

# Six Years Struggling with Bulimia Nervosa: A Case Study

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## ABSTRACT

An eating disorder is a serious condition that negatively impacts our health, emotions, and daily functioning. Eating disorders pose a significant risk to physical health and have a negative impact on an individual's daily functioning (eg, functioning in school, work, or social relationships), and are widely regarded as the most dangerous mental disorder. In severe cases, eating disorders can cause serious health problems, even death. Usually, eating disorders occur in adolescents and young adults. Previously, this eating disorder had a high risk of occurring in European and American countries, but now the number is even higher in developing countries including Indonesia. From 2000 to 2018, the prevalence of eating disorders worldwide more than doubled, with an increase in reported cases from 3.5% to 7.8%. The cause of eating disorders is not known with certainty because it is not only related to a single factor. The results of the study indicate that there are causative factors, namely genetics, neurobiology, sociocultural pressure to be thin, personality, family roles, and environmental roles. Eating disorders occur when several interactions come together in a person's life. The case of eating disorders is a case that is not easy to solve. This case study once explored the experience of a young woman in Indonesia who experienced the eating disorder bulimia nervosa. Through this study, the researcher wants to show the dynamics of the patient's efforts to recover from the bulimia nervosa experienced, which is seen from the factors, symptoms, impact, and recovery process. The study was conducted by observation and in-depth interviews using semi-structured interview techniques. The data obtained were then analyzed using thematic analysis. The results showed that the subject experienced bulimia nervosa because of maladaptive coping strategy, and subject was able to overcome the eating disorder through psychological treatment from professionals, the strength of internal motivation, and social support.

**Keywords:** bulimia nervosa, young woman, psychological dynamics

## 1. INTRODUCTION

Eating disorders are serious conditions that negatively impact our health, emotions, and daily functioning. Eating disorders pose a significant risk to physical health and have a negative impact on an individual's daily functioning (eg, functioning in school, work, or social relationships), and are widely considered to be the most dangerous mental disorders [1]. Eating disorders can damage physical health, make sufferers experience mood swings, are prone to stress, and experience other mental disorders [2]. In severe cases, eating disorders can cause serious health problems, even death. Usually, eating disorders occur in adolescents and young adults [3].

Previously, this eating disorder had a high risk of occurring in European and American countries, but now the number is even higher in developing countries including Indonesia [4]. Bahr wrote that from 2000 to 2018, the prevalence of eating disorders worldwide more than doubled, with an increase in reported cases from 3.5%

to 7.8%. The increasing prevalence rate is driven by a combination of complex issues, including the westernization of developing countries, especially in Asia [5]. Thomas, Lee, & Becker noted the prevalence of eating disorders among female university students in China was 1.05%, 2.98%, and 3.58% for anorexia nervosa, bulimia nervosa, and binge-eating disorder [6].

In Indonesia, a study conducted by Tantiani and Syafiq in Jakarta found that there are 37.3% of adolescents experience eating disorders, with a specification of 11.6% of adolescents experiencing anorexia nervosa and 27% of adolescents experiencing bulimia nervosa. In addition, another study conducted by Syafarina and Probosari in the model group of teenage girls in Semarang found 67.8% tended eating disorders with a specific tendency of 8.5% in anorexia nervosa, 23.7% in bulimia nervosa, 31% in binge eating disorder, and 28.8% in EDNOS [7].

Thouars, in the Indonesian lighthouse gathering media at Wyl's Kitchen, said that from a website about eating disorders that she found, Indonesia was number four in the

country with the most people with eating disorders. Unfortunately, not many people with eating disorders realize that what they are experiencing is a mental disorder [4]. NEDA writes that many people with eating disorders are not aware that their condition is a mental disorder, and they are embarrassed to seek help [8]. This is similar to the results of a personal interview with one of the psychologists who handle eating disorders in Indonesia, it was said that unfortunately, in Indonesia there are still many people who do not consider this eating disorder to be a mental disorder so they do not immediately seek professional help.

