

THE ROLE OF PEER REJECTION IN ADOLESCENT INTERNALIZING PROBLEMS

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Abstract

Emotional distress, such as symptoms of anxiety, depression, and withdrawal, is on the rise among teenagers today. These symptoms are generally grouped into internalizing problems. Based on research, a risk factor that contributes to internalizing problems is peer rejection. This study aims to determine the effect of peer rejection on adolescent internalizing problems. Research design is quantitative research with a multistage random sampling technique as a data collection technique. The subjects of this study were 252 adolescents aged 16-18 years who are currently studying in SMA in Bondowoso Regency, consisting of 103 boys ($M = 40.068$; $SD = 13.283$) and 149 girls ($M = 40.893$; $SD = 13.283$). The instruments used were Social Peer Rejection Measure (21 items, $\alpha = .90$) and Strengths and Difficulty Questionnaire (SDQ), just for internalizing problems (10 items, $\alpha = .72$). The results of the analysis test using simple linear regression showed that there was a positive influence of peer rejection on internalizing problems in high school adolescents in Bondowoso Regency, adjusted $R^2 = .278$; $F(4, 427) = 251, p = .000$. This influence shows that the more often adolescents experience rejection from their peers, the higher the chances of experiencing internalizing problems.

Keywords: adolescence; difficulties; internalizing problems; mental health; peer rejection

INTRODUCTION

Internalizing problems is one of the two behavioral dimensions of child psychopathology proposed by Achenbach in 1966. Internalizing problems are the tendency to reveal problems inward. Problems that are classified as internalizing symptoms include depression, anxiety, or stress (Kwan et al., 2020). This problem indicates that there is inner pressure that causes a person to withdraw from the environment, has a high level of anxiety, tends to be easily depressed, quiet, and not confident. Internalizing problems is generally owned by teenagers who are victims of bullying or victimization by their social environment (Kelly et al., 2015). Various social losses are the impact of the internalizing phenomenon. Individuals with problem internalization tend to show childishness (immature). They will experience social isolation, social difficulties and become depressed for no apparent reason.

Philipp et al. (2018) conducted a study on adolescent mental health problems in Austria,

the result show that from 3,446 adolescent respondents aged 10-18 years, 16.5% of them indicated mental health problems. From this sample, it is known that internalizing problems occur more frequently (17.8%) than externalization problems (7.4%). In this study, it is known that the most common problems experienced by adolescents are thought problems, somatic complaints, withdrawal behavior, anxiety, and depression whereas, the problem of aggressive and delinquency is rare. Merikangas et al. (2010) reported a survey of 10.123 adolescents aged 13-18 years in the United States presented data that anxiety symptoms (31.9%) ranked first as the most common disorder felt during an individual's lifetime. Then followed by behavioral disorders (19.1%), mood disorders (14.3%), and drug abuse (11.4%). The results of this survey also concluded that the possibility of mental disorders among adults first appeared in childhood and adolescence, so there is a need for a transition from a focus on treatment of youth to preventive and intervention measures as early as possible (Merikangas et al., 2010).

In another study, Peltzer and Pengpid (2018) explained that data related to the prevalence of depression in Indonesia, 78.1% of respondents showed low to moderate depression symptoms and 21.9% showed moderate to high depression symptoms. In this study, the female group of adolescents (aged 15-19 years) showed the highest prevalence of depressive symptoms (32%) compared to other age groups. In the male gender group, adolescents occupy the second position by 26%. Meanwhile, based on Riskesdas 2018 data, the prevalence of mental emotional disorders in Indonesia which includes anxiety and depression disorders is 9.8% of the population aged more than 15 years old (Indonesian Ministry of Health Research and Development Agency, 2018).

In 2019 East Java occupied the area with the highest number of mental disorder problems in Indonesia, namely .19% or equivalent to 75,427 people with mental illness cases per year (East Java Provincial Health Office, 2020). One of the districts that contributed a considerable number in adolescence related to mental disorders in the natural is Bondowoso District with the most problem details encountered is emotional disorders there was 237 person (12.71%) with abnormal categories, and 192 person (10.29 %) fall into the borderline category (District Health Office Bondowoso, 2019).

