

Sugiarto, R., & Sundari, A. (2022). Ngudari reribet in a woman survivor of depression during the Covid-19 pandemic. *Indigenous: Jurnal Ilmiah Psikologi*, 7(1). 90-106. doi: <http://doi.org/10.23917/indigenous.v7i1.17404>

Ngudari Reribet in a Woman Survivor of Depression during the Covid-19 Pandemic

Ryan Sugiarto¹, Any Sundari²

Universitas Sarjanawiyata Tamansiswa¹, Critical Pedadogy Indonesia²

Submitted: 1 January 2022

Accepted: 31 May 2022

Published: 26 March 2022

Abstract. *This study aims to explore the experiences of depression survivor during the COVID-19 pandemic to cope with depression. This study used a grounded theory approach, with a single subject who until this research was completed in the recovery phase from depression. The subject was selected for the first reason, she had been diagnosed to experience anxiety and depression and was still in the recovery stage. Second, the subject learned and practiced Kawruh Jiwa Ki Ageng Suryomentaram to help her recover from anxiety and depression. The data collection method used was a semi-structured interview, which was conducted four times, recorded, and transcribed verbatim. Data were analyzed using coding by processing basic data into conceptual data. The results of this study indicated that: 1) the pandemic is a common trigger factor that causes the subject to feel depressed; 2) grief because of the death of both parents is the leading trigger for the subject to experience anxiety and depression. Subject experienced 10 of 17 signs of depression both in aspects: Motor, autonomic hyperactivity, excessive alertness, and reduced apprehension. Research also showed that efforts to ngudari reribet (solving problems of anxiety and depression) are performed in several stages: First, kandha takon both interpersonally (sharing) with others by seeking help from professionals, psychologists, and psychiatrists and kandha takon with an intrapersonal model (nyawang karep), second, nyocoaken raos by examining feelings what she feels herself, the three jawah kawruh (understanding and perceiving the feeling she feels herself), the four Aku, sak iki, nengkene, ngene, gelem accepting herself today, and mawas diri, introspective efforts to keep her consciousness intact. These findings open up a new space to build the discourse and practice of psychological therapy in anxiety and depression survivors.*

Keywords: *depression; Covid-19; ngudari reribet; woman*

INTRODUCTION

The Covid-19 pandemic has resulted in various stresses experienced by people. Feelings of worry about being infected with Covid-19, the anxiety of death, being abandoned by family members or close friends, and stress due to layoffs and salary cuts. It is exacerbated by the mass media and social media coverage of the increasing number of sufferers and the increasing number of fatalities.

*Corresponding author: ryansiip@ustjogja.ac.id

It has resulted in people who did not experience anxiety or depression before the pandemic having excessive anxiety and depression during the pandemic. The results of online survey research on the impact of the Covid-19 Pandemic on Mental Health Conditions, SurveyMETER at the end of May 2020, showed that levels of anxiety and depression in terms of geography, economics, and socio-demography indicated changes in employment status and income during the Covid-19 pandemic (Sutriastini, Sikoko, Sulistiono, 2020; PDSKJI, 2020). Furthermore, this study revealed that women's anxiety levels were higher than men's. Another finding stated that there is a positive relationship between the level of depression and education. The higher the education level of the respondent, the lower the level of anxiety. Respondents who live in the five provinces with the highest number of Covid-19 cases before the survey was conducted (i.e. DKI Jakarta, West Java, Central Java, East Java, and South Sulawesi), experienced higher levels of anxiety compared to other provinces. It is reinforced by the research of (Özdin & Bayrak Özdin, 2020), that individuals who live in urban areas allow higher levels of depression.

The level of Generalized Anxiety Disorder (GAD) has the same pattern as depression. The correlation between the two is relatively high and significant, reaching 0.76. Fifty-eight percent of respondents reported depression (Sutriastini, Sikoko, Sulistiono, 2020; PDSKJI, 2020). As with anxiety disorders, women experience depression more than males. These findings reinforced the results of a study conducted by researchers from the University of Calgary with the Hotchkiss Brain Institute, published in *Frontiers in Global Women's*. The results showed that during isolation women are more at risk of experiencing anxiety, depression, trauma, and mood swings (Sriharan et al., 2020). Other studies have shown that women and adolescents are a highly vulnerable group with psychological and mental disorders during the Covid-19 pandemic, (Al Omari et al., 2020; Alsharji, 2020; Barrera et al., 2020; Barros et al., 2020; Fernandes et al., 2020; Fisher et al., 2020; Hyland et al., 2020; Ustun, 2021). Depression in a person is characterized by anxiety, grief, feelings of meaninglessness, feeling guilty, withdrawing from others, and not being able to sleep. Anxiety arises from feeling worried about all things, one of which is about income (related to work) or the score of assignments (related to education). According to the United States Institute of Mental Health (NIMH) and the Diagnostic and Statistical Manual IV – Text Revision (DSM IV - TR) (American Psychiatric Association (APA), 2000), symptoms of depression can be observed from three aspects, namely physical, psychological, and social. From a physical point of view, it includes disturbed sleep patterns, decreased activity levels, declined work productivity, and feeling tired or sick. The physical aspect includes loss of self-confidence, sensitivity, feeling useless, feeling guilty, and feeling burdened. Meanwhile, from a social perspective, it frequently befalls in problems such as conflicts with friends, co-workers, or other people. In addition to experiencing conflict, feelings of inferiority, shame, and anxiety if they are among groups and feel uncomfortable communicating normally, people with depression also feel unable to be open and actively engage in relationships with the environment even if there is an opportunity (Maulani, 2021). Depression is also characterized by intense grief (Davison et al., 2004).

What about a woman who already has a comorbid mental disorder? Comorbidity refers to the incidence of more than one disorder at the same time. It refers to a co-occurring mental disorder or a co-occurring mental disorder and physical condition (Koyuncu et al., 2019; Vaidyanathan et al., 2011). This condition is increasingly torturous for a woman who has comorbid mental disorders. This portrayal is quite alarming, considering that the pandemic has not been over, and the government has not carried out significant psychological mitigation programs in Indonesia. The number of women experiencing depression is like an iceberg. The results of surveys and reports from various mental health institutions are only recorded and reported data. Meanwhile, there are

still many women who do not have the awareness to pursue professional help to solve their mental problems (PDSKJI, 2020).

Several therapies have been initiated for the healing process of depression. Starting from pharmacotherapy (Dziwota & Olajossy, 2016; Sriharan et al., 2020), cognitive therapy (Spiegler & Guevremont, 2010), CBT, to exercise (Pingkan et al., 2019), including cultural approaches to depression management (Kessler & Bromet, 2013).

In a cultural context, there are several concepts and therapeutic methods that can be used to solve problems of anxiety and depression. One of them is the concept of Javanese psychotherapy (Kholik, 2017; Kholik & Himam, 2015; Suryomentaram, 1993) which was developed by Kawruh Jiwa Suryomentaram. Suryomentaram in Kawruh Jiwa describes the concepts and techniques of ngudari reribet, a way to overcome human mental problems by recognizing complicated feelings (problems) that exist in humans.

