

An Investigation into Psychosocial Factors Influencing Mental Health and Well-Being in Indonesia

by

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ABSTRACT

This study explores the nature and conceptualisation of mental health and well-being among Indonesians living in an urban environment. Little is known about the nature of mental health and well-being in the day-to-day living context in developing countries. In Indonesia, as one of the most populous countries and the largest Muslim population in the world, the incidence of mental health problems has increased immensely in the last decade. However, there is a very limited number of studies that incorporate relevant cultural contexts into the understanding of mental health and well-being in Indonesia. This study aims to elucidate the relationship of specific psychosocial factors, as protective and risk factors, to mental health and well-being in the everyday urban living contexts experienced by a growing middle-class in Indonesia.

The data for this study were collected through in-depth semi-structured interviews with 10 middle-class adults who lived in Jakarta, the most populated urban city in Indonesia. Each face-to-face interview in this study took around one and a half hours. The data were analysed using Giorgi's descriptive phenomenological method. The findings show that participants perceived mental health and well-being uniquely embedded in their cultural contexts and somewhat differently from Keyes' model of mental well-being that was used in this study. The differences are a reflection of Indonesian cultural contexts that put a high value on religiosity, interdependence, connectedness, and harmonious relationship. Furthermore, the findings also highlight the importance of the relationship between person and contexts in examining Indonesians' mental health and well-being.

Participants conceptualised well-being as a low arousal positive emotion, specifically as calm, peaceful, and harmonious feelings, rather than a high arousal positive emotion such as happiness or enjoyment. They also perceived well-being as a balance between positive and negative emotions. Meanwhile, mental health was conceptualised as a state free from mental illness. The stigma associated with mental health issues was still high among well-educated and modern urban residents. Correspondingly, mental health literacy was low among them.

The findings of this study suggest that the most prominent or commonly noted psychosocial factors influencing participants' mental health and well-being were religiosity and social support from family and close friends. Other prominent

psychosocial factors were financial status, Indonesian values, personality type, stresses in urban life, urban values and lifestyles, and social media. All of these factors influenced participants' mental health and well-being in the urban Indonesian cultural contexts.

This study contributes to the body of knowledge on mental health and well-being in developing countries in Asia. The findings about the lived experience of some members of urban Indonesians may be relevant to other developing countries in Asia, Muslim-majority countries, as well as in Indonesia itself. Furthermore, it has the potential to inform Indonesian policy on mental health and well-being and provides a basis for developing more effective mental health initiatives and interventions to improve Indonesians' mental health and well-being within the structure of the Indonesian healthcare system.

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CHAPTER 1.

INTRODUCTION

This study aims to elucidate the relationship of psychosocial factors to mental health and well-being and to describe the ways in which these factors influence the subjective perception and lived experience of mental health and well-being among members of the urban Indonesian community. It will provide important information on the lived experience of members of the urban Indonesian that may be relevant to other developing countries in Asia as well as to the society on which it is based. It will also serve as the basis for more effective interventions and programmes for mental health in Indonesia and elsewhere.

1.1. Background

Mental health and well-being problems are major public health issues around the world (World Health Organization, 2017) that have been identified as being among the leading causes of disability and burden of disease in societies worldwide (World Bank Group, 2018). Compared to the nations of the West, mental health and well-being issues have not received a great deal of attention in low and middle-income countries where financial, structural and human resources are typically limited. In Indonesia specifically, the burden of mental health problems is increasing. Data from the Indonesian Ministry of Health on a decennial census (Kementrian Kesehatan Republik Indonesia, 2013) suggest that about 6% of the population aged six years and older have some symptoms of anxiety and depression; this amounts to some 1.4 million people in a population of around 250 million. It is further estimated that this may represent as little as 10% of the actual burden of disease attributable to mental health issues. By this estimate, approximately 90% of Indonesians experiencing mental health problems have not sought help (Wardhani & Paramita, 2016; Mahendradhata et al., 2017).

Despite the size of the problem, most of the study of mental health and well-being issues in low and middle-income countries, including Indonesia, has relied on Western models that were developed based largely on the cultures and experiences of the Western populations. The specific nature of well-being in other parts of the world has not been as rigorously investigated, and there are indications that Western models may not fully fit these societies (Pidgeon, 2015; Hebbani & Srinivasan, 2016). Western models in this

study are understood as models and theories that emerge in and are based on Western contexts and does not highlight the importance of relationship between person and context. In other words, the models do not place emphasis on the importance of cultural contexts in their development. For Indonesia specifically, there is little study of the factors that influence mental health and well-being problems, especially those that are rooted in the culture and social mores of the community, and there is equally little work on the sources of protective factors or assets that support and improve well-being. Some of the existing work has related specifically to unusual contexts, such as the aftermath of natural disaster (see, for example, Sattler et al., 2018) or to one specific portion of the population, such as the very poor (see, for example, Tampubolon & Hanandita, 2014). Literature on resilience in Indonesia is also limited and again tends to relate to more extreme contexts, such as natural disasters (see, for example, Guarnacci, 2016). Much of this work emerged following the Indian Ocean tsunami in 2004.

As one of the most heterogeneous countries in the world, Indonesia has over 300 distinct ethnic groups that each have their own unique culture and language (Moffatt, 2012). This historical diversity means that different groups within the larger population may have values and beliefs that derive from their ethnic culture that are different from those embodied in the national culture and that might affect their mental health and well-being. Besides the very diverse ethnic customs and traditions, the 2000s have been a period of rapid social, political, and economic changes that followed the end of the 32-year New Order government of President Suharto that ended in 1998, and some observers have suggested that Indonesia has since experienced a cultural transformation (Hainsch, 2016). This cultural transformation has created a shift in the perception and experience of mental health and well-being among members of the Indonesian population, which has been acknowledged by the government through a national programme referred to as *Revolusi Mental* [Mental Revolution] (Ihsanuddin, 2017; Yulianto, 2017). Furthermore, urbanisation and modernisation in Indonesia are increasing (Aji, 2015). This has triggered a change in lifestyle that emphasises happiness and potentially greater awareness of the importance of mental health and well-being among Indonesians living in the urban context (Suhandi & Jaafar, 2020).

The diversity and complexity of Indonesia's cultural contexts, as well as its large population, means that any increase in mental health and well-being issues has the

potential to affect a large number of people. While difficult to quantify, the observed increase in the incidence of mental health problems may also impact Indonesia's ability to reach its development goals. The third of the Sustainable Development Goals is 'Good Health and Wellbeing' (United Nations Development Programme, 2022). While mental health and well-being is a recognised aspect of the activities of the Ministry of Health, and a number of policy and structural changes have been implemented in recent years, there is still a shortage of facilities and trained professionals working in the field which accounts, in part, for lack of data about the situation (Mahendradhata et al., 2017). For this reason, an understanding about the contribution of psychosocial factors to Indonesians' mental health and well-being is vital and will provide important information for more effective psychological interventions and programmes that promote better mental health and well-being in Indonesia.

1.2. Research aims

This study considers the relationship of psychosocial factors to mental health and well-being in urban Indonesian day-to-day living contexts. It is intended to elucidate this relationship and describe the ways in which these factors influence the subjective perceptions and lived experiences of mental health and well-being among urban Indonesians.

1.3. Research justification

Little is known about the nature of mental health and well-being in developing countries in the day-to-day contexts experienced by a majority of the population. In Indonesia, the fourth largest nation in the world (World Population Review, 2022c) and the largest Muslim community (World Population Review, 2022a), the incidence of mental health and well-being issues has been observed to be increasing. However, without a specific understanding of the psychosocial factors that influence mental health and well-being, it has proven difficult for the Indonesian healthcare system to address these issues. This is compounded by the fact that much of the research in this area has involved Western culture and population such that little is known about the role of these factors in the lived experiences of Indonesians.

1.4. Research significance

As noted above, little is known about the nature of mental health and well-being in developing countries in the day-to-day context. In Indonesia, as one of the largest countries in the world and representing a major part of the world Muslim community, the incidence of mental health and well-being problems has been increasing. Nevertheless, a very limited number of studies have been done on interactions within its complex cultural context that may affect mental health and well-being among Indonesians. Much of the work on this issue in Indonesia itself is not rigorous, while work by scholars outside of Indonesia is limited due to the difficulties in accessing Indonesian institutions and communities. This study will fill this gap by providing an in-depth understanding of the role played by psychosocial factors in mental health and well-being in the urban context in Indonesia. It is expected that its results will have relevance for urban communities around Indonesia as well as other developing countries in Asia. The results will also have the potential to inform policy relating to Indonesians' mental health and well-being and serve as a basis for the future development of preventive and rehabilitative treatment programmes within the structures of the Indonesian healthcare system.

1.5. Research questions

This study has five research questions:

1. How is well-being understood by Indonesians living in an urban environment?
2. How is mental health understood by Indonesians living in an urban environment?
3. What specific psychosocial factors, as protective and risk factors, influence urban Indonesians' well-being and mental health?
4. What is the relationship between psychosocial factors and mental health and well-being among Indonesians living in an urban environment?
5. In what ways and under what circumstances do psychosocial factors affect the mental health and well-being of Indonesians living in an urban environment?

1.6. Research limitations

This study has a number of limitations. All participants in this study were interviewed in Bahasa Indonesia, not their local language. Thus, the findings may reflect the modern urban Indonesian cultural contexts, but not the local ethnic cultural contexts. As it has been discussed above, Indonesia has over 300 ethnic groups, each with its own unique ethnic culture and language, thus extensive studies might be needed to cover all

the 300 ethnic groups across the country. All of the participants in this study lived in Jakarta and came from middle-class socioeconomic backgrounds as the most growing socioeconomic class in Indonesia. Thus, their experiences may not reflect the whole Indonesian population but are expected to be relevant for other urban communities in Indonesia. It may also not be a reflection of urban Indonesians with lower and higher socioeconomic backgrounds. As the aim of this study is to elucidate and describe an in-depth meaning and rich understanding of the mental health and well-being experiences among participants within their cultural contexts, this study's findings may not be suitable for generalisation across the whole Indonesian population and will not provide information on larger trends or incidence and prevalence of specific mental health issues.

1.7. Structure of the thesis

This thesis consists of eight chapters. They are: Introduction, Literature review, Research methodology and design, Findings on conceptualisation of mental health and well-being, Findings on the most prominent or commonly noted psychosocial factors that influence mental health and well-being, Findings on other prominent psychosocial factors, Discussion, and Conclusions. Chapter 2 Literature Review discusses the relevant existing theories, models, and studies on mental health and well-being. Chapters 4, 5, and 6 on findings contain a number of interview excerpts with participants in this study. This is intended to elucidate the understanding, perceptions and lived experiences of participants. Chapter 7 discusses further the key findings of this study. Chapter 8 summarises the study and discusses possible implications of this study and future research recommendations.

CHAPTER 2.

LITERATURE REVIEW

This chapter discusses the relevant literature that relates to well-being and mental health. Literature on family, personality, coping, religious coping, and values as the influencing psychosocial factors in the context of mental health and well-being is also reviewed. Furthermore, available literature on the Indonesian context specifically is discussed and the gaps in this literature are highlighted.

2.1. Well-being

Well-being is a psychological construct that has been studied over the years around the world (Fortin et al., 2015). In studies of well-being, there are two main approaches that characterise current understanding. They are hedonic well-being and eudaimonic well-being (Disaboto et al., 2016). The hedonic well-being approach centres on well-being as a here-and-now positive emotion (Diener, 1984; Diener et al., 1999; Diener, 2009; Diener, 2012; Diener et al., 2017; Diener et al., 2018); it is known as emotional or subjective well-being (Diener et al., 2017). Subjective well-being has three aspects: happiness, life-interest, and life-satisfaction (Diener, 2012).

By contrast, the eudaimonic well-being approach concerns a purposeful and meaningful life (Ryff, 2017). Eudaimonic well-being is sometimes referred to as psychological well-being (Ryff, 2013). Psychological well-being has six aspects: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989; Ryff & Essex, 1991; Ryff & Keyes, 1995; Ryff & Singer, 2008; Ryff, 2013; Ryff, 2017). Building on the understanding of eudaimonic well-being, Keyes (2013) adds an additional dimension to the well-being, which is social well-being. Social well-being has five aspects: social integration, social contribution, social coherence, social actualisation, and social acceptance (Keyes, 2013, 2014; Magyar & Keyes, 2019; Keyes et al., 2021).

Many researchers have tried to conceptualise a model of optimal well-being. Among these models of well-being, there are three models that relate to optimal well-being that have been used widely (Hone et al., 2014). All of these models are based on Western theories and models that are rooted in Western cultural contexts. Some of the models do not consider the relationship between person and their context, while other

models consider this relationship. In relation to the Indonesian collectivist cultural context that is considerably different from the Western individualist cultural context, models that are suitable for the Indonesian context are those that consider the relationship between person and their contexts. The three most widely used models of well-being are those developed by Diener (Diener, 2009, 2012; Diener et al., 2017), Seligman (2011, 2018), and Keyes (Keyes, 2013, 2014; Keyes & Martin, 2017; Magyar & Keyes, 2019; Keyes et al., 2021). Each model is discussed below.

Diener's flourishing model of well-being (Diener, 2009, 2012; Diener et al., 2017), in his first model development, the model includes only emotional well-being. Thus, it does not evaluate the positive functioning in life which is central to well-being. However, in later versions, a psychological well-being dimension was added to this model of well-being (Diener, 2012). Whereas, Seligman's PERMA model of well-being (Seligman, 2011, 2018) notes that well-being has five components which are Positive emotions, Engagement, Relationships, Meaning in life, and Accomplishments (PERMA). In order to flourish, an individual has to achieve all of the five components. Lastly, Keyes model of mental well-being (Keyes, 2013, 2014; Keyes & Martin, 2017; Keyes et al., 2021) suggests that flourishing and achieving optimal well-being requires an integrated presence of high levels of emotional, psychological, and social well-being.

In comparison to other two models, Keyes' model is the most comprehensive model because it includes a social well-being dimension. Furthermore, Keyes' model is the only model that is supported by a considerable body of cross-cultural evidence to back up its validity, reliability, and utility across nations (Keyes, 2013; Hone et al., 2014; Keyes & Martin, 2017; Keyes et al., 2021). This means that only Keyes' model reflects a strong consideration of the relationship between person and their context. It also means that Keyes' model takes into account the need to understand well-being within a cultural context. The differences between the three models are presented in Table 1 below.

Table 1. Comparison between Major Models of Well-Being

Diener	Seligman	Keyes
Positive relationship	Relationship	Positive relationship
Engagement	Engagement	Positive affect (interest)
Purpose and meaning	Meaning	Purpose in life
Self-acceptance and self-esteem	-	Self-acceptance
-	Positive emotion	Positive affect (happiness)

Competence	Accomplishment/ Competence	-
Optimism		-
-	-	Social contribution
-	-	Social integration
-	-	Social growth
-	-	Social acceptance
-	-	Social coherence
-	-	Environmental mastery
-	-	Personal growth
-	-	Autonomy
-	-	Life-satisfaction
Respect	-	-

Source: Hone et al., 2014

As discussed above and as indicated in Table 1, the most complete and comprehensive Western model that considers the relationship between person and their context is Keyes' model of well-being. Keyes' model is also the only model which includes social well-being as a dimension of well-being. The other models, Diener's and Seligman's model, consider only emotional well-being dimensions, such as positive affect, or psychological well-being dimensions, such as purpose and meaning in life. For Indonesian collectivist cultural contexts that put a high value on interdependence, sociocentric conception of self, and harmonious relationships, social well-being is vital in investigating Indonesians' well-being. Therefore, this study will use Keyes' model of mental well-being. Keyes's Mental Well-Being Model is discussed further in section 2.4.

In the last decades, there has been an increasing interest in research on well-being. Nonetheless, most of these studies are based on Western cultures and perspectives that are recognised as being different from non-Western cultures and perspectives, particularly Asian ones. Although some universal predictors have been identified, it is not possible to generalise across all populations, each of which has its own unique background and characteristics (Diener, 2012). In addition, the meaning of happiness, purposeful life, optimal functioning, and optimal social contribution for Asians, particularly Indonesians, has not been rigorously studied.

Some of the cross-cultural studies on well-being, which consider the importance of cultural contexts, are discussed below. Studies find that self-esteem is related to well-being (see, for example, Du et al., 2017). However, there are differences in the relationship between these two constructs in collectivist cultures and individualistic

cultures. The relationship between self-esteem and well-being tends to be stronger in individualistic cultural contexts than in collectivistic cultural contexts (Diener & Diener, 2009). In a collectivist culture, there is often more social support available to the individual that may improve well-being. In an individualistic culture, individuals often experience greater personal freedom, and a person has more ability to achieve personal goals (Suh & Choi, 2018). Therefore, in collectivist cultural contexts, self-esteem does not relate exclusively to the individual but also family, friends, and significant others.

Other studies have found that achieving goals is generally related to well-being (Diener, 2009). However, the influence of achieving goals on well-being depends on the degree to which these goals correspond to values in the culture of interest (Oishi & Diener, 2001). Attainment of interdependent goals (that is, goals pursued to please others) is more relevant to well-being in collectivist cultures, while the attainment of independent goals (that is, goals pursued for the individual's personal and life enjoyment) are more relevant to well-being in individualist cultures (Diener et al., 2018). This suggests, then, that some types of goals might be expected to be more relevant to well-being than others, depending on the cultural background or cultural context of the group of interest.

Not surprisingly, one objective predictor of well-being that has been widely studied is the individual's financial situation. Although it is generally accepted that financial status should have an impact on well-being (see, for example, Veenhoven, 2009), the relationship itself, and whether it is direct or indirect, remains a subject of debate. Most studies have found that income has a greater impact on well-being in poor countries compared to wealthier countries because financial resources support the meeting of basic needs, such as for food, water, and housing (Diener et al., 2018). Even though most research results agree that financial improvement will lead to improved well-being in poor populations, Biswas-Diener et al. (2009) observe that the Maasai, an ethnic group in Africa, have high levels of well-being despite their financial limitations. This finding is not unique. One explanation may be because this community values simplicity and does not put a great deal of emphasis on material possessions. Biswas-Diener and Diener (2006) similarly found that, although life satisfaction scores were slightly below neutral in Calcutta slum populations, these scores were not as low as might be expected given the difficult living conditions. Surprisingly, the population studied still felt positive and satisfied with many domains of their life.

All the study findings discussed above suggests that there are different effects of the same well-being predictors in different cultural contexts. These diverse effects of predictors in different cultures seem to be related to the subjective meaning and perceptions that people have about their life experiences in their own cultural contexts (see, for example, Bassi et al., 2016). Unfortunately, studies about the meaning and perception of well-being are still limited in Indonesian cultural contexts. Therefore, there is a need to study the subjective meaning and perception of well-being experiences in Indonesia in their own living environments.

While there is some research on well-being in Asian cultural contexts, very little is known about well-being in Indonesia itself. The limited research on well-being in Indonesia that is currently available has tended to focus on political factors (see, for example, Sujarwoto & Tampubolon, 2015) and financial status (see, for example, Sujarwoto et al., 2018); not on the ways cultural factors may influence well-being. There are, in addition, two studies on happiness in Indonesia (Jaafar et al., 2012; Pratiwi & Kismiantini, 2019). Both studies indicate several indicators of happiness that appear to be significant in Indonesia. They are age, marital status, family, social (intra- and inter-personal) relationships, autonomy or self-fulfilment, financial status, absence of negative feelings, health, education, job status, recreation needs, religious or spiritual needs, career or achievement at work, education, basic needs, and national prosperity and peace (Jaafar et al., 2012; Pratiwi & Kismiantini, 2019). However, these studies do not provide a thick description and criteria for each predictor, nor does it attempt to explain how the identified factors might contribute to well-being.

For this reason, in light of Indonesia's large population and rapid sociocultural transformation in urban areas, there is a need to more fully understand the psychosocial factors that influence well-being and the effect of changing social norms, values, and ways of life as a result of urbanisation and modernisation might have on well-being. This is the specific contribution of the present study whose results will have wide applicability in Indonesia and also in other developing countries in Asia.

2.1.1. Well-being in the perspective of Positive Psychology within a cultural context

As mentioned above in the Introduction chapter, there are indications that literature on well-being based on Western cultural contexts might not be a good fit for understanding well-being in Indonesia (Fernando, 2014; Pidgeon, 2015). As a developing

country in Asia and the largest Muslim community in the world, Indonesia has a specific cultural context that is unique and considerably different from Western contexts.

There are two major cultural criticisms of positive psychology (Brown et al., 2017). First, positive psychology disregards a person's context. Positive psychology's presumptions on universalism are one of the most prominent criticisms of this field (Lomas, 2015). Second, as a result of disregarding the context, positive psychology is said to only fit Western people that are well-educated and have good financial resources (Brown et al., 2017)

According to Seligman and Csikszentmihalyi (2014), scientific research findings in positive psychology are able to transcend beyond specific cultures and reach universality. However, Wong and Roy (2017) argue that such confidence is unjustified because in positive psychology, what is considered to be positive and good is based on specific social norms and specific cultural contexts. Furthermore, Lomas (2015) also argues that cultural perspective on the self influences well-being. Thus, well-being has to be understood within a given cultural context. Lomas also argues that positive psychology research should focus on universal-relativism instead of universalism. Based on the reasoning above, this study considers the importance of a contextualised position in investigating Indonesians' well-being and mental health. In other words, this study incorporates values, norms, ways of life, and other cultural contexts into an understanding of the phenomena of well-being and mental health as experienced by participants. The incorporation of values, ways of life, and other cultural contexts in understanding the phenomena of mental health and well-being in this study are discussed further in section 2.3.

In light of universalism vs relativism, Lomas (2015) explains that there are three perspectives in the field of positive psychology which embody universalism (culture-free perspective), relativism (culture-embedded perspective), and universal-relativism (a balanced synthesis and integrative cross-cultural perspective). Lomas (2015) notes that positive psychology should be based on a universal-relativism perspective. In the last few decades, positive psychology has moved from universalism that is based on a Western individualist approach to universal-relativism which puts a high value on a context-based approach in addition to the universal approach.

In this context-based approach, cultural contexts are not disregarded, instead they are considered essential. In a universal-relativism perspective, universal factors impact on well-being is mediated by diverse phenomena that are specific to a particular cultural context (culture-specific factors). Over the last few decades, there has been an increasing amount of well-being research that focuses on non-Western culture-specific determinants, although more than 70% of the studies are still conducted within Western cultural contexts (Brown et al., 2017). Examples of well-being research that incorporate cultural contexts are discussed below.

The increasing investigations into cross-cultural dimensions of well-being were pioneered by Ed Diener and Robert Biswas Diener (Biswas-Diener & Diener, 2006; Biswas-Diener et al., 2009) and focused on the influence of financial deprivation, as a universal factor, on the well-being of specific groups. Their findings suggest financial deprivation does not result automatically in poor well-being because it is mediated by culture-specific factors such as collectivism and spirituality.

Another example is the role of family relationships as one of the factors that influence well-being. Although a consistent relationship between marital status and well-being has been shown across the nations and over time, the positive and negative impact of marital status is mediated by cultural contexts. Vanassche et al. (2013) find that there are more damaging social impacts from being unmarried in cultural contexts where marriage is considered as the cultural norm.

From the examples above, it can be seen that a contextualised approach is required to fully understand well-being and the factors that influence it. Although there are universal factors, their impact on well-being is mediated by culture-specific factors that are embedded in the specific cultural context. This study is based on the contextualised position that put emphasis on the importance of Indonesians' values, norms, ways of life, and other cultural contexts in understanding conceptualisation of mental health and well-being and the psychosocial factors that influence it. All of the cross-cultural studies on well-being that incorporate cultural contexts are discussed further in section 2.3 about psychosocial factors that influence well-being and mental health.

2.2. Mental health

The concepts of ‘health’ and ‘illness’ are fluid and depend on the context, particularly cultural contexts (Paniagua & Yamada, 2013). For example, what is considered to be ‘normal’ and ‘abnormal’ behaviour depends on culture (Kring et al., 2014). Furthermore, what is considered to be ‘good’ and ‘bad’ mental health also differs across cultures (Gopalkrishnan, 2018). In this study, *culture* refers to a system of beliefs, conceptualisations, norms, and practices that are passed on through generations (American Psychiatric Association, 2013). It is widely accepted that cultural factors must be considered in diagnosing mental health issues (American Psychiatric Association, 2013).

Over the last decade, there has been increasing interest and research on transcultural or multicultural mental health worldwide (Paniagua & Yamada, 2013). Although the clinical entities experienced by individuals might be the same, the perceptions, experience, and meaning of mental health for specific populations might be different from other populations (Fawcett et al., 2012). The protective and risk factors that contribute to mental health and make up its aetiology might also be different because of diverse social and cultural backgrounds (Causadias & Cicchetti, 2018). The American Psychiatric Association, as one of the leaders in global mental health, has incorporated greater cultural sensitivity in the Diagnostic and Statistical Manual of Mental Disorders V that is used worldwide to diagnose mental health problems (American Psychiatric Association, 2013). Multiculturalism in the DSM V integrates culturally specific and universal perspectives into explanations of the dynamics of behaviour and the development of culturally responsive approaches to mental health treatment (American Psychiatric Association, 2013).

This developing transcultural mental health perspective has encouraged research on the nature of mental health worldwide. Much of this research has focused on the description of symptoms of mental health problems (see, for example, Zhou et al., 2016). Some research has indicated that Asian populations tend to have specific mental illness symptoms that are unique and different from Western populations (see, for example, Kirmayer & Ryder, 2016). The difference in the symptoms of mental disorders is related to cultural perceptions in understanding what mental health is (Lim et al., 2015). At present, there is still little research on the meaning of mental health compared to research

that describes symptoms and the expression of mental disorders. In order to understand mental health, it is necessary to know how individuals and communities form perceptions about what mental health is, the criteria for good mental health, and how good mental health can be achieved and maintained (Gopalkrishnan, 2018).

In the Asian cultural contexts, little is known about how individuals perceive mental health in relation to its cultural background. The criteria of what is good and bad mental health among Asian populations have not been extensively studied, whereas what is in fact considered to constitute good mental health in an Asian community may differ considerably from a Western community (Abdullah & Brown, 2011). The perception of what characterises normal and abnormal behaviour is also different (Kring et al., 2014). Most of the studies of mental health issues worldwide have relied on Western models that may not entirely fit Asian populations. It has been observed that the understanding of mental health in many Asian societies is closely related to the individual's familial self, centripetal-interdependent culture, cohesiveness and hierarchical interpersonal relationships, and balance and harmony rather than independence, personal freedom, and taking control of one's life values (Tse & Ng, 2014). Mental illness is perceived as something that a person should feel shame and guilt about because it may be seen as a result of antisocial behaviour, fate, or punishment from God, whereas, Western populations tend to understand mental illness as a physiological disturbance comparable to other types of disease (Papadopoulos et al., 2013).

In order to fully comprehend mental health, it is necessary to understand not only prevailing perceptions about mental health but also the protective and risk factors that influence mental health in the context of interest (see, for example, Fanany & Fanany, 2012; Liamputtong et al., 2012; Meyer et al., 2014). Much of the work in this area has been quantitative and has sought to assess the prevalence of the symptoms of mental disorder (see, for example, Thomas et al., 2016). In order to fully understand the determinants of mental health, however, it is essential to gain a deeper knowledge of the lived experience of individuals in various cultural contexts around the world.

In Indonesia specifically, although issues on mental health have received more attention from the Indonesian government in the past decade, research about the perceptions and the determinant factors of mental health is limited. Indonesian government's interest on mental health is manifested in Indonesia's 2014 national law,

Undang Undang no. 18 tahun 2014 tentang Kesehatan Jiwa [Law No. 18 of 2014 on Mental Health]. Law No. 18 of 2014 on Mental Health (Undang-Undang Republik Indonesia Nomor 18 Tahun 2014 tentang Kesehatan Jiwa, 2014) states that the Indonesian government will provide integrative and comprehensive mental health interventions for Indonesians with mental health problems and mental health disorders. It also states that the Indonesian government will protect the human rights of citizens with mental disorders. However, research on mental health issues is still limited and has tended to focus more on unusual contexts, such as poverty (see, for example, Tampubolon & Hanandita, 2014) or the social circumstances following a natural disaster (see, for example, Juth et al., 2015), rather than on more usual, day-to-day, and general living contexts. Transcultural mental health research in Indonesia has generally concentrated on the description of the symptoms of mental disorders instead of their determinants (see, for example, Widiana et al., 2018). In addition, in terms of services provision, there is a significant gap between the increasing number of cases of mental illness in Indonesia and the very limited mental health resources (Kementerian Kesehatan Republik Indonesia, 2013; Wardhani & Paramita, 2016; Mahendradhata et al., 2017). This is partly due to the lack of understanding about the nature and determinants of mental health, and, as a result, there is a need to understand the perceptions and experience of mental health in the Indonesian population.

2.3. Psychosocial factors influencing mental health and well-being

As noted above, the literature suggests there may be numerous factors that influence mental health and well-being. The effects of these factors on mental health and well-being are culture-specific and unique to certain populations (Diener, 2009; Diener, 2012). In other words, the influence of these psychosocial factors on mental health and well-being has to be understood within the cultural contexts, as discussed in section 2.1.1. Most of the literature on mental health and well-being suggests that significant psychosocial factors affecting mental health and well-being include personality, values, family, financial situation, coping stress, and social support (see, for example, Diener, 2012; Kring et al., 2014; Diener et al., 2017).

In the last decade, there has been an increasing number of studies on family in non-Western countries, particularly in the Asian contexts (see, for example, Hebbani & Srinivasan, 2016). For Asians, family tends to be very important because Asian cultures

are generally collectivist, interdependent and cohesive (Chang, 2014). There is also a growing number of studies on what are considered to be important life values among Asians and the relationship of these values to well-being (see, for example, Diener, 2012). The cultural factors that are objective factors, such as financial situation, are filtered through these subjective factors, which are values, before affecting mental health and well-being in the end. This relates to the ability to cope, and coping stress has been found to be the key mediator between stress and mental health in Western and Eastern studies (see, for example, Pidgeon, 2015).

Over the past decade, there has been also an increasing number of studies on religious coping among non-Western and Muslim populations, where religious coping seems to be of great significance (see, for example, Koenig, 2018). Another aspect of coping resources that is of increasing interest in non-Western populations is social support (see, for example, Lee et al., 2012). Social support is considered to be one factor that can affect an individual's ability to cope (Pidgeon, 2015). In addition to this, there is also a growing number of cross-cultural personality studies among non-Western populations, particularly about well-being in non-Western societies (see, for example, Lucas & Diener, 2015). The present study will contribute to this growing literature on non-Western societies by identifying the specific factors that affect the formation and experience of well-being and mental health in Indonesian cultural contexts.

In this research, the researcher uses the dichotomy of Western individualist culture vs Eastern collectivist culture as many other cross-cultural studies use. Individualism - collectivism are complex constructs that hardly can be simplified into polarised orientation. Tse and Ng (2014) note that there is no pure individualist and collectivist. A person can have both interdependent and independent self-construal. However, for the purpose of this study, the distinction is made between individualism and collectivism. It is because most of the well-being models and theories are based on and developed in Western cultural contexts. Thus, they may reflect the values and perceptions of individuals there, which most likely are different from individuals in Indonesia. The terms individualism and collectivism are maintained throughout the thesis because it is important to show how present study's findings added to the knowledge of mental health and well-being.

The psychosocial factors will be analysed using Zautra's two-factor model, which analyses all the factors as protective or risk factors toward mental health and well-being. The Zautra model of analysis is discussed in Chapter 3 Methodology, section 3.3.

2.3.1. Family

Family has been found to be one of the profound predictors of mental health and well-being in Asian populations (Hebbani & Srinivasan, 2016). The family unit tends to be highly valued and emphasised throughout the life course in the Asian cultural contexts (Raymo, 2015). The family unit in this context includes both nuclear and extended families (Kramer et al., 2002). Family shapes people's perceptions, beliefs, attitudes, personality, values, ways of thinking and behaving, interpersonal skills, and problem-solving skills (Papalia & Feldman, 2014). All of these variables may, in turn, affect mental health and well-being.

A great deal of literature suggests that the way an individual perceives family function will affect mental health and well-being (see, for example, Stewart et al., 2017). If family members have strong emotional bonds and a sense of togetherness, this family cohesion will often act as a protective factor in mental health and well-being (Cong et al., 2020). Individuals from families with high levels of cohesion have been found to be at lower risk of developing and experiencing psychological distress and depression, while individuals who have experienced low family cohesion may be more vulnerable to experiencing well-being problems (Ta et al., 2010). Asian families have generally been found to have high family cohesion, but modernisation and globalisation may be changing the nature of the family in Asian populations (Lam & Yeoh, 2018).

In addition to family cohesion, the literature suggests that the family, as a system, can be flexible in accepting changes roles and relationship rules, and individuals who experience this flexibility in the family system may be better adjusted in terms of well-being (see, for example, Olson, 2000; Knop & Brewster, 2016). In dealing with life changes and problems, a healthy family may benefit from a balanced, flexible system that can adjust to the situation (Stewart et al., 2017). The family system's ability to adapt and be flexible in facing life changes may make some families more resilient than others. Research indicates that family resilience may be a protective factor in children's mental health (see, for example, Walsh, 2015). Family resilience has been defined as the family's ability to withstand and rebound from disruptive life challenges to become stronger and

more resourceful (Walsh, 2003). This explains why a child who grows up in a non-supportive context, such as war or poverty, may have positive mental health, while a child from a family with high socioeconomic status may still experience poor mental health (see, for example, Fazel et al., 2012).

Many studies suggest that clear, respectful, and empathic communication between family members will also be a protective factor in mental health and well-being (see, for example, Berryhill et al., 2018). If family members can express their ideas and feelings openly within the family, the impact on cohesion and flexibility is likely to be positive (Van Schoors et al., 2016). However, Russell et al. (2010) find that sharing ideas openly and expressing emotions in Asian cultures are sometimes considered harmful to health and relationships. These differences between Western and Eastern populations are worthy of study in order to understand the impact of family factors on well-being in Asian populations as well as to evaluate existing models of health and well-being that incorporate cultural contexts.

Another family factor that has been seen as contributing to mental health and well-being is the quality of parenting. Research has suggested that quality of parenting, parental involvement, and the parent-child relationship may provide a good foundation for a child's lifelong positive mental health (Newland, 2015). Eastern cultures that emphasise hierarchical relationships support authoritarian parenting styles (Russell et al., 2010). Literature indicates that an authoritarian parenting style may have a negative impact on children's well-being (see, for example, Tripathi & Jadon, 2017), but most of the literature on this topic is based on Western cultural contexts. For this reason, the impact of authoritarian parenting styles in Asian populations is still not entirely clear.

There are significant gaps in the literature on the family's role in mental health and well-being between Western and Eastern cultural contexts. Research on the contribution of family factors to mental health and well-being of urban populations in Indonesia is limited. The study of family in Indonesia has tended to focus on the nature of the Indonesian family after natural disasters (see, for example, Juth et al., 2015). Juth et al. (2015) suggest that family is a primary resource of resilience in surviving traumatic events. Thus, an intervention aimed at parents is the most effective post-disaster intervention to support the mental health of children who have survived natural disasters. However, literature on the contribution of family factors to Indonesians' mental health in

ordinary and day-to-day contexts is limited. For this reason, there is a need to study this issue in order to gain an in-depth understanding of mental health and well-being issues in Indonesia.

2.3.2. *Personality*

As a psychosocial factor, personality has been found to be one of the strongest predictors of mental health and well-being (Lucas, 2018). Personality is the core of human identity and existence; it affects how people feel, think, and behave. Personality can be developed either by nature, as a product of biological hereditary, or through nurture, which relates to social learning (Kandler, 2012). Furthermore, personality affects how people perceive and give subjective meaning to life experiences (Papalia & Feldman, 2014). Perceptions in this context refer to the ways a person reacts to their experiences. In dealing with life stresses and adversities, perceptions and evaluation of the situation may affect the coping method chosen to deal with it. For this reason, some people are more resilient in dealing with the adversities of life than others (Goodman et al., 2017). Personality also affects interpersonal relationships (Papalia & Feldman, 2014) in terms of communication, interaction, and relationships with others and society.

The relationship between personality and well-being has been studied intensively. This relationship has been found to be direct or indirect (see, for example, Lucas, 2018). In a direct relationship, personality explains why certain people tend to be happier than others across time and context. Literature in this area has found that personality traits affect the way people process emotional stimuli that result in individual differences in psychological well-being (Weiss et al., 2008). People are more likely to perceive, attend to, and be more reactive to trait-congruent information and situations than incongruent ones (Diener et al., 2003). For example, extroverts tend to be more reactive to pleasant emotional stimuli than introverts, while people with neurotic tendencies may be more reactive to unpleasant emotional stimuli than individuals who are more stable (Srivastava et al., 2008). It appears, therefore, that personality creates a tendency for people to experience certain emotions that will affect their mental health and well-being.

In an indirect relationship, personality interacts with other psychological variables, such as coping, family functioning, and social relationship, in influencing mental health and well-being. These interactions are difficult to elucidate because they are complex and reciprocal. A great deal of literature has attempted to address this aspect

of well-being (see, for example, Sandhu et al., 2012). Pallant and Lae (2002) find that individuals with positive self-esteem, optimism, a sense of coherence, and internal locus of control are more likely to have adaptive coping strategies that promote well-being. Smillie et al. (2015) find that social relationship and social contribution mediates the relationship between extraversion trait and positive emotions. Again, personality variables seem to be mediated by other psychological variables in influencing well-being.

Lucas and Diener (2015) find that personality and culture are interrelated in understanding mental health and well-being. The most controversial issue in the relationship between personality, culture, and well-being is whether there are universal causes of well-being or whether these causes are culture-specific (Diener, 2012). Deci and Ryan (2008) show that autonomy, competence, and relatedness are the three basic universal psychological needs in the United States, Bulgaria, Germany, Russia, and South Korea. In other words, autonomy, competence, and relatedness appear to act as universal predictors of well-being across certain cultures that are quite different. However, Cheng et al. (2016), in studies on universal personality and cultural relativity among 33 nations, argue that neuroticism and extraversion traits are better predictors of well-being in the independent cultural context than in the interdependent cultural context. This finding suggests that any study of the impact of personality on well-being has to be seen within the social and cultural environment.

Personality has many dimensions. The most common studies about personality dimensions have focused on the value of broad and narrow definitions of the dimensions of personality. Some of this research argues that broad dimensions are better predictors than narrow dimensions (see, for example, Mann, 2004). Diener and Diener (2009) find that self-esteem, which is a person's evaluation of him or herself, is the strongest predictor of mental health and well-being. Self-esteem appears to be a protective factor for mental health and well-being (Du et al., 2017). People with positive self-esteem tend to see themselves as able to solve their problems and deal with any life adversities (Lucas, 2018). This positive evaluation of oneself tends to increase well-being.

Another broad dimension approach that can be seen in some of the most established research on the relationship between personality and well-being relates to the relationship between Big Five personality traits (extraversion, agreeableness, openness to experience, conscientiousness, and neuroticism) and well-being (see, for example, Soto,

2015). Most of the literature in this area agrees that neuroticism is the best predictors of well-being (see, for example, Diener et al., 2003; Widiger & Oltmanns, 2017). When a person has a high degree of neuroticism, he or she may be more prone to mental disorders and poor well-being.

By contrast, some literature has produced different results. There are researchers who argue that narrow personality dimensions are stronger predictors of well-being than broad dimensions (see, for example, Fitzpatrick, 2017). Moreira et al. (2015) find that self-directedness, cooperativeness, and self-transcendence strongly contribute to well-being. In the positive psychology perspective that has been growing in the past decade, Singh et al. (2012) show that hope, as a personality trait, has a significant positive correlation with mental well-being. Fitzpatrick (2017) finds that a higher level of optimism contributes to mental health and well-being despite the unfortunate situation in life. Alkozei et al. (2018) find that the gratitude trait reduces mental disorder symptoms and increases well-being in general. Trompetter et al. (2017) argue that self-compassion can be an adaptive emotion regulation strategy in dealing with life adversities. This resilience mechanism may promote good mental health and well-being. One explanation for this is that self-compassion provides a warm-hearted, caring, friendly, empathic, and non-judgemental state toward oneself in dealing with failure and suffering. All the studies on narrow personality dimensions have been carried out mainly in Western populations. However, in the interdependent cultural contexts, the narrow dimensions of personality might be very different from the independent cultural contexts. For this reason, there is a need for attention to be paid to the impact of narrow personality dimensions on well-being in interdependent cultural contexts.

As discussed above, there has been a growing body of literature on positive psychology over the past decades. A trend in studies on well-being has been on character strengths as a protective buffer and promoting agent for well-being (see, for example, Hofer, 2020). Among all the character strengths, Harzer (2016) finds that zest, hope, and curiosity are the most significant predictors of well-being. Peterson et al. (2007) find that hope, zest, and curiosity are related to hedonic well-being, while love and gratitude are related to eudaimonic well-being. Love, as manifested in a close and intimate relationship, may be the most fulfilling domain in life (Diener & Seligman, 2002). Most of these studies are based on Western populations. There are some studies on character

strength in non-Western populations (see, for example, McGrath, 2015). However, much of this work focuses on the personality traits themselves, not on the relationship between personality and well-being. Little is known about the relationship between character strength and well-being in non-Western populations, including Asian populations such as in Indonesia.

Although little is known about the relationship between personality and well-being among Indonesians, there have been a few studies on personality traits in Indonesia. Most of this research focuses on developing an Indonesian personality profile. Studies on the relationship between personality traits and well-being are limited in Indonesia. The results of existing studies on the personality profile of Indonesians are as follows. In relation to the five major personality traits, Indonesians have been found to have high extraversion and high neuroticism (Schmitt et al., 2007). Soetjiningsih (2012) studies the character strength in Indonesian university students. She finds that hope, curiosity, love, zest for life, gratitude, kindness, love of learning, bravery, and citizenship are the character strengths of her study populations. Lies et al. (2014) evaluate character strength among natural disaster survivors in Indonesia. They find that gratitude can be a protective factor against post-traumatic stress symptomatology in those who have experienced traumatic natural disasters. Aziz et al. (2018) study the well-being among secondary students in East Java. They find that optimism mediates the relationship between family functioning and well-being among students. All of these studies aim to present personality profiling for small specific groups of Indonesians. There is a need to study personality as protective and risk factor for well-being in the Indonesian cultural contexts. The present study aims to elucidate the combination of protective and risk psychosocial factors that influence Indonesians' well-being in the urban living context.

2.3.3. Coping and religious coping

Coping has been found to be a key mediator between stress and mental health (Freire et al., 2016). Coping is defined as an action-oriented or intrapsychic effort to manage demands created by stressful events that represent a drain on the individual's resources (Taylor & Stanton, 2007). There are individual differences in coping resources, which include personality, level of education, marital status, self-esteem, sense of mastery, social support, interpersonal and communication skills (Lazarus, 2013). These resources may, in turn, affect the coping process. In dealing with a stressful situation,

people generally use two types of coping strategies. Problem-focused coping focuses on removing, avoiding, or diminishing the stressor itself, and emotion-focused coping focuses on minimising the distress triggered by stressors (Lazarus, 2013; Avcioglu, 2019).

Lazarus (2006, 2013) notes that the way a person deals with a stressful situation could be either by engaging (that is, approach) or disengaging (that is, avoidance). Engagement coping deals with the stressor and includes problem-focused and emotion-focused coping such as support seeking, emotion regulation, acceptance, cognitive restructuring, and meaning-making (Avcioglu, 2019). By contrast, disengagement coping is often emotion-focused coping that represents an attempt to avoid or escape the feelings of distress and may include responses such as avoidance, denial, and wishful thinking (Avcioglu, 2019).

There is a great deal of literature on coping strategies in a cross-cultural perspective. Cohen (2009) states that cultural contexts include not only ethnic and national cultures but also religion, social class, and urban versus rural lifestyle, among others. One of the most relevant cultural contexts for the Indonesian population is religion. The Indonesian state incorporates religion into its national philosophy and has belief in God as one of its basic principles (Undang-Undang Dasar Negara Republik Indonesia, 1945; Sugara, 2018). As a result, Indonesian law requires every citizen to state a religion in official records. There are six religions that are approved in Indonesia, which are Islam, Protestantism, Catholicism, Buddhism, Confucianism, and Hinduism, although it has recently become permissible for citizens to claim adherence to religions not officially recognised in official documents. This includes traditional religions and various indigenous faiths (Aritonang, 2014). According to a Pew Research Center report, 93% of Indonesians said that religion was very important to them (Pew Research Center, 2018). For this reason, religious coping is likely to be very relevant in understanding mental health and well-being in Indonesia.

In the last decade, there has been considerable growth in the literature on religion as a resource for coping and as a tool for dealing with life's adversities (see, for example, Koenig et al., 2012; Bonelli & Koenig, 2013; Koenig, 2018). Religious coping is the use of religious beliefs or behaviours to facilitate problem-solving and prevent or lighten the negative emotional outcomes of life stress (Abu-Raiya & Pargament, 2015). Most of the

literature agrees that religious coping is a common coping mechanism used by people in dealing with life stress and is related to physical and mental health outcomes for a wide variety of life stresses (see, for example, O'Brien et al., 2019). In dealing with life's adversities, people may use religious rituals and activities, such as praying, consultation with clergy, sharing life stress with a congregation, and reading scriptures and holy books, as their way of coping with the stress. Pargament et al. (2000) suggest there are five key functions of religion that explain how it can be used for coping with stressful situations. These five key functions of religion are searching for meaning, seeking control, providing comfort, facilitating intimacy, and enabling life transformation (Pargament et al., 2000).

There are many methods of religious coping that will, in turn, affect the outcome. Pargament classifies religious coping as being of two types, positive and negative strategies (see, Pargament et al., 1998; Pargament et al., 2004; O'Brien et al., 2019, for discussion of this). Positive methods are based on a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others (Pargament et al., 1998). Positive coping strategies include benevolent reappraisal, collaborative religious coping, seeking spiritual connection, seeking support from God and congregation, seeking direction, religious purification, religious conversion, religious forgiveness, religious distraction, and religious helping (Pargament et al., 2004). By contrast, negative methods may be based on a less secure relationship with God, a doubtful view of the world, and a religious struggle (Pargament et al., 1998). The negative coping strategies are punishing and demonic reappraisal, questioning God's power, pleading for direct intercession, self-directing instead of God, spiritual discontent, and interpersonal religious discontent (Pargament et al., 2004).

Many studies have found that positive religious coping methods tend to be a protective factor for mental health and well-being, while negative methods may be a risk factor for mental health and well-being (see, for example, Park et al., 2018). Most of the literature agrees that people tend to use more positive than negative religious coping strategies (see, for example, Abu-Raiya & Pargament, 2015). One explanation for this is that people may be more likely to see God and their congregation as positive, as a source of love and support rather than pain and punishment (Koenig & Larson, 2001). Another

explanation is that religious traditions provide answers to the most difficult life problems, such as terminal illness and death, hence it is expected that people tend to use more positive religious coping strategies than negative religious coping (Abu-Raiya & Pargament, 2015).

However, most of the literature on this topic is based on the Judeo-Christian traditions, which have a theocentric and monotheistic nature (see, for example, Koenig, 2018). Although Indonesia's philosophical foundation is theocentric, and Islam as the largest religion in Indonesia (adhered to by about 80% of the population) is monotheistic, very little is known about the role of many methods of religious coping and the specific functions which it serves in Indonesian communities. To date, studies on the relationship between religious coping and well-being are still rare in Indonesia. This study aims to explore this relationship.

2.3.4. Values

Values, as an important cultural indicator, have been found to be one of the significant mediators in predicting mental health and well-being (see, for example, Schwartz & Sortheix, 2018). Schwartz et al. (2016) find that values include beliefs, goals that motivate action, and standards of evaluation about what is important to the individual. Values affect how people perceive situations and give meaning to life experiences. Furthermore, values also motivate and guide behaviour, including the drive to achieve certain goals in life that are important to the individual. In contributing to mental health and well-being, values interact with other variables, such as personality, coping, and religion (Schwartz & Sortheix, 2018).

There are many perspectives on values in the literature. While most of them include an economic dimension, there are two major psychological perspectives on values developed by Rokeach (1973) and Schwartz (2012, 2016). Rokeach (1973) classifies values into terminal and instrumental values. Terminal values refer to desirable end-states of existence, while instrumental values refer to preferable modes of behaviour to achieve terminal values (see, Feather & Peay, 1975; Itztes et al., 2017, for discussion of this). However, some of the literature suggests that Rokeach's values may not reflect the basic and core values of most human beings (see, for example, Gibbins & Walker, 1993; Ahmed & Jabes, 2015).

On the other hand, Schwartz's values have been considered to be the most successful in presenting a comprehensive theory of values that has been widely used (Schwartz, 2016; Sagiv et al., 2017). Schwartz identifies 19 basic and core personal values that seem to be universal in nature. These values include self-direction-thought, self-direction-action, stimulation, hedonism, achievement, power-dominance, power-resources, face, security-personal, security-societal, tradition, conformity-rules, conformity-interpersonal, benevolence-dependability, benevolence-caring, universalism-concern, universalism-nature, and universalism-tolerance (see, Schwartz, 2012, 2016; Schwartz et al., 2012; Sagiv et al., 2017, for discussion of this). All of these values can be organised in a circular-continuum structure. Values that are close to each other are complementary values, while values opposite to each other are conflicting values (Schwartz, 2016).

The literature on Schwartz's values also includes a discussion of 'healthy' and 'unhealthy' values (see, for example, Sagiv & Schwartz, 2000; Cieciuch & Schwartz, 2018, for discussion of this). Healthy values are those that promote mental health and well-being, while unhealthy values damage mental health and well-being. Studies on values and well-being find that self-direction, benevolence, universalism, achievement, and stimulation are healthy values that will have a positive impact on mental health and well-being, whereas conformity, tradition, security, and power are unhealthy values that may have a negative impact on mental health and well-being (Sagiv & Schwartz, 2000; Cieciuch & Schwartz, 2018). However, all of the studies are mainly based on Western cultural contexts. Non-Western cultures, particularly Asian cultures, with their own specific value structure, may have a different perspective on the most important values. Thus, the healthy and unhealthy values in Asian cultural contexts might be different from those of Western cultural contexts. The challenge is to identify healthy values that will be protective as well as unhealthy values that might be risk factors that contribute to the mental health and well-being of Asians.

Values have also been seen in terms of growth versus deficiency-need values in relation to Maslow's theory of needs (see, Sorthaix & Schwartz, 2017, for discussion of this). The deficiency needs are the self-protective and anxiety-based needs, such as physiological and safety needs, while the growth needs are the self-developing and anxiety-free needs, such as self-actualisation needs. Self-direction, universalism,

benevolence, hedonism, and stimulation are classified as growth-need values; while conformity, security, tradition, achievement, and power values are classified as deficiency-need values (Schwartz et al., 2012). Sorthaix and Schwartz (2017) find that growth-need values tend to promote mental health and well-being, while deficiency-need values tend to have a negative impact on mental health and well-being. However, Maslow's theory of needs is based on Western cultural contexts, particularly on non-rigorous samples of self-actualised individuals that were limited to highly educated white males, such as Thomas Jefferson and Abraham Lincoln (McLeod, 2020). Therefore, there is still a need to study values in relation to growth and deficiency-need in non-Western cultural contexts, particularly in Asian cultural contexts.

As discussed above, values interact with other psychological variables in contributing to mental health and well-being. Values are beliefs and criteria that derive from a learning process through interaction with family, friends, colleagues, and others in the community. Sometimes these interactions complement each other, sometimes a single community may espouse different or even opposite values. Sagiv et al. (2017) note that the more congruent a person's values are with the community values important to him or her, the more positive impacts there are likely to be for mental health and well-being. Schwartz (2016) states that value congruence encourages people to identify common goals, accept these goals, and agree on how these goals should be achieved. This congruence will, in turn, have a positive impact on the individual's mental health and well-being. In Indonesia, following the end of the New Order government of President Suharto in 1998, the public experienced a cultural transformation characterised by increasing modernity, openness, outspokenness, democracy, and globalisation (Hainsch, 2016). This cultural transformation has been more intense in the urban areas, which are the centres of government and industry. At present, little is known about the impact of the cultural transformation on values and value congruence among Indonesians who live in urban contexts.

Most of the literature also shows that values have a strong relationship to religiosity regardless of the religion. Saroglou et al. (2004) and Saroglou (2017) note that religious people tend to favour values that promote conservation of individual and social order (such as tradition, conformity, and security) and promote self-transcendence (such as benevolence). They tend to dislike values that promote openness to change (such as

stimulation and self-direction) and self-enhancement (such as achievement, power, and hedonism). Based on these findings and the literature on healthy values previously discussed, Indonesian society, as a religious community, might hold unhealthy values (such as, conformity, tradition, security) that may, in turn, have a negative impact on mental health and well-being of its members. However, studies suggest that most Indonesians are happy (see, for example, Rahayu & Harmadi, 2016). The present study will contribute to the understanding of this apparent gap and will help explain the interaction of values and religious interpretation in relation to Indonesians' mental health and well-being.

The study of values among Indonesians is limited. Although Indonesia's first core philosophical foundation is belief in God, very little is known about the role of religion in forming values and the specific functions which they serve among Indonesians. Some of the limited work on values has focused on academic motivation among Indonesian students; for example, Liem and Nie (2008) find that Indonesian students have more social-oriented achievement values than individual-oriented achievement values. Indonesian students have also tended to have more traditional-oriented values such as conformity, security, tradition, and universalism. The study considers values only in relation to academic motivation, not the role of values in day-to-day contexts among a broader sample of Indonesians. By contrast, this study aims to explain the role of values in relation to mental health and well-being in the day-to-day lived experiences of Indonesian adults.

2.4. Theoretical framework: Keyes' model of mental well-being

In studies of well-being, there are three models of optimal well-being that have been mainly used. These are the models developed by Diener (Diener, 2009, 2012; Diener et al., 2017), Seligman (2011, 2018), and Keyes (Keyes, 2013, 2014; Keyes & Martin, 2017; Magyar & Keyes, 2019; Keyes et al., 2021). All of these models are discussed in section 2.1. Discussion of the reasoning behind the use of Keyes' model in this research and about the Keyes' model itself is presented below.

In the present study, Keyes' model of flourishing well-being is used for the following reasons. First, Keyes' model is the most applicable to the collective culture of Indonesia because this model is the only one that includes a concept of social well-being (Keyes, 2014; Joshanloo & Niknam, 2019; Magyar & Keyes, 2019). In a collectivist

interdependent culture, interpersonal and social relationships have been shown to be an essential aspect of well-being (see, for example, Tse & Ng, 2014). Second, Keyes' model is the most complete and comprehensive of the well-being models. Keyes integrates two main approaches to the study of well-being: the hedonic and eudaimonic approaches (Keyes, 2014). Complete well-being, for Keyes, includes three dimensions, which are emotional well-being, psychological well-being, and social well-being (Keyes, 2002, 2005, 2007, 2010, 2013, 2014; Westerhof & Keyes, 2010; Keyes & Martin, 2017; Joshanloo & Niknam, 2019; Magyar & Keyes, 2019; Keyes et al., 2021). This integrated model allows for a more in-depth and thorough understanding of people's well-being.

Third, in comparison to other two models of well-being, only Keyes' model is supported by a substantial body of cross-cultural research evidence reported in the literature. This means that only Keyes' model, as one of the Western-based models, has a strong focus on the relationship between a person and their context. In other words, only Keyes' model puts strong emphasis on the importance of incorporating cultural contexts in understanding well-being. Keyes' approach to well-being and mental health research has been applied by many researchers in both Western and non-Western countries, such as the United Kingdom (see, for example, Konowalczyk et al., 2018), the Netherlands (see, for example, Simons et al., 2020), Australia (see, for example, Hides et al., 2020), Canada (see, Orpana et al., 2017), Argentina (see, Lupano Perugini, 2017), Portugal (see, for example, Fonte et al., 2020), Italy (see, for example, Joshanloo et al., 2017), Serbia (see, for example, Joshanloo & Jovanovic, 2017), various African nations (see, for example, Wissing & Temane, 2013), Ecuador (see, Pena Contreras et al., 2017), China (see, Yin et al., 2013), South Korea (see, Lim et al., 2013), Iran (see, for example, Joshanloo & Niknam, 2019), and Sri Lanka (see, Wimberly, 2020). These studies have allowed Keyes' cross-cultural model of well-being to be validated across cultures and the latent construct of mental well-being in these countries to be identified.

Based on long-standing studies on well-being, Keyes found that mental health and well-being are dual continua. Both of them have distinct dimensions but are closely related (see Keyes & Martin, 2017, for discussion of this). One continuum is for positive mental health or well-being, and the other continuum is the absence of mental illness. This implies that the absence of mental disorders does not necessarily correlate with the presence of positive mental health (well-being). Keyes developed this model based on an integration of hedonic, eudaimonic, and social well-being. In this mental well-being

model, Keyes called *well-being* as positive mental health or flourishing, while *mental health* is an absence of mental illness.

Keyes' dual continua model sees well-being as not just as the absence of mental health problems, but as encompassing a positive state of well-being that comes into existence when people have an optimal function in their life (Keyes & Martin, 2017; Joshanloo & Niknam, 2019; Keyes et al., 2021). There is evidence that, of the 14.1% of adults in the US who have been diagnosed with depressive episodes, 0.9% could be considered to have achieved optimal well-being, while, of the 85.9% of adults who did not have any mental health problem, only 17.2% had achieved their optimal well-being (Keyes, 2002). This evidence indicates that the absence of mental illnesses does not mean the existence of optimal well-being and vice versa. This finding led Keyes to conclude that well-being and mental health are not on a single continuum but represent dual-continua. The well-being continuum ranges from minimal to optimal well-being, while the mental health continuum ranges from minimal mental health problems to maximal mental health problems (Keyes & Martin, 2017).

As noted above, Keyes integrates two main approaches of well-being, the hedonic and eudaimonic approaches, into his model. The hedonic tradition is concerned with maximising positive affect to increase subjective well-being (Diener, 1984, 2009, 2012; Diener et al., 1999; Diener et al., 2017; Diener et al., 2018), while the eudaimonic tradition is concerned with an optimal and positive ability to function in life (Ryff, 1989; Ryff & Essex, 1991; Ryff & Keyes, 1995; Ryff & Singer, 2008). Keyes describes mental well-being as consisting of three dimensions of well-being, namely emotional, psychological, and social well-being (Keyes, 2002, 2005, 2007, 2010, 2013, 2014; Joshanloo & Niknam, 2019; Keyes et al., 2021).

From the hedonic perspective, emotional well-being is achieved when an individual has positive affect and is satisfied with his or her life. Emotional well-being has three aspects: happiness, life interest, and life satisfaction. These components derive from Diener's concept of subjective well-being (Diener, 2009, 2012). From the eudaimonic perspective, psychological well-being is achieved when an individual has an optimal function in his or her own life and has achieved self-actualisation. Psychological well-being has six aspects: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. This derives from Ryff's

concept of psychological well-being (Ryff, 1989; Ryff & Keyes, 1995; Ryff & Singer, 2008).

Another eudaimonic approach that deals with optimal functioning in society is sometimes referred to as social well-being (Keyes, 1998, 2014; Keyes & Martin, 2017). As noted in section 2.1, this dimension has five aspects: social integration, social contribution, social coherence, social actualisation, and social acceptance. This is based on Keyes' concept of social well-being that is rooted in social psychology and classical sociological theory, including the works of Marx, Durkheim, Seeman, and Merton (Keyes, 1998; Keyes & Shapiro, 2004; Joshanloo & Niknam, 2019). Mental well-being is defined as "high-level of subjective well-being combined with an optimal level of psychological and social functioning" (Westerhof & Keyes, 2010, p. 112).