Based on some of the data above, it can be concluded that adolescents tend to have high levels of internalizing problems. This problem not only reduces the quality of life of adolescents but also has a major impact on social and economic problems in society. This is because psychological problems such as depression, anxiety, withdrawal from the social environment cause a person to be less productive. In addition, the problem of internalizing makes individuals have low work-skills, which affects academic and non-academic achievement. The problem of internalizing has a negative impact on the development of social competence, physical health, reduces the level of self-esteem and

inhibits adolescent self-adjustment in the future (Ediati, 2015).

Internalizing problems has been identified as a continuing problem which means that this symptom can act as a risk factor for the emergence and development of internalizing symptoms in the future. Various factors can cause internalizing problems in adolescents, including genetic predisposition, temperament, and the influence of poor environmental conditions (Hansen & Jordan, 2017). Research by Morneau-Vaillancourt et al. (2020) stated that depression and anxiety tendencies can be genetically inherited. The study suggested that anxiety can be specifically inherited through genetics while depression poses a more general risk to psychopathology. In addition to genetics, temperament, and characteristics of the individual's personality is also a factor that can influence adolescent internalizing problems (depression and anxiety). Research conducted by Husain and Carvalho (2020) found that major depressive disorder can be caused by high neuroticism and low extraversion, and low conscientiousness. Neuroticism is positively correlated with low mental health, while extraversion correlates negatively with more optimal mental health; the more introverted the persons are, the lower their mental health score (Macía et al., 2020).

There is some evidence that high harm avoidance indicates a susceptibility to depression. Shyness is temperamental nature involving fear and alertness in social situations that then become the focus of child psychopathology study because it appears as a risk factor for the development of internalizing problems in childhood, adolescence, and early adulthood (Clauss & Blackford, 2012).

The socio-ecological perspective on development emphasizes the importance of social relationships as a risk or protective effect on children's development (Bronfenbrenner & Morris, 2006). This statement shows that children's

environmental conditions can affect their development process, including in terms of psychopathology. What is meant by the child's environment is the physical environment and the social environment (Atmaja, 2012). The physical environment includes the natural environment such as soil conditions, weather, and seasons. Meanwhile, the social environment includes an environment that causes individuals to interact with other individuals such as the family environment, society, peers, and the school environment. Various studies have shown that environmental conditions can influence internalizing problems performed by Franić et al. (2010) stated that adverse environmental conditions such as parenting discipline to punish, divorce of parents, and bullying in schools can have an impact on anxiety and depression in children. Parental divorce puts the child in the middle between the father and mother. So, this causes the child to become stressed and depressed which then leads to the appearance of symptoms of internalizing. Another study conducted by Liu et al. (2018) regarding the scope of peers found that the quality of adolescent relationships with peers can affect internalizing problems. Peer support can reduce the likelihood of peer difficulties that directly affect the level of internalizing problems in adolescents.

The period of adolescence is marked by increased individual interaction with peers which then causes the role of peers to become important and prominent in the process of adolescent socio-emotional development. While Avenevoli et al. (2015) found that the lifetime prevalence of an individual's major depression increases significantly in adolescence. Thus, it can be concluded that adolescence is an important age period for studying the relationship between peers and psychopathology, because peer relationships become increasingly important while symptoms of depression and anxiety peak in adolescence.

There are various types of problems experienced by adolescents with their peers, one of which is peer rejection. Various studies have been conducted that peer rejection experienced in early childhood causes internalizing problems to arise and continues to develop later in life (Spilt et al., 2014). In particular, the sensitivity to social rejection within the peer group experienced during adolescence can be a factor that helps explain the phenomenon of increased depression during adolescence. Given the dependence of adolescents on peer relationships, it is not surprising that peer rejection has significant negative consequences for the emotional well-being and mental health of adolescents. During adolescence, stress and interpersonal relationships distress can increase predictions of the appearance of depressive symptoms. Thus, adolescent responses to social stress in the context of peers can trigger an increase in depressive symptoms in the future (Loades et al., 2020).

The explanation of the above ideas is the basis for conducting this research to determine the effect of peer rejection on problems internalization in adolescents. Withdrawal and shyness, including internalizing issues, were also associated with low peer acceptance (Newcomb et al., 1993), especially for children from around the age of nine and up (Rubin et al., 2007). The impact of internalizing problems shows how important it is to identify these problems as early as possible. In this study, peer rejection is thought to be one of the risk factors that can increase internalizing problems in adolescents. The existence of this research is expected to be a reference for experimental research designs to reduce the level of internalizing problems in adolescents. This research is also expected to be taken into consideration in conducting research related to adolescents in Indonesia in the future.