Javanese psychotherapy, which originates from Kawruh Jiwa Ki Ageng Suryomentaram, has a technique called ngudari reribet. Ngudari reribet derives from the words ngudari (to parse, resolve) and reribet (problem, trouble, difficulty). Ngudari reribet is a technique to let go of all the problems that exist in the individual to find a "feel of peace", and "a sense of happiness" (Akhtar, 2018; Muniroh, 2017; Sumbodo & Koentjoro, 2019). Ngudari reribet, which was developed by Ki Ageng Suryomentaram, has similarities to those developed in psychotherapy, namely emphasizing outlining the causes of problems and seeking treatment (Kholik, 2017; Kholik & Himam, 2015). This technique uses a clear method and ensures that there are no heresy elements in it (Bonneff, 1993; Afif, 2012).

Some of the stages completed are First, Kandha takon. With free translation, kandha takon is a question and answer. It is the process of unraveling the problems that exist within itself by asking questions and seeking answers correctly. Kandha takon can be done with oneself can also be done with other people; in Kawruh Jiwa, kandha takon with other people is called junggringan (Sugiarto, 2015). The first is kandha takon within oneself (intrapersonal) and kandha takon with others (interpersonal). Kandha takon in the interpersonal dimension is often referred to as sharing one's problems concerning one's perception of one's feeling of being afflicted with a complicated problem. This problem is expressed to others to gain enlightenment (jawah kawruh). Kandha takon in the intrapersonal dimension is asking questions to answer for yourself. This dimension takes place with itself which is commonly referred to as nyawang karep (understanding desire). Nyawang karep is done by contemplating only as an exercise to find solutions so that he can see clearly the problems he is experiencing (Kholik, 2017, Sugiarto, 2015).

The basic principle of kandha-takon is kandha luluh, namely the achievement of a sense of unity and mutual understanding between the party expressing the opinion and the party receiving it. Hence, it takes understanding from the party expressing the opinion about several principal issues, namely: knowing what to say, for whom, and how to say it. Kandha is supposed to reach the level of Kraos (feel), Mangertos (understand), weruh (know), that humans are basically the same who know themselves "Aku ana weruh pribadi". Ingkang kandha (speaker) can melt against Ingkang dipun kandhani (audience) so that kraos, mangertos, weruh, about how to convey without claiming knowledge (Mboten andaku kawruh) because kandha takon means sirna aku-kowe (I-you is gone) (Sugiarto, 2015; Suryomentaram, 1993).

Second, mawas diri (self-awareness/introspection). Introspection is a method used to distinguish one's feelings from those of others to increase the ability to appreciate the feelings of others. Success in introspection will bring a person a sense of happiness (Pratisti & Prihartanti, 2012).

In introspection skills, individuals can concentrate on training to act proportionally in terms of *sabutuhe*, *saperlune*, *sacukupe*, *samestine*, *saopenake*, and *sabenere e* (as needed, as required, sufficiently, properly, comfortably, and truly). *Sabutuhe*, *saperlune*, and *secukupe* mean being able to limit the necessities of life so as not to exceed them. *Saopenake* is without having to force yourself (*ngoyo*, *ngongso*). *Saberene* and *samestine* mean things that are done according to the straight, right, fair, and ethical way (Pratisti & Prihartanti, 2012).

The third is *jawah kawruh*. This stage is a form of meeting that provides efforts to seek assistance to those who suffer from certain psychological disorders through careful analysis of the causes of their problems (*ngudari reribet*). At this stage, according to Boneff (2012), it is necessary to first master the fourth dimension, namely the ability to feel what other people feel.

The fourth are *saiki*, *nengkene*, *mengkene*, and *gelem*. This stage is the stage where a person accepts herself, "here and now". A process of accepting oneself according to conditions and time that is ongoing unconditionally, truly or actually, and in line with the laws of nature. The way is to oversee herself for what she wants, how she acts, and what she thinks and feels. Then, it continues by examining the meaning of her desires, actions, thoughts, and feelings (Suryomentara, 2003, Kholik 2017).

This study aims to examine the efforts to resolve anxiety and woman's depression survivors in the era of the Covid-19 pandemic with the *ngudari reribet* approach of *Kawruh Jiwa Suryomentaram*. Second, this research is also intended to explain the implementation model of *ngudari reribet* for depression survivors during the Covid-19 pandemic. It is expected that through this research, a series of evidence bases and empirical data related to the concept of *ngudari reribet*-based therapy in Javanese culture will be obtained that provide theoretical and practical benefits as one of the concepts of anxiety and depression therapy. Theoretically, this research contributes to Javanese psychotherapy and indigenous psychology in Indonesia. Practically, the concepts of *ngudari reribet* of *Kawruh Jiwa Suryomentaram* therapy can be used as an approach to therapy for anxiety and depression.

METHOD

This study is a qualitative study with a single subject named Ann, an adult woman from the Javanese tribe, 30 years old, married, and a graduate from a public university in Yogyakarta. Ann came from a middle-class family. Both of her parents have passed away. The father passed away 10 years ago, and the mother passed away a year ago (2020), three months after Indonesia was declared exposed to Covid-19. Together with her husband, Ann lived in Yogyakarta and did not have children. Ann was a freelance researcher who took her to various cities in Indonesia.

The reason for selecting the subject is first, Ann was selected intentionally because she had experienced depression and anxiety in the past year, during the Covid-19 pandemic. It is proven by a referral from a psychiatrist at the Mitra Keluarga Clinic. Ann is known to have visited general practitioners and specialists 15 times during the pandemic and consulted psychologists and psychiatrists. Ann's psychiatrist's examination results were in the category of 40% depression and 60% anxiety. Until this research was written, Ann is still in the process of counseling and pharmacotherapy from a psychiatrist, while continuing to study and practice *ngudari reribet* in *kawruh jiwa*. This study has had the informed consent of Ann. In the informed consent, the researchers explained the purpose of the research and the reason why the researcher made Ann a research subject. Second, another reason for selecting Ann as the subject of this research is that in the process of healing from anxiety and depression. Ann studied and applied the technique of

ngudari reribet of Kawruh Jiwa Ki Ageng Suryomentaram.

A semi-structured interview was conducted with Ann to explore her experiences of living with depression during the Covid-19 pandemic. There are seven key questions as an interview guide that were revealed about the experience of living in depression during a pandemic, mental comorbid before the pandemic, the issues that cause depression, how to cope with depression during a pandemic, how cultural factors play a role in recovery from depression, how the influence of mental chaos in accelerating recovery from depression. The questions are 1). In the past year, could you tell us how to live with depression during a pandemic? 2). What steps did you take to cope with depression? 3). As far as reading and studying mental disorders, what do you think is the role of mental disorders in your recovery from depression? 4). How do you ngudari reribet you feel? 5). In ngudari reribet how do you process your mind and cultivate your feelings? 6). How do you practice it? 7). What is the result so far? The main researcher conducted personal interviews with the subjects at each meeting. Interviews were conducted behind closed doors at Ann's house.