2.5. Conceptual framework

This study uses Keyes' model of well-being as a theoretical framework. Keyes' work focuses on the interaction between personal well-being, which affects the individual (emotional and psychological well-being) and social well-being, which relates to the larger social context in which individuals interact with each other to achieve various tasks or goals (Keyes et al., 2021). As previously mentioned, Keyes' model incorporates five aspects of social well-being that indicate the extent to which individuals can cope with and overcome social challenges. This is especially important in Indonesian cultural contexts where the presence of social components is integral to people's perceptions and experiences of well-being and mental health (see, for example, Alawiyah & Held, 2015; Cao & Rammohan, 2016; Pauwelussen, 2016).

Based on the cross-cultural studies that put emphasis on the importance of relationship between person and context in understanding mental health and well-being, there are many psychosocial factors affecting well-being and mental health, as discussed in section 2.3. In this study which takes place in the urban Indonesian cultural context, the factors of interest are family, personality, coping, and values. The conceptual framework is presented in Figure 1 below.

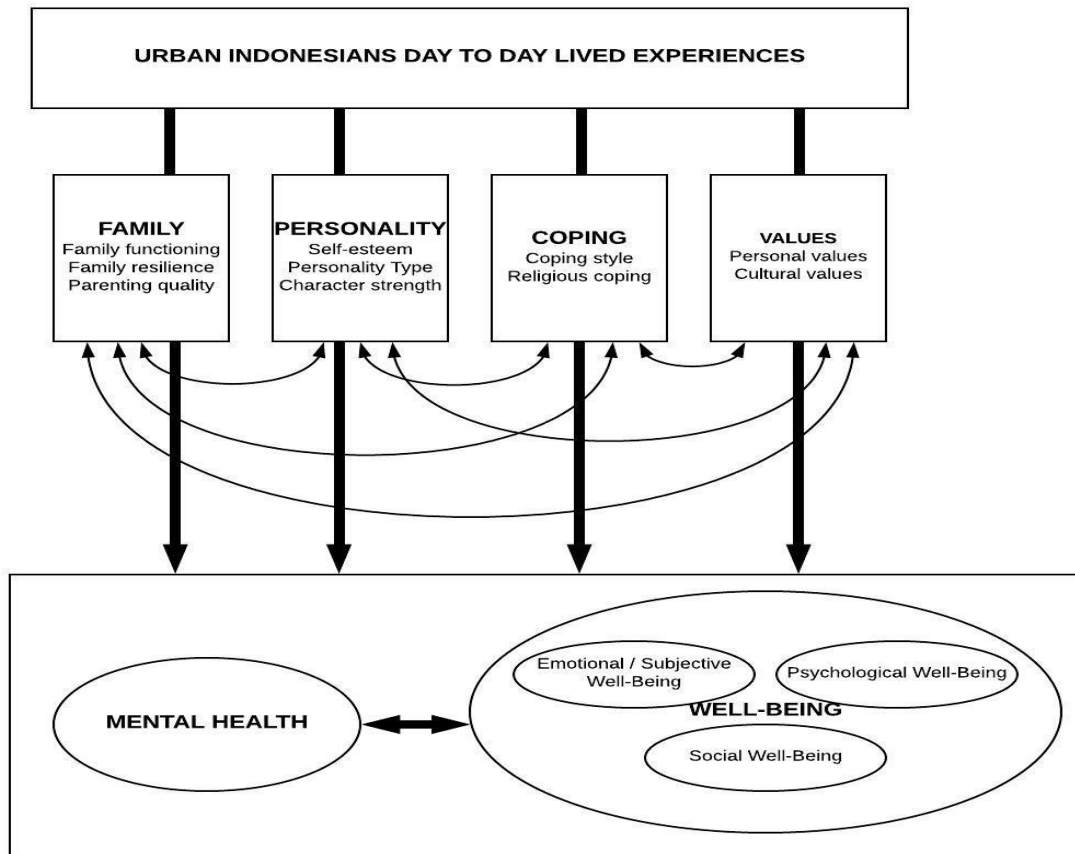


Figure 1. Conceptual Framework of this Study

2.6. Summary

This chapter reviews selected literature on well-being, mental health, and psychosocial factors that affect mental health and well-being. There is a growing body of cross-cultural literature on psychosocial factors in relation to mental health and well-being. However, most of the studies have been carried out in Western individualist cultural contexts where the values, social norms, and ways of life of individuals are very different from Indonesian collectivist cultural contexts. Little is known about the nature of mental health and well-being in the day-to-day living context of urban Indonesians. This study will fill this gap by providing an understanding of mental health and well-being conceptualisations and the role of psychosocial factors in mental health and well-being in the urban Indonesian cultural contexts.

CHAPTER 3.

RESEARCH METHODOLOGY AND DESIGN

This chapter describes the research methodology, Giorgi's descriptive phenomenological method for data collection and analysis, research design, research rigour, researcher's reflexivity, criteria for participants in this study, and data translation. The background and rationale for the chosen methodology and methods are also provided. At the end of this chapter, the ethical considerations in conducting this study are discussed.

3.1. Research methodology

This study uses a qualitative approach intended to elucidate an in-depth understanding of the perception of mental health and well-being among urban Indonesians. It also aims to investigate and describe the meaning of the contributions of psychosocial factors to mental health and well-being for the research participants and the community they represent. These perceptions and contributing factors have to be understood in the context of the lived experience of Indonesians based on the subjective meaning they give to their experiences that derives from their culture, society, and day-to-day personal and group interactions.

A phenomenological approach involving in-depth interviews was used to understand the lived experiences of mental health and well-being of the research participants. Phenomenology, as a research approach, was introduced by Edmund Husserl and centres on "the point of view of the behaving organism itself" (Snygg, 1941, p. 406.). Phenomenology aims to understand a phenomenon as it is experienced, perceived, and understood by the people involved (Englander, 2016). Phenomenologists are interested in a rich detailed description of phenomena and in capturing the essence of those phenomena (Giorgi, 2020b).

There are two major phenomenological approaches: empirical phenomenology and hermeneutic phenomenology (Gill, 2020). Empirical phenomenology is based on the Husserlian perspective (Englander, 2016). Husserl believed that the phenomenon of an object or the lived experience of individuals should be reflected in the way people experience the world around them and their interpretation of reality (Eddles-Hirsch, 2015). This understanding of the essence of lived experience can be achieved by

bracketing the researcher's perspective and prior knowledge in order to gain a clear view of the phenomenon (Englander, 2016; Giorgi, 2021).

By contrast, hermeneutic phenomenology is based on the Heideggerian perspective and suggests that it is impossible to set aside one's own presuppositions and beliefs (Gill, 2020). In effect, the researcher cannot achieve the reduction or bracketing that the Husserlian approach requires. Moreover, the Heideggerian perspective focuses on ontology, the pursuit of the question of being (Giorgi, 2007). Thus, the researcher needs to immerse him or herself in the phenomenon to gain an understanding of the experience (Eddles-Hirsch, 2015). In summary, the Husserlian approach focuses on description, while the Heideggerian approach focuses on interpretation (Gill, 2020).

Giorgi (2014) argues that the Husserlian reflective phenomenology is more appropriate for the study of psychological issues. There are two reasons for this. First, psychological analyses are ontical (examining specific ways of being in a particular setting) rather than ontological (examining fundamental structure of being). Second, the lack of reduction in the Heideggerian hermeneutical phenomenology implies that the consciousness of the researcher may be compromised. As a result, confidence in the findings might be reduced. Based on this rationale, this study will use the Husserlian phenomenological approach, as embodied in Giorgi's descriptive phenomenological method.

Giorgi's approach is often referred to as a descriptive phenomenological method because it is based on concrete descriptions of experienced events in everyday life by participants that can be transformed into an end result in the form of a description of the psychological essence or structure of the phenomenon (Giorgi, 2020a). Giorgi's method has been widely used and applied in many contexts. Among the studies available in the literature that take this approach are McInnis and White (2001); Beich et al. (2002); Koivisto et al. (2002); Martins (2008); Ojala et al. (2014); Jensen et al. (2014); Van Manen (2016); Bauger and Bongaardt (2016); Bradfield et al. (2019); Piredda et al. (2020); and Aldiabat et al. (2021).

Giorgi modifies four criteria of the phenomenological method for use in studying psychological phenomena (Giorgi, 1985, 1986, 2006, 2009, 2014, 2020a). These criteria are as follows. First, a description is required. The original data will consist of naive

descriptions of lived experiences, and after analysis, the researcher will describe the structure of the lived experiences and present the findings descriptively (Giorgi, 1985). Second, phenomenological reduction (bracketing or epoche) must occur, in which the researcher has to set aside any prior knowledge and beliefs that might be used to explain the phenomenon (Giorgi, 1997). This allows the researcher to listen to the participants' description of their lived experiences in an open and naive manner (Eddles-Hirsch, 2015). The reduction here is not a complete transcendental phenomenological reduction as in philosophy but a psychological phenomenological reduction where the situational and contextual settings of the lived experience are taken into consideration (Giorgi, 2021).

Third, essence or structure must be elicited through the description of the underlying structures of a phenomenon (Giorgi, 2009). This essence or structure can be extracted using an imaginative variation, which involves using the imagination to consider various aspects of the lived experience from different perspectives of participants until the essence of the phenomenon is evident (Giorgi, 2006). The data from participants are divided into meaning units, which give rise to psychological meaning with the end result being the structure or essence of the phenomenon (Giorgi, 1985, 2009; Giorgi & Giorgi, 2003). Fourth, intentionality connects human consciousness to the surrounding world (Giorgi, 1985). By understanding this mental relationship between human beings and the world around them, a researcher should be able to gain perspectives about participants' lived experiences (Eddles-Hirsch, 2015).

There are two assumptions that serve as the basis for ensuring rigour or trustworthiness in phenomenological research (Knaack, 1984). First, people are self-observers, thus data are valid when a person has experienced the research topic and is able to communicate his or her experiences. Second, data analysis is based on the researcher's intellectual context, thus, once this context is known, the analysis should be intelligible to others. In a phenomenological perspective, rigour or trustworthiness are achieved when the essential description of the phenomenon really captures its essence (Giorgi, 1988; Leigh-Osroosh, 2021).

Because the intent of this study is to elicit a deep understanding of the perceptions and lived experiences of urban Indonesians on mental health and well-being in order to explore the protective and risk factors that affect mental health and well-being, Giorgi's descriptive phenomenological method is particularly suited to achieve this aim. It is

appropriate because there is a recognised need for research that can offer an in-depth insight into this area of well-being and mental health as a basis for future work and practical applications.

3.2. Giorgi's descriptive phenomenological method

Giorgi (2014, 2021) state that phenomenological research always begins with a description of lived experiences that is obtained through interviews. The interviews aim to achieve an accurate and detailed description of the phenomenon that is being studied. Once completed, transcriptions of the interviews serve as the data for phenomenological research.

These data are analysed using a structured analysis that contains four specific procedural steps to ensure research rigour. The procedures of Giorgi's descriptive phenomenological method have been described in the literature and consist of the four steps outlined below (see Giorgi, 1985, 1989, 1997, 2006, 2009, 2014, 2020a).

Step 1: Read for a sense of the whole.

Phenomenology focuses on the holistic perspective (Giorgi & Giorgi, 2003). Therefore, the researcher cannot begin an analysis without understanding the complete nature of the phenomenon. He or she has to attempt "getting into the story" by allowing the subjective response to the whole situation to emerge (Giorgi, 2006). This understanding of the whole story will serve as the basis for the next step (Giorgi, 1985).

Step 2: Dividing the description into parts: establishing meaning units (themes).

Since most of the description will be too long to be analysed as a single unit, the data have to be divided into meaningful parts to achieve a more thorough understanding (Giorgi, 2006). These parts are referred to as meaning units or themes (Giorgi, 1985) that are based on psychological criteria (Giorgi, 1985).

Step 3: Transformation of meaning units (participant's everyday expressions) into psychologically sensitive expressions (psychological language).

This step represents the core of the analysis where a concrete expression of lived experiences in each meaning unit is transformed into the psychological meaning that is embedded in those experiences (Giorgi, 2006). Giorgi and Giorgi (2003) suggest that the

use of psychological jargon should be avoided. This is because there is no specific theoretical perspective that is as broad as the eclectic psychological perspective (Giorgi, 2006).

Step 4: Synthesising the transformations into an essential structure.

The researcher will apply imaginative variation to the transformed meaning units to explain the essential meaning of the experiences of interest (Giorgi, 2006). After considering all possible variations, the researcher will determine the most invariant connected meanings which will define the general structure of the relationship between meaning units (Giorgi, 2009). This synthesis and integration of meaning units is the ultimate goal of phenomenological research, namely the description of the psychological structure of the phenomenon (Giorgi, 2020a).

Giorgi's structured procedure for data analysis of interview data is used in this study. The steps outlined above will set the process of analysis and will guide the development of psychological meaning of perceptions and lived experiences of the participants as members of urban Indonesian in relation to the nature of mental health and well-being. According to Giorgi (1988, 2021), trustworthiness in his descriptive phenomenological research can be achieved through the use of phenomenological reduction (bracketing or *epoche*) and the search for essences with an imaginative variation.

3.3. Analytical framework: Zautra's two-factor model

In analysing the psychosocial factors that affect mental health and well-being, the analytical framework that is used in this study is Zautra's two-factor model (Zautra et al., 2010; Sturgeon et al., 2014; Sturgeon & Zautra, 2016). This model was developed by Zautra to understand psychological well-being (Zautra & Reich, 1983) and is widely viewed as rigorous in the study of well-being. The model has been applied in research on psychological distress, adaptation, affective health, mental health, and resilience topics (Finch et al., 1989; Smith & Zautra, 2008; Wright et al., 2008; Zautra et al., 2008; Yeung et al., 2012; Ong et al., 2015; Sturgeon & Zautra, 2016). This model has also been widely used and adapted by researchers in psychology and public health fields. These include Lawton et al. (1991); Pruchno et al. (1995, 1996); Stallings et al. (1997); Pruchno and

McKenney (2002); Suldo and Shaffer (2008); Antaramian et al. (2010); Pruchno et al. (2010); Liang et al. (2012); and Sturgeon et al. (2020).

In the study of mental health and well-being, the two-factor model is a model of risk and protective factors of well-being (Zautra & Reich, 1983; Reich et al., 2010; Zautra et al., 2010). Risk factors are vulnerability or liability factors, whereas protective factors are resilience or asset factors that influence well-being (Zautra et al., 2010; Sturgeon et al., 2014). The risk factors are individual, family, and community conditions that place an individual in a vulnerable or weak position in experiencing mental health and well-being. The protective factors are individual, family, and community conditions that are sources of strength or assets for an individual in experiencing mental health and well-being.

These risk and protective factors are related but separate from each other and are independent factors with their own aetiologies (Sturgeon & Zautra, 2016). They are also different from each other, and both sets are necessary for a comprehensive understanding of mental health and well-being. This suggests that the two-factor model has an integrative power to synthesise a wide range of specific factors and processes (Zautra & Reich, 1983).

The integrative power and open nature of this model support the aims of this study. This study is intended to elucidate the lived experience of urban Indonesians in order to explore the protective and risk factors that influence their mental health and well-being. An understanding of these protective and risk factors will, in turn, enable a deep and comprehensive understanding of the experience of mental health and well-being among study participants.

3.4. Research design

This study uses in-depth semi-structured interviews with open-ended questions. The in-depth interview was chosen because this study aims to gain a detailed and rich understanding of the subjective lived experience of mental health and well-being among urban Indonesians. The semi-structured interview ensures the participants had freedom and flexibility to tell their own narrative when answering questions based on an interview guide. The interview guide (see Appendix B) was developed by the researcher and was reviewed by the researcher's principal supervisor before pilot testing. The questions on the interview guide are based on the cross-cultural research findings on mental health and

well-being, as discussed in Chapter 2. All questions are open-ended, enabling participants to describe their experiences in a rich detailed manner. All questions are neutral, and there are no leading questions that might direct or bias participants' answers in a specific direction.

The researcher pilot tested the interview guide with two individuals who met the inclusion and exclusion criteria. These two persons did not participate in this study. They noted that the questions were easy to understand and answer because the questions related to their daily life situation and used ordinary language, they were familiar with. After pilot testing, the interview guide was reviewed again by the researcher's principal supervisor and two of the researcher's senior colleagues who are Indonesian psychologists and associate professors at the Faculty of Psychology, Universitas Indonesia. There were no substantial changes made to the interview guide following this review. After several steps of reviewing process, the interview guide was used in the interview for data collection. During the interview with the participants, probing questions were used to obtain a deep understanding of participants' lived experiences.

During the interview process, the researcher observed and took notes on non-verbal signs such as facial expressions, gestures, and other non-verbal interactions of participants. Verbal interaction is closely related to non-verbal communication (Stewart & Cash, 2017). Both verbal and non-verbal communication are essential in understanding the meaning of participants' lived experiences (Englander, 2012). After each interview, the researcher inserted the observation notes into the interview transcription. The interviews were held in a quiet room at the Faculty of Psychology on the Universitas Indonesia campus where the researcher is employed. The interviews were recorded in digital audio form and then were transcribed by the researcher and stored in password-protected files.

Participants in this study were recruited through an advertisement on social media, the website of the Faculty of Psychology, Universitas Indonesia, and the physical premises of Universitas Indonesia where the researcher is employed. The recruitment process took approximately one month, from 1st to 31st October 2018. Interested persons were asked to contact the researcher through the WhatsApp number provided in the advertisement. After that, the researcher screened them in a short interview for around 15 minutes over the telephone. During the short interview, the researcher explained about the

study, checked whether all the inclusion and exclusion criteria (see section 3.7) were met, asked about participants' willingness to participate, and participants' availability of time. The researcher also asked 1 question to the potential participant, which is "what was your most memorable experience that related to your well-being?". The 15-minutes screening interview enabled the researcher to assess participants' knowledge and experiences on mental health and well-being and their ability to communicate and express themselves in a clear and reflective manner, which assisted in the purposive sampling method that was used in this study. Those selected individuals were scheduled for an interview at a time of their convenience at the Faculty of Psychology on the Universitas Indonesia campus. None of the participants in this research had a prior relationship with the researcher.

The face-to-face interviews were carried out from November 2018 to January 2019 at Universitas Indonesia. At the interview, participants were provided with a plain language statement, consent and withdrawal forms. The plain language statement included the study description, procedure, and confidentiality arrangements and guarantee (see Appendix C). The plain language statement was also explained to the participants verbally. The researcher advised the participant that the results of the study would be used only in scholarly publications with all identifying data removed to ensure confidentiality. After consent was obtained, researcher interviewed the participants using the interview guide. There were 10 interviews with 10 participants. Each face-to-face interview in this study took approximately one and a half hours.

The researcher undertook the data transcription immediately after the interview was held to capture any details that might have been forgotten or overlooked. After the researcher reviewed the transcription, participants were contacted to check and clarify any unclear points and then the additional data were added into the transcription. After that, the transcriptions were analysed using Giorgi's structured data analysis method in order to understand the meaning of the lived experiences of mental health and well-being of participants as representatives of the urban Indonesian community.

3.5. Rigour or trustworthiness

In qualitative research, the term 'rigour' or 'trustworthiness' is used to assess the quality of the research (Liamputtong, 2019). Lincoln and Guba (1986) have suggested that trustworthiness is more relevant in qualitative research rather than validity and reliability. Trustworthiness refers to the authenticity, quality, and truthfulness of the

research (Guba & Lincoln, 1989; Delamont & Atkinson, 2011; Braun & Clarke, 2013). Lincoln and Guba (1985, 1986) note four criteria in ensuring trustworthiness in qualitative research. The four criteria and how they were met in this study are as follows:

1. Credibility refers to the truthfulness, accuracy, and vividness of the phenomenon being described in the research. In this study, credibility was achieved by recorded interviews in digital audio form and meticulous interview transcriptions that were made immediately by the researcher after each interview session to allow the researcher to review the transcriptions and to check the data with the participants again when there were unclear points to make sure that it accurately reflected the phenomenon that participant had described.
2. Transferability is similar to external validity in quantitative research and refers to the application of the research findings to other contexts or settings. Transferability in this study was ensured through several methods. They include the purposive sampling method combined with a thick and detailed description of the study participants, and the detailed inclusion and exclusion criteria for participants.
3. Dependability refers to the stability of the data over time. The data collection and analysis in this study were conducted until data saturation was reached in order to ensure dependability in this study. In addition, to confirm the themes that generated from the data, the researcher asked her principal supervisor and her senior colleague, who is an associate professor at the Faculty of Psychology, Universitas Indonesia, to review the interview transcriptions. After they reviewed the interview transcriptions, there were no new themes illuminated by either reviewer.
4. The last criterion, confirmability, is similar to objectivity in quantitative research. This study achieved confirmability through detailed documentation of data analysis as demanded by Giorgi's structured data analysis and the researcher's reflexivity. The researcher's reflexive journal documented all the researcher's thoughts, emotions, and observations throughout the research process. Researcher's reflexivity is discussed in section 3.6.

According to Lincoln and Guba (1985, 1986), by using of these four criteria, the trustworthiness of a study is ensured, which, in turn, confirms the rigour of the study.

3.6. Reflexivity: Situating the researcher in this study

Reflexivity is an essential element in qualitative research. Reflexivity refers to a process of critical self-awareness and self-reflection about oneself as a researcher and the research interaction with participants (Lazard & McAvoy, 2020). It involves continuous awareness and assessment by the researcher of the researcher's own voice that may influence the research process and findings (Dodgson, 2019). The researcher's voice includes personal background, gender, culture, values and belief system, professional background, and prior knowledge (Korstjens & Moser, 2018). Reflexivity contributes to the rigour of qualitative research (Liamputtong, 2019). In relation to research rigour, in addition to reflexivity, Giorgi's phenomenological methodology supports rigour through phenomenological reduction (bracketing or epoche) and the use of a structured analysis method (Giorgi, 1985, 2014, 2021), as discussed in sections 3.1 and 3.2.

I was aware that my professional background as a psychologist in Indonesia and academic staff at Faculty of Psychology for 16 years, my interactions with university students and clients, and my personal background growing up and living in an urban context in Indonesia since I was born, together with my values and beliefs, have contributed to my interest in studying the experiences of mental health and well-being among young urban adults in Indonesia. This interest includes both scientific research and also gaining beneficial and practical insights that will support professional commitments. In interacting with participants, I regard them as human beings to be engaged with, not only as the subjects of the study. Most of the participants wanted to ask about and consult me about their life during the interview. This created a question in my mind regarding my role as a researcher during the interviews.

To minimise the effect of my other roles, as a psychologist and educator, after finishing each interview session, I invited participants to ask questions or seek advice regarding their life problems in a question and answer session (Q&A session). Participants felt satisfied with this opportunity because they gained something extra from the interview, and I felt at ease knowing that the experience had a positive impact on them. The unexpected bonus that I experienced from the Q&A session was that participants became remarkably open in sharing their experiences in detail in the interview when they were told they would have a chance to ask any questions they liked at the end.

My professional training and my experience as a clinical psychologist and counsellor have accustomed me to a narrative process rather than a numerical quantitative approach. Familiarity with a narrative approach in my counselling sessions made it natural to extend it to a qualitative research design. Being used to empathising with clients and understanding the situation from their perspective motivated me to capture a full, deep, and detailed picture of mental health and well-being experiences among participants. I preferred not to reduce their experiences to a numerical statistic interpretation simply for the sake of achieving generalisation and replicability of the research.

However, choosing qualitative research raised a concern about the rigour of the research. Literature has shown that critiques of qualitative research often involve issues of validity, reliability, generalisability, and replicability. A changing perspective on science from a paradigm of scientific positivism to constructivism requires the criteria of research rigour from quantitative positivism not to be used in qualitative constructivist research (Koch & Harrington, 1998). In a constructivist paradigm, the most important thing is the research's trustworthiness (Elo et al., 2014). According to Lincoln and Guba (1986), there are four criteria for assessing trustworthiness in qualitative research. The role of these criteria and how they were ensured in this study are discussed in section 3.5 on research rigour or trustworthiness. As noted in section 3.5, researcher's reflexivity is part of how the confirmability of the research was achieved.

Following each interview, I wrote down all of my observations, thoughts, and emotions resulting from the discussion with the participant in a reflexive journal. I reflected on these notes for a significant amount of time in order to be aware of any biases and my own voice that may have influenced interaction with the participants. When there were unclear points, I checked and clarified with the participants again to ensure the transcriptions accurately reflected the phenomena they had described. After spending substantial time on introspective reflexivity, I began to analyse the data using Giorgi's structured data analysis method. When analysing the data, I wrote down all the reflections, thoughts, and emotions that emerged during the process. I made every effort to document the categorisation and organisation of data throughout the analysis process until the themes were exhausted. After that, I documented the whole process of synthesising and integrating the themes into an essential structure of the phenomenon.

I was aware that my professional background as a psychologist and educator made the participants trust me more, and rapport was easily established despite there being no existing relationships between the participants and me. My flexibility in accommodating their preference for the time of interview made the participants willing to participate in the study and be interviewed for around one and a half hours each. In interacting and engaging with participants, I was always cautious not to mix my role as a researcher with my role as a psychologist and educator. I restrained myself from commenting or making suggestions during the interviews that might interfere with the research findings. At the beginning of each interview, I clearly conveyed my position as a researcher to the participants by saying that I wanted to learn from them about their daily experiences of well-being and mental health. The time allocated after the interviews for the Q&A session strengthened my role as a researcher and minimised my other roles as a psychologist and educator during the interview.

My personal background as an urban Indonesian enabled me to understand naturally when participants talked about their daily life struggles and routines in urban Jakarta. Having shared the same experiences as urban residents positioned me as an 'insider'. As an 'insider', it enabled me to approach the study with some cultural intuition about the topics participants talked about. However, this triggered a question in my mind about how to ensure the data were a truthful description of participants' voices and not my own voice. For this reason, I was always aware and on guard against my own biases and values so that they did not affect data collection, data analysis, and research outcomes. I did my best to always set aside my personal perceptions, opinions, and prior knowledge. I fully listened to and empathised with the participants in order to learn about their perspectives, narratives, experiences, and subjective meanings. My professional background as a practising psychologist in Indonesia has helped me to maintain distance and to bracket myself from the participants' own narratives.

In conclusion, reflexivity was a valuable tool for me, as a researcher, in understanding the phenomena studied from a clearer and deeper perspective. It allowed me to clarify particular lenses through which the phenomena of interest could be studied, including my own background and philosophy. A clear understanding of my position during the research process enabled me to position my research in the context of well-being and mental health studies. As Shih (2019) noted, reflexivity is less about objectivity

in interpreting data but rather about acknowledging the researcher's subjectivity as part of the knowledge production process. Enhanced comprehension of my contributions to this research allowed the trustworthiness of this research to be maintained.

3.7. Participants

The participants of this study were ten middle-class adults aged between 20 and 40 years old who lived in Jakarta. There were five male and five female participants. The number of participants was based on the requirements of Giorgi's descriptive phenomenological method (Giorgi, 1985, 2009, 2014) and the data saturation.

According to Giorgi (1985, 2009), in phenomenological research, it is not the number of participants that matters but the number of instances of the phenomenon that are included in the descriptions. Giorgi (2009) also notes that in descriptive phenomenological research, there is a trade-off between the amount of data generated from a participant and the number of participants that are required for a study. The greater the amount of data collected from each participant, the smaller the number of participants required, but there must always be at least three participants (Giorgi, 2009). In this study, the amount of data generated per participant was immense for two reasons. First, each interview was in-depth and lasted for around one and a half hours. Second, during the interviews, all the participants were eminently open in sharing their lived experiences in a rich and detailed manner. For this reason, 10 participants in this study produced a large amount of data on the phenomenon being studied.

Data saturation in this study was reached by the time the researcher interviewed the ninth participant. When the researcher interviewed the ninth participant, the generated data already replicated previously collected information, and there were no new themes developed from the interview. However, to ensure that data saturation was achieved, the tenth participant was interviewed, and again there was no new themes that emerged from the interview. According to Saunders et al. (2017), data saturation is a criterion for completing data collection and analysis in qualitative research. Based on Giorgi's requirements for the number of participants in phenomenological research and the fact that data saturation was reached after nine interviews, 10 participants were sufficient to ensure the trustworthiness of this study.

This study used a purposive sampling method where the researcher recruited participants who met the inclusion and exclusion criteria who were able to provide in-depth, detailed, and rich information about the phenomenon being studied. As discussed in section 3.4, the researcher screened potential participants through a short 15-minutes interview. From these screening interviews, the researcher deliberately chose participants based on their knowledge and experience of the phenomenon being studied, their availability and willingness to participate in the study, and their ability to communicate their experiences in a rich, articulate, and reflective manner. According to Palinkas et al. (2015), purposive sampling is commonly used in qualitative research to obtain rich data on the phenomenon of interest in order to achieve the most effective use of a limited number of participants.

The participants in this study lived in Jakarta. The rationale for choosing Jakarta, as one of the urban cities in Indonesia, was as follows. Jakarta is one of the biggest cities in Asia and the second-largest urban area in the world (Demographia, 2020). As the capital city of Indonesia, Jakarta has experienced the greatest degree of cultural transformation in Indonesia's process of modernisation (Hainsch, 2016). This cultural transformation may impact the mental health and well-being of individuals living in the city (Ihsanuddin, 2017; Yulianto, 2017). In addition to cultural transformation, Jakarta is the largest population centre in the country occupied by members of many different groups, each with its own unique culture. These characteristics are typical of urban society in Indonesia and Asia more broadly. The features of the urban society include a large, dense population; high social mobility and social change; advanced communications technology; social heterogeneity; and high specialisation of skills and jobs (Gottdiener et al., 2015). In addition to being one of the biggest cities in Asia, Jakarta is also the largest of the five most populous cities in Indonesia ahead of Surabaya, Bandung, Bekasi, and Medan (World Population Review, 2022b). Therefore, the lived experiences of urban Indonesians living in Jakarta may reflect and presage the lived experiences of urban Indonesians in general.

The inclusion criteria in this study were gender, age, and middle-class socioeconomic status, which includes financial status and level of education. The exclusion criterion was prior interaction or relationship with the researcher. The aim of this was to maintain research objectivity and to avoid any biases or conflicts of interest

that might interfere with the research findings. For the inclusion criteria, the rationale was as follows.

First, in order to elucidate different lived experiences of mental health and well-being that may have a gendered component, both male and female participants were sought. Second, the age range of 20 to 40 years old is considered to represent young adulthood (Kail & Cavanaugh, 2015). This age group is considered to be the most productive demographic in Indonesia (Mihardja et al., 2014). At this stage of life, its members have to adjust to many life stresses, including personal and family-related stress as well as work-related stress. For this reason, mental health and well-being issues are likely to be very important to individuals in this age group in order to be able to function effectively and contribute positively to society.

Second, there are various developmental milestones that characterise this period of life, including career development, marriage, child-bearing, and other family life aspects (Papalia & Feldman., 2014). These developmental milestones will also contribute to the variation and richness of lived experience that is important in phenomenological research. This will allow for the elucidation of differences in the lived experiences of mental health and well-being among the urban population in Indonesia.

Third, the middle-class is the most rapidly growing socioeconomic segment in the Indonesian urban context, following the political changes that began in 2000 after the New Order political era ended in 1998 (Heryanto, 2011). The researcher screened all the potential participants for their financial status by asking their type of occupation, area of residence, and daily expenses as an indication of middle-class status. The researcher also asked what type of job the potential participants did. Ali and Purwandi (2016) note that most of the middle-class in Indonesia works in white-collar jobs with a better income compared to blue-collar jobs which usually places people in lower socioeconomic categories. Based on the World Bank's (2020) description, Indonesian middle-class income ranges from \$86 to \$1044 per capita per month. There are several suburbs in Indonesia that are regarded as middle-class areas (Suyanto et al., 2019). The researcher asked the address of potential participants to further assess their socioeconomic level. Furthermore, the researcher also asked about daily expenses to determine whether they fell within the range of \$2 to \$20 per person. Based on data from the Asian Development

Bank (2010), members of the middle-class in Indonesia generally spend \$2 to \$20 per capita per day.

Fourth, participants with at least a university education were chosen because this is also characteristics of the growing middle-class in Indonesia (Heryanto, 2011). Besides financial status, Ali and Purwandi (2016) note that this demographic segment has an educational status criterion. They suggest that the middle-class in Indonesia refers to well-educated people who have a university-level educational background. According to Hill and Wie (2013), Indonesia has one of the largest and fastest expanding tertiary education sectors in Asia. Hill and Wie (2013) also note that the growth of tertiary education in Indonesia has been even more rapid than the secondary level.

The participants' demographic data are presented in Table 2 below.

Table 2. Participants' Demographic Data

Participant' Number	Gender	Age	Marital Status	Educational	Occupation	Religion
1	Female	32	Married with children	Bachelor degree	Public employee	Islam
2	Female	22	Unmarried	Bachelor degree	Private employee	Islam
3	Female	27	Unmarried	Master degree	Private employee	Protestantism
4	Male	27	Unmarried	Bachelor degree	Private employee	Islam
5	Male	37	Married with no children	Master degree	Teacher	Protestantism
6	Male	30	Married with no children	Bachelor degree	Private employee	Islam
7	Female	35	Unmarried	Master degree	Private employee	Protestantism
8	Male	23	Unmarried	Bachelor degree	Private employee	Islam
9	Female	28	Married with children	Bachelor degree	Private employee	Islam
10	Male	28	Married with children	Bachelor degree	Private employee	Islam

3.8. Translation

The interviews for this study were conducted in Indonesian [*Bahasa Indonesia*], which is a national language and the language of daily communication in many urban

environments in Indonesia. The researcher, who is also Indonesian, shares a similar language and culture with study participants. The researcher as an ‘insider’ will enhance the rigour of the study, in combination with reflexivity and other methods to ensure the trustworthiness of the study, as discussed in section 3.5 (Liamputtong, 2008). There are a number of interview excerpts presented in Chapters 4, 5, and 6. Where excerpts from these interviews are presented in the thesis or publications, the researcher translated them into colloquial English. All translations were checked by the researcher’s principal supervisor, who is both fluent in Indonesian and a native English speaker.

It should be noted that a significant number of words and terms in the interview excerpts are marked as ‘English in original’. This indicates that participants used an English word or phrase as part of discourse in Indonesian. This language mixing is very characteristic of Indonesian speakers because of the prestige associated with the use of English which correlates with higher educational level and also higher socioeconomic status. However, English is not a language of communication in Indonesia.

Nonetheless, the social value of using English words is high, and it has been suggested by some linguists that Indonesia is developing a characteristic form of usage that corresponds to the local context but not to the way any group of native speakers uses the language (see Lauder, 2020, for discussion of this). Interestingly, many of the terms the participants used in English have corresponding terms in Indonesian. Examples include ‘calm’ for *tenang*; or ‘stress’ for *tekanan*. This again is characteristic of usage among better educated Indonesian because of the prestige associated with English as compared to Indonesian.

3.9. Ethical considerations

Ethics clearance was granted by the Deakin University Human Research Ethics Committee on 4th September 2018. The researcher carried out the data collection prior to transferring to CQUniversity to follow her principal supervisor. Ethics approval was granted for the period from 4th September 2018 to 4th September 2022, as application No. 2018-238 (see Appendix A).

This study was considered higher than low risk because it was conducted in Indonesia. At the time, Indonesia was on the list of high-risk countries due to several bombing incidents in Jakarta and Surabaya. However, in view of the study itself, there

was no risk of any kind to the participants. This study did not require participants to share any sensitive information. The psychosocial factors, such as religiosity, family, and financial situation, that were discussed in the interviews are not considered sensitive information in the Indonesian community and are discussed openly in daily living contexts. Well-being is a general concern in Indonesia and is frequently discussed in the community. As an ‘insider’, the researcher is a native of the same community. Thus, she was able to carry out the interviews in a socially appropriate manner. None of the participants in this study experienced any distress during or after their interview.

In regard to data storage and protection, all data were de-identified. All participants are identified by code, with the key stored separately from the rest of the data and notes. Where appropriate, participants were assigned a common Indonesian name they were referred to in publications or presentations. All data from this study are stored in digital form at CQUniversity on a password-protected drive. Only the researcher and her supervisors have access to this material which will be stored for five years following the completion of the researcher’s degree to allow for future study and then securely destroyed.

3.10. Summary

This chapter describes the research methodology and design of this study. The rationale for the chosen method is also explained. The criteria for participants and method of participant recruitment are also described. At the end of the chapter, translation procedures for the interview excerpts and ethical considerations are discussed. The findings of this study that were obtained by the chosen methodology are discussed in Chapters 4, 5, and 6.

CHAPTER 4.

THE CONCEPTUALISATION OF MENTAL HEALTH AND WELL-BEING AMONG URBAN INDONESIANS

This chapter describes the findings of this study on conceptualisation of mental health and well-being among urban Indonesians. The chapter contains findings that respond to research questions no. 1 and 2, which are ‘how is well-being understood by Indonesians living in an urban environment?’ and ‘how is mental health understood by Indonesians living in an urban environment?’. The chapter is divided into two sections. The sections are conceptualisation of well-being and conceptualisation of mental health among urban Indonesians. Selected quotations from the interview transcripts are presented to illustrate the participants’ understanding of their own experiences.

4.1. Conceptualisation of well-being among urban Indonesians

For participants in this study who represented the urban middle-class in a major Indonesian city, well-being had grown in importance and was a significant aspect of their lived experience. This phenomenon was reflected in a large number of advertisements and discussions across both traditional and social media. Social media is very significant in Indonesia (Wong, 2019), and the majority of participants regularly used platforms like Instagram, Line, and others in their day-to-day life.

“*Well-being* itu penting banget buat orang Jakarta. Terlihat dari bagaimana mereka mencari *source* untuk membuat mereka bahagia . . . sekarang ini ya, sementara waktu beberapa tahun yang lalu waktu saya masih SMA, orang Jakarta ga gitu peduli dengan itu, tapi sekarang mereka menilai itu menjadi sesuatu yang penting. Isu *well-being* jadi lumayan dikenal dan diperkenalkan ke orang-orang. Terlihat dari media sosial.”

[Well-being [English in original] is very important for people in Jakarta. It can be seen how they are looking for the source [English in original] of happiness . . . that’s how it is now, but a few years ago, when I was in high school, people didn’t really care about it (well-being), but now they value it as something important. Well-being [English in original] issues have been introduced and are known to people. You can see it in all over the social media.]

Participant 3

The participants described the relationship between well-being and emotional state as follows. All of participants connected well-being to low arousal positive emotions that included a feeling of peacefulness, calm, and serenity.

“Menurut aku, kesejahteraan psikologis itu keadaan damai yang dirasakan seseorang, dimana orang tersebut merasa tenang, nyaman, jauh dari emosi negatif.”

[For me, well-being is a peaceful state that a person experiences where he feels calm, peaceful, far from negative emotions.]

Participant 4

Participants felt a person whose well-being was good would experience inner peace, tranquillity, serenity, peace of mind, and calm. There was high consistency among participants in the terms that they chose to describe the emotional content of well-being. All of these emotions can be categorised as positive low arousal emotions (Jiang et al., 2016). These findings on the conceptualisation of well-being as a positive emotion and an absence of negative emotion reflect an emotional well-being dimension in Keyes' model (Keyes & Martin, 2017). However, there are considerably different conceptualisations on what type of positive emotion was perceived as constituting good well-being between participants and Keyes' model.

“Orang yang kesejahteraan psikologisnya baik adalah orang yang memiliki ketenangan dan kedamaian hidup.”

[People who have good well-being are those who have a calm and peaceful life.]

Participant 1

The source of these emotions came from their belief in God, as stated by participants. Indonesia, in general, is a religious society, and belief in God is one of the founding principles of the nation (Sugara, 2018). The dynamic of the relationship between religiosity and well-being is described below.

“Individu dengan kesejahteraan psikologis yang baik itu merasakan kenyamanan dan ketenangan lahir-batin. Perasaan tenang, netral, bahagia, damai, dan sejahtera. Aku ngerasa damai lebih ke spiritual sih mbak, lebih ke *religious*, ke agama karena ada penerapan ibadah-ibadah agama. Aku merasa dengan aku beribadah itu aku lebih *connect* ke Tuhan, itu bikin aku lebih *calm*.”

[An individual with good well-being feels inner peace and calm, both physically and psychologically. A feeling of calm, neutralness, happiness, peace, and prosperity. I feel that peacefulness is spiritual, it relates to religious [English in original] faith, to religion, because the religious rituals sink in. I feel by doing these rituals, I am more connected [English in original] to God, and it makes me feel calmer [English in original].]

Participant 2

In addition to peacefulness and calm, some of the participants also linked well-being to happiness, enjoyment, and joy. All of these emotions are categorised as positive, high arousal emotions (Miyamoto et al., 2014). In discussing happiness, participants used

the Indonesian term *bahagia*, which is translated as ‘happy’ in English, but *bahagia* relates to a long-term, deeper happiness, rather than an easy, superficial happiness (KBBI, n.d.). It was usually used in the context of a good and meaningful relationship with family and close friends. There are, in fact, two other common Indonesian words that overlap with ‘happy’ in English: *senang* which expresses ‘happy’ as in pleased or content with, and *gembira* which has connotations of excitement (KBBI, n.d.). Neither of these terms was used by participants in discussing well-being. All suggested that well-being was better described by a more profound and long-lasting type of happiness that related to their life in general.

“Orang yang well-beingnya oke adalah orang yang bahagia. Bisa bahagia, bisa tersenyum, menjalani hari-hari dengan baik, tidak terbebani. Tidak terbebani sama ya kondisi, maksudnya ya ada stres tapi bisa *cope*, bisa *enjoy life*.”

[People with good well-being are happy people. They can feel happy, they can smile, they can live their life without feeling burdened. Not feeling burdened by the situation. It means they experience stress but they can cope [English in original] with it, so that they experience an enjoy life [English in original].]

Participant 3

Some of the participants conceptualised well-being as a state of balance in their emotional life, in which they experienced both happiness and calm at the same time. The combination of a high and low arousal positive emotion seemed to create the sense of well-being they recognised.

“Sejahtera itu kita merasa senang tapi bukannya yang sampe hingar bingar gitu tapi yang tetap ngerasa damai di dalamnya. Kayak kombinasi, ada *balancenya* kombinasi antara si bahagia dan si damai.”

[Well-being is when you feel happy, but it isn’t too extreme, and you still feel inner peace. It’s a combination, there is a balance [English in original] between happiness and peace.]

Participant 2

In the conceptualisation of well-being as a state of balance in emotional life, participants also mentioned well-being as a balance between positive and negative emotions. When they felt fear, which is a negative emotion, in a challenging situation, for example, they felt that well-being allowed them to overcome the negative emotion and feel calm and serene, which are positive emotions. This reflects a dialectical way of thinking among participants.

“Apapun yang kita dapet dalam hidup kita, itu kita ya menyikapinya dengan tenang. Kita dapet musibah, ya itu kita sikapi dengan tenang. Menurut *saya well-*

being itu ya tenang, kita berpikir bahwa “ya ini gue tau ada masalah gitu ya, dan itu akan mempengaruhi hidup gua gitu, tapi gue ingin menyikapinya dengan tenang aja dan gua ingin melewatinya dengan tenang dan gue bisa mencari solusi.”

[Whatever you experience in life, you can deal with it calmly. When something bad happens, you deal with it calmly. For me, well-being [English in original] is calm, you think, “I know there is a problem, and it will affect my life, but I will just deal with it calmly and pass through it calmly, and I can find a solution to the problem.”]

Participant 10

In the context of this particular conceptualisation, participants also saw good well-being as allowing them to cope effectively with life stresses. In dealing with such problems, they felt they could bounce back and gain strength from the experience. In this, the participants described resilience, even though they did not appear to be aware of this psychological attribute as a discrete entity.

“Kesejahteraan psikologis itu menurut aku adalah kondisi psikologis seseorang yang seimbang dan aman . . . Seimbang sih aku merasanya kalo dia dapet sesuatu yang menggoncang kehidupannya misalnya ada kematian keluarga atau di kantor itu ada pemotongan uang, dia tuh tetep tetep seimbang, tetep kayak timbangan memang ada berat tapi dia bisa *bounce back* gitu loh mbak.”

[For me, well-being is a balanced and secure psychological state . . . Balance is when you experience something that shakes you, like a death in the family, or a pay cut at work, you still can feel balanced. It is like a scale when there is a weight on it, but it can still bounce back [English in original] to reach stability.]

Participant 1

Another important subjective meaning of well-being the participants described was a feeling of contentment and satisfaction with their life. This finding reflects the life satisfaction aspect of emotional well-being (Keyes & Martin, 2017) in which the more fulfilled a person feels, the more positive emotions he experiences.

“Ngerasa *fulfilled*, sesuatu perasaan positif yang membuat kayak ya ada kepuasan, perasaan sudah *do something good enough, achieve something good enough in life*.”

[You feel fulfilled [English in original], a positive emotion that gives you satisfaction, a feeling that you have done something good enough, achieved something good enough in life [English in original].]

Participant 3

For participants, they experienced a feeling of satisfaction after they had achieved goals or felt that their life had meaning. These goals might be short-term or long-term and seemed to primarily relate to work and family. As younger adults, their goals centred on

having a good career and a family of their own. Specifically, for the female participants, most sought to have a good work-life balance. All of these goals might be seen as relating to the developmental tasks of young adulthood, which are marriage, child-rearing, and career achievement (see Papalia & Feldman, 2014).

“*Satisfied*, kalo sekarang mungkin belum terlalu *satisfied* karena kan masih di awal kerja... merasa *satisfied* nanti kalo *long term goals*nya yang terpenuhi. *Long term goals*nya adalah bisa kerja mandiri nanti, trus punya *flexible working hours*, kemudian dengan punya *flexible working hours* punya *family time* yang lebih banyak.”

[You feel satisfied [English in original]. If now I don't feel satisfied [English in original] because it is still early in my career, I will in the future when I have accomplished my long-term goals [English in original]. My long-term goal [English in original] is to work independently on my own, so I can have flexible working hours [English in original] and be able to have more time with family [English in original].]

Participant 3

Participants felt that a life without purpose was meaningless. Having meaning in life gave them a vision of what their purpose is. This life vision, in turn, gave them spirit and enthusiasm for life. Some of the participants said that a life vision gave them a sense of direction and provided meaning in life. It also empowered them and contributed to their self-esteem. These findings reflect one of the aspects of psychological well-being in Keyes' model which is a purposeful and meaningful life (Magyar & Keyes, 2019). In relation to the other aspects of psychological well-being, participants in this study did not note autonomy and environment mastery as one of the aspects that constructed their well-being.

“Saya ngerasa kalo gak ada makna hidup itu gak bahagia. Dalam artian, “ngapain kita hidup”. Jadi bawaannya kita lebih ngerasa “oh saya tuh berarti nih untuk hidup” gitu, “saya punya sesuatu untuk dijalankan”, punya visi kedepannya.”

[I feel that, without a meaningful life, I can't be happy. This means like “why should I live?” So, you have to feel, “I have a reason to live”, “I have something I am supposed to do,” a vision for my future.]

Participant 8

For participants, the meaning of life usually centred on the people close to them, such as family and close friends. This finding is a unique reflection of Indonesian collectivistic culture. In Keyes' model (Keyes & Martin, 2017), a purposeful and meaningful life is not solely rooted in social aspects of life. However, for participants, their purpose and meaning of life were mainly sourced from their social life.

“Saya tuh hidup untuk bisa berbagi sama mereka. Tanpa mereka, keluarga dan teman-teman dekat saya, saya merasa hidup ini terlalu gede, terlalu luas untuk dinikmati sendiri.”

[I live my life to share with them. Without them, my family and close friends, I feel life is too big, too wide to enjoy by myself.]

Participant 8

Participants also wanted to have a positive impact on others. In other words, they wanted to make a social contribution and be a valued member of their family and society. All of these meanings of life that were associated with relationships and social contributions are consistent with Keyes’ model of mental well-being (Keyes et al., 2021) that includes social well-being as one of the components of well-being, not only emotional well-being (subjective well-being) and psychological well-being. These findings reflect the importance of social well-being in understanding Indonesians’ conceptualisation of well-being.

“Makna hidup saya sebenarnya *simplenya* ketika kita manusia hidup di dunia, kita bisa kasih yang sebaik-baiknya untuk orang lain. Kebermanfaatan untuk orang lain sederhananya sebenarnya.”

[The meaning of life is simple [English in original]. As a human being that lives in the world, you do the best you can for others. Being useful to other people is actually simple.]

Participant 10

Participants also explained that well-being is a positive attitude about themselves and their life. For them, good well-being meant that the person accepted their being and self, with all the positive and negative traits and characteristics, strengths and weaknesses that were part of themselves. They also accepted all of their life experiences, both in the past and present. Keyes (2014) notes self-acceptance as one aspect of well-being. As a result of accepting their being, participants also accepted other people and life in general, as well as all of the good and bad things inherent in that.

“Orang yang bisa menerima dirinya sendiri, baik kelebihan maupun kekurangannya. Penerimaan diri sendiri, mempunyai makna dan tujuan hidup, itu semua supaya saya bisa positif melihat diri saya sendiri dan juga positif dan semangat dalam menjalani kehidupan.”

[(A person with good well-being is) someone who can accept themselves, with all the positive and negative qualities they have. Self-acceptance, having a meaningful and purposeful life, makes me have a positive perception about myself and life. It also gives me passion and zeal in living my life.]

Participant 8

On the other hand, one participant was not able to accept himself and, as a result, he experienced poor well-being. As a result of not accepting and not being comfortable with himself, he felt rejected. This pretention of covering his ‘true self’ maintained acceptance from others but resulted in inner conflict. These inner conflicts made him experience anxiety, insecurity, and unhappiness.

“Karena orientasi seksual aku bukan mayoritas, itu pasti berdampak ke kesejahteraan psikologis atau *well-being* aku. Itu berdampak banget sih mbak. Sebenarnya aku masih harus menutup diri, sok-sokan bercanda ke orang-orang, jadinya bohong juga seperti bikin topeng.”

[Because my sexual orientation is not the majority one, it has an impact on my well-being [English in original]. It really has an impact. Truthfully, I still have to conceal my true self, pretend to be happy around people, but, in the end, it isn’t real, it’s like I’m wearing a mask.]

Participant 4

Some of the participants connected well-being with appreciation and gratitude in life. They felt that good well-being came from the ability to appreciate life and feel gratitude for what they had. They described happiness as having the emotion of gratitude.

“Aku sih nambahinnya perasaan bahagia itu perasaan syukur juga.”

[For me, happiness is a feeling of gratitude.]

Participant 7

Participants noted that people with good well-being appreciated simple things in life, such as being able to rest after a hard day or spending quality time with family. By feeling gratitude, participants were able to enjoy life.

“*By lying down* doang tuh, kayak kemarin wow setengah sembilan udah di atas kasur kayak wooow bersyukur dan berbahagia sekali.”

[By lying down [English in original], like yesterday, it was 8.30pm but I was already in bed, I was like, wooow, I’m so grateful and very happy.]

Participant 3

Participants also mentioned that a feeling of gratitude also enabled a person to experience good well-being despite of unfortunate circumstances.

“Aku suka lihat ada orang hidupnya susah, tapi tetap terlihat bisa bahagia. Menurut aku karena orang itu ya bisa bersyukur *regardless* apa yang mereka punya gitu.”

[Sometimes I see a person whose life is hard, but he can still be happy. I think this is because he can be grateful regardless [English in original] of how little he has.]

Participant 3

Another idea that participants had about well-being was a feeling of security. Some of the participants explained that good well-being meant being free from burdens, tension, stress, and anxiety.

“Orang yang kesejahteraannya psikologisnya baik itu orang yang merasa aman. Menurut aku dia ga ada ketakutan terhadap sesuatu yang mengancam dirinya, mentalnya.”

[People with good well-being are people who feel secure. I think they don't feel anxious because of anything might threaten them, in a psychological sense.]

Participant 1

In this conceptualisation, in addition to the psychological security, participants also noted that feeling secure encompassed physical security as well. Physical security, such as feeling safe in participants' neighbourhoods and in Jakarta, as a big city, was important, as was being free from illnesses.

“Belakangan ini ada rumor penculikan anak ni mbak. Nah itu untuk seorang ibu, itu kan sebuah ancaman. Nah untuk orang yang *well-being*nya baik itu dia bisa tenang karna dia merasa aman, karna anaknya sudah ada jalur pulang yang aman, ada yang mengantar jemput.”

[Lately there have been rumours about children being kidnapped. For a mother, this is a threat. A mother with good well-being [English in original] can feel calm and relaxed, because she feels secure, her child has a safe route to get home or because there is someone to pick the child up.]

Participant 1

In relation to physical safety and physical health, some participants described the mind-body connection in which they understood physical conditions to affect psychological state, and vice versa. In other words, if a person is sick, he or she might experience a depressed mood. This negative affective state might then influence the person's cognitive state that translate into negative thoughts and the person's behaviour that do not want to interact with others. This accords with various models of health, such as the biopsychosocial model, which suggests there are three factors that affect health and well-being (see, for example, Borrell-Carrio et al., 2004). These three factors are biological, psychological, and social. Each type of factor is interconnected and affects one another and may influence a person's health and well-being. While the participants in this study were not specifically aware of the way in which physical and mental health has been modelled, their conceptualisation of the connection nonetheless fits well with these frameworks.

“Menurut aku tuh, kondisi fisik kita tuh juga mempengaruhi kondisi psikologis kita gitu. Dimana ketika aku sakit itu aku juga jadi gak *mood* ngapa-ngapain. Nyampe kesitu juga, trus jadi eh jadi ga enaklah bawaannya, kurang *mood*, ga mau interaksi ama orang lain, jadi pesimis juga bawaannya. Ada koneksi antara lahir *which is* fisik dengan batin, jiwa.”

[For me, your physical condition affects your psychological condition. When I feel sick, my mood [English in original] will be low and I don't want to do anything. I don't feel well, I'm in a bad mood [English in original], I don't want to interact with others, and pessimistic. There is a connection between your physical and psychological state.]

Participant 2

Some of the participants conceptualised well-being as the ability to regulate or control emotion in dealing with daily life experiences. For participants, with good emotion regulation, a person was aware of his or her emotions and was able to manage them in order to produce an adaptive response. An adaptive response conforms to social norms that determine what behaviour is appropriate and acceptable in one's society (Ramzan & Amjad, 2017). Participants understood emotion regulation as being not reactive but being mindful and able to pause before producing any response to stimuli.

“*Well-being* itu adalah bagaimana soal kita akhirnya itu bisa mengatur emosi kia dengan baik, dan akhirnya kita bisa mengeluarkan respon yang tepat untuk kejadian yang kita terima. Orang yang punya *well-being* yang baik adalah ketika kita *mindfulness*. *Mindfulness* itu membuat kita akhirnya tidak menjadi reaktif. Ketika kita bisa mengatur itu menurut saya kita akan lebih mendapatkan ketenangan kayak gitu ya. Kalo kita sangat mekanistik kita langsung marah, gitu ada kejadian apa langsung kita respon, padahal sebenarnya kita bisa memberikan jeda.”

[Well-being [English in original] relates to how you regulate your emotion effectively so in the end you can respond correctly toward anything that happens. People with good well-being [English in original] have mindfulness [English in original]. With mindfulness [English in original], you don't react. When you can regulate your emotions, you feel calmer. When you are too mechanical, you automatically get angry as an automatic response, even though you really need to wait a minute (before reacting).]

Participant 10

For participants, controlling emotion meant that a person was able to suppress emotions. Participants described suppressing emotions as related to being able to control the expression of either high arousal or negative emotions. Good well-being, to the participants, meant that a person could control their emotions, particularly in front of others. Any expression of high arousal or negative emotions, such as a burst of temper, is considered to reflect emotional immaturity in Indonesian society (Marthoenis et al.,

2016). In relation to this understanding, the participants felt that emotional immaturity is a sign of poor well-being.

“Emosinya stabil, dia bisa mengontrol dirinya dan emosinya, ga labil lah. Pernah ada orang yang saya rasa kayaknya cukup *mature* secara psikologis, tapi ternyata ada masa juga dimana dia bisa histeris tiba-tiba . . . Responnya beda karena dia gak bisa kontrol. Ketika dia dalam kondisi yang is *not his best state* gitu, dia bisa yang malah marah kayak gitu.”

[If your emotions are stable, you can control yourself, you're not unstable. I knew someone who I thought was pretty mature [English in original] in a psychological sense, but it turned out something happened, and he became hysterical just like that . . . His response was abnormal because he couldn't control himself. When he was in a state that was not his best [English in original], he would just get mad.]

Participant 6

Another element in the conceptualisation of well-being of the participants related to having positive, harmonious, and meaningful relationships with others. Most of the participants felt that people with good well-being tended to have positive and intimate relationships with others in their life, such as family and close friends. Participants put a high value on interdependent and harmonious relationships. A sense of belonging, which participants understood as being part of their society or community, was very important to them. They did not like to be alone or to feel alienated from their family. Most of the participants viewed conflict in social relations as a source of life stress that had to be avoided.

“Nyaman kalau dalam relasi sosial, baik dengan orang terdekat maupun *outer circle* kita gitu ya. Ada keseimbangan juga gitu, jangan sampai kita hidup juga hidup sendirian, mengasingkan diri, tapi juga kita punya relasi yang dekat dengan orang-orang yang terdekat misalnya pasangan, sahabat. Bisa tetep *keep in touch*, bisa jaga yang hubungan baik, juga tidak berkonflik gitu, maksudnya tidak beronflik itu marah-marah atau nyimpan dendam.”

[(Well-being is) when you feel comfortable in social relationships, both with people close to you and also with your outer circle [English in original] of acquaintances. There is a balance there, it's not good to live alone and be an outsider. You need to have close relationships, like with your spouse and your best friend. You need to keep in touch [English in original] in order to maintain good relationships, relationships without conflict. Conflict means being angry or wanting revenge on others.]

Participant 5

Some of the participants explained that people with good well-being are able to function productively in all aspects of life, such as in the domains of family, work, and

socialising. In the end, this contributes positively to themselves and other people around them.

“Pemahaman yang saya maknai tentang *well-being* itu adalah sebuah kondisi dimana kita merasa, hmm, bisa berfungsi secara normal dan produktif.”
[My understanding of well-being [English in original] is a state where you feel you can function normally and productively.]

Participant 10

In conclusion, participants in this study felt that they had good well-being that was likely to be characterised by the presence of low arousal positive emotions such as a feeling of peace, calm, and happiness; acceptance of themselves, of others, and of life; the ability to be happy and enjoy life; a purposeful and meaningful life; life satisfaction; positive and harmonious relationships with others; and social contribution as part of a family and as a member of society.

4.2. Conceptualisation of mental health among urban Indonesians

Similar to well-being, mental health issues have received more attention from Indonesians who live in the urban context in the last decade. The participants were aware of the growing focus on mental health issues which had not been a major focus of public attention in Indonesia until recently.

