

Living with depression during Covid-19: Study on women surviving depression in Java


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KEYWORDS	ABSTRACT
Covid-19 Depression Java Woman	<p>This study aims to explore the experience of depression survivors during the COVID-19 pandemic and how to get out of depression. This study uses a qualitative method with a grounded theory approach, with a single subject who is still in the recovery phase from depression. The results of this study indicate that the pandemic is a common trigger factor that causes the subject to feel depressed. Second, grief due to the death of both parents is the main trigger for the subject to experience anxiety and depression. Subjects experienced 10 of 17 signs of depression both in aspects: motor tension, autonomic hyperactivity, excessive alertness, and reduced arrest. Research also shows how to get out of depression by seeking professional help, psychologists, and psychiatrists. Second, to re-learn Java and the sciences of Javanese human life. Another thing is to balance the world of her spirituality.</p> <p>This is an open-access article under the CC-BY-SA license.</p> 

Introduction

During the Covid 19 Pandemic, various media reports said that there are always two camps in efforts to mitigate Covid 19. There are countries that prioritized clinical mitigation, for example, by imposing lockdowns, large-scale social restrictions, and social distancing to prevent widespread transmission of Covid 19. However, some countries eventually have to make peace by restoring the economy with the risk that everyone could be infected with Covid 19, knowing no age limit. The debate over the resolution of the Covid 19 Pandemic has created a deep feeling of frustration in every citizen, especially in countries where economically, the social security model is not able to cover the needs of citizens in times of social restrictions. At the same time, there is no certainty when the Covid-19 pandemic will end. Various reports have raised alarming narratives about human life. The number of dead is increasing. However, another aspect that has not received serious attention from the government is the mental health aspect of residents related to the Covid-19 pandemic.

A recent study by researchers from the University of Toronto in Canada found rates of depression had tripled compared to before the Covid-19 pandemic (Ganson, 2020). A sample

of more than 73,000 adults in the United States from the Household Pulse Survey, a weekly census by the US Census Bureau, collects information on the social and economic impact of Covid-19. This study found that adults who experience the four common symptoms of anxiety and depression are twice as likely to delay medical treatment or not receive needed medical care in the midst of a pandemic.

Using a different depression instrument, namely the Center for Epidemiologic Studies Depression Scale Revised (CESD-R-10) depression instrument data available at IFLS 2014. Sutriasni et al. (2017) documented depression levels of less than half of current depression levels. The highest level of depression in 2014 was found in respondents aged 15-24 years. The depression rate in the 25-59 age group is 18%-24%. During the COVID-19 pandemic in Indonesia, people experiencing mental disorders increased by 57.6 percent. Most of it was due to losing the opportunities they liked during the pandemic (PDSKJI, 2020).

The results of Peltzer and Pengpid's research showed a high prevalence of depressive symptoms in Indonesian society (21.8%), even higher compared to neighboring countries, and a global prevalence of depression is around 12.1% as measured by a similar measuring instrument (Peltzer, K., & Pengpid, S., 2018; Ferrari, A. J., Charlson, F. J., Norman, R. E., Patten, S. B., Freedman, G., ... Murray, C. J., 2013b; Ferrari, A. J., Somerville, A. J., Baxter, A. J., Norman, R., Patten, S. B., Vos, T., & Whitford, H. A., 2013b). This showed the importance and urgency of preventing and overcoming depression in Indonesian society. The high prevalence of moderate or severe depressive symptoms in adolescents was also a cause for concern. Peltzer and Pengpid revealed the importance of preventing depression in groups of adolescents in Indonesia (Peltzer, K., & Pengpid, S., 2018). What is the condition of women during the pandemic? How do female depression survivors live with depression during the Covid-19 pandemic?

Method

This research is a qualitative study with a single subject, with the name Ann, an adult woman aged 30 years, married, and with a bachelor's degree from a state university in Yogyakarta. Ann comes from a middle-class family. Both of his parents are dead. The father died 10 years ago, and the mother died a year ago (2020), 3 months after Indonesia was declared to have been exposed to Covid-19. Together with her husband, the subject live in Yogyakarta, and does not have children. The subject is a freelance researcher with research

locations in various cities in Indonesia. Jobs that could not be done during the Covid-19 pandemic. Like the researcher, the subject is also from the Javanese ethnic group.

Subjects are chosen deliberately because they have experienced depression and anxiety in the last 1 year, during the Covid-19 pandemic. Evidenced by referrals from psychiatrists at the Mitra Keluarga Clinic. It is known that the subject has visited general practitioners and specialists 15 times during the pandemic and consulted psychology and psychiatrists. The results of the subject's psychiatric examination are stated in the category of 40% depression and 60% anxiety. Until this research is written, the subject is still in the process of counseling and pharmacotherapy by a psychiatrist. This research has also been equipped with informed consent from the subject. In the informed consent the researcher explains the research objectives and the reasons the researcher made Ann a research subject.