Interviews were recorded using a tape recorder and then transcribed verbatim. After being transcribed verbatim, Ann's identity was removed to maintain the confidentiality of the subject. Interviews were conducted four times, from 15 May to 20 July 2021. Each interview meeting lasted between 1-1.5 hours. At the fourth meeting, Ann was asked to check the transcription data and at the same time as a form of data clarification (Arora, 2017).

A grounded theory approach was employed for data collection (Glaser & Strauss, 1976). This approach is used to examine theory with social phenomena. Data were analyzed using coding by processing basic data into conceptual data. Some of the steps taken are first, open coding, where data were elaborated from categories and subcategories. The second is axial coding, by connecting categories with other categories (Corbin & Strauss, 2012). The last is selective coding, by combining all categories with the main category. This research resulted in several themes.

RESULTS AND DISCUSSION

Two sections will be explored in the results of this study. The first section is about comorbid mental disorders experienced by Ann. This section is a description of the results related to the context of depression experienced by Ann. The second is Ngudari Reribet. This section will describe the healing process with the help of professionals and ngudari reribet techniques as a process of accelerating depression recovery. All of these themes are derived from data findings.

Comorbid mental disorders

The results showed that Ann had a buildup of mental problems. First, symptoms of anxiety and depression were obtained from long experiences during her life. Troubled parenting patterns in the family, grief that persisted since being departed by beloved father (2012), bullying at work, and deep grief due to the death of the mother during the pandemic.

“Saat bapak berpulang, saya kesulitan untuk menangis. Saya kebingungan karena saya tidak punya pengalaman. Saya merasa benar-benar hancur. Ia alasan bagi saya untuk hidup. Ia menyayangi saya. Saya dekat dengan beliau sejak kecil. Melihat 10 tahun bapak stroke dan meninggal bukan hal yang mudah bagi saya. Saya merasa hidup saya penuh penderitaan karena melihatnya sakit dan berpulang”. (When my father passed away, I had a hard time crying. I am confused because I have no experience. I feel completely broken. He was the reason for

me to live. He loved me. I had been close to him since childhood. Seeing 10 years of my father having a stroke and dying is not easy for me. I feel my life is full of misery because seeing him got sick and passed away)

Ann did not feel accepted as she was. She felt unaccepted by the family, for what she has. Various demands from family, relatives, and the environment made the complexity of the family with Ann even more complicated.

“Kakak laki-laki saya hampir setiap saat selalu bilang saya perempuan tidak benar. Ia berulang kali memaksakan pandangan agamanya kepada saya. Ini membuat saya benar-benar tertekan di rumah. Ia juga lebih disayang oleh Ibu saya ketimbang saya. Kakak perempuan saya juga sama saja. Menikah muda dengan laki-laki tidak bertanggung jawab dan membikin bapak jatuh stroke karena menanggung hutang dan pikiran terus” (My older brother almost all the time said I am a bad girl. He repeatedly forced his religious views on me. It made me really depressed at home. He was also loved by my mother more than me. My sister was the same. She married in young age with an irresponsible man and made my father had a stroke because he was in debt and kept thinking.

Ann worked in a non-governmental organization (NGO) for four years. During the work, there was a lot of psychological violence experienced. This condition coincided with the loss of his father. Ann decided to work due to the poor family financial condition because her mother had to spend a lot of money on her father's treatment. Ann's workplace initially gave her space for expression and work. However, she experienced exclusion and marginalization gradually by those who disagreed with her.

“Saya menyadari bahwa bullying yang saya alami adalah nyata. Saya tidak denial. Dan itu berbahaya buat mental saya. Saya harus berupaya untuk membuat diri saya sadar bahwa saya tidak seperti itu. Saya dibuat menyalahkan diri saya sendiri. Saya harus berupaya menyadari tidak membawa luka itu kemana-mana dan itu tidak permanen” (I realized that the bullying I was experiencing was real. I was not in denial. And it is dangerous for me mentally. I have to try to make myself aware that I am not comparable what they said. I was made to blame myself. I have to try to realize it does not take the wound anywhere and it is not permanent)

The findings above indicate the presence of mental comorbidities experienced by Ann. Comorbidity refers to the occurrence of more than one disorder at the same time. It refers to a co-occurring mental disorder or a co-occurring mental disorder and physical condition (Koyuncu A, İnce E, Ertekin E, Tükel R, 2019); Vaidyanathan U, Patrick CJ, Iacono WG, 2010).

The second is anxiety due to Covid-19. At the beginning of the first month, when the Covid-19 Pandemic was declared to have arrived in Yogyakarta, Ann experienced excessive anxiety. The large-scale social restrictions that began to be implemented in Yogyakarta made Ann only stay at home for almost a month, never leaving the house. Ann felt the fear and worry of being exposed to covid. It is made worse by Ann's confession, who was still seeing information about COVID on social media and television. During that time, Ann felt anxious, kept quiet, and cried alone several times.

The findings of this study also presented the same results as the research by Zdin S, Bayrak Özdin Ş, in 2020 on Levels and predictors of anxiety, depression, and health anxiety during the

Covid-19 pandemic in Turkish society: The importance of gender. This cross-sectional study shows that the groups most psychologically affected by the Covid-19 pandemic are women, individuals with pre-existing mental illness, individuals living in urban areas, and those with coexisting chronic illnesses. It confirms the research findings of Sriharan, A; Ratnapalan, s, et al, 2020.

The third is deep grief due to the death of her mother. In the first six months of the pandemic, her mother passed away unpredictably. It was extremely shocking news for Ann. This condition had a significant impact on her. Ann began to be unable to concentrate, withdrawn, feeling guilty, and anxious for no reason. Because of this condition, communication with her husband was disrupted. Ann has felt guilt, fear, anxiety, and anger since the death of her mother. This finding is termed Prolonged grief disorder, a syndrome of prolonged grief with a syndrome in the form of a different set of symptoms after the death of a loved one. According to research published in the US National Library of Medicine National Institutes of Health, the death of a loved one – especially if it occurs suddenly – will lead to traumatic experiences, depression, suicidal thoughts, behaviors, and others.