“Media-media. Itu mulai berubah kayaknya kalo aku ngerasanya sejak dingomongin sehat mental bahwa *being healthy itu is not about physically healthy* juga tapi *mentally health. Mental health juga important*. Mungkin karena banyak orang yang stres, jumlah orang stres meningkat.”
[(I know about mental health from) the media. I think things began to change when people started talking about mental health, that being healthy is not only about (being) physically healthy, but also about (being) mentally healthy [English in original]. Mental health [English in original] is also important [English in original]. Maybe because so many people are stressed, the number of them is increasing.]

Participant 3

Most of the participants understood mental health to be a state where a person was free from mental disorders or mental illness. This conceptualisation of mental health, as an absence of mental disorders and no sign of any abnormal behaviours, accords with the mental health concept that is based on Keyes' mental well-being model (Keyes & Martin, 2017). In participants' understanding, people with mental illness were those who had an unhealthy mental state and experienced abnormal and strange feelings, thoughts, and behaviours, that would be generally recognised as symptoms of mental disorder.

“Kesehatan jiwa buatku, aku memahaminya secara harafiah aja berarti keadaan jiwanya ga sakit. Misalnya dia ga gila, ga depresi. Terus ya sehat jiwa gitu.”

[Mental health to me, I understand it literally as a mental state that is not sick. For example, a person is not crazy, not depressed. So, he’s mentally healthy.]

Participant 1

Participants considered abnormal behaviours to be actions or facial expressions that violate social conventions, such as talking to themselves, not wearing any clothes, not interacting at all with others, burning valuable things, killing other people, and killing themselves. They also felt that the converse was true, that people with good mental health are free from the symptoms of mental disorders. Those individuals with severe mental illnesses are also included in this categorisation. However, the symptoms experienced by an individual with schizophrenia, for example, might not be known or recognised by others around them. For this reason, the understanding of mental illness expressed by these participants tended to relate to unusual or socially inappropriate behaviour that was observable without special training or knowledge. Examples of what was considered as abnormal behaviours for participants are as follows:

“Dia nggak mau bersosialisasi bahkan dengan keluarganya sendiri pun, keluarga inti, dia ga mau. Terus kayak dia menghindari bertemu orang lain, yaitu saat dia yang kemudian saat dia kasarnya dia ga dapet ‘pemahaman-pemahaman baru’, kayak waktu itu yang paling nyeleneh adalah foto itu ga boleh, foto itu haram. Dia akhirnya mau bakar foto keluarga di rumah dia, dia bakar ijazah dia karna ada fotonya, which is ijazah itu kan ga mungkin bisa didapetin lagi . . . Itu yang membuat orang-orang tend to bilang dia stress, itu yang orang-orang bilang.”

[He [a mentally ill person the speaker knew] didn’t want to interact even with his own family. He avoided other people from the point he gained ‘new knowledge’, like (he thought) it was forbidden to take photographs, photos were forbidden and sinful. He burned all of his photos, his certificates because they had pictures on them. Even though it is impossible to replace all those certificates . . . That’s why people said he was stressed, that’s what people said (about him).]

Participant 6

“Ada anak mahasiswa yang bunuh diri, ibu bunuh anak kandungnya sendiri dengan ngebakar. Kan itu sakit jiwa banget. Masa bisa begitu orang.”

[(There was a university student who committed suicide, a mother who set her own children on fire and killed them. That is really disturbed. How can a (normal) person do that.)]

Participant 2

Participants also noted that people who were deemed to be mentally ill in Indonesia were generally labelled ‘crazy’ or ‘stressed.’

“Orang-orang bilang dia stress . . . karna perilakunya ‘aneh’. Mungkin ya pada pemilihan kata yang halus, daripada bilanganya ‘gila’.”

[People say that a person (who is mentally ill) is stressed . . . because his behaviour is ‘strange’ or ‘weird’. If you’re going to choose your words, (you say that), not that he’s ‘crazy’.]

Participant 6

Most of the participants learned about mental illnesses from public figures or celebrities who experienced these conditions and shared their experiences in the media, like TV and radio, or social media, such as Instagram, Youtube, and Line. From these sources, the participants concluded that mental health was a mental state that is free from disorder. Social and mass media might have a significant impact on both mental health promotion and the conceptualisation of mental health in Indonesia (Purwaningwulan, 2019). The participants noted the significance of the media in shaping their understanding of mental health issues.

“Dari film, dari tv, dari web, sosial media. Itu tuh kayak artis Indonesia yang kemarin dulu dia bilang dia gangguan bipolar, didiagnosa bipolar oleh psikiaternya, Marshanda nah itu namanya. Ya ntar dia bisa nangis-nangis sendiri, ntar dia bisa seneng banget, yang aneh gitu.”

[(I know from) movies, TV, websites, and social media. For example, an Indonesian celebrity said that she has a bipolar disorder, she was diagnosed by her psychiatrist as bipolar. Her name is Marshanda. At one time she could be crying alone, but other times she would be extremely happy. It is so weird.]

Participant 6

In relation to the aetiology of mental disorders, participants had a range of views. Some of them believed that mental disorder was a result of being sinful, a punishment from God, karma, fate, or caused by evil spirits. Some of participants also believed that mental disorder was a test of faith from God.

“Biasanya orang mikir mereka kena tulah, kutukan, atau diguna-guna oleh ilmu hitam, disantet orang biasanya bilang. Maka biasanya mereka kan pendekatannya juga menggunakan agama atau spiritual seperti dukun dll.”

[People usually think that they (people with a mental disorder) are plagued, cursed, or someone put a spell on them or it was black magic. So, they usually try to treat it the same way, using religion or magic, like a traditional healer or something like that.]

Participant 9

Other participants believed that it was a result of stress and a brain disorder that is a genetically based disease.

“Biasanya sih stress, mereka ga tahan menghadapi tekanan hidup jadi gila deh. Ada juga yang salah satu orangtuanya gila, anaknya juga gila, keturunan kali ya kalo itu.”

[(The cause of a person becoming mentally ill is) stress. They can't stand the pressures of life such that they become crazy. There are also situations where one of the parents is crazy, so the child might also be crazy. It might be a genetic thing.]

Participant 8

These two contrasting views reflect complex urban values that include both traditional values and modern, or so-called Western, values and views. These two conflicting views might exist in one person. The existence of both types of perception might be seen as a result of urbanisation and modernisation in Indonesia's cities.

In relation to the mental illness itself, some of the participants tended to view mental illness as parallel to physical illness, in that the medical profession might be able to address a person's problem and a return to normalcy might be expected.

“Sakit jiwa ya kayak sakit fisik. Harus ke dokter gitu. Harus berobat. Supaya bisa sembuh sakitnya. Supaya bisa balik normal lagi, kayak orang normal, seperti individu pada umumnya, masyarakat pada umumnya.”

[Mental illness is like physical illness. You have to go to the doctor. You have to take medication, so the disease can be cured. So you can be normal again, the way people and the community generally are.]

Participant 2

Other participants, however, had a much less sympathetic view of individuals who are unable to conform to social expectations because of illness. This particular view is deeply rooted in traditional understandings of mental illness. Participant noted that people with mental illness are being ostracised in the society. This reflects the high level of stigma toward people with mental illness in Indonesia.

“Mereka dijauhi oleh masyarakat, dianggap sampah masyarakat, dianggap orang terbuang, bawa sial, orang terhukum karena dosa-dosanya, hukuman dari Tuhan, atau kena pelet atau santet dari ilmu hitam.”

[They are ostracised by the community, people think they are garbage, they are outcasts, they bring misfortune, they're being punished for their sins. It's a punishment from God or they're possessed by evil spirits or it was black magic.]

Participant 2

Participants noted that the aetiology of mental illness is related to the appropriate treatment. For participants who felt that a mental disorder resulted from karma, fate, punishment from God, or evil spirits, the condition was viewed as treatable using a

spiritual or religious approach, which could include going to a traditional healer, cleric, or priest; reciting Quranic or Biblical verses; or applying a counteracting magic spell.

“Biasanya orang mikir mereka kena tulah, kutukan, atau diguna-guna oleh ilmu hitam, disantet orang biasanya bilang. Maka biasanya mereka kan pendekatannya juga menggunakan agama atau spiritual seperti dukun dll.”

[People usually think that they (people with a mental disorder) are cursed or someone put a spell on them or it was black magic. So, they usually try to treat it the same way, using religion or magic, like a traditional healer or something like that.]

Participant 9

For those participants who felt that mental disorders were a result of genetics like physical illness, the most suitable treatments were medical approaches, such as going to a doctor, taking medication, electrotherapy, or hospitalisation. Regardless of their personal view, participants understood that traditional approaches to mental illness in Indonesian society centred on supernatural or religious intervention, both in the cause of the illness as well as its treatment.

“Kalo masyarakat sih masih sering disholatin, didoain, dibawa ke kyai atau ulama buat didoain supaya sembuh. Ada yang sembuh, ada yang nggak. Dimasukin ke rumah sakit jiwa. Nah kalo dimasukin ke rumah sakit jiwa, mereka minum obat setiap hari, ada yang disetrum-setrum juga otaknya, saya pernah baca dimana gitu. Di daerah-daerah terpencil, mereka dipasung sih, diiket gitu di balok. Ini juga saya pernah baca di koran.”

[A lot of people pray over them (a person with a mental illness), say prayers for them, bring them to a cleric or religious scholar who will pray for them to be cured. Sometimes the person gets better, sometimes not. They might also put them in a mental hospital. Once they do that, the person will be given medication everyday or they might give them electroshock treatment. I read about that somewhere. In remote areas, they keep them tied up, they'll chain them to a block. I've read that in the newspapers.]

Participant 8

The subjective meaning that the participants ascribed to the aetiology of mental illness also affected their view of people with these conditions. As discussed above, participants noted that people who are mentally ill remain severely stigmatised in urban Indonesian society, where they are seen as crazy, cursed, damned, and dangerous such that they need to be avoided or ostracised. Most of the participants did also pity people with mental illness, however. This feeling of pity suggested that they viewed people with mental illness negatively and felt that people with mental illness were inferior compared to themselves.

“Aku mandangnya mereka kasihan karena biasa orang-orang pada menjauhi mereka. Dianggap jangan dekat-dekat karena mereka berbahaya.”
[I pity them because people usually avoid them. Like you shouldn’t get too close because they’re dangerous.]

Participant 9

One of the participants had directly experienced the negative effects of social stigma because of his sexual orientation. While same-sex orientation is not considered a disorder in the DSM V, it is seen as abnormal in Indonesia. For Indonesians, homosexuality is viewed as an abnormal behaviour, which needs to be cured or exorcised (Jocson & Adhartono, 2020). Indonesians put a high value on religion and tradition, thus same-sex orientation is seen to be a sinful act or a violent act against society’s norms (Khoir, 2020). Homosexuals then are seen as sick and needing a cure; as damned and needing to be purified; or simply as so strange that they need to be ostracised. For this reason, this participant try to conceal his same-sex sexual orientation. The self-restricting behaviours impacted his mental health in general as he felt anxious and tense in his daily life.

“Aku tahu stigma masih sangat besar di Indonesia, jadi aku perlu menutupnya dan menutup itu butuh energi. Aku perlu menyesuaikan diri dengan lingkungan . . . Aku masih harus menutup diri, sok-sokan bercanda ke orang-orang. Jadinya bohong juga seperti pake topeng. Itu kan ga sehat mbak. Pasti berdampak sih sebenarnya, karena sekarang masih takut-takut gitu.”
[I know that stigma is very strong in Indonesia, so that’s why I need to hide it (his sexual orientation), and hiding it takes energy. But I have to be able to fit in . . . I have to conceal my true self. I have to pretend to joke with people. But it’s a lie as if I am wearing a mask. It isn’t healthy. It must be affecting me because I am still always anxious until now.]

Participant 4

It was notable that, despite their high level of education and middle-class status, the participants still maintained many of the traditional views on mental illness that are usually associated with more traditional backgrounds in Indonesia. This suggests that certain customary views are changing more slowly than other aspects of the urban context. It is also possible that the traditional conceptualisation of mental health is more resistant to change because of the stigma attached to it and because social disruption of any kind is very negatively viewed in Indonesia. The participants in this study no doubt possess this traditional understanding because of their previous experiences and socialisation.

In addition to viewing mental health as the absence of a mental disorder, the participants recognised additional dimensions of mental health. One of these significant subjective meanings was the ability to be flexible and adapt to the situation. Participants also noted that if a person is able to adapt to the demands and norms of society, this is an indication of good mental health. In other words, people with good mental health are adaptive.

“Orang yang memiliki *mental health* yang baik adalah orang yang bisa beradaptasi dengan lingkungan sekitarnya dengan baik, bisa menyesuaikan diri dengan tuntutan dan norma-norma yang ada di lingkungannya.”

[People with good mental health [English in original] are people that are able to adapt to the environment around them and can adapt to the community's norms and demands.]

Participant 8

In relation to adaptation and adjustment, some of the participants also saw mental health as productive functioning in everyday situations. Mentally healthy people would be able to take care of themselves physically and psychologically.

“Nah sakit jiwa contohnya gini, misal makan aja sampe ga bisa gitu gitu kan. Jadi dia ngurus dirinya sendiri aja ga bisa, apa lagi bisa bermanfaat untuk orang lain. Misalnya dia untuk dirinya ngerawat aja ga bisa, gimana dia mau masuk kerja gitu misalnya, atau gimana dia mau ikut kelas gitu, keluar kamar aja ngga mau. Kalo yang sehat jiwa, dia sadar betul apa yang dia lakukan, dan dia bisa berkarya sesuatu, berkontribusi sesuatu buat orang-orang di sekitarnya gitu.”

[An example of being mentally ill is a person who is unable to eat. The person can't take care of himself, let alone be useful to others. If he cannot take care of himself, how can he go to work or go to school? He might not even want to leave his room. A mentally healthy person is aware of what he is doing, he can do something useful, and contributes to other people around him.]

Participant 9

Participants also noted that mentally healthy people would be able to perform their role effectively in society. As a result, in the end, they would be able to accomplish their life goals and contribute to the community and society in which they lived.

“Orang yang sehat mental pastinya akan bisa menjalani berbagai peran dia dalam kehidupannya, misalnya jadi anak yang baik, orangtua yang baik, siswa yang baik, pegawai yang baik, dll. Intinya kalo dia sehat, pasti dia berdampak positif buat lingkungan sekitarnya. Nah, dia bisa sehat kalo dia sadar akan dirinya sendiri, jadi dia bisa mengontrol dirinya.”

[Mentally healthy people are able to play various roles in daily life, for example, being a good child, a good parent, a good student, a good employee, and so forth. The point is that, when a person is mentally healthy, he will have a positive

impact on his environment. He can be mentally healthy if he is aware of himself, so that he can control himself.]

Participant 4

This particular subjective meaning of mental health represents a positive perspective, which is similar to their conceptualisation of well-being, which is the ability to function effectively and productively in daily life such that the person might have a positive impact on society. The similarity between the subjective meaning of mental health and well-being for these Indonesians is consistent with the literature (see, Manderscheid et al., 2010).

Some of the participants saw mental health as a state where a person experiences a harmonious and balanced relationship of mind, psyche, emotion, spirit, and physical body.

“Suatu kondisi dimana seseorang bisa memadukan antara pikiran, jiwa yang di dalamnya terkandung emosi, kondisi psikis) dan raga dalam bertindak laku sehari-hari gitu.”

[(Mental health is) a state when a person is able to integrate the thought, the soul, which includes emotion and psychological state, and the physical self in his daily activities.]

Participant 8

Participants also said that mental health was more important than physical health because it was related to the soul that would continue eternally when the person was no longer alive in this temporary world. It has been suggested that a high value was placed on the afterlife in some Asian societies (Tse & Ng, 2014), and this might be reflected in the participants' views.

“Kesehatan jiwa itu kan sesuatu yang ada di dalam, di dalam diri kita yang seringkali tidak terlihat. Karna yang selalu terlihat adalah fisik, penampilan kita, itu yang kelihatan. Menurut aku itu adalah hal yang di dalam itu justru lebih perlu banyak dijaga karena berkaitan dengan spiritual, bahwa ketika kita meninggal nanti kan yang mati fisik kita, tapi jiwa kita ngga.”

[Mental health is something that is inside us, within us, so it often cannot be seen. Physical health, your appearance, is what you can see. For me, the things that are inside have to be taken care of because they are related to your spirituality. When you die, it's your physical self that ends, but the soul goes on.]

Participant 7

Another important idea in the conceptualisation of mental health among participants was resilience. Some of the participants saw mental health as endurance and

tolerance in dealing with life's stresses and demands. If a person was able to endure and still had a healthy psychological state amid the stresses of life, that exemplified good mental health.

"Daya tahan seseorang untuk bisa tetep bertahan di kondisi psikologis yang baik ketika ada gangguan-gangguan yang mungkin bisa menyebabkan *mental health*nya jadi rusak atau ga baik."

[(Good mental health is) a person's ability to maintain a good psychological state when there are disruptions (in their life) that might damage their mental health [English in original].]

Participant 6

On the other hand, participants saw that if a person failed to deal with life's stresses, then he or she had poor mental health. The inability to deal with life stresses might make the person repress the stresses he or she was experiencing. At some point, the accumulated repressed stresses and negative emotions might blow up in the form of uncontrollable behaviour that would usually be characterised as the symptoms of mental disorder.

"Dia memang menyembunyikan itu, dia merepres semua hal itu ke dalam dirinya lagi, jadi kayak dia ga mengeluarkan itu. Keliatannya kayak *mental health* nya baik baik aja padahal ketika suatu hari nanti mungkin akumulasinya sudah maksimal dia akan "boom". Meledak."

[A person can hide all that. They can hold it all inside themselves, as if they don't let it out. It seems like they have good mental health [English in original], but then one day, the accumulation (of stress) reaches the breaking point and then "boom". It explodes.]

Participant 6

Reflecting on this, participants tended to see the ability to endure as meaning a person would have the ability to control him or herself and particularly the ability to control negative emotions that result from life's stresses and demands. All of these abilities were perceived as resilience for participants.

"Dia bisa sehat kalo dia sadar akan dirinya sendiri, jadi dia bisa mengontrol dirinya."

[You can be mentally healthy if you are aware of yourself, so you can control yourself.]

Participant 4

In the matter of the relationship between mental health and well-being, most of the participants were not able to articulate a connection. Nonetheless, most of them agreed that the two concepts are closely related and overlap. They saw mental health mainly as a mental state that was free from disorder, while well-being was related to

positive emotions. Some of the participants explained that well-being and mental health were in fact the same thing.

“Kesehatan jiwa jatuh-jatuhnya agak-agak mirip ya sama kesejahteraan psikologis. Kalo kesehatan jiwa lebih bahwa dia ga sakit alias sehat, kalo kesejahteraan psikologis sejauh mana dia bahagia dan damai itu.”
[Mental health in practice is similar to well-being. Mental health is more related to the person not being sick, in other words he is healthy, while well-being is more related to how happy and peaceful he is.]

Participant 4

In conclusion, nine of the 10 participants in this study generally considered themselves to have good mental health. Their conceptualisation of mental health as a state free from mental disorders tended to take a diagnostic perspective of normal versus abnormal function based on the social norms they were aware of. They also viewed mental health as having dimensions of adaptability, resilience, productive function, the ability to contribute to society, and self-control.

4.3. Summary

Based on their daily lived experience, the participants conceptualised well-being and mental health in unique ways that are somewhat different from Keyes’ model of mental well-being. Participants conceptualised well-being as a complete state of emotional well-being (positive affect), psychological well-being (meaning and purpose in life, self-acceptance, and personal growth), and social well-being (sense of belonging, acceptance, and social contribution). Mental health is conceptualised as a state free from mental disorders. However, they experienced aspects that construct the well-being dimensions differently from Keyes’ model. This most likely relates to the Indonesian cultural backgrounds. Keyes’ model of mental well-being in the cultural contexts of urban Indonesian will be discussed further in Chapter 7, section 7.2.

In short, all of the conceptualisations of well-being and mental health are a reflection of modern, middle-class, urban young adults in Indonesia and their experiences in their daily living contexts. The protective and risk factors that influenced participants’ mental health and well-being are discussed in Chapters 5 and 6.

CHAPTER 5.

THE MOST PROMINENT PSYCHOSOCIAL FACTORS THAT INFLUENCE URBAN INDONESIANS' MENTAL HEALTH AND WELL-BEING

Most of the participants in this study said there were many factors in their daily life experiences that influenced their well-being and mental health. These factors were interrelated and derived from various aspects of the participants' lived experiences. The prominent factors that influenced participants' mental health and well-being were religiosity; social support from significant others such as family and friends; personality and Indonesian values; financial situation; urban life including urban stresses, values and lifestyles; and social media. These factors are discussed in Chapters 5 and 6.

This chapter describes the findings of this study on the two most commonly noted psychosocial factors that influenced participants' mental health and well-being in the context of their daily life. These two factors were religiosity and social support from family and friends. This chapter is divided into two sections. The sections are religiosity and family and friends as social support. The chapter contains findings that respond to research questions no. 3, 4, and 5, which are 'what specific psychosocial factors influence urban Indonesians' mental health and well-being?', 'what is the relationship between these factors and mental health and well-being?', and 'in what ways and under what circumstances do these factors influence urban Indonesians' mental health and well-being?'. Selected interview excerpts are presented to illustrate how the participants understood their lived experiences.

5.1. Religiosity

When participants of this study were asked about the most important factor that influenced their well-being and mental health, most of them said that religion was the most important and most fundamental factor that shaped their feelings and perceptions. By being surrender [*pasrah*] to God's will and plan, participants experienced low arousal positive emotions.

"Kalo aku pribadi sih, pertama lebih ke spiritual sih mba, lebih ke *religious*, ke agama karena ada penerapan ibadah-ibadah agama gitu. Aku merasa dengan aku beribadah, aku lebih *connect* ke Tuhan itu bikin aku lebih *calm*. Karena ketika itu aku bisa ngerasa pasrah diri gitu ke Tuhan."

[For me personally, the first (influencing factor for well-being) is spirituality, or religiosity [English in original], or religion, because of the religious rituals I do. I

feel that when I pray, I am more connected [English in original] to God, and it makes me calm [English in original]. Because at that time, I feel that I surrender to God.]

Participant 2

All participants, like most of Indonesians (see Asih et al., 2020), had been socialised since childhood to participate in religious activities.

“Emang dari kecil kan keluarga emang keluarga muslim gitu, emang diajarin ibadah dari kecil gitu.”
[I come from a Muslim family, so I was taught about religious rituals from the time I was a child.]

Participant 2

Participants noted that the internalisation of religious beliefs and observances mainly came from parents and family members. The internalisation process was often a result of daily activities that included specific teaching on religious values and beliefs.

“Ketika kita makan malem bareng (keluarga), kita biasa sharing tentang spiritual, tentang sejauh mana kita meyakini sesuatu kemudian kita menemukan itu, ya dengan firman Tuhan itu, bagaimana bekerja di dalam kehidupan kita, ya mungkin *sharingnya* itu lebih ke kesaksian yang kita alami.”
[When we eat together as a family, we talk about spiritual issues, about the extent we have had faith in something and then found it (to be true), about the word of God, how He works in our lives, maybe sharing [English in original] those things is a kind of bearing witness about our experiences.]

Participant 7

Nonetheless, this internalisation process was not always successful. For this reason, one participant in this study saw religion purely as an obligation required because of societal norms. This participant did not feel himself to be a part of his religion and did not feel his religion had a deeper meaning. His engagement in religious behaviour was part of a perceived obligation to society so that he would be accepted by other people.

“Aku tinggalnya di samping masjid. Dan aku ikut, remaja masjid, yang mau ga mau pasti kita diwajibkan buat datang ke pengajian . . . Untuk sholat ngaji dan segala macam, aku masih melihat itu sebagai sebuah kewajiban, yang ga berdampak langsung sebenarnya. Aku sholat, udah, menuhin *checklist*.”
[I lived next to a mosque. I joined the youth Muslim youth group there. Whether I wanted to or not, I had to go to the Quranic recitation class they held . . . With praying, reciting the Quran and other religious activities, I see all of that as an obligation that doesn't really have a direct impact (on my well-being). Praying for me is just to complete that item on the checklist [English in original].]

Participant 4

Despite the fact that this participant did not really internalise a more significant meaning of religion, he still participated in religious activities as part of his daily life and used them as a resource for coping.

“Dari kelas pengajian, aku diedukasi untuk, ga boleh sirik kepada orang lain, ga boleh sombong. Kalau marah harus sabar. Jadi ketika aku marah, ya aku tahu aku tiba-tiba *switch*, oh ini harus sabar kayaknya deh, kayaknya aku ga bijak kalau marah.”

[From that Quranic recitation class, I learned you are not supposed to envy other people, you're not supposed to be conceited. If you feel angry, you have to have patience. So, when I am angry, I know that I need to switch [English in original] immediately and be patient because it's not wise to be angry.]

Participant 4

However, most of the participants experienced a perceived personal encounter with God in their adolescence or adult life. As a result, they saw religion and belief in God as a central aspect of their life. Participants noted that the most important value of their belief in God is their submission [*berserah*] to God.

“Aku mulai mendalami ilmu agama tuh ketika SMP. Keluargaku muslim, tapi aku kurang mendapatkan kayak kenapa sih kita harus kayak gini? Kenapa sih kita harus berserah dan segala macamnya, dan ketika itupun karena masih kecil jadi belum mikir banget juga jadi kayak ya udah ikutin aja ibadahnya, orang tua ngajarin kaya gini ya udah diikutin aja, kayak lebih masih mencontoh doang gitu. Tapi ketika SMP mulai bisa berpikir. Jadi mulai dari situ aku baca sendiri. Dan arahannya kayak gini toh ternyata agama ini ngajarinnya kayak gini tuh biar kayak gini-gini-gini. Dari situ aku mulai, aku mulai tumbuh akan kesadarannya religiusitas itu.”

[I started to deepen my understanding of religion when I was in middle school. My family is Muslim, but I didn't get why we should do these things. Why should we submit (to God) and so on. At that time, I was still too young, so I didn't really think about it. I just did the rituals. My parents taught me that, so I just did it. It's like I was just copying them (without understanding). However, when I was in middle school, I started to think. So, I began to read (religious books) myself. It turned out this was the direction religion was directing us in. From there, my awareness of religion started to grow.]

Participant 2

Participants thought of religion in a deep and meaningful way. They strove to understand the reason behind the religious activities they engage in. They also believed that religion was important and tried to understand about God and God's purpose for them.

“Aku lebih memfokuskan diriku dengan ya belajar melalui agamaku. Untuk bener-bener ngerti, sebenarnya untuk apa aku diciptakan, siapa aku buat Tuhan,

ya itu menurut aku lebih penting dibandingkan aku terlalu banyak mendengar orang lain maunya gini, orang lain katanya aku gini.”

[I put my focus on learning about my religion. To really understand why I was created and who am I to God. For me, it is more important than hearing too much about what others want from me or what people say about me.]

Participant 7

Participants also noted that their purpose and meaning of life were centred in God through their life contributions for others while they lived on earth.

“Kita diciptakan tujuannya adalah untuk ya melakukan pengabdian kepada Tuhan dan ladang pengabdian kita ini adalah ya dunia ini. Yang tadi saya bilang kita memberikan manfaat sebesar-besarnya, nanti Tuhan akan bisa menilai kita bahwa kita telah menjalankan kemisiaan hidup kita.”

[We were created for a purpose which is to serve God and the place for this service is this world. Like I said before, we have to make the greatest contribution we can. God will judge whether we have carried out the mission of our life.]

Participant 10

For these participants, engaging in religious activities was not an obligation but a representation of their identity as a true believer. They saw themselves as God’s creation and their life as a gift from God.

“I know I can not live without Him and I do believe that my faith is important for me. Ya penting Tuhan yang penting buat saya. Dari awal mungkin itu hanya diajarkan di gereja pas masih kecil, tapi as I grown up, I found it personally that my faith is true dan saya tau bahwa hidup saya yang saat ini adalah hidup yang berharga karena Tuhan . . . It’s a matter of faith sih. I do believe bahwa Tuhan itu ada, greater than I, greater than us, greater than the world. And He is the source of everything.”

[I know I can not live without Him and I do believe that my faith is important for me [English in original]. It is important because God is important to me. In the beginning, it was just what they taught in church when I was a child, but, as I grew up, I found it personally that my faith is true [English in original] and I know that my life now is a valuable life because of God . . . It’s a matter of faith [English in original]. I do believe [English in original] that God exists, greater than I, greater than us, greater than the world [English in original]. And He is the source of everything [English in original].]

Participant 5

The participants’ understanding of religion also included a belief that there is another life after death. Many of them believed that life in this world has a limited length and their goal is achieving an eternal afterlife. A belief that life is temporary has been shown to have the ability to influence well-being and mental health (see, Jiang et al.,

2016, for discussion of this). Participants noted that this particular belief made their relationship with God was essential for their well-being.

“Hidup di dunia ini adalah hidup yang terbatas . . . Iman bahwa *there is a life after death*. Ada suatu hidup dimana saya akhirnya nanti saya tau bahwa saya akan bersama-sama dengan Tuhan, *afterlife, afterlife in earth*. Dan iman percaya saya inilah yang akhirnya membawa saya kesana. Jadi itu semuanya kenapa relasi dengan Tuhan itu penting banget buat saya, berdampak banget terhadap *well-being* saya.”

[Life in this world is limited . . . Faith about there is a life after death [English in original]. There is another life where I know I will finally be with God, afterlife, afterlife in earth [English in original]. My faith, my belief will ultimately take me there. So that is why my relationship with God is extremely important to me, it has an enormous impact on my well-being [English in original].]

Participant 5

Participants reported that they gained a feeling of calmness and peacefulness as a result of their relationship with God. These positive emotions were vital for these participants' well-being and mental health. As discussed in Chapter 4, all of the participants conceptualised well-being as a calm, peaceful, and harmonious emotion, not only a happy and joyful emotion. Participants explained that their source for feelings of calm and peacefulness is religion, which centred on their faith in God.

“Kalau buat aku, tenang sama damai itu dapetnya dari hubungan aku sama Tuhan, sih. Itu menurut aku yang paling utama.”

[For me, my feelings of peace and calm come from my relationship with God. To me, that is the most important thing.]

Participant 7

Participants felt that they were connected to God when they shared their inner thoughts and feelings through prayer and personal dialogue with Him. Each time they experienced a problem, they naturally used their religion as a resource for coping.

“Sepanjang proses hidup aku, ga pernah akan ngerasain bisa tenang dan sedamai itu kalo bukan karna hubungan aku sama Tuhan sih mba. Itu. Jadi itu yang selalu aku dapet ketika memang hanya ngobrol aja sama Tuhan secara pribadi, dan saat itu entah bagaimana ya rasanya tenang aja. Rasanya walaupun dalam kondisi yang tidak pasti pun, dalam kondisi yang cukup menekan pun, tetep akan ada rasa itu.”

[In my life, I have never found that I can be as calm and at peace as I am with God. That's what I get from talking to God privately, and at those times, I don't know how, but I always feel calm. Even when things are uncertain, when I am under pressure, I always get that feeling.]

Participant 7

The feeling that God loved and accepted them, despite any misdeeds and imperfections, also gave them peace of mind. All of these feelings of being connected to and accepted by God promoted participants' well-being in their daily life.

“Saya tahu Tuhan sayang sama saya walaupun saya ga sempurna. Nah pemahaman inilah yang membuat saya merasa sejahtera, damai, damai sejahtera *well-beingnya*.”

[I know that God loves me, even though I'm not perfect. This understanding makes me feel safe and at peace. My well-being [English in original] comes from feeling at peace and secure.]

Participant 5

The participants noted that the positive emotional experiences they associated with religion allowed them to maintain their faith in the midst of crises, difficulties, and negative events. A belief that God has a perfect plan for their life allowed many of them to experience feelings of calm and peacefulness despite their troubles. They believed that God controlled everything and had good intentions for their life, thus they had to trust and surrender to God's will.

“Ketika ada rasa percaya itu intinya kalau di Islam, setiap kita menemukan yang tadi kesulitan apapun, kita tau ini tuh skenario terbaik yang Tuhan udah buat gitu. Misalnya kalo mentok tadi ketemu problem. Itu sebenarnya kita bisa balikin oh ini ujian pasti ada hikmah setelah ini yang gitu. Menurutku, *well-beingnya* tuh secara emosi jadi bisa lebih menerima”

[When you have faith, in Islam, when you have difficulties in life, you know that it's the best scenario that God has made. For example, when you get stuck in some problem, you can think of that situation as a test (from God), there must be something good behind it. For me, my well-being [English in original], depends on being able to accept those situations emotionally.]

Participant 9

Participants believed that God tested people's faith through life difficulties to make them stronger and be better people. Participants also believed that there is something good [*hikmah*] beyond the negative situation they experienced. This reflects a dialectical way of thinking among participants. It served to make participants more resilient in dealing with stresses and problems.

“Apapun yang terjadi kepada kita, itu baik menyenangkan atau tidak hmm kira-kira itu selalu ada hikmahnya. Yang dimana hikmah tadi itu akan membuka umm apa ya apapun yang tersembunyi dalam diri kita untuk akhirnya kita tuh bisa menjadi manusia dalam bentuk terbaik.”

[Whatever happens to us, whether it is good or bad, there will be something good that comes from it. The lesson is that it brings out whatever is hidden inside us so that finally we can become the best people possible.]

Participant 10

One participant explained how her family member was able to be resilient in dealing with his unfortunate situations and life adversities because of his relationship with God.

Despite of his stormy life circumstances, he was still able to feel calm and peaceful.

“Kakek saya itu tuh orang yang disingkirkan dari perusahaannya karna terlalu jujur. Tapi dia tuh hidupnya mudah, ya damai aja gitu. Kan penghasilannya dia kaya diputus banget gitu kan, itu tuh dia damai aja. Terus e istrinya juga sakit, segala macem. Menurut saya sih hidupnya damai aja. Jadi kayak kok ini orang e sangat *well*, sangat e ya damai banget hidupnya. Apa sih rahasianya gitu. (Apa rahasianya?) Setau saya sih dia orang yang sangat dekat dengan Tuhan, gitu. Jadi dia percaya kalo e ya kalo misalnya dipecat jadi pekerjaan, nanti ada rejeki lain, gitu.”

[My grandpa was fired by the company he worked for because he is too honest. But for him, life was easy and calm. Although his income was significantly less, he seemed at peace. And after that, his wife got sick. But he was still calm. So I think why he was so well [English in original], so much at peace? What was his secret? (What was his secret?) I found that he has a close relationship with God. So, he believes that since he lost his job, for example, there will be something else (for him).]

Participant 1

Another participant described how she was able to survive and be resilient after experiencing a traumatic loss. She was able to bounce back because of her faith in God. Her mother died of cancer when she was in middle school. The grief that she had experienced then was still evident at the time of her interview many years later, and she cried at the memory of this event. However, she had been able to become a happy and productive person in her daily life. She had a university degree and a good career. She had many friends and is involved in a lot of community activities.

“(Apa yang membuat kamu bisa bertahan menghadapi kehilangan mama?) Keyakinan bahwa *it's the best*. Tuhan pasti kasih yang terbaik.”

[(What allowed you to cope with your mother's death?) My faith that it's the best [English in original]. God always does the right thing.]

Participant 3

Because of the belief that God had a plan for them and that whatever happened was for the best, many of the participants were able to bounce back from the negative events of their life. As discussed in Chapter 4, achieving a balance between positive and negative emotions tended to be important for participants. Generally, they achieved this balance

through religion. For this reason, religiosity might be seen as an important source for their mental health and well-being.

“Hidup yang tadinya banyak ketakutannya, jadi kayak ya sudah jadi lebih bisa meyakini kalo semua hal itu ya berjalan karna sudah ada yang mengatur gitu dan tugas saya hanya meminta hal yang terbaik pada yang mengatur gitu.”
[My life used to be full of fear, but now I can see that all of that happens because it is supposed to and my job is just to pray for the best from the One who controls it all.]

Participant 6

Participants explained that their religiosity also functioned as the source of their daily life values. It suggested that people should be kind and polite to others, generous and helpful especially to those in need, be patient, have modesty and humility, and maintain harmonious and peaceful relationships with others. In Indonesia, these values were generally accepted to be a prerequisite for a functioning community and to support the well-being and mental health of individuals (Cao & Rammohan, 2016). Examples of participants' life values that were derived from their religiosity were as follows:

“Nilai agama yang penting itu buatku, sedekah, berbagi, terus bergaul, berteman dengan banyak orang. Terus kalau perilakunya itu senyum dan menyapa. Itu sudah masuk bergaul sama orang lain juga, membangun hubungan positif.”
[The religious values that are important to me are giving to charity, sharing, interacting with people, having a lot of friends. So, smiling and greeting people is part of getting along with people. That creates positives relationships.]

Participant 4

“Puasa (dalam Islam) kan memang juga melatih kesabaran.”
[Fasting (in Islam) trains us to have patience.]

Participant 1

Religion also encompasses religious activities and rituals, which are defined as any behaviour driven by religious belief (Asih et al., 2020). In Indonesia, as the country with the largest Muslim population in the world, religious rituals are very common in the daily life of most people and are present in public as well as private spheres as can be seen from participants' comments below. For Muslim participants, these daily rituals included praying five times a day, fasting during the month of Ramadhan, wearing a hijab for women, and attending communal prayers at the mosque on Fridays for men. For non-Muslim participants, they also had their own rituals, such as attending church every Sunday for Protestants and Catholics, confession for Catholics, worship of the Gods by making offerings for Hindus, and meditation for Buddhists.

“Dia (kakek saya) setiap solat, lima kali solat ini, dia selalu ke mesjid, walaupun hujan deras, walaupun banjir lah gitu. Walaupun lagi sakit dia e memaksakan diri untuk ke mesjid . . . Banyak ibadah seperti puasa . . . puasa ibadah sunahnya dia.”

[Every time he (participant’s grandfather) prays, he prays five times a day, and he always goes to the mosque to pray, even if it’s pouring or flooding. Even when he is sick, he forces himself to go to the mosque . . . Lots of rituals, such as fasting . . . he does that even though they are optional.]

Participant 1

Most of the participants explained that they experienced positive emotions from engaging in religious rituals. Regardless of the religion they adhered to, most of the participants felt calm, at peace, and grateful from prayer or other religious activities. These religious observances seemed to promote well-being and mental health.

“Nah itu yang *magical-magical* tuh menurut ku, jadi saat berdoa itu kayak saat paling ngerasa bisa komunikasi gitu karena seolah olah ga ada gangguan lain. Kayak jadi percaya aja kayaknya nih Tuhan langsung denger deh gitu. Sholat, doa, quran gitu deh kalo *top threenya*.”

[This is what’s magical [English in original] about it, when I pray, I feel like I can communicate (with God) without any interference from other things. It’s like I believe that God can hear me. I do the ritual prayers, I pray, I read the Quran, these are the top three [English in original].]

Participant 9

In addition to its rituals, participants also felt that religion provided a community where many of them derived social support and a sense of belonging. All of the six official religions in Indonesia have communal activities at least once a week. Participants noted that when they met, members of the religious community usually shared their experiences and problems for which other members might get strength and support.

“Aku ada di dalam komunitas (agama) . . . aku juga seringkali nanya ke orang-orang yang jauh lebih dewasa dari aku, sehingga aku bisa dapet perspektif lain.”

[I belong to a (religious) community . . . I often ask people who are more mature than I am, so I can get another perspective.]

Participant 7

The social dimension of religious activity tends to be very important in Indonesia because of Indonesian collectivistic culture. For some participants, one of their significant others, beside their families, are their friends from religious community.

“(Yang termasuk dalam lingkungan sosial terdekat kamu siapa?) Komunitas di gereja.”

[(Who is your inner circle?) (My) church community.]

Participant 7

While religious activities did give many of the participants a feeling of belonging that was important to them, this was separated from the religious aspect of the activity and was comparable to the sense of belonging that might be obtained from other kinds of association. Nonetheless, for many urban Indonesians, specifically, religious activities are a major source of this kind of participation (see Asih et al., 2020).

The participants noted using both religious beliefs and religious behaviours as a resource for coping in dealing with their daily life stress. The participants reported using religion to cope with daily life stress and adversities in several ways. The most religious belief that enables participants to become resilient in life is their submission [*berserah*] to God's will and plan.

“Untuk beberapa tahun terakhir, nilai keberserahan diri kepada Allah yang benar-bener saya pegang sebenarnya, membuat bertahan untuk menghadapi semuanya (masalah) gitu.”

[For the past few years, I have relied on submission to God's will. It has allowed me to deal with all these problems.]

Participant 10

The forms of religious coping that were used by participants can be categorised as positive religious coping which is based on a secure relationship with God (Pargament et al., 1998; French et al., 2020). These positive religious coping strategies promoted participants' well-being and mental health. The types of religious coping reported by the participants included benevolent reappraisal, seeking spiritual support from God, religious surrender, and seeking religious direction in life from God, and seeking support from clergy or other religious group members. Examples of the types of religious coping used by participants of this study in dealing with their daily life stress and problems are as follows:

- Benevolent reappraisal:
 “Kalo mentok tadi ketemu problem. Itu sebenarnya kita bisa balikin oh ini ujian pasti ada hikmah setelah ini yang gitu. Menurutku, *well-being*nya tuh secara emosi jadi bisa lebih menerima.”
 [When you get stuck in some problem, you can think of that situation as a test (from God), there must be something good behind it. For me, my well-being [English in original], depends on being able to accept those situations emotionally.]

Participant 9

- Seeking spiritual support from God:
 “Aku lagi punya masalah apa gitu, apa gitu jadi semacam curhat juga sih ke Tuhan jadinya. Ohh, kalo curhat kan aku nyertain masalahku selain itu yang aku bilang tadi yang aku pengenin. Yang aku minta itu juga aku sampaikan di doaku begitu. Buat aku ketika aku lagi di dalam suatu masalah dan aku butuh kedamaian itu kan terkadang belum jam sholat tapi kan udah ngerasa butuh kedamaian gitu ya mbak, ya pada saat itu ya udah kayak langsung otomatis berdoa aja gitu dimanapun aku berada.”
 [When I have a problem, I tell my feelings to God. When I do that, I also tell God what my problem is and what I want. When I pray, I ask for (what I need). For me, when I have a problem, and I need peace, it doesn’t matter that it isn’t one of the prayer times, I automatically start praying then, no matter wherever I am.]
 Participant 2
- Religious surrender:
 “Ketika aku beribadah trus bikin aku kayak okey tuntutan itu kayak aku bisa ngelepas sedikit tanggungjawab itu. Karena ya yang nanti buat hasilnya ya *goal* itu bakal tercapai atau engga itu bukan di aku, tapi emang ada di Tuhan gitu. Jadi ketika aku menjalaninya itu aku merasa aku tidak semem-*pressure* diriku sendiri itu. Jadi ngerasa lebih damai gitu.”
 [When I pray, it makes me feel that the responsibility or the demands I face are taken care of. Because in the end, whether the goal [English in original] is achieved or not is not up to me, but it’s up to God. So, when I do these things, I don’t put too much pressure [English in original] on myself. So, I feel more at peace.]
 Participant 2
- Seeking religious direction from God:
 “(Pada saat menghadapi masalah, hal yang dilakukan pertama kali adalah) Biasanya aku berdoa dalam hati. Biasanya aku berdoa dalam hati, ya aku pasti minta petunjuk dari Tuhan. Aku harus bagaimana, setelah itu, ya aku percaya, Tuhan pasti kasih hikmat ya.”
 [(When I have a problem, the first thing I do is) I pray in my heart. I usually pray in my heart to ask for direction from God. What should I do? After that, I believe, that God will give me the wisdom (to deal with the problem).]
 Participant 7
- Seeking support from other religious group member:
 “Aku ada di dalam komunitas (agama) . . . aku juga seringkali nanya ke orang-orang yang jauh lebih dewasa dari aku, sehingga aku bisa dapet perspektif lain.”
 [I belong to a (religious) community . . . I often ask people who are more mature than I am, so I can get another perspective.]
 Participant 7

In conclusion, religion played an important role in the lives of the urban Indonesians who took part in this study and contributed to their well-being and mental health. They used religious coping to deal with the stresses and difficulties they experienced and believed that religion was important to them for this purpose as well as

for the other benefits it provided. Since religion is part of the social structure in Indonesia and, in fact, it is required that each person identify a religion that is noted on official identify documents, this means that the support for religion is apparent in daily life, and its use as a coping strategy as well as a support to mental health and well-being is both expected and encouraged. For this reason, it is perhaps not surprising that so many of the participants saw their religious beliefs and observances as helpful and a source of strength that promoted their mental health and well-being.

5.2. Family and friends as social support

The second factor that most of the participants said influenced their well-being and mental health was social support from their significant others in dealing with everyday life stress and problems. Again, these findings reflect the importance of social well-being (Keyes & Martin, 2017) in understanding complete well-being in Indonesia.

“Yang kedua menurut saya adalah yang akan mempengaruhi *well-being* kita adalah keberadaan umm peran keberadaan orang-orang di sekitar kita. Hmm banyak sekali sebenarnya ketika kita mengalami umm permasalahan-permasalahan, tekanan-tekanan atau stres gitu ya, sebenarnya keberadaan orang-orang di sekitar kita lah yang akan membantu untuk kita pulih kembali gitu ya, terutama orang-orang yang penting ya kayak misalnya ya keluarga kita, misalnya orangtua kita, istri kita, kakak, sodara kita, adik kita, dan segalanya atau temen-temen atau sahabat kita. Mereka yang biasanya hadir untuk memberikan ketenangan untuk akhirnya membantu kita untuk bisa memahami permasalahan, bisa menghadapi stres kita dan segalanya.”

[For me, the second factor that influences well-being [English in original] is the existence and role of other people around us. Hmm there are lots of times when you have problems, pressures, or stress, the people around you help you to recover (from that situation), especially people who are important, like family, for example, or your parents, wife, older siblings, relatives, younger siblings and so forth or your friends. They are usually there for you to make you calm and be able to help you understand the problem and deal with the stress, and everything.]

Participant 10

For most of the participants, social support mainly came from an inner circle of significant others who had a close relationship with the participant, which was their nuclear family members and some members of their extended family. Participants regarded their family as their source of well-being and mental health. Support from family played an important role in participants' daily life.

“(Faktor kedua setelah agama, yang berpengaruh terhadap kesejahteraan psikologis kamu apa?) Hmm, keluarga. Keluarga intiku maksudnya, ayah, bunda, abang, adek aku. Berlima. Dan sekarang suamiku juga.”
 [(What is the second factor, after religion, that influences your well-being?) Hmm, family. I mean my nuclear family, which is my father, mother, older and younger siblings, and me. The five of us. And now also my husband.]

Participant 9

For participants who did not live near their family or did not feel too close to their family; friends, a best friend, or a girl or boyfriend were the main source of their social support. Some of the participants relied on their best friend or partner’s support when they needed someone to talk to. Examples of the participants’ comments on this matter are as follows:

“(Dukungan sosialnya sekarang didapat dari mana?) Dari temen-temen mbak. Karena *weekend* ga bisa pulang (mengunjungi orang tua yang tinggal di kota yang berbeda).”
 [(Where does your social support come from?) From friends. Because I can’t go home on the weekends [English in original] to see my parents who live in a different city.]

Participant 2

“(Saat mengalami masalah, orang pertama yang kamu cari siapa?) Pacar nomor satu, cari dia karena dia lebih tau *detail* sehari-harinya tuh apa yang terjadi, apa yang dirasakan, kayak gitu. Jadi pada saat ada masalah cerita ke dia, dari dia dapat *emotional support*. Itu *first aid* nya kalo buat aku.”
 [(When you have a problem, whom do you go to first?) My boyfriend is number one. Because he knows what happens in my daily life in detail [English in original], what I’m feeling. So when I tell him about my problem, I get emotional support [English in original] from him. That is my first aid [English in original].]

Participant 3

Participants also noted that friends were generally part of a community in which they interacted on a daily basis. This usually included the workplace, a college, or a religious community.

“(Selain keluarga, dukungan sosial didapatkan darimana?) Komunitas di gereja. Kemudian dari temen-temen di lingkungan kantor.”
 [(Besides family, from where does your social support come from?) From my church community. And then from friends at work.]

Participant 7

Overall, for participants, family and friends played a very important role as a source of support; family and friends were the first sources of aid, and they also gave participants a sense of well-being that had a positive impact on their mental health. Participants reported needing this social support when they experienced problems or stress, and the

support they received enabled them to be more resilient in the face of these challenges and to cope better with problems and stress in their daily life.

“Keluarga memiliki makna yang sangat dalam buat kehidupan aku. Mereka adalah sumber dukungan aku, karna mereka adalah orang-orang paling pertama yang aku cari, mereka adalah *support* yang sangat kuat yang aku rasakan. Sejauh ini dalam pengalaman hidupku, aku selalu mendapatkan *support* pertama selalu dari mereka.”

[Family has a profound meaning in my life. They are my source of support because they are the first people I go to (when I have a problem), they are the strongest important support [English in original] that I have. Up to this point in my life, I have always gotten my first support [English in original] (in anything) from them.]

Participant 7

There were several ways how social support from family and friends promoted participants' well-being and mental health in their daily living situation. This included providing emotional support, practical assistance, affection, acceptance, a sense of belonging, and togetherness which are discussed below.

Emotional support from family and friends minimised the negative emotions caused by the life stresses and problems the participants experienced. All the participants identified several forms of emotional support. They included caring, attentive listening, encouragement, reassurance, praise and appraisal, and appreciation. By being listened to and treated with a kind and loving attitude by family and friends, participants felt secure and sustained.

“(*Emotional support* itu seperti apa maksudnya?) hmm mendengarkan, trus kayak tau ada orang di sana yang bisa . . . ya *stay there* aja disana, juga udah *fine* kalo buat aku.”

[What does emotional support [English in original] mean to you?) Hmm listening, and then knowing that there is someone there for me . . . someone who stays there [English in original], it's already fine [English in original] for me.]

Participant 3

When participants experienced life adversities and problems, they felt relief and calm after being listened by their significant others. This reflects an emotional focused coping strategies that minimise the negative affect from the stressful situations.

“Ketika saya memiliki tekanan-tekanan dan segalanya, saya tumpahkan dan ceritakan ke istri. Istri menjadi teman cerita itu. Jadi suatu cara saya mengatasi stress juga sih sebetulnya karena kayak hmm lebih tenang aja intinya setelah cerita kayak gitu.”

[When I am under pressure and everything, I express that, tell my wife about it. My wife listens to all that. So that's one way I overcome stress. It's like I feel calmer, that's the point, after I tell (her my problems).]

Participant 10

For most of the participants, being listened to also meant that they were not being judged negatively or criticised when they shared their problems with others. Participants also preferred to be listened to first, before being given any suggestions about the problem's solution by their significant others. By being listened, participants felt they were being understood, accepted, and cared about by their family and friends.

“*Support* sebenarnya *simple*, mereka dengerin curhatanku ketika aku curhat dan gak langsung meng-*judge*, gak langsung ngasi saran-saran, “Kamu harusnya gak gini-gini-gini.”, gak mempermasalahkan. Dan utamanya gak mempermasalahkan ketika aku curhat. Buat aku itu *support* yang paling aku dapetin dari temen.”

[The support [English in original] is actually simple [English in original]. They listen to what I say when I tell them (about my problems) and don't judge [English in original] me, they don't immediately start giving suggestions. “You should do this and this and this.” They don't question (what I'm saying). And most of all, they don't criticise me when I express my feelings. To me, I mostly get that kind of support [English in original] from my friends.]

Participant 2

Instead of judging them negatively, participants noted that positive comments and words of encouragement from significant others strengthened them and enabled them to be resilient in times of trouble, which promoted their mental health and well-being.

“Kata-katanya (supportifnya) lebih kayak, “kamu bisa”. “Papa Mama bersyukur punya kamu”. Itu udah kata-kata yang positif yang sering kali mereka ucapkan. “Papa Mama sayang kamu juga gitu”.”

[It's supportive words like, “You can do it.” Papa and Mama are thankful to have you.” Those are positive things they often say to me. “Papa and Mama love you.”]

Participant 6

Participants also said that by sharing their problems with their significant others, it reduced their stress level. In addition to reducing stress, they also felt they gained a new perspective on how to solve their problems.

“Karena ketika ngumpul ngobrol-ngobrol kan kaya pasti jadi ada curhat-curhat juga, menurutku itu sih yang bantu nge-*release* stres gitu. Terus kan temen-temen juga cerita balik jadi kayak perspektif baru. Saling *sharing*, saling dengerin juga.”

[When we get together to talk, someone always has a problem to talk about. In my opinion, that helps you release [English in original] stress. Then my friends will talk about their problems so we can get new perspectives. We share [English in original] with each other, we listen to each other.]

Participant 2

Participants reported that all of these supportive actions in their day-to-day life were essential for their well-being and mental health. Most of the participants noted that all these forms of emotional support helped them particularly in dealing with difficult situations they experienced in life. This is different from Western cultures in dealing with life stresses and problems where solving problems by the individual's self is a form of appropriate coping in dealing with life problems (Kuo, 2013; Tengku Mohd et al., 2019). However, for participants, the usual way of coping with life problems is mainly through emotional support from family and friends, which occurs through talking about and sharing their problems first without seeking a solution. Sharing their problems and difficulties with significant others and being listened to by them, it was the most important form of social support for participants.

“Ketika kita mendapatkan kejadian itu, lalu kita menceritakan kepada orang tua kita ayah dan ibu kita, nah bagaimana cara merespon mereka, bagaimana mereka menyikapi permasalahan-permasalahan saya, itu yang menurut saya berpengaruh. Dan alhamdulillahnya sih, kedua orang tua saya itu apa ya hmm ketika memberikan responnya itu ya seperti itu tadi memberikan ketenangan gitu ketika ada masalah apapun.”

[When something happens, and then you tell your parents, your father and mother, and how they respond, how they address my problems, that has an effect. And, thank God, my parents, uh, when they respond like that, it makes me feel calmer no matter what the problem is.]

Participant 10

In addition to emotional support, family and friends also provided practical support for the participants. Participants noted that this practical support included providing information; helping with daily tasks, such as transportation, childcare, and household chores; and financial support. The need for support in the form of practical assistance was typical among younger urban adults (Qi, 2018). Because of the heavy demands and pressures felt by younger people living in major cities, intergenerational support is both common and necessary in urban life in Indonesia (Fauziningtyas et al., 2019). Culturally, this fits well with Indonesians' traditional social structures and conceptions of the family.

“Iya hehe beda satu blok doang (jarak rumah dengan rumah orangtua). Jadi pagi tuh anak-anak dianter ke tempat Mama . . . pulang dijemput. Dan untungnya sih memang yang jagain anak-anak, Mamah, jadi e ketenangan aku terjaga gitu . . . Gitu jadi yah dukungan keluarga lagi sih. Terbantu banget pada saat harus punya banyak peran.”

[My parents' house is only a block away. So in the morning, I take the children to Mama's place . . . and pick them up when I get home. Luckily, it's Mama who watches them, so I don't have to worry . . . That's what support from your family is like. It really helps me when I have a lot to do.]

Participant 1

Participants acknowledged that trust and unconditional acceptance from their significant others were essential for their mental health and well-being. These findings reflect social acceptance as one of the aspects of social well-being (Keyes et al., 2021). In relation to social well-being, participants conceptualised well-being mainly as social acceptance, social integration, and social contribution. By contrast, social coherence and social actualisation were not mentioned by any participants.

“Orangtua saya tuh selalu gini hmm tidak pernah *menjudge* apapun... Mereka selalu mengedepankan bahwa hmm ya kamu yang bertanggung jawab dan hmm kami percaya kamu bisa gitu . . . membuat ya ketika punya masalah atau apapun itu ini apa menenangkan gitu. Kepercayaan yang diberikan jadi istilahnya itu ya kedua orangtua kita itu ya orang pasti akan menerima kita apa adanya gitu. Penerimaan mereka yang apa adanya gitu ya hmm itu sangat berpengaruh ke saya ya menurut saya gitu ya.”

[My parents never judge [English in original] me . . . They always say, you're the one who is responsible, and we trust you. That's actually what it is, that trust, trust people give you that . . . makes it, when you have a problem, makes you calm. The trust you get, the thing is, your parents are the people who are absolutely going to accept you the way you are. It's their unconditional acceptance that affects me the most.]

Participant 10

Participants noted that this unconditional positive regard from their significant others contributed immensely to their self-esteem and promoted their sense of well-being. Regardless of their competencies and circumstances, the unconditional positive regard from significant others enabled participants to view themselves in a positive manner and to feel good about themselves.

“Dan aku bersyukur, maksudnya sejauh ini keluarga ku sangat positif dengan apapun yang aku kerjakan, sehingga itu sangat mempengaruhi dengan penerimaan diriku . . . Jadi aku bisa memandang diriku pun juga positif.”

[And I am thankful, up to now my family has always been very positive about anything I have done. Their acceptance has affected me greatly . . . so I can see myself positively too.]

Participant 6

Unconditional positive acceptance and love also made participants feel calmer, and they perceived their stress to be more manageable. The feeling of being accepted also

suggested that their significant others would always be available whenever the participants needed them. Participants noted that this feeling of security contributed greatly to their feeling of being able to cope with life stress and promoted their resilience in daily life.

“Dicintai itu membuat aku lebih tenang, lebih damai, lebih bisa menghadapi masalah karna ya walaupun misalnya aku rada bego gitu ya, tapi di rumah aku dicintai, itu. Jadi ya udah. Dicintai aja gitu. Ya emang bego, terus emang kenapa kalau gitu hehehe. Jadi kayak semua masalah tu ya mudah gitu karna aku tau ada orang yang mencintai aku gitu, *being loved unconditionally* gitu ama keluarga aku, menerima aku apa adanya, yang aku berasa sih dari suami dan anak-anak.”
[Being loved makes me feel calmer, more at peace, and more able to face my problems because, even though, for example, I’m freaking out, then so what? It’s like any problem becomes easy (to solve) because I know someone loves me. Being loved unconditionally [English in original] by my family, that they accept me the way I am, what I feel from my husband and children.]

Participant 1

However, participants also noted that in order to maintain acceptance from others and a harmonious relationship with their family and friends, they needed to conform to the values of their significant others. Conforming to others’ values and beliefs are important in daily interaction among Indonesians (see, for example, Haslam et al., 2020). Thus, the nature of unconditional positive regard and acceptance in an Indonesian collectivist cultural background is likely to differ greatly from Western individualist cultural background.

“Secara umum dipertemanan tuh kita mikir kalo gua kayak gini, dia oke ga nih. Gua harus ngejaga omongan gua.”
[Generally, in a friendship, you have to think, if I am like this, is he going to accept it. I should be careful in what I say.]

Participant 9

Participants noted that their deep and meaningful relationship is based on an effective communication. For most of the participants in this study, effective communication involved two-way or reciprocal interaction, active listening, empathic attitude, and equal positioning. Each of these characteristics is discussed below. Reciprocal communication for participants meant the communication involved both persons participating in the interaction in an equivalent way and being open to input from the other interlocutor.

“(Mengapa keluarga kami bisa menjadi sebegitu dekat ?) Dua arah gitu e (komunikasinya) . . . demokratis lah. Ayah sama Bunda gitu . . . si ayah jadi “konselor” gitu itu jadi bener-bener cerita iya yah itu gini gini gini gitu . . . Komunikasi kita tuh oke banget, di rumah tuh kalau kita ga setuju kita bilang ga setuju gitu.”

[(Why can your family become so close?) The communication is going on in a two-way direction . . . it's a democratic way. Father and Mother are like that . . . Father is my “counsellor” so I can really tell him it's like this and so on and so forth . . . We communicate really well at home, if we agree, we agree, if not, we just say so.]