A semi-structured interview is conducted on the subject to explore experiences of living with depression during the COVID-19 pandemic. There are 7 major questions that are revealed about the experience of living with depression during the pandemic, mental comorbidities before the pandemic, the causes of depression, how to get out of depression during a pandemic, and how cultural and spiritual factors play a role in recovery from depression. These questions are: 1). In the last 1 year, can you tell us how to live with depression during a pandemic? 2). How do you respond to the results of a psychiatric diagnosis? 3). What things caused you to fall into anxiety and depression during this pandemic? 4). Are there events before the pandemic that could have caused you to fall into anxiety and the pandemic, can you tell? 5). What efforts have you made to cure anxiety and the pandemic? 6). Outside of professional treatment, what steps have you taken to support your recovery? 7). How do Javanese cultural factors play a role in your recovery efforts? The main researcher conducted personal interviews with the subjects at each meeting. The interview was conducted in private at the subject's house.

Interviews were recorded using a tape recorder and transcribed verbatim in Indonesian and Javanese. After being transcribed verbatim, the subject's identity was omitted to maintain subject confidentiality. Interviews were conducted 4 times, from 15 May to 20 July 2021. Each interview meeting lasted between 1-1.5 hours. At the fourth meeting, the subject was asked to check the transcript data, and at the same time as a form of clarification of data analysis (Arora, 2017).

A grounded theory approach was used to analyze the data (Glaser & Strauss, 1967). This approach was 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 was elaborated from categories and subcategories. The second, is axial coding, by connecting categories with other categories (Corbin & Strauss, 2008). The last was selective coding, combining all categories with the main categories. This study produced several themes.

Result and Discussion

There are three parts to be described in the results of this study. First, the psychological problems of the subject before the pandemic. This is, at the same time, a comorbid psyche/mental subject. Second, the life of depression during the pandemic. Third, is an effort to get out of anxiety and depression during the co-19 pandemic. All of these themes are derived from the findings of the data

Psychological Experience Before Covid-19

Persistent sadness

Both of Ann's parents have died. In 2012, his father died after 10 years of having a stroke. The subject said her days changed after her father left. Ann becomes more and more withdrawn and feels empty. This emptiness is manifested by her changed attitude and behavior after her father died. Ann becomes withdrawn from social interactions, find it difficult to work, and feels disconnected from the world around her. This condition continues until eight years after his father died

The unfinished grief, because her father died, has a big effect on her. She is no longer a confident figure. She becomes anxious, feels alone, and no one understands her. Even the subject finds it difficult to express her sadness, crying, and anger.

“When my father passed away, I found it difficult to cry. I'm confused because I have no experience. I felt completely devastated. He's the reason for me to live. He loved me. I have been close to him since childhood. Seeing my father having a stroke and dying 10 years ago was not an easy thing for me. I felt my life was full of suffering because I saw him sick and passed away”.

Complex relationship with mother and family

In addition to the unfinished grief, Ann's condition is exacerbated by not-so-good family relations. According to the subject, only the father understands about her. The subject feels that she hates his mother, because of the unacceptable treatment in her youth from his mother.

"I was close to my father but not close to my mother. He understood me better the way I was. Mother was very hard on me. I felt my mother was mean to me. Whatever it was, it was wrong. Almost every day I was yelled at, once I was hit, splashed with water, and pulled my hand. I didn't understand, I didn't think my mother tortured me endlessly. I often feel anxious and afraid when I met him. I wasn't comfortable around her until I grew up."

In addition to not having a close relationship with her mother, Ann also has a bad relationship with her siblings. She is the last child of three siblings. His older brother tends to have strong conservative religious views. Meanwhile, her older sister experiences domestic violence from her husband, owing hundreds of millions. According to the subject of domestic violence and this debt is settled by his parents repeatedly.

"My older brother almost always says I was a naughty girl. He repeatedly forced his religious views on me. This made me really depressed at home. My mother also loved him more than me. My sister was also the same. Marrying young with a man who was not irresponsible and caused my father to have a stroke because my father was in debt."

The complexity of this relationship makes the subject feels that she has an unequal family (family homeostasis). Ann feels her life is full of endless suffering. This suffering, pain, and resentment, carried throughout her life as a bitter experience and negative emotions.

Ann feels not accepted for who she is. Feeling not accepted by the family, for what is owned by her. Various demands from family, relatives, and the environment make the family and Ann's complications even more complicated.

Bullying at Workplace

Ann worked for a non-governmental organization (NGO) for four years. During that time, there was a lot of psychological violence experienced. This condition occurred at the same time she lost his father. She decided to work because the family's financial condition was squeezed due to his father's illness. Her mother had to spend a lot of expenses on the treatment of her father. Ann's workplace initially gave her space for expression and work. But gradually, she experienced exclusion and marginalization by people who did not agree with her.