“Saat ibu saya berpulang, kondisinya lebih buruk dari kepergian bapak. Karena di masa pandemi, ibu dimakamkan dengan protap Covid-19. Ia tidak meninggalkan pesan apapun. Beberapa bulan setelah ibu pergi, saya dilanda kemarahan besar, kesedihan yang tak terjelaskan. Saya murung dan tidak bisa menghentikan pikiran saya. Saya merasa benar-benar tenggelam dalam kesedihan yang tak berkesudahan.” (When my mother passed away, her condition was worse than my father's. Because during the pandemic, the mother was buried with the Covid-19 protocol. She did not leave any message. A few months after my mother departed, I was in great anger, an inexplicable sorrow. I was depressed and could not stop my thoughts. I feel completely immersed in endless sorrow)

The death of her mother during the pandemic amplified Ann's grief. The results of data analysis showed that Ann's prolonged grief increased during the pandemic. Research by (Eisma et al., 2020) showed an increase in prolonged grief disorder (PGD) during the Covid-19 pandemic. Symptoms of PGD increase when there is an unexpected loss of a closely related person (death), there are no funeral ceremonies that should be given to those who have passed away during the Covid-19 period, such as burial, after death, and so on (Castle & Phillips, 2011) and reduced physical and social support (Lobb et al., 2010). In addition, due to government policies that prohibit gatherings, group activities are a potential risk factor that can increase the severity of grief for people whose family members pass away from causes other than Covid-19.

The fourth is psychosomatic, anxiety, and depression. Six months after the death of the subject's mother, the subject felt various physical disturbances. It started from excessive urination, pain in the stomach with menstrual disorders, pain shifting to back pain, headaches, to non-stop head tingling and throbbing. Ann has examined this complaint to 15 doctors without any satisfactory diagnosis: she has visited general practitioners, dentists, and obstetricians. Ann at the last check-up saw a neurologist because Ann had a migraine headache. By the doctor who examined, Ann suggested that the subject be referred to a psychiatrist. Ann was diagnosed with psychosomatic.

“Pada bulan desember itu adalah puncak sakit yang saya jalani. Selama desember sampai mungkin februari, saya datang ke puluhan dokter tanpa kejelasan diagnosa penyakit. Mulai dari dokter urologi, dokter obgyn, dokter umum, dokter syarat, psikolog, dan berakhir ke psikiater. Sakit-sakit saya berpindah. Leher saya tegang, sulit tidur, kepala saya tidak bisa berhenti berpikir, saya mengalami banyak mimpi buruk dan sering didatangi oleh ibu saya. Bahkan

almarhum bapak saya yang sudah jarang datang ke mimpi juga ikut datang.” (December was the peak of my illness. During December to maybe February, I came to dozens of doctors without a clear diagnosis of the disease. It started from urologists, obstetricians, general practitioners, medical doctors, psychologists, to psychiatrists. My pains moved. My neck was tense, I had trouble sleeping, my head could not stop thinking, I had many nightmares and my mother had frequent visited. Even my late father, who rarely came to dream, also came)

Above Ann's experience is also in line with the research findings of Niel, Dour, et al. (2020) regarding Anxiety and depressive symptoms and medical illness among adults with anxiety disorders published by J Psychosom Res in 2015. These findings added to the growing body of research linking anxiety disorders to physical health problems and suggested that anxiety and depressive symptoms deserve greater attention concerning the illness.

Ann's diagnosis, according to her psychiatrist, was 40% depression and 60% anxiety. In the concept of psychiatry, this is referred to as psychosomatic. The psychosomatic feelings Ann felt were muscle twitches in the head, tense muscles in the neck, restlessness all the time, tired almost every day (motor tension), short and heavy breathing, palpitations, previously experienced wet and cold palms, dry mouth every time she sleeps at night, dizziness or lightheadedness, nausea and diarrhea, stomach discomfort, especially when anxious, repeated urination when first experiencing psychosomatic symptoms, difficulty swallowing when panicking (autonomic hyperactivity), more sensitive to pain and shifting, difficulty concentrating, trouble in sleeping, and irritability (excessive alertness and reduced apprehension). All three when they were examined with medical equipment were declared normal. Anxiety and depression disorders are present in at least 6 of the 17 symptoms above. From the results of a psychiatrist's diagnosis, Ann had 10 symptoms. According to the psychiatrist who treated her, Ann was above the tolerable threshold. At those moments, Ann said she was intensely irritated, blamed everything around her, and felt helpless. Ann is also banging on the walls of the house.

The results of this study also showed that Ann's depression is closely related to the upbringing she received from her mother.

“Ketika masuk ke lubang depresi, saya mulai melihat secara jernih apa yang terjadi didalam hidup saya. Saya hidup dengan seorang ibu yang sulit merasakan rasa anaknya. Ia selalu keras dengan kemauan yang ia inginkan terhadap anak-anaknya. Kondisi ini menekan saya hingga saya dewasa. Saat ibu saya berpulang, saya mengerti bahwa efek ditimbulkan atas pola pengasuhan itu pasti terjadi. Dan benar, ketika saya depresi, kepergiaan ibu saya bukan hanya membawa kesedihan. Tapi saya menyadari, saya tidak pernah hidup menjadi diri saya sendiri. Saya hidup dari keinginan-keinginan ibu saya yang tidak tercapai. Depresi adalah alarm itu. Saya tidak bisa lagi menjalani cara hidup dengan hitam putih, penuh kekerasan, amarah, seperti ibu saya yang gagal mendefinisikan keinginannya. Sulit merasakan rasanya orang lain sekaligus berpikir benar dan bertindak benar atas hidupnya sendiri” (When I got into depression, I started to perceive clearly what was happening in my life. I lived with a mother who found it difficult to feel her child's feelings. She was always strict with what she wanted her children to be. This condition pressured me until I grew up. When my mother passed away, I understood that the effects of parenting were bound to happen. And yes, when I was depressed, my mother's passing was not only miserable, but I also realized, I never lived to be myself. I live off my mother's unaccomplished wishes. Depression is that alarm. I can no

longer live a black and white way of life, full of violence, anger, like my mother who failed to define her desires. It is difficult to perceive the other's feeling and at the same time think right and act right in her own life)

Ann's depression is closely related to the perspective, values of life, and way of thinking that she believed in. Ann said that she had always thought in black and white. Where she was very strict and inflexible with life that did not always run linearly. Ann found it difficult to accept change and had difficulty negotiating with external conditions. As a result, if anyone agreed with her, she will defend him to death. On the other hand, if she disagreed, she would detest people who disagree with her. Depression also often occurs with people's inability to meet and accept themselves.

Ngudari Reribet as an effort to heal and accelerate recovery

After being diagnosed with anxiety disorder and depression, Ann accepted that she was not feeling well mentally. According to her, this awareness is crucial for the recovery process. The awareness to accept that she was not okay is acknowledged without shame. Even Ann often wrote down what she was experiencing, and what she feels on WhatsApp status and Facebook status.