The hypothesis proposed in this study is that peer rejection plays a part in adolescent internalizing problems. The study's hypothesis is that peer rejection plays a part in

adolescent internalizing problems. The internalizing issue as an outcome has received little attention in Indonesia. Several prior research have concentrated on the process of the internalization problem's emergence, from its inception to its severity (Zahn-waxler et al., 2000), profiling the emotional problems (Ediati, 2015; Dhamayanti et al., 2018; Umami & Turnip, 2019).

METHOD

Research participants and procedure

The characteristics of the participants were just adolescents from sub-districts of the Bondowoso Regency that allowed in this study. The subjects were 252 high school students aged 16-18 years obtained through multistage random sampling. This method is a combination of the stratified random sampling method with the cluster sampling method. The multistage random sampling method is a sampling technique constructed from a simple random sampling method that goes through several sampling stages and is carried out randomly (Duli, 2019). By using this technique, all members of the population have the same opportunity to be involved as a sample so that it is hoped that the data obtained can be generalized as a representation of the population.

The multistage random sampling method is carried out in several stages; The first stage is determining the Primary Sampling Unit (PSU). The PSU can be in the form of a geographical area such as a district or village. Then the next step is the process of random taking the PSU into a smaller unit and so on until it reaches the smallest unit where the subject is taken.

The Primary Sampling Unit (PSU) in this research is a sub-district in Bondowoso Regency. Based on data from the Central Statistics Agency, Bondowoso Regency has a total of 23 districts. The randomly selected districts were five districts, namely Bondowoso, Prajekan, Sukosari, Tapen, and Tenggarang. Then the next randomization

process in smaller units is at the school level, and we select senior high schools. The total number of public high schools in these five sub-districts is seven schools, which are then selected again at random. The five schools chosen were then used as the study's samples, namely SMAN 1 Prajekan, SMAN 1 Sukosari, SMAN 1 Tapen, SMAN 1 Tenggarang and SMAN 2 Bondowoso. The randomization technique was carried out through the random.org site.

Based on the data Ministry of Education and Culture Republic of Indonesia (2020) the total number of public high school students in Bondowoso Regency is 3,847 students. The 252 subjects in this study were determined using the Isaac and Michael tables (1995) with 103 men and 149 women.

Before being given an instrument to be filled in by the study respondents, they were asked first to fill out an informed consent to follow the instrument's whole process. As for ensuring accuracy in filling data and avoiding double filling done by respondents is to check manually by researchers by comparing personal data fields such as name, age, gender, regional origin, school origin, and contacting by email.

Measurement

The instrument used in this study was the Social Peer Rejection Measure which was used to reveal peer rejection consist of four aspects, insult, ignore, accusation, and physical attacks and bossiness (Lev-Wiesel et al., 2013). This scale consists of 21 items with $\alpha = .90$ and was translated into Bahasa using back translation. This scale is a Likert scale with a range of 1 (never), 2 (rarely), 3 (sometimes), 4 (often), 5 (always). The total score that will be obtained by respondents is in the range of 21-105. The higher the total score obtained indicates that the higher the level of peer rejection experienced.

Furthermore, the instrument used is the Strengths and Difficulties Questionnaire (SDQ), which is a scale used to reveal

internalizing problems (Goodman et al., 2010). The SDQ had been translated and adapted to Bahasa by Wiguna and Hestyanti (2012) and has been widely used for research and clinical practices. The total items on the SDQ are 25, however, researchers only use 10 items that describe internalizing problems, namely the emotional problems scale (5 items) and the peer relationship problems scale (5 items). This scale has three answer choices, namely Not True (TB), Somewhat True (AB) and True (B) with $\alpha = .73$. The answer score ranges from 0-2, Somewhat Correct (AB) answers will always be worth 1 while false (TB) and true (B) have varying values depending on the item. The total score that will be obtained by respondents is in the range of 0-10. The higher the total score obtained indicates that the higher the level of the internalizing problems.