"When I first started working, I was very excited. But gradually, conditions changed. I, who was also working on my thesis at the time, was also stressed with a lot of workload. The conditions of the incredible workload, coupled with the violence I experienced, were real. I have not been spoken to by people who have different views. I was ostracized. More and more, I felt like I was experiencing anxiety at work. I had to fight tooth and nail not to be anxious every day when I walked into the office and met the perpetrators of violence against me."

During four years of work, she lost a lot of self-confidence. In her fourth year, she decided to drop out. At first, she did not realize that the effects of working with violence could be very large. Even in other workplaces, she must be fully aware that she has experienced a trauma that she must recover from. Feeling insecure about the results of her work, and feeling unperformed, were things that the subject felt after leaving the previous workplace.

"I realized that the bullying I was experiencing was real. I was not in denial. And it was dangerous for my mental. I had to work on making myself realize that I was not like that. I was made to blame myself. I had to work on realizing that I didn't carry the wound anywhere and it was not permanent."

Psychological Experience During the Covid-19 Pandemic

Anxiety Due to the Covid-19 Pandemic

The Covid-19 pandemic has also had a major effect on subjects falling into depression. The subject who works as a researcher and consultant with high mobility, experienced shock, and stopped completely. The subject is stuck because she is constantly at home due to the flight ban during restrictions. Any plans she makes to work while traveling are postponed indefinitely.

"My job is as a consultant and researcher who always flies here and there when doing research. During this pandemic, my mobility was limited. Around the last week of March 2020, I cried for no reason. I felt insignificant, I felt lonely, and I was worthless because I didn't do anything during the pandemic. This was the first time, I was having trouble adapting. I often got migraines and worried about future situations and conditions."

A month during the Covid-19 pandemic, she started to get busy with work. Ann struggled with various activities. However, in the middle of preparing for work, the mother passed away. This condition had a huge impact on her. She began to be unable to concentrate, withdraw, feel guilty, and worry for no reason. Due to this condition, communication with her husband was disrupted. Her relationship with her husband also deteriorated.

"After my mother died, my husband and I were busy at work. But at the end of the event, I started to withdraw and burn myself out. I'm tired of seeing my husband constantly working, while I really need him to deal with the loss of my mother. It felt like he cared more about his job than me, who was struggling with grief that I didn't understand. "

Increased grief: the mother died during the pandemic

This unfinished grieving of the father's process got worse when during the pandemic, her mother died suddenly due to a stroke. When her father suffered a stroke 10 years old, her

mother left after only 2 days, after which oxygen saturation was found to be very low. This condition shook her mentally and made it difficult for her to feel emotions until she felt numb.

“When my mother passed away, the condition was worse than when my father left. Because during the pandemic, mother was buried with the Covid-19 protocol. She didn't leave any messages. A few months after my mother left, I was overcome with rage, unexplained sadness. I was gloomy and couldn't stop my thoughts. I felt completely immersed in endless sorrow.”

Ann begins to feel great anger at herself, considering herself guilty to her mother. But at the same time, Ann feels hatred for her mother, which is not conveyed. Mixed love and hate become one in Ann. The unfinished problem with the mother continues to carry over. She denies that her mother has died. One night after three months after her mother's death, Ann experiences great sadness. She always cries without considering anywhere, when she remembers her mother.

Psychosomatic

Six months after the mother died, the subject experiences various physical disorders. Starting from the feeling of excessive urination, pain in the stomach with menstrual disorders, feeling the pain move to spinal pain, headaches, head tingling, and throbbing without stopping. Ann examined this complaint to 15 doctors without a satisfactory diagnosis: A general practitioner, dentist, and obstetrician after she visited. At the last examination, she met with a neurologist because the subject had a moving headache. The doctor who examined Ann was advised to see a psychiatrist.

“In December, it was the peak of my illness. From December to maybe February 2021, I came to dozens of doctors without a clear diagnosis of the disease. Starting from urologists, ob-gyn doctors, general practitioners, condition doctors, psychologists, and ending with psychiatrists. My pains were moving. My neck was tight, I had trouble sleeping, my head couldn't stop thinking, I had a lot of nightmares, and I was often visited by my mother. Even my late father, who rarely came to dream, also came.”

In February, for the first time, she visited a psychiatrist. The subject admitted that she had resigned herself to the doctor's verdict and that her depression and anxiety scale was quite high. Ann has been taking antidepressants for quite a long time. Until she was declared able to start psychotherapy.

“When I first took the medicine, I was scared. Because people said, this would make addiction. But the doctor said that I should trust him. He would not give the wrong dose of medicine and would definitely recover. A few months after dropping the dose, I really got better and was advised by the doctor to start psychotherapy with a psychologist. For

me, when you had mental health problems, didn't go to a shaman but asked for professional help."

The first treatment that the subject received from the psychiatrist was antidepressant drugs which had to be taken in the morning and afternoon in 1 day with high doses. This treatment, until this research was carried out, was still ongoing, even though the dose had decreased.