“Setelah mengetahui bahwa saya mengalami depresi, saya malah sering menulis apa yang saya alami dan saya rasakan di status WA maupun Facebook. Hal-hal yang membuat saya menangis, kecewa, marah, sedih saya tulis di sana. Tapi juga insight yang saya peroleh”. (After knowing that I was depressed, I often wrote what I experienced and felt on WA and Facebook statuses. The things that make me cry, disappointed, angry, and sad, I write there. Also, the insight I got)

Ann's experience showed that she was not ashamed to share and tell about her condition when she was in depression. In the *kawruh* soul, this is an essential step to *ngudari reribet*. The benchmark for *ngudari reribet* is through *kandha takon* activities, which are based on facts and events that have been experienced by themselves and not based on *apda rekaysa keinginan (karep)*. It is these real facts that result in a solution's progress. The way is to analyze properly and not feel ashamed to see the facts themselves as reality.

The stages of *ngudari reribet* done by the subject to unravel and cope with depression, if observed from the concept of Kawruh Jiwa, are as follows: **The first is *kandha takon* with other people (sharing)**. At this stage, Ann asked for professional help, namely psychiatrists and psychologists to help unravel the problems (*reribet*) she was experiencing.

While recuperating with antidepressants, Ann learned to unravel her thoughts with the help of a psychologist. She went through various models of psychotherapy. There are various forms of psychotherapy needed for people with depression: Cognitive Behavior Therapy (CBT), kinesiologi, hypnotherapy, etc. The effectiveness of this psychotherapy depends on each patient. The combination of several psychotherapies can have a positive effect on improving the condition of people with depression.

“Saya melakukan serangkaian psikoterapi. Kurang lebih hingga 10 kali psikoterapi baik kinesiologi, CBT, menulis dan membaca buku terkait psikoterapi. Pada dasarnya psikolog hanya memfasilitasi proses psikoterapi. Mereka yang depresi lah yang harus benar-benar mengolah apa yang mereka temukan melalui dialog-dialog di dalam diri untuk mengetahui apa yang menjadi akar depresi. Tidak selalu masalah selesai dalam 1 psikoterapi. Dalam kasus depresi saya, saya

mengolah betul apa yang terjadi dan dalam satu kali sesi psikoterapi, saya bisa menemukan simpul-simpul depresi saya.” (I did a series of psychotherapy, approximately up to 10 times psychotherapy, both kinesiology, CBT, writing and reading books related to psychotherapy. Basically, psychologists only facilitate the psychotherapy process. It is those who are depressed who have to really process what they find through inner dialogues to discover what is the root of depression. The problem is not always solved in one psychotherapy. In the case of my depression, I really worked out what was happening and in one psychotherapy session, I could find the knots of my depression.)

Ann joined kinesiology therapy six times, mindfulness therapy three times, and hypnotherapy one time. Besides that, Ann also learned CBT from various reading materials that she obtained from books.

The findings of the study indicated that Ann, apart from conducting professional consultations and treatment, also sought reinforcement by studying her Javanese thoughts. As explained above that Ann is a person who comes from the Javanese tribe. The thought studied by the subject during recovery from depression was Kawruh Jiwa Ki Ageng Suryomentaram. In the process, the effort to *ngudari reribet* as taught in Kawruh Jiwa is useful for Ann.

“Sejujurnya, depresi ini mengantarkan kembali bukan saja mengantarkan kembali kepada iman tapi juga menarik kembali kesejarahan saya sebagai orang Jawa. Saya paham, cara pandang, hidup dan cara berpikir saya tidak mengakar pada sistem nalar dan kebudayaan saya sendiri. Saya yang hidup di Jawa mencari-cari seluruh kebahagiaan dengan cara berpikir barat, dan pada akhirnya saya gagal menemukan kesejatan saya sendiri.” (To be honest, this depression brought me back not only to return to faith but also to re-measure my history as a Javanese. I understood that my perspective, life, and way of thinking are not rooted in my system of reasoning and culture. I, who live in Java, pursued all happiness with western way of thinking, and in the end, I failed to reveal my own authenticity.)

Ngudari reribet is one of the techniques offered by Ki Ageng Suryomentaram in Kawruh Jiwa to sort out the feelings in humans that cause mental problems in humans (Suryomentaram, 1983). *Ngudari reribet* as the search for common ground is called psychotherapy by observers (Bonnett, 1983; Jatman 2000). This effort to sort and uncover the feeling, *mangertosi raos*, is what helped Ann to boost the recovery process from depression. The way is for someone to express the difficulty with the problem of feeling and then *diudari reribetnya* (untangle the problems) (Kholik, 2015).

“Saat sesi kinesiologi yang menggunakan pendekatan timur dan konsultasi dengan seorang psikolog senior yang memiliki cara berpikir Jawa yang kental, saya menyadari bahwa saya tak benar-benar mau memeluk bagian dari diri saya yang selama ini ada. Jawa. Mereka meyakinkan saya untuk kembali menengok mbah-mbah saya. Mereka berkata, ada yang selama ini kamu tinggalkan dan perlu dirangkul sebagai cara hidup. Coba cari di Jawa dan saya beruntung bertemu dengan Ki Ageng Suryomentaram. Dalam proses psikoterapi inilah saya mendapatkan banyak jawaban-jawaban atas rasa yang selama ini saya jalani.” (During a kinesiology session using an eastern approach and consulting with a senior psychologist who has a strong Javanese way of thinking, I realized that I did not really want to embrace the part of me that was there. Java. They convinced me to come back to see my grandparents. They say, there

is something you have left behind and needs to be embraced as a way of life. Try searching it in Java and I was lucky to meet Ki Ageng Suryomentaram. It is in this psychotherapy process that I obtained many answers to the feelings that I have been living so far.)

Ann's experience of reading and studying the Kawruh Jiwa showed an accelerated process to understand the mental problems experienced during her life. Ann felt that when studying kawruh Jiwa, either by reading books, or *kandha takon* with people who had studied kawruh jiwa first, helped her to unravel her mental problems. Ann said that Ki Ageng Suryomentaram's Kawruh Jiwa taught that in dealing with their problems, humans need to be able to develop *ngudari reribet* techniques. In addition, Ann said that her efforts to study the kawruh jiwa through *ngudari reribet* techniques helped her identify herself in the cultural context in which Ann was born and raised.

Ngudari reribet is a way to discover the source of the problem and find a solution through *kandha takon* (Sugiarto, 2015). Several studies have shown that cultural approaches to solving psychological problems are suitable and can be applied (Lemelson, 2003; Littlewood, 1996; Peter, 2008).

Second is *kandha takon* in herself (*nyawang karep*). During the healing process, Ann always wrote down questions and tried to answer the questions herself. This move is an attempt by *kandha takon* in her. Ann also wrote down everything she felt, including questions related to the problems she was experiencing, and tried to answer them herself.