Data analysis technique

The data obtained were then analyzed using independent sample t-test, and simple linear regression through statistical tests using IBM SPSS Statistic 25. Independent sample t-test used to assess peer rejection and internalizing problems comparing by gender. Simple linear regression is used to uncover the influence of

peer rejection on internalizing problems. Before the regression test was carried out, the assumption test was first carried out, namely the normality and linearity tests. The normality test was carried out using the one-sample Kolmogorov-Smirnov test with a significance value of $.200 > .05$, meaning that the data were normally distributed. Furthermore, in the linearity test, the sig value was obtained. Deviation from linearity is $.522 > .05$, meaning that the data is linear.

RESULT AND DISCUSSION

Table 1 shows demographic data that the total number of research subjects involved is 252, with a breakdown of 103 men (41%), 149 women (59%). The majority of 16-year-old study subjects were 121 people (48%) then followed by the age of 17 years, as many as 99 people (39%) and 18 years as many as 32 people (13%). Furthermore, the entire study subjects came from SMA NEGERI 1 PRAJEKAN as many as 81 people (32%), SMAN NEGERI 1 TENGGARANG as many as 69 people (27%), SMA NEGERI 1 SUKOSARI 47 people (19%), SMA NEGERI 1 TAPEN as many as 27 people (11%), and SMA NEGERI 2 BONDOWOSO as many as 28 people (11%).

Table 1.
Demographic Data of Research Subjects

Category	<i>n</i>	%
Gender		
Male	103	41%
Female	149	59%
Age		
16 years old	121	48%
17 years old	99	39%
18 years old	32	13%
School ^a		
SMA NEGERI 1 PRAJEKAN	81	32%
SMA NEGERI 1 SUKOSARI	47	19%
SMA NEGERI 1 TAPEN	27	11%
SMA NEGERI 1 TENGGARANG	69	27%
SMA NEGERI 2 BONDOWOSO	28	11%

Note.

^aSenior High Schools.

Table 2.
Peer Rejection and Internalizing Problems Based on Gender

Variables	Peer Rejection					Internalizing Problems				
	<i>n</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>n</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Male	103	40.068	13.283	.484	.628	103	6.563	3.223	-4.102	< .001
Female	149	40.893	13.283			149	8.362	3.555		

Table 2 shows there is a significant difference in internalizing problems $t(250) = -4.102, p < .01$, based on gender group, while in peer rejection there is no significant difference,

$t(250) = -4.102, p > .01$. Female adolescents reported a significantly higher score of internalizing than their male counterparts.

Table 3.
Regression Analysis

	<i>R</i>	<i>R</i> ² (Adjusted)	<i>F</i>	<i>p</i>
Peer Rejection	.527	.278	23,746	.000

Note. Internalizing problem as dependent variable.

* $p < .05$

Table 3 shows the results of the regression analysis which aims to determine the effect of peer rejection on internalizing problems in high school adolescents in Bondowoso Regency. Based on the results of the analysis there is an influence of the peer rejection variable on the internalizing problem variable (adjusted $R^2 = .278$; $F(4, 427) = 251, p = .000$).

Based on table 3, the data shows that there is an effect of peer rejection on the internalizing problem of high school adolescents in Bondowoso Regency. That is, more often teens experience rejection from their peers, then the higher of adolescents experiencing internalizing problem symptoms. These results prove the research hypothesis can be accepted.

In the social realm of adolescents, peer rejection can affect the mental condition of adolescents. Adolescents who experience peer rejection tend to experience depression, anxiety, withdrawal, and other internalizing symptoms. The experience of accepting rejection from others creates a bad feeling about oneself which in turn causes a person to experience depression, anxiety, and make him/her to withdraw from the environment.

Spilt et al. (2014) discovered that the path of development from peer rejection to problems of internalizing runs through an inhibited social self-concept. Other research that supports this research is the research conducted Kingery et al. (2010) find that the experience of rejection is a significant predictor of social anxiety such a fear of negative evaluation from time to time, but social anxiety is not a significant predictor of the experience of rejection throughout the school year. This study supports the interpersonal risk model which states that peer rejection affects the level of internalizing symptoms in adolescents but does not apply otherwise.