Anxiety and Depression

Depression and anxiety experienced by the subject is a heavy experience that she goes through. Ann said that when she gets into depression and anxiety, she can't control her way of thinking. Until her head is very dizzy, and wants to bang it against the wall. Another time, Ann is rolling on the floor in inexplicable grief. Banging hands against walls, throwing books, and going back to daydreaming for hours without wanting to speak

"When I entered depression, I felt a dark cloud over my life. I feel numb. Not sure whether dead or alive. I wanted to die, but a realization that told me not to die came out of nowhere. That night, before I went to a neurologist and was referred to a psychiatrist, I said goodbye to my husband. If I died first, don't be surprised. And, of course, this really hit him psychologically. I saw him praying and was confused about praying because my condition was like a zombie who was about to die."

In addition, the subject said that she is worried about many irrational things. She often dreams of meeting her mother, hearing a whisper in her ear, and thought of negative things, for example seeing water being boiled, being afraid that there are germs in it, meeting neighbors, being afraid to socialize, and even washing dishes, being afraid because the soap can be toxic. These irrational worries torment her day after day.

Ann has a mood disorder characterized by loss of joy or arousal accompanied by symptoms of hopelessness, empty feelings of guilt, loss of hobbies or pleasures, sleeplessness, loss of appetite, and loss of energy. This mood disorder can only be diagnosed as a depressive disorder if these symptoms persist for at least two weeks resulting in disruption of daily activities. What Ann experienced is more than three months

Experiencing depression during a pandemic is not an easy matter. Under normal conditions, people who experience depression feel heavy, especially during a pandemic. During the pandemic, depression has become a dark time. Ann only feels sadness, darkness, and gloom. In severe conditions, she could no longer feel emotions at all. The body deteriorates with various physical complaints ranging from moving pain, headaches, and tension in the neck

and shoulders, if it gets worse it can hit a wall to plan suicide. Covid-19 makes the world really feel dark for those who experienced it. Ann expresses how she feels when depression approaches;

"When depression sets in. To be honest I felt numb. I could no longer feel the emotions and feelings that happened. In my head, only negative worries and thoughts. I could daydream for hours. Thinking bad things. I hated many things around me, and I wanted to be angry. I had said goodbye to my husband if I died first, he shouldn't be shocked and sad."

What Ann experienced, according to her psychiatrist, was 40% depression and 60% anxiety. In the concept of psychiatry, this is referred to as psychosomatic. The psychosomatic symptoms that Ann feels are muscle twitching in her head, tight muscles in her neck, restlessness all the time, tired almost every day (motor tension), short and heavy breathing, palpitations, previously experienced cold and wet palms, and dry mouth. every night sleeping, dizziness or lightheadedness, nausea, diarrhea, stomach discomfort, especially when anxious, frequent urination when experiencing psychosomatic symptoms for the first time, difficulty swallowing when panicked (autonomic hyperactivity), more sensitive to pain and shifting, difficulty concentrating difficulty sleeping, as well as irritability (excessive alertness and reduced capture). When examined with medical devices, all three are declared normal. Anxiety and depression disorders have at least 6 of the 17 symptoms above. As a result of the psychiatric diagnosis, Ann has 10 symptoms. According to the psychiatrist, Ann is above the tolerance threshold.

Efforts To Get Out Of Depression And Anxiety

Realizing That She Was Not Well Mentally

Getting out of depression can not be obtained in an instant way. Her recovery depends on the person's ability to realize that she is not feeling well, be willing to seek treatment, and process her feelings and ways of thinking. Each person's depression journey is very personal. There is no single formulation to heal. However, the first key that people with depression have in seeking recovery are seeking help and realizing that they have a problem.

In many psychosomatic cases, namely depression and anxiety, the patient usually has consulted several doctors to identify the disease she is experiencing. Psychosomatics has an irregular pattern of symptoms. Finally, doctors do not consider the psychological aspects of confusion with the diagnosis experienced by people with depression. Some others only realized when they get to a psychiatric doctor for their condition

Some depressed people need medication and some others only needed psychotherapy through a psychologist. Drug administration is carried out by a psychiatrist by looking at the degree of severity of depression with a psychological test. Antidepressant drugs have a good effect on depressed people to improve their mood and physical condition. However, medication alone is not enough. When the drug is down, depressed people have to do psychotherapy. In addition to psychotherapy, the recovery of depressed people are also largely determined by how strong the support system is and good family support, financial ability, and willingness to recover.

"After meeting with several doctors at the hospital, I realized that I was not feeling well mentally. Imagine the 15 doctors I met, did not make me feel better than I felt,"

The realization that she is not feeling well mentally becomes the starting point for Ann's healing. It is this realization that prompts Ann to have her mental health checked. This is not the first time Ann had her mental health checked by a psychiatrist. Several months after her father's death, Ann checked her mental health at the Sardjito Hospital, Yogyakarta in 2012. However, according to her, the effort is incomplete. In 2020, with the disorder being felt increasingly severe, Ann makes up her mind for complete healing.