“Saya menulis di buku. Kadang-kadang muncul pertanyaan-pertanyaan tak terduga yang ada di kepala saya. Misalnya, kenapa saya sangat tidak nyaman ketika ada orang yang turut memakan makanan saya. Ketika saya telusur pengalaman-pengalaman masa lalu saya dan saya menemukan satu peristiwa yang menyebabkannya. Jadi, dulu ketika kecil, sepulang dari sekolah, saya sangat lapar. Ada nasi goreng yang sudah saya makan, tetapi kemudian ibu, mengambilnya dan menghabiskannya. Sejak menemukan jawaban-jawaban itu, saya merasa lebih baik dalam menyikapi kejadian yang sama” (I wrote in books. Sometimes unexpected questions popped up in my mind. For example, why am I so uncomfortable when someone eats my food? When I went through my past experiences and I found one event that caused it. So, when I was little, after school, I was very hungry. There was fried rice that I had eaten, but then my mother took it and ate it. Since finding those answers, I feel much better at responding to the same incident)

The process as done by Ann is interpreted as *kandha takon*. Ann discussed with herself (*kandha takon-nyawang karep*) the process of writing a diary, looking for answers to questions that arise from within her mind. By Hendriques (2016), it is called Self Reflective Awareness (SRA). SRA is a "metacognitive" ability, meaning that it involves thinking and reflecting on a person's mental processes. A person with a good SRA can produce complex, clear, and diverse self-narratives and communicate those narratives in a way that allows others to better understand where a person is coming from. This step is done by examining her desires, her actions, what she thinks, and what she feels.

The third is *nyocokake raos*. Another process in understanding her current self is that Ann is always researching her feelings. With the help of her husband, Ann described the feelings that were inside her. The *nyocokake raos* process, used with emotion cards formulated from Kawruh Jiwa Suryomentaram. There are 48 types of emotions that the husband asked Ann to answer. This process was recorded, independently by Ann and her partner.

“Dengan suami, saya belajar untuk meneliti rasa yang saya rasakan. Ada 48 rasa yang diidentifikasi suami terkait rasa-rasa yang ada dalam kawruh jiwa Ki Ageng Suryomentaram. Saya memaknai artinya, pengalaman rasa yang saya rasakan, dan bagaimana cara saya mengenali rasa-rasa tersebut.” (With my husband, I learned to research my feelings. There are 48 emotions identified by the husband regarding the feelings that exist in the kawruh jiwa of Ki Ageng Suryomentaram. I interpreted the meaning, the experience of the feeling that I feel, and how do I recognize these feelings)

From that process, Ann understood the feelings experienced to this day. Basically, this *Nyocokaken raos* or self-examination (Darminta, 1981), Self Reflective Awareness (Hendriques, 2016) is a form of self-explanation and description. The focus is on practice, not on concepts and ideas (Darminta, 1981). Only true self-knowledge can move people to think and act right, so they can build a happy and peaceful life.

Practically, the feeling can be described as the deepest feeling that belongs to everyone (Mulder, 1996). A sense of penetrating the essential. In feeling, the development or deepening of personality occurs (Suseno, 1984). Feeling as an aesthetic experience is different from emotion. The feeling is truly gained spiritual enlightenment and basic core experiences (Prihartanti, 2004; Wiryomartono, 1993).

In this case, Kawruh Jiwa teaches that humans feel difficulty or inconvenience because they do not know the feeling (*jiwanipun piyambak*). That is why it takes *pangertos dumateng wikipun piyambak* (it takes knowledge for herself), that is what is called *pengawikan pribadi*. Suryomentaram also stated that from the process of self-reflection, one will obtain kawruh jiwa, namely understanding oneself. A reflection that includes this feeling will produce inner enlightenment, true understanding, and the meaning of life. When individuals allow themselves to be directed by the results of their feeling, individuals will be able to reach the level of wisdom, have inner independence, have a great soul, independent, critical, productive, high-minded, and valuable to themselves and others, where this is a characteristic of a healthy personality, *begja* (happy), and prosperous (Sa’adi, 2010).

Fourth is *Jawah kawruh*. From a series of processes of *kandha takon* and *nyocoaken raos*, Ann experienced *jawah kawruh* (gaining a lot of knowledge). This stage is the stage where Ann felt she has gained a new understanding, and new awareness, about herself through careful analysis of the causes of the problems she was experiencing (*ngudari reribet*) (Sugiarto, 2015). Ann was no longer unstable. Ann is more able to control herself and interact with her environment better.

“Saya akhirnya mulai memahami diri saya. Seolah kok menjadi orang yang lebih baik. Meskipun sampai hari ini saya masih dalam proses maintenance, masih konsultasi dengan psikolog juga. Tetapi oleh psikolog, proses yang saya alami lebih cepat dari yang dibayangkan sebelumnya.” (I finally started to understand myself. It is like being a better person. Although to this day, I am still in the maintenance process and I am still consulting with a psychologist. But by psychologists, the process I experienced was faster than previously imagined)

Ann's experience, if carefully reflected, is in line with Ki Ageng Suryomentaram's statement: “...ternyata yang merasa belum pernah ketemu orang, yang merasa kecewa dan tidak puas adalah orang yang wujudnya si Suryomentaram, diperintah kecewa, dimarahi kecewa, disembah kecewa, itulah Namanya suryomentaram, tukang kecewa, tukang tidak puas. Sekarang aku tahu, aku sudah dapat dan slalu bertemu orang, Namanya suryomentaram. Sekarang tinggal di awasi dan dijajagi” (... in fact, those who feel they have never met anyone, who feel disappointed and dissatisfied are people whose

form is Suryomentaram, ordered to be disappointed, scolded by disappointment, worshiped with disappointment, that is the name Suryomentaram, frequently disappointed and dissatisfied. Now I know, I have met and always meet people, His name is Suryomentaram. Now just watch and explore) (Prihartanti, 2004; Sugiarto, 2015; Suryomentaram, 1986).

The fifth is *Aku, sak iki, nengkene, ngene, gelem*. In simple language, the expression *aku, sak iki, nengkene, ngene, gelem* means *I am, now, here*, like this, accept. The results of the study show that Ann has begun to be able to accept herself as she is now. Ann no longer regretted (*getun*) her past experiences and did not feel worried (*sumelang*) about her future. Ann accepted her current life (*gelem*).

“Dulu sebelum saya depresi, saya merasa tidak pernah hidup di masa sekarang. Luka dan trauma masa lalu selalu saya ingat. Semua terasa menyakitkan bagi saya dan itu seperti bayangan yang terus mengikuti saya. Ketika saya mulai ke psikolog, saya jadi tahu, hal-hal itu sebenarnya sudah masa lalu tapi masjamaiah menghantui saya. Saya kemudian memproses seluruh reribet itu. Memasuki setiap rasa sakit, luka dan trauma itu. Hingga saya masuk dalam tahap pengertian dan hidup dimasa kini. Menerima semua hal yang sudah terjadi, menikmati setiap detik kehidupan yang sudah diberikan, disini dan saat ini” (Before I got depressed, I never felt like I was living in the present. I will always remember the wounds and trauma of the past. Everything was painful for me and it was like a shadow that kept following me. When I started going to a psychologist, I realized that these things are in the past, but they still haunt me. I then process the whole mess. Entering every pain, wound, and trauma. Until I arrived at the stage of understanding and living in the present. Accept all the things that have happened, enjoy every second of life that has been given, here and now)

Ann began to live in the present (here and now). It means that acceptance of the present or the current means leaving the past only as facts and historical data and no longer filled with emotions and understanding the future as mere ideas in the mind. Ann can sort between unpleasant past events (*getun*) and future events that may be worrying (*sumelang*). That is, today Ann is living life mindfully, researching her thoughts and feelings in dealing with other people.