When entering adolescence, the role of peers increases continuously. This causes social support from peers to be a very important factor in the emergence of internalizing problems in adolescents. Yang et al. (2010) found that lower levels of social support from peers were associated with greater increases in depressive symptoms following the occurrence of negative events in adolescents who previously showed depressive symptoms below the threshold. When experiencing negative events, teenagers will really need social support from their environment

(Alsubaie et al., 2019; Qi et al., 2020). Based on this study, a lack of social support or peer neglect can be a risk factor for increasing levels of depression in adolescents. In line with the results, this study found that experiences of being ignored by peers had an impact on the level of internalizing issues in adolescents.

According to Murray et al. (2012) adolescents who experience accusations either directly or indirectly have higher anxiety than adolescents who only experience accusations indirectly. This study was conducted on black adolescents who have experience of acting on white accusations, which is an act of racism by peer groups. These findings explain when a teenager experiences indirect accusations such as “you speak properly; you dress neatly, this accusation can be rationalized by a teenager, they are angry because I speak correctly, they do not like my clothes, which then raises a negative self-image and excessive anxiety. In line with the results of this study, in this research, it is known that accusations received by adolescents from their peers can increase of internalizing problems arising.

Furthermore, adolescents who witnessed physical violence from their peers were more likely to struggle with internalization than adolescents who did not witness physical violence. Sinclair et al. (2012) found that the experience of physical victimization contributed significantly to depressive cognition in children and adolescents, although it was not more consistent than relational victimization. Physical victimization refers to children and adolescents who are controlled or physically attacked, such as being hit, pushed, and physically hurt. Meanwhile, the victimization of relations takes the form of behavior aimed at damaging friendship, such as spreading negative rumors about targeted children and adolescents, slandering, and isolating them. The experience of physical victimization is more often experienced by male adolescents while female adolescents experience more

frequent relational victimization (Sinclair et al, 2012)

In this study, peer rejection had an effect of 27.8% on internalizing problems, while the rest (72.2%) was influenced by other factors outside the study. Several studies on the factors that influence internalizing problems have been conducted, including research by Kuhlberg et al. (2010) which found that conflict between parents and adolescents is in turn associated with higher levels of internalizing problems and lower self-esteem. The research shows that the relationship between adolescents and parents can be a factor affecting the level of internalizing problems like depression (Alaie et al., 2020; Rognli et al., 2020). In addition, the profile of emotional regulation strategies in adolescents was also found to influence the level of internalizing problems in adolescents (Lougheed & Hollenstein, 2012).

Internalizing problems are common problems during adolescence. However, if it is not handled properly, the problem will further develop and interfere with the activities and mental health of the sufferer. This internalizing problem also has the potential to become a risk factor for the emergence and development of internalizing problems in the future. There are various ways to deal with internalizing problems in adolescents, including improving the quality of relationships with social environments such as family and peers (Fite et al., 2014), increasing academic achievement and having strategies for dealing with stress (Hemphill et al., 2014), as well as providing adequate support to adolescents (Yang et al., 2010).

The implication given in this research is knowing that peer rejection as a risk factor that can raise the internalizing problems of adolescents in this study can be an alternative prevention effort to do in the future. For teachers and educators, this research can be used as a reference in overcoming the problems of adolescents in the school environment so that they are expected to pay more attention to how teenagers interact with

their peer environment. For parents, this research is expected to be a reminder of the importance of understanding and knowing the mental emotional state of adolescents related to peer relationships. For adolescents themselves, this research is expected to be able to raise self-awareness in associating with peers so that they do not become perpetrators of peer rejection which cause internalizing problems in other adolescents.

The process of taking data online through google form makes researchers cannot interact directly with the respondent, so that researchers cannot explain directly if there are questions or things that are not understood from the given scale. This is a note that needs to be considered in further research. The way to minimize the obstacles faced is to provide one scale filling session that can be done simultaneously through virtual meetings so that when students experience obstacles in the filling process, they can directly confirm to the researchers. In addition to avoiding mistakes in understanding the contents of the scale, direct interaction with respondents can help researchers complete research data such as data from observations or interviews with selected respondents. So that the results obtained will be more accurate and in-depth.

CONCLUSION

Based on the results of the research and data analysis that has been done, it can be concluded that the hypothesis of this study is acceptable, there is an influence between peer rejection on internalizing problems in high school adolescents in Bondowoso Regency. The role of peer rejection as an independent variable could explain 27.8% of problems internalization variance. This shows that intense peer rejection experienced by adolescents will yield to a high level of problems internalization symptoms such as depression, anxiety, somatic complaints, and so on.

