [24] Blaya C, Kipper L, Heldt E, *et al.* [Brazilian-Portuguese version of the Defense Style Questionnaire (DSQ-40) for defense mechanisms measure: a preliminary study]. *Rev Bras Psiquiatr* 2004; 26(4): 255-8.
[<http://dx.doi.org/10.1590/S1516-44462004000400010>] [PMID: 15729460]
- [25] Grebot E, Paty B, Girard Dephanix N. Styles défensifs et stratégies d'ajustement ou coping en situation stressante. *Encephale* 2006; 32(3): 315-24.
[[http://dx.doi.org/10.1016/S0013-7006\(06\)76158-9](http://dx.doi.org/10.1016/S0013-7006(06)76158-9)]
- [26] Zajenkowska A, Nowakowska I, Bodecka-Zych M, *et al.* Defense mechanisms and borderline personality organization among covid-19 believers and non-believers during complete lock-down. *Front Psychiatry* 2021; 12: 700774.
[<http://dx.doi.org/10.3389/fpsy.2021.700774>] [PMID: 34504444]

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