Ann's acknowledgment of this cultural approach was also confirmed by the psychologist who worked with Ann. Ann is more accepting of the situation, not denying it: *Aku, sak iki, nengkene, ngene, gelem* have been in line with the *sebab kedadosan* (cause and occurrence) of a reality that exists (Kholik & Himam, 2015).

The sixth is *mawas diri* (introspection). To maintain the consciousness intact, *eling* and *awas* (remember and alert), Ann is still trying to practice introspection skills. According to Ann, it is so that she does not fall into her anxiety and depression again.

“Kalau membaca Ki Ageng, mungkin banyak dalam pengalaman hidup saya yang selalu terjebak pada kramadangsa. Sekarang saya menyadarinya. Dan saya saat ini masih terus belajar mawas diri saya sendiri agar tidak kolaps lagi”. (If you read Ki Ageng, perhaps many in my life experience have always been trapped in kramadangsa. Now I realize it. And I am still learning to be aware of myself, so I do not collapse again)

Ann's experience in ngudari reribet showed that maintaining mental health is critical. It is done by continuing to maintain self-awareness and accepting herself. Efforts to continue to practice introspection, what Ann did is an effort to no longer fall into anxiety and depression. The

quality of one's introspection will increase along with the higher quality of consciousness (Pratisti & Prihartanti, 2012).

The limitation of this research is in the number of subjects that is only one (single subject). It is because of space limitations and ethical considerations that researchers must really hold on to subjects who are still in psychological recovery. In the future, it is expected that there will be more development in terms of the number of subjects, to provide a clearer portrayal of the role of culture, especially the technical description of *ngudari reribet* based on the concept of Kawruh Jiwa Suryomentaram.

CONCLUSION

This research showed that many factors cause women to fall into anxiety and depression, especially during the Covid-19 pandemic. Comorbid mental disorders play a foremost role in the emergence of anxiety and depression disorders, especially during the Covid-19 pandemic. The research also showed that efforts to *ngudari reribet* (solving problems of anxiety and depression) are performed in several stages: First, *kandha takon* both interpersonally (sharing) with other people and *kandha takon* with an intrapersonal model (*nyawang karep*); second, *nyocoake raos* by examining feelings what she feels herself; the third, *jawah kawruh* (understanding and perceiving the feeling she felt herself); the forth, *Aku, sak iki, nengkene, ngene, gelem*, accepting herself today, and introspective efforts to keep her consciousness intact. These findings open up a new space to build the discourse and practice of psychological therapy in anxiety and depression survivors, a more contextual approach for depression survivors.

REFERENCES

- Akhtar, H. (2018). Perspektif kultural untuk pengembangan pengukuran kebahagiaan orang Jawa. *Buletin Psikologi*, 26(1), 54–63. <https://doi.org/10.22146/buletinpsikologi.30895>
- Al Omari, O., Al Sabei, S., Al Rawajfah, O., Abu Sharour, L., Aljohani, K., Alomari, K., Shkman, L., Al Dameery, K., Saifan, A., Al Zubidi, B., Anwar, S., & Alhalaiqa, F. (2020). Prevalence and predictors of depression, anxiety, and stress among youth at the time of covid-19: An online cross-sectional multicountry study. *Depression Research and Treatment*, 1-9. <https://doi.org/10.1155/2020/8887727>
- Alsharji, K. E. (2020). Anxiety and depression during the covid-19 pandemic in Kuwait: The importance of physical activity. *Middle East Current Psychiatry*, 27(1), 1-8. <https://doi.org/10.1186/S43045-020-00065-6>
- American Psychiatric Association (APA). (2000). *Diagnostic and statistical manual of mental disorders: DSM-5*. Virginia, US: American Psychiatric Association.
- Arora, A. B. (2017). Member checks. In J. Matthes, C. S. Davis, & R. F. Potter (Eds.), *The international encyclopedia of communication research methods* (pp. 1-3). New Jersey, US: John Wiley & Sons, Inc.
- Barrera, O., Macours, K., Premand, P., & Vakis, R. (2020). *Texting parents about early child development* (Working Paper No. #9492). <https://doi.org/10.1596/1813-9450-9492>

- Barros, M. B. de A., Lima, M. G., Malta, D. C., Szwarcwald, C. L., Azevedo, R. C. S. de, Romero, D., Souza Júnior, P. R. B. de, Azevedo, L. O., Machado, Í. E., Damacena, G. N., Gomes, C. S., Werneck, A. de O., Silva, D. R. P. da, Pina, M. de F. de, & Gracie, R. (2020). Report on sadness/depression, nervousness/anxiety and sleep problems in the Brazilian adult population during the covid-19 pandemic. *Epidemiologia e Servicos de Saude: revista do sistema unico de saude do brasil*, 29(4), 1-11. <https://doi.org/10.1590/s1679-49742020000400018>
- Castle, J., & Phillips, W. L. (2011). Grief rituals: Aspects that facilitate adjustment to bereavement. *Journal of Loss and Trauma*, 8(1), 41–71. <https://doi.org/10.1080/15325020305876>
- Corbin, J., & Strauss, A. (2012). *Basics of qualitative research: Techniques and procedures for developing grounded theory. basics of qualitative research* (3rd Ed.). California, US: SAGE Publications, Inc.
- Darminta, J. (1981). *Mawas diri (self examination) a dialogical encounter of the self-examination of Ki Ageng Suryomentaram in the perspective of the javanese religiose life with the ignatian examination of conscience*. Italy: Pontificia Universitas Gregoriana.
- Davison, G. C., Neale, & John, M. (2004). *Abnormal psychology*. New Jersey, US: John Wiley and Sons, Inc.
- Dziwota, E., & Olajosy, M. (2016). Vortioxetine - the new antidepressant agent with procognitive properties. *Acta Pol Pharm*, 73(6), 1433–1437. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/29634095/>
- Eisma, M. C., Boelen, P. A., & Lenferink, L. I. M. (2020). Prolonged grief disorder following the coronavirus (Covid-19) pandemic. *Psychiatry Research*, 288, 1-2. <https://doi.org/10.1016/j.psychres.2020.113031>
- Fernandes, B., Nanda Biswas, U., Tan-Mansukhani, R., Vallejo, A., & Essau, C. A. (2020). The impact of covid-19 lockdown on internet use and escapism in adolescents. *Revista de Psicología Clínica Con Niños y Adolescentes*, 7, 2020–2059. <https://doi.org/10.21134/rpcna.2020.mon.2056>
- Fisher, J. R. W., Tran, T. D., Hammarberg, K., Sastry, J., Nguyen, H., Rowe, H., Popplestone, S., Stocker, R., Stubber, C., & Kirkman, M. (2020). Mental health of people in Australia in the first month of covid-19 restrictions: A national survey. *The Medical Journal of Australia*, 213(10), 458–464. <https://doi.org/10.5694/MJA2.50831>
- Glaser, B. G., & Strauss, A. L. (1976). *The discovery of grounded theory: Strategies for qualitative research*. New Jersey, US: Aldinen Transaction.
- Hendriques, G. (2016). Self-reflective awareness: A crucial life skill. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/theory-knowledge/201609/self-reflective-awareness-crucial-life-skill>
- Hyland, P., Shevlin, M., McBride, O., Murphy, J., Karatzias, T., Bentall, R. P., Martinez, A., & Vallières, F. (2020). Anxiety and depression in the republic of Ireland during the covid-19 pandemic. *Acta Psychiatrica Scandinavica*, 142(3), 249–256. <https://doi.org/10.1111/ACPS.13219>