REFERENCES

Alaie, I., Låftman, S.B., Jonsson, U., & Bohman, H. (2020). Parent–youth conflict

as a predictor of depression in adulthood: a 15-year follow-up of a community-based cohort. *Eur Child Adolesc Psychiatry* 29, 527–536
<https://doi.org/10.1007/s00787-019-01368-8>

Alsubaie, M. M., Stain H. J., Webster L. A. D. & Wadman, R. (2019) The role of sources of social support on depression and quality of life for university students. *International Journal of Adolescence and Youth*, 24(4), 484-496.
<https://doi.org/10.1080/02673843.2019.1568887>

Atmaja, P. (2012). *Psikologi Umum dengan Perspektif Baru*. Yogyakarta: Ar-Ruzz Media.

Avenevoli, S., Swendsen, J., He, J. P., Burstein, M., & Merikangas, K. R. (2015). Major depression in the national comorbidity survey-adolescent supplement: prevalence, correlates, and treatment. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54(1), 37–44.e2.
<https://doi.org/10.1016/j.jaac.2014.10.010>

Bronfenbrenner, U., & Morris, P. A. (2006). The Bioecological Model of Human Development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development* (pp. 793–828). John Wiley & Sons Inc.

Clauss, J. A., & Blackford, J. U. (2012). Behavioral inhibition and risk for developing social anxiety disorder: a meta-analytic study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(10), 1066-1075.
<https://doi.org/10.1016/j.jaac.2012.08.002>

Dhamayanti, M., Peryoga, S.U., & Firmansyah, M.R. (2018). Emotional mental problems among adolescents:

- Urban and semi urban settings. *Althea Medical Journal*, 5(2), 77-81. <http://dx.doi.org/10.15850/amj.v5n2.1416>
- District Health Office Bondowoso. (2019). *Early detection of mental health screening for adolescents in Bondowoso District*. Retrieved from <https://dinkes.bondowosokab.go.id/deteksi-dini-penjangangan-kesehatan-mental-bagi-remaja-di-kabupaten-bondowoso/>
- Duli, N. (2019). *Metodologi Penelitian Kuantitatif: Beberapa Konsep Dasar Untuk Penulisan Skripsi & Analisis Data dengan SPSS*. Deepublish.
- East Java Provincial Health Office. (2020). *Health profile of Jatim province*. Retrieved from <https://dinkes.jatimprov.go.id/userfile/dokumen/Profil%20Kesehatan%20Jatim%202019.pdf>
- Ediati, A. (2015). Profil problem emosi/perilaku pada remaja pelajar SMP-SMA di kota Semarang. *Jurnal Psikologi Undip*, 14(2), 190-198. <https://doi.org/10.14710/jpu.14.2.190-198>
- Fite, P. J., Rubens, S. L., Preddy, T. M., Raine, A., & Pardini, D. A. (2014). Reactive/proactive aggression and the development of internalizing problems in males: The moderating effect of parent and peer relationships. *Aggressive Behavior*, 40(1), 69-78. <https://doi.org/10.1002/ab.21498>
- Franić, S., Middeldorp, C. M., Dolan, C. V., Ligthart, L., & Boomsma, D. I. (2010). Childhood and adolescent anxiety and depression: beyond heritability. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(8), 820-829. <https://doi.org/10.1016/j.jaac.2010.05.013>
- Goodman, A., Lamping, D. L., & Ploubidis, G. B. (2010). When to use broader internalising and externalising subscales instead of the hypothesised five subscales on the Strengths and Difficulties Questionnaire (SDQ): data from British parents, teachers and children. *Journal of abnormal child psychology*, 38(8), 1179-1191. <https://doi.org/10.1007/s10802-010-9434-x>
- Hansen, L. K., & Jordan, S. S. (2017). Internalizing behaviors. *Encyclopedia of Personality and Individual Differences*, 1-5. https://doi.org/10.1007/978-3-319-28099-8_907-1
- Hemphill, S. A., Tollit, M., & Herrenkohl, T. I. (2014). Protective factors against the impact of school bullying perpetration and victimization on young adult externalizing and internalizing problems. *Journal of school violence*, 13(1), 125-145. <https://doi.org/10.1080/15388220.2013.844072>
- Husain, M.I., & Carvalho, A.F. (2020). The importance of assessing personality traits and disorders in clinical trials of major depressive disorder. *Braz J Psychiatry*, 42(1), 3-4. <https://doi.org/10.1590/1516-4446-2019-0645>
- Isaac, S., & Michael, W. B. (1995). *Handbook in research and evaluation: A collection of principles, methods, and strategies useful in the planning, design, and evaluation of studies in education and the behavioral sciences* (3rd ed.). EdITS Publishers.
- Kelly, E. V., Newton, N. C., Stapinski, L. A., Slade, T., Barrett, E. L., Conrod, P. J., & Teesson, M. (2015). Suicidality, internalizing problems and externalizing problems among adolescent bullies, victims and bully-victims. *Preventive medicine*, 73, 100-105. <https://doi.org/10.1016/j.ypmed.2015.01.020>
- Indonesian Ministry of Health Research and Development Agency.(2018). *Basic health research report*. Retrieved from <https://www.litbang.kemkes.go.id/laporan-riset-kesehatan-dasar-risikedas>
- Kingery, J. N., Erdley, C. A., Marshall, K.