Participant 9

Active listening for participants involved giving full attention to the speaker and responding respectfully, whereas an empathic attitude meant as trying to understand the other person's perspective and reserving any judgement. With active listening and empathic attitude, participants felt close to their significant others. The relationship was so close and intimate that participants felt able to share anything without being afraid of any judgement from their significant others.

“Saling mau mendengarkan, saling ngerti, saling maafin, gitu. Orang tua ku pun bisa dianggap sebagai sahabat juga oleh aku. Jadi aku pun sekarang ini bisa cerita *personal life*-nya aku, tentang kegalauan, misalnya tentang kekhawatiran-kekhawatiran aku, itu semua bisa aku ceritain.”

[You listen to each other, understand one another, forgive each other. I consider my parents to be my friends. So I can tell them about my personal life [English in original], about things that upset me, like the things I worry about, I can tell them all of this.]

Participant 7

Moreover, the last characteristic, an equal positioning for participants, referred to a situation where the interlocutors saw themselves as equals who are on the same level. All participants noted that they felt closer to and more intimate with authority figures, such as parents, when the authority figure positioned themselves as equal to the participant. One participant gave a very illuminating example of ‘equal position’ in the context of hierarchical politeness in the Javanese language¹.

¹ This participant is referring to a linguistic phenomenon that is very widespread in Indonesia and cannot be ignored in understanding the nature of social interaction. The national language, Bahasa Indonesia, is not the first language of the majority of Indonesians. Instead, most people speak a local language (of which there are estimated to be approximately 700) as their first language. These local languages are indigenous to the region and have a wide variety of linguistic features, even though most of them belong to the Austronesian family of languages. Approximately 60% of the Indonesian population is of Javanese ethnic background, and most of these individuals speak Javanese as a first language. Unlike Bahasa Indonesia, Javanese language is characterised by stylistically different sets of vocabulary and grammar that distinguish the social status of the speaker and interlocutor based on the social hierarchy. For this reason, the speaker's

“Kenapa aku nyaman di keluarga karena keluarga aku ehmm itu menerapkan kayak orang tua itu kaya temen gitu jadi *enjoy* aja ketika ada di rumah itu gitu. Walaupun Bahasa Jawa sebenarnya kan ada tata kramanya, ada tingkatannya kan, kalo orang tua kan pake bahasa yang halus gitu, tapi agak ga sopannya aku dan adekku kalo diliat orang lain dari sudut pandang budaya jawa itu, kita kalo ngomong sama orang tua kayak ngomong sama temen jadi bukan pake bahasa yang tingkatannya atas itu. Tapi justru aku sama adekku *enjoy* karena kayak kalo kayak gitu. Kita nganggep orang tua temen, kita jadi bisa curhat ke orang tua. Di dalam keluarga tuh sering bercandaan bareng. Jadi suasananya pun gak beku, cair gitu di rumah, gak tegang. Itu yang bikin aku *enjoy* gitu.”

[I feel comfortable with my family because, uh, doing this, it's like my parents are like friends so I enjoy [English in original] being at home. Even though Javanese has linguistic levels, manners and etiquette, with your parents you're supposed to use high-status language, but my siblings and I are kind of impolite from other people's point of view in relation to how you use are supposed to speak Javanese. When we talk to our parents, it's like we're talking to friends, we don't use that high language. But we like it that way. We consider our parents to be friends, who we can tell our problems to. We often joke among the family. So, the atmosphere isn't stiff, everything flows at home, it isn't tense. That's why I enjoy [English in original] it.]

Participant 2

As a result of these characteristics of effective communication, participants felt more comfortable in the relationship and genuinely accepted when they experienced this type of communication. Having positive and meaningful relationships with their significant others promoted participants' well-being and mental health. It should be noted that the social practices associated with effective communication in the Indonesian language and the other languages of Indonesia are different from Western languages like English. Indonesian culture generally puts a very high value on subtle, polite, and indirect communication based on traditional social norms (Haslam et al., 2020)

Participants acknowledged that affirmation from their significant others acted as a powerful psychological buffer in dealing with mental health problems. It was interesting to find that the source of affirmation for the participants mainly came from external sources, which were their significant others, instead of internal sources, which were themselves. One of the participants had a same-sex sexual orientation and he experienced stress and chronic anxiety because of it. However, he was still able to function adequately

comment that she does not use the high form of language at home with her parents is socially very significant because it reflects a deviation from the normal sociolinguistic patterns and suggests a potentially closer, certainly more informal relationship than is usual where the use of high-status language creates social distance (see Errington, 1985 for discussion of this).

as an employee and a community member because of the affirmation he received from his significant others which were his close friends.

“Yang aku dapatkan itu, apa ya, afirmasi. Kalau misalnya aku cerita, didengerin dan di-iya-in “Iya (nama partisipan) pantas sih gitu, dan aku dapat itu sih, dapat penerimaan. Dan mereka sampe segitunya, sampai ada salah satu orang yang ngomong (nama partisipan), gua pribadi minta maaf ya kalau ada yang menolak pandangan lu (terkait orientasi seksual)”. Bahkan ada yang sampainya segitunya dan aku malah menangkapnya itu baik banget sih.”

[What I got was, well, affirmation. If I talked about (how I felt), they listened to me and said, “Yes, [participant’s name], of course you feel like that, and I could feel, feel the acceptance. And this was so clear, when one of them said, [name of participant], I apologise to you for anyone who criticised your position (on his sexual orientation)”. It went that far, and I considered that to be (the sign of) a really good person.]

Participant 4

Another participant was able to recover from the lowest moment in her life, when her fiancé broke up with her, because of the affirmation from her family, particularly her parents, and her friends. The affirmation from her significant others buffered the negative consequences, such as low self-esteem and depression, from her break up on her mental health and well-being. The affirmation from significant others promoted her resilience to bounce back from her loss and her life adversity.

“Yang membuat aku bangkit adalah karna orang tua ku sih mba. Aku salut sih sama orang tuaku. Jadi terutama papa ku. Ya dia bilang gini, “kamu berharga buat Papa, sehingga Papa tidak akan sembarangan memberikan kamu kepada pria itu, hmm it is ok usia kamu, kamu masih muda lho nak. Dan Papa tidak akan memaksa kamu untuk buru-buru menikah . . .” Itu sih yang sangat-sangat mengena di hati aku.”

[What made me able to get back up was my parents. I am grateful to them. Especially Papa. He said: “You mean a lot to me. I’m not going to let you go to just any man, your age doesn’t matter, you’re still young, and I am not going to force you to get married in a hurry . . .” That meant really a lot to me.]

Participant 7

For participants, a sense of belonging and togetherness was very important. Participants noted that the need to feel part of a social group was very strong in their daily life situations. The strong need to be part of a social group is a characteristic of the Indonesian worldview in general (Haslam et al., 2020). These findings reflect social integration as one of the social well-being dimensions (Keyes & Martin, 2017). As discussed in section 4.1, harmonious relationships were very important for participants.

By having a good and harmonious relationship with other people in the community, participants' sense of social integration was enhanced.

“Mangan ora mangan yang penting kumpul” gitu lho, makan-ga makan yang penting kumpul, jadi kan sebenarnya kumpul itu, kebersamaan itu adalah hal yang lebih penting daripada makan.”

[“Whether you eat or don't eat, the most important thing is being together” [Javanese proverb], as they say. Being together is much more important than eating.]

Participant 6

However, unfortunately, the strong need to be part of a social group also included the need to conform to the high social pressure, which is discussed further in section 6.2. Participants felt that the need to conform to social pressure was strong in the urban living context.

“Wah gue belum pernah cobain sini mungkin jadinya harus ikut cobain supaya bisa nyambung masuk ke grup yang ini. Social pressure harus nyambung.”

[Wow, I haven't tried this, maybe I should, so I can be part of the group. The social pressure [English in original] is to fit in.]

Participant 3

For participants, one of the signs of a sense of belonging and togetherness was by sharing. Sharing food and gifts during religious or cultural festivals is a common tradition in Indonesian collectivistic cultures (Khairunnisa, 2021). During *Lebaran*, Muslims share *ketupat*, a special way of preparing rice associated with this festive period, with their friends and community members including non-Muslims. Participants noted that sharing was an action that made them feel part of the community and expressed solidarity as one community.

“Karena kita disini sama-sama, jadi ya gak apa-apa saling berbagi satu sama lain.”
[Since we are all here together, so why don't we share with other people.]

Participant 2

In relation to the conceptualisation of sharing as a sign of togetherness, participants also mentioned that by being able to contribute to others' lives they felt they had a more purposeful and meaningful life. In this case, a sense of belonging and togetherness also strengthened participants' perception of meaning in their life. Being needed by their significant others was generally seen as a means to contribute to the lives of others, which strengthened their perception of living a meaningful life.

“Aku merasa aku bisa lebih berdampak positif terhadap orang lain ya, aku lebih dibutuhkan. Jadi aku merasa aku sehat kalau aku sadar aku dibutuhkan sama orang lain. Ada orang lain yang membutuhkan aku, ada orang lain yang bisa aku beri, ada orang lain yang bisa aku bantu.”

[I feel that I can have a positive impact on other people, that they might need me. So, I feel good because I am aware that other people need me. There is someone who needs me, someone I can give to, someone I can help.]

Participant 4

By being useful to others, participants felt that their life had a positive impact on others. With this feeling of impact, participants felt that they were not powerless in this life and their life was also meaningful. This purposeful and meaningful life promoted participants' mental health and well-being. These findings reflect one of the five aspects of Keyes' social well-being (Keyes et al., 2021) which is social contribution. As discussed in section 4.1, participants conceptualised well-being as having a positive impact on others through their actions. By being useful to others, participants' sense of self-worth in society was fulfilled. Consequently, this promoted their social well-being.

“Kita memiliki makna dalam hidup kita akhirnya jadi untuk hidup itu tidak apa ya tidak *hopeless* kayak gitu . . . Makna hidup saya sih sebenarnya gini simpelnya ketika kita manusia hidup di dunia, kita bisa kasih yang sebaik-baiknya untuk orang lain.”

[You have to have a meaning in your life so that your life doesn't become hopeless [English in original] . . . The meaning of my life is actually, it's simple, when you're in this life, you have to do your best for others.]

Participant 10

Participants also acknowledged the importance of being together with someone. Participants noted that being together with someone might prevent loneliness that had a detrimental effect on their well-being.

“Sebelum menikah kan saya merasa sedih sih . . . saya merasa kesepian. Saya di rumah sendirian, kayak pulang kantor, weekend kan sendiri . . . Tapi ternyata setelah menikah menyenangkan sebetulnya ada orang yang ada di dekat kita . . . *Well-beingnya* ya jadi merasa kesepian, tidak bisa mencurahkan rasa . . . Setelah hadirnya A (istri), bisa sama-sama, bisa berbagi itu gitu loh. Untuk memenuhi kekurangan itu gitu sih, mengisi kekosongan hati gitu.”

[Before I got married, I often felt sad . . . I was lonely. I would be alone in the house when I got home from the office, I would spend the weekends alone . . . But after I got married, it was good, there was always someone with me . . . Your well-being [English in original], well, you'd feel lonely, you couldn't share how you feel. . . Once I had my wife, we could be together, we could share things. It filled that gap, it fixed that emptiness I felt.]

Participant 6

Furthermore, all of the participants expressed a need to have a harmonious relationship, not only with an inner circle of their significant others, but also with the larger communities, which included their neighbourhood, workplace, religious community, and recreational community. The need to maintain a good and harmonious relationship with others are a sentiment that exists widely in Indonesia and is a cornerstone of traditional social relations (Himawan et al., 2021). Conflict was felt to be very burdensome by the participants, they saw it as a negative influence on their well-being and mental health. In maintaining relationships with others, participants put a high value on what other people thought about them and whether others agreed with them. In short, not being alone, maintaining harmonious relationships with others, worrying of what others think of them, and avoiding any conflicts were important themes that were generated from participants' discussion about their day-to-day life.

“Relasi dengan orang lain itu penting banget buat saya . . . Saya sangat suka untuk punya relasi yang baik dengan orang lain . . . Saya merasa bahwa saya ga boleh punya relasi yang buruk dengan orang, saya ga mau berantem sama orang, saya ga mau punya dendam-dendam sama orang, apalagi orang dendam dengan saya . . . *I don't want to be hate by others, I don't want other to hate me. I want to have a very enjoyable, joyful relationship with others, very peaceful.* Kalo relasi yang baik itu tidak saya dapatkan, saya bisa merasa ga enak, resah juga, *anxious*, ga nyaman. Apalagi tadi kalo saya tau ada orang yang marah sama saya, dendam sama saya, atau yang belum bisa maafin saya dalam jangka waktu tertentu, itu sangat membebani saya sih.”

[Relationships with other people are very important to me . . . I really enjoy being on good terms with people . . . I feel like I can't be on bad terms with anybody, I don't want to argue, I don't want to resent people, much less have people feel that way about me . . . I don't want to be hated by others, I don't want others to hate me. I want to have a very enjoyable, joyful relationship with others, very peaceful one [English in original]. If I can't be on good terms with someone, I feel uneasy, worried, anxious [English in original], uncomfortable. Especially if I know someone is mad at me, resents me, or can't forgive me for something after a certain period of time, that's really stressful for me.]

Participant 5

For participants, a sense of belonging and togetherness are essential and represent a fundamental social truth. As participants noted, this particular idea was embodied in various proverbs in the languages of the region in Indonesia, such as the Javanese utterance: “*Mangan ora mangan sing penting kumpul*” [Being together is more important than eating] or the Minangkabau proverb (which is used in an Indonesian and Malay version as well): “*Duduak surang basampik-sampik, duduak basamo balapang-lapang*” [When you sit alone, it feels cramped; when you sit together with others, there is plenty

of room]. These very well-known expressions suggest that the needs of the groups are more important than the needs of the individual and that it is important to maintain a harmonious environment by making an effort to get along with others, even if it means suppressing one's personal interests. This idea is readily visible in many aspects of social interaction in Indonesia, including in the instruction given to children, among whom it is especially important to control what is perceived as selfish urges (Haslam et al., 2020). For example, children are taught that fitting in and being part of a group is vitally important and continue to enact this value as adults. From earliest childhood, Indonesians are continuously reminded of collectivistic values such as it is not good to eat alone, it is better to go out with other people than alone, and it is required that everyone observe the social hierarchy. Again, these findings indicate that social well-being is required for investigating well-being and mental health in Indonesian cultural contexts.

“Harmoni itu penting karena suka-ga suka saya itu orang Timur. Ada suatu peribahasa di Jawa, *which is* saya juga sebenarnya sangat dipengaruhi oleh Jawa ya “mangan ora mangan yang penting kumpul” gitu lho. Makan-ga makan yang penting kumpul, jadi kan sebenarnya kumpul itu, kebersamaan itu, itu adalah hal yang lebih penting daripada makan. Makan adalah *our personal basic needs*, tapi kumpul juga dalam peribahasa ini yang lebih utama . . . Intinya justru *value* yang dilihat adalah “*Hey, you can not live alone*”, kamu butuh sesamamu, kamu butuh orang-orang sekitarmu, kamu butuh komunitasmu, kamu butuh keluargamu, jadi *even* walaupun kamu ga ada makanan gitu ya, kumpul itu bisa lho jadi kepuasan tersendiri yang lebih berharga daripada kenyang atau puas secara fisik.”

[Harmony is important because, like it or not, I am from an eastern culture. There is a Javanese saying, which is [English in original], I am actually very influenced by Javanese culture, “mangan ora mangan yang penting kumpul.” Being together is more important than eating. Eating is our personal basic needs [English in original] but being together in that proverb is more important . . . It's a value [English in original] that you can see that “Hey, you cannot live alone” [English in original], you need other people, you need people around you, you need your community, you need your family, so even [English in original] if you don't have food to eat, but you can be together, that it has its own satisfaction that is much more important than a full stomach or other physical satisfaction.]

Participant 5

Social acceptance, social expectations and social judgements also played a very important role in influencing the participants' well-being. Most of the participants understood these expectations and judgements, not only came from their daily interactions with people they know and in their living environment, but also came from the media.

“(Nilai-nilai apa yang diajarkan oleh orang tua kamu?) Kalo dari aku dulu ya, yang pasti kalo aku adalah satu kamu jangan pernah malu-maluin.”
 [(What kind of values did your parents teach you?) For me, one very clear thing was that I was not to bring shame or embarrassment (on the family).]

Participant 5

They understood that, to be accepted by society, they needed to meet certain social standards or norms that include a wide range of behaviours, from being polite in everyday life to showing off their social status in their social media.

“Memamerkan jadi kayak saya udah sukses, saya harus menunjukkan saya sukses . . . Sebetulnya karna gengsi.”
 [I have to show off to people as if I am successful. I have to show that I’m successful . . . It’s actually just for prestige.]

Participant 6

Most of participants tended to put a high value on what other people thought of them.

“Pandangan orang lain terhadap kita itu juga ngaruh banget buat aku, apa kata orang gitu.”
 [Other people’s view of me is very important to me, what people say (about me).]

Participant 4

Some of participants became chronically anxious in thinking that they would receive a negative evaluation and judgement from others. This anxiety made them unable to feel happy and peaceful in their daily life. Their well-being became poor and unhealthy.

“Saya takut akan penilaian negatif dari orang lain ke saya, padahal belum tentu orang lain *judge* kita negatif . . . Itu mungkin salah satu contoh yang bikin saya gak ngerasa sejahtera.”
 [I am afraid other people will view me negatively, even though you can’t be sure that is how people will judge [English in original] you . . . That is an example of something that takes away from my well-being.]

Participant 8

The strong focus on outside mediators in the perception of well-being is characteristic of Indonesian society in general, as well as among the participants.

Another aspect of social judgements and expectations related specifically to mental health problems which are strongly stigmatised in Indonesia. The participants tended to view people with mental health disorders as persons to be avoided or ostracised. This was very clear in the experiences of one participant who has a same-sex sexual orientation, a situation that is widely considered abnormal and unacceptable in Indonesia. This issue is discussed in section 4.2.

In conclusion, for participants, family and friends, as participants' significant others, played a crucial role in influencing participants' well-being and mental health. The roles included giving emotional and practical support; offering unconditional love, regard, and acceptance; and strengthening participants' sense of belonging and togetherness. All of these findings are consistent with Keyes' model of well-being that puts emphasis on the importance of social well-being (Keyes et al., 2021). Keyes argues that in order to understand complete well-being, a researcher must investigate social well-being in addition to the well-known emotional and psychological well-being. However, participants experienced social well-being somewhat differently from Keyes' conception of social well-being.

Furthermore, it is also important to recognise that the elements that contribute to whether an individual in Indonesia is likely to receive unconditional love from family and friends that he or she perceives as fulfilling this role is heavily dependent on the degree to which social obligations are fulfilled. It was also noted that judgement and evaluation from other people were very important for participants in their daily urban Indonesian collectivist cultural contexts.

5.3. Summary

Based on the lived experiences of participants, the two most commonly noted psychosocial factors that influenced their mental health and well-being were religiosity and social support from family and friends. The importance of religious beliefs, rituals, and activities in influencing participants' mental health and well-being was a reflection of Indonesian cultural contexts that put emphasis on the importance of a religious life. The importance of family and friends in influencing participants' well-being was in accordance with Keyes' model of mental well-being that puts emphasis on the importance of social well-being as part of complete well-being. However, there were several differences between participants' lived experiences and the Keyes' model. These differences reflect the uniqueness of Indonesian collectivist cultural contexts. Other prominent psychosocial factors are discussed in Chapter 6. The findings presented in both this chapter and Chapter 6 are discussed further in Chapter 7 (Discussion).

CHAPTER 6.

THE OTHER PROMINENT PSYCHOSOCIAL FACTORS THAT INFLUENCE URBAN INDONESIANS' MENTAL HEALTH AND WELL-BEING

This chapter is a continuation of Chapter 5 in discussing findings on the most commonly noted psychosocial factors that influence the well-being of urban Indonesians. This chapter describes the findings of this study on the other commonly noted psychosocial factors that influence urban Indonesians' mental health and well-being. The chapter consists of four sections. They are as follows: personality and Indonesian values; urban life including urban stresses, values, and lifestyles; financial situation; and social media. The chapter contains findings that respond to research questions no. 3, 4, and 5, which are 'what specific psychosocial factors that influence urban Indonesians' mental health and well-being?', 'what is the relationship between psychosocial factors and mental health and well-being?', and 'how do these factors influence urban Indonesians' mental health and well-being?'. Selected participants' comments are presented to provide insight into the participants' views and perspectives on mental health and well-being in their daily context.

6.1. Personality and Indonesian values

Most of the participants in this study said that their personality influenced how they responded to life stress and problems. They said there were some personality traits that promoted well-being, while other personality traits had a detrimental effect on well-being. For participants, personality traits that promoted well-being were being easy-going, being relaxed, self-compassion, openness, gratefulness, optimistic, introspective, and willingness to learn. All of these traits are discussed below.

By being a relaxed and easy-going person, participants were able to respond calmly to everything that happened in their life. Furthermore, being relaxed also made participants able to appreciate simple things in their daily life and maintain a positive mindset that resulted in positive emotions.

“Aku orangnya tipe yang lebih santai, dibawa santai aja, yang nggak terlalu pencemas, yang *appreciate* apa yang ada bahkan untuk hal-hal yang kecil gitu, jadinya bisa lebih bahagia dan positif bawaannya karena pikirannya lebih banyak ke hal-hal yang positif gitu.”

[I'm a relaxed person, just take it easy (about everything), so I'm not too anxious, I appreciate [English in original] everything, even small things (in my life), so I

can be happier and have a positive mood because I put my mind on positive things.]

Participant 3

Another aspect of being relaxed was a mindset that ‘it is okay to make mistakes, it is okay to not be perfect, it is okay to let go of control’. This was a reflection of self-compassion trait.

“I learn the values that it’s okay, gak apa-apa dalam hidup. It changed my life kan waktu ketika dari pribadi yang sangat controlling, kritis, keras, menjadi saat ini lebih lembek gitu ya.”

[I learn the values that ‘it’s okay’ [English in original] It is okay in life. It changed my life [English in original] from a person who had a very controlling [English in original], critical, hard personality, to be a soft one.]

Participant 5

Participants also noted that being open-minded and receptive to differences in life allowed them to experience good well-being. Being open also meant that participants did not act judgementally in their daily life. Participants felt they were positive and open to different opinions and new ideas.

“(Kepribadian kamu yang seperti apa yang berdampak positif?) Terbuka tadi sih.”
[(What kind of personality traits of yours that impact positively?) I’m an open-minded person.]

Participant 8

In addition to the openness to new idea and different opinions, participants also noted that openness and eagerness to learn new things and to adapt to them had a positive impact on their well-being. By being highly motivated to learn something new, participants continuously developed themselves to become better person. Magyar and Keyes (2019) note that personal growth is one of the aspects of psychological well-being. When a person continuously develops himself, it means that the person has good well-being.

“Yang membuat well-being ku bisa bertambah baik adalah aku adalah orang yang sangat mau belajar dan berubah.”

[(Personality traits) that promote my well-being [English in original] are traits to be very eager to learn and to change.]

Participant 7

An introspective personality trait was also mentioned by participants as a trait that had a positive impact on their well-being. By thinking and reflecting about themselves,

participants became aware of their own emotions and thoughts that led to an adaptable response toward any life circumstances.

“Saya akhirnya lebih banyak hmm apa ya tadi merenung dan merefleksikan sesuatu gitu. Merefleksikan segala sesuatunya, untuk memikirkan ulang, dan tadi memberi jeda. Itu yang selama ini tuh hmm apa ya membuat saya akhirnya ya tadi bertahan mba di segala situasi dan keadaan.”

[In the end, I do a lot of thinking and reflecting. Reflecting on everything, rethinking, and giving pause. These are the things that have made me survive until now, despite all the conditions and situations.]

Participant 10

Participants noted that the optimistic trait was helpful for them so that they were able to have hope and stay positive despite unfortunate circumstances. Being confident and feeling positive about themselves also made participants resilient in dealing with adversities in life.

“Buat saya, kepribadian yang bikin *well-being* saya bagus adalah *confident and keep* optimis . . . kedengerannya klise sih, tapi itu bener-bener membantu saya untuk tetep tenang dan positif walaupun keadaannya ga banget.”

[For me, personality trait that makes my good well-being [English in original] is by being confident [English in original] and keep [English in original] optimistic . . . It might be sound cliché, but it really helps me to stay calm and positive in spite of the bad circumstances.]

Participant 4

Moreover, participants noted that by being grateful in their daily life, they were able to be thankful despite any disadvantageous circumstances they experienced. Participants observed that gratitude was one of the key personality traits that promoted well-being and mental health.

“Yang lain adalah *grateful*, aku suka lihat ada orang hidupnya susah, tapi tetap terlihat bisa bahagia, menurut aku karena orang itu ya bisa bersyukur *regardless* apa yang mereka punya gitu.”

[Another (trait) is being grateful [English in original], I often see people that have a hard life, but still can be happy. I think it happens because the person is able to be grateful regardless [English in original] of whatever he or she has.]

Participant 3

Although these personality traits have been found in previous research findings with non-Indonesian participants (see, for example, Goodman et al., 2017), they can also be seen as a reflection of Indonesian culture and values. Indonesian culture puts a high value on a modest or humble way of life and politeness (Haslam et al., 2020). Thus, the personality

traits that promoted participants' well-being were flexible, relaxed, easy-going, openness, willingness to learn, introspective, and gratefulness. By possessing these personality traits, participants were able to adjust and conform to the social norm in dealing with the problems and stress of everyday life.

Among participants, other traits that are uniquely Indonesian and have not been reported in previous research with people from collectivist cultural background were submission to God and a sentiment defined by the Javanese expression, *kebat keliwet alon-alon waton kelakon*. This Javanese proverb means that it is not good to do things in a hurry without following the social norms. It is better to act slowly, carefully, and thoughtfully, abiding by the social norms, until the task is finished.

These two traits are rooted in Indonesian core values. The first value is the importance of religiosity and God, as stated in the state philosophy of *Pancasila* (Undang-Undang Dasar Negara Republik Indonesia, 1945; Sugara, 2018). Thus, surrender [*pasrah*] to God's will and God's plan was a trait that promoted participants' well-being. By believing that their life had been determined by God, when they experienced difficulties in life, participants were able to still be calm and grateful.

“Aku ga tau ini kepribadian atau jatuhnya pola pikir, aku bisa pasrah. Jadi aku gak melulu mem-*pressure* diri aku sendiri gitu jadi menurut aku itu membuat aku lebih sehat sih. Karena ya balik lagi ketika aku gagal mencapai sesuatu, aku gak akan menyalahkan diriku sendiri. Tapi ketika aku mendapatkan sesuatu akupun juga akan bersyukur gitu sih. Berpasrahkan kepada Tuhan.”

[I don't know if this is a personality or mindset, I'm able to surrender (myself to God). I don't always put pressure [English in original] on myself, and it makes me become a healthier person. Because when I failed to achieve something, I don't blame myself. And when I receive something, I feel grateful (to God). (For me,) being surrender to God (is the key).]

Participant 2

The second value is the importance of always following, confirming, and abiding by social norms and expectations (Haslam et al., 2020). This attitude also promoted participants' well-being by ensuring they felt they were doing the right things. This last core value is a reflection of the collectivist culture in Indonesia, which suggests being like others in one's social context is of prime importance.

“Mungkin dari budaya Jawa yang ehm alon-alon asal kelakon itu bikin aku orangnya lebih kalem, lebih tenang dalam menghadapi masalah sih menurutku . . . Karena menurutku emang tipikal orang yang buru-buru nyelesainnya tapi gak

melihat secara keseluruhan kan kayak jalan keluar yang didapat pun kayak mungkin gak yang *the best* gitu.”

[Maybe it comes from Javanese culture that says *alon-alon asal kelakon* that makes me a calm and tranquil person in facing problems . . . Because when a person is in a hurry and tries to solve the problem impatiently, they did not consider all the circumstances, so their problem solving is not really the best [English in original].]

Participant 9

Participants acknowledged that their personality influenced their well-being through how they responded to life stress and coped with it.

“Kepribadian aku ngebantu aku jadi sehat karena dia ngebantu aku gimana sih dia penyelesaian masalahnya yang aku hadapi, bantu aku buat hadapin stres.”

[My personality helps me become healthier because it helps me solving the problems that I face. It helps me in dealing with all the stress.]

Participant 2

Participants noted that some personality traits enabled them to cope effectively with a difficult situation, but some personality traits made the situation worse by adding more stress to an already stressful situation. For participants, this might happen because personality influences how people response to the stressful and demanding situations.

“Aku begitu pencemas, suka terlalu berpikirnya jauh ke depan begitu. Ketika suatu yang buruk begitu jadi dobel, pikirannya suka negatif dan panik sendiri memikirkan dampak-dampak negatif yang akan terjadi . . . Pusing.”

[I’m an anxious person, I usually think too far ahead. When something bad happens, I feel it is worse (that it should be) because of my negative thoughts, I panic when I think about all the negative consequences that could occur . . . It gives me a headache.]

Participant 1

Participants with an introspective and calm personality trait might be able to respond adaptively to the situations compared to participants with a negative mindset.

“Menurut aku, dengan kepribadian yang suka refleksi dan merenung, aku bisa mengontrol respon aku terhadap sesuatu. Aku punya jeda waktu untuk memikirkan sebaiknya berespon seperti apa. Menurut aku, itu yang membantu aku jadi lebih tenang dan damai.”

[For me personally, with a reflective and contemplative personality, I can control my response toward things. I can pause to think how to respond (correctly to the situation). For me, it helps me to be calmer and peaceful.]

Participant 10

For participants who were able to cope effectively, the source of calmness and positive mindset most likely came from their religiosity. This is different from Western individualist positivity that tend to be based on self-reliance.

“Sepanjang proses hidup aku, ga pernah akan bisa tenang dan sedamai itu kalo bukan karna hubungan ama Tuhan.”

[In my life, I have never found that I can be as calm and at peace as I am with God.]

Participant 7

In conclusion, for the participants in this study, the kind of personality traits that promoted or impaired well-being was a reflection of Indonesian cultural contexts that may differ considerably from Western individualist cultural contexts. The two traits that are uniquely Indonesians' characteristics that promoted participants' mental health and well-being were submissiveness to God and obedience to the social norms. Both of these traits are rooted in Indonesian cultural values.

6.2. Urban life

All of the participants lived in Jakarta. Although it is a modern city, Jakarta still has many significant problems such as extreme traffic jams, environmental pollution, flooding, overcrowded housing, unreliable public transport, and unsafe neighbourhoods (see, for example, Martinez & Masron, 2020). These fundamental problems caused the participants a lot of stress, particularly the traffic, over-crowding, and pollution. The poor infrastructures and daily stresses had a negative influence on the participants' sense of well-being and mental health. The daily stresses that participants experienced are discussed below.

Participants noted traffic congestion as the leading stress in their daily urban life. These traffic issues were even worse for participants who commuted daily from far away suburbs to the inner city of Jakarta for work. Mead (2016) notes that Jakarta has the worlds' worst traffic. Participants reported that the chronic traffic congestion made them experienced negative emotions almost everyday.

“(Kondisi Jakarta yang bagaimana yang membuat kamu stres?) Macet (menghembuskan nafas). Macet itu stress sih mbak . . . Macet Jakarta tuh amburadul, kayak mobil kiri kanan depan belakang. Padahal itu aku ga nyetir lho, bahkan jadi penumpang pun aku stress . . . Pergi berangkat dengan hati gembira trus kemudian ketemu macet tuh kayak *moodnya* langsung *down* . . . Macet di

Indonesia itu bener-bener amburadul karena ga ada yang mau ngantri, jadi kacau banget gitu, ga berbentuk.”

[(What kind of conditions in Jakarta stress you out?) Traffic jams (sighs). The traffic jams are very stressful . . . The traffic is impossible, it’s like there are cars on the left, on the right, in front of you and behind you. There are motorcycles left and right, in front and behind. I don’t even drive, but even as a passenger, it’s stressful . . . You leave home happy, then you come to those traffic jams, it’s like your mood [English in original] is immediately down [English in original] . . . Traffic jams in Indonesia are truly impossible because no one wants to wait their turn, so it becomes a mess. There is no order.]

Participant 3

For participants, other sources of stress in urban Indonesia were overcrowding and the disorganised urban environment. The overcrowding was felt in the context of congested roads, slum areas, and unreliable public transportation.

“Ketika masuk ke daerah Jakarta ini atau Jakarta *Great City* ini saya langsung melihat kalo di pinggir-pinggir rel kereta itu kan sebenarnya pemukiman yang kumuh . . . Jalan yang macet, ramai gitu ya, dan semrawut . . . Orang tuh sangat mekanistik, sangat cepet sekali dalam berpindah . . . Naik transportasi umumnya juga kadang berdesakan, lama. Itu sih yang paling keliatan dari Jakarta sih.”

[When you come into Jakarta, the Jakarta *Great City* [English in original] area, I always immediately notice the slum area along the edge of the railroad tracks . . . The roads are full of traffic and disorderly . . . People are like machines; they move very quickly . . . Public transportation is overcrowded and you have to wait a long time. That’s what is most apparent in Jakarta.]

Participant 10

Pollution was also one of the sources of stress in urban life for participants. According to participants, the air pollution in Jakarta was really bad which mostly came from vehicle exhaust.

“*Pollution*, kan aku tiap hari kalo ngantor tuh motor maksudnya naik ojek gitu. Mmm berasa banget *pollutionnya* tuh parah menurut aku.”

[Pollution [English in original]. I get to work everyday by motorcycle. I mean a motorcycle taxi. You really feel the pollution [English in original]. The pollution is extreme in my opinion.]

Participant 3

Another source of stress in urban life that participants noted was security issues that related to street crimes such as robberies and muggings. This gave participants a feeling of anxiety and fear.

“Dulu, waktu masih naik bis itu ya. Kan kalo lagi pulanginya lebih malem dari jadwal biasa kan naik bisnya yang

agak menyeramkan tuh. Aku pernah liat, bukan aku sih yang mengalami tapi itu mengancam, mengancam aku juga. Ya jadi takut juga gitu. Jadi ada cewek . . . ada orang dateng, nodong. Terus ditodong. Terus aku tuh saking takutnya tuh aku *freeze*.”

[I used to take the bus. And when I'd get home later than expected because of the bus, it was frightening. I once saw, it wasn't me it happened to, but I felt threatened, it threatened me too. I was scared, too. There was this girl. . . and some guy came up to her to mug her. She was mugged just like that. I was so scared, I just froze [English in original].]

Participant 1

In addition to the stress of daily problems and poor infrastructure, participants felt that life in Jakarta was very demanding. Living costs were higher than participants could afford on their income. For this reason, many of the participants were concerned about paying bills, particularly in relation to housing and healthcare costs. These financial concerns represent a burden and a source of stress that has the potential to damage participants' well-being and mental health. This issue is discussed further in section 6.3.

“Selain kemacetan, ketidakamanan, itu juga kekurangan . . . hidup di kota itu juga kekurangan materi, kekurangan finansial.”

[In addition to the traffic jams and lack of safety, it's the lack of . . . urban life also includes the lack of material wealth, economic deprivation.]

Participant 1

Participants reported that the stresses of urban life were often intensified by urban lifestyle expectations and middle-class values. Participants said that urban culture put a high value on materialism and prestige where everything was measured by material possessions.

“(Nilai-nilai urban Jakarta itu) Sangat materialistik hmm itu yang paling dirasakan sih jadi kayak hmm ya sangat semuanya terkadang dihitung dengan materi gitu... Apa sih yang membuat orang-orang Jakarta itu rela kayak misalnya dia itu sampe memang harus hmm desek-desekan berangkat pagi, apa dan segalanya gitu . . . Itu juga materi menurut saya, penghidupan sebenarnya.”

[(The values in Jakarta) are very materialistic. That's what you feel. It's like, hmmm, very . . . Everything is based on material wealth . . . What makes people in Jakarta willing to, for instance, leave home in the morning with everything so overcrowded and everything . . . It's the material gain, I think. The need to make a living.]

Participant 10

Participants acknowledged that the more money and other material possessions a person had, the higher that person's social status and the potential for a more comfortable and

convenient life that people dreamt of. Thus, many urban Indonesians were pursuing a higher social status.

“(Kehidupan di Jakarta itu bagaimana?) Mereka sangat, sangat mengejar uang ya. Mereka sangat, seringkali mereka mengidentifikasi mereka dengan uang. Dengan apa yang bisa mereka kenakan, barang *branded* atau tidak. Menurut aku ya itu yang membuat mereka bekerja sedemikian rupa, hanya untuk mendapatkan uang.”
 [(What is life like in Jakarta?) They are really, really chasing money. Often, they really identify with money. With the clothes they wear, whether their item is a branded [English in original] item or not. In my opinion, that is what makes them work the way they do, it’s just for the money.]

Participant 7

Participants noted that these urban values that put emphasis on materialism and prestige led most urban Indonesians to adopt an unhealthy way of life. The people who took part in this study said that urban Indonesians exhibited a lot of conspicuous consumptions. They wanted to keep up with current trends in order to maintain what they viewed as an image of prestige. Among participants, conspicuous consumptions was related with the rapid growth of social media usage in Indonesia. This issue is discussed further in section 6.4.

“Gaya hidup yang kayak e nonton di mal, main ke mal, belanja *branded* barang baru, hal-hal itu udah kayak hal wajar gitu kalo di Jakarta. Makanya saya bilang tadi nomor satu finansial sebenarnya yang ngaruh ke *well-being* nya. Koneknya ke situ kalo hidup di kota. Karna kadang ada orang ingin terlihat sejahtera, gaya hidupnya tidak diimbangi dengan pemasukkan, akhirnya kan bikin beban tersendiri untuk dirinya sendiri. di Jakarta itu *mental health* nya kesana kalo saya lihat ya.”

[People’s lifestyle involves going to the movies at the mall, window shopping at the mall, shopping for high end brands [English in original], this is all normal behaviour in Jakarta. That’s why I told you that financial status is the main thing that contributes to people’s well-being [English in original]. It relates to people’s way of life in the city. Sometimes someone looks like they’re doing well, but their income is not comparable to their spending. So it becomes a burden in and of itself for them. This is what people’s mental health [English in original] depends on in Jakarta.]

Participant 6

The urge to keep up with the latest trends had a damaging impact on participants’ well-being where they could never feel they had enough. They could not be grateful for what they did have and never felt satisfied with their life.

“Gaya hidup urban kan selalu akhirnya *well-being* nya ngerasa ga cukup kan. Dan kemudian ketika ada satu hal yang populer, entah itu makanan, entah itu barang,

biasanya kita diharuskan, seringkali secara tidak langsung diharuskan untuk punya. Ketika ga punya, ya akan ada komentar-komentar dari orang lain . . . Jadi, selalu tidak puas. . . Intinya mereka-mereka yang selalu mengikut kekinian, apa yang lagi trend itu.”

[The urban lifestyle always ends with your well-being [English in original] never feeling enough. And then something becomes popular, it could be some kind of food, some item, and then usually you are forced to, often indirectly, to have it. If you don't have it, people will talk . . . You never feel satisfied . . . Everyone always has to have the latest thing, whatever the trend is.]

Participant 7

Participants acknowledged that urban people tended to show off their success and prosperity. Participants felt that social pressure to show off their social status was very strong in their daily urban settings of life.

“Saya merasa gengsi tuh penting banget kalo di sini (kota besar). Disini orang cenderung untuk menunjukkan gengsinya. Orang-orang ingin dianggap sukses, udah sejahtera hidupnya, makmur . . . Kalo di Kuningan (desa) sana kan kita hampir ga bisa bedain orang yang kaya mana yang miskin, semuanya sama . . . *Gap*-nya itu ga sejauh di Jakarta. Disini kan dengan mudah telanjang mata bisa liat mana orang yang sepertinya finansialnya bagus.”

[I feel that status is very important here (city / urban). People tend to show off their status. People want to be seen as successful, like they are prospering, they have plenty of money . . . In Kuningan (rural), you almost can't tell which ones are rich and which are poor. Everyone looks the same . . . The gap [English in original] is not that big as in Jakarta. What you can see with your naked eye is that everyone seems rich.]

Participant 6

Participants also felt that as urban residents, there were expectations for them to be a popular person.

“Kalau ngomongin urban, ngomongin perkotaan, ngomongin tinggal di kota, ibukota dan sebagainya, itu kayaknya ngomongin ‘Lu harus keren’ . . . Aku mikirnya kayak gitu dan akhirnya ada ekspektasi dan dorongan untuk menjadi seperti itu.”

[If we're talking about urban areas, about the cities, living in the city, like the capital and so forth, it's like saying, ‘You have to be cool’ . . . I think people feel like that and then they have expectations and feel pressure to be like that.]

Participant 4

Social judgement and social status tended to be significant for participants because Indonesian culture puts a high value on collectivism, saving face, and what others think about them (Himawan et al., 2021). These tendencies are intensified in the urban context which is highly demanding and competitive compared to other areas in Indonesia (Alam,

2018). Participants noted that urban Indonesians tended to expect happiness and build their sense of well-being from buying high-end branded items and trying the latest trends.

“Kalo sekarang *lifestylenya* meningkat sih mbak, dalam arti mungkin dulu apa ya sekarang tuh kalo orang Jakarta, yaa *lifestylenya* bisa dibilang lebih tinggi gitu loh mbak, kan dapet prestise misalnya kalo pergi ke mana, nyobain suatu hal yang baru, yang keren, yang lagi *hits* kayak gitu-gitu . . . *I don't think* dulu ada kayak gitu sih. Mereka sekarang mungkin dapet *satisfaction* atau misalnya kebahagiaannya dari hal-hal yang kayak gitu sih menurut aku. Sekarang lebih konsumtif dan lebih hedonis kalo menurut aku. Menurut aku itu cara mereka untuk mengatasi stress dan mengisi kehidupan mereka yang “kosong”. Maksudnya kayak apa ya, kompensasi. Iya kompensasi dari mereka misalnya udah kerja capek-capek gitu dan apa hasilnya yang bisa membuat mereka bahagia. Salah satunya ya pake barang *branded*, pergi ke tempat nongkrong yang lebih oke, lebih *hits*, yang lagi dibicarakan orang-orang misalnya. *Social pressure*nya menurutku juga meningkat.”

[Nowadays, everyone's lifestyle [English in original] is increasingly demanding. What I mean is, for people in Jakarta, their lifestyle [English in original] is higher than before. They get prestige like from going somewhere, from trying some new thing, something trendy, a hit [English in original] . . . I don't think [English in original] it was like that in the past. Now they get satisfaction [English in original] or happiness from things like that, in my opinion. I think that's how they deal with stress and try to fill their 'empty' lives. It's like compensating. Compensating for, like when they work so hard and whether the results can make them happy. Another way is they have a branded [English in original] item, or they go to some trendy place, somewhere that is a hit [English in original], that people are talking about. The social pressure [English in original] is increasing in my opinion.]

Participant 3

Participants recognised that the stresses of the urban environment and urban demands often made it difficult for urban residents to control their emotions in their daily life. Controlling one's emotions, which means not showing any negative emotion in front of others, is considered as an important interpersonal skill in Indonesian cultural contexts (Marthoenis et al., 2016). Participants noted that people were not supposed to show impatience, act aggressively, either physically or verbally, or have conflict with others in their day-to-day life.

“Ternyata orang Jakarta ini nggak sabaran banget gitu, orang baru ijo gitu ya, udah tiin tiin tiin gitu kan mereka nggak sabaran banget . . . Trus mungkin apa lagi nih hmm kejadian di jalan ya yang terkait sama transportasi, ooh ini konflik yang sering baaanget saya temui tuh ojek *online* sama ojek pangkalan . . . Teriak-teriak itu membodoh-bodohkan keluar kata-kata kasar. Ini juga nggak sehat jiwa banget lah hehehe kalo saya ngeliat . . . Kita ngeliat hmm bagaimana kehidupan di jalannya, transportasinya, orang-orangnya, bagaimana orang bener-bener bisa kayak kok kayaknya gak ada *manage* emosi banget.”

[People in Jakarta are very impatient. The second the light turns green, they start honking because they are impatient . . . Another example that also relates to the road, that involves transportation, is, and this is a conflict that happens really often between the motorcycle taxis that use the online [English in original] app and the regular ones. The drivers yell at each other, call each other stupid, and swear at each other. That is really bad mental health in my opinion . . . You see what life is like on the streets, the people, how people just cannot manage [English in original] their emotions.]

Participant 10

Participants observed that people living in Jakarta, as one of the big cities in Indonesia, tended to focus on their own happiness and to achieve their own goals. They tended to not care about others' needs and put themselves first. It was reflected in their behaviour in the street where they did not want to give way to other people. In this, they seemed more independent and ambitious than the dominant cultural norm seems to suggest.

“Kalo di Jakarta (kota) kan dulu-duluan, contohnya orang maunya serobotan bahkan lampu merah pun ga diliat gitu gitu, kalo di sana tuh (desa Kuningan) kayak gila papasan papasan di perempatan nih kita bakal saling mempersilakan duluan “mas duluan aja lewat.”

[In Jakarta (urban), it's everyone for themselves. For example, everyone wants to be first when the traffic light changes. There (in rural Kuningan), people always take turns, like they're saying to each other, 'You go first'.]

Participant 6

Participants noted that Indonesians tended to view individualism as an unwillingness to share, to compromise, or to help others, and these characteristics tended to be viewed negatively in all contexts. Participants mentioned an example of this concept of individualism, which was unwillingness to help a stranger who asked about direction in the street. This behaviour was very common in day-to-day life in Jakarta.

“(Di Jakarta) orang merasa dia sibuk atau ada urusan lagi, merasa terganggu karena ditanyain, jadi jawabannya sekenanya atau kadang malah ketus dan ga enak . . . Gak sesuai kepentingan mereka gitu tanya jalan, mereka jawab seadanya gitu.”

[(In Jakarta), people feel they are always busy or there is always something they have to do, they are annoyed if you ask them anything, they barely respond or sometimes snap at you and you feel uncomfortable . . . If it is not in their interest for you to ask directions, for instance, so they just say anything in giving an answer.]

Participant 10

Moreover, participants said that being focused on a personal goal was also generally considered to be individualistic, and hence undesirable, in Indonesia.

“Kehidupan perkotaan Jakarta karena disini emang orangnya lebih individualis dan lebih punya target-target itu buat dirinya sendiri.”

[Life in urban Jakarta makes people more individualistic and makes them set targets for themselves.]

Participant 2

One of the participants grew up in a rural area where the community placed a high value on collectivism, however, she said that urban values that conflicted with this had affected her unconsciously. She had become more individualistic than her family members who continued to live in their region of origin.

“Nilai individualis ini secara gak sadar mulai kenceng nih di aku . . . Pas liburan lebaran, kan balik ke rumah. Nah aku sama keluarga itu pergi ke satu tempat makan . . . Pada saat itu kan padet banget ya. Akhirnya setelah muter-muter nunggu akhirnya dapet nih satu meja. Tapi mejanya yang gede gitu padahal keluarga ku kan cuma berempat doang. Nah ada keluarga lain yang mau gabung gitu, aku kayak ga mau gitu ya mbak. Aku mikirnya “Ya udah nunggu aja tadi kan juga nunggu kok.” Terus aku desek-desek ibuku bilang, ayo bu bilang kepake aja mejanya gitu. Tapi ibuku kodein aku, matanya langsung *stare* gitu terus ya udah aku langsung diem terus ibuku mempersilahkan ibu itu buat duduk. Terus abis itu ibuku negur aku bilang kayak, “Kamu ya emang udah dibawa adat sana.” Ibuku tuh beranggapan “Kita kan disini sama-sama jadi gak papa bersama.” gitu. Terus aku baru nyadar pada saat itu gitu, ternyata aku emang dibawa yang hmm mempersilahkan orang lainnya, terus berbaginya, itu emang agak kurang. Dan agak individualis ternyata sekarang ini gitu.”

[Without me realising it, that individualism has gotten inside me. At the end of the fasting month, I went home. We went out to eat in restaurant . . . It was really crowded. After waiting and waiting, we finally got a table. But the table was really big and there were only four of us. There was this other family who wanted to join the table. I was reluctant. I thought to myself, “Why don’t you just wait like we did.” So I whispered to my mother, “Just tell them we are using the whole table.” But my mother gave me a sign, she just stared [English in original] at me, so I just shut up. And my mother invited them to sit down with us. After that, my mother scolded me. She said, “You’ve become like them (city people).” My mother was thinking, “We were all here together, so why not share with other people?” It was only then that I realised I have been drawn into (city ways of life). We rarely invite other people to join us, we don’t share. I am now quite individualistic too.]

Participant 2

This participant realised that she had internalised urban values through her daily interaction with people around her.

“(Kenapa nilainya berubah?) Karena lingkungan pergaulan sih.”
 [(Why have your values changed?) It’s because of the social environment.]

Participant 2

She also mentioned that the difficult and demanding life in the urban setting had made her become more individualistic and independent than before when she lived in the rural area.

“Disini (kota) yang emang kayak kalo apa-apa ya harus utamain diri sendiri, harus *survive* sendiri.”

[Here (city), it’s like you always have to put yourself first, you have to survive
 [English in original] by yourself.]

Participant 2

Participants acknowledged that the development of urban values that put emphasis on prestige and materialism had likely been caused by rapid urbanisation and modernisation in Indonesian cities that had taken place over a comparatively short period of time. Domestic migration from rural to urban areas is a significant social phenomenon in Indonesia that has resulted in a large-scale population shift. At present, slightly more than half the population (55%) lives in cities and towns (World Bank, 2020); whereas in 2000, 43% of the population was urban and, in 1980, the comparable figure was 22% (Jones & Mulyana, 2015).

“(Darimana ya pengaruh nilai-nilai gengsi itu?) Kalo saya lihat gini, ini awalnya dari kegiatan urbanisasi ya, orang desa ke kota. Orang desa ke kota untuk mencoba peruntungan, mencari kemakmuran. . . . Kalo kita runut orang Jakarta hampir semuanya orang dari urbanisasi orang dari desa ke kota, jadi cara dia menunjukkan dia sukses adalah dengan harta . . . paling gampang kayak gitu.”
 [(What accounts for the perception of prestige?) I see it like this: in the beginning, urbanisation was just people moving to the city. People from rural areas would try their luck, see if they could make their fortune . . . If you look into it, almost everyone in Jakarta came from the rural areas to the city. So, the way they show their success is with material possessions . . . that’s the easiest way.]

Participant 6

The main force driving the trend toward urbanisation was employment pressure, a factor felt very strongly by the participants. Even though participants felt that it was difficult to make a living in Jakarta, the situation was still easier than in a more rural area, and the easy availability of anything a person might need somewhat made up for the difficulties of daily life.

“Kalo enaknya itu, di urban kan segala macem ada. Pokoknya untuk mendapatkan sesuatu itu gampang. Gitu. Apalagi dengan, sekarang kan ada yang e transportasinya yang *online* gitu.. Menurut aku sih cukup ya. Walaupun dia macet,

walaupun dia kadang-kadang gak aman gitu, ada ya apa lah, copret lah jambret gitu, tapi ya menurut aku ada positifnya juga. Kebutuhan hidup tuh gampang gitu, kemudahan-kemudahan hidup, seperti Gojek, Go-Clean, Go-Food, dan juga mencari pekerjaan lebih mudah di kota sih dibanding di desa.”

[The good part is that everything is available in the city. It's easy to get anything. Especially now that there is e-transportation that is online [English in original]. To me, it's fine. Even though we have traffic jams, even though it is sometimes not safe, there is, you know, pickpockets, muggings, but in my opinion, there are still the positives. It's easy to fulfill your needs, there is Gojek [an online motorcycle taxi company], Go-Clean (an online on-demand house cleaning service), Go-Food (an online take-out food delivery service), and it's easier to find a job than in the rural areas.]

Participant 1

Modernisation in Jakarta, as well as other Indonesian cities, has been very pronounced in recent decades. This has had an impact on the development of digital technology, including computerisation and internet use, and allowed for significant change in communication (The Jakarta Post, 2019). The most important influence of the internet in Indonesia has been in the take up of social media (see, for example, Kusumasondjaja, 2018). Participants noted that social media, which has been extremely appealing to many Indonesians, often serves as a vehicle for transmitting new values and perspectives. This is discussed further in section 6.4. Participants reported the connection between the emergence of these new technologies and the need to show prestige and social status in daily urban life.

“Nomor duanya ada internet segala macam cepet instan. Terus ada sosial media banyak. Awalnya yang tadi urbanisasi . . . tapi faktor yang bikin semakin cepat memicunya adalah media sosial.”

[The second factor (in the prestige phenomenon) is the internet which makes everything fast and instant. Then there is the huge amount of social media. In the beginning it was the urbanisation . . . but the factor that really catalysed it was the social media.]

Participant 6

Most of the participants felt that social pressure was incredibly strong in Jakarta. The pressure to fit in and be acknowledged as part of the group was high in urban Indonesia and was also increased in the last decade because of the modernisation in urban Indonesia (Himawan et al., 2021). In their daily life, participants felt pressure to conform to the high demand to follow the latest trends and demonstrate their prestige to their friends and neighbours.

“(Maksudnya tekanan sosial meningkat bisa dijelaskan lebih lanjut?) Ada tuntutan harus nyambung dong dengan orang lain kalo ngomong, kan ketika kamu belum .

. . . “wah gue belum pernah cobain sini mungkin jadinya harus ikut cobain supaya bisa nyambung masuk ke grup yang ini”. *Social pressure* harus nyambung, harus kekinian gitu jadi bisa diterima oleh temen-temen.”

[(What do you mean by increasing social pressure?) There is a demand that you have to be like other people, like when you talk to someone and you haven't . . . like, “Wow, I haven't tried this, maybe I should, so I can be part of the group.” The social pressure [English in original] is to fit in. Your friends will only accept the latest thing.]

Participant 3

Participants acknowledged that the social pressure mainly came from their friends. They learned that in order to be accepted in a particular community, they need to follow the latest trends.

“(Pengaruh dirasakan terutama darimana?) Teman . . . Kebetulan aku temennya sama geng-geng yang selalu keluar malam, terus karaokean, terus ‘kita nongkrong di sini yuk, keren!’ . Jadi emang *picky* banget kalau nongkrong, yang harus tempat keren gitu, ga mau kalau tempat-tempat yang biasa aja gitu. Jadi aku jadi belajar ‘oh, yang kayak gini itu yang lebih diterima, yang lebih disukai. Kalau lu melakukan ini tuh, mereka lebih senang. Lu bakal lebih diajakin.’ Lebih diterima.”

[(What affects you the most?) My friends . . . My friends happen to be a bunch of people who like to go out at night. They like karaoke. They go, “Let's go here. It'll be cool!” They're really picky [English in original] where they want to go. It's got to be the coolest place. A regular place won't do. So I have learned, “Oh, it's this kind of place that people accept, that people like.” If you do this, you will be accepted. People will invite you to go along. You'll be accepted.]

Participant 4

Participants noted that following the latest trends included several behaviours, such as using branded items that were popular at the moment, patronising cafes or restaurants that were in fashion, consuming food or drinks that were the latest thing, or having the newest gadgets.

“(Apa ngaruhnya tekanan sosial ke kamu?) Ngaruhnya adalah, yang sulit adalah mengikuti perkembangan *trendnya*. Kalau orang nonton ini, kayaknya pengen juga ikut. Ada *cafe* baru kayaknya harus nyoba, kalau ga, ga *hits* gitu. Jadi aku dorongan buat mengikuti itu ada banget, besar banget.”

[(How does social pressure influence you?) The influence is, it is so hard to always follow the trends [English in original]. If people are watching something, I want to do that, too. If a new cafe [English in original] opens, I feel that I want to try it, too. If I don't, I feel that I'm not up to date with things. For me, the pressure to do what people are doing is very strong.]

Participant 4

Participants also noted that failure to conform with the social pressure resulted in social exclusion. Participants felt that social exclusion was very burdensome. There is a relatively new term that has emerged to express this status, which is *kuper* (Himawan et al., 2021). *Kuper*, an acronym for *kurang pergaulan* [lacking in social interaction] is a negative labelling that applied to people who do not appear to be participating in what is considered the newest ‘in thing’ and do not have any friend to socialise with.

“Ketika kita ga *conform* dengan keinginan si *social pressure*, maka mereka akan menjauhi kita. Mereka ga akan mengajak kita, akan tidak mengakui sih. Lebih kaya tidak mendapatkan pengakuan . . . Kemudian eee di jauhi mungkin lebih kayak disingkirkan aja lah ya.”

[If you don’t conform [English in original] to the social pressure [English in original], people exclude you. They won’t invite you anywhere, they won’t acknowledge your existence. It’s like you don’t exist. They keep away from you, it’s like being excluded.]

Participant 7

Moreover, participants also observed that the high social pressure and the need to fit in and be accepted in the social environment made some of people who put the focus of their life mostly on external self-worth and external validation experienced a detrimental effect of urban cultures and values on their sense of well-being.

“Kalo kita termasuk orang yang membawa diri atau memaknai diri itu tergantung sama gimana orang lain ngeliat, itu mungkin *stressful* di urban. Karna ada tuntutan tuntutan sosial yang mungkin ga selamanya *match* sama diri kita. Itu *stressful* sih, akan jadi ngikutin terus orang maunya apa gitu kan.”

[If you’re someone who depends on or identifies with how other people see you, the urban environment might be stressful [English in original]. Because there are social demands that might not match [English in original] with how you really feel. It’s stressful [English in original], so you’re going to just do what other people do.]

Participant 9

As discussed above, social pressure mostly came from participants’ friends. This was an interesting finding in this study. Although social pressure was very strong, some of the participants had been able to resist because they chose a particular type of friend who had the same values as them and believed they should hold onto the values they learned in childhood.

“(Kenapa ada orang yang sangat terkena tekanan sosial tapi ada juga yang ya udahlah?) Karena pertemanan dan bagaimana dia dari keluarganya ya, karena aku ngerasa kalo dari keluarga aku juga bukan tipe yang harus misalnya ikutin harus kayak gimana orang-orang. Pilihan pertemanan juga menurut aku berpengaruh sih

mbak heeh, aku berkumpulnya sama temen-temen juga yang mmm kurang lebih sama kayak aku gitu, setipe gitu, jadi ya *fine* tanpa harus misalnya harus being eksis atau kayak gimana gitu.”

[(Why are there people who are influenced by social pressure, while others are not?) It’s because of their friends and family. I feel that my family is not the type that always has to do what other people do. Your choice of friends is an influence, too, in my opinion. I have friends who, who are, um, more or less like me, the same type of people. So, it’s fine [English in original] if we are not cool or whatever.]

Participant 3

The importance of values internalisation in the family during their childhood was also mentioned by participants. The internalised values served as a filter toward negative social influence and social pressure in their adult life. Participants said that these traditional values came from their family and their religion. Because of these values that participants had internalised successfully, they tended to choose friends who had the same outlook on life.

“(Kenapa bisa faktor exposure kenceng banget tapi kamu tetep ga berubah?) sebenarnya faktor yang paling penting itu *value* dirumah. Maksudnya seberapa kita itu memang sudah memegang nilai-nilai yang ga mudah digoyah gitu . . . Nah dan itu kalo di keluargaku banyak yang beririsan sama faktor agama. Kebetulan ayahku ustad si hehehe jadi ayahku itu penceramah gitu, ibuku guru. Di sekolah Islam gitu jadi kayak emang ya Islami sekali.”