Unraveling ways of thinking with professional help

Depression experienced by a person is closely related to the perspective, the value of life, and the way of thinking that she believes. Depressed people are people with a black-and-white way of thinking. Where she is very sacred and inflexible with life that does not always run linearly. Depressed people find it difficult to accept change and have difficulty negotiating with the external conditions they faced. As a result, if anyone agrees with her, she will defend her to the death. conversely, if she does not agree, she will really hate people who do not agree with him. Depression also often occurs with the inability of people to meet and accept themselves. In Ann's case, her depression is closely related to the upbringing she receives from her mother as a child.

"When I fell into depression, I started to see clearly what was going on in my life. I lived with a mother who found it difficult to feel the taste of her child. She was always tough with the will she wanted for his children. This condition pressured me until I grew up. When my mother passed away, I understood that the effects it had on parenting were inevitable. And it was true, when I was depressed, my mother's departure did not only bring sadness. But I realized I've never lived to be myself. I live off my mother's unfulfilled desires. Depression was the alarm. I could no longer live a life in black and white, full of

violence, and anger, like my mother who failed to define her desires, it was hard to feel the feelings of other people as well as thought rightly and acted rightly for her own life."

While recovering with antidepressants, Ann learns to untangle her thoughts with the help of a psychologist. She goes through various models of psychotherapy. The form of psychotherapy needed for depressed people varies. There were Cognitive Behavior therapy (CBT), kinesiology, 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 depressed people.

"I did a series of psychotherapy. Approximately up to 10 times of psychotherapy both kinesiology, CBT, writing, and reading books related to psychotherapy. Basically, psychologists only facilitated the psychotherapeutic process. It is those who are depressed who must really process what they find through dialogues within themselves to find out what is at the root of depression. Not always the problem is solved in 1 psychotherapy. In the case of my depression, I really process what happened and in 1 session of psychotherapy, I can find the knots of my depression. ."

Ann took 6 meetings of kinesiology therapy, 3 meetings of mindfulness therapy, and 1 time of hypnotherapy. In addition, Ann also learns CBT from various reading materials that she obtains from books.

Understanding spirituality

When depression occurs, people would fix various problems in the past, starting from parenting patterns, history of violence, disappointment, and trauma. One by one, sees and feel again and examine. This condition is marked through deep dialogue with oneself. It is experienced through dialogue with oneself, which becomes an effort to release the bonds of depression. For Ann, these dialogues do not take place once or twice. Ann feels the need to constantly seek new meanings for life and all the problems she experienced. It is these dialogues that introduce Ann to trying to find the authenticity of life, about God, nature, and fellow human beings.

"The first time I experienced depression, I just prayed to Allah SWT and Prophet Muhammad to be safe. Because it was like boarding a plane, the shaking would be very hard. I remember well, the night when I was in the most severe depression, I heard laughter in my ears, namely the two words "Allah Allah". I didn't know where the sound came from, but I woke up. Several months later, I also dreamed of meeting Nur Muhammad. Spiritually, I believed, I would survive with the two signs. But that was only the beginning, I was educated on the true meaning of the pillars of faith, the pillars of Islam spiritually. Met many facts about what life was, and what death was. I thought depression was the most luxurious thing I had experienced in my life. Not everyone was given that opportunity."

Searching for Authentic Self: What was the way out from a Javanese perspective?

In times of depression, people are faced with meeting again to accept life as it is. Depressed people think that they are the most miserable people in the world. They have a complicated and unhealthy way of thinking by seeing things from a negative perspective. In this position, survivors said that living with depression is like having to change your perspective, way of life, and way of thinking holistically about life.

“Getting the gift of depression makes me really concerned about my mental health. If Covid-19 is called natural selection for tough humans, I know depression is also God's selection to make humans tough during a pandemic. To be honest, this depression brings me back, not only bringing me back to faith but also to measuring my history as a Javanese. I understand, my perspective, life, and way of thinking are not rooted in my own reasoning system and culture. I live in Java looking for all happiness with western thinking, and in the end, I fail to find my own authenticity.”

Living with depression during a pandemic, apart from being tiring, also provides a turning point for someone who is experiencing it. Those who survive depression during the pandemic have a truly rich experience in seeing life. Depression is a sign from the human body that something is wrong during one's life and subconscious. There is an asymmetry between heart, mind, and taste. Depression is a sign that a person must be true to himself as a human being.

“When I entered the dark alley of depression, I began to question many things that I believe in as a human being. Honestly, my life has started empty since I was a child. I ignore it. I was constantly running to escape from that emptiness. Until finally, I was faced with a point to face that emptiness. I know, there is something wrong with me. Something needs to change, and I walk down the loneliest alleys in my life to say hi, and it hurts” .”