According to the National Institute of Mental Health, eating disorders involve serious disorders in eating behavior, such as extreme reduction in food intake or overeating, as well as distress feelings or extreme concern about body shape or weight. These behaviors affect physical health and psychosocial functioning. Generally, this condition is characterized by concerns about weight, body shape, and food. This problem will also have an impact on the physical health, such as digestive problems, to serious complications. According to the DSM-5, there are three types of eating disorders, including anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED). Anorexia nervosa is an eating disorder by starving oneself (self-starvation) or severely restricting food intake. Bulimia Nervosa is an eating disorder characterized by periods of eating very large amounts of food, and will engage in compensatory behaviors such as vomiting or by using laxatives to prevent weight gain. Binge Eating Disorder (BED) is a tendency to experience periods of eating very large amounts and generally lose control of eating [7].

The cause of ED is not certainly known because it is not just a single factor related. There are causative factors, include genetics, neurobiology, sociocultural pressure to be thin, personality, family roles, and the role of environmental stress. ED occurs when several interactions come together in a person's life [7]. While the intervention design will be prepared based on the diagnosis and the symptoms that appear. It is recommended to be applied to specific interventions according to the type of eating disorder experienced [9].

## 2. METHODS

This case study was conducted on one female participant who was a young adult, age 25. The purpose of this study was to gain insight and deepen understanding of how eating disorders develop in participants and describe the dynamics of the patient's efforts to recover from the bulimia nervosa experienced. The method of data collection was carried out by observation and in-depth interviews using semi-structured interview techniques. For data validity researchers, researchers will use data triangulation through subject triangulation, which will conduct interviews with participant's significant other.

Interview guidelines are arranged to the client's diagnosis. The participant has a diagnosis of bulimia nervosa, so the guidelines are based on the theory of bulimia nervosa based on the DSM-V theory, developmental theory, and humanistic theory.

## 3. RESULT

The subject is female, with a height of 151 cm and weight of approximately 55 kg. She is the second daughter of three siblings. This year, she is 25 years old and currently studying psychology at one university in Indonesia. She has an older brother who is already married, and has a younger brother who is currently studying law. Currently, she lives with her parents along with her two brothers, sister-in-law, and nephew in Bekasi.

### 3.1. Into Bulimia Nervosa

The subject told how she started having an eating disorder, when she was in senior high school, in 2012. It started with seeing her friends who like dieting, plus the school loads make her stressed. At that time, she channeled stress by eating, so that unconsciously, her body weight was increasing over time. Her closest people, such as her mother who began to realize and pay attention to her body weight. At one time where there was an exhibition of a product that helps weight loss, she was asked to weigh there and was told that at that time her weight was already in the overweight category. At that time, her mother took the initiative to suggest she take the product.

The subject then went on a diet with these products and lost weight. However, as the dieting process progressed, she unknowingly became indoctrinated by herself that to be attractive is to be thin. Because at that time she was still a teenager and was in the process of finding her identity, she admitted that at that time she needed to be accepted by everyone around her. She said that aside from pursuing academic grades, she also want to try to look good to be accepted, and at that time, in her mind that an attractive appearance could be found in a thin body. This makes her still want to lose weight. During adolescence, individuals must face developmental tasks related to the process of development and maturity of the body, both physically, cognitively, and psychosocially of a teenager [10]. According to Erikson's view, a teenager is at the stage of an identity crisis, this encourages adolescents to seek identity (self-identity), how to realize their desire to become someone who is "perfect", intellectually, personally, and in physical appearance [11].

A few moments later in that period, a new trend emerged, namely OCD. She finally joined the OCD program, starting from a nine-hour fast, until finally, she tried to fast for 24 hours. However, after that, she will eat in large quantities and she will be very angry if even just a little part of her food is taken by someone else.

One day, one of her friends, who is taking an English course, discussed an article about bulimia nervosa that was

listed in her English book. Without knowing clearly how bulimia nervosa is, her friend, who sees subject as a person who "likes to diet", also advises her to do that (diet by throwing up food again). At that time, she did not think to be like that and felt very sorry to waste such food. However, it turns out that she, which has been increasingly indoctrinated that a good self-image is in terms of a thin appearance, is finally affected indirectly. Channa, et al wrote that factors such as peer relationships or the media that socioculturally define the ideal body are factors that will also be at risk for the eating disorder bulimia nervosa [12]. APA wrote that environmental factors, namely the internalization of an ideal thin body increase the risk of excessive attention to body weight, which in turn will increase the risk of bulimia nervosa disorder. At that time, she was also in the final test period, where she was stressed and ate a lot [13].