[(Why, despite the intense exposure to these things, have you not changed?) The most important factor is the values [English in original] you learned at home. It’s how much you hold onto those values and can’t be shaken in what you believe is important . . . In my family, it all came down to religious principles. My father was a religious scholar, he would give lectures, and my mother was a teacher. The atmosphere at the Islamic school I went to was very religious as well.]

Participant 9

Examples of the participants’ traditional life values that acted as a filter for negative social influence are as follows:

- Living modestly.

“Iya hidup bersahaja aja lah. Harga diri saya kan tidak ditentukan dari ini, dari *handphone*, dari mobil, ya udah lah. Orang-orang sayang sama saya. Istri saya sayang sama saya.”

[You should live modestly. My feeling of self-worth is not based on things, like a mobile phone, a car, whatever. People love me. My wife loves me.]

Participant 5

- A good person does not demand anything from others. He or she is accepting of life and follows the flow of life.
 “Maksudnya orang baik tuh, ya baik saja menjalani hidup, ikutin *the flow*, kemudian *do your best*, mmm lebih ke *do your best*, gak neko-neko, gak banyak mau yang macem-macem, nrimo aja.”
 [What I mean is, a good person, just lives, they go with the flow [English in original]. Then you do your best [English in original], it’s more like do your best [English in original], don’t demand, don’t wish for this and that, just accept it.]
 Participant 3
- Not wanting any material things, not being greedy, and accepting all life situations.
 “(Orang yang sederhana adalah orang yang) gak harus misalnya umm harus punya ini, punya ono, punya itu. Jadi ya memang apa yang punya, sesuai dengan kondisi finansial keluarganya, ngga usah ngoyo. *Accepting the situation*, keadaan yang ada, realita yang ada.”
 [(Modest people are people) who don’t have to own this and that. What they have is what they can afford. They don’t force themselves (to buy things they can’t afford). It is accepting the situation [English in original], the situation that exists, the reality of life.]
 Participant 3
- Being a hard worker and reliable person.
 “(Orang yang) disiplin, lebih ke orang yang ngatur jadwal, ngatur waktu, tanggung jawab.”
 [A disciplined (person) is a person who can make a schedule, manage their time, accept responsibility.]
 Participant 3
- Earthly possession belongs to God.
 “Keyakinan aku bahwa uang punya Tuhan, bukan aku.”
 [My belief is that money belongs to God, not to me.]
 Participant 7

The participants’ conceptualisation of what made someone a good person was deeply rooted in traditional culture and especially the culture of Java (based on the language and terminology used). Similar concepts exist in many of Indonesia’s other local cultures, but it is notable that, among the participants who expressed these ideas in this way, there were individuals who did not come from a Javanese cultural background. This is likely a result of the fact that the Javanese ethnic group is the largest by far of Indonesia’s ethnic cultures, and many of its terms and concepts have entered Indonesian popular culture and language use (Widodo, 2013). Because the interviews in this study were conducted in Indonesian and involved people with modern sociocultural backgrounds that are part of the domain for Indonesian language that is associated with national culture, it is likely that the form of expression as well as the content of

participants' comments reflect the sociolinguistic norms in the urban Indonesian cultural contexts. It is also possible that, if they had been interviewed in their first language (a local language for most Indonesians), the form and content of their explanations might have shown additional cultural influences.

Also, in discussing social relationships in the urban cultural context, participants noted a unique characteristic of these relationships. Participants pointed out that many of these relationships were digital in nature. This was due in part to the time pressure felt by urban residents and the difficulties inherent in life in Indonesian cities. Social media fits this aim very well, and the observations of this study are consistent with research on online social interactions (see, for example, Shklovski et al., 2015) that indicates digital communication can promote a person's feeling of being connected by allowing for the building of relationships with others.

“Masyarakat urban itu, waktu itu sempit kerja sampe malam, *weekend agendanya* sudah padat jadi ya interaksi sebetulnya digital biasanya. Untuk ketemu secara tatap muka hampir sulit . . . Jadi di jalan sambil macet macet interaksi dengan orang-orang, yang sebetulnya interaksi secara reguler, secara rutin gitu, untuk memenuhi yang relasi dan kebutuhan afeksi dia.”

[City people have no time, they work till late at night, their weekend agenda [English in original] is busy, so their interaction with people is mostly digital. It's hard to see them in person . . . so, when you're stuck in traffic, you can talk to your friends on a regular basis, it becomes the routine, to fulfill your need for friends and affection.]

Participant 6

In conclusion, the physical conditions of the city (overcrowding, traffic, pollution, lack of infrastructure) had an impact on the participants' feeling of well-being and potentially on their mental health as well. These findings are consistent with the literature (see, for example, Bai et al., 2012; Krefis et al., 2018) that finds the urban environment may influence health and well-being. Nonetheless, the impact of urban life on the participants' well-being and mental health is specifically related to Indonesian interdependent culture and values that are likely to differ greatly from Western independent cultural contexts. Of particular interest in this is the high value placed on prestige, social conformity, and social acceptance in urban Indonesian society that became more intense after the process of urbanisation and modernisation in Indonesia. All of these appeared to be important motivating factors in the attitudes and behaviour of the participants. These particular rapid sociocultural changes in participants' daily urban

life, combined with the social pressures from others, were a strong influence on participants' mental health and well-being.

6.3. Financial situation

Participants said that their financial situation influenced their well-being, and this was especially the case for participants who were married. Two of these participants already had children as well. Although they were part of the middle-class, participants experienced the high cost of living associated with living in urban city. The living costs mainly covered their basic needs, such as housing, utilities, food, and child-rearing.

“Gak memungkiri sih, secara ekonomi apa finansial keuangan itu juga memengaruhi ya. Ya walaupun uang bukan segalanya, tetapi tetap tanpa uang terkadang kita ga bisa memenuhi apa yang kita butuhkan gitu. Tapi bukan dalam artian kebutuhan tersier yang *happy-happy*. *Se-simple* untuk memenuhi kebutuhan pokok. Finansial mempengaruhi kesejahteraan psikologis”

[I can't deny that my economic or financial situation does affect me. Money isn't everything, but without money, you can't get what you need. Not in terms of the tertiary need for happiness; it's as simple [English in original] as fulfilling your fundamental needs. The financial situation affects your well-being.]

Participant 2

For this reason, financial concerns were a common source of worry and anxiety for participants particularly for those with a young family that was just starting out. Some participants reported this financial concern as the biggest source of stress that had a detrimental effect on their well-being.

“Ya keluarga muda begini, finansial tuh mulai menjadi tantangan yang utama . . . ketika contoh kita ngeliat aja hmm kondisi finansial kita, kita punya tabungan seberapa, trus kita hmm pengeluaran berapa dan segalanya. Kita sekarang pasti membayangkan “ih nanti ke depan gue punya ini dan ini segalanya, cukup nggak ya” gitu . . . kadang itu memberikan tekanan tersendiri mikir gitu kan ooh kayaknya kita hmm ingin misalnya nggak mau ngontrak-ngontrak lagi mau beli rumah. Trus habis itu, kebetulan istri saya juga mau ngelahirin, itu juga berpikir juga gitu gimana biaya susu. Dan segalanya itu finansial, berpengaruh sih.”

[For a young family, the financial situation is the biggest challenge . . . For example, take our financial situation. We have some savings, we spend this much, and so forth. You always imagine, “someday, I'll have this and that; will I have enough for that?” This can create its own pressure when you think about these things. For example, you don't want to rent anymore; you want to buy your own house. Then, my wife is having a baby, so we have to think about the cost of milk. And all these financial concerns have an impact (on my well-being).]

Participant 10

Participants typically worried about being able to provide for their family's needs and also their financial status in the future. The living costs that made participants most anxious were related to housing, which was the mortgage payments or rental fees they had to pay, and their daily household expenses. They were also concerned about how they would be able to save money for their future if their income was all spent on their basic living costs.

“Beberapa bulan ke depan, saat ada rencana mau nyicil rumah, KPR, kan begitu, itu akan jadi *tension* sih maksudnya. Saat bilanglah tabungan dulu bisa nabung 50% haha dari gaji. Sekarang akan berkurang akan menjadi 15 bahkan 10% gitu. Nah itu kan pasti akan ada kekhawatiran dong, aduh cicilan bisa gak ya, lancar gak ya kredit kan begitu . . . kebayangannya akan lebih *tight*, lebih mikir, bisa mungkin lebih *stressful* . . . Kalo punya anaknya pas lagi nyicil ya gimana ya. Susu harganya juga mahal kata temen-temen yang duluan punya anak. Susu jangan-jangan abis cuma untuk susu doang haha terus gimana ngurusin yang lain? Ya itu bisa bisa sangat mempengaruhi (well-being) sih.”

[In the next few months, when we plan to start paying a mortgage through KPR (a credit program for moderate earners), that will create tension [English in original]. In the past, I could save, say, 50% of my salary. Now that's going to be 15% or even only 10%. That has to make you worry. Can you make the payments? Is there going to be a problem with the credit? You feel like things are going to be tight [English in original]. You have to think more about (what you spend). It might be more stressful [English in original] . . . If you have children and you're also paying that off, what do you do? Milk is expensive according to my friends that have children. And that's just milk. How do you deal with everything else? Yes, that can really affect (well-being).]

Participant 5

The relationship between participants' financial situation and their well-being was emphasised by one participant's comment about the significance of money to his mental health and well-being. Unlike the other participants that reported religiosity and family as the most influencing factor, for him, the most influencing psychosocial factor in his well-being was his financial situation.

“(Apa yang paling berpengaruh terhadap *well-being* kamu?) Pengalamannya yang saya bisa lihat dari diri saya yang pertama itu finansial, kondisi ekonomi sangat mempengaruhi e karna gini yang mungkin orang bilang uang bukan segalanya, tapi sayangnya segalanya butuh uang . . . Menurut saya kondisi stress atau beban pikiran yang paling mudah itu berasal dari ekonomi sih.”

[(What is the thing that most affects your well-being in your experience?) I can see that the main thing is money, your financial state is the most influential. Even though people say money isn't everything, but unfortunately everything costs money. In my opinion, stress and mental burdens most often come from financial concerns.]

Participant 6

When asked how he coped with financial stress, this participant explained that he tried to manage his expectations and priorities align with his financial situation.

“Supaya ga jadi beban pikiran ya *manage* ekspektasi, sama lebih ke kapan kita merasa butuh kapan kita bisa . . . ya ke finansial manajemen juga sih jatohnya. Bagaimana kita bisa memenuhi semua kebutuhan dengan uang yang seadanya gitu, jadi kita bikin prioritas, kita juga bikin kebutuhan mana yang yang akan dinaikkan, mana yang diturunkan atau dikurangi . . . Maksudnya uang segini ya ga usah ngarep yang aneh aneh.”

[So it doesn't become a burden, you have to manage [English in original] your expectations. This has to do with when you feel like you need something . . . It comes down to financial management as well. How can you get everything you need with the money you have, so you have to have priorities. You have to decide what needs to come first and what you can leave till later or reduce . . . You only have that amount of money, so there's no point in thinking about anything out of your range.]

Participant 6

The literature notes a significant relationship between financial situation and well-being (see, for example, Veenhoven, 2009) that is expected and intuitive. Nonetheless, even though it is generally accepted that a person's financial situation may influence well-being, literature on this issue remains unclear whether this relationship is direct or indirect. Participants used religious coping to deal with the anxiety caused by their financial situation. They believed that God controlled everything and had a plan for everyone, and, so as long as they did their best, God would give them the opportunities. This belief made them feel calmer, more relaxed and more self-assured, despite their financial situation.

“Akhir-akhir ini tuh . . . apa mungkin kepala keluarga yang bisa menyediakan hmm finansial yang baik . . . Tapi akhirnya yang membuat saya bisa *handling* itu sebenarnya ya keyakinan saya bahwa kalo kita itu mau berusaha saja gitu ya, dan kita serius berusaha gitu ya, nggak ada niatan sama sekali untuk malas-malasan gitu, semua akan baik-baik saja. Kadang sesimpel itu berpikirnya . . . intinya kuncinya adalah pokoknya kita mau bekerja aja gitu, kayak gitu itu nanti pasti akan terbuka, terbuka jalannya sih apapun itu . . . insyaAllah itu akan bisa kayak gitu.”

[Lately (I've been thinking) . . . as the head of the family, can I provide for them . . . But what has made me able to deal with this is the certainty that, if I strive and I do so seriously, if I have no desire to be lazy, everything will work out. Sometimes, it is as simple as thinking this . . . The key is that you just have to be willing to work, and then it is certain that something will appear, a path will appear . . . Everything will happen according to God's will.]

Participant 10

In addition to religious coping as a buffer against the detrimental effect of financial difficulties on their well-being, participants also felt family played an important role as a protective factor.

“Saya pun juga merasa finansial itu sangat berpengaruh gak bisa dipungkiri gitu. Tapi sebenarnya, kita masih punya keluarga, faktor keluarga, kita masih punya nilai-nilai agama gitu ya yang itu nanti bisa membuat ya tadi masalah finansialnya teratasi kayak gitu.”

[I feel (that my) financial situation is an influence; that can't be denied. However, when you have a family, they are a (protective) factor. If you have religious values, they can help you overcome financial problems.]

Participant 10

Participants mentioned several factors that influenced the relationship between a person's financial situation and well-being. This was visible in the experience of a participant who felt her financial situation had negatively affected her well-being through her fear of social judgement. Although her financial situation was objectively difficult, she was genuinely happy with her life until her husband joked with their friends about how poor they were. At that moment, she felt great shame and embarrassment. She was afraid of being viewed negatively by her friends because of her financial situation.

“Awal-awal pernikahan, terus kita memang ngontrak deket kantor. Kalo ngontrak itu kan di Jakarta Pusat memang kecil-kecil kan. Gak bisa satu rumah . . . Terus harta kami ya cuma sekamar itu . . . Terus apa waktu itu kita pindahan karna udah mau lahiran. Kita pindahannya naik taksi dan itu cukup . . . Terus dia, si suami aku ini, kan waktu itu ada whatsapp grup temen, terus dia bilang, “Gila gue miskin banget ya”. “Barang gue cuma muat setaksi” . . . Ya itu aku, ya marah, ya malu, akhirnya jadi bertengkar. Gitu. Kenapa harus ngomong. Karna dia ngomong ke orang lain, jadi malu. Keberhargaan diri aku gitu. Sebenarnya kalo gak diomongin kan aku oke oke aja, *happy*, aku terima.”

[When we were first married, we were renting a house near the office. When you rent in Jakarta, the place is small. We couldn't afford a whole house. We only had what was in our room. Then we moved because I was having a baby. We went in a taxi and that was enough (for our possessions). Then he, my husband that is, in a WhatsApp group of his friends, he said (to his friends in the Whatsapp group), “I'm really poor, no?” “Everything I own can fit in a taxi.” I felt like, why are you saying things like that? . . . Well, I was angry. I was ashamed. Finally, we had a fight. Why did he have to say anything at all? Because he said those things, I was ashamed. It was my self-worth. If he hadn't said something to our friends, I would have been happy [English in original]. I would have accepted the situation.]

Participant 1

Moreover, another factor that was described by the participants was related to poverty in Indonesia. From their observation of many Indonesians, participants noted that many

people seemed to be happy despite living in poverty. Their well-being seemed to be good because they were optimistic and easy-going. They did not seem to overthink about their financial deprivation.

“Walaupun di keluarga miskin pun kalo dia *mindset* nya gak yang pesimis, dia juga bisa *enjoy* dengan kondisinya itu . . . Aku pernah ngeliat keluarga-keluarga yang sangat miskin tapi mereka tetep ketawa-ketawa, ngobrol baik-baik satu sama lain, tetep bisa *enjoy* gitu dengan hidup mereka. (Itu karena apa menurut kamu?) karena mereka ga terlalu dipikirin kesusahan hidup mereka kali, terus juga ga pesimis, dibawa enteng aja gitu. Jadi ya mereka bisa tetap menikmati kehidupan di tengah kondisi finansialnya kurang, kebutuhan pokoknya ga tercukupi.”
[Even though the family is poor, their mindset [English in original] is not pessimistic. They can still enjoy [English in original] their life under those conditions . . . I have seen very poor families who can still laugh, who speak courteously to each other, who can enjoy [English in original] their life. (Why is that, in your opinion?) It’s maybe because they don’t dwell on their hardships. They aren’t pessimistic. They don’t take things too seriously. So, they can enjoy life even though their financial situation is such that they don’t even have basic needs.]

Participant 2

In conclusion, for participants in this study, the relationship between financial status and well-being seemed to have several dimensions. It might be influenced by various factors, as the participants saw it, and seemed to depend in large part on their religiosity, support from family, optimistic and positive mindset, ability to manage their perceptions and expectations, and effective coping with the financial challenges they experienced.

6.4. Social media

All the participants said that social media influenced their mental health and well-being on a day-to-day basis. The use of social media has been increasing worldwide for the last decades (Bekalu et al., 2019). During this period, social media has become extremely popular in Indonesia, with large numbers of people using platforms like Facebook, Youtube, Instagram, Whatsapp, Snapchat, and Twitter (Kusumasondjaja, 2018). Participants felt the negative influence of social media on their well-being mainly in a feeling of envy with others and discontentment with life.

“Aku ngerasa juga sih emang terpengaruh dari sosial media. Contohnya misalnya liat ni orang pacaran maksudnya pacaran trus kemudian iya pergi misalnya *fine dining*. Itu kan jadi aku melihat juga “ih kok aku juga pengen ya kayak gitu kayanya itu menyenangkan dan kayak uwoow” sesuatu yang wow banget kayak gitu. Jadi, itu berpengaruh mba, si sosmed itu. *Lifestyle* juga berubah sih mba.

Dulu mungkin ya apa yang ada di kamu segitunya ya udah cukup dan bisa bikin bahagia. Sekarang biasanya *comparing to others*.”

[I feel I am being influenced by social media. For example, when I see people dating and going to fine dining [English in original], I feel like “I also want that, it’s so fun and wowww”, it’s like something that’s super awesome. So, social media has an impact on me. My lifestyle [English in original] has also changed. Before whatever I had, it was enough and could make me happy. Now you usually engage in comparing to others [English in original].]

Participant 3

In Indonesia, the growth of social media usage has been especially rapid in the last decade (see, for example, Kusumasondjaja, 2018). According to Statista Research Department (2022a, 2022b), Indonesia has the sixth-largest population of Twitter users and third-largest of Facebook users in the world. This rapid growth of social media usage has raised major concerns about its impact on Indonesians’ mental health and well-being. There are several studies on this issue, but at present the results are still uncertain (see, for example, Kurniasih, 2017).

All the participants felt that social media was a powerful influence on their well-being in their day-to-day life. Moreover, some participants felt an enormous impact of social media on their mental health and well-being. They felt that social media shaped their identity and self-worth. Through the comments and likes button on social media, they felt that everybody was focusing on them. Their need for validation from others was being fulfilled by their social media followers. As a result, they felt powerful and popular. Their sense of identity and existence were derived from their social media experiences.

“Jadi sosial media itu merupakan cara untuk mendapatkan respon dari semua orang. Itu sih kuncinya menurut aku. Tinggal posting, siapapun bisa lihat, direspon gitu . . . (Bagaimana pengaruh sosial media terhadap kesejahteraan psikologis kamu?) Sangat berpengaruh. Jadi karena sosial media itu adalah tempat dimana orang melihat lo tuh keren, karena bisa diedit. Ya kalau jelek jangan diposting. Kalau bagus diposting. Tujuannya untuk mencari perhatian . . . Kebetulan waktu aku pertama kali pakai sosial media itu, ada aja gitu yang merespons. Responnya kayak nanyain, iya gua juga setuju, atau kasih *like* atau kasih gitu-gitu, komen. (Itu artinya apa buat kamu?) Menurut aku, *I’m exist* aja, aku ada. Mereka mempertimbangkan aku, mereka melihat aku ada. Aku merasa diperhatikan, terus merasa *powerful* aja. Ada kebanggaan terhadap diri sendiri setelah aku merasa itu semua, jadi bangga . . . Aku butuh mereka untuk jati diri aku.”

[For me, social media is a way to get responses from everybody. That’s the key. You just have to post, anybody can see it, and they can respond . . . (How does social media influence your well-being?) It’s very influential. Social media is a place when people see me as awesome and cool because it can be edited. If there is something bad, you just don’t post it. If it’s good, you post it. The goal is to

attract attention . . . When I first used social media, there were people who gave responses. Their responses were like asking me questions, or agreeing, or give 'like' [English in original], or commenting. (What did that mean to you?) For me, (it means that) I'm exist [English in original], I am. They were considering me, they saw I was there. I felt paid attention to, I felt powerful [English in original]. I felt proud of myself after that. I was proud . . . I need them for my identity.]

Participant 4

Participants recognised that social media played a significant role in influencing their mental health and well-being, the influence can be positive or negative. Participants noted that the positive influences of social media were easier and faster communication, social networking, and easier information-acquiring in their busy daily life. By contrast, the negative influences were degraded self-esteem; feelings of envy and dissatisfaction with life; unnecessary and excessive consumerism; and feeling angry, irritable, anxious, and depressed due to an overload of negative news. The positive and negative influences of social media are discussed below.

For most of the participants, one of the positive impacts of social media on well-being is related to relationship building. As an effective communication tool in their busy life, social media made communication easier, more immediate, and less expensive for the participants.

“Kalo aku, aku lebih suka ketika menggunakan sosial media pun lebih suka ehmm menggunakannya untuk interaksi yang personal, jadi positifnya bisa terhubung secara personal dengan orang lain. Kemudahan untuk terhubung gitu. Jadi kayak Line kan ada *Line Today*-nya atau apa, tapi aku pake *line* buat *chat* sama orang.” [For me, I prefer to use social media for personal interactions, so the positive influence is that I can connect directly with other people. It's the ease of connection. With Line (social media platform), there is Line Today [English in original], but I prefer to use Line for chatting [English in original] with other people.]

Participant 2

Participants also noted that social media also allowed an instant and low-cost communication with family members and friends that lived in different cities.

“Kalo pengaruhnya buat aku pribadi, buat nge-*reach* keluarga aku.” [For me personally, the influence (of social media) is to reach [English in original] out to my family members.]

Participant 2

Moreover, social media served as an effective tool for building social networks and increasing social capital for participants. All participants used Whatsapp or Line to

communicate with their family and friends on a daily basis. This gave them a sense of belonging and social support.

“Karna justru aku memanfaatkan sosial media itu untuk mendekatkan orang-orang yang memang balik lagi kalo contohnya ke *inner circle* ku . . . Dari orang-orang itu pun aku mendapatkan *support*.”

[Because I use social media to make people closer to me, for example, my inner-circle [English in original] . . . I can get support [English in original] from them.]

Participant 7

Social media also provides an uncomplicated and instant medium for acquiring information. This was meaningful to the participants who valued the potential to find the information they wanted instantly, whether it was practical advice from the online community or the latest world news. The participants felt that this made their life easier and more convenient. In this way, it had a positive impact on their well-being.

“Ada plus ada minusnya juga mba. Kalo plusnya itu jadi informasi tuh cepet dapet gitu. Jadi, mungkin dengan sekali klik atau sekali apa itu langsung info yang kita cari itu lebih cepet didapatkan.”

[There is a positive and negative side (to social media). The positive side is that you can get information instantly. So, with one click or one whatever, you can get the information you wanted immediately.]

Participant 8

Unfortunately, in addition to these perceived positive impacts, social media also had negative impacts on participants' mental health and well-being. The most profound negative impact of social media for participants was that it created anxiety and low self-esteem. This detrimental effect came from online interactions, such as comments and 'likes', from participants' social media followers.

“Ketika saya nge-*upload* nih foto, kayak kalo *likes*nya belum berapa, itu jadi kayak ngerasa *insecure*. Kenapa ya orang-orang ga ngasih *likes* yang saya upload. Emang apa yang salah dari diri saya? Kenapa mereka ga suka saya? gitu-gitu . . . Ada keinginan untuk dapet *likes* yang banyak.”

[When I upload [English in original] photos (on social media), and I don't get that many likes [English in original], I feel insecure [English in original]. Why don't people give me likes [English in original] for my upload? Is there something wrong with me? Why don't they like me? And so on and so forth . . . I need to get as many *likes* as I can.]

Participant 8

Participants noted that for some urban Indonesians, social media emphasised the importance of prestige. Many of them felt that personal branding was necessary in order to be seen as an admirable and popular person. Some of them saw personal branding as a

way to create a public impression about oneself as someone who was happy and resourceful so that other people would look up to them.

“Sosial media ya gengsi, pembuktian diri, *personal branding* . . . *Personal branding* itu kita ingin dikenal sebagai apa, kita akan *develop* sosial media kita untuk kita bisa diketahui sebagai itu hidupnya seneng, ya jalan-jalan, uangnya banyak.”

[Social media is about prestige, proving yourself, and personal branding [English in original] . . . Personal branding [English in original] is how do we want to be known, you develop [English in original] your social media so that you can be known as this person has a good life, they travel, they have lots of money.]

Participant 6

Participants reported that the importance of prestige encouraged some urban Indonesians to falsify their social media persona in order to show off in their daily social media activities. Participants also noted that these showing-off behaviours were so mentally unhealthy that they caused problems in how urban residents functioned in their daily life.

“Ada orang yang media sosialnya itu feed media sosialnya itu lebih menunjukkan kayak liburan kesana liburan kesini . . . tapi ternyata utangnya ada dimana-mana untuk membiayai itu semua.”

[There are people where their social media features holidays here and there . . . but turns out they have gone into debt everywhere to fund those things.]

Participant 6

For participants, the detrimental effect of social media on their well-being was through social comparison. Social media allowed for constant social comparisons. When the participants in this study saw others posting about their happy and successful life, they unconsciously compared themselves with the people in question.

“Menurut aku negatifnya adalah aku melihat teman-teman yang terlalu *into social media* itu mereka lebih gampang stress. Mereka jadi ngebanding-bandingin, ngebanding-bandingin kok orang lain lebih ini, lebih ini, bikin mereka jadi kurang *grateful* dengan apa yang mereka miliki.”

[In my opinion, the negative side (of social media) is I can see my friends who are really *into social media* [English in original], they are more prone to stress. They compare (themselves) to others, why do people have more of this and that. It makes them less grateful for what they do have.]

Participant 2

These constant social comparisons then made the participants feel insecure in themselves and dissatisfied with their life. The result was they felt stress, anxiety, hopelessness, and depression. They were unable to be happy, content, and grateful for what they had. Thus,

constant social comparisons through social media had a detrimental effect on participants' well-being and mental health.

“Di jaman sekarang Instagram ataupun apa Youtube bahkan, kita akhirnya melihat kesuksesan-kesuksesan orang lain kayak gitu. Nah itu akhirnya kita menjadi kadang juga kan kita menjadi *hopeless* gitu ya dengan membandingkan diri dengan mereka, “Wah gua nggak bisa kayak gitu sih?” Ngelihat hmm apa ya pencapaian-pencapaian temen “Kok gua kayak gini-gini aja ya?”. Kita akhirnya selalu hmm menilai hidup kita tuh dengan ukuran standar hidup orang lain. Dan itu terkadang yang membuat kita terus hidup dalam kecemasan.”

[Nowadays, on Instagram or Youtube, you can see lots of other peoples' successes. It makes you sometimes feel hopeless [English in original] because you compare yourself to them “Why can't I be like that?” When you see others' achievements “Why am I like this?”. In the end, you always evaluate your life by others' standards. And sometimes that's the thing that makes you live in anxiety.]

Participant 10

In addition to the social comparison, social media also encouraged participants to keep up with the latest trends, from new restaurants to expensive branded items. The urge to participate in the latest trend often led the participants to engage in conspicuous consumption. This finding is consistent with research (see, for example, Taylor & Strutton, 2016) that shows social media increases social comparison that leads to conspicuous consumption behaviours. In urban Indonesia, conspicuous consumption is an important issue (Dennis & Sobari, 2022). Conspicuous consumption has an impact on some individuals' well-being and mental health in this way. However, there are only few studies on this phenomenon in Indonesia (see, for example, Dennis & Sobari, 2022). Among participants, the phenomena of conspicuous consumption was related with the rapid change in urban values and lifestyles in Indonesia, as discussed in section 6.2 (see page 107).

“Kalo ga difilter, sosial media bisa bikin orang menjadi konsumtif, ga puas.”
[If it's not filtered, social media can push people into consumerism and make them feel not satisfied (with their life).]

Participant 7

In short, all of the findings discussed above indicated there were several detrimental effects of social media on the participants' mental health and well-being that are consistent with current research findings (see, for example, Widjajanta & Senen, 2018). The detrimental effects mainly related to the anxiety, depression, insecurity, low self-esteem, and unhealthy conspicuous consumption lifestyles that most likely were caused

by social comparison through social media. Indonesian cultural contexts place a high value on external validations, which include saving face, politeness, and presenting a good face or maintaining a face in front of others (Haslam et al., 2020). The importance external validations in Indonesian collectivist cultural contexts might relate to the importance of social media in influencing participants' well-being.

“Saya kadang ngerasa haus akan *likes* itu. Itu dampak negatifnya, jadi jatohnya justru *insecure* kayak gitu . . . (Kenapa penting *likes* itu buat kamu?) Lebih ngerasa banyak teman, banyak orang, populer gitu loh mba . . . Populer karna banyak *followers*-nya di media sosial.”

[Sometimes I crave the ‘likes’ [English in original]. That’s the negative influence (of social media), so it’s like being insecure [English in original] . . . (Why are ‘likes’ [English in original] so important to you?) (Because with ‘likes’), I feel if I have a lot of friends, a lot of acquaintances, I feel popular . . . I am popular because I have lots of followers [English in original] on social media.]

Participant 8

Participants also noted that another negative effect of social media on well-being was its contribution to overwhelming informations that might cause negative thoughts and feelings. An abundance of negative information caused participants to feel anxious, angry, irritable, hypervigilant, and even paranoid. These negative feelings had an impact on well-being and detracted from the participants' enjoyment of life.

“*Overload* informasi itu kadang tuh membuat kita tidak sehat jiwa menurut saya. Karena menghalangi *mindfulness* sebenarnya. Karena banyak banget info yang sebenarnya tuh nggak berkaitan dengan kita. Itu banyak kejadian-kejadian tidak menyenangkan akhirnya kita lihat, kita baca. Itu juga bisa tidak sehat jiwa.”

[That information overload [English in original] can sometimes make you crazy, in my opinion, it interferes with your mindfulness [English in original]. Because there is so much information, it has no connection to you. There are a lot of bad things you see, you read about. That makes you mentally unhealthy.]

Participant 10

Participants noted that the negative information took the form of news, such as crime, and chaotic debate about current issues on social media. Some of the participants said that they often felt anxious because they knew about the large number of crimes committed everyday in Jakarta.

“Berita-berita buruk tuh lebih cepat tersebar aja . . . Yang kemarin penculikan anak jadi agak merasa terancam tuh. Jadi ga merasa safety karena cepatnya dan banyaknya berita buruk yang menyebar.”

[The bad news spreads more quickly . . . For example, the last time there was a kidnapping reported, I felt more threatened. I felt unsafe because there was so much bad news going around.]

Participant 1

In the case of debate on current issues, freedom of speech in Indonesia has expanded greatly since 1998 when the Suharto administration ended (Dibley & Ford, 2019). Participants noted that the freedom of speech become more extreme recently with the increasing use of social media. Participants acknowledged that social media had supported Indonesians' ability to speak freely, which sometimes can be chaotic and unmanageable. Completely unregulated debates on current issues, accompanied by a huge amount of information of which the reputability cannot be assessed made some of the participants felt overwhelmed by this constant discussion. It made them feel emotionally drained and, as a result, they experienced negative emotions that reduced their well-being.

“Sosmed is *going crazy* mba hahaha. Hmmm kalo diambil emosi sih mempengaruhi well being-nya justru menurunkan. Karna mudah banget ngeliat praktek orang e apa ya asal ngutip segala macam tanpa klarifikasi dulu ya gitu gitu loh. Kalo kita mau terlarut ke dunia digital dengan segala perkomenannya tuh, sebenarnya bikin cape sih . . . Emang sih generasi sosmed ini, generasi digital ini jadi kayak menjiwai banget bahwa mereka bagian dari *digital society* gitu. Seolah olah ada hal yang diomongin di internet tuh jadi kayak “ih gua juga harus berpendapat atau gua juga harus nge *post* sesuatu”. Itu *kan rules number one* nya di sosmed gitu. Jadi ngeluarin pendapat, adu pendapat. Dampaknya sih sama ya kalo menurut aku, sosmed bikin *well-being* turun.”

[Social media is going crazy [English in original]. If I look at it from the emotional side, (social media) definitely decreases well-being. Because they quote all kinds of stuff without any clarification (of what it is). If you let yourself get carried away with the digital environment and all those comments, it's so exhausting . . . This social media generation, the digital generation, has really a deep attachment to being part of the digital society [English in original]. It's like whatever is being talked about on the internet, “I need to give my opinion or I need to post [English in original] something”. That's the number one rule [English in original] in social media. So people speak their mind and debate each other. To me, the impact of social media is degrading well-being [English in original].]

Participant 9

Because of all the negative impacts of social media on well-being discussed above, the participants had developed several ways to decrease the detrimental effects. The most common method was by selectively following only specific people on social media. These individuals were chosen because they seemed to have a positive outlook and behave in a way the participants perceived as productive, or they had a close relationship with the participants.

“Aku memang hanya akan buka sosial media bener-bener temen-temen dekatku. Karna memang aku udah filter lagi. Karna menurut aku ga semua orang punya sosial media itu me-upload sesuatu yang baik dan bermanfaat. Jadi aku hanya akan buka Insta Story dari temen-temen yang aku memang sudah liat bahwa kehidupan mereka berkualitas menurutku. Aku ga akan *follow* orang yang pamer, dalam hal maksudnya kekayaan, barang apa yang mereka beli, dengan temen-temen seperti apa maksudnya yang kayak gitu aku kurang suka sih.”

[I only look at the social media of my close friends. I have to filter it. Because, in my opinion, not everyone on social media is uploading things that are good and beneficial. So, I only look at InstaStory from my friends who I have already seen live in a good way. I won't follow [English in original] someone who is just promoting themselves, talking about how rich they are, things that they bought. I don't like that kind of thing.]

Participant 7

In conclusion, social media seemed to have more negative effects than positive effects on the well-being and mental health of the participants. Although these findings are consistent with current research on the impact of social media on well-being (see, for example, O'Reilly et al., 2018), the nature of the intensity and how social media influences the well-being of Indonesians might be different from some of the studies that are based on Western cultural contexts. The importance of face and external validation in Indonesian cultures might be related to the importance of social media in influencing many Indonesians' well-being. This might differ in nature from Western cultures that usually put a high value on internal validation (see, for example, Charmaraman et al., 2018), however, the negative side of social media in Western societies is also well-known.

There are few studies on this issue that have been done in Indonesia (see, for example, Sujarwoto et al., 2019). The works tend to be quantitative in nature and focus on assessing the magnitude of impact on well-being. None of the existing research addresses a very prominent aspect of the findings of the present study, namely the seeming paradox that the participants recognised and were disturbed by the negative impacts of social media on themselves as well as other people, but they continued to use it heavily and placed a great deal of importance on participation in this forum that might be related to the collectivistic nature of Indonesia. This is a reflection of the nature of Indonesian cultural context and the way in which many individuals positioned themselves within it.

6.5. Summary

Based on the daily lived experiences of the participants, there were several psychosocial factors that influenced their well-being and mental health. The financial situation, personality and Indonesian values, urban life stresses, urban values and lifestyles, and social media, together with religiosity and family and friends as the most commonly noted psychosocial factors, are characteristic of the Indonesian interdependent cultural backgrounds and differ from Western independent cultural contexts. All of these psychosocial factors are closely related to the nature of Indonesian cultures, values, norms, and ways of life. Comments from the participants served to express the perspectives of real people and convey in their own words the way in which they understood their well-being and mental health. This has allowed for the description of prominent psychosocial factors in the Indonesian cultural context and exemplifies the unique perceptions and experiences of middle-class Indonesians living in the modern urban environment. The findings presented in this chapter and the other findings chapters are discussed in Chapter 7.

CHAPTER 7.

DISCUSSION

The aim of this study is to understand the conceptualisation of well-being and mental health for urban Indonesians, elucidate the relationship between psychosocial factors and their well-being and mental health, and describe how these factors contribute to the well-being and mental health. The research questions are as follows: ‘how is well-being understood?’, ‘how is mental health understood?’, ‘what specific psychosocial factors influence mental health and well-being?’, ‘what is the relationship between psychosocial factors and mental health and well-being?’ and ‘in what ways and under what circumstances do the factors influence mental health and well-being among Indonesians living in an urban environment?’.

The findings of this study show that participants’ conceptualisations of well-being and mental health were influenced by Indonesian cultural contexts. For this reason, the specific psychosocial factors that influenced participants’ well-being and mental health, as well as pathways by which this occurs, are different from models of well-being that are based on Western cultural contexts. The findings of this study demonstrate the importance of understanding and conceptualising mental health and well-being as an interaction between person and context.

There are some key concepts that were generated from the findings and may serve as the basis for understanding mental health and well-being of middle-class Indonesians living in an urban setting. These key concepts, which are related to the research questions, are discussed in this chapter. Research questions no. 1 and 2 about conceptualisation of well-being and mental health are discussed in sections 7.1 (the nature of well-being) and 7.6 (the nature of mental health). Research questions no. 3, 4, and 5 on psychosocial factors that influence urban Indonesians’ mental health and well-being are discussed in sections 7.3 (the role of religiosity), 7.4 (the role of collectivism), and 7.5 (the role of social media and urban lifestyles). Keyes’ model as a theoretical framework of this study is discussed in section 7.2.

As discussed in section 2.3 (see pages 16-17), individualism – collectivism are complex constructs that hardly can be simplified into polarised orientation. However, in the present study, the distinction between individualism and collectivism is made in order to show how the findings in this study contribute to the knowledge of mental health and well-being.

7.1. The nature of well-being among urban Indonesians

For all the participants in this study, the most commonly noted aspect of their conceptualisation of well-being was the presence of inner peace and calm emotions. When they were asked about their understanding of well-being, they tended to involve these two low arousal positive emotions. This conceptualisation is very different from Western conceptualisations of well-being that have been reported in the literature. In Western models, well-being is usually conceptualised as happiness and life satisfaction (see, for example, Diener et al., 2018). For participants, people who had a high level of well-being were calm, tranquil, peaceful, harmonious, and serene. By contrast, in Western cultural contexts, people with good well-being tend to be seen as happy people who are satisfied with their life (Keyes & Martin, 2017). These differences in criteria for good well-being are closely related to differences in culture and values.

There are four possible explanations for this conceptualisation of well-being focusing on positive low arousal emotions. First, this Indonesian conceptualisation of well-being might be related to religious beliefs, many of which come from Islam as the majority religion in Indonesia. These beliefs put a high value on inner peace and submission to God (Pal, 2014). Religion tends to be very important in the lives of Indonesians (Asih et al., 2020). Second, it might be related to the collectivist Indonesian culture that puts a high value on harmony and social cohesion (Haslam et al., 2020). The importance of social cohesion is exemplified by Indonesia's state motto, *Bhinneka Tunggal Ika* [Unity in Diversity]. This motto represents the social goal of maintaining harmonious relationships with people from different ethnic cultures and with different views (Ziegenhain, 2008). Third, it might be related to a limited future time perspective. The six official religions in Indonesia state that human beings have a limited life in this world and adherents are expected to think of an everlasting afterlife (Sugara, 2018). Fourth, it might also be related to Indonesians' dialectical way of thinking. Dialectical thinking stimulates a person to consider two polar opposite sides of the situation (see, for example, Wong, 2006). These four possible explanations are discussed below.

Indonesia has the largest Muslim population in the world (World Population Review, 2022a). Approximately 87.2% of the population is Muslim (Desilver & Masci, 2017). As the majority religion in Indonesia, Muslim values influence the everyday life experiences of Indonesians, regardless of their religion and cultural background (Fanany

& Fanany, 2020). The word *Islam* derives from Arabic word *sal'm* which has a literal meaning of 'peace' (Armstrong, 2001). Besides peace, another meaning of Islam is 'submission to God' or *Salama* in Arabic (see, for example, Pal, 2014). Islam is seen as a religion of peace by its followers, which is viewed as being based on submission to God (Pal, 2014). Living in harmony and peace with themselves, creation, and God is seen in Indonesia to be the ultimate goal in life for all Muslims (Asih et al., 2020). This belief suggests that a person can achieve a peaceful life when he or she submits to God's will.

The prophet Muhammad, as a role model for modern Muslims, is seen as demonstrating forbearance and patience in dealing with persecution for twelve years of his life (Pal, 2014). His persistence is said to have been based on submission to God's will. Thus, for Indonesian Muslims, acceptance in life is attained by submitting themselves to God. This acceptance produces resilience and manifests in peaceful and calm emotions that promote more social acceptance in Indonesian culture. Thus, being happy and satisfied with life is not seen as important by Indonesians in the way that finding inner peace is. A feeling of peacefulness and calm tends to be valuable in Indonesian society, in contrast with a feeling of happiness that is seen as more transient and potentially disruptive (Fontaine et al., 2021). Despite any misfortunes and difficulties they may experience, many Indonesians seek to find tranquillity and balance (see, for example, Fanany & Fanany, 2013a). This might explain why participants conceptualised well-being as feelings that were calm, tranquil, serene, harmonious, and peaceful. They found these emotions through submission to God's will and plan for them, as they saw it. With this submission, they felt they accepted their fate as it had been written by God.

Some of the participants repeatedly used the words *pasrah* (surrender) and *berserah* (submit) in relation to God in dealing with their everyday life situations (see, for example, page 71, 73, 80, 102). This relates to a principle of Islam which is stated in a Quranic verse entitled *Surah Al-Ikhlās*. This verse states that "*Allah is the Eternal Refuge (Al Ikhlas 112: 2)*". For Indonesian Muslims, the term *ikhlas* means doing everything for God and submitting to God's will. This includes when life is difficult and things do not work out as planned. Thus, when experiencing adversities in life, many Indonesians respond by submitting themselves to God and accepting what happens as their fate, or *takdir* (Fanany & Fanany, 2013b). This submission to God is viewed as producing

feelings that are calm, tranquil, and peaceful and contributing to well-being. Religiosity among Indonesians is discussed further in section 7.2.

These religious views among the majority of the population are seen as fostering the application of the national motto ‘Unity in diversity’. This principle of the Indonesian nation is socialised from an early age in school and other public contexts (Ziegenhain, 2008). The founding documents of the nation require tolerance and acceptance of the religions and ethnic cultures that are indigenous to Indonesia, as well as the differences in perspective, viewpoint, opinion, and behaviour that might exist along with and because of it (Undang-Undang Dasar Negara Republik Indonesia, 1945). This aim is embodied, and has been enforced, in the law as well as in prevailing social norms and tends to be supported by individuals and groups, including participants, because they believe in the importance of maintaining harmonious relationships with others.

Second possible explanation for participants’ conceptualisation of well-being is that Indonesia has a collectivist culture where interdependence and social conformity is prized (Haslam et al., 2020). Collectivist societies tend to value embeddedness and hierarchy over autonomy and egalitarianism (Matsumoto et al., 2008). Thus, maintaining social harmony and long-term relationships tends to be very important to many Indonesians (see, for example, Fanany & Fanany, 2015). In a collectivist culture, individuals’ opinions and feelings are generally seen as less important than their social group’s opinions and feelings. The result is that individuals often focus on group cohesion rather than personal freedom. The effects of collectivist culture on the participants are discussed further in section 7.3.

In terms of the perception that inner peace and calm emotions are central to well-being, collectivist cultural contexts may have a critical influence in two ways. First, cultural norms may influence how people regulate their emotions. Second, cultural norms may similarly influence the type of emotions people prefer. Studies on emotional regulation have shown that cultural background shapes how people regulate their emotions and their preference on the type of emotions (see, for example, Ford & Mauss, 2015). Conceptualisation of adaptive emotion regulation depends on the cultural values. Collectivistic and individualistic cultures each have their own criteria for what is considered to be a ‘good’ emotion regulation strategy in the culture in question.

Ramzan and Amjad (2017) found that collectivists tend to suppress their emotions, while individualists tend to express them. Asian cultures tend to value interdependence, while Western cultures generally value independence. In interdependent cultural contexts, society often puts a high value on embeddedness, balance, and harmony, whereas, in independent cultural contexts, by contrast, a high value is placed on autonomy, competitiveness, and self-assertion. These contrasting values affect the conceptualisation of adaptive emotion regulation. Asians tend to down-regulate their emotions in order to suppress the expression of feelings (Murata et al., 2013). This form of emotion regulation is often used because a person who asserts his or her individuality and expresses individual emotion may cause a disturbance in interpersonal harmony among members of the social group. Thus, in order to adapt and be accepted as a member of society, individuals must often suppress their emotions, especially the high arousal and negative emotions. This may explain why participants conceptualised well-being in terms of positive low arousal emotions, such as calm, peacefulness, serenity, and tranquillity, instead of in terms of positive high arousal emotions, such as joy and happiness, the way many individuals in Western cultural contexts do.

Suppression of emotional expression has been observed to be a potentially negative influence on well-being (see, for example, Haga et al., 2009). In this study, however, participants noted that their well-being was good. They experienced calm and serene emotions in their daily life. They were able to enjoy life and function productively. From these lived experiences of the participants, it appeared that suppressing emotional expression might positively impact their well-being. This might be because the suppression of high arousal emotions fits with Indonesian collectivist cultural backgrounds that place a high value on conformity, cohesion, harmony, and long-term relationships. The inability to control the expression of emotion is considered to be a sign of poor mental health in Indonesia (Marthoenis et al., 2016). The present study, however, involves only a small number of participants, thus further research with larger samples is needed.

In consideration of the type of emotions, the participants tended to prefer low arousal emotions to high arousal emotions. Cross-cultural studies have found that members of collectivist cultures tend to prefer low arousal emotions to the high arousal emotions that are often preferred in individualist cultures (see, for example, Tsai, 2022).

In individualist cultural contexts, people tend to try to influence others, thus they prefer high arousal emotions such as happiness, enthusiasm, and joy. By contrast, in collectivist cultural contexts, people tend to adjust to others, thus they may prefer low arousal emotions such as calm, relaxation, and peacefulness. This might explain why the participants define well-being in terms of low arousal emotions.

Another possible explanation for the participants' conceptualisation of well-being could relate to a future time perspective. Religion is very important in Indonesian culture, as stated in the national philosophy of *Pancasila* (Sugara, 2018) and religious coping is one of the most common and effective coping strategies that participants used in their daily life. All of the six religions in Indonesia teach that human beings have a limited time in this world (Sugara, 2018). It has been suggested that people place more value on low arousal emotions when they perceive their time in life is limited (Jiang et al., 2016). Jiang et al. (2016), using a sample of 299 Asians ranging in age from 18 to 80 years old who did not have any physical sickness or mental disease, find that when people view their future time perspective as limited, they value more positive low arousal emotions, such as calm and peacefulness, as compared to positive high arousal emotions. The limited future time perspective relates to how much time a person thinks is left in his or her life. People may become more focused on the present moment and developing meaningful relationships when they realise that they have limited time in this world. Participants perceived that their life in this world had a limited length, compared to the infinite afterlife, and this might relate to the value they placed on low arousal emotions compared to high arousal emotions.

In consideration of the impact of time sense on the perception of well-being, it is worth noting that Indonesian, Malay, and most of Indonesia's local languages belong to the Austronesian family of languages (Lucy, 1992). The languages that belong to this linguistic classification do not mark tense. In other words, verbs do not indicate the time relative to now that an action took place, as English, the major European languages, and many others do. Time relative to now is indicated in Indonesian, and many local languages, by use of a modal (a term like 'already,' 'not yet,' or 'going to' that positions an action relative to now), which is not grammatically required. This linguistic structure may also influence the perceptions of speakers in terms of time, through the phenomenon of linguistic relativity (see, for example, Lucy, 1992) that holds that people's perceptions

of the world are affected by the structures of the language they speak. The centrality of the present in Indonesian fits well with the view in Islam that each moment in time is a complete instance of divine creation (Bowering, 1997) and may contribute to the preference for low arousal emotions by participants, and perhaps Indonesians in general.

A further possible explanation for the participants' conceptualisation of well-being is related to the dialectical thinking of Indonesians. Dialectical thinking allows individuals to accept and expect contradictions in life (Spencer-Rodgers et al., 2010). This way of thinking allows for a perception of opposing emotions as compatible with each other, rather than being in conflict with each other as people in Western cultural contexts usually perceive them. In Asian cultural contexts, there is a belief that there are positive aspects in negative emotions and negative aspects in positive emotions (Miyamoto & Ryff, 2011). In the perspective of dialectical emotions, maintaining a 'middle way' between positive and negative emotions is the best approach to achieving mental health. While many people in Western cultural background seek to experience positive emotions, many people in Asian cultural background tend to value a balance between positive and negative emotions (Miyamoto et al., 2014). Wiken and Miyamoto (2018) find that people living in Asian cultural contexts tend to use less hedonic emotion regulation, which involves the up-regulating of positive emotion and the down-regulating of negative emotion as compared to people in Western cultural contexts. In Asian cultural contexts, people tend to accept negative emotions and be considerate of positive emotions.

While most of the studies of dialecticism in Asia were conducted among East Asians, Indonesians also have a dialectical way of thinking that is reflected in the participants' comments. One of the most dialectical beliefs that was mentioned by most of the participants was there must be something good beyond the negative experiences in life and there must be something positive that we can learn from the negative emotions we experience [*hikmah*] (see, for example, page 76). Another belief among Indonesians was that it is not good to be extremely happy or sad (see, for example, page 53). The latter is based on the Javanese proverb, "*Ngono ya ngono ning ojo ngono*" which means "Do not do things in an extreme way, do them in a balanced and harmonious way, there is no need to be too happy or sad." Some of these dialectic beliefs are also reflected in the Islamic verses, such as "*For indeed, with hardship (will be) ease/relief*" (*Al Inshirah* 6)

and “*Do not laugh too much, for excessive laughter kills the heart (spiritually)*” (*At Tirmidhi 2:50*).

The dialectical way of thinking is also reflected in participants’ conceptualisation of well-being as a balance between positive and negative emotions. They believed that being too happy is not good because it might lead to negative consequences. When they experienced adversity in life, most of the participants believed that the negative situation would motivate them to repent and improve themselves such that they would become better person in the end. Their dialectical way of thinking, combined with their religious beliefs, created resiliency in them in dealing with any difficulties they might experience, and this seemed to promote participants’ well-being. This might indicate that a dialectical perspective on emotion fits the urban Indonesian culture and way of life of the participants and might ultimately increase their well-being. Further research on this issue is needed.

The resilience of many Indonesians can be seen in various everyday examples as well as unusual situations in Indonesia (see, for example, Fanany & Fanany, 2013a). Such situations can range from natural disasters, such as tsunamis, earthquakes, and volcanic eruptions, to chronic poverty. In the urban setting, Indonesians experience extreme traffic jams, air pollution, floods, overcrowded housing, unreliable public transportation, and unsafe neighbourhoods on a daily basis. Despite these difficulties, Indonesians are widely viewed as happy and grateful people (Croft-Cusworth, 2014). This is exemplified in colloquial expressions that are used immensely in Indonesians’ daily life, such as *masih untung* . . . [It’s lucky that . . .], *syukurlah* . . . [Thank God that . . .], and *Alhamdulillah* . . . [Praise be to God that . . .], among others. The influence of Islam can also be seen in this, as *syukur* is an Arabic loan word that has become part of Indonesian and *Alhamdulillah* is, in fact, Arabic, a language that is not used for communication in Indonesia. Both of those words have the same meaning which is give thanks to God. By trying to see the positive aspects of a situation, many Indonesians display dialectical thinking that enables them to be resilient and bounce back from adversity. This ability to see the positive side of negative events reflects an optimistic attitude toward life in general.

Participants reported that optimism was a protective factor for their mental health and well-being in dealing with life adversities. Optimism is a generalised favourable

expectancy for the outcome of an event or situation (Bouchard et al., 2017). This optimistic personality trait might explain why some Indonesians who live in poverty can still be happy with their life, despite their deprived financial situation (Croft-Cusworth, 2014). In dealing with poverty, they might focus on the positive side of the negative situation, which might be that they still have their family and friends that live together with them. Being together with their significant others might give them social support and allows them to be happy, despite their poverty. Studies on optimism and well-being indicate that optimism has a positive impact on mental health and well-being (see, for example, Fitzpatrick, 2017). There are several possible explanations for these beneficial effects. First, optimistic people tend to use more engagement coping than disengagement coping in dealing with adversity (Bouchard et al., 2017). Second, they tend to have more social support because optimistic people may view their relationships positively and work harder to build these relationships (Bouchard et al., 2017). Third, they focus on the positive side of negative events, such that they are motivated to solve problems and bounce back from stressful situations (Conversano et al., 2010).

In addition to a dialectical way of thinking, participants' sources of resilience and optimism mainly were their religiosity and relationships with family and friends. Religiosity and relationships with significant others were found to be vital sources of well-being and mental health for the participants. These findings reflect the Indonesian way of life and important values in Indonesian society. From early childhood, most Indonesians begin to internalise religious principles and beliefs and begin to participate in religious observance (Asih et al., 2020). In the context of collectivistic culture, togetherness, social acceptance, being part of the group, and harmonious relationships are very important for many Indonesians (Haslam et al., 2020). These psychosocial factors are discussed further in sections 7.3 and 7.4.

In conclusion, well-being in the present study is conceptualised as a positive low arousal emotion. This conceptualisation is different from Keyes' model of mental well-being. The differences are discussed further in the following section 7.2. There are four possible explanations for this conceptualisation: religious beliefs, collectivistic values, limited future time perspective, and a dialectical way of thinking. All of these are embedded in urban Indonesian cultural contexts. Thus, the present study highlights the importance of context in understanding mental health and well-being in Indonesia.

7.2. Keyes' model of mental well-being in the urban Indonesian cultural contexts

This study uses Keyes' model of well-being. The rationale for using this model is discussed in Chapter 2 Literature Review. In general, participants conceptualised mental health and well-being as different constructs although the two constructs were closely related and overlapped with each other. For participants, well-being referred to positive emotions, purposeful and meaningful life, personal growth, positive and meaningful relationships with others, social acceptance, social integration, and social contribution as a member of the community. By contrast, mental health referred to a mental state that was free from mental disorders. These findings are consistent with Keyes' model of mental well-being (Keyes, 2002, 2005, 2007, 2010, 2013, 2014; Keyes & Martin, 2017; Magyar & Keyes, 2019; Keyes et al., 2021). Keyes and Martin (2017) refers to mental health as an absence of mental illness and well-being as an optimal level of emotional, psychological, and social well-being.

Although participants conceptualised well-being as a complete state of emotional, psychological, and social well-being, the qualitative meaning of each dimension was different from Keyes' model. Furthermore, the aspects that contributed to each dimension were somewhat different from the Keyes' model. These differences reflect the influence of Indonesian cultural contexts, which are religiosity and interdependence, on the conceptualisation of mental health and well-being among participants as urban residents. All of these findings suggest that a model of well-being that puts emphasis on the importance of the relationship between a person and their cultural context is suitable for understanding Indonesians' mental health and well-being. Although Keyes' model is developed in Western cultural contexts, the model has become a cross-cultural model of well-being, which puts emphasis on the importance of cultural contexts in its development (Keyes, 2013; Keyes et al., 2021).

The differences in the conceptualisation of well-being between participants and Keyes' model are discussed below. In Keyes' model of mental well-being, emotional well-being refers to high arousal positive emotions, particularly happiness and life satisfaction (Keyes, 2014; Keyes et al., 2021). However, for participants, emotional well-being referred to low arousal positive emotions such as calm, tranquillity, serenity, and peacefulness. Four possible explanations for these differences are discussed in section 7.1.

In addition to low arousal positive emotions, participants also conceptualised emotional well-being as somewhat different from the Keyes' model. For participants, good well-being meant having a balance between positive and negative emotions. By contrast, in Keyes' model, emotional well-being includes only positive emotions, while negative emotions are seen as likely to be avoided because they have a detrimental impact on well-being (Keyes & Martin, 2017; Keyes et al., 2021). The conceptualisation of well-being as a balance between positive and negative emotions might be related to a dialectical way of thinking among Indonesians that is discussed in section 7.1.

The psychological well-being dimension in Keyes' model (Magyar & Keyes, 2019) has six aspects: self-acceptance, purpose in life, positive relations with others, personal growth, autonomy, and environmental mastery. However, participants conceptualised well-being as including only some of these aspects. They conceptualised well-being as having a positive and meaningful relationship with others, a purposeful life that is mainly sourced from their relationships with significant others, personal growth to become a better person in preparing for eternal life, and acceptance of self, others, and life in general. Participants did not conceptualise well-being as a sense of autonomy and mastery or competence in managing their life and environment. This might be related to the Indonesian collectivistic cultural background that emphasises on the values of interdependence, connectedness, and harmonious relationships (Haslam et al., 2020). Therefore, participants, who were urban Indonesians with collectivist cultural backgrounds, tended to conceptualise well-being in terms of aspects related to interconnectedness with others. By contrast, Keyes' model of well-being that is mainly based on Western individualist cultural contexts, independence, self-autonomy, and self-competence are regarded as some of the main components of good well-being (Magyar & Keyes, 2019).

Moreover, for participants, the psychological well-being dimension was influenced more by the external factors than internal factors. The two prominent external factors that have a major influence on participants' well-being are Allah or God (religiosity factor) and family and friends (social support factor). This finding also suggests that participants might tend to have an external locus of control instead of an internal locus of control. This is intriguing because, in the well-being literature that is mostly based on Western cultural contexts, people with an internal locus of control tend

to have more happiness and satisfaction in life (Popova, 2012). In other words, the internal locus of control is considered to be a source of good well-being. For participants, however, external locus of control gave them a sense of good well-being. The issue of external vs internal locus of control and well-being is discussed further in section 7.3.

In regard to the social well-being dimension, participants conceptualised well-being as a feeling of being accepted by others, a sense of belonging or being part of the community, and a feeling of being valued because of one's contribution to that community. These findings are consistent with Keyes' model of well-being that emphasises social well-being as part of complete well-being (Keyes, 1998, 2014; Keyes & Martin, 2017). According to Keyes (1998, 2013), a person is embedded in the social structures and deals with continuous social tasks and social challenges in their daily life. Thus, in order to gain a complete understanding of well-being, researchers should examine the social aspects of well-being, which has been referred to as social well-being.

Keyes and Martin (2017) argue that psychological well-being and social well-being are two different concepts. These two concepts are constructed with different components because private and public life contain two different sources of life tasks and challenges that result in different consequences in assessing good well-being. According to Magyar and Keyes (2019), psychological well-being is a reflection of intrapersonal life, while social well-being is a reflection of interpersonal life. This definition explains the differences between Keyes' model of mental well-being and other models of well-being which are represented by two other well-known models of well-being. These two widely used models of well-being are Diener's flourishing model of well-being (Diener et al., 2017) and Seligman's PERMA model of well-being (Seligman, 2018).