In Ann's psychotherapy experience, various approaches have had remedial effects. However, psychotherapy approaches that import ideas and models of therapy from outside often do not suit the conditions of depressed people who has different cultural backgrounds. Local context becomes important in the psychotherapy process, especially if one has a strong Javanese culture.

“When my mother died, I fell into depression, and I started psychotherapy, I realized that the CBT, kinesiology, and hypnotherapy approach models were not one hundred percent suitable for my situation and condition. I often have dreams of my mother. many times. All the meetings in the dream make my mind often sad. Before fasting, I worshiped all my ancestors. Starting from my mother to my grandparents (7 levels and above). My uncle told me to sow roasted black soybeans on my mother's grave, made pancen (offerings), made slametans (making cooking for celebrated), came to the palace, met courtiers, etc. I do not know if I do not understand, after that, my mother no longer comes to my dreams. This really shakes the rationality of the mind which I believe is a way of thinking to seek the truth.”

Experiencing depression makes Ann begin to reconstruct the core belief system that she believes in so far. In Javanese way of life and behavior, knowledge is called “ngelmu”. Knowledge is not only what is read from books. In the order of knowledge in Java, what is called ngelmu is to understand, understand and feel one's own experience. So in Java, it is known as “ngelmu iku kelakone kanthi laku”, practice or knowledge only really becomes knowledge if you know, understand, and feel the experience of knowledge yourself. Depressed people who are experiencing a mental crisis experience a drought in their true selves. For Ann, that is what to look for. One of the ways is to return to embracing authenticity in the right way of thinking, feeling right, and acting right. In Java, one of the psychotherapies that can be done independently is a personal relationship with the soul from the thoughts of Ki Ageng Suryomentaram (KAS).

“During a kinesiology session that used an eastern approach and consulted 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 has always been there. Java. They convinced me to come back to see my grandparents. They said, there was something you have been leaving and needed to be embraced as a way of life. Try searching in Java, and I am lucky to meet Ki Ageng Suryomentaram. It is in this psychotherapy process that I get many answers to the feelings that I have been living with.”

The principle held by KAS is that every human being must be able to train the mind, heart, and fourth sense measure (true self) which are always right. It is this ability that Ann learns during the recovery process: knowing her feelings, thoughts, and actions. The measure used is not merely cognitive behavior but uses feeling. The first step is to examine the sense of self. One has to really examine one's own desires to be free from jealousy, pride, regret, and worry. Life is basically a pendulum that moves from joy to sorrow. There is no happy forever and no sad forever. By researching the sense of self, one could then learn to feel the taste of others.

By understanding the feelings of other people, people will understand how to act, think and feel the right way. Ann feels she can understand herself, understand her own feelings, and can advise herself. This position is marked by one's ability to find the "True I" which is the authenticity of human beings.

KAS has given me a broader way of thinking about looking at life. My life as far as I've experienced up to 30 years is just hard and complicated. With the KAS model, I know that I am very rich when I examine the feelings that are in my own mind. Our life is meaningful when we are able to feel the taste of others. It is not just our wish. My life with a western mindset turns out to be only moving around to get elbow-knocking to get, degrees of rank. The truth also doesn't need to be looked for desperately, or even difficulties that I shouldn't

have to avoid desperately. After all, I am still alive, no matter how hard it is and I am happy for a while. Happiness is now, here, like this and want. By acting arbitrarily, as needed, as needed, sufficiently, properly, and actually. I still have a lot to research of course and continue to process. But in KAS I know that people can control their own desires that will not go back into depression. I am lucky and grateful to even go into depression. This is what I am looking for 30 years and finally find it.

Ann's experience coming out of depression shows there is no single way to deal with depression. However, from the process that depressed people go through, according to Ann depression is a sign that people have to find authenticity and found themselves. These meetings begin with dialogues with oneself in order to find feelings that cling to the heart, perspectives that are in the mind, and how to act correctly. Depression is a journey to find the True I who is sure to act rightly within and of course, this makes people who returned to their Javanese find again the meaning of God and life in overcoming every problem in their life.

"In the end, I understand what Java always teaches. Semeleh (surrender), lilo (willingly), and sincerely are important keywords to get out of this kind of mental suffering. Especially during a pandemic like now

Psychology-Psychiatrist-Support System: Help of Depression

Ann's experience shows that the support system is important in her mental health. Her husband and peers are important drivers for the subject to get out of the trap of depression. In the process of getting out of this depression, Ann also has access to a lot of reading material that gives her a new perspective on life. Apart from that, she also consults psychiatrists and psychologists to help her recover and lead a more peaceful and peaceful life.