One afternoon when she had just finished a pack of Padang rice. After eating, she then felt anxious because she felt he had eaten too much. Coincidentally at that time her mother was having a guest, she finally had the opportunity to go to the bathroom and take out everything that had been consumed. She said that at that time, she was in the bathroom for about an hour to purge the food he had consumed. It was also the first time she had intentionally vomited food. At that time what she felt was a feeling of fear of being found out by her mother because she had told her mother about her friend who discussed the bulimia nervosa article. However, she never thought that this would continue and have such a long impact.

### **3.2. Through the Bulimia Nervosa**

From there, she began to adopt her new habit of purging every time she felt guilty after eating. In addition, she also consumes laxatives to make her stomach feel light again. She claimed to be able to consume 'laxing' as much as two items per consumption, and consume it almost every day. In fact, in the early days of her habit of purging, she was still on the OCD diet. Until finally she felt that she was not strong enough to do purging and a strict diet at the same time, so she finally stops the OCD diet and just did purging.

Her eating habit began to change a lot. She tries to only eat one heavy meal a day. She said even to eat normally twice a day, she still felt guilty. If she eats three times a day, she will start to overthink and think to purge it again. Usually what she will do is induces vomiting, then go to the gym, and eat again, then she will feel fine. Slowly she also began to avoid all kinds of food, or eat it and then vomit. She said that after vomiting she was relieved, even though her eyes had become swollen, and her cheeks hurt. Only types of food such as cereal or juice are comfort food for her, which is filling and does not burden her feelings.

Start from the desire to lose weight and make up for the guilt after feeling like eating a lot, over time purging has also become a habit as well as her way of venting her emotions whenever she is stressed. She admitted that at that time she did not know how to properly cope with the

problem, and that purging became her way of coping which was quite a relief and made her emotions vent. Coping stress is a process of recovering from stressful experiences or physical and psychological reactions in the form of feelings of discomfort or stress that are being faced [14].

Her daily life was lived with the habit of purging which she did secretly. She induces vomiting almost every time she finishes eating whether at home, at school, at church, or mall. At that time, no one knew that she had bulimia. During the bulimia period, she lost about 10 kilograms in weight, from 58-59 kilograms then dropped to 49-50 kilograms. She said that at that time she wanted her weight to be 47 or 46, and she also admitted that at that time she was very fixated on the number on the scale. By the time her body weight was at 49, she realized that her body had changed a lot and also many of her friends were looking at the changes in her body. Actually, he realized that her body was "big" in certain specific areas, which is on the breasts area. However, at that time she remained very fixated on the numbers on the weight scales.

### **3.3. Trying to Stop**

In 2015, she decided to stop purging because she was very tired of being a bulimic. However, because at that time she still did not yet have an adaptive way of coping, she then switched to binge-eating, which later became her way of coping. During the time that she had the binge-eating disorder, she admitted that she had experienced a very significant weight gain. But then she felt very stressed by the condition and one year later she was back into bulimia.

### **3.4. Back into Bulimia**

She back to her previous habit, bingeing and purging. During her eating disorder, the physical effects she felt were swollen eyes and cheeks, sore cheekbones, and discolored teeth. This happens because she often induces vomiting. In addition, she also felt that her stomach hurt and her digestion was not smooth. During the eating disorder period, her menstrual cycle also became unusual, where she said that her period only occurred one day, there was even a month when she did not menstruate. Another part she feels is related to satiety signals that are conveyed to the brain. She said it took him six months to regain the satiety signals that were relayed to the brain normally.

She will usually do bingeing-purging when she was stressed or when she was happy. When she stressed, she did it to release his emotions. While when she was happy, she also did it because of her maladaptive thinking which thinks that she does not deserve something good. Here, it is seen that she is also experiencing self-loathing. Widiastuti considers self-loathing to be a condition in which a person expresses himself. One of the things that can happen from this condition is feeling inferior and unworthy [15]. In addition, when she studied chef major in New Zealand, she often brought some foods home, and without realizing it was also one of the supporting factors for her bingeing.