- Kessler, R. C., & Bromet, E. J. (2013). The epidemiology of depression across cultures. *Annual Review of Public Health, 34*, 119–138. <https://doi.org/10.1146/annurev-pubhealth-031912-114409>
- Kholik, A. (2017). *Psikoterapi jawa pendekatan kawruh Jiwa Ki Ageng Suryomentaram*. Yogyakarta: Pustaka Belajar.
- Kholik, A., & Himam, F. (2015). Konsep psikoterapi kawruh jiwa. *Gadjah Mada Journal of Psychology (GamaJoP), 1*(2), 120–134. Retrieved from <https://journal.ugm.ac.id/gamajop/article/download/7349/5726>
- Koyuncu, A., İnce, E., Ertekin, E., & Tükel, R. (2019). Comorbidity in social anxiety disorder: Diagnostic and therapeutic challenges. *Drugs in Context, 8*, 1-13. <https://doi.org/10.7573/DIC.212573>
- Lemelson, R. (2003). Obsessive-compulsive disorder in Bali: The cultural shaping of a neuropsychiatric disorder. *Transcultural Psychiatry, 40*(3), 377–408. <https://doi.org/10.1177/13634615030403004>
- Littlewood, R. (1996). Psychiatry's culture. *International Journal of Social Psychiatry, 42*(4), 245–268. <https://doi.org/10.1177/002076409604200402>
- Lobb, E. A., Kristjanson, L. J., Aoun, S. M., Monterosso, L., Halkett, G. K. B., & Davies, A. (2010). Predictors of complicated grief: A systematic review of empirical studies. *Death Studies, 34*(8), 673–698. <https://doi.org/10.1080/07481187.2010.496686>
- Maulani, D. R. (2021). Stres yang berujung sepresi di tengah pandemi virus covid-19. *Berita Ners*. Retrieved from <http://ners.unair.ac.id/site/index.php/news-fkp-unair/30-lihat/1117-stres-yang-berujung-depresi-di-tengah-pandemi-virus-covid-19>
- Mulder, N. (1996). *Pribadi dan masyarakat di Jawa: Penjelajahan mengenai hubungannya*. Jakarta: Sinar Harapan
- Muniroh, A. (2017). Kebahagiaan dalam perspektif kajian psikologi raos. *Jurnal Studi Islam, 4*(1), 1–9. Retrieved from <http://ejournal.uin-suka.ac.id/isoshum/PI/article/view/1404>
- Özdin, S., & Bayrak Özdin, Ş. (2020). Levels and predictors of anxiety, depression and health anxiety during covid-19 pandemic in Turkish society: The importance of gender. *International Journal of Social Psychiatry, 66*(5), 504–511. <https://doi.org/10.1177/0020764020927051>
- Peter, S. V. (2008). The experience of 'mental trauma' and its transcultural application. *Transcultural Psychiatry, 45*(4), 639–651. <https://doi.org/10.1177/1363461508100786>
- Pingkan, R., Berawi, K. N., Budiarto, A., & Mutiara, U. G. (2019). Efektivitas olahraga sebagai terapi depresi. *Majority, 8*(2), 240–246. Retrieved from <https://joke.kedokteran.unila.ac.id/index.php/majority/article/view/2478>
- Pratisti, D. W., & Prihartanti, N. (2012). Konsep mawas diri Suryomentaram dengan regulasi emosi. *Jurnal Penelitian Humaniora, 13*(1), 16–29. <https://doi.org/10.23917/humaniora.v13i1.911>
- Prihartanti, N. (2004). *Kepribadian sehat menurut konsep Suryomentaram*. Surakarta : Universitas Muhammadiyah Surakarta

- Sa'adi, M. (2010). *Nilai kesehatan mental islam dalam kebatinan kawruh jiwa Suryomentaram*. Jakarta: Puslitbang lektur keagamaan.
- Sriharan, A., Ratnapalan, S., Tricco, A. C., Lupea, D., Ayala, A. P., Pang, H., & Lee, D. D. (2020). Occupational stress, burnout, and depression in women in healthcare during covid-19 pandemic: Rapid scoping review. *Frontiers in Global Women's Health*, 1, 1-8. <https://doi.org/10.3389/fgwh.2020.596690>
- Sugiarto, R. (2015). *Psikologi Raos: Saintifikasi kawruh jiwa Ki Ageng Suryomentaram*. Yogyakarta: Pustaka Ifada.
- Sumbodo, H., & Koentjoro, K. (2019). Ngudari reribet: Mulur-mungkret dan tatag janda muda ditinggal mati dalam perspektif Ki Ageng Suryomentaram. *Gadjah Mada Journal of Psychology (GamaJoP)*, 4(2), 158–172. <https://doi.org/10.22146/GAMAJOP.46362>
- Suryomentaram, K. (1986). *Ajaran-ajaran Ki Ageng Suryomentaram* (Ed. 3). Jakarta: Inti Idayu Press.
- Suseno, F. M. (1984). *Etika Jawa: Sebuah analisa falsafi tentang kebijaksanaan hidup Jawa*. Jakarta: PT Gramedia Pustaka Utama.
- Ustun, G. (2021). Determining depression and related factors in a society affected by covid-19 pandemic. *International Journal of Social Psychiatry*, 67(1), 54–63. <https://doi.org/10.1177/0020764020938807>
- Vaidyanathan, U., Patrick, C. J., & Iacono, W. G. (2011). Patterns of comorbidity among mental disorders: A person-centered approach. *Comprehensive Psychiatry*, 52(5), 527–535. <https://doi.org/10.1016/J.compphys.2010.10.006>
- Wiryomartono, I. . (1993). *Usaha refleksi dalam alam pemikiran jawa*. Jakarta: PT Gramedia Pustaka Utama.