Diener's flourishing model of well-being and Seligman's PERMA model of well-being include only one social aspect of well-being, which is a positive relationship with others (Diener et al., 2017; Seligman, 2018). Keyes and Martin (2017) argues that one aspect of positive relationship with others is not enough to describe complete well-being. To understand complete well-being, the researcher must investigate social well-being as part of complete well-being (Keyes, 1998, 2014; Keyes et al., 2021). In this, the researcher must explore five aspects of social well-being, which include social acceptance, social contribution, social integration, social coherence, and social actualisation. Each of these five aspects of social well-being reflects the public life of an

individual, rather than the private life of the person involved, as can be understood through the psychological well-being dimension.

All of the findings on social well-being in this study confirm that Keyes' model of mental well-being is a better fit for Indonesian collectivistic culture and way of life than Diener's or Seligman's models of well-being, and social well-being is a key concept in understanding the conceptualisation of well-being and mental health among Indonesians. As discussed, the main difference between Keyes' model and the other two major models of well-being is the inclusion of social well-being as part of complete well-being in Keyes' model (Keyes, 1998, 2014; Keyes & Martin, 2017; Keyes et al., 2021). Social well-being is a reflection of interpersonal life that fits with Indonesian collectivist cultural contexts that put a high value on interdependence and interconnectedness. In the other two models of well-being, well-being is conceptualised mainly as a reflection of intrapersonal life, which is a reflection of how well-being is conceptualised in Western individualist cultural contexts that emphasise independence, self-reliance, autonomy, and self-assertion.

Although Keyes' social well-being is a good fit model for participants, there were three differences in the social well-being conceptualisation that derived from participants' lived experiences and Keyes' model. The differences are discussed below. First, among participants, there were two aspects of social well-being that they did not acknowledge at all in their daily lived experiences. These aspects were social coherence and social actualisation. It was to be expected that participants did not conceptualise well-being as social coherence considering the socio-political situation in Indonesia. The unstable socio-political situation (Fanany & Fanany, 2020) tends to mean that the participants experienced difficulty in making sense of and understanding the coherence of situations in Indonesia. Participants felt that Indonesian society was neither sensible nor predictable.

Second, the other aspect that was not mentioned by participants was social actualisation or social growth. This suggests that most of the participants did not see an ability to grow and reach one's potential through its institutions and citizens as characteristic of Indonesia. This might be related to the participants' inability to reach social coherence such that they were unable to believe that Indonesia would be able to actualise its potential. This might also be a reflection of an inadequate level of trust by

participants toward Indonesian social institutions, law, and government in making a better life for them.

Third, for participants, among all six aspects of social well-being, the most prominent aspects that were mentioned repeatedly and consistently by all the participants were social acceptance and social integration. This was expected, considering the Indonesian collectivistic cultural background of participants, where interdependence, interconnectedness, and harmonious relationships were highly valued. Furthermore, this might also be a reflection of public and interpersonal aspects of participants' lived experiences where they felt close to, listened to and accepted by the community, and felt like an important part of their group. They also felt and experienced community as a source of comfort and strength in their daily life. The latter might be different from Keyes' model that is based on independent cultural contexts, where most of the individuals regard themselves as the source of their own strength and happiness. All of the differences between Keyes' model and this study's findings that have been discussed above are summarised in Table 3 below.

Table 3. Differences between Keyes' Model and Findings of This Study

Dimension	Keyes' Model	Findings of This Study
Emotional Well-Being	Emotional well-being is conceptualised mainly as high arousal positive emotions	Emotional well-being is conceptualised mainly as low arousal positive emotions
	Emotional well-being includes only positive emotions	Emotional well-being is conceptualised as a balance between positive and negative emotions
Psychological Well-Being	Psychological well-being has six aspects: self-acceptance, purpose in life, positive relations with others, personal growth, autonomy, and environmental mastery	Participants conceptualised well-being as including only some of these aspects, which were positive relations with others, purposeful life, personal growth, and self-acceptance. Participants did not conceptualise well-being as a sense of autonomy and mastery in their environment
Social Well-Being	Social well-being has five aspects: social integration, social contribution, social coherence, social actualisation, and social acceptance	There are two aspects of social well-being that had not been reported by the participants, which were social coherence and social actualisation
		The most prominent social well-being's aspects for participants were social acceptance and social integration

In addition to all the differences in qualitative meaning and aspects that contribute to participants' well-being that are discussed above, based on the study findings on the importance of religiosity among all participants as the most commonly noted psychosocial factors that influenced their mental health and well-being, this study proposes a new model of Indonesian' well-being that is based on Keyes' model. This new model incorporates spiritual well-being as the fourth dimension of well-being, in addition to the previous emotional well-being, psychological well-being, and social well-being that are already included in Keyes' model. Spiritual well-being is added as the fourth dimension of well-being in order to build complete and holistic well-being model for Indonesians. Future studies might further consider the development of a new model of Indonesian' well-being that incorporates this very important dimension.

Spiritual well-being refers to a person's subjective perception of well-being in understanding the purpose and meaning of life that transcends self, and the satisfaction an individual receives from believing in a greater power that is above and beyond himself, such as 'God' (Cobb et al., 2012). Paloutzian et al. (2021) find that spiritual well-being consists of religious and existential dimensions in congruence with whatever is perceived, implicitly or explicitly, as a spiritual umbrella for that person. Chirico (2016) suggests that spiritual well-being describes a relationship with God or a Higher Power as the source of an individual's strength, support, love, and inner peace. The findings of this study highlight that for the participants, their belief and relationship with God was their primary source of well-being and coping in dealing with everyday life problems. Thus, spiritual well-being should be added as the fourth dimension of complete model of Indonesian well-being. The importance of religiosity in influencing participants' mental health and well-being is discussed below in section 7.3.

7.3. The role of religiosity in mental health and well-being of urban Indonesians

All of the participants agreed that religion is the first source of their mental health and well-being. When they experienced setbacks in life, they used religious observance and belief as coping strategies. They experienced low arousal positive emotions from engaging in religious rituals and practices. These low arousal positive emotions acted as a buffer that protects them from any harmful effects on their well-being. They also gained support from their religious community. The religious community provided them with

social belonging and emotional and material support. In general, religion is deeply rooted in participants' daily life.

Belief in God is the first principle of the Indonesian national philosophy, *Pancasila* (Undang-Undang Dasar Negara Republik Indonesia, 1945; Sugara, 2018). Religious affiliation is registered on the national identity card and other legal documents. This means that it is legally impossible for a person to have no religion in Indonesia; regardless of an individual's personal beliefs, formal association with one of the nation's official religions is required and shapes public identity. Adherence to religion is a characteristic of many Indonesians (Heryanto, 2011). It is almost unheard of for Indonesians to choose a religion or to convert; most simply continue the religious affiliation of their parents and grandparents. The Indonesian perspective on religion is largely uncritical, in the sense that Indonesians usually do not question their faith (Fanany & Fanany, 2020).

Participants also noted that religious observance and belief were taught from an early age by the authority figures in the family, such as parents and grandparents. In some families of the participants, the process of religious internalisation put more focus on religious observance rather than religious beliefs and values. This might be because religious observance is easier to teach and more visible to others compared to religious belief that is more abstract and personal in nature. Being observably associated with a specific religion is important to Indonesians and forms an important part of the way most choose to present themselves to others (French et al., 2020).

Religiosity in Indonesia is very much embedded within the social structure (Fanany & Fanany, 2020). Adherence to religious observance, regardless of religious affiliation, is expected in daily life as a sign of conformity with social consensus and tradition (Asih et al., 2020). Participation in religious activity in the expected manner brings acceptance and maintains social support from significant others and the community in general (French et al., 2020). Thus, it is very uncommon for Indonesians to convert to other religions. A change in religion would likely have serious negative consequences from the community. Religious values are also manifested in social systems (Sugara, 2018). Islam, as the most common religion in Indonesia, is expressed in daily life in many ways, such as Islamic dress for women, Islamic schools, Islamic food products and cosmetics, and Islamic financial products offered by most banks (Heryanto,

2011). The rise of an Islamic consumer class has been discussed widely in the literature as an example of a social phenomenon made possible by increasing wealth and the public nature of religious affiliation in Indonesia (see, for example, Alam, 2018). These ‘pop Islam’ or ‘Islamic chic’ cultural expressions emerged after the end of the New Order in 1998 and influenced the participants’ consumption behaviour and lifestyle. This is discussed further in section 7.5.

For all the participants, religion was an integral part of their daily life. Thus, it was natural for them to use religious coping in dealing with any problems they experienced, whether large or small. They described two main coping strategies. First, they shared their concerns with God and other members of their religious group. By sharing their problems, they received emotional support followed by material support as required. Second, they reframed the meaning of negative events in a positive spiritual light. This positive cognitive reframing enabled them to accept stressful and unfortunate situations, such as the death of family member. This kind of coping is very noticeable in Indonesia and is one of the significant elements in resilience, such as in the case of natural disasters, and allows many Indonesians to recover from extremely severe events, such as the Indian Ocean tsunami of 2004 (see, for example, Fanany & Fanany, 2013a, 2013b).

There are four possible explanations of how religious coping promoted participants’ mental health and well-being. First, religion was a fundamental part of the participants’ everyday life which means that they were most likely to have had a higher level of religiosity. Second, religious belief enabled participants to reconstruct stressful situations to give them positive religious meaning. According to emotion regulation theory (Haga et al., 2009), cognitive reframing is an emotion regulation strategy that can be used alongside the suppression of emotional expression in dealing with life adversities. Third, religious coping also provided social support for participants. Pargament et al. (2004) finds that the social dimension of religious activity might act as a source of religious coping in dealing with life stresses and difficulties. Social acceptance, belonging, and support are important for Indonesians as members of a collectivist society (Haslam et al., 2020). Fourth, by engaging in religious observance and rituals, the participants experienced positive emotions such as calm and peacefulness. Fischer et al.

(2010) note that resilience may emerge from religious rituals and identity. These four possible explanations are discussed below.

As noted, religion is a fundamental part of the participants' daily lives. Participants had internalised religious practices and ideas from childhood, and these same behaviours and concepts were embedded in the social structures of their community. The participants all displayed various aspects of religious observance. They engaged in daily religious practices. They reported using religious values in coping with difficulties in everyday life. Some of them routinely discussed religious beliefs with their parents, close friends, and members of their religious community. Abu-Raiya and Pargament (2015) find that one of the potential predictors of religious coping usage is the level of religiosity. The more religious a person is, the higher his or her use of religious coping tends to be. Thus, it was natural for participants to turn to their religion as a source of well-being and mental health in coping with everyday life situations.

The second possible explanation is related to emotion regulation strategies that serve to influence participants' mental health and well-being. For participants, religious beliefs provide a source for cognitive reframing or meaning reconstruction of stressful and adverse situations. They believed that everything they experienced was a manifestation of God's will. If something negative happens, they understood it to mean that God was testing their faith and wanted them to learn something from the situation in order to become a better person. In this way, they were able to find spiritual meaning in stressful situations. Of the various types of religious coping strategies (see O'Brien et al., 2019), participants mostly used a benevolent religious appraisal coping strategy where they believed that stressors were not harmful and were potentially beneficial. Thus, when they experienced difficulties and adversities in life, they responded by turning over control of their life to God and accepting their fate (*takdir*). By focusing on God instead of their stressors, they were implementing a religious coping strategy. The positive cognitive appraisals made as part of religious coping strategies might enable participants to maintain their mental health and well-being in the midst of stressful situations.

These attitudes about God, which include the idea that God controls everything and human beings have to submit to God's will by accepting their fate (*takdir*), are very different from many Western perspectives. In independent cultural contexts, many people feel that human beings control and make choices in life and hence need to actively make

an effort to solve problems they encounter. They cannot just wait and surrender to God's will because they believe that "God helps those who help themselves," as the proverb states (Franklin, 1928). This contrasts with what might be perceived as a passive coping on the part of the participants. According to coping theories that are based on independent cultural contexts (see, for example, Carroll, 2013), active coping is defined as a coping strategy where people rely on themselves (internal locus of control). By contrast, passive coping is defined as a coping strategy where people rely on outside sources to adjust and adapt (external locus of control). Studies on coping that are based on independent cultural contexts tend to find that passive coping has a negative impact on mental health and well-being (see, for example, Cramer et al., 2016). Nonetheless, all the participants experienced positive emotions relying on an external source which, in this case, was God and accepted their fate as a manifestation of their submission to God's will. This points to an important issue, namely that models that are based solely on independent cultural contexts and do not consider the relationship between person and context may be a poor fit for societies like Indonesia that operate according to very different values, ways of life, and social norms.

Cross-cultural studies on coping strategies show that acceptance is not a passive and disengaged coping strategy (see, for example, Bouchard et al., 2017). Acceptance, it is suggested, should not be viewed as giving up. Instead, it can be seen as a process of restructuring goals in light of a changing situation according to God's will (AbdAleati et al., 2016). For participants, acceptance as a coping strategy in dealing with everyday situations might be healthy and adaptive coping because it fits with the Indonesian conceptualisation of God. This congruence between the participants' conceptualisation of God and their coping strategy seemed to promote their well-being and mental health.

The third possible explanation relates to the social dimension of religious coping. Religious coping provided social support for the participants. The participants gained social acceptance, a sense of belonging, and emotional and material support from members of their religious group. In stressful situations, this sense of not being alone was very important for participants. Being part of a group was desirable to participants and reflected a very strongly held social norm. Religious identity is essential for Indonesians (Asih et al., 2020). Adherence to religious observance is expected and serves as a symbol of conformity to social norms (French et al., 2020). Doubting God and other negative

religious coping strategies are not socially acceptable. This might explain why participants mostly talked about their usage of positive religious coping. Nevertheless, their positive conceptualisation of God seemed to be confirmed by the positive impacts of religion they reported on their mental health and well-being.

In addition to the significance of religion as part of Indonesian culture, religious identity tends to be very strong in Muslim societies in general (see, for example, Fischer et al., 2010). Muslim identity is manifested in two important religious rituals, the Hajj and the fasting month of Ramadhan. Muslims around the world gather as a religious community when they make the pilgrimage to Mecca that is known as the Hajj. Muslims are required to complete the Hajj at least once in their lifetime if they can afford to do so (Pal, 2014). During the month of Ramadhan, Muslims fast during the daylight hours, focus on good behaviour and thinking, and ask for forgiveness. All of these actions foster a sense of community and contribute to the religious identity of the individual. Both of these practices are very prominent in Indonesia and represent very visible expressions of religiosity.

Demonstrating Muslim identity is increasingly important in Indonesia and seems to be a phenomenon associated with the period of very rapid social change that followed the end of the New Order government in 1998² (see, for example, Kersten, 2015, for discussion of this). During the New Order era, Islamic expression was repressed in Indonesia. After 1998, Islamic expression began to appear in the political, economic, social, and cultural spheres (Heryanto, 2011; Helmi et al., 2017). This has stimulated the growth of an Islamic middle-class in Indonesia (Alam, 2018). This new middle-class develops a new Islamic pop culture that tends to use Islamic symbols to claim social status, which often manifests in the consumptions of ‘Islamic chic’ fashion, Islamic ‘halal’ food products and cosmetics, Islamic movies and books, Islamic CDs and DVDs, Islamic educational and banking products, and other Islamic religious goods and services

² The New Order is the term commonly given to the government of former President Suharto which lasted from 1965 to 1998. The term New Order was coined by Suharto himself to distinguish his government from the previous one. The New Order period was characterised by a strong focus on national development, the encouragement of foreign investment, and greater participation by Indonesia in the global environment. It was also a period of intensification of the role of national culture which coincided with the suppression of various regional and ethnic trends, Islam as a cultural force, freedom of expression, and other social forces that were seen as potentially undermining the authority of the central government. The end of the New Order was followed closely by large-scale decentralisation, an opening up of the media sector, and attempts to manage corruption and promote greater transparency. The New Order period in Indonesia has been discussed extensively in the literature (see, for example, Berger, 1997; Bunte & Ufen 2010; Hill, 2006; and many more).

(Alam, 2018). The influence of this Islamic pop culture on participants' mental health and well-being is discussed further in section 7.5.

The fourth possible explanation of why religious coping was effective in promoting participants' well-being is related to the inherent characteristics of religion. This explanation is not related to interdependent and independent cultural contexts, but related to the importance of religiosity as one of the characteristic of Indonesian cultural contexts. Abu-Raiya and Agbaria (2015) find that religion is directly related to mental health and well-being because it consists of a system of ultimate beliefs and practices that function as a framework of deep core values and worldview. This might explain why the religious activities seemed to promote participants' mental health and well-being. Participants experienced feelings of calm and peacefulness in connection with religious observances. They were also able to remain calm and unstressed in negative situations because of their religious beliefs. In this way, religion may act as a buffer for well-being, or as a source of resilience, in dealing with stressful situations in daily life.

In conclusion, for participants, religiosity has a vital influence on their day-to-day life. Participants also used religious copings in dealing with life stress and experienced significant benefits from it. These findings suggest several practical implications. First, psychological interventions in Indonesia should incorporate a religious perspective as this aspect of potential problem solving is highly relevant and acceptable to many people. A spiritual approach to mental illness might be of value and suitable in Indonesia as it has been suggested by research in transcultural psychiatry carried out in the Malay world (see, Talib & Abdollahi, 2017). Second, mental health practitioners should consider integrating a religious approach into counselling and therapy, such as religious integrated cognitive behaviour therapy (Pearce et al., 2015), with Indonesian clients. Third, religious coping strategies need to be integrated into the government's mental health promotion programs. However, there are few studies on religious coping in Indonesia (see, for example, bin Othman & Wahab, 2010; French et al., 2020), despite its clear importance. In view of the importance of religiosity in Indonesian cultural contexts, future studies on mental health and well-being in Indonesia should focus more on religious coping strategies and the ways in which religiosity shapes how Indonesians perceive their experiences.

7.4. The role of collectivism and Indonesian values in mental health and well-being of urban Indonesians

For Indonesians, collectivism has been internalised since childhood (Haslam et al., 2020). From an early age, they have been taught to view themselves and behave as a relational self. Besides their name, they have usually been addressed with their relational identity such as '*anak Papa*' (Dad's son or daughter), '*kakak*' (older brother or sister), and '*adik*' (younger brother or sister). Diener et al. (2018) find that the self in a collectivist culture tends to be defined by relationships and obligations in a social role. It is very common for an Indonesian child to sleep with his or her parents until they reach school age which is 5 to 7 years old (Muskananfolo et al., 2019). Intergenerational support is also common in Indonesian families (see, for example, Schwarz et al., 2010). Children have usually been taken care of by grandparents while their parents are at work. Grandparents take their grandchildren to school, prepare food and bathe them, and play with them. Participants who were married and had children also received support from their mother or mother-in-law in dealing with child-rearing practices. Other participants received financial support from their parents for their newly formed family.

Family plays a vital role in every Indonesian's life, it is the most significant source of support for Indonesians in their daily life (Haslam et al., 2020). Most participants agreed that their major source of support and resilience was their family. Social support from family and close friends was the second most important factor, after religiosity, that influenced participants' mental health and well-being. Besides providing social support, parents and extended family members also influenced important participants' life decisions such as choosing schools and a university, career, and choosing a spouse. This might be because a problem or success of one individual is seen as a problem or success for the group.

All of the participants experienced parental involvement in their important life decisions. In a collectivist cultural context, family and community needs and goals tend to be more important than the needs and goals of an individual (Tse & Ng, 2014). The participants had also been taught to respect, obey, and be responsible to their parents and other older family members. These views of family are a reflection of a collectivist cultural context that puts a high value on interdependence, long-term commitment, kinship ties, and family responsibilities (Haslam et al., 2020). For participants, family

provides a sense of belonging and identity. Family was also a source of resilience, mental health, and well-being.

Collectivism is reflected in the Indonesian national philosophy *Pancasila*, which has as its third principle, “The unity of Indonesia” and, as its fourth principle, “Democracy guided by inner wisdom in the unanimity arising out of deliberations among representatives” (Undang-Undang Dasar Negara Republik Indonesia, 1945). Sugara (2018) noted that the core Indonesian values of these two principles are unity [*persatuan dan kesatuan*], harmony [*kerukunan*], oneness or consensus through deliberation [*musyawarah mufakat*], and tolerance of others [*tenggang rasa*]. These principles are taught in school from the primary level (Sugara, 2018), and they have been internalised by the participants and put into practice in their day-to-day life.

Beside religiosity, participants also considered value of harmony, tolerance, and benevolence as important. For most participants, these values were manifested in harmonious relationships with others and prosocial behaviours such as helping others, sharing, and almsgiving or *zakat*. Participants also conceptualised conflict as a negative that needs to be avoided in life. When facing a dispute, group harmony is always more important than an individual’s views in Indonesia (Sinaga, 2019). Being in conflict with others was a major life stressor for most of the participants. Participants had also been taught since childhood to be polite, courteous, and friendly to others in their everyday life. They tried to greet people first, smile frequently, speak in a polite manner, and regulate their emotions appropriately according to prevailing social norms. All of these reflect the Indonesian values manifested in participants’ behaviours in daily living contexts in an urban environment.

Since childhood, Indonesians have been taught that being together with others is more desirable than being alone (Haslam et al., 2020). The desire to be alone and do things by oneself is considered abnormal and undesirable in Indonesian culture (Himawan et al., 2021). A sense of belonging and group identity is important for most Indonesians (Liem & Nie, 2008). Thus, social acceptance and social integration were considered very important by participants. From an early age, they were taught to be obedient and conform to norms and social rules, starting from their parents’ rules to social norms for engaging with others at school and other contexts outside the home. The high expectations in meeting social standards and fulfilling social roles are central in the day-

to-day lived experience of Indonesians (Haslam et al., 2020). This might explain why conformity to norms, customs, and social demands was one of the most influential factors in participants' mental health and well-being.

Again, as discussed in section 7.2 on Keyes' model, all of these Indonesian cultural contexts of life show the importance of incorporating social well-being in understanding complete well-being and mental health experiences in Indonesia. In accordance with Keyes' perspective on well-being (Keyes & Martin, 2017), the findings of this study show that emotional well-being and psychological well-being are not enough to describe complete well-being in Indonesian cultural contexts. The importance of social well-being in understanding Indonesians' well-being mainly relates to the nature of collectivism in Indonesian cultural contexts.

Because of the strong relationship ties and high level of power distance in Indonesian collectivistic culture, social judgement is extremely high (Himawan et al., 2021). When a person's behaviour does not conform to the norms and social rules of his or her environment, he or she will be socially punished and might be avoided, not accepted, mocked, and ostracised by the community. This is reflected in the strong social stigma experienced by people with mental disorders, which is discussed in section 7.6. Social judgement and the importance of social acceptance also made social media and urban lifestyles very influential in participants' mental health and well-being. This is discussed in section 7.5.

In relation to a sense of belonging, participants experienced this as a more fundamental need than their physical needs. The participants also observed that people living in financial deprivation still able to feel happy as they live together with their families. The importance of belonging is expressed in several Indonesian proverbs that say being together is more important than needs like a place to live and food (see page 95). Cross-cultural studies on Maslow's Hierarchy of Needs find that Maslow's hierarchy does not apply to collectivist cultures (see, for example, McLeod, 2020). In collectivist cultural contexts, belonging is a basic need, and self-actualisation is achieved through the fulfilment of social roles, rather than through individual achievement (Gambrel & Cianci, 2003). This explains why a sense of belonging is a basic need for the participants.

In terms of prosocial behaviour, cross-cultural studies find that collectivism supports prosocial behaviours while individualism supports pro-self behaviours (see, for example, Moon et al., 2018). This might explain the high level of prosocial behaviours reported by participants. These prosocial behaviours manifest in helping others by giving emotional as well as material support, sharing resources with others in need, volunteering for the community, and donating to disadvantaged people. However, participants also noted that in urban areas, these prosocial behaviours usually appear in in-group relationship settings. Some of the participants that came from a rural background compared the characteristics of rural and urban people in Indonesia. They found that urban Indonesians rarely helped strangers or out-group individuals, except for those that came from a higher socioeconomic status or who are famous, while rural Indonesians were generally more helpful toward everyone. Urban Indonesians may tend to help others who are perceived to have a higher social status than themselves most likely because they want to impress the higher status person.

Participants noted an example of how urban Indonesians rarely help strangers, which is answering only reluctantly when someone asks directions (see page 110). There are two possible explanations for this. First, as participants mentioned in their interview, although urban Indonesians have deep roots in the collectivist culture, they seem to be quite individualistic in the context of general social expectations in Indonesia. Participants also noted that urban Indonesians' everyday life might be quite fast-paced, and they tend to be more independent compared to rural Indonesians. Second, urban Indonesians with a collectivistic cultural background most likely tend to prioritise their network of friends so that they will have strong and beneficial social support when they need it. These networks usually consist of people they know and who have the same cultural background (ethnicity, religion, social class, education, profession) as them. Thus, they tend to act more prosocially toward in-group members than out-group members. Studies on prosocial behaviours find that a higher level of group attachment (see, for example, Baldassarri & Grossman, 2013) and in-group favouritism (see, for example, Everett et al., 2015) may increase the number of prosocial behaviours. Mifune et al. (2010) note that prosocial behaviours involve a reciprocal expectation which means people help others in the expectation that they will receive the same help from members of the group they identify with when they need it. Thus, they tend to act more prosocially toward in-group members than out-group members. Mifune et al. (2010) find that

prosocial behaviours are more influenced by belief in reciprocity rather than in-group love and attachment. This might explain why participants, who are urban residents, rarely help strangers but may be very helpful toward an in-group individual.

Because of the strong ties of relationships in a collectivist society, there is often a high level of monitoring whether a person conforms to social norms or not (Fanany & Fanany, 2020). The high level of monitoring from society put social pressure on participants to conform to social norms and demands in their daily life. It also contributed to participants' conceptualisation of what constituted a good personality according to Indonesian culture and values. The idea of a good personality was manifested in the participants' ideal or aspirational self. In everyday situations, it is very common to experience discrepancies between the ideal self and the actual self. The larger the discrepancies, the more detrimental the effects on a person's mental health and well-being (see, for example, Barnett et al., 2017). From daily news and observations of Indonesians' daily lived experiences, there are questions as to why Indonesia has a high level of religiosity, yet has high levels of corruption (see, for example, Martini, 2012). This example reflects a discrepancy between internal values and external behaviour among Indonesians.

In addition, all of the participants emphasised the importance of helping others. However, some of them showed behaviours that contradicted this value, such as not wanting to share a table with others in a crowded restaurant (see page 111) and not wanting to give way when driving (see page 110). Intriguingly, these discrepancies between internal values and external behaviour did not seem to have a negative impact on their well-being. Furthermore, they considered themselves to be kind-hearted and helpful despite their actual behaviour. This reflects a discrepancy between their ideal self and their actual self. A discrepancy of this kind usually has a negative impact on well-being (see, for example, Barnett et al., 2017). However, despite the discrepancies, the participants still experienced good well-being that was characterised by positive emotions, meaningful relationships with others, and satisfaction in life in general. A possible explanation for this is as follows.

Even when there is a high discrepancy between the ideal self and actual self, several studies find that a person can strongly believe that he or she has the potential to achieve his or her ideal self, and, if the person believes that he or she has the capacities

and resources to actualise his or her aspirational self, he or she will not experience a detrimental effect to his or her well-being (see, for example, Grishutina & Kostenko, 2021). A person's belief that he or she is able to acquire his or her ideal self underlies the idea of the possible self (Markus & Nurius, 1986; Bak, 2014). There are two types of possible self, which are a self-enhancing possible self and a self-regulatory possible self (see, for example, Henry, 2020).

Studies on the possible selves theory find that, while the self-regulatory possible self enables an individual to regulate him or herself and achieve goals through a precise and specific action strategy aimed at goal achievement, the self-enhancing possible self mainly functions to boost self-esteem without directly influencing behaviour (see, for example, Bak, 2015; Henry, 2020). Bak (2015) finds that the self-enhancing possible self creates a goal at a higher level of abstraction that tends to be abstract, vague, and unspecific. Thus, it does not lead to a detailed and precise action strategy to achieve the goal. However, the self-enhancing possible self allows a person to create a goal or ideal that he or she believes can be achieved. By creating a goal, a person experiences positive emotions, such as optimism and hope, that promote self-esteem and well-being (Henry, 2020; Grishutina & Kostenko, 2021). This might explain why the participants had good well-being despite the discrepancies between their ideal and actual self.

In conclusion, an understanding of Indonesian collectivist cultural contexts is a requisite to understand the mental health and well-being of the participants of this study as urban Indonesians. The Indonesian collectivist cultural backgrounds influenced participants' conceptualisation of what is considered 'a good emotion', 'a good personality', and 'good well-being'. It also influenced participants' life values, emotion regulation, coping strategies for dealing with life's problems, and resilience against life's adversities. Again, this study highlights the importance of understanding well-being and mental health conceptualisation as an interaction between person and contexts.

7.5. The role of social media and urban lifestyles in mental health and well-being of urban Indonesians

Social media and urban lifestyles had been the powerful influences on the mental health and well-being of all participants in their everyday life. These findings are consistent with studies that consider the impact of social media and urban lifestyle on well-being (see, for example, Strickland, 2014). Indonesia is the third-largest population

of social media users in the world (Nurhayati-Wolff, 2021). As the third-largest group of social media users in the world, Indonesians perceive social media as an important aspect of the daily living experience (Kemp, 2018). The urbanisation and modernisation of the capital, Jakarta, have led to rapid social and cultural transformation, mainly since the end of the New Order era in 1998 (Dibley & Ford, 2019). The freedom to express oneself through social media, the high importance of prestige, the new emerging urban middle-class, and the fast-paced and instant way of life had a significant impact on how participants lived that had the potential to influence their mental health and well-being.

There are three possible explanations for why social media and urban lifestyles had a powerful influence on the mental health and well-being of the participants. First, in Indonesian collectivist cultural contexts, self-esteem is based more on social acceptance and social judgement than on their personal sense of competence or achievement like in the Western independent cultural contexts (see, for example, Sunar, 2020, for discussion of this). Second, the urbanisation and modernisation of Indonesia have raised the importance of prestige and self-presentation behaviours and the integration between traditional values and new ideas coming from the rapid sociocultural transformation have brought changes in values among urban Indonesians (Wildan & Witriani, 2021). This has also boosted the emergence of a new middle-class, especially among Muslims, which exhibits conspicuous consumption of Muslim products as a symbol of their religious identity (see, for example, Alam, 2018). Third, collectivism and modernisation in Indonesia may be making many urban Indonesians more self-conscious. They tend to monitor and be aware of themselves as they might appear through the eyes of others, which can be seen as a kind of public self-consciousness (see Balabanis & Stathopoulou, 2021). What other people think about them is very important for urban residents and also for Indonesians in general. The tendency to have high public self-consciousness might stimulate conspicuous consumption and other self-presenting behaviours among participants (see, for example, Lee & Workman, 2014, for discussion of this). These three possible explanations are discussed below.

As members of a collectivist society, the primary source of Indonesians' self-esteem comes from approval, acceptance, and favourable evaluation by other people (Sunar, 2020). In this, the Indonesian interdependent cultural context is very different from the Western independent cultural context where people's source of self-esteem tend

to be their own competence and achievement. The interdependence in a collectivist society makes positive regard from others an important influence on one's sense of self-worth, while the independent cultural context of an individualist society means that personal success and achievement are likely to be more influential for a person's self-esteem (Sunar, 2020).

Cross-cultural studies on self-esteem have found that collectivists' self-esteem tends to be rooted in self-liking, while individualists tend to focus on self-competence (see, for example, Tafarodi & Swann, 1996). Tafarodi and Swann (1995) note that self-liking comes from social worth, which depends mostly on evaluation or judgment by others that is internalised by the individual. By contrast, self-competence is mostly based on a sense of personal capability and personal success. Most of the participants considered what others think about them to be a very important influence on their self-concept. They strived for positive evaluation and acceptance from others and wanted to be part of the group. They acknowledged that social pressure to conform to the latest aspects of the urban lifestyle was very strong in urban environment, especially for those who were active on social media platforms. Although most of the studies on social media have found that social media have a negative impact on mental health and well-being if not used mindfully and actively for social support (see, for example, Bekalu et al., 2019; Yin et al., 2019), for Indonesians whose self-esteem is often based on what others think about them, the impact might even be more damaging (see, for example, Lee et al., 2014). Participants noted that they were active social media users. For them, the influence of social media on their daily lived experience was immense.

The second possible explanation for the importance of social media and urban lifestyles in participants' life might be related to the urbanisation and modernisation in Indonesia. Participants noted that urbanisation and modernisation in Indonesia encourage rural Indonesians to move to cities like Jakarta, Surabaya, and Medan, looking for better opportunities to develop themselves. Some of the participants spent their childhood in a rural area and then moved to Jakarta as adolescents. They found that the most profound urban values for Jakarta residents were prestige and materialism. For them, it had become important to show their successful life in the city to others. The most common medium for showing off their success in Jakarta was through social media platforms.

The continuing modernisation of Indonesia after the end of the New Order period stimulated freedom of individual expression that was repressed under the New Order government (see, for example, Dibley & Ford, 2019, for discussion of this). This has created a distinctive gap between social classes and different religious and ethnic groups in Indonesian cities (Heryanto, 2011). Combined with the very rapid development of internet and digital technology, social media has become the major platform to promote anything, including oneself (Kurniasih, 2017). For participants, this self-presenting behaviour involves following and showing off the latest urban trends and posting impressive pictures or videos about oneself intended to create a positive and outstanding self-image in the eyes of others. The total number of followers and ‘likes’ on their social media was essential for participants’ sense of well-being.

As modernisation in urban Indonesia has progressed, Islam has gained more prominence in the public sphere; this has stimulated the growth of Islamic pop culture and new emerging Muslim middle-class mostly in urban areas (see, for example, Alam, 2018), as discussed in section 7.3. This Islamic pop culture has used religion as the face of new products and marketing campaigns in the newly liberalised environment (Helmi et al., 2017). The integration between Islamic values and modern capitalist consumerist-indulgent perspectives is manifested through products such as headscarves in Muslim women’s fashion, Islamic movies and songs, and ‘halal’ food and cosmetic products (see, for example, Utama, 2016; Wildan & Witriani, 2021, for discussion of this).

The growth of a new Muslim middle-class has involved a new form of prestige and materialism in the everyday lives of urban Muslims (Heryanto, 2011). Among this group, the consumption of ‘Islamic’ products of all kinds is an expression of personal and religious identity (Seto, 2020). This expression of identity promotes acceptance from a community that will support well-being of those involved. Furthermore, the growth of Islamic pop culture and emerging Muslim middle-class in urban Indonesia has also stimulated a new conceptualisation of young modern urban Muslim in Indonesia (see, for example, Beta, 2014, for discussion of this). This redefinition is being formed by social media influencers (see, for example, Beta, 2019). Social media influencers have been shown to exert a powerful influence on followers in creating and forming opinions through a social media platform (Grave, 2017). The high level of social media use in

Indonesia suggests that social media is an important medium in forming people's opinions like the participants and potentially shaping their behaviour and perceptions.

The third possible explanation for the importance of social media and urban lifestyle might be related to the increasing level of public self-consciousness among participants. The Indonesian collectivist cultural contexts merged with rapid social and cultural transformation driven by modernisation, made the participants more self-conscious. Participants reported that they were consistently concerned about what others thought of them. In other words, external validation were essential for participants' well-being. Most of the participants tended to direct their focus outward and were aware of being a social object, which is referred to as having public self-consciousness (see Fenigstein et al., 1975; Balabanis & Stathopoulou, 2021). Studies on social media have found that people with a high level of public self-consciousness tend to engage in more self-presenting behaviours on their social media (see, for example, Shim et al., 2016, for discussion of this). This might explain why social media had a powerful influence on the participants' daily life. Although social media had caused a detrimental effect on participants' self-esteem and well-being, participants' usage of social media was still high. According to the Global Digital Report (Kemp, 2018), Indonesians spend around three and a half hours a day on average using social media. Some participants constantly engaged in the expression of self-presenting behaviours in their social media, such as posting pictures of themselves dining at a trending restaurant, hanging out at a popular café, and comparing themselves with others on social media. For them, the aim of these self-presenting behaviours was to demonstrate prestige, gain others' acceptance and approval, and to be considered part of the group.

A high level of public self-consciousness had also driven some of the participants to the conspicuous consumption of the latest trends. These trends include fashion, dining locations, travel destinations, technology, cars, motorcycles, and so on. Participants acknowledged that the social pressures to keep up with the latest trends, which mostly came through social media, were very high in their daily life. Some of the participants who were very concerned with their public image, tended to conform to the social pressures to participate in the latest urban lifestyle. Studies on conspicuous consumption find that people with a high level of public self-consciousness tend to engage in conspicuous consumption (Balabanis & Stathopoulou, 2021). The goal of this

conspicuous consumption, as one of their self-presenting behaviours, is to impress others. In this study, the participants' tendency to have a high public self-consciousness combined with the rapid modernisation of urban Indonesia, the development of the internet, the collectivistic nature of Indonesia, and the emerging middle-class (see, for example, Suyanto et al., 2019) resulted in conspicuous consumption and a materialistic urban lifestyle. The social pressures created by social media led to daily stress that ultimately had a detrimental effect on participants' well-being and mental health. The urban Indonesian cultural contexts that put a high value on materialism and prestige led to participants' mentally unhealthy lifestyles that affected their well-being.

Besides the negative effect on participants' mental health and well-being, social media, as a powerful force in the participants' everyday life, might be useful as a medium to promote mental health literacy among urban Indonesians. All of the participants noted the significance of media in shaping their understanding of mental health and well-being issues. This is consistent with research that demonstrates the significance of mass media in shaping a globalised, urban culture in Asia (Iwabuchi, 2010). However, studies on this issue in Indonesia are very limited. There are only few studies on digital mental health and these have mostly focused on curative intervention for people with mental illness (see, for example, Arjadi et al., 2015). Furthermore, during the COVID-19 pandemic that caused enormous mental health problems in Indonesia as well as changes to daily life resulting in even more online use, there are only few studies on online psychological intervention in Indonesia (see, Ifdil et al., 2020, for example). At present, there are hardly any studies on online mental health promotion and preventive interventions in Indonesia.

Because of the importance of social media and digital life in Indonesian cultural contexts, psychological interventions on mental health and well-being promotion in Indonesia might be done effectively through social media and digital applications. This promotive intervention could include reconstruction of mental health beliefs, reduction of mental health stigma, and strengthening of Indonesians' resilience through empowering protective factors, such as religiosity, family, and community support. However, most studies on online mental health interventions through social media are based on curative interventions and Western cultural contexts (see, for example, Naslund et al., 2019). Further studies on online mental health promotions and preventive interventions in Indonesia are needed, particularly since the COVID-19 pandemic.

7.6. The nature of mental health among urban Indonesians

Mental health issues have been growing in interest in urban Indonesia over the last decade (Mahendradhata et al., 2017). Participants mentioned that discussion of mental health issues appeared in the newspapers, on television in programs from news to dramas, and on social media. Research on mental health in Indonesia has also grown in the last decade (see, for example, Wardhani & Paramita, 2016; Mahendradhata et al., 2017, for discussion of this).

Participants conceptualised mental health as a free state of mental disorder which is congruent with Keyes' model (Keyes & Martin, 2017). Based on the lived experience of the participants, there were two important issues that related to the perception of mental health in urban society. First, mental health stigma is still very high among modern urban middle-class people from a well-educated background, including participants. Participants also mentioned that this stigma prevented people with mental illness from seeking help and receiving psychological support from mental health professionals. Social isolation and punitive social judgement may also cause the illness to worsen (Long, 2018). Second, as discussed in section 7.5, participants noted that social media was a powerful influence in forming a conceptualisation of mental health among many urban Indonesians who have a modern lifestyle. For this reason, social media and the internet might be an effective media for mental health literacy promotion. E-mental health (electronic mental health), that includes online psychological interventions, both curative and preventive, has been growing in urban Indonesia, particularly during the COVID-19 pandemic situation (see, for example, Ifdil et al., 2020).

The participants were well-educated and modern urban residents. However, some of them still had inaccurate, misguided, and judgmental beliefs about people with mental illness. All of the participants had observed in their everyday life that stigma toward people with mental illness is high. This stigma was fed by a number of stereotypes that are prevalent among Indonesians in general. First, the participants believed that a person with mental illness was dangerous and an outcast to be avoided. Second, participants believed that mental illness was a punishment from God or was caused by black magic such that it could be treated using a religious approach with help from a traditional healer, cleric, or priest. Mental illness also could be a test from God. Thus, many believed that people had to endure this kind of test without professional medical help. Third,

participants believed that mental illness caused a loss of face to the family of the affected person. This sense of shame and concern for loss of face was amplified by Indonesian cultures that put a high value on concern about what others think and acceptance within the community (Himawan et al., 2021).

Participants noted that lack of accurate and appropriate knowledge about mental disorders might be one of the sources of the high level of stigma among them. They explained that they had learned about mental illness from celebrities or public figures who had shared their experiences with mental illness in the media, rather than from mental health professionals or formally as part of school or university curriculum. Studies on mental health stigma show that the most prominent cause of such health stigma is low mental health literacy (see, for example, Wei et al., 2018). Mental health literacy is defined as an understanding about mental disorders and their treatment, reduction of stigma associated with mental illness, knowledge about how to achieve well-being or positive mental health, and increasement of help-seeking behaviour competencies (Kutcher et al., 2016).

There are only few studies on mental health literacy in Indonesia. All of the studies confirm that the level of mental health literacy in Indonesia is low (see, for example, Novianty & Rochman Hadjam, 2017; Hartini et al., 2018). While most of this work is in Indonesia and was published in local journals, one study has been published internationally (see, Praherso et al., 2020). Praherso et al. (2020) evaluate mental health literacy among Indonesian health practitioners. Their results are very concerning because among Indonesian health practitioners that work with mental health cases, non-mental health professionals tend to share the stigma associated with mental illness perceived by the public and have lower diagnostic accuracy compared to mental health professionals. As non-mental health professionals in primary care settings are the gatekeepers of the national healthcare system, their lack of awareness of mental health issues would appear to be a serious problem for the well-being of the Indonesian population. In addition, up to now, there are a very limited number of studies on initiatives (or interventions) to promote mental health literacy in Indonesia.

Based on the findings of the present study and the mental health literacy definition noted above, the focus of mental health literacy intervention in Indonesia should be the reconceptualisation of the aetiology and appropriate interventions in mental illness.

Conceptualisation of the aetiology of mental illness includes the interaction between biological predisposition and psychosocial stressors (see, for example, Paniagua & Yamada, 2013, for discussion of this). In this, mental illness can be viewed as comparable to physical illness. It can be treated and cured with a combination of psychiatric medication and psychotherapy. It is not contagious and can be managed so that people with mental illness can function effectively in their daily life (Long, 2018). Therefore, people with mental illness should not be avoided and should not be seen as a source of shame. Similarly, mental illness should not be seen as curable by religious treatment from a traditional healer, cleric, priest, or other religious figures.

Initiatives or interventions to encourage a reconceptualisation of mental illness might be done effectively in urban Indonesian cultural contexts through social media and the internet. Currently, the COVID-19 pandemic has stimulated the growth of e-mental health, such as online counselling and psychological assessment, and there may be long term value in these approaches, as they seem to be accepted by Indonesians and allow for a degree of privacy. The advantage of e-mental health using social media and the internet includes accessibility, anonymity, convenience, and affordability (see, for example, Halsall et al., 2019). However, to be effective and to ensure accuracy, relevancy, and effectiveness, any such promotive initiatives need to be designed by mental health professionals (Halsall et al., 2019).

The target audience for any mental health literacy campaigns should probably be high school and university students, and young adults. According to Octavia et al. (2021), these populations have to adjust to many life stresses and developmental milestones that can affect their mental health and well-being. Mental health literacy promotions through social media would be effective most likely when it involves social media postings, campaigns by social media influencers, positive well-being challenges that go viral, and social support through online communities. Mental health literacy initiatives also need to focus on the leaders of community and educational institutions, both online and offline. Examples of such communities include the religious community, neighbourhood groups, hobby and interest communities (sport, culinary arts, travel), education communities, and work communities. The leaders of such groups might act as agents of change to improve early detection of mental illness and support professional help-seeking behaviours in their community.

Cross-cultural studies have found that peer support as a non-professional and informal form of support for people experiencing mental health problems is very effective, particularly in collectivistic cultural contexts (see, for example, Altweck et al., 2015). Indonesians, as members of a collectivist culture, tend to seek help from informal sources more than formal ones (Martinez et al., 2020). If the community, as a source of informal support, is better equipped with mental health literacy, it can encourage people with mental health problems to seek help from formal sources, namely from mental health professionals. Therefore, empowering youth and young adult urban Indonesians by improving their mental health literacy might have major beneficial effects for mental health and well-being in the urban context in Indonesia.

As mentioned above, in Indonesian interdependent cultural contexts, the online and offline community, as a source of informal support, have the potential to provide social support for people with mental illness. Studies have found that online and offline communities can be a safe place to share experiences about mental illness as well as knowledge about various conditions (see, for example, Strand et al., 2020, for discussion of this). There are several mental health communities in Indonesia. Most of them are based in Jakarta and are aimed at people in the 18-25 age range. Examples of Indonesian mental health communities include: “Into the Light” that focuses on suicide prevention, “I Smile 4 You” which is concerned with depression, and many informal WhatsApp groups for people with mental illness and their caregivers.

However, most of the online mental health communities in Indonesia do not have structured programs with evidence-based content. Furthermore, some of these communities are not supervised by mental health professionals. None of the online mental health communities is part of Indonesia’s formal national mental health strategy. A systematic review of studies on online mental health initiatives shows that effective online psychological initiatives are best tailored to a specific population through a structured program that delivers evidence-based content (Brijnath et al., 2016). Thus, there is a need for the Indonesian government to support a structured online mental health initiative and intervention with evidence-based content as part of Indonesia’s mental health programme.

Furthermore, the Indonesian government has developed a national programme to decrease the treatment gap by increasing the number of mental health professionals and

facilities available to the public. However, up to now, there have been no mental health literacy programs to educate the public about the true nature of mental illness or to encourage more open attitudes. Even if the treatment and quality gap has been improved, if the public does not have accurate knowledge and more open attitudes, they will still likely not to seek help from mental health professionals. Therefore, the Indonesian government and the relevant stakeholders need to create a mental health literacy programme to reduce the knowledge gap. Mental health literacy programmes in combination with the national programmes for decreasing the treatment gap and strengthening protective factors, such as positive family and community support, assertive interpersonal skills to resist the pressure to conform to urban expectations, and high usage of positive religious coping, would promote mental health and well-being among urban Indonesians like the participants. Mental health promotions and interventions that are community-based and make use of social media and the internet would be effective for urban Indonesians.

7.7. Summary

Based on the findings of this study, several essential themes were generated from the participants' discussion of their experiences and views relating to mental health and well-being. They are as follows: the nature of well-being among urban Indonesians, Keyes' model within the urban Indonesian cultural contexts, the role of religiosity, the role of collectivism and Indonesian values, the role of social media and urban lifestyles in mental health and well-being, and the nature of mental health among urban Indonesians. These themes reflect the importance of the relationship between a person and context in understanding mental health and well-being in Indonesia. They also reflect major cognitive and affective perspectives that play a key role in the participants' day-to-day life and contribute to their mental health and well-being. Further, participants addressed a variety of psychological means that relate to their cultural backgrounds in their daily modern urban lived experiences on mental health and well-being.

CHAPTER 8.

CONCLUSIONS AND RECOMMENDATIONS

This chapter describes the summary of the study, research questions and answers, limitations and direction for future research, and research implications. The present study concerns the nature and conceptualisation of mental health and well-being among Indonesians living in an urban environment. The results of this study have the potential benefit for Indonesian policy on mental health and well-being and may provide a basis for the future development of psychological interventions, both preventive and curative, that are relevant and appropriate for Indonesian society and the nation's healthcare system.

8.1. Summary of the study

The aim of this study is to understand the conceptualisation of well-being and mental health of urban Indonesians in order to elucidate the relationship between psychosocial factors and mental health and well-being, as well as to describe the ways in which these factors influence well-being and mental health. There are indications that the existing models and theories of mental health and well-being that are based on Western contexts and do not consider the importance of cultural contexts in their development, do not fully fit Indonesian cultural contexts. This study investigates this phenomenon and provides new insight into Indonesians' mental health and well-being and suggests a new model that might supplement existing studies on this topic.

The 10 participants were all middle-class adults aged between 20 and 40 years old. All participants lived in Jakarta, although several had grown up in other locations. The participants came from different ethnic, cultural, religious, and family backgrounds. They were interviewed individually for approximately one and a half hours using an in-depth semi-structured interview with open-ended questions about their everyday lived experiences related to mental health and well-being. This included their understanding of mental health and well-being and psychosocial factors that influenced their mental health and well-being. The interviews were conducted in Bahasa Indonesia and were transcribed for analysis using Giorgi's descriptive phenomenological method to elucidate the conceptualisation of mental health and well-being and psychosocial factors that influence them.

The findings of this study suggest that participants viewed and understood well-being uniquely and somewhat differently from Keyes' model of mental well-being used in this study. Although participants conceptualised complete well-being as emotional, psychological, and social well-being as in Keyes' model of mental well-being, there were some differences in qualitative meaning and aspects that built their well-being compared to Keyes' model. These differences reflect Indonesian cultural contexts that put a high value on religiosity, interdependence, connectedness, and harmonious relationships. Furthermore, the findings of this study also highlight the importance of the relationship between person and context in understanding mental health and well-being in Indonesia. Thus, Western model of well-being that do not emphasise the importance of cultural contexts will not be a good fit for Indonesian cultural contexts.

In relation to the well-being and mental health conceptualisation, the study findings show that participants conceptualised well-being as a low arousal positive emotion, particularly as calm, peaceful, balanced, and harmonious feelings, rather than as a high arousal positive emotion such as happiness. In the case of mental health, they understood mental health to be a state of being free from mental illness. Furthermore, the stigma associated with mental illness was still high among them. Correspondingly, mental health literacy was low among the participants. Most of them viewed mental illness as a punishment or test from God that could be cured through help from a traditional healer, cleric, or priest.

The findings of this study indicate that there are several prominent or commonly noted psychosocial factors that influenced participants' mental health and well-being in their daily lived experiences. The most prominent psychosocial factors reported by participants were religiosity and social support from family and close friends. All the participants agreed that these two factors had an immense impact on their mental health and well-being in dealing with everyday situations. Other prominent factors mentioned were financial status, Indonesian values, personality type, daily stresses in urban life, urban values and lifestyles, and social media.

Religiosity was found to be the most commonly noted psychosocial factor that influenced participants' mental health and well-being, regardless of their religion. For participants, religiosity served as a source of coping, resilience, meaning of life, and well-being for the participants. Religious observance and belief that had been internalised

since childhood had a significant impact on the participants' conceptualisation of well-being as a calm, peaceful, serene, and harmonious emotion. Submission to God and other positive religious coping strategies seemed to promote participants' resilience in dealing with life's difficulties and adversities. This belief enabled participants to feel grateful, optimistic, and hopeful about life, despite negative life events such as financial difficulties, urban life stress, and natural disasters.

The other most commonly noted psychosocial factor that influenced participants' mental health and well-being was family and friends. The Indonesian cultural context is deeply rooted in collectivistic values that have been internalised by participants since childhood. Family and friends provide a sense of acceptance and belonging that gave participants a sense of identity and source of self-esteem. Moreover, the importance of harmonious relationships and compliance with social norms and demands were also the key elements in understanding the Indonesian collectivist cultural contexts. Conflict and negative evaluations from others were a source of distress for all participants. There were high expectations that social standards would be met, and intense social judgements had detrimental effects on the participants' well-being unless they had positive and supportive family and friends as the buffering factors.

Urbanisation and modernisation of Indonesia made prestige and self-presentation behaviour very important to the participants. A new emerging middle-class is also a product of this rapid sociocultural transformation in urban areas of Indonesia. The importance of prestige, combined with the need for social acceptance and high expectations in meeting social standards, had given social media and urban lifestyle a powerful role as one of the commonly noted psychosocial factors that influence participants' mental health and well-being. All participants in this study experienced high social pressures through their daily participation in social media and urban life that had damaging effects on their well-being. For some participants, these negative impacts were buffered by their religiosity and positive social support from family and friends. For other participants who had a high level of public consciousness, it led to mentally unhealthy lifestyles, such as conspicuous consumption of the latest trends as an attempt to gain social acceptance from others.

Separate from the negative impact on participants' well-being from social media as a powerful influence in their daily life, this medium might be used to promote mental

health and well-being among Indonesians by capitalising on its popularity. The lack of mental health literacy among participants suggested that this might be a widespread phenomenon in Indonesia that could be effectively addressed with mental health initiatives and promotions through social media and internet. This issue of an observable mental health knowledge gap in Indonesia is very concerning. Even if the Indonesian government were to improve mental health treatment and quality, if the community does not have an accurate understanding and attitudes about mental health issues, they will probably not seek help from mental health professionals who would be able to provide the accurate diagnosis and treatment. Therefore, mental health literacy initiatives, together with national programmes for decreasing the treatment gap and strengthening protective factors through community-based interventions and e-mental health that make use of social media and internet, might be a powerful and effective way in improving urban Indonesians' mental health and well-being.

In conclusion, the findings of this study suggest that the participants viewed and experienced mental health and well-being uniquely in their urban Indonesian cultural contexts. There were culture-specific psychosocial factors that influenced the participants' well-being that served as protective and risk factors. These findings highlight the importance of the relationship between person and context in understanding the phenomena of mental health and well-being. The results of this study elucidate the nature of mental health and well-being among this group of urban Indonesians. It provides vital information about the lived experience of some members of the urban middle-class that might be relevant to other developing countries in Asia as well as in Indonesia itself. Furthermore, it also provides a basis for developing more effective mental health programs, initiatives, and interventions to improve mental health and well-being within the Indonesian healthcare system.

8.2. Research questions and answers

This study has five research questions. They are:

1. How is well-being understood by Indonesians living in an urban environment?
2. How is mental health understood by Indonesians living in an urban environment?
3. What specific psychosocial factors, as protective and risk factors, influence urban Indonesians' well-being and mental health?

4. What is the relationship between psychosocial factors and mental health and well-being among Indonesians living in an urban environment?
5. In what ways and under what circumstances do psychosocial factors affect the mental health and well-being of Indonesians living in an urban environment?

These questions are addressed in Chapters 4, 5, 6, and 7 but can be summarised as follows.

Question 1 related to the conceptualisation of well-being among the urban adults who took part in this study. Participants conceptualised well-being as a complete state of emotional well-being, psychological well-being, and social well-being. This conceptualisation supports Keyes' model of mental well-being. Participants perceived well-being as having positive emotions, meaning and purpose in life, self-acceptance, personal growth, social acceptance, social integration, and social contribution. However, the qualitative meaning of each dimension and the aspects that contribute to each dimension are somewhat different from Keyes' model of mental well-being.

All participants defined well-being as low arousal positive emotions, such as calm, peacefulness, tranquillity, and serenity. Unlike Keyes' model that conceptualises it as high arousal positive emotions, only some participants defined well-being as happiness. Participants also conceptualised well-being as a balance between positive and negative emotions, unlike Keyes' model which conceptualises it only as positive emotions. Several aspects that construct well-being dimensions differently from Keyes' model are a reflection of Indonesian cultural contexts that emphasise the importance of religiosity and interdependence. Findings about the importance of acceptance from others, togetherness, harmonious relationships, and contribution to others show the importance of incorporating social well-being as one of the dimensions of well-being in understanding complete well-being in Indonesia.

Question 2 related to the conceptualisation of mental health among the urban adults in this study. All of the participants defined mental health as an absence of mental illness. This conceptualisation of mental health is in accordance with Keyes' model. Some of the participants also understood mental health as resilience, adaptability to stress, and productivity in life. Most of the participants tended to have a high level of stigma toward mental illness. They believed that mental illness was a punishment or test from God. For this reason, they believed it could be treated and healed using a religious

approach with help from a cleric, priest, or traditional healer. These findings might indicate low mental health literacy among urban middle-class Indonesians in general.

Question 3 related to psychosocial factors influencing well-being and mental health among the urban adults in this study. There were several prominent or commonly noted psychosocial factors that influenced the participants' mental health and well-being in their daily living contexts. For all participants, the most prominent psychosocial factors were their religiosity and their relationship with family and close friends. Other prominent psychosocial factors that affected the participants' mental health and well-being were financial status, Indonesian values and personality type, urban values and lifestyles, urban life stress, and social media.

Question 4 related to the relationship between psychosocial factors and participants' mental health and well-being. These psychosocial factors influenced participants' mental health and well-being in the urban Indonesian cultural contexts by serving as protective and risk factors. The relationship between various psychosocial factors and well-being for participants most likely reflects a relationship where one psychosocial factor might influence participants' resilience, perceptions about themselves and their life, emotion regulation, coping skills, and ability to adapt to a situation that impacts on their mental health and well-being in the end. For example, religiosity influenced participants' response to and coping with life stress that affected their well-being later. Another example is that family and friends represented a social support system for the participants that were able to help them through their life difficulties. Consequently, this affected their mental health and well-being.

The protective psychosocial factors in urban Indonesian cultural contexts were positive religious coping; intimate and harmonious relationship with family and friends; effective communication between family members and friends; acceptance and support from family and friends; a relaxed, open, optimistic and easy-going personality; and the values of simplicity, submissiveness to God, obedience to social norms, togetherness, harmony, and gratitude in life. By contrast, the risk factors in urban Indonesian cultural contexts were financial difficulties; hectic and chaotic urban environments; life stress due to the high demands of urban life; negative social judgement and rejection from family and friends; and high social pressure from social media and urban life.

Question 5 related to the ways in which various psychosocial factors supported or harmed participants' mental health and well-being. The protective psychosocial factors created a buffer against the damaging effects and promoted participants' mental health and well-being. By contrast, the psychosocial risk factors made participants more vulnerable to detrimental effects of life stress on their mental health and well-being. Risk factors also reduced participants' mental health and well-being. Moreover, all of these psychosocial factors might also collaborate with each other in influencing participants' mental health and well-being. For example, positive religious coping and social support, as protective factors, buffered the damaging impact of financial difficulties, as a risk factor for participants' mental health and well-being. Another example is that high social pressures from social media and urban lifestyle, as risk factors, combined with parenting style and good communication and harmonious relationships with family and friends, as protective factors, prevented the detrimental effects of social media on participants' mental health and well-being.

In conclusion, this study suggests that participants have a unique and specific conceptualisation of mental health and well-being that is rooted in the Indonesian cultural contexts. The way they perceive and understand mental health and well-being is embedded in their daily living context in urban Indonesia, which has its own unique cultures, values, norms, and ways of life. Furthermore, the specific psychosocial factors that serve as protective and risk factors are also a reflection of rapid social and cultural transformation due to urbanisation and modernisation in Indonesian urban areas.

8.3. Limitations and directions for future research

This study has several limitations. The limitations and the opportunities for future research as they suggest, are discussed below.

The use of an in-depth semi-structured interview as the data collection method in this study was both a strength and potential limitation that indicates possibility for future research. The in-depth interview allowed the participants to talk freely about the nature of mental health and well-being in their subjective meaning lived experiences. Consequently, it allowed the researcher to explore mental health and well-being issues in a detailed and rich manner. As a result, the present study elucidates and provides an in-depth understanding of mental health and well-being and the influence of psychosocial factors on Indonesians living in the urban context, which contributes to filling the

knowledge gap in the literature on mental health and well-being in Asia and Muslim-majority countries.

However, an in-depth semi-structured interview, as a single method, is not sufficient to make conclusive claims and exhaustive answers on studies about mental health and well-being in Indonesia. Therefore, there is a need for future research to incorporate multiple methods and theoretical approaches, such as ethnographic studies in medical anthropology, in explaining phenomena of mental health and well-being in Indonesia.