- C., Whitaker, K. G., & Reuter, T. R. (2010). Peer experiences of anxious and socially withdrawn youth: An integrative review of the developmental and clinical literature. *Clinical Child and Family Psychology Review*, 13(1), 91-128. <https://doi.org/10.1007/s10567-009-0063-2>.
- Kuhlberg, J. A., Peña, J. B., & Zayas, L. H. (2010). Familism, parent-adolescent conflict, self-esteem, internalizing behaviors and suicide attempts among adolescent Latinas. *Child Psychiatry & Human Development*, 41(4), 425-440. <https://doi.org/10.1007/s10578-010-0179-0>.
- Kwan, M. Y. W., Ceccacci, A., Paolucci, N., & Rebar, A. (2020). Physical activity and internalizing symptoms during the transition from adolescence to emerging adulthood: a systematic review of prospective and longitudinal studies. *Adolescent Research Review*. <https://doi.org/10.1007/s40894-020-00132-3>
- Liu, J., Bowker, J. C., Coplan, R. J., Yang, P., Li, D., & Chen, X. (2018). Evaluating links among shyness, peer relations, and internalizing problems in Chinese young adolescents. *Journal of Research on Adolescence*, 3, 1-14. <https://doi.org/10.1111/jora.12406>
- Lev-Wiesel, R., Sarid, M., & Sternberg, R. (2013). Measuring social peer rejection during childhood: Development and validation. *Journal of Aggression, Maltreatment & Trauma*, 22(5), 482-492. <https://doi.org/10.1080/10926771.2013.785456>
- Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafran R, Brigden A, Linney C, McManus MN, Borwick C, Crawley E. (2020). Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of covid-19. *J Am Acad Child Adolesc Psychiatry*. 59(11), 1218-1239.e3. <https://doi.org/10.1016/j.jaac.2020.05.009>
- Lougheed, J. P., & Hollenstein, T. (2012). A limited repertoire of emotion regulation strategies is associated with internalizing problems in adolescence. *Social Development*, 21(4), 704-721. <https://doi.org/10.1111/j.1467-9507.2012.00663.x>
- Macía, P., Gorbeña, S., Gómez, A., Barranco, M., Iraurgi, I. (2020). Role of neuroticism and extraversion in the emotional health of people with cancer. *Heliyon*. 6(7), e04281. <https://doi.org/10.1016/j.heliyon.2020.e04281>
- Masten, C. L., Eisenberger, N. I., Borofsky, L. A., McNealy, K., Pfeifer, J. H., & Dapretto, M. (2011). Subgenual anterior cingulate responses to peer rejection: a marker of adolescents' risk for depression. *Development and psychopathology*, 23(1), 283-292. <https://doi.org/10.1017/S0954579410000799>
- Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., ... & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(10), 980-989. <https://doi.org/10.1016/j.jaac.2010.05.017>.
- Ministry of Education and Culture Republic of Indonesia. (2020). *Student data*. Retrieved from [Jurnal Psikologi, 2021 \(October\), Vol. 20\(2\), 140-151](https://dapo.kemdikbud.go.id/pd/1/050000Morneau-Vaillancourt G, Coleman JRI, Purves KL, Cheesman R, Rayner C, Breen G, Eley TC. (2020). The genetic and environmental hierarchical structure of</p>
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- anxiety and depression in the UK Biobank. *Depress Anxiety*, 37(6), 512-520. <https://doi.org/10.1002/da.22991>
- Murray, M. S., Neal-Barnett, A., Demmings, J. L., & Stadulis, R. E. (2012). The acting White accusation, racial identity, and anxiety in African American adolescents. *Journal of anxiety disorders*, 26(4), 526-531. <https://doi.org/10.1016/j.janxdis.2012.02.006>