After graduating from chef studies, she then continued to work in a different city in New Zealand. She said that before graduation, which was near April 2017, she had told her mother about her condition, which was bulimia. She said that at that time, it seemed that her mother did not fully understand the bulimia disorder and thought that she only had to heal herself. During the time she worked, she did not have close people around her, at that time, she admitted that she had become more and more lose control of her eating behavior. Coupled with her thought that at that time she had used her own money to buy the foods she wanted so she didn't feel guilty. After work or when on day-off, she can order a pan of pizza, rice, coca-cola, and dessert to eat alone. Or when she is stressed at work, the next day she can also go to the supermarket to buy a chicken that has been cooked and seasoned, then eaten alone. After consuming large amounts of food, she then purges it all. There was a time; she had tried to eat normally three times a day in her way, by consuming healthier foods. However, because she was used to nothing to fill his stomach, eating normally three times a day made her feel *'very full'* even though she realized that her body needed some food.

At the end of 2017, she decided to tell her story on Wattpad, as well as provide education on Wattpad about eating disorders. Since then, people know her real condition and some of her friends start to ask her about her news, including her high school friends who also had the same problems at that time, only they didn't know about each other's problems even though they were close friends. From there, one of them, who also had an eating disorder, proposed to create a platform on Instagram that contains sharing and educational content related to eating disorder.

### **3.5. Recovery Process**

At the beginning of 2018, she feeling more and more tired of the conditions she faced coupled with stressors from the workplace. It was there that she experienced a peak of stress that made her emotions feel so *'overwhelmed'* that she almost wanted to commit suicide. That's the time when she finally contacted her parents and asked to be allowed to go back to Indonesia because she felt her mind was getting worse and could no longer survive in New Zealand. In May 2018, she finally back in Indonesia. After the back to Indonesia, she immediately sought help from a psychologist for recovery. She took a consultation package at the lighthouse agency. One time, where she received an assignment from a psychologist to write a journal according to the questions given, these questions provoked all memories from her past that invited all of her emotions and made her triggered. Finally, she canceled the next appointment and stopped consulting since then. She felt that having guidance from a psychologist was quite helpful, but at that time she was in too much of a hurry to get cured so that in the process, she felt that her progress was too slow. At the stage of the recovery process, she still has thoughts that label herself that the disorder she is experiencing is difficult to cure and the bulimia nervosa

she is experiencing has stuck with her. As written in Moses, that a given diagnosis can trigger self-stigma which refers to a sense of powerlessness or vulnerability [16].

After stopped consulting with a psychologist, she then tried to focus on running her recovery by herself. At that time she had the intention to recover from her eating disorder. She carried out her determination to never again purge the food that had been eaten. However, at that time, she still did not know the right way to cope with stress, so the problems that piled up her, who did not know the proper way to cope with stress, affected her psychological and physical condition. At that time, she had experienced severe shortness of breath due to the stress she felt. Due to not getting better, she was taken to be advised to a psychiatrist.

Problems occurred again at the end of 2018 when her parents then forced her to open a restaurant, but then there was a big difference in the restaurant's concept between subject and her parents. Seeing all that happened that was beyond the plan, coupled with various family problems that occurred, made her so stressed that she thought that whatever she planned would fail in the end. This thought then made her feel that she couldn't survive in New Zealand, and also couldn't survive in Indonesia, finally, she thinks to end her life. For the next week, she did not reply to any messages from her friends, deleted her Instagram account, and also did not activate her Facebook. One night, she finally took paracetamol and start to eat it. At that time, she had taken the second pill and intended to continue before suddenly a friend wrote a message to her and asked how she was. The friend then said something that made her feel that there were still people who cared about her and finally stopped eating the paracetamol. In this case, it can also be seen that there is a peer social support factor that she receives which makes her feel cared for and cared for. Similar to what is written in Adnan, Fatimah, Zulfia, & Hidayati, that social support received can make individuals feel calm, cared for, loved, self-confident and competent [17].

### **3.6. Turning-Back Point and Healing**

She said the experience was traumatic for her and she stopped cooking for a year. In 2019, while working with her mental health, she also continued her undergraduate studies majoring in psychology at one university in Indonesia. During the process and after going through the recovery phase, she said that sometimes she still tries to minimize what she consumes. Until finally he felt the biggest lessons and changes after October 2019, due to things related to love. In October 2019, she finally started cooking again after a year she stopped cooking. She said that it was during those times that she found the happiness she wanted. However, in March 2020, during a pandemic, there was a conflict between her and her partner which caused their relationship to end. In this case, it is also seen that there is a social support factor from the subject's romantic relationship which is a factor that supports the

subject's self-acceptance. Hurlock (1979) defines self-acceptance as the ability to accept everything in self, both positive sides and negative sides, so that if an unpleasant event occurs, a person will be able to think logically about the good or bad of a problem that occurs without causing hostility, feelings low self-esteem, shame, and insecurity [18].