Another potential limitation related to the interview is that the findings of the study were shaped by the interview questions in the interview guide. Although the interview guide had been developed through several steps of reviewing process before it was used in the interview, it still shaped the findings of this study to some extent, even before the data were collected. While it is not possible to fully avoid this issue in qualitative research, it is important to acknowledge how the interview questions may shape the data.

Moreover, participants who participated in this study might be people who were interested in mental health and well-being issues. Their perspectives and lived experiences might be different from those who did not take part in the study. All the participants lived in Jakarta, as the biggest city in Indonesia, and came from a middle-class background, which is the most rapidly growing socioeconomic class in Indonesia. Future studies could include people who lived in rural areas and came from low and high-class socioeconomic backgrounds. It would contribute further to the knowledge of mental health and well-being in Indonesia.

There are four important findings of this study that have specific implications for future research in the area of mental health and well-being.

First, the findings of this study suggest the great importance of religiosity in Indonesians' daily life. Religiosity has been found to be a major protective factor in Indonesians' mental health and well-being. This study may be a starting point for future research on religiosity in the areas of psychology and public health in Indonesia. Exploration of what it means to be religious, nature of religious identity development, and religious coping usage by Indonesians will help in addressing mental health problems in

Indonesian communities. Future research on spiritual well-being as the fourth dimension of new model of complete Indonesian well-being will also contribute greatly to the development of mental health promotions, initiatives, and interventions that fit Indonesian cultures, values, norms, and ways of life.

Second, the importance of social media for urban Indonesians is also an area for future research. This phenomenon is part of the modernisation and urbanisation that has led to rapid sociocultural changes in urban values, lifestyles, and culture, which also has still not been investigated in regard to its relationship to mental health and well-being. An understanding of these factors will be beneficial for psychologists and other mental health professionals in promoting mental health and well-being among the Indonesian population that lives in urban areas.

Third, the relationship between collectivism and emotion regulation in Indonesia is another important area for future research. The influence of harmonious relationships and conflict avoidance, the high need for social acceptance and togetherness, and the high expectations to meet social standards and conform to social norms in order to avoid loss of face are related to an emotion regulation strategy that is considered to be adaptive and to fit with Indonesian cultural contexts. Understanding these relationships will greatly improve Indonesians' mental health and well-being because adaptive emotion regulation is essential for mental health and well-being.

Fourth, the findings of this study provide insight into the importance of mental health literacy in Indonesia. There are a number of studies on the stigma associated with mental health in Indonesia. However, the study of mental health literacy in Indonesia is very limited. Even if the Indonesian government were to improve the treatment gap in mental health services, Indonesians' mental health would likely not improve unless mental health literacy was also enhanced. Based on the importance of mental health literacy in improving Indonesians' mental health and well-being, it is essential to develop research on mental health literacy in Indonesia.

8.4. Research implications

The results of this study elucidate the nature of mental health and well-being among urban adults in Indonesia, particularly the conceptualisation of these constructs and the psychosocial factors that influence mental health and well-being. The findings

highlight the importance of religiosity, low arousal positive emotions, family and friends, social acceptance and social integration, urban values and lifestyles, and social media, in understanding mental health and well-being in urban Indonesian cultural contexts.

The findings provide insight for the development of a new model of mental health and well-being that fits Indonesian cultural contexts, particularly on the importance of religiosity. Based on the importance of religiosity in Indonesian cultural contexts, the proposed new model could incorporate spiritual well-being, in addition to the previous emotional, psychological, and social well-being as in Keyes' model, in understanding complete well-being in Indonesia. This new model would be somewhat different from Keyes' model of mental well-being that is used in this study. The proposed new model would provide a solid basis for the future development of mental health and well-being programs within the Indonesian healthcare system. Future studies are needed to further examine the development of this new model.

The results of this study may have practical implications for the design of mental health and well-being initiatives for urban adults in Indonesia. Mental health literacy programs aimed at decreasing the knowledge gap, combined with national programs for decreasing the treatment gap and strengthening the protective factors, will promote mental health and well-being among urban Indonesians. The results of this study also suggest that religiosity and social support are the most commonly noted psychosocial factors influencing participants' mental health and well-being. Therefore, mental health programs, both curative and preventive, might focus on the integration of religious components and the involvement of family in their approaches. For example, as religious leaders acquire mental health literacy, they might have greater involvement in the early detection of mental illness and could refer individuals to mental health professionals which would be beneficial for promoting mental health and well-being among urban Indonesians.

Mental health programs for improving and strengthening protective factors might include empowering several factors such as positive family relationships, supportive friend and community networks, ability to be assertive and resist pressure to conform to others' judgements and demands, and ability to use positive religious copings. By increasing the quality of these protective factors, mental illness might be prevented and well-being promoted among urban Indonesians.

The present study shows how mental health and well-being were understood by the participants, representing the large and expanding urban middle-class in Indonesia, and identifies several prominent psychosocial factors that influenced mental health and well-being. For this reason, the study will be of interest to mental health professionals, educators, and other professionals who work with urban adults in Indonesia. Study of the nature of mental health and well-being that accurately reflects and fits Indonesian culture and ways of living is still very limited. However, this study may be a starting point for a new direction in psychology and health studies rooted in the Indonesian cultural context.

REFERENCES

- AbdAleati, N. S., Mohd Zaharim, N., & Mydin, Y. O. (2016). Religiousness and mental health: Systematic review study. *Journal of Religion and Health*, 55(6), 1929–1937.
<https://doi.org/10.1007/s10943-014-9896-1>
- Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, 31(6), 934–948.
<https://doi.org/10.1016/j.cpr.2011.05.003>
- Abu-Raiya, H., & Agbaria, Q. (2015). Religiousness and subjective well-being among Israeli-Palestinian college students: Direct or mediated links? *Social Indicators Research*, 126(2), 829–844. <https://doi.org/10.1007/s11205-015-0913-x>
- Abu-Raiya, H., & Pargament, K. I. (2015). Religious coping among diverse religions: Commonalities and divergences. *Psychology of Religion and Spirituality*, 7(1), 24–33.
<https://doi.org/10.1037/a0037652>
- Ahmed S. A., Jabes J. (2015). Positive response bias in cross cultural comparisons: Case of Rokeach Value Scale. In Lindquist J.D. (Eds.), *Proceedings of the 1984 Academy of Marketing Science (AMS) Annual Conference. Developments in marketing science: Proceedings of the Academy of Marketing Science* (pp. 143–147). Springer.
https://doi.org/10.1007/978-3-319-16973-6_30
- Aji, P. (2015). *Summary of Indonesia's poverty analysis*. Asian Development Bank.
<https://www.adb.org/publications/summary-indonesias-poverty-analysis>
- Alam, L. (2018). Popular piety and the Muslim middle-class bourgeoisie in Indonesia. *Al-Albab*, 7(2), 237–249. <https://doi.org/10.24260/alalbab.v7i2.1039>
- Alawiyah, T., & Held, M. L. (2015). Social capital: Promoting health and well-being among Indonesian women. *Affilia: Journal of Women and Social Work*, 30(3), 352–362.
<https://doi.org/10.1177/0886109915572842>
- Aldiabat, K. M., Alsayheen, E., Aquino-Russell, C., Clinton, M., & Russell, R. (2021). The lived experience of Syrian refugees in Canada: A phenomenological study. *The Qualitative Report*, 26(2), 484–506. <http://doi.org/10.46743/2160-3715/2021.4334>

- Ali, H., & Purwandi, L. (2016). *Indonesia 2020: The Urban Middle-Class Millennials*. Alvara Research Center. <https://alvara-strategic.com/wp-content/uploads/whitepaper/The-Urban-Middle-Class-Millennials.pdf>
- Alkozei, A., Smith, R., & Killgore, W. D. S. (2018). Gratitude and subjective wellbeing: A proposal of two causal frameworks. *Journal of Happiness Studies*, 19(5), 1519–1542. <https://doi.org/10.1007/s10902-017-9870-1>
- Altweck, L., Marshall, T. C., Ferenczi, N., & Lefringhausen, K. (2015). Mental health literacy: A cross-cultural approach to knowledge and beliefs about depression, schizophrenia and generalized anxiety disorder. *Frontiers in Psychology*, 6, 158–165. <https://doi.org/10.3389/fpsyg.2015.01272>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Antaramian, S. P., Huebner, E. S., Hills, K. J., & Valois, R. F. (2010). A dual-factor model of mental health: Toward a more comprehensive understanding of youth functioning. *American Journal of Orthopsychiatry*, 80(4), 462–472. <https://doi.org/10.1111/j.1939-0025.2010.01049.x>
- Aritonang, M. (2014, November 7). Government to recognize minority faiths. *The Jakarta Post*. <http://www.thejakartapost.com/news/2014/11/07/government-recognize-minority-faiths.html>
- Arjadi, R., Nauta, M. H., Chowdhary, N., & Bockting, C. L. H. (2015). A systematic review of online interventions for mental health in low and middle income countries: A neglected field. *Global Mental Health*, 2, E12. <https://doi.org/10.1017/gmh.2015.10>
- Armstrong, K. (2001, September 23). The true, peaceful face of Islam. *Time Magazine*. <http://karamanow.org/Intro%20to%20Islam/TIME%20Article%20on%20Islam.pdf>
- Asian Development Bank. (2010). *The Rise of Asia's Middle-class*. Asian Development Bank. <https://www.adb.org/sites/default/files/publication/27726/special-chapter-03.pdf>

- Asih, D., Setini, M., Dharmmesta, B. S., & Purwanto, B. M. (2020). Religiosity and spirituality: Conceptualization, measurement and its effect on frugality. *Management Science Letters*, 4023–4032. <https://doi.org/10.5267/j.msl.2020.7.007>
- Aspinwall, L. G., & Taylor, S. E. (1992). Modeling cognitive adaptation: A longitudinal investigation of the impact of individual differences and coping on college adjustment and performance. *Journal of Personality and Social Psychology*, 63(6), 989–1003. <https://doi.org/10.1037/0022-3514.63.6.989>
- Austin, E. J., Saklofske, D. H., & Egan, V. (2005). Personality, well-being and health correlates of trait emotional intelligence. *Personality and Individual Differences*, 38(3), 547–558. <https://doi.org/10.1016/j.paid.2004.05.009>
- Avcioglu, M. M., Karanci, A. N., & Soygur, H. (2019). What is related to the well-being of the siblings of patients with schizophrenia: An evaluation within the Lazarus and Folkman's Transactional Stress and Coping Model. *International Journal of Social Psychiatry*, 65(3), 252–261. <https://doi.org/10.1177/0020764019840061>
- Aziz, R., Mangestuti, R., & Wahyuni, E. N. (2018). The role of optimism as the mediator between family and mental wellbeing among secondary school students in East Java. *Proceedings of the 3rd International Conference on Psychology in Health, Educational, Social, and Organizational Settings*, 345–350. <https://doi.org/10.5220/0008589203450350>
- Bai, X., Nath, I., Capon, A., Hasan, N., & Jaron, D. (2012). Health and wellbeing in the changing urban environment: Complex challenges, scientific responses, and the way forward. *Current Opinion in Environmental Sustainability*, 4(4), 465–472. <https://doi.org/10.1016/j.cosust.2012.09.009>
- Bak, W. (2014). Self-standards and self-discrepancies: A structural model of self-knowledge. *Current Psychology*, 33(2), 155–173. <https://doi.org/10.1007/s12144-013-9203-4>
- Bak, W. (2015). Possible selves: Implications for psychotherapy. *International Journal of Mental Health and Addiction*, 13(5), 650–658. <https://doi.org/10.1007/s11469-015-9553-2>

- Balabanis, G., & Stathopoulou, A. (2021). The price of social status desire and public self-consciousness in luxury consumption. *Journal of Business Research*, 123, 463–475. <https://doi.org/10.1016/j.jbusres.2020.10.034>
- Baldassarri, D., & Grossman, G. (2013). The effect of group attachment and social position on prosocial behavior: Evidence from lab-in-the-field experiments. *Plos One*, 8(3), 62–71. <https://doi.org/10.1371/journal.pone.0058750>
- Barnett, M. D., Moore, J. M., & Harp, A. R. (2017). Who we are and how we feel: Self-discrepancy theory and specific affective states? *Personality and Individual Differences*, 111, 232–237. <https://doi.org/10.1016/j.paid.2017.02.024>
- Bassi, M., Falautano, M., Cilia, S., Goretti, B., Grobberio, M., Pattini, M., Pietrolongo, E., Viterbo, R. G., Amato, M. P., Benin, M., Lugaesi, A., Minacapelli, E., Montanari, E., Patti, F., Trojano, M., & Fave, A. D. (2016). Illness perception and well-being among persons with multiple sclerosis and their caregivers. *Journal of Clinical Psychology in Medical Settings*, 23(1), 33–52. <https://doi.org/10.1007/s10880-015-9425-8>
- Bauger, L., & Bongaardt, R. (2016). The lived experience of well-being in retirement: A phenomenological study. *International Journal of Qualitative Studies on Health and Well-Being*, 11(1), 33–42 <https://doi.org/10.3402/qhw.v11.33110>
- Bautista, M. L. S., & Gonzalez, A. B. (2006). Southeast Asian Englishes. In B. B. Kachru, Y. Kachru, & C. L. Nelson (Eds.), *The handbook of world Englishes* (pp. 130–144). Blackwell Publishing Ltd.
- Beich, A., Gannik, D., & Malterud, K. (2002). Screening and brief intervention for excessive alcohol use: Qualitative interview study of the experiences of general practitioners. *British Medical Journal*, 325(7369), 870–876. <https://doi.org/10.1136/bmj.325.7369.870>
- Bekalu, M. A., McCloud, R. F., & Viswanath, K. (2019). Association of social media use with social well-being, positive mental health, and self-rated health: Disentangling routine use from emotional connection to use. *Health Education & Behavior*, 46(2_suppl), 69S–80S. <https://doi.org/10.1177/1090198119863768>

- Berger, M. T. (1997). Old state and new empire in Indonesia: Debating the rise and decline of Suharto's New Order. *Third World Quarterly*, 18(2), 321–362.
<https://doi.org/10.1080/01436599714975>
- Berryhill, M. B., Harless, C., & Kean, P. (2018). College student cohesive-flexible family functioning and mental health: Examining gender differences and the mediation effects of positive family communication and self-compassion. *The Family Journal*, 26(4), 422–432. <https://doi.org/10.1177/1066480718807411>
- Beta, A. R. (2014). Hijabers: How young urban Muslim women redefine themselves in Indonesia. *International Communication Gazette*, 76(4), 377–389.
<https://doi.org/10.1177/1748048514524103>
- Beta, A. R. (2019). Commerce, piety and politics: Indonesian young Muslim women's groups as religious influencers. *New Media & Society*, 21(10), 2140–2159.
<https://doi.org/10.1177/1461444819838774>
- bin Othman, A., & Wahab, M. N. A. (2010). Religious coping, job insecurity and job stress among Javanese academic staff: A moderated regression analysis. *International Journal of Psychological Studies*, 2(2), 159–164. <https://doi.org/10.5539/ijps.v2n2p159>
- Biswas-Diener, R., & Diener, E. (2006). The subjective well-being of the homeless, and lessons for happiness. *Social Indicators Research*, 76(2), 185–205.
<https://doi.org/10.1007/s11205-005-8671-9>
- Biswas-Diener, R., Vittersø, J., & Diener, E. (2009). Most people are pretty happy, but there is cultural variation: The Inughuit, the Amish, and the Maasai. In E. Diener, W. Glatzer, T. Moum, M. A. G. Sprangers, J. Vogel, & R. Veenhoven (Eds.), *Culture and Well-Being* (pp. 245–260). Springer. https://doi.org/10.1007/978-90-481-2352-0_12
- Bonelli, R. M., & Koenig, H. G. (2013). Mental disorders, religion and spirituality 1990 to 2010: A systematic evidence-based review. *Journal of Religion and Health*, 52(2), 657–673.
<https://doi.org/10.1007/s10943-013-9691-4>
- Borrell-Carrio, F., Suchman, A. L., & Epstein, R. M. (2004). The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. *The Annals of Family Medicine*, 2(6), 576–582. <https://doi.org/10.1370/afm.245>

- Bouchard, L. C., Carver, C. S., Mens, M. G., & Scheier, M. F. (2017). Optimism, health, and well-being. In D. S. Dunn (Ed.), *Positive psychology: Established and emerging issues* (pp.112–130). Routledge. <https://doi.org/10.4324/9781315106304>
- Bowering, G. (1997). The concept of time in Islam. *Proceedings of the American Philosophical Society*, 141(1): 55–66. <http://www.jstor.org/stable/987249>
- Bradfield, Z., Hauck, Y., Duggan, R., & Kelly, M. (2019). Midwives' perceptions of being 'with woman': A phenomenological study. *Bio Med Central Pregnancy and Childbirth*, 19(1), 363–369. <https://doi.org/10.1186/s12884-019-2548-4>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE.
- Brijnath, B., Protheroe, J., Mahtani, K. R., & Antoniadis, J. (2016). Do web-based mental health literacy interventions improve the mental health literacy of adult consumers? Results from a systematic review. *Journal of Medical Internet Research*, 18(6), 165–173. <https://doi.org/10.2196/jmir.5463>
- Brown, N. J. L., Lomas, T., & Eiroa-Orosa, F. J. (Eds.). (2017). *The Routledge International handbook of critical positive psychology* (1st ed.). Routledge. <https://doi.org/10.4324/9781315659794>
- Bunte, M., & Ufen, A. (Eds.). (2010). *Democratization in post-Suharto Indonesia*. Routledge.
- Canino, G., & Alegría, M. (2008). Psychiatric diagnosis – is it universal or relative to culture? *Journal of Child Psychology and Psychiatry*, 49(3), 237–250. <https://doi.org/10.1111/j.1469-7610.2007.01854.x>
- Cao, J., & Rammohan, A. (2016). Social capital and healthy ageing in Indonesia. *Bio Med Central Public Health*, 16(1), 167–179. <https://doi.org/10.1186/s12889-016-3257-9>
- Carroll, L. (2013). Passive coping strategies. In M. D. Gellman, & J. R. Turner (Eds.), *Encyclopedia of behavioral medicine*. Springer. https://doi.org/10.1007/978-1-4419-1005-9_1164
- Causadias, J., & Cicchetti, D. (2018). Cultural development and psychopathology. *Development and Psychopathology*, 30(5), 1549–1555. <https://doi.org/10.1017/S0954579418001220>

- Chang, J. (2014). The interplay between collectivism and social support processes among Asian and Latino American college students. *Asian American Journal of Psychology*, 6 (1), 105–118. <https://doi.org/10.1037/a0035820>
- Charmaraman, L., Chan, H. B., Chen, S., Richer, A., & Ramanudom, B. (2018). Asian American social media use: From cyber dependence and cyber harassment to saving face. *Asian American Journal of Psychology*, 9(1), 72–86. <https://doi.org/10.1037/aap0000109>
- Chirico, F. (2016). Spiritual well-being in the 21st century: It's time to review the current WHO's health definition? *Journal of Health and Social Sciences* 1(1), 11–16. <https://doi.org/10.19204/2016/sprt2>
- Cieciuch, J., & Schwartz, S. H. (2018). Values and the human being. In M. van Zomeren & J. F. Dovidio (Eds.), *The Oxford handbook of the human essence* (pp. 219–231). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190247577.013.11>
- Cobb, M., Puchalski, C. M., & Rumbold, B. (Eds.). (2012). *Oxford textbook of spirituality in healthcare*. Oxford University Press. <https://doi.org/10.1093/med/9780199571390.001.0001>
- Cohen, A. B. (2009). Many forms of culture. *American Psychologist*, 64(3), 194–204. <https://doi.org/10.1037/a0015308>
- Cong, C. W., Ling, W. S., & Fitriana, M. (2020). Family functioning, coping strategy, and suicidal ideation among adolescents. *Journal of Child & Adolescent Mental Health*, 32(2), 131–140. <https://doi.org/10.2989/17280583.2020.1848852>
- Conversano, C., Rotondo, A., Lensi, E., Della Vista, O., Arpone, F., & Reda, M. A. (2010). Optimism and its impact on mental and physical well-being. *Clinical Practice and Epidemiology in Mental Health*, 6, 25–29. <https://doi.org/10.2174/1745017901006010025>
- Cramer, R. J., Johnson, J. C., Crosby, J. W., Henderson, C. E., La Guardia, A. C., & Stroud, C. H. (2016). Personality, coping and mental health among lesbian, gay, and bisexual community members. *Personality and Individual Differences*, 96, 272–278. <https://doi.org/10.1016/j.paid.2015.10.025>

- Croft-Cusworth. (2014, April 23). Indonesians are happy, even in a room without a roof. *The Interpreter*. <https://www.lowyinstitute.org/the-interpreter/indonesians-are-happy-even-room-without-roof>
- Deci, E. L., & Ryan, R. M. (2008). Facilitating optimal motivation and psychological well-being across life's domains. *Canadian Psychology*, 49(1), 14–34.
- Delamont, S., & Atkinson, P. (Eds.). (2011). *SAGE Qualitative Research Methods*. SAGE.
- Demographia. (2020). *Demographia world urban areas 16th annual edition*. <http://www.demographia.com/db-worldua.pdf>
- Dennis, T., & Sobari, N. (2022). Conspicuous Consumption on Gen Z in Indonesia. *Advances in Economics, Business and Management Research*, 206, 136–142. <https://doi.org/10.2991/aebmr.k.220128.018>
- Desilver, D., & Masci, D. (2017, January 31). World's Muslim population more widespread you might think. *PewResearchCenter*. <https://www.pewresearch.org/fact-tank/2017/01/31/worlds-muslim-population-more-widespread-than-you-might-think/>
- Dibley, T., & Ford, M. (Eds.). (2019). *Activists in transition: Progressive politics in democratic Indonesia*. Cornell University Press.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95(3), 542–575. <https://doi.org/10.1037/0033-2909.95.3.542>
- Diener, E. (1998). Subjective well-being and personality. In D. F. Barone, M. Hersen, & V. B. Van Hasselt (Eds.), *Advanced Personality* (pp. 311–334). Springer. https://doi.org/10.1007/978-1-4419-8580-4_13
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, 55(1), 34–43. <https://doi.org/10.1037/0003-066X.55.1.34>
- Diener, E. (2009). *Culture and well-being: The collected works of Ed Diener*. Springer. <https://doi.org/10.1007/978-90-481-2350-6>
- Diener, E. (2012). New findings and future directions for subjective well-being research. *The American Psychologist*, 67(8), 590–597. <https://doi.org/10.1037/a0029541>

- Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, 68(4), 653–663.
<https://doi.org/10.1037/0022-3514.68.4.653>
- Diener, E., & Diener, M. (2009). Cross-cultural correlates of life satisfaction and self-esteem. In E. Diener, W. Glatzer, T. Moum, M. A. G. Sprangers, J. Vogel, & R. Veenhoven (Eds.), *Culture and Well-being* (pp. 71–91). Springer. https://doi.org/10.1007/978-90-481-2352-0_4
- Diener, E., Diener, M., & Diener, C. (1995). Factors predicting the subjective well-being of nations. *Journal of Personality and Social Psychology*, 69(5), 851–864.
<https://doi.org/10.1037/0022-3514.69.5.851>
- Diener, E., Heintzelman, S. J., Kushlev, K., Tay, L., Wirtz, D., Lutes, L. D., & Oishi, S. (2017). Findings all psychologists should know from the new science on subjective well-being. *Psychologie canadienne [Canadian Psychology]*, 58(2), 87–104.
<https://doi.org/10.1037/cap0000063>
- Diener, E., Lucas, R. E., & Oishi, S. (2018). Advances and open questions in the science of Subjective Well-Being. *Collabra: Psychology*, 4(1): 15–27.
<https://doi.org/10.1525/collabra.115>
- Diener, E., Oishi, S., & Lucas, R. E. (2003). Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. *Annual Review of Psychology*, 54(1), 403–425. <https://doi.org/10.1146/annurev.psych.54.101601.145056>
- Diener, E., Oishi, S., & Tay, L. (2018). Advances in subjective well-being research. *Nature Human Behaviour*, 2(4), 253–260. <https://doi.org/10.1038/s41562-018-0307-6>
- Diener, E., & Seligman, M. E. P. (2002). Very happy people. *Psychological Science*, 13(1), 81–84. <https://doi.org/10.1111/1467-9280.00415>
- Diener, E., Seligman, M. E. P., Choi, H., & Oishi, S. (2018). Happiest people revisited. *Perspectives on Psychological Science*, 13(2), 176–184.
<https://doi.org/10.1177/1745691617697077>

- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2), 276–302.
<https://doi.org/10.1037/0033-2909.125.2.276>
- Disabato, D. J., Goodman, F. R., Kashdan, T. B., Short, J. L., & Jarden, A. (2016). Different types of well-being? A cross-cultural examination of hedonic and eudaimonic well-being. *Psychological Assessment*, 28(5), 471–482. <https://doi.org/10.1037/pas0000209>
- Dodgson, J. E. (2019). Reflexivity in Qualitative Research. *Journal of Human Lactation*, 35(2), 220–222. <https://doi.org/10.1177/0890334419830990>
- Du, H., King, R. B., & Chi, P. (2017). Self-esteem and subjective well-being revisited: The roles of personal, relational, and collective self-esteem. *Plos One*, 12(8), 14–31.
<https://doi.org/10.1371/journal.pone.0183958>
- Eddles-Hirsch, K. (2015). Phenomenology and educational research. *International Journal of Advanced Research*, 3(8), 251–260.
<http://www.journalijar.com/article/5631/phenomenology-and-educational-research/>
- Elo, S., Kaariainen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE Open*, 4(1), 245–263.
<https://doi.org/10.1177/2158244014522633>
- Englander, M. (2012). The interview: Data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology*, 43(1), 13–35.
<https://doi.org/10.1163/156916212X632943>
- Englander, M. (2016). The phenomenological method in qualitative psychology and psychiatry. *International Journal of Qualitative Studies on Health and Well-Being*, 11(1), 306–314.
<https://doi.org/10.3402/qhw.v11.30682>
- Errington, J. J. (1985). On the nature of the sociolinguistic sign: Describing the Javanese speech levels. *Semiotic Mediation: Sociocultural and Psychological Perspectives*, 287–310.
<https://doi.org/10.1016/B978-0-12-491280-9.50018-2>

- Everett, J. A. C., Faber, N. S., & Crockett, M. (2015). Preferences and beliefs in ingroup favoritism. *Frontiers in Behavioral Neuroscience*, 9, 149–158.
<https://doi.org/10.3389/fnbeh.2015.00015>
- Fanany, I., & Fanany, R. (2013a). Religion and post-disaster development. In M. Clarke (Ed.), *Handbook of research on religion and development* (pp. 305–325). Edward Elgar.
<https://doi.org/10.4337/9780857933577.00025>
- Fanany, R., & Fanany, D. (2012). *Health as a social experience*. Palgrave Macmillan.
- Fanany, R., & Fanany, I. (2013b). Post-disaster coping in Aceh: Sociocultural factors and emotional response. In C. Banwell, S. Ulijaszek, & S. Dixon (Eds). *When culture impacts health* (pp. 225–235). Elsevier. <https://doi.org/10.1016/B978-0-12-415921-1.00020-8>
- Fanany, R., & Fanany, I. (2015). Culture, lifestyle, and diabetes in Indonesia. *International Journal of Health, Wellness & Society*, 5(4), 75–85. <https://doi.org/10.18848/2156-8960/CGP/v05i04/41144>
- Fanany, R., & Fanany, I. (2020). Religion and populism: The Aksi 212 movement in Indonesia. In S. Kenny, J. Iff, & P. Westoby (Eds.), *Populism, democracy and community development* (pp. 245–258). Policy Press. <https://doi.org/10.2307/j.ctv17z83t8.19>
- Fauziningtyas, R., Indarwati, R., Alfriani, D., Haryanto, J., Ulfiana, E., Efendi, F., Nursalam, N. and Abdullah, K. L. (2019). The experiences of grandparents raising grandchildren in Indonesia. *Working with Older People*, 23 (1), 17–26. <https://doi.org/10.1108/WWOP-10-2018-0019>
- Fawcett, B., Weber, Z., & Wilson, S. (2012). *International perspective on mental health*. Palgrave Macmillan.
- Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet*, 379(9812), 266–282. [https://doi.org/10.1016/S0140-6736\(11\)60051-2](https://doi.org/10.1016/S0140-6736(11)60051-2)
- Feather, N. T., & Peay, E. R. (1975). The structure of terminal and instrumental values: Dimensions and clusters. *Australian Journal of Psychology*, 27(2), 151–164.
<https://doi.org/10.1080/00049537508255247>

- Fenigstein, A., Scheier, M. F., & Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology*, 43(4), 522–527. <https://doi.org/10.1037/h0076760>
- Fernando, S. (2014). Mental health and well-being in the global south. In R. G. White, S. Jain, D. M. R. Orr, & U. Read (Eds.), *Mental health worldwide* (pp. 149–169). Palgrave Macmillan. https://doi.org/10.1057/9781137329608_11
- Finch, J. F., Okun, M. A., Barrera, M., Zautra, A. J., & Reich, J. W. (1989). Positive and negative social ties among older adults: Measurement models and the prediction of psychological distress and well-being. *American Journal of Community Psychology*, 17(5), 585–605. <https://doi.org/10.1007/BF00922637>
- Fischer, P., Ai, A. L., Aydin, N., Frey, D., & Haslam, S. A. (2010). The relationship between religious identity and preferred coping strategies: An examination of the relative importance of interpersonal and intrapersonal coping in Muslim and Christian faiths. *Review of General Psychology*, 14(4), 365–381. <https://doi.org/10.1037/a0021624>
- Fitzpatrick K. M. (2017). How positive is their future? Assessing the role of optimism and social support in understanding mental health symptomatology among homeless adults. *Stress and Health: Journal of the International Society for the Investigation of Stress*, 33(2), 92–101. <https://doi.org/10.1002/smi.2676>
- Fontaine, J. R., Poortinga, Y. H., Setiadi, B., & Markam, S. S. (2021). The cognitive structure of emotions in Indonesia and The Netherlands: a preliminary report. In H. Grad, A. Blanco, J. Georgas (Eds.), *Key Issues in Cross-Cultural Psychology* (pp. 159–171). Garland Science. <https://doi.org/10.1080/02699933014000130>
- Fonte, C., Silva, I., Vilhena, E., & Keyes, C. L. M. (2020). The Portuguese adaptation of the Mental Health Continuum-Short Form for adult population. *Community Mental Health Journal*, 56(2), 368–375. <https://doi.org/10.1007/s10597-019-00484-8>
- Ford, B. Q., & Mauss, I. B. (2015). Culture and emotion regulation. *Current Opinion in Psychology*, 3, 1–5. <https://doi.org/10.1016/j.copsyc.2014.12.004>
- Fortin, N., Helliwell, J. F., & Wang, S. (2015). How does subjective well-being vary around the world by gender and age? In J. Helliwell, R. Layard, & J. Sachs (Eds.), *World happiness*

report 2015 (pp. 42–75). Sustainable Development Solutions Network.
<https://worldhappiness.report/ed/2015/>

Franklin, B. (1928). *Poor Richard's almanack: Being the almanacks of 1733, 1749, 1756, 1757, 1758, first written under the name of Richard Saunders*. Doran and Co.

Freire, C., Ferradás, M. D. M., Valle, A., Núñez, J. C., & Vallejo, G. (2016). Profiles of psychological well-being and coping strategies among university students. *Frontiers in Psychology*, 7 (1), 183–188. <https://doi.org/10.3389/fpsyg.2016.01554>

French, D. C., Purwono, U., & Shen, M. (2020). Religiosity and positive religious coping as predictors of Indonesian Muslim adolescents' externalizing behavior and loneliness. *Psychology of Religion and Spirituality*. Advance online publication.
<https://doi.org/10.1037/rel0000300>

Gambrel, P. A., & Cianci, R. (2003). Maslow's hierarchy of needs: Does it apply in a collectivist culture. *Journal of Applied Management and Entrepreneurship*, 8(2), 143–161.
<https://www.semanticscholar.org/paper/Maslow%27s-Hierarchy-of-Needs%3A-Does-It-A-Does-It-A-Gambrel-Cianci/1a00751fe6003e6cae5ebcb8600bbc4326873e7d>

Garcia, F., & Garcia, E. (2009). Is always authoritative the optimum parenting style? Evidence from Spanish Families. *Adolescence Roslyn Heights*, 44(173), 101–131.
https://www.uv.es/garpe/C_/A_/C_A_0037.pdf

Gibbins, K., & Walker, I. (1993). Multiple interpretations of the Rokeach Value Survey. *The Journal of Social Psychology*, 133(6), 797–805.
<https://doi.org/10.1080/00224545.1993.9713941>

Gill, M. J. (2020). Phenomenological approaches to research. In Jarvinen, M., Mik-Meyer, N. (Eds.), *Qualitative analysis: Eight approaches* (pp. 73–94). SAGE.

Giorgi, A. (1985). *Phenomenology and psychological research*. Duquesne University Press.

Giorgi, A. (1986). Theoretical justification for the use of descriptions in psychological research. In P. Ashworth, A. Giorgi, & A. deKoning (Eds.), *Qualitative research in Psychology* (pp. 3–22). Duquesne University Press.

- Giorgi, A. (1988). Validity and reliability from a phenomenological perspective. In W. J. Baker, M. E. Hyland, R. van Hezewijk, & S. Terwee (Eds.), *Recent trends in theoretical psychology* (pp. 167–176). Springer. https://doi.org/10.1007/978-1-4612-3902-4_17
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology; Atlantic Highlands*, 28(2), 235–251. <https://doi.org/10.1163/156916297X00103>
- Giorgi, A. (2007). Concerning the phenomenological methods of Husserl and Heidegger and their application in psychology. *Collection Du Cirp*, 1(1), 63–78. <https://www.cirp.uqam.ca/documents%20pdf/Collection%20vol.%201/5.Giorgi.pdf>
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Duquesne University Press.
- Giorgi, A. (2014). Phenomenological philosophy as the basis for a human scientific psychology. *The Humanistic Psychologist*, 42(3), 233–248. <https://doi.org/10.1080/08873267.2014.933052>
- Giorgi, A. (2020a). *Psychology as a human science: A phenomenologically based approach*. University Professors Press.
- Giorgi, A. (2020b). *Reflections on certain qualitative and phenomenological psychological methods*. University Professors Press.
- Giorgi, A. (2021). The necessity of the epoche and reduction for a Husserlian phenomenological science of Psychology. *Journal of Phenomenological Psychology*, 52(1), 1–35. <https://doi.org/10.1163/15691624-12341382>
- Giorgi, A. P., & Giorgi, B. (2003). The descriptive phenomenological psychological method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design*. (pp. 243–273). American Psychological Association. <https://doi.org/10.1037/10595-013>
- Giorgi, B. (2006). Can an empirical psychology be drawn from Husserl's phenomenology? In P. Ashworth, & P. Chung (Eds.), *Phenomenology and psychological science: History and*

philosophy of Psychology (pp. 69–88). Springer. https://doi.org/10.1007/978-0-387-33762-3_4

Glatzer, W., Camfield, L., Moller, V., & Rojas, M. (2015). *Global handbook of quality of life: Exploration of wellbeing of nations and continents*. Springer.

Goodman, F. R., Disabato, D. J., Kashdan, T. B., & Machell, K. A. (2017). Personality strengths as resilience: A one-year multiwave study. *Journal of Personality*, 85(3), 423–434. <https://doi.org/10.1111/jopy.12250>

Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. *Frontiers in Public Health*, 6, 179–185. <https://doi.org/10.3389/fpubh.2018.00179>

Gottdiener, M., Hutchison, R., & Ryan, M. T. (2015). *The new urban Sociology* (5th ed.). Taylor & Francis. <https://doi.org/10.4324/9780429494406>

Grave, J. F. (2017). Exploring the perception of influencers vs. traditional celebrities: Are social media stars a new type of endorser? *Proceedings of the 8th International Conference on Social Media & Society, Social Media Society*, 17, 1–5. <https://doi.org/10.1145/3097286.3097322>

Grishutina, M., & Kostenko, V. (2021). Variety of possible selves: The role of agency and empirical evidence review. *Social Science Research Network Electronic Journal*, 12(2), 1–22. <https://doi.org/10.2139/ssrn.3938051>

Guarnacci, U. (2016). Joining the dots: Social networks and community resilience in post-conflict, post-disaster Indonesia. *International Journal of Disaster Risk Reduction*, 16, 180–191. <https://doi.org/10.1016/j.ijdr.2016.03.001>

Guba, E. G. & Lincoln, Y. S. (1989). Epistemological and methodological bases of naturalistic inquiry. *Educational Communications and Technology Journal*, 30(4), 233–252. <https://avys.omu.edu.tr/storage/app/public/ismailgelen/116687/19.PDF>

Gutierrez, J. L., Jimenez, B. M., Hernández, E. G., & Puente, C. P. (2005). Personality and subjective well-being: Big five correlates and demographic variables. *Personality and Individual Differences*, 38(7), 1561–1569. <https://doi.org/10.1016/j.paid.2004.09.015>

- Haga, S. M., Kraft, P., & Corby, E. K. (2009). Emotion regulation: Antecedents and well-being outcomes of cognitive reappraisal and expressive suppression in cross-cultural samples. *Journal of Happiness Studies*, 10(3), 271–291. <https://doi.org/10.1007/s10902-007-9080-3>
- Hainsch, C. (2016, May 19). Indonesia's culture change in the 21st century. *Linkedin*. <https://www.linkedin.com/pulse/indonesias-culture-change-21st-century-christian-hainsch>
- Halsall, T., Garinger, C., Dixon, K., & Forneris, T. (2019). Evaluation of a social media strategy to promote mental health literacy and help-seeking in youth. *Journal of Consumer Health on the Internet*, 23(1), 13–38. <https://doi.org/10.1080/15398285.2019.1571301>
- Hartini, N., Fardana, N. A., Ariana, A. D., & Wardana, N. D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology Research and Behavior Management*, 11, 535–541. <https://doi.org/10.2147/PRBM.S175251>
- Harzer, C. (2016). The eudaimonics of human strengths: The relations between character strengths and well-being. In J. Vittersø (Ed.), *Handbook of eudaimonic well-being* (pp. 307–322). Springer. https://doi.org/10.1007/978-3-319-42445-3_20
- Hasan, N. (2011). Islam in provincial Indonesia: Middle-class, lifestyle, and democracy. *Al-Jami'ah: Journal of Islamic Studies*, 49(1), 119–157. <https://doi.org/10.14421/ajis.2011.491.119-157>
- Haslam, D., Poniman, C., Filus, A., Sumargi, A., & Boediman, L. (2020). Parenting style, child emotion regulation and behavioral problems: The moderating role of cultural values in Australia and Indonesia. *Marriage & Family Review*, 56(4), 320–342. <https://doi.org/10.1080/01494929.2020.1712573>
- Hebbani, S., & Srinivasan, K. (2016). “I take up more responsibilities for my family's wellbeing”: A qualitative approach to the cultural aspects of resilience seen among young adults in Bengaluru, India. *Asian Journal of Psychiatry*, 22, 28–33. <https://doi.org/10.1016/j.ajp.2016.04.003https://doi.org/10.1080/01494929.2020.1712573>

- Helmi, S., Rini, E., & Muda, I. (2017). Customer experience, net emotional value and net promoter score on Muslim middle-class women in Medan. *International Journal of Economic Research*, 14 (20), 269-283.
- Henry, A. (2020). Possible selves and personal goals: What can we learn from episodic future thinking? *Eurasian Journal of Applied Linguistics*, 6(3), 479–498.
<https://doi.org/10.32601/ejal.834659>
- Hermana, B., & Silfianti, W. (2011). Evaluating e-government implementation by local government: Digital divide in internet based public services in Indonesia. *International Journal of Business & Social Science*, 2(3), 156–163.
<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.457.2117&rep=rep1&type=pdf>
- Heryanto, A. (2011). Upgraded piety and pleasure: The new middle-class and Islam in Indonesian popular culture. In A. N. Weintraub (Ed.), *Islam and popular culture in Indonesia and Malaysia* (1st ed., pp. 60-82). Taylor & Francis. <https://doi.org/10.4324/9780203829004>
- Hides, L., Quinn, C., Stoyanov, S., Cockshaw, W., Kavanagh, D. J., Shochet, I., Deane, F., Kelly, P., & Keyes, C. L. M. (2020). Testing the interrelationship between mental well-being and mental distress in young people. *The Journal of Positive Psychology*, 15(3), 314–324. <https://doi.org/10.1080/17439760.2019.1610478>
- Hill, D. T. (2006). *The press in New Order Indonesia*. Equinox Press.
- Hill, H., & Wie, T. K. (2013). Indonesian universities: Rapid growth, major challenges. In D. S. & G. Jones (Eds.), *Education in Indonesia* (pp. 160–179). Institute of Southeast Asian Studies.
- Hofer, S., Gander, F., Höge, T., & Ruch, W. (2020). Special Issue: Character Strengths, Well-Being, and Health in Educational and Vocational Settings. *Applied Research in Quality of Life*, 15(2), 301–306. <https://doi.org/10.1007/s11482-018-9688-y>
- Hone, L. C., Jarden, A., Schofield, G., & Duncan, S. (2014). Measuring flourishing: The impact of operational definitions on the prevalence of high levels of wellbeing. *International Journal of Wellbeing*, 4(1), 62–90. <https://doi.org/10.5502/ijw.v4i1.4>

- Huppert, F. A., & So, T. T. C. (2013). Flourishing across Europe: Application of a new conceptual framework for defining well-being. *Social Indicators Research*, 110(3), 837–861. <https://doi.org/10.1007/s11205-011-9966-7>
- Ifdil, I., Fadli, R. P., Suranata, K., Zola, N., & Ardi, Z. (2020). Online mental health services in Indonesia during the COVID-19 outbreak. *Asian Journal of Psychiatry*, 51, 102153. <https://doi.org/10.1016/j.ajp.2020.102153>
- Ihsanuddin. (2017, January 11). Jokowi taken Inpres Gerakan Nasional Revolusi Mental [Jokowi pushes Presidential instruction on nation's Mental Revolution Act]. *Kompas*. <https://nasional.kompas.com/read/2017/01/11/11091601/jokowi.teken.inpres.gerakan.nasional.revolusi.mental>
- Ittzes, G., Sipos-Bielochradszky, B., Béres, O., & Pilinszki, A. (2017). Salvation and religiosity: The predictive strength and limitations of a Rokeach Value Survey item. *European Journal of Mental Health*, 12(1), 3–24. <https://doi.org/10.5708/EJMH.12.2017.1.1>
- Iwabuchi, K. (2010). Globalization, East Asian media cultures and their publics. *Asian Journal of Communication*, 20(2), 197–212. <https://doi.org/10.1080/01292981003693385>
- Jaafar, J. L., Idris, M. A., Ismuni, J., Fei, Y., Jaafar, S., Ahmad, Z., Ariff, M. R. M., Takwin, B., & Sugandi, Y. S. (2012). The sources of happiness to the Malaysians and Indonesians: Data from a smaller nation. *Procedia Social and Behavioral Sciences*, 65, 549–556. <https://doi.org/10.1016/j.sbspro.2012.11.164>
- Jensen, J. F., Petersen, M. H., Larsen, T. B., Jørgensen, D. G., Grønbaek, H. N., & Midtgaard, J. (2014). Young adult women's experiences of body image after bariatric surgery: a descriptive phenomenological study. *Journal of Advanced Nursing*, 70(5), 1138–1149. <https://doi.org/10.1111/jan.12275>
- Jocson, E. U., & Adihartono, W. (2020). A comparative analysis of the status of homosexual men in Indonesia and the Philippines. *Journal of Southeast Asian Human Rights*, 4(1), 271–278. <https://doi.org/10.19184/jseahr.v4i1.12810>
- Jones, G., & Mulyana, W. (2015). *Urbanisation in Indonesia*. United Nations Population Fund.

- Joshanloo, M., Capone, V., Petrillo, G., & Caso, D. (2017). Discriminant validity of hedonic, social, and psychological well-being in two Italian samples. *Personality and Individual Differences, 109*, 23–27. <https://doi.org/10.1016/j.paid.2016.12.036>
- Joshanloo, M., & Jovanovic, V. (2017). The factor structure of the mental health continuum-short form (MHC-SF) in Serbia: An evaluation using exploratory structural equation modeling. *Journal of Mental Health, 26*(6), 510–515. <https://doi.org/10.1080/09638237.2016.1222058>
- Joshanloo, M., & Niknam, S. (2019). The tripartite model of mental well-being in Iran: Factorial and discriminant validity. *Current Psychology, 38*(1), 128–133. <https://doi.org/10.1007/s12144-017-9595-7>
- Jiang, D., Fung, H. H., Sims, T., Tsai, J. L., & Zhang, F. (2016). Limited time perspective increases the value of calm. *Emotion, 16*(1), 52–62. <https://doi.org/10.1037/emo0000094>
- Juth, V., Silver, R. C., Seyle, D. C., Widayatmoko, C. S., & Tan, E. T. (2015). Post-disaster mental health among parent–child dyads after a major earthquake in Indonesia. *Journal of Abnormal Child Psychology, 43*(7), 1309–1318. <https://doi.org/10.1007/s10802-015-0009-8>
- Kail, R. V., & Cavanaugh, J. C. (2015). *Human development: A life-span view* (7th ed.). Cengage Learning.
- Kandler, C. (2012). Nature and nurture in personality development: The case of neuroticism and extraversion. *Current Directions in Psychological Science, 21*(5), 290–296. <https://doi.org/10.1177/0963721412452557>
- KBBI. (n.d.). Bahagia, Gembira, Senang. In *Kamus Besar Bahasa Indonesia*. <https://kbbi.web.id/>
- Kementerian Kesehatan Republik Indonesia. (2013). *Riset kesehatan dasar 2013 [Basic health research 2013]*. <http://www.depkes.go.id/resources/download/general/Hasil%20Rikesdas%202013.pdf>
- Kementerian Pendidikan dan Kebudayaan. (2017). *Ikhtisar data pendidikan tahun 2016/2017 [Summary on education data 2016/2017]*.

<https://bulelengkab.go.id/assets/instansikab/51/bankdata/ikhtisar-data-pendidikan-tahun-20162017-34.pdf>

Kemp, S. (2018, January 30). Digital in 2018: World's internet users pass the 4 billion mark.

Wearesocial. <https://wearesocial.com/blog/2018/01/global-digital-report-2018>

Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61(2), 121–134.

<https://doi.org/10.2307/2787065>

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life.

Journal of Health and Social Behavior, 43(2), 207–222. <https://doi.org/10.2307/3090197>

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539–548.

<https://doi.org/10.1037/0022-006X.73.3.539>

Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A

complementary strategy for improving national mental health. *American Psychologist*, 62(2), 95–106. <https://doi.org/10.1037/0003-066X.62.2.95>

Keyes, C. L. M. (2010). Flourishing. In I. B. Weiner & W. E. Craighead (Eds.), *The Corsini encyclopedia of psychology* (4th ed., pp. 99–107). John Wiley & Sons.

<https://doi.org/10.1002/9780470479216>

Keyes, C. L. M. (Ed.). (2013). *Mental well-being: International contributions to the study of positive mental health*. Springer. <https://doi.org/10.1007/978-94-007-5195-8>

Keyes, C. L. M. (2014). Mental health as a complete state: How the salutogenic perspective

completes the picture. In G. F. Bauer & O. Hämmig (Eds.), *Bridging occupational, organizational and public health* (pp. 179–192). Springer. <https://doi.org/10.1007/978-94-007-5640-311>

Keyes, C. L. M., & Martin, C. (2017). The complete state model of mental health. In M. Slade, L. Oades, A. Jaarden (Eds.), *Wellbeing, recovery and mental health* (pp. 86–98).

Cambridge University Press. <https://doi.org/10.1017/9781316339275.009>

Keyes, C. L. M., & Shapiro, A. D. (2004). *Social well-being in the United States: A descriptive epidemiology*. In O. G. Brim, C. D. Ryff, & R. C. Kessler (Eds.), *The John D. and*

Catherine T. MacArthur Foundation series on mental health and development. Studies on successful midlife development. How healthy are we?: A national study of well-being at midlife (pp. 350–372). The University of Chicago Press.

Keyes, C. L. M., Sohail, M. M., Molokwu, N. J., Parnell, H., Amany, C., Kaza, V. G. K., Saddo, Y. B., Vann, V., Tzudier, S., & Proeschold-Bell, R. J. (2021). How would you describe a mentally healthy person? A cross-cultural qualitative study of caregivers of orphans and separated children. *Journal of Happiness Studies*, 22(4), 1719–1743.

<https://doi.org/10.1007/s10902-020-00293-x>

Kersten, C. (2015). *Islam in Indonesia: The contest for society, ideas and values*. Oxford University Press. <https://doi.org/10.5728/indonesia.103.0095>

Khairunnisa, S. N. (2021, May 8). Mengapa orang Indonesia suka berbagi makanan Lebaran? [Why Indonesian likes to share food during Lebaran?]. *Kompas*.

<https://www.kompas.com/food/read/2021/05/08/203600475/kenapa-orang-indonesia-suka-berbagi-makanan-lebaran>

Khoir, A. B. (2020). LGBT, muslim, and heterosexism: The experiences of muslim gay in Indonesia. *Wawasan: Jurnal Ilmiah Agama Dan Sosial Budaya*, 5(1), 1–19.

<https://doi.org/10.15575/jw.v5i1.8067>

Kinnunen, U., Vermulst, A., Gerris, J., & Mäkikangas, A. (2003). Work–family conflict and its relations to well-being: The role of personality as a moderating factor. *Personality and Individual Differences*, 35(7), 1669–1683. [https://doi.org/10.1016/S0191-8869\(02\)00389-6](https://doi.org/10.1016/S0191-8869(02)00389-6)

Kirmayer, L. J., & Ryder, A. G. (2016). Culture and psychopathology. *Culture*, 8, 143–148.

<https://doi.org/10.1016/j.copsyc.2015.10.020>

Knaack, P. (1984). Phenomenological research. *Western Journal of Nursing Research*, 6(1), 107–114. <https://doi.org/10.1177/019394598400600108>

Knop, B., & Brewster, K. L. (2016). Family flexibility in response to economic conditions: Fathers' involvement in child-care tasks. *Journal of Marriage and Family*, 78(2), 283–292. <http://dx.doi.org/10.1111/jomf.12249>

- Koch, T., & Harrington, A. (1998). Reconceptualizing rigour: The case for reflexivity. *Journal of Advanced Nursing*, 28(4), 882–890. <https://doi.org/10.1046/j.1365-2648.1998.00725.x>
- Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry*, 54(5), 283–291. <https://doi.org/10.1177/070674370905400502>
- Koenig, H. G. (2018). *Religion and mental health: Research and clinical applications*. Academic Press.
- Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of religion and health*. Oxford University Press.
- Koenig, H. G., & Larson, D. B. (2001). Religion and mental health: Evidence for an association. *International Review of Psychiatry*, 13(2), 67–78. <https://doi.org/10.1080/09540260124661>
- Koivisto, K., Janhonen, S., & Väisänen, L. (2002). Applying a phenomenological method of analysis derived from Giorgi to a psychiatric nursing study. *Journal of Advanced Nursing*, 39(3), 258–265. <https://doi.org/10.1046/j.1365-2648.2002.02272.x>
- Konowalczyk, S., McKay, M. T., Wells, K. E., & Cole, J. C. (2018). The influence of time attitudes profile membership on mental well-being and psychosomatic symptomatology: A United Kingdom-based prospective study. *Psychiatry Research*, 261, 375–382. <https://doi.org/10.1016/j.psychres.2017.12.071>
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120–124. <https://doi.org/10.1080/13814788.2017.1375092>
- Kramer, E. J., Kwong, K., Lee, E., & Chung, H. (2002). Cultural factors influencing the mental health of Asian Americans. *The Western Journal of Medicine*, 176(4), 227–231.
- Krefis, A., Augustin, M., Schlünzen, K., Oßenbrügge, J., & Augustin, J. (2018). How does the urban environment affect health and well-being? A systematic review. *Urban Science*, 2(1), 21–35. <https://doi.org/10.3390/urbansci2010021>

- Kring, A. M., Johnson, S. L., Davidson, G. C., & Neale, J. M. (2014). *Abnormal psychology* (13th ed.). John Wiley & Sons.
- Kuo, C. L., & Kavanagh, K. H. (1994). Chinese perspectives on culture and mental health. *Issues in Mental Health Nursing*, 15(6), 551–567. <https://doi.org/10.3109/01612849409040533>
- Kuo, B. C. H. (2013). Collectivism and coping: Current theories, evidence, and measurements of collective coping. *International Journal of Psychology*, 48(3), 374–388. <https://doi.org/10.1080/00207594.2011.640681>
- Kurniasih, N. (2017). Internet addiction, lifestyle or mental disorder? A phenomenological study on social media addiction in Indonesia. *KnE Social Sciences*, 2(4), 135-141. <https://doi.org/10.18502/kss.v2i4.879>
- Kusumasondjaja, S. (2018). The roles of message appeals and orientation on social media brand communication effectiveness: An evidence from Indonesia. *Asia Pacific Journal of Marketing and Logistics*, 30(4), 1135–1158. <https://doi.org/10.1108/APJML-10-2017-0267>
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present, and future. *The Canadian Journal of Psychiatry*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>
- Lam, T., & Yeoh, B. S. A. (2018). Migrant mothers, left-behind fathers: The negotiation of gender subjectivities in Indonesia and the Philippines. *Gender, Place & Culture*, 25(1), 104–117. <https://doi.org/10.1080/0966369X.2016.1249349>
- Landiyanto, E. A., Ling, J., Puspitasari, M., & Irianti, S. E. (2011). Wealth and happiness: Empirical evidence from Indonesia. *Southeast Asian Journal of Economics*, 23(1), 1–17. <https://mpira.ub.uni-muenchen.de/50012/>
- Lauder, A. F. (2020). English in Indonesia. In K. Bolton, W. Botha, & A. Kirkpatrick (Eds.), *The handbook of Asian Englishes* (pp. 605-627). John Wiley & Sons. <https://doi.org/10.1002/9781118791882.ch26>

- Lawton, M. P., Moss, M., Kleban, M. H., Glicksman, A., & Rovine, M. (1991). A two-factor model of caregiving appraisal and psychological well-being. *Journal of Gerontology*, 46(4), 181–189. <https://doi.org/10.1093/geronj/46.4.p181>
- Lazard, L., & McAvoy, J. (2020). Doing reflexivity in psychological research: What's the point? What's the practice? *Qualitative Research in Psychology*, 17(2), 159–177. <https://doi.org/10.1080/14780887.2017.1400144>
- Lazarus, R. S. (2006). *Stress and emotion: A new synthesis*. Springer.
- Lazarus, R. S. (2013). *Fifty years of the research and theory of RS Lazarus: An analysis of historical and perennial issues*. Psychology Press. <https://doi.org/10.4324/9780203774595>
- Lee, H. R., Lee, H. E., Choi, J., Kim, J. H., & Han, H. L. (2014). Social media use, body image, and psychological well-being: A cross-cultural comparison of Korea and the United States. *Journal of Health Communication*, 19(12), 1343–1358. <https://doi.org/10.1080/10810730.2014.904022>
- Lee, S. H., & Workman, J. E. (2014). Factors affecting Korean consumers' brand consciousness to global luxury brands. *Korea Journal*, 54(2), 128–149. <https://doi.org/10.25024/kj.2014.54.2.128>
- Lee, Y. S., Suchday, S., & Wylie-Rosett, J. (2012). Perceived social support, coping styles, and Chinese immigrants' cardiovascular responses to stress. *International journal of behavioral medicine*, 19(2), 174–185. <https://doi.org/10.1007/s12529-011-9156-7>
- Leigh-Osroosh, K. (2021). The phenomenological house: A metaphoric framework for descriptive phenomenological psychological design and analysis. *The Qualitative Report*, 26(6), 1817–1829. <http://dx.doi.org/10.46743/2160-3715/2021.4815>
- Liamputtong, P. (2008). *Doing cross-cultural research: Ethical and methodological perspectives*. Springer.
- Liamputtong, P. (Ed.). (2019). *Handbook of Research Methods in Health Social Sciences*. Springer. <https://doi.org/10.1007/978-981-10-5251-4>

- Liamputtong, P., Fanany, R., & Verrinder, G. (2012). *Health, illness and well-being: Perspectives and social determinants*. Oxford University Press.
- Liang, J., Farh, C. I., & Farh, J. L. (2012). Psychological antecedents of promotive and prohibitive voice: A two-wave examination. *The Academy of Management Journal*, 55(1), 71-92. <https://doi.org/10.5465/amj.2010.0176>
- Liem, A. D., & Nie, Y. (2008). Values, achievement goals, and individual-oriented and social-oriented achievement motivations among Chinese and Indonesian secondary school students. *International Journal of Psychology*, 43(5), 898–903. <https://doi.org/10.1080/00207590701838097>
- Lies, J., Mellor, D., & Hong, R. Y. (2014). Gratitude and personal functioning among earthquake survivors in Indonesia. *The Journal of Positive Psychology*, 9(4), 295–305. <https://doi.org/10.1080/17439760.2014.902492>
- Lim, A., Hoek, H. W., & Blom, J. D. (2015). The attribution of psychotic symptoms to jinn in Islamic patients. *Transcultural Psychiatry*, 52(1), 18–32. <https://doi.org/10.1177/1363461514543146>
- Lim, Y. J., Ko, Y. G., Shin, H. C., & Cho, Y. (2013). Prevalence and correlates of complete mental health in the South Korean adult population. In C. L. M. Keyes (Ed.), *Mental Well-Being* (pp. 91–109). Springer. https://doi.org/10.1007/978-94-007-5195-8_5
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. SAGE.
- Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Program Evaluation*, 1986(30), 73–84. <https://doi.org/10.1002/ev.1427>
- Lomas, T. (2015). Positive cross-cultural psychology: Exploring similarity and difference in constructions and experiences of wellbeing. *International Journal of Wellbeing*, 5(4), 60–77. <https://doi.org/10.5502/ijw.v5i4.437>
- Long, M. (2018). ‘We’re not monsters ... we’re just really sad sometimes:’ Hidden self-injury, stigma and help-seeking. *Health Sociology Review*, 27(1), 89–103. <https://doi.org/10.1080/14461242.2017.1375862>