- Newcomb, A. F., Bukowski, W. M., & Pattee, L. (1993). Children's peer relations: A meta-analytic review of popular, rejected, neglected, controversial, and average sociometric status. *Psychological Bulletin*, 113(1), 99-128. <https://doi.org/10.1037/0033-2909.113.1.99>
- Philipp, J., Zeiler, M., Waldherr, K., Truttmann, S., Dür, W., Karwautz, A. F., & Wagner, G. (2018). Prevalence of emotional and behavioral problems and subthreshold psychiatric disorders in Austrian adolescents and the need for prevention. *Social psychiatry and psychiatric epidemiology*, 53(12), 1325-1337. <https://doi.org/10.1007/s00127-018-1586-y>
- Peltzer, K., & Pengpid, S. (2018). High prevalence of depressive symptoms in a national sample of adults in Indonesia: Childhood adversity, sociodemographic factors and health risk behaviour. *Asian Journal of Psychiatry*, 33, 52-59. <https://doi.org/10.1016/j.ajp.2018.03.017>
- Qi M., Zhou SJ., Guo ZC., Zhang LG., Min HJ., Li XM., Chen JX. (2020). The effect of social support on mental health in Chinese adolescents during the outbreak of COVID-19. *J Adolesc Health*. 67(4):514-518. <https://doi.org/10.1016/j.jadohealth.2020.07.001>
- Rognli, E.W., Waraan, L., Czajkowski, N.O, Solbakken, O.A., Aalberg, M. (2020). Conflict with parents in adolescent depression: associations with parental interpersonal problems and depressive symptoms. *Child Psychiatry Hum Dev*, 51, 442-452. <https://doi.org/10.1007/s10578-020-00955-0>
- Rubin, K. H., Bukowski, W. M., & Parker, J. G. (2006). Peer Interactions, Relationships, and Groups. In N. Eisenberg, W. Damon, & R. M. Lerner (Eds.), *Handbook of child psychology: Social, emotional, and personality development* (pp. 571-645). John Wiley & Sons, Inc.
- Sinclair, K. R., Cole, D. A., Dukewich, T., Felton, J., Weitlauf, A. S., Maxwell, M. A., ... & Jacky, A. (2012). Impact of physical and relational peer victimization on depressive cognitions in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, 41(5), 570-583. <https://doi.org/10.1080/15374416.2012.704841>
- Spilt, J. L., Van Lier, P. A., Leflot, G., Onghena, P., & Colpin, H. (2014). Children's social self-concept and internalizing problems: The influence of peers and teachers. *Child development*, 85(3), 1248-1256. <https://doi.org/10.1111/cdev.12181>
- Umami, R., & Turnip, S.S. (2019). Emotional and behavioral problems among left-behind children in Indonesia. *Indian J Psychol Med*, 41(3), 240-245. https://doi.org/10.4103/IJPSYM.IJPSYM_370_18
- Yang, J., Yao, S., Zhu, X., Zhang, C., Ling, Y., Abela, J. R., ... & McWhinnie, C. (2010). The impact of stress on depressive symptoms is moderated by social support in Chinese adolescents with subthreshold depression: A multi-wave longitudinal study. *Journal of affective disorders*, 127(1-3), 113-121. <https://doi.org/10.1016/j.jad.2010.04.023>
- Wiguna, T. & Hestyanti, Y. (2012). What is the SDQ? Retrieved from <https://www.sdqinfo.com/a0.html>

Zahn-Waxler, C., Klimes-Dougan, B., & Slattery, M. J. (2000). Internalizing problems of childhood and adolescence: Prospects, pitfalls, and progress in understanding the development of anxiety and depression. *Development and Psychopathology*, *12*(3), 443–466. <https://doi.org/10.1017/S095457940003102>