"Since I am depressed, I realize that I am not alone. My husband, my in-laws, my family, and also my good friends all support me to recover from depression. Honestly, this is a relief for me. I always feel alone facing difficult times in life. No one cared that I am going through a hard phase seeing my father having a stroke, my mother's temperament, and my siblings who are neglectful. My husband's family is my stronghold against my depression. That I do not lack anything from a small circle of family. I feel accepted as I am"

Ann also feels how the support of her husband's family has an impact on fulfilling the affection she has hoped for from her family. She feels fully accepted as a child, daughter-in-law, and protected sister. She also receives support to gain access to mental health as a whole for the situation and conditions she faced.

"In addition, I can access psychiatrists and psychologists. I know my life is not safe since childhood. Psychologists helps me to recover my messy mental state. I have to widen that

my life is like that. I am trained to develop a healthier and more positive perception of what is happening. My life feels much lighter than before.

Discussion

During the Covid-19 pandemic, people, especially women, were vulnerable to psychosomatic conditions (depression and anxiety). One of the most important determinants of depression was female gender. This finding was in accordance with the literature, which showed that women have a higher risk of depression than men (Hira Abdul Razzak, Alya Harbi, and Shaima Expert, 2019).

Based on a meta-analysis of stress, anxiety, and depression during covid 19 on several continents, it was found that the highest prevalence of anxiety and depression was in Asia (N. Salari, A. Hosseinian-Far, R. Jalali, et. al. 2020). Epidemiological studies showed that women had a higher risk of experiencing depression, stress, and post-traumatic stress than men (Lim GY., Tam WW., Lu Y., et al, 2018; Sareen J., Erickson J., Medvev MI ., et al, 2013). Recent studies on the prevalence of anxiety, depression, and stress during COVID-19 also showed that women had a higher prevalence than men (Zhou SJ., Zhang LG., Wang LL., et al, 2020; Liu D., Ren Y ., Yan F., et al, 2020). Age was also a factor that affected levels of anxiety, depression, and stress during the pandemic. The age group of 21-40 years experienced higher levels of anxiety, depression, and stress during the pandemic (Ahmed MZ., Ahmed O., Aibao Z., et al, 2020; Huang Y. & Zhao N., 2020). A person's anxiety level would also increase if at least one relative had COVID-19 (Cao W., Fang Z., Hou G., et al, 2020; Wang C., Pan R., Wan X., et al, 2020).

Humans who generally have experienced a condition of anxiety are prone to lead to depression. Thus, people who have experienced depression could relapse if they do not have coping mechanisms in dealing with the Covid-19 pandemic. The depression and anxiety faced during the Covid-19 era stem from all the uncertainty about the future. This condition makes people who have mental illness vulnerable condition. People with depression and anxiety have jump-started ways of thinking. They can worry about things that are sometimes irrational or think of the worst-case scenario in the face of conditions that have not actually happened. It is this negative thinking mechanism that triggers people to enter into a phase of anxiety and depression.

The experience of living with depression, like that of Ann's subject, shows interesting phases to observe. First, grieving because parents died. For nearly ten years the subject had been abandoned by his father, and 6 months the subject was left by his mother during the pandemic. The loss of parents caused the subject to lose grip and support in life. Prolonged

sadness causes the subject to feel increasingly lost. This persistent sadness is one of the major factors causing depression (National Institute of Mental Health, 2000).

This phase then continues psychosomatic. At first, the subject has problems with his back. For more than a week the pain in the back is still felt even though it has been treated by physiotherapy. The pain moved to the neck, teeth, stomach, bladder, and so on. More than 15 doctors had been visited but did not show significant changes. Finally, the subject consulted to psychologists and psychiatrists. Consultation with a psychiatrist shows that the subject has experienced depression.