Although the relationship between her and her partner had ended, she said that at that time she had found and felt the happiness she wanted, and she realized that she could create happiness herself. That moment became a turning point in her life. Since then, she started trying to improve herself from all sides. When she feels sad or stressed, she also tries various more positive coping ways such as diligently exercising or baking. Meanwhile, when she begins to feel less confident with her body, she will immediately discuss with her mother and her mother will provide support for her. There are many coping styles that people use, depending on the nature of the stressful situation and the person. Common styles of coping are humor, seeking support, problem-solving, relaxation, or physical activity [19].

About food, she also found a way to control and monitor her eating patterns by using a bowl as a measure. It's flexible to be able to add more food if she still wants, but the bowl she uses is only for her measure and monitor so that she stays aware of what she has consumed. This he does so that his eating pattern is more controlled, and his binge pattern doesn't happen again. She also said that right now she didn't want to be fixated on the scales for her weight anymore.

**Table 1** Summary table of the dynamics of participant's journey

Factors	Environmental factors, life pressure, self-image based on body weight and shape, low self-esteem, maladaptive thought, and poor coping abilities. It is also seen that the impulsivity and low self-control in her that support her binge-eating pattern.
Symptoms	Binging & purging, also using laxative
Impact	Fluctuations in body weight, swollen eyes and cheeks, sore cheekbones, unusual menstrual cycle, and discolored teeth. She also felt her stomach hurt and her digestion was not smooth. Another part that is also felt is related to the satiety signal that is conveyed to the brain, and it took six months to regain the satiety signal that is conveyed to the brain normally. Mentally, she also feel tired and overwhelmed.
Recovery Process	She carries out the recovery process with the help of a psychologist and determination from within. In her recovery process, prayers and support from her closest people were very important factors, and another factor that could also support her mental recovery is when she found love.

#### 4. CONCLUSION

From the results of the interview with the subject and her mother, it can also be seen that various factors, either directly or indirectly, are the etiology of her eating disorder. Starting from environmental factors such as parents and peers that trigger the internalization of an ideal thin body, pressure factors in life, as well as factors from one such as wanting to be accepted, self-image based on body weight and shape, and poor coping abilities. In addition, it is also seen that the impulsivity and low self-control in her that support her binge-eating pattern. In addition, another factor that also plays a role is low self-esteem.

While she had bulimia, she had habit of purging every time she felt guilty after eating. In addition, she also consumes laxatives to make her stomach feel light again. She claimed to be able to consume 'laxing' as much as two items per consumption and consume it almost every day. The physical effects felt during her bulimia nervosa were swollen eyes and cheeks, sore cheekbones, and discolored teeth. This is because she often induces vomiting. In addition, she also felt her stomach hurt and her digestion was not smooth. During the eating disorder period, her menstrual cycle also became unusual, where she said that her period only occurred one day, there was even a month when she did not experience menstruation. The fluctuations in body weight were significant either up or down and were seen by her mother. Another part that is also felt is related to the satiety signal that is conveyed to the brain. She said that it took him six months to regain the satiety signal that is conveyed to the brain normally.

Currently, she has recovered from her eating disorder. This can be seen from the observation of her body shape at the time of the interview which no longer shows the characteristics of an eating disorder, as well as information and stories told by subject or her mother. She carries out the recovery process with the help of a psychologist and determination from within. Her mother saw that in her recovery process, prayers and support from those closest to her were also very important factors, and another factor that could also support her recovery was something that destroyed the poison in the head, which is love. She had experienced the feeling of falling in love, where God brought someone in her life to change her. Her mother saw that since she knew and did love, she had changed; she began to take care of herself. If in the past it was difficult to instil in her mindset that she was beautiful, now she has realized that she must love herself, too, she did it right now.

#### REFERENCES

[1] Walsh, B.T., Attia, E., Glasofer, D. R. (2020). *Eating disorders (what everyone needs to know)*. USA: Oxford University Press.