- Lucas, R. E. (2018). Exploring the associations between personality and subjective well-being. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of well-being* (pp. 1–15). DEF Publishers. <https://www.nobascholar.com/chapters/3/download.pdf>
- Lucas, R. E., & Diener, E. (2015). Personality and subjective well-being: Current issues and controversies. In M. Mikulincer, P. R. Shaver, M. L. Cooper, & R. J. Larsen (Eds.), *APA handbook of personality and social psychology, Vol. 4. Personality processes and individual differences* (pp. 577–599). American Psychological Association. <https://doi.org/10.1037/14343-026>
- Lucy, J. A. (1992). *Language diversity and thought: A reformulation of the linguistic relativity hypothesis*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511620843>
- Lupano Perugini, M. L., de la Iglesia, G., Castro Solano, A., & Keyes, C. L. M. (2017). The Mental Health Continuum–Short Form (MHC–SF) in the Argentinean context: Confirmatory factor analysis and measurement invariance. *Europe's Journal of Psychology*, 13(1), 93–108. <https://doi.org/10.5964/ejop.v13i1.1163>
- Magyar, J. L., & Keyes, C. L. M. (2019). Defining, measuring, and applying subjective well-being. In M. W. Gallagher & S. J. Lopez (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 389–415). American Psychological Association. <https://doi.org/10.1037/0000138-025>
- Mahendradhata, Y., Trisnantoro, L., Listyadewi, S., Soewondo, P., Marthias, T., Harimurti, P., & Prawira, J. (2017). The Republic of Indonesia health system review. In K. Hort & W. Patcharanarumol (Eds.), *Health systems in transition* (pp 1-192). World Health Organization. <https://apps.who.int/iris/handle/10665/254716>
- Manderscheid, R. W., Ryff, C. D., Freeman, E. J., McKnight-Eily, L. R., Dhingra, S., & Strine, T. W. (2010). Evolving definitions of mental illness and wellness. *Preventing Chronic Disease*, 7(1), 196-211. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811514/>
- Mann, M. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357–372. <https://doi.org/10.1093/her/cyg041>
- Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, 41(9), 954-973. <https://doi.org/10.1037/0003-066X.41.9.954>

- Marthoenis, M., Aichberger, M. C., & Schouler-Ocak, M. (2016). Patterns and determinants of treatment seeking among previously untreated psychotic patients in Aceh province, Indonesia: A qualitative study. *Scientifica*, 2016, 1-7.
<https://doi.org/10.1155/2016/9136079>
- Martinez, A. B., Co, M., Lau, J., & Brown, J. S. L. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 55(11), 1397–1413.
<https://doi.org/10.1007/s00127-020-01937-2>
- Martinez, R., & Masron, I. N. (2020). Jakarta: A city of cities. *Cities*, 106, 23–35.
<https://doi.org/10.1016/j.cities.2020.102868>
- Martini, M. (2012, August 7). Causes of corruption in Indonesia. *Transparency International*.
https://www.transparency.org/files/content/corruptionqas/338_Causes_of_corruption_in_Indonesia.pdf
- Martins, D. C. (2008). Experiences of homeless people in the healthcare delivery system: A descriptive phenomenological study. *Public Health Nursing*, 25(5), 420–430.
<https://doi.org/10.1111/j.1525-1446.2008.00726.x>
- Matsumoto, D., Yoo, S. H., & Nakagawa, S. (2008). Culture, emotion regulation, and adjustment. *Journal of Personality and Social Psychology*, 94(6), 925–937.
<https://doi.org/10.1037/0022-3514.94.6.925>
- McCrae, R. R., & Costa Jr, P. T. (1999). A five-factor theory of personality. In L. A. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research* (pp. 139–153). The Guilford Press. https://doi.org/10.1007/978-1-4615-0763-5_15
- McGrath, R. E. (2015). Character strengths in 75 nations: An update. *The Journal of Positive Psychology*, 10(1), 41–52. <https://doi.org/10.1080/17439760.2014.888580>
- McInnis, G. J., & White, J. H. (2001). A phenomenological exploration of loneliness in the older adult. *Archives of Psychiatric Nursing*, 15(3), 128–139.
<https://doi.org/10.1053/apnu.2001.23751>

- McLeod, S. (2020, December 29). Maslow's hierarchy of needs. *Simply Psychology*.
<https://www.simplypsychology.org/maslow.html#gsc.tab=0>
- Mead, N. V. (2016, November 23). The world's worst traffic: Can Jakarta find an alternative to the car? *Guardian Jakarta Week*. <https://www.theguardian.com/cities/2016/nov/23/world-worst-traffic-jakarta-alternative>
- Meyer, O. L., Castro-Schilo, L., & Aguilar-Gaxiola, S. (2014). Determinants of mental health and self-rated health: A model of socioeconomic status, neighborhood safety, and physical activity. *American Journal of Public Health, 104*(9), 1734–1741.
<https://doi.org/10.2105/AJPH.2014.302003>
- Mifune, N., Hashimoto, H., & Yamagishi, T. (2010). Altruism toward in-group members as a reputation mechanism. *Evolution and Human Behavior, 31*(2), 109–117.
<https://doi.org/10.1016/j.evolhumbehav.2009.09.004>
- Mihardja, L., Soetrisno, U., & Soegondo, S. (2014). Prevalence and clinical profile of diabetes mellitus in productive aged urban Indonesians. *Journal of Diabetes Investigation, 5*(5), 507–512. <https://doi.org/10.1111/jdi.12177>
- Miyamoto, Y., Ma, X., & Petermann, A. G. (2014). Cultural differences in hedonic emotion regulation after a negative event. *Emotion, 14*(4), 804–815.
<https://doi.org/10.1037/a0036257>
- Miyamoto, Y., & Ryff, C. D. (2011). Cultural differences in the dialectical and non-dialectical emotional styles and their implications for health. *Cognition & Emotion, 25*(1), 22–39.
<https://doi.org/10.1080/02699931003612114>
- Moffatt, A. (2012). *Indonesian cultural profile*. Diversicare. http://www.diversicare.com.au/wp-content/uploads/2015/10/Profile_Indonesian.pdf
- Moon, C., Travaglino, G. A., & Uskul, A. K. (2018). Social value orientation and endorsement of horizontal and vertical individualism and collectivism: An exploratory study comparing individuals from North America and South Korea. *Frontiers in Psychology, 9* (2), 151–157. <https://doi.org/10.3389/fpsyg.2018.02262>

- Moreira, P. A. S., Cloninger, C. R., Dinis, L., Sá, L., Oliveira, J. T., Dias, A., & Oliveira, J. (2015). Personality and well-being in adolescents. *Frontiers in Psychology*, 5(14), 1–15. <https://doi.org/10.3389/fpsyg.2014.01494>
- Murata, A., Moser, J. S., & Kitayama, S. (2013). Culture shapes electrocortical responses during emotion suppression. *Social Cognitive and Affective Neuroscience*, 8(5), 595–601. <https://doi.org/10.1093/scan/nss036>
- Muskananfol, F., Wiguna, T., Ismail, R. I., Nugraheni, T. P. W., & Chairunnisa, S. (2019). Infant sleep quality and its' several related factors: An Indonesian sample. *bioRxiv*, 3, 1–19. <https://doi.org/10.1101/618058>
- Naslund, J. A., Aschbrenner, K. A., McHugo, G. J., Unützer, J., Marsch, L. A., & Bartels, S. J. (2019). Exploring opportunities to support mental healthcare using social media: A survey of social media users with mental illness. *Early Intervention in Psychiatry*, 13(3), 405–413. <https://doi.org/10.1111/eip.12496>
- Newland, L. A. (2015). Family well-being, parenting, and child well-being: Pathways to healthy adjustment. *Clinical Psychologist*, 19(1), 3–14. <https://doi.org/10.1111/cp.12059>
- Novianty, A., & Rochman Hadjam, M. N. (2017). Literasi kesehatan mental dan sikap komunitas sebagai prediktor pencarian pertolongan formal [Mental health literacy and community attitudes as predictor for seeking help behaviour]. *Jurnal Psikologi*, 44(1), 50–54. <https://doi.org/10.22146/jpsi.22988>
- Nurhayati-Wolff, H. (2021, August 24). Market share of social media platforms Indonesia 2021. *Statista*. <https://www.statista.com/statistics/1256213/indonesia-social-media-market-share>
- O'Brien, B., Shrestha, S., Stanley, M. A., Pargament, K. I., Cummings, J., Kunik, M. E., Fletcher, T. L., Cortes, J., Ramsey, D., & Amspoker, A. B. (2019). Positive and negative religious coping as predictors of distress among minority older adults. *International Journal of Geriatric Psychiatry*, 34(1), 54–59. <https://doi.org/10.1002/gps.4983>
- Octavia, S., Maulina, D., Safari, S., & Mulya, I. (2021). The development and psychometric properties of Multidimensional Hardiness Inventory for Young Adults in Indonesia. *Konselor*, 10(2), 43–56. doi:<https://doi.org/10.24036/02021104114234-0-00>

- Oishi, S., & Diener, E. (2001). Goals, culture, and subjective well-being. *Personality and Social Psychology Bulletin*, 27, 1674–1682. <https://doi.org/10.1177/01461672012712010>
- Ojala, T., Häkkinen, A., Karppinen, J., Sipilä, K., Suutama, T., & Piirainen, A. (2014). The dominance of chronic pain: A phenomenological study. *Musculoskeletal care*, 12(3), 141–149. <https://doi.org/10.1002/msc.1066>
- Olson, D. H. (2000). Circumplex model of marital and family systems. *Journal of Family Therapy*, 22(2), 144–167. <https://doi.org/10.1111/1467-6427.00144>
- Ong, A. D., Zautra, A. J., & Reid, M. C. (2015). Chronic pain and the adaptive significance of positive emotions. *American Psychologist*, 70(3), 283–284. <https://doi.org/10.1037/a0038816>
- O'Reilly, M., Dogra, N., Whiteman, N., Hughes, J., Eruyar, S., & Reilly, P. (2018). Is social media bad for mental health and wellbeing? Exploring the perspectives of adolescents. *Clinical Child Psychology and Psychiatry*, 23(4), 601–613. <https://doi.org/10.1177/1359104518775154>
- Orpana, H., Vachon, J., Dykxhoorn, J., & Jayaraman, G. (2017). Measuring positive mental health in Canada: Construct validation of the Mental Health Continuum—Short Form. *Health Promotion and Chronic Disease Prevention in Canada*, 37(4), 123–130. <https://doi.org/10.24095/hpcdp.37.4.03>
- Pal, A. (2014). A religion of peace? Islam and its heritage of nonviolence. *Diogenes*, 61(3), 71–81. <https://doi.org/10.1177/0392192116666469>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Pallant, J. F., & Lae, L. (2002). Sense of coherence, well-being, coping and personality factors: Further evaluation of the sense of coherence scale. *Personality and Individual Differences*, 33(1), 39–48. [https://doi.org/10.1016/S0191-8869\(01\)00134-9](https://doi.org/10.1016/S0191-8869(01)00134-9)

- Paloutzian, R. F., Ağilkaya-Şahin, Z., Bruce, K. C., Kvande, M. N., Malinakova, K., Marques, L. F., Musa, A. S., Nojomi, M., Öztürk, E. E., Putri, I. P., & You, S. (2021). The Spiritual Well-Being Scale (SWBS): Cross-cultural assessment across 5 continents, 10 languages, and 300 studies. In A. L. Ai, P. Wink, R. F. Paloutzian, K. A. Harris (Eds.), *Assessing spirituality in a diverse world* (pp. 413–444). Springer. https://doi.org/10.1007/978-3-030-52140-0_17
- Paniagua, F. A., & Yamada, A. M. (2013). *Handbook of multicultural mental health: Assessment and treatment of diverse population*. Academic Press.
- Papadopoulos, C., Foster, J., & Caldwell, K. (2013). ‘Individualism-collectivism’ as an explanatory device for mental illness stigma. *Community mental health journal*, 49(3), 270–280. <https://doi.org/10.1007/s10597-012-9534-x>
- Papalia, D., & Feldman, R. (2014). *Experience human development* (13th ed.). McGraw-Hill.
- Pargament, K. I. (2001). *The psychology of religion and coping: Theory, research, practice*. Guilford Press.
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56(4), 519–543. [https://doi.org/10.1002/\(SICI\)1097-4679\(200004\)56:4<519::AID-JCLP6>3.0.CO;2-1](https://doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1)
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of Health Psychology*, 9(6), 713–730. <https://doi.org/10.1177/1359105304045366>
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37(4), 710–724. <https://doi.org/10.2307/1388152>
- Pargament, K. I., & Raiya, H. A. (2007). A decade of research on the psychology of religion and coping. *Psyke & Logos*, 28, 742–766. <https://tidsskrift.dk/psyke/article/download/8398/6958>

- Park, C. L., Holt, C. L., Le, D., Christie, J., Williams, B. R. (2018). Positive and negative religious coping styles as prospective predictors of well-being in African Americans. *Psychology of Religion and Spirituality*, 10(4), 318–326.
<https://doi.org/10.1037/rel0000124>
- Park, N., Peterson, C., & Seligman, M. E. P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology; New York*, 23(5), 603–619.
<https://doi.org/10.1521/jscp.23.5.603.50748>
- Park, N., Peterson, C., & Seligman, M. E. P. (2006). Character strengths in fifty-four nations and the fifty US states. *The Journal of Positive Psychology*, 1(3), 118–129.
<https://doi.org/10.1080/17439760600619567>
- Pauwelussen, A. (2016). Community as network: Exploring a relational approach to social resilience in coastal Indonesia. *Maritime Studies*, 15(1), 12–27.
<https://doi.org/10.1186/s40152-016-0041-5>
- Pearce, M. J., Koenig, H. G., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J., & King, M. B. (2015). Religiously integrated cognitive behavioral therapy: a new method of treatment for major depression in patients with chronic medical illness. *Psychotherapy*, 52(1), 56–66. <https://doi.org/10.1037/a0036448>
- Pena Contreras, E. K., Lima Castro, S. E., Bueno Pacheco, G. A., Aguilar Sizer, M. E., Keyes, C. L. M., & Arias Medina, W. P. (2017). Reliability and validity of the Mental Health Continuum (MHC-SF) in the Ecuadorian contexts. *Ciencias Psicológicas*, 11(2), 223–232. <https://doi.org/10.22235/cp.v11i2.1499>
- Peterson, C., Ruch, W., Beermann, U., Park, N., & Seligman, M. E. P. (2007). Strengths of character, orientations to happiness, and life satisfaction. *The Journal of Positive Psychology*, 2(3), 149–156. <https://doi.org/10.1080/17439760701228938>
- Pew Research Center. (2018, June 13). Religion and public life: How religious commitment varies by country among people of all ages. *Pewforum*.
<https://www.pewforum.org/2018/06/13/how-religious-commitment-varies-by-country-among-people-of-all-ages/>

- Pidgeon, A. M., Bales, T. S., Lo, B. C., Stapleton, P., & Magyar, H. B. (2015). Cross-cultural differences in coping, connectedness and psychological distress among university students. *International Journal for Innovation Education and Research*, 3(2), 114–125. <https://doi.org/10.31686/ijer.vol3.iss2.318>
- Piredda, M., Candela, M. L., Mastroianni, C., Marchetti, A., D'Angelo, D., Lusignani, M., De Marinis, M. G., & Matarese, M. (2020). “Beyond the boundaries of care dependence”: A phenomenological study of the experiences of palliative care nurses. *Cancer Nursing*, 43(4), 331–337. <https://doi.org/10.1097/NCC.0000000000000070>
- Popova, S. (2012). Locus of control - Predictor of health and subjective well-being. *European Medical, Health and Pharmaceutical Journal*, 4, 47–57. <https://doi.org/10.12955/emhpj.v4i0.367>
- Praharso, N. F., Pols, H., & Tiliopoulos, N. (2020). Mental health literacy of Indonesian health practitioners and implications for mental health system development. *Asian Journal of Psychiatry*, 54, 102–113. <https://doi.org/10.1016/j.ajp.2020.102168>
- Pratiwi, N. M. & Kismiantini, K. (2019). Implementing ordinal regression model for analyzing happiness level in Indonesia. *Journal of Physics: Conference Series*, 1320(1), 012015. <https://doi.org/10.1088/1742-6596/1320/1/012015>
- Pruchno, R. A., & McKenney, D. (2002). Psychological well-being of black and white grandmothers raising grandchildren: Examination of a two-factor model. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 57(5), 444–452. <https://doi.org/10.1093/geronb/57.5.P444>
- Pruchno, R. A., Patrick, J. H., & Burant, C. J. (1996). Mental health of aging women with children who are chronically disabled: Examination of a two-factor model. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 51(6), 284–296. <https://doi.org/10.1093/geronb/51B.6.S284>
- Pruchno, R. A., Peters, N. D., & Burant, C. J. (1995). Mental health of coresident family caregivers examination of a two-factor model. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 50(5), 247–256. <https://doi.org/10.1093/geronb/50B.5.P247>

- Pruchno, R. A., Wilson-Genderson, M., & Cartwright, F. (2010). A two-factor model of successful aging. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 65(6), 671–679. <https://doi.org/10.1093/geronb/gbq051>
- Purwaningwulan, M. M., Suryana, A., Wahyudin, U., & Dida, S. (2019). The existance of social media as a promotional media in the Hijab image revolution in Indonesia. *Library Philosophy and Practice*, 2, 1–15.
<https://ezproxy.cqu.edu.au/login?url=https://www.proquest.com/scholarly-journals/existence-social-media-as-promotional-hijab-image/docview/2216894740/se-2>
- Qi, X. (2018). Floating grandparents: Rethinking family obligation and intergenerational support. *International Sociology*, 33(6), 761–777.
<https://doi.org/10.1177/0268580918792777>
- Rahayu, T. P., & Harmadi, S. H. B. (2016). The effect of income, health, education, and social capital on happiness in Indonesia. *Asian Social Science*, 12(7), 75–84.
<https://doi.org/10.5539/ass.v12n7p75>
- Ramzan, N., & Amjad, N. (2017). Cross cultural variation in emotion regulation: A systematic review. *Annals of King Edward Medical University*, 23(1), 283–297.
<https://doi.org/10.21649/akemu.v23i1.1512>
- Rasyid, M. R. (2004). The policy of decentralization in Indonesia. In J. Alm, J. Martinez-Vazquez, & S. M. Indrawati (Eds.), *Reforming intergovernmental fiscal relations and the rebuilding of Indonesia* (pp. 65–74). Edward Elgar Publishing.
https://ideas.repec.org/h/elg/eechap/3152_4.html
- Raymo, J. M., Park, H., Xie, Y., & Yeung, W. J. (2015). Marriage and family in East Asia: Continuity and change. *Annual Review of Sociology*, 41(1), 471–492.
<https://doi.org/10.1146/annurev-soc-073014-112428>
- Raymond, M. A., Mittelstaedt, J. D., & Hopkins, C. D. (2003). When is a hierarchy not a hierarchy? Factors associated with different perceptions of needs, with implications for standardization – adaptation decisions in Korea. *Journal of Marketing Theory and Practice*, 11(4), 12–25. <https://doi.org/10.1080/10696679.2003.11658505>

- Reich, J. W., Zautra, A. J., & Hall, J. (Eds.). (2010). *Handbook of adult resilience*. Guilford Press.
- Rokeach, M. (1973). *The Nature of Human Values*. Free Press.
- Russell, S. T., Crockett, L. J., & Chao, R. K. (2010). *Asian American Parenting and Parent-Adolescent Relationship*. Springer. <https://doi.org/10.1007/978-1-4419-5728-3>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Ryff, C. D. (2013). Eudaimonic well-being and health: Mapping consequences of self-realization. In A. S. Waterman (Ed.), *The best within us: Positive psychology perspectives on Eudaimonia* (pp. 77–98). American Psychological Association. <https://doi.org/10.1037/14092-005>
- Ryff, C. D. (2017). Eudaimonic well-being, inequality, and health: Recent findings and future directions. *International review of economics*, 64(2), 159–178. <https://doi.org/10.1007/s12232-017-0277-4>
- Ryff, C. D., & Essex, M. J. (1991). Psychological well-being in adulthood and old age: Descriptive markers and explanatory processes. *Annual Review of Gerontology and Geriatrics*, 10, 144–171. <https://www.jstor.org/stable/20182342>
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727. <https://doi.org/10.1037/0022-3514.69.4.719>
- Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9(1), 13–39. <https://doi.org/10.1007/s10902-006-9019-0>
- Sagiv, L., Roccas, S., Cieciuch, J., & Schwartz, S. H. (2017). Personal values in human life. *Nature Human Behaviour*, 1(9), 630–639. <https://doi.org/10.1038/s41562-017-0185-3>
- Sagiv, L., & Schwartz, S. H. (2000). Value priorities and subjective well-being: Direct relations and congruity effects. *European Journal of Social Psychology*, 30 (2), 177–198.

[https://doi.org/10.1002/\(SICI\)1099-0992\(200003/04\)30:2<177::AID-EJSP982>3.0.CO;2-Z](https://doi.org/10.1002/(SICI)1099-0992(200003/04)30:2<177::AID-EJSP982>3.0.CO;2-Z)

- Sandhu, D., Singh, B., Tung, S., & Kundra, N. (2012). Adolescent identity formation, psychological well-being, and parental attitudes. *Pakistan Journal of Psychological Research*, 27(1), 89–105. <https://www.pjprnip.edu.pk/index.php/pjpr/article/view/486>
- Saroglou, V. (2017). Culture, personality, and religiosity. In A. T. Church (Ed.), *The Praeger handbook of personality across cultures: Culture and characteristic adaptations* (pp. 153–184). Praeger.
- Saroglou, V., Delpierre, V., & Dernelle, R. (2004). Values and religiosity: A meta-analysis of studies using Schwartz's model. *Personality and Individual Differences*, 37(4), 721–734. <https://doi.org/10.1016/j.paid.2003.10.005>
- Sattler, D., Claramita, M., & Muskavage, B. (2018). Natural Disasters in Indonesia: Relationships Among Posttraumatic Stress, Resource Loss, Depression, Social Support, and Posttraumatic Growth. *Journal of Loss and Trauma*, 23(5), 351–365. <https://doi.org/10.1080/15325024.2017.1415740>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Schmitt, D. P., Allik, J., McCrae, R. R., & Benet-Martínez, V. (2007). The geographic distribution of Big Five Personality traits: Patterns and profiles of human self-description across 56 nations. *Journal of Cross-Cultural Psychology*, 38(2), 173–212. <https://doi.org/10.1177/0022022106297299>
- Schrodt, P. (2007). Family communication schemata and the Circumplex Model of Family Functioning. *Western Journal of Communication*, 69(4), 359–376. <https://doi.org/10.1080/10570310500305539>
- Schwartz, S. H. (2011). Studying values: Personal adventure, future directions. *Journal of Cross-Cultural Psychology*, 42(2), 307–319. <https://doi.org/10.1177/0022022110396925>

- Schwartz, S. H. (2012). An overview of the Schwartz theory of basic values. *Online Readings in Psychology and Culture*, 2(1), 204–233. <https://doi.org/10.9707/2307-0919.1116>
- Schwartz, S. H. (2016). Basic individual values: Sources and consequences. In T. Brosch, D. Sander, F. Clement, J. A. Deonna, E. Fehr, *Handbook of value: Perspectives from economics, neuroscience, philosophy, psychology and sociology* (pp. 63-84). Oxford.
- Schwartz, S. H., Cieciuch, J., Vecchione, M., Davidov, E., Fischer, R., Beierlein, C., Ramos, A., Verkasalo, M., Lönnqvist, J. E., Demirutku, K., Dirilen-Gumus, O., & Konty, M. (2012). Refining the theory of basic individual values. *Journal of Personality and Social Psychology*, 103(4), 663–688. <https://doi.org/10.1037/a0029393>
- Schwartz, S. H., Cieciuch, J., Vecchione, M., Torres, C., Dirilen-Gumus, O., & Butenko, T. (2016). Value tradeoffs propel and inhibit behavior: Validating the 19 refined values in four countries. *European Journal of Social Psychology*, 47(3), 241–258. <https://doi.org/10.1002/ejsp.2228>
- Schwartz, S. H., & Sortheix, F. (2018). Values and Subjective Well-Being. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of Well-Being* (pp. 1–25). Noba Scholar. <http://www.nobascholar.com/chapters/51>
- Schwarz, B., Albert, I., Trommsdorff, G., Zheng, G., Shi, S., & Nelwan, P. R. (2010). Intergenerational support and life satisfaction: A comparison of Chinese, Indonesian, and German elderly mothers. *Journal of Cross-Cultural Psychology*, 41(5–6), 706–722. <https://doi.org/10.1177/0022022110372197>
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.
- Seligman, M. E. P. (2018). PERMA and the building blocks of well-being. *The Journal of Positive Psychology*, 13(4), 333–335. <https://doi.org/10.1080/17439760.2018.1437466>
- Seligman M.E.P., Csikszentmihalyi M. (2014). Positive psychology: An introduction. In M. Csikszentmihalyi (Ed.), *Flow and the foundations of positive psychology* (pp. 279–298). Springer. https://doi.org/10.1007/978-94-017-9088-8_18

- Seto, A. (2020). Beyond consumption: Value transformation and the affordance of political Islam in Indonesia. *Contemporary Islam*. <https://doi.org/10.1007/s11562-019-00446-7>
- Shih, P. (2019). Critical ethnography in public health: Politicizing culture and politicizing methodology. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 223–236). Springer.
- Shim, M., Lee-Won, R. J., & Park, S. H. (2016). The self on the net: The joint effect of self-construal and public self-consciousness on positive self-presentation in online social networking among South Korean college students. *Computers in Human Behavior*, 63, 530–539. <https://doi.org/10.1016/j.chb.2016.05.054>
- Shklovski, I., Barkhuus, L., Bornoe, N., & Kaye, J. J. (2015). Friendship maintenance in the digital age: Applying a relational lens to online social interaction. *Proceedings of the 18th ACM Conference on Computer Supported Cooperative Work & Social Computing - CSCW'15*, 1477–1487. <https://doi.org/10.1145/2675133.2675294>
- Simons, M., Lataster, J., Reijnders, J., Peeters, S., Janssens, M., & Jacobs, N. (2020). Bonding personal social capital as an ingredient for positive aging and mental well-being. A study among a sample of Dutch elderly. *Aging & Mental Health*, 24(12), 2034–2042. <https://doi.org/10.1080/13607863.2019.1650887>
- Sinaga, R. (2019). Local wisdom and national integration in Indonesia: A case study of inter-religious harmony amid social and political upheaval in Bunga Bondar, South Tapanuli. *Journal of Maritime Studies and National Integration*, 3(1), 30–35. <https://doi.org/10.14710/jmsni.v3i1.4482>
- Singh, A. K., Singh, S., & Singh, A. P. (2012). Does trait predict psychological well-being among students of professional courses? *Journal of the Indian Academy of Applied Psychology*, 38(2), 234–241.
- Smillie, L. D., Wilt, J., Kabbani, R., Garratt, C., & Revelle, W. (2015). Quality of social experience explains the relation between extraversion and positive affect. *Emotion*, 15(3), 339–349. <https://doi.org/10.1037/emo0000047>

- Smith, B. W., & Zautra, A. J. (2008). Vulnerability and resilience in women with arthritis: Test of a two-factor model. *Journal of Consulting and Clinical Psychology*, 76(5), 799–810. <https://doi.org/10.1037/0022-006X.76.5.799>
- Snygg, D. (1941). The need for a phenomenological system of psychology. *Psychological Review*, 48(5), 404–424. <https://doi.org/10.1037/h0059710>
- Soetjiningsih, C. H. (2012). The level of character strengths on university students. In B. S. Sulasmono, S. Sutriyono, & J. T. L. Loekmono (Eds.), *Be the leading entity in education* (pp.170–176). Faculty of Teacher Training and Education, Satya Wacana Christian University. <https://core.ac.uk/download/pdf/11851885.pdf#page=180>
- Sortheix, F. M., & Schwartz, S. H. (2017). Values that underlie and undermine well-being: Variability across countries. *European Journal of Personality*, 31(2), 187–201. <https://doi.org/10.1002/per.2096>
- Soto, C. J. (2015). Is happiness good for your personality? Concurrent and prospective relations of the big five with subjective well-being. *Journal of Personality*, 83(1), 45–55. <https://doi.org/10.1111/jopy.12081>
- Spencer-Rodgers, J., Peng, K., & Wang, L. (2010). Dialecticism and the co-occurrence of positive and negative emotions across cultures. *Journal of Cross-Cultural Psychology*, 41(1), 109–115. <https://doi.org/10.1177/0022022109349508>
- Srivastava, S., Angelo, K. M., & Vallereux, S. R. (2008). Extraversion and positive affect: A day reconstruction study of person-environment transactions. *Journal of Research in Personality*, 42(6), 1613–1618. <https://doi.org/10.1016/j.jrp.2008.05.002>
- Statista Research Department. (2022a, January 28). Countries with the most Twitter users 2021. *Statista*. <https://www.statista.com/statistics/242606/number-of-active-twitter-users-in-selected-countries>
- Statista Research Department. (2022b, March 8). Countries with the most Facebook users 2022. *Statista*. <https://www.statista.com/statistics/268136/top-15-countries-based-on-number-of-facebook-users>

- Stewart, C. J., & Cash, W. B. (2017). *Interviewing: Principles and practices* (15th ed.). McGraw-Hill.
- Stewart, S. E., Hu, Y. P., Leung, A., Chan, E., Hezel, D. M., Lin, S. Y., Belschner, L., Walsh, C., Geller, D. A., & Pauls, D. L. (2017). A multisite study of family functioning impairment in pediatric obsessive-compulsive disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(3), 241–249. <https://doi.org/10.1016/j.jaac.2016.12.012>
- Strand, M., Eng, L. S., & Gammon, D. (2020). Combining online and offline peer support groups in community mental healthcare settings: A qualitative study of service users' experiences. *International Journal of Mental Health Systems*, 14(1), 104–112. <https://doi.org/10.1186/s13033-020-00370-x>
- Strickland, A. (2014). *Exploring the effects of social media use on the mental health of young adults* [Honours thesis, University of Central Florida]. STARS: Showcase of Text, Archives, Research & Scholarship. <https://stars.library.ucf.edu/cgi/viewcontent.cgi?article=2683&context=honorsthesis1990-2015>
- Sturgeon, J. A., & Zautra, A. J. (2016). Social pain and physical pain: Shared paths to resilience. *Pain Management*, 6(1), 63–74. <https://doi.org/10.2217/pmt.15.56>
- Sturgeon, J. A., Zautra, A. J., & Arewasikporn, A. (2014). A multilevel structural equation modeling analysis of vulnerabilities and resilience resources influencing affective adaptation to chronic pain. *Pain*, 155(2), 292–298. <https://doi.org/10.1016/j.pain.2013.10.007>
- Sturgeon, J. A., Zautra, A. J., Darnall, B. D. (2020). Physical and social pain: Twin challenges to well-being in adult life. In K. Sweeny, M. L. Robbins, L. M. Cohen (Eds.), *The Wiley encyclopedia of health psychology* (pp. 459-467). John Wiley & Sons. <https://doi.org/10.1002/9781119057840.ch96>
- Sugara, R. (2018). The Future of Pancasila as a Philosophy, a Life Vision, and an Ideology of the Unitary State of the Republic of Indonesia. *Advances in Social Science, Education, and Humanities Research*, 129, 247–249. <https://doi.org/10.2991/icsps-17.2018.54>

- Suh, E. M., & Choi, S. (2018). Predictors of subjective well-being across cultures. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of Well-Being* (pp. 1–13). DEF Publishers.
<https://www.nobascholar.com/chapters/45/download.pdf>
- Suhandi, S., & Jaafar, A. (2020). Religion, Moral and Modernisation of Urban Society: A Study on the Roles of Religion in Youth Development in Lampung, Republic of Indonesia. *Asian Social Science and Humanities Research Journal*, 2(2), 109–116.
<https://doi.org/10.37698/ashrej.v2i2.47>
- Sujarwoto, S., & Tampubolon, G. (2015). Decentralisation and citizen happiness: A multilevel analysis of self-rated happiness in Indonesia. *Journal of Happiness Studies* 16(2), 455–475. <https://doi.org/10.1007/s10902-014-9518-3>
- Sujarwoto, S., Tampubolon, G. & Pierewan, A.C. (2018). Individual and contextual factors of happiness and life satisfaction in a low middle income country. *Applied Research Quality Life*, 13, 927–945. <https://doi.org/10.1007/s11482-017-9567-y>
- Sujarwoto, S., Tampubolon, G., & Pierewan, A. C. (2019). A tool to help or harm? Online social media use and adult mental health in Indonesia. *International Journal of Mental Health and Addiction*, 17(4), 1076–1093. <https://doi.org/10.1007/s11469-019-00069-2>
- Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. *School Psychology Review*, 37(1), 52–68.
<https://doi.org/10.1177/0829573512443669>
- Sunar, D. (2020). Culture and gender influences on self-concept and the bases of self-esteem: Four Turkish studies. In W. J. Lonner, D. L. Dinnel, D. K. Forgays, & S. A. Hayes (Eds.), *Merging past, present, and future in cross-cultural psychology* (pp. 387–395). Garland Science. <https://doi.org/10.4324/9781003077473-46>
- Suyanto, B., Sugihartati, R., Hidayat, M., & Subiakto, H. (2019). Global vs. local: Lifestyle and consumption behaviour among the urban middle-class in East Java, Indonesia. *South East Asia Research*, 27(4), 398–417. <https://doi.org/10.1080/0967828X.2019.1703557>
- Ta, V. M., Holck, P., & Gee, G. C. (2010). Generational status and family cohesion effects on the receipt of mental health services among Asian Americans: Findings from the national

- Latino and Asian American study. *American Journal of Public Health*, 100(1), 115–121. <https://doi.org/10.2105/AJPH.2009.160762>
- Tafarodi, R. W., & Swann, W. B. (1995). Self-linking and self-competence as dimensions of global self-esteem: Initial validation of a measure. *Journal of Personality Assessment*, 65(2), 322–342. https://doi.org/10.1207/s15327752jpa6502_8
- Tafarodi, R. W., & Swann, W. B. (1996). Individualism-collectivism and global self-esteem: Evidence for a cultural trade-off. *Journal of Cross-Cultural Psychology*, 27(6), 651–672. <https://doi.org/10.1177/0022022196276001>
- Talib, M. A., & Abdollahi, A. (2017). Spirituality moderates hopelessness, depression, and suicidal behavior among Malaysian adolescents. *Journal of Religion and Health*, 56(3), 784–795. <https://doi.org/10.1007/s10943-015-0133-3>
- Tampubolon, G., & Hanandita, W. (2014). Poverty and mental health in Indonesia. *Social Science & Medicine (1982)*, 106, 20–27. <https://doi.org/10.1016/j.socscimed.2014.01.012>
- Taylor, D. G., & Strutton, D. (2016). Does Facebook usage lead to conspicuous consumption? The role of envy, narcissism and self-promotion. *Journal of Research in Interactive Marketing*, 10(3), 231–248. <https://doi.org/10.1108/JRIM-01-2015-0009>
- Taylor, S. E., & Stanton, A. L. (2007). Coping resources, coping processes, and mental health. *Annual Review of Clinical Psychology*, 3, 377–401. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091520>
- Tengku Mohd, T. A. M., Yunus, R. M., Hairi, F., Hairi, N. N., & Choo, W. Y. (2019). Social support and depression among community dwelling older adults in Asia: A systematic review. *British Medical Journal Open*, 9(7), e026667. <https://doi.org/10.1136/bmjopen-2018-026667>
- The Jakarta Post. (2019, May 19). Indonesia has 171 million internet users: Study. *The Jakarta Post*. <https://www.thejakartapost.com/life/2019/05/18/indonesia-has-171-million-internet-users-study.html>

- Thomas, J. J., Lee, S., & Becker, A. E. (2016). Updates in the epidemiology of eating disorders in Asia and the Pacific. *Current Opinion in Psychiatry*, 29(6), 354–362.
<https://doi.org/10.1097/YCO.0000000000000288>
- Tripath, S., & Jadon, P. S. (2017). Effect of authoritarian parenting style on self-esteem of the child: A systematic review. *International Journal of Advance Research and Innovative Ideas in Education*, 3, 909–913. <https://doi.org/10.35629/7722-1009023745>
- Trompetter, H. R., de Kleine, E., & Bohlmeijer, E. T. (2017). Why does positive mental health buffer against psychopathology? An exploratory study on self-compassion as a resilience mechanism and adaptive emotion regulation strategy. *Cognitive Therapy and Research*, 41(3), 459–468. <https://doi.org/10.1007/s10608-016-9774-0>
- Tsai, J. (2022). Culture and emotion. In R. Biswas-Diener & E. Diener (Eds), *Noba Textbook Series: Psychology* (pp. 1–22). DEF publishers. <http://noba.to/gfqmxytw.pdf>
- Tse, S., & Ng, R. M. K. (2014). Applying a mental health recovery approach for people from diverse backgrounds: The case of collectivism and individualism paradigms. *Journal of Psychosocial Rehabilitation and Mental Health*, 1(1), 7–13.
<https://doi.org/10.1007/s40737-014-0010-5>
- Undang-Undang Dasar Negara Negara Republik Indonesia 1945. (1945). Republik Indonesia.
<https://www.mkri.id/public/content/infoumum/regulation/pdf/UUD45%20ASLI.pdf>
- Undang-Undang Republik Indonesia Nomor 18 Tahun 2014 tentang Kesehatan Jiwa. (2014). Republik Indonesia. <https://ipkindonesia.or.id/media/2017/12/uu-no-18-th-2014-ttg-kesehatan-jiwa.pdf>
- United Nations Development Programme. (2022). *Indonesia's Sustainable Development Goals Snapshot*. <https://www.id.undp.org/content/indonesia/en/home/sustainable-development-goals.html>
- Utama, W. S. (2016). Incorporating spirituality and market: Islamic sharia business and religious life in post-New Order Indonesia. *Masyarakat: Jurnal Sosiologi*, 20(2), 68-77.
<https://doi.org/10.7454/mjs.v20i2.4798>

- Utsey, S., Hook, J., Fischer, N., & Belvet, B. (2008). Cultural orientation, ego resilience, and optimism as predictors of subjective well-being in African Americans. *The Journal of Positive Psychology*, 3(3), 202–210. <https://doi.org/10.1080/17439760801999610>
- Vanassche, S., Swicegood, G., & Matthijs, K. (2013). Marriage and children as a key to happiness? Cross- national differences in the effects of marital status and children on well-being. *Journal of Happiness Studies*, 14(2), 501–524. <http://dx.doi.org/10.1007/s10902-012-9340-8>
- Van Manen, M. (2016). *Researching lived experience: Human science for an action sensitive pedagogy*. Routledge.
- Van Schoors, M., Caes, L., Knoble, N. B., Goubert, L., Verhofstadt, L. L., & Alderfer, M. A. (2016). Systematic review: Associations between family functioning and child adjustment after pediatric cancer diagnosis: A meta-analysis. *Journal of Pediatric Psychology*, 42(1), 6–18. <https://doi.org/10.1093/jpepsy/jsw070>
- Veenhoven, R. (2009). World database of happiness tool for dealing with the ‘Data-Deluge’. *Psihologijske Teme*, 18(2), 221–246. <https://hrcak.srce.hr/48211>
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1–18. <https://doi.org/10.1111/j.1545-5300.2003.00001.x>
- Walsh, F. (2015). *Strengthening Family Resilience*. Guilford.
- Wardhani, Y. F., & Paramita, A. (2016). *Pelayanan kesehatan mental dalam hubungannya dengan disabilitas dan gaya hidup masyarakat Indonesia: Analisis lanjut Riskesdas*. Kementerian Kesehatan Republik Indonesia.
- Wei, Y., McGrath, P., Hayden, J., & Kutcher, S. (2018). The quality of mental health literacy measurement tools evaluating the stigma of mental illness: A systematic review. *Epidemiology and Psychiatric Sciences*, 27(5), 433–462. doi:10.1017/S2045796017000178
- Weiss, A., Bates, T. C., & Luciano, M. (2008). Happiness is a personality thing: The genetics of personality and well-being in a representative sample. *Psychological Science*, 19(3), 205–210. <https://doi.org/10.1111/j.1467-9280.2008.02068.x>

- Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development, 17*(2), 110–119.
<https://doi.org/10.1007/s10804-009-9082-y>
- Widiger, T. A., & Oltmanns, J. R. (2017). Neuroticism is a fundamental domain of personality with enormous public health implications. *World Psychiatry, 16*(2), 144–145.
<https://doi.org/10.1002/wps.20411>
- Widjajanta, B., & Senen, S. H. (2018). The impact of social media usage and self-esteem on conspicuous consumption: Instagram user of Hijabers community Bandung member. *International Journal of E-Business and E-Government Studies, 10*(2), 13–18.
https://smartlib.umri.ac.id/assets/uploads/files/21bd5-bambang_widjajanta.pdf
- Widodo, S. T. (2013). The influence of Javanese culture on the education curriculum in Indonesia. *Journal of Education and Practice, 4*(19), 139–43.
<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.968.8271rep=rep1&type=pdf>
- Widiana, H. S., Simpson, K., & Manderson, L. (2018). Cultural expressions of depression and the development of the Indonesian Depression Checklist. *Transcultural Psychiatry, 55*(3), 339–360. <https://doi.org/10.1177/1363461518764491>
- Wildan, M., & Witriani, W. (2021). Popular piety in Indonesia: “Aestheticization” and reproduction of Islam. *Ilahiyat Studies, 12*(2), 213–236.
<https://doi.org/10.12730/13091719.2021.122.227>
- Wilken, B., & Miyamoto, Y. (2018). Dialectical emotions. In J. Spencer-Rodgers & K. Peng (Eds.), *The psychological and cultural foundations of East Asian cognition: Contradiction, change, and holism* (pp. 509–546). Oxford University Press.
<https://doi.org/10.1093/oso/9780199348541.003.0018>
- Wimberly, C. E., Rajapakse, H., Park, L. P., Price, A., Proeschold-Bell, R. J., & Østbye, T. (2020). Mental well-being in Sri Lankan medical students: A cross-sectional study. *Psychology, Health & Medicine, 1*, 1–14.
<https://doi.org/10.1080/13548506.2020.1858488>

- Wissing M. P., & Temane Q. M. (2013). The prevalence of levels of well-being Revisited in an African context. In C. L. M. Keyes (Ed.), *Mental Well-Being* (pp. 71–90). Springer.
<https://doi.org/10.1007/978-94-007-5195-8>
- Wong, E. (2019, March 18). How Indonesians embrace the digital world. *The Jakarta Post*.
<https://www.thejakartapost.com/academia/2019/03/18/how-indonesians-embrace-the-digital-world.html>
- Wong, P. T. P., & Roy, S. (2017). Critique of positive psychology and positive interventions. In N. J. L. Brown, T. Lomas, & F. J. Eiroa-Orosa (Eds.), *The Routledge International Handbook of critical positive psychology* (1st ed, pp. 142–160). Routledge.
<https://doi.org/10.4324/9781315659794>
- Wong, W. (2006). Understanding dialectical thinking from a cultural-historical perspective. *Philosophical Psychology*, 19(2), 239–260. <https://doi.org/10.1080/09515080500462420>
- World Bank Group. (2018). *Global mental health: Some perspectives on challenges and options for scaling up response*.
<https://documents1.worldbank.org/curated/en/950821542885406030/pdf/132340-WP-PUBLIC-21-11-2018-12-36-2-WBGMHScalingResponsewebfinal.pdf>
- World Bank. (2020). *Indonesia profile*.
https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbary&dd=y&inf=n&zm=n&country=IDN
- World Health Organization. (2017). *World health statistics 2017: Monitoring health for the SDGs, Sustainable Development Goals*. World Health Organization.
<https://apps.who.int/iris/bitstream/handle/10665/255336/9789241565486-eng.pdf?sequence=1&isAllowed=y>
- World Population Review. (2022a, March 10). *Muslim Population by Country 2022*.
<https://worldpopulationreview.com/country-rankings/muslim-population-by-country>
- World Population Review. (2022b, March 10). *Jakarta Population 2022*.
<https://worldpopulationreview.com/world-cities/jakarta-population>

- World Population Review. (2022c, March 11). *2022 World Population* 7,953,952,567.
<https://worldpopulationreview.com>
- Wright, L. J., Zautra, A. J., & Going, S. (2008). Adaptation to early knee osteoarthritis: The role of risk, resilience, and disease severity on pain and physical functioning. *Annals of Behavioral Medicine: A Publication of the Society of Behavioral Medicine*, 36(1), 70–80.
<https://doi.org/10.1007/s12160-008-9048-5>
- Yeung, E. W., Arewasikporn, A., & Zautra, A. J. (2012). Resilience and chronic pain. *Journal of Social and Clinical Psychology*, 31(6), 593–617.
<https://doi.org/10.1521/jscp.2012.31.6.593>
- Yin K. L., He J. M., & Fu Y. F. (2013). Positive Mental Health: Measurement, Prevalence, and Correlates in a Chinese Cultural Context. In C. L. M. Keyes (Ed.), *Mental Well-Being* (pp. 111–132). Springer. https://doi.org/10.1007/978-94-007-5195-8_6
- Yin, X. Q., de Vries, D. A., Gentile, D. A., & Wang, J. L. (2019). Cultural background and measurement of usage moderate the association Between Social Networking Sites (SNSs) usage and mental health: A meta-analysis. *Social Science Computer Review*, 37(5), 631–648. <https://doi.org/10.1177/0894439318784908>
- Yulianto, A. (2017, October 17). Jokowi: Revolusi Mental bukan sekedar jargon. *Republika*.
<http://nasional.republika.co.id/berita/nasional/umum/17/10/17/oxycj5-jokowi-revolusi-mental-bukan-sekedar-jargon>.
- Zautra, A. J., Arewasikporn, A., & Davis, M. C. (2010). Resilience: Promoting well-being through recovery, sustainability, and growth. *Research in Human Development*, 7(3), 221–238. <https://doi.org/10.1080/15427609.2010.504431>
- Zautra, A., Hall, J., Murray, K., & the Resilience Solutions Group. (2008). Resilience: A new integrative approach to health and mental health research. *Health Psychology Review*, 2(1), 41–64. <https://doi.org/10.1080/17437190802298568>
- Zautra, A. J., & Reich, J. W. (1983). Life events and perceptions of life quality: Developments in a two-factor approach. *Journal of Community Psychology*, 11(2), 121–132. [https://doi.org/10.1002/1520-6629\(198304\)11:2<121::AID-JCOP2290110206>3.0.CO;2-V](https://doi.org/10.1002/1520-6629(198304)11:2<121::AID-JCOP2290110206>3.0.CO;2-V)

- Zhang, W., & Ta, V. M. (2009). Social connections, immigration-related factors, and self-rated physical and mental health among Asian Americans. *Social Science & Medicine*, 68(12), 2104–2112. <https://doi.org/10.1016/j.socscimed.2009.04.012>
- Zhou, X., Peng, Y., Zhu, X., Yao, S., Dere, J., Chentsova-Dutton, Y. E., & Ryder, A. G. (2016). From culture to symptom: Testing a structural model of “Chinese somatization.” *Transcultural Psychiatry*, 53(1), 3–23. <https://doi.org/10.1177/1363461515589708>
- Ziegenhain, P. (2008). *The Indonesian parliament and democratization*. Institute of South East Asian Studies.

APPENDIX A. ETHICS CLEARANCE



Human Research Ethics

Deakin Research Integrity
Burwood Campus
Postal: 221 Burwood Highway
Burwood Victoria 3125 Australia
Telephone 03 9251 7123
research-ethics@deakin.edu.au

Memorandum

To: A/Prof Rebecca Fanany
School of Humanities and Social Sciences

B

cc:

From: Deakin University Human Research Ethics Committee (DUHREC)

Date: 04 September, 2018

Subject: 2018-238

An Investigation into Family, Social, and Cultural Factors that Contribute to Mental Health and Well-Being in Indonesia

Please quote this project number in all future communications

DUHREC considered the application for this project at its meeting held on 20/08/2018 and found it to comply with the National Statement on Ethical Conduct in Human Research (2007).

DUHREC has granted approval for A/Prof Rebecca Fanany, School of Humanities and Social Sciences, to undertake this project from 4/09/2018 to 4/09/2022.

The approval given by the Deakin University Human Research Ethics Committee is given only for the project and for the period as stated in the approval. It is your responsibility to contact the Human Research Ethics Unit immediately should any of the following occur:

- Serious or unexpected adverse effects on the participants
- Any proposed changes in the protocol, including extensions of time.
- Any events which might affect the continuing ethical acceptability of the project.
- The project is discontinued before the expected date of completion.
- Modifications are requested by other HRECs.

In addition you will be required to report on the progress of your project at least once every year and at the conclusion of the project. Failure to report as required will result in suspension of your approval to proceed with the project.

DUHREC may need to audit this project as part of the requirements for monitoring set out in the National Statement on Ethical Conduct in Human Research (2007).

Human Research Ethics Unit
research-ethics@deakin.edu.au
Telephone: 03 9251 7123

APPENDIX B.

INTERVIEW GUIDE

1. What does it mean to have good well-being for you?
2. What factors affect your well-being?

How does it affect your well-being?
3. Do you feel satisfied with your life now?

If yes, why are you satisfied with your life?

If not, what else do you need to be satisfied with your life (what things can make you satisfied with your life)?
4. What things make you happy?

What things make you unhappy?
5. To what extent does family affect your well-being? How does it affect your well-being?
6. To what extent does friends and social relationships affect your well-being? How does it affect your well-being?
7. To what extent does financial situation affect your well-being? How does it affect your well-being?
8. To what extent does your job affect your well-being? How does it affect your well-being?
9. How do your life values affect your well-being?
10. How does your personality affect your well-being?
11. For you, how is the relationship between your religion and your well-being?
12. Have you ever felt your well-being was compromised? Why?

How do you cope with this situation?

13. Do you know someone you feel does not have much well-being?

Why do you think he/she does not have much well-being?

What things can make he / she feel much happier in life?

14. Do you know someone you feel very happy and satisfied with his / her life?

Why do you think he/she feels like that?

15. Do you know someone who feels very happy and satisfied with his / her life despite his / her life circumstances that is less fortunate?

Why do you think he / she can still be happy and satisfied with life despite the unfortunate life circumstances?

16. What things make you stress?

What is the impact of stress?

17. In dealing with life-stress, how do you cope?

What is the result?

18. What is the most stressful situation that you ever experienced?

How did you cope with that situation?

19. In a scale 1 to 10, how do you rate your mental health score? Why?

20. What are the factors that will increase your mental health score?

21. What does it mean to have good mental health for you?

22. What kind of things are required for good mental health?

23. What kind of things can interfere with good mental health?

24. What is the relationship between well-being and mental health?

APPENDIX C.

PLAIN LANGUAGE STATEMENT AND CONSENT FORM

Plain Language Statement and Consent/Withdrawal Forms



PLAIN LANGUAGE STATEMENT AND CONSENT FORM

Pernyataan Tujuan Penelitian serta Persetujuan menjadi Partisipan Penelitian

TO//KEPADA: Members of the Indonesian Public//Anggota Masyarakat Indonesia

Plain Language Statement//Pernyataan Tujuan Penelitian

Date//Tanggal:

Full Project Title//Judul Lengkap Proyek: An Investigation into Family, Social, and Cultural Factors that Contribute to Mental Health and Well-Being in Indonesia//Penelitian mengenai Faktor-faktor Sosial, Budaya dan Keluarga yang Menyumbang terhadap Kesehatan Jiwa dan Kesejahteraan Psikologis di Indonesia

Principal Researchers//Peneliti Utama: Associate Professor Rebecca Fanany; Professor Ismet Fanany

Student Researcher//Peneliti Mahasiswa: Grace Kilis

This study focuses on how Indonesians understand the concept of well-being and perceive social, cultural and family factors that may contribute to its existence and maintenance. This research aims to understand your experience and insights into this.//Proyek ini bertujuan untuk mengerti pemahaman masyarakat Indonesia mengenai kesejahteraan dan meneliti faktor-faktor sosial, budaya dan keluarga yang menyumbang terhadap adanya kesejahteraan psikologis. Penelitian ini bertujuan untuk memahami pengalaman dan persepsi Anda terkait hal tersebut.

This study is part of the researcher's PhD study at Deakin University in Melbourne, Australia.//Penelitian ini adalah bagian dari studi doktoral peneliti di Universitas Deakin di Melbourne, Australia.

You have been invited to take part in this project and contribute your thoughts and views about your own experience and that of people you know. Your participation will involve an interview in which you will be asked to reflect on your experiences and feelings about well-being and talk about them with the researcher. We are interested in how you understand your own experience and the ways you view well-being.//Anda diundang untuk menjadi bagian dari penelitian ini dengan memberikan pemikiran dan pandangan Anda mengenai pengalaman Anda serta orang lain di sekitar Anda. Keikutsertaan Anda dalam penelitian adalah kesediaan Anda untuk diwawancara oleh peneliti, di mana Anda akan diminta memikirkan pengalaman Anda terkait topik penelitian. Kami ingin tahu bagaimana Anda memahami pengalaman dan pandangan Anda mengenai kesejahteraan psikologis.

If you agree to take part in this research, you will be asked to participate in an interview for about one to one and a half hour with the researcher. The interview will be conducted in a place you are most comfortable with, which could be a quiet public location or other place you choose. This interview will be conducted in Indonesian and will be recorded in audio form for accuracy. If you do not wish to have your interview recorded, you may inform the researcher, and she will take notes by hand. You may withdraw from the study at any time by advising the researcher that you do not want to continue and completing the withdrawal form that was given to you with this information.//Bila Anda setuju untuk ikut serta dalam proyek ini, Anda akan diminta kesediaannya untuk diwawancarai selama kira-kira satu sampai satu setengah jam dengan peneliti. Wawancara ini akan diadakan di tempat yang nyaman bagi Anda, seperti tempat umum yang tidak ramai atau tempat lain yang Anda pilih. Wawancara ini akan diadakan dalam bahasa Indonesia dan akan direkam dalam bentuk audio. Kalau Anda tidak ingin direkam, Anda bisa menginformasikan hal tersebut kepada peneliti yang akan mencatat isi wawancara secara tertulis. Anda bisa mengundurkan diri dari penelitian ini kapan saja dengan memberitahukan kepada peneliti bahwa Anda tidak ingin menjadi peserta lagi dengan mengisi formulir pengunduran diri yang diberikan peneliti bersama dengan pernyataan ini.

The information you provide will be used only for research purposes, and you will not be identified in any way. If any part of this project is published, it will not be possible to identify you or your contribution from the published material. All data from this study will be stored securely at Deakin University in Melbourne and will not be accessible to anyone other than the researchers involved in the study.//Informasi yang Anda berikan hanya akan dipakai untuk tujuan penelitian. Kerahasiaan identitas Anda terjamin. Bila sebagian dari penelitian ini dipublikasikan, identitas Anda tidak akan bisa dikenal dalam publikasi tersebut. Data dari proyek ini akan disimpan di Universitas Deakin di Melbourne dan tidak dapat diakses oleh siapa pun kecuali peneliti yang terlibat dalam proyek ini.

Your decision to participate in this project is completely voluntary. While this study may not have a direct benefit to you, your participation will help us understand your experience and how people understand and think about well-being

in daily life. This has the potential to benefit Indonesian society by suggesting ways to enhance well-being and develop new mental health initiatives.//Keputusan Anda untuk berpartisipasi dalam penelitian ini adalah sukarela. Hasil proyek ini mungkin tidak bermanfaat secara langsung bagi Anda namun demikian keikutsertaan Anda akan membantu kami dalam memahami pengalaman dan pandangan Anda dan juga bagaimana masyarakat Indonesia memahami kesejahteraan psikologis. Hal ini akan membantu masyarakat Indonesia pada umumnya dalam meningkatkan kesejahteraan psikologis dan mengembangkan program baru di bidang kesehatan jiwa.

If you understand and agree to take part in this study, please fill out the consent form provided with this document. If you would prefer not to participate, simply inform the researcher of that fact, and you will not need to have further contact with the researcher or the project.//Bila Anda mengerti keterangan di atas dan setuju untuk berpartisipasi dalam penelitian ini, silakan mengisi formulir yang diberikan bersama dengan Pernyataan Tujuan Penelitian ini. Kalau Anda tidak ingin menjadi peserta, silakan memberitahu peneliti dan Anda tidak akan kami hubungi lagi.

Approval to undertake this research project has been given by the Human Research Ethics Committee of Deakin University. //Izin untuk melakukan penelitian ini sudah diberikan oleh Komite Etika Penelitian Manusia di Universitas Deakin.

Complaints//Keluhan

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact://Bila Anda memiliki keluhan atau pertanyaan terkait proyek penelitian ini, pelaksanaannya, atau hak Anda sebagai partisipan penelitian, silakan hubungi:

Dr. Fivi Nurwianty, M. Si, Psikolog, Faculty of Psychology University of Indonesia, Jl. Lingkar Kampus Raya Kampus UI, Depok, West Java 16424, Phone: +628151658213

Or//Atau

The Manager, Ethics and Biosafety, Deakin University, 221 Burwood Highway, Burwood Victoria 3125, Telephone: 9251 7129, research-ethics@deakin.edu.au

Please quote project number [2018-238].//Dengan menyebut nomor proyek: [2018-238]



PLAIN LANGUAGE STATEMENT AND CONSENT FORM//Pernyataan Tujuan Penelitian serta Formulir Persetujuan

TO//Kepada: Members of the Indonesian Public//Anggota Masyarakat Indonesia

Consent Form//Formulir Persetujuan

(To be used for participants who wish to participate in the project//Bagi peserta yang setuju untuk menjadi partisipan penelitian)

Date/Tanggal:

Full Project Title//Judul Proyek Lengkap: An Investigation into Family, Social, and Cultural Factors that Contribute to Mental Health and Well-Being in Indonesia// Penelitian mengenai Faktor-faktor Sosial, Budaya dan Keluarga yang Menyumbang terhadap Kesehatan Jiwa dan Kesejahteraan Psikologis di Indonesia

Reference Number//Nomor Referensi: 2018-238

- *I have read and I understand the attached Plain Language Statement.//Saya sudah membaca dan saya memahami Pernyataan Tujuan Penelitian.*
- *I freely agree to participate in this project according to the conditions in the Plain Language Statement.//Saya setuju untuk menjadi partisipan penelitian ini dengan sukarela dan tanpa paksaan sesuai dengan keterangan yang tercantum dalam Pernyataan Tujuan Penelitian.*
- *I have been given a copy of the Plain Language Statement and Consent Form to keep.//Saya sudah menerima salinan Pernyataan Tujuan Penelitian dan Formulir Persetujuan.*
- *The researcher has agreed not to reveal the participants' identities and personal details, including where information about this project is published, or presented in any public form.//Peneliti telah setuju untuk menjaga kerahasiaan identitas dan data pribadi dari partisipan penelitian, termasuk saat informasi terkait penelitian ini dipublikasikan atau dipresentasikan dalam berbagai apapun.*

Participant's Name (printed)//Nama Peserta (Ditulis)

.....

Signature//Tanda Tangan

Date//Tanggal



PLAIN LANGUAGE STATEMENT AND CONSENT FORM//Pernyataan Tujuan Penelitian serta Formulir Persetujuan

TO//Kepada: Members of the Indonesian Public//Anggota Masyarakat Indonesia

Withdrawal of Consent Form//Formulir Pengunduran Diri

(To be used for participants who wish to withdraw from the project//Bagi peserta yang ingin mengundurkan diri dari proyek)

Date/Tanggal:

Full Project Title//Judul Proyek Lengkap: An Investigation into Family, Social, and Cultural Factors that Contribute to Mental Health and Well-Being in Indonesia// Penelitian mengenai Faktor-faktor Sosial, Budaya dan Keluarga yang Menyumbang terhadap Kesehatan Jiwa dan Kesejahteraan Psikologis di Indonesia

Reference Number//Nomor Referensi: 2018-238

I hereby wish to WITHDRAW my consent to participate in the above research project and understand that such withdrawal WILL NOT jeopardise my relationship with Deakin University.//Dengan ini saya ingin mengundurkan diri dari proyek penelitian ini dan saya mengerti bahwa pengunduran ini tidak akan mengancam hubungan saya dengan Universitas Deakin.

Participant's Name (printed)//Nama Peserta (Ditulis)

.....

Signature//Tanda Tangan

Date//Tanggal