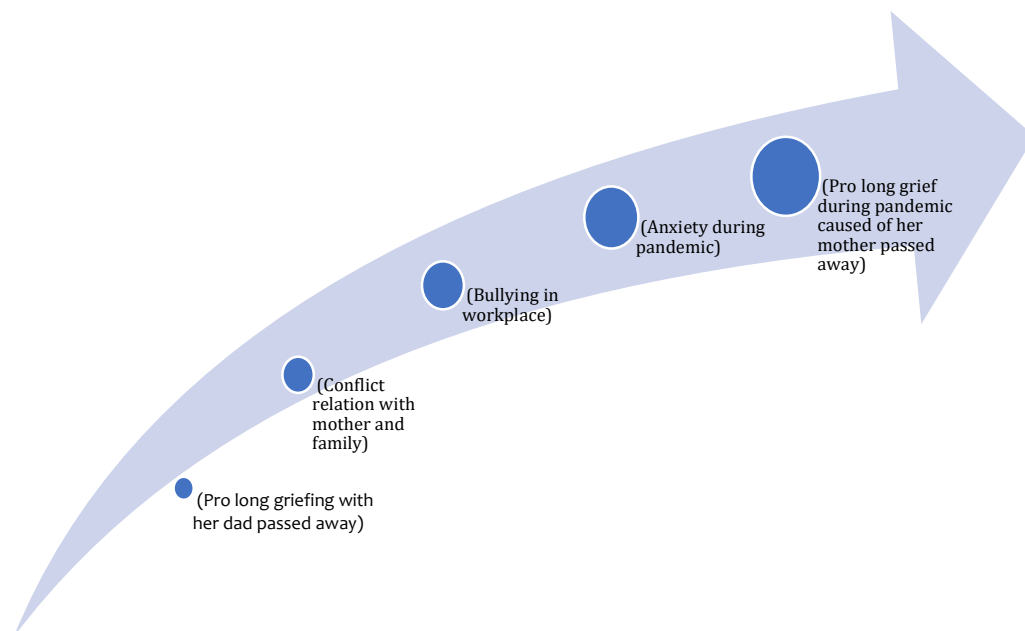


Figure 1. Subject's Depression Phases before and during the pandemic

Depression experienced by the subject is not a single cause. Figure 1. Shows Subject Ann's Depression journey before and during the Covid 19 Pandemic. The Subject experiences grieving due to the loss of both parents, past bullying, past work stress, and anxiety about the future related to the Covid-19 pandemic. The invisible Covid-19 virus, makes people tend to be anxious, a complex relationship with the mother as well as the sudden death of the mother

Media coverage that tended to give a sense of anxiety is the starting point for people who experience anxiety and depression to use thoughts that tended to be negative and irrational. People with anxiety and depression can think too much about the risk of reporting,

especially if they get hoax news that shakes their minds. Apart from increasing anxiety, some of the effects of this news are making those who are depressed think about suicide because they feel stuck in the uncertainty of the future due to Covid-19 (Khan AH, Sultana S, Hossain S, Hasan MT, Ahmed HU, Sikder T., 2020).

The onset of depression during a pandemic also occurs as a result of seeing the death of those closest to us. During the pandemic, every day more and more people died. Under normal conditions, people really need support from family, neighbors, and colleagues. This form of support is by mourning, entertaining, and performing prayer, so those left behind do not feel alone. Different conditions occur during the time of Covid-19. People left behind during the Covid-19 pandemic experience grief that is different from normal conditions. The grief during the Covid-19 period is very abnormal where people are forced to accept mourners and burial restrictions with the Covid-19 protocol. This certainly hit psychologically for those left behind. For those who are unable to digest leaving during a pandemic, people are prone to depression. The loss of the closest people during the Covid-19 period is also exacerbated by the condition where they die in the hospital without any family to accompany them.

The results of this study indicate that prolonged grief, pressure at work, and anxiety due to the pandemic result in the appearance of depression in the subject. Psychological responses to pandemics lead to depression (Mazza, et al., 2020). These findings also reflect the results of studies on post-illness psychiatric morbidity prior to the COVID-19 outbreak (Rogers et al., 2020)

The results of the study also show that the subconscious towards mental health needs in the subject is high. This seems inseparable from the support system in their environment, especially the husband. The steps taken by the subject to trace what she feels to doctors, psychologists, and psychiatrists give new space to realize her mental health. The subject's openness to what is experienced also appears. This is different from what people generally feel, that depression was a disgrace (Pratiwi, A. C. O, Palguna, I.B.N, Hulu, F., 2019). Some sources also state that people with depressive disorders were considered to have little faith.

Ann has the courage to break away from such stigmas. So, what is done then is to seek professional help to help describe the mental problems they face, in this case, psychologists and psychiatrists. Some of the treatments that are passed were drugs from a psychiatrist, kinesiology therapy, CBT. Several studies have demonstrated the efficacy of CBT in depressive disorders. A meta-analysis of 115 studies showed that CBT is an effective treatment strategy for depression and combined treatment with pharmacotherapy is significantly more effective

than pharmacotherapy alone (Gautam, M., Tripathi, A, Deshmukh, D.Gaur, M., 2020; Fennell M, 2012)

Apart from professional treatment by psychiatrists and psychologists, Ann completes her recovery efforts by tracing her family tree, great-grandmother. Several sources state that one of the factors for depression is genetic (Kendall, K., Van Assche, E., Andlauer, T., Choi, K., Luykx, J., Schulte, E., & Lu, Y., 2021).

This effort is then deepened by studying the concept of Kawruh Jiwa Ki Ageng Suryomentaram. Ann tries to combine the CBT approach which is based on cognitive (mind) with the concept of *rasa* in Javanese culture. Javanese is the place for the soul (*rasa*) is an important part of the healing process from a cultural point of view, and Kawruh Jiwa is a method of psychotherapy (Sugiarto, 2015; Kholik, 2017).

Conclusion

This research shows that many factors cause women to fall into anxiety and depression, especially during the Covid-19 pandemic. Research also shows that professional treatment is an important route to healing. Besides that, tracing the roots and understanding of taste in Javanese culture can help heal.

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