- [2] Kusumaningrum, F. D. (2018, Maret 08). Kenapa lebih banyak wanita yang menderita gangguan makan daripada pria? Retrieved from: <https://www.merdeka.com/sehat/kenapa-lebih-banyak-wanita-yang-menderita-gangguan-makan-daripada-pria.html>
- [3] Anggraini, A. P. (2020, April 16). *Gangguan makan: penyebab, jenis dan cara mengatasinya*. Retrieved from: <https://health.kompas.com/read/2020/04/16/120000468/gangguan-makan--penyebab-jenis-dan-cara-mengatasinya?page=all>
- [4] Widiarini, A., Permatasari, A. (2017, Februari 24). Indonesia peringkat 4 gangguan makan terbesar dunia. Retrieved from <https://www.viva.co.id/gaya-hidup/kesehatan-intim/887246-indonesia-peringkat-4-gangguan-makan-terbesar-dunia>
- [5] Bahr. (2020). Eating disorder in Asia – from origins to today. Retrieved from <https://mirror-mirror.org/eating-disorder-in-asia>
- [6] Thomas, J. J., Lee, S., Becker, A. E. (2016). Updates in the epidemiology of eating disorders in Asia and the Pacific. Wolters Kluwer Health, Inc. 29(6).
- [7] Tumenggung, I., Talibo, S. D. (2018). Eating disorders pada siswa SMA di kota Gorontalo. *Health and Nutritions Journal*, 4(1).
- [8] Tashandra, N. (2021, Maret 23). Ramai soal eating disorders, bagaimana seharusnya kita merespons cerita tentang gangguan jiwa? Komentar Luna Maya dan Deddy Cobuzier tentang eating disorder mengundang beragam respons dari warganet. Retrieved from <https://www.msn.com/id-id/gayahidup/berita/ramai-soal-eating-disorder-bagaimana-seharusnya-kita-merespons-cerita-tentang-gangguan-jiwa/ar-BB1eRsv>
- [9] Walsh, B.T., Attia, E., Glasofer, D. R. (2020). *Eating disorders (what everyone needs to know)*. USA: Oxford University Press.
- [10] Miranda, J., Patmonodewo, S., Soetikno, N., & Tehuteru, E. S. (2017). Penerapan solution-focused brief therapy dalam meningkatkan self-esteem pada remaja perempuan penderita leukemia. *Indonesian Journal of Cancer*, 11(2), 43-48.
- [11] Krisnani, H., Santoso, M. B., Putri, D. (2017). Gangguan makan anorexia nervosa dan bulimia nervosa pada remaja. *Prosiding Penelitian & Pengabdian kepada masyarakat*, 4(3) 390-447.
- [12] Channa, et al. (2019). Overlaps and disjunctures: a cultural case study of a British Indian young Woman's experiences of bulimia nervosa. *Cult Med Psychiatry*, 43:361–386.
- [13] *American Psychiatric Association*. (2013). *Diagnostic and statistical manual of mental disorder fifth edition*. USA: 1000 Wilson Boulevard.
- [14] Andriyani, J. (2019). Strategi  *coping stress* dalam mengatasi problema psikologis. *Jurnal At-Taujih*, 2(2).
- [15] Widiastuti, W. (2020, Februari, 13). *6 tanda kamu alami self loathing, terlalu membenci diri sendiri*. Retrieved from <https://www.idntimes.com/life/inspiration/wiwit-widiastuti-1/6-tanda-kamu-alami-self-loathing-terlalu-membenci-diri-sendiri-c1c2/6>
- [16] Moses, T. (2009). Self-labeling and its effects among adolescents diagnosed with mental disorders. *Social Science & Medicine*, 68(3), 570–578. DOI: 10.1016/j.socscimed.2008.11.003
- [17] Adnan, A. Z., Fatimah, M., Zulfia, M., & Hidayati, F. (2016). Pengaruh dukungan sosial terhadap harga diri remaja Desa Wonoayu Kecamatan Wajak. *Jurnal Psikoislamika*, 13(2).
- [18] Happynda, M. A. (2017). Hubungan antara dukungan sosial dengan penerimaan diri remaja dhuafa di panti asuhan. *Universitas Muhammadiyah Surakarta*.
- [19] UCLA. (2021). *How do you cope? (How people cope with stressful situations)*. Retrieved from [https://www.semel.ucla.edu/dual-diagnosis-program/News\\_and\\_Resources/How\\_Do\\_You\\_Cope](https://www.semel.ucla.edu/dual-diagnosis-program/News_and_Resources/How_Do_You_Cope)