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# "INTERNATIONAL CONFERENCE ON SPIRITUALITY AND PSYCHOLOGY 2020"

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# 3 Keys To Higher Self-Esteem and Confidence

## (How to find peace in your body)

By: Michelle Melendez

Founder of WomeBeingFit.com, Weight Loss Expert and Author of the double awarding winning and best selling book, *End Dieting Hell!*

ABSTRACT:

If you struggle with low self-esteem and confidence, it is not because something is wrong with you. It is because you are emotionally conditioned to the feeling of low self-esteem. This emotional conditioning comes from a traumatic experience in your past. That way of being feels like that is who you are. It is not who you are but merely an emotional conditioning pattern that every cell in your body is addicted to.

The emotional control-center of your body is your heart. If you are feeling insecure about yourself, your heart sends signals to your brain to think thoughts that match that insecurity even though that's not what you want. This means that your brain and heart are out of synch. When that happens you feel negative emotions and have thoughts that keep you living in low self- esteem.

Your job is to first acknowledge the emotional conditioned feeling without making it right/ wrong, good/bad. Give it permission to be in your body. The next thing is to synch your heart and your brain to think thoughts that lead you to more self-confidence. You can do this by asking questions like, "What if I could feel more self-confident in my body? What would I be thinking and feeling?" Explore and uncover and new you!

If you struggle with low self-esteem and confidence, it is not because something is wrong with you. It is because you are emotionally conditioned to the feeling of low self-esteem. That way of being feels normal to you. It is not who you are but merely an emotional conditioned pattern that every cell in your body is addicted to.

Every thought you think is made up of chemicals and vibrational frequencies. These chemicals and frequency enter your body from your thoughts and start a reaction that literally changes the DNA of the cell to match the thought. This means the over seventy-trillion cells in your body vibrate at the frequency of the thoughts you think and become conditioned to that frequency.

Your body is incredibly adaptable. When you feel a feeling for as little as thirty-seconds the frequency of that feeling becomes stronger and more conditioned in your cells. If you do not do anything to create a new thought, your body can go the entire day in the emotion it started with. This would be great if you're thoughts and feelings gave you more self-confidence. However, if you're feeling insecure, that feeling will build on itself and can keep you from thriving and having a happy and abundant life.

The feelings and thoughts you think every day are not who you are. They are merely vibrational frequencies your body is conditioned to. You are not your feelings or thoughts. If you were, you wouldn't be able to change them.

The challenge is that your cells become conditioned to the feelings you have everyday. They do this so you know how to be in your life. If they didn't, you would experience your life in a new way everyday because nothing would be familiar. The problem is if you are living a life of low self-esteem then your cells are conditioned to the feelings of low self-esteem. Thinking thoughts that reflect that feels normal to you and it is repeated daily. It is your go-to emotion because of your body is conditioned to that frequency.

Your body is more powerful than you think. The cells in your body are conscious and constantly sending signals to your brain to think thoughts that release the emotional feelings they are used to experiencing. That is the problem. If you want high self-esteem but your cells are conditioned to low self-esteem, then your body will send signals to your brain to think thoughts that give it the feeling of low self-esteem and you will repeat that daily because it feels normal. Nothing outside yourself will change this.

I started discovering this information after being a weight loss specialist for women back in 2009. I watched as my clients would release weight and then a few months later gain the weight back. That is when I went on a mission to discover why and started learning about emotional conditioning and how the body sabotages desires and goals. When I start teaching

my clients about this work, everything changed and I watched as they were finally were able to keep the weight off.

The first thing you must know is that there is nothing wrong with you and nothing to fix. Your emotional conditioned behavior is telling you something about your past but that is not who you are. It is only who you are conditioned to be.

This emotional conditioning comes from a traumatic experience in your past. This traumatic experience could be in intense experience like sexual abuse or it could be as simple as someone saying something to you that hurt your feelings. Whatever it was it made an impact on your heart and created an emotional pattern in your brain that you still live with today.

Your heart is the power-house of your body. It is the most powerful organ you have. It was the first organ created when you were conceived. It started beating before you were born. It is one- hundred times more electrically powerful and five-thousand times more magnetically powerful than your brain. As you read this paper the energetic frequency emanating from your body is coming from your heart, not your brain or your thoughts.

Scientist found forty-thousand neurons in your heart which means your heart can learn and remember. When you have a traumatic experience that touches your heart, the heart will remember and work to either protect you from repeating the experience, if it was unpleasant or work to repeat it if it was pleasurable.

When you have a thought that you want more self-confidence but you've experienced a traumatic event where your self-esteem was knocked down leaving you feeling insecure you will sabotage yourself. Your heart and body do not feel normal experiencing self-confidence. Deep down you are afraid of repeating the past traumatic event.

For example, if you have an opportunity to experience something that takes more confidence than you normally have, you may procrastinate or make excuses why you can't do it. You could think to yourself, "This is such a great opportunity. Why am I not going for it?" It's not logical. It comes from emotional trauma and your heart and body do not feeling normal in the new experience.

The vibrational frequency in your heart will always win compared to what you think you want. The feeling in your heart is much more powerful than your thoughts. This is your emotional conditioning at work keeping you from what you want.

The fist key to having more self-esteem and confidence is compassion. If you struggle with low self-esteem, that means you've experienced something in your life that left you feeling

unworthy or unlovable. Something happened to the younger version of yourself that had an impact on your heart and you are still experiencing the residual of that event in your life.

Here is practice to help you have compassion for yourself. Look at your life like you're watching a movie and the leading character is not you. How would you feel about the leading character having gone through all your life experiences? That younger version of yourself was doing the

best they could trying to survive your childhood and they did or you wouldn't be reading this. Start to have compassion for yourself and your heart will begin to open-up to a new way of being.

The second key is to fully accept all you've been through in your life without making any part of your experience right or wrong, good or bad. This can be challenging because many life- experiences can be because of something someone did to us. However, when you look at your life with complete equanimity, it no longer has a trigger on you and you get to choose how you want to feel about it. That gives you freedom to think and feel in a new way that moves you toward what you want.

The last key to creating higher self-esteem is to synch your brain and your heart so they are on the same page. This takes practice. Synching your brain and heart means thinking thoughts that give you pleasure in doing an action you used to think was unpleasant. The easiest way to do this is to ask a question that gives you pleasure and challenges your brain to find the answer.

An example would be if you're going on a first date and you want to feel more confident. Instead of giving in to your normal patterns of feeling insecure ask yourself, "Why am I always so confident and charming when I first meet a possible romantic partner?" This will give the heart what it needs, which is pleasure and it triggers the brain to release feelings that match the answer to the question.

This way of thinking will not feel normal so the best time to practice it is first thing in the morning before your emotional conditioned patterns have taken hold of you. Remember when you feel a feeling for more than thirty-seconds it builds on itself. If you start practicing at the beginning of the day, you'll be much more likely to shift your normal feelings to ones that leave you with more self-confidence.

It is not a mistake you were born to the people you born to or that you live in the location you're in or that you have the body you have or that you've experienced all you've experienced. You were meant to be exactly who you are with all your quirkiness, wonderful traits and not so wonderful traits.

The probability that you would be born is one in four-hundred trillion. The buddhist say, that's like throwing one life-preserver somewhere into the ocean and somewhere in the ocean is one- turtle. On it's first try the turtle pops it head out of the ocean in the center of that life-preserver. That is the chance that you would be born you. You are meant to be here at this time in history having gone through all you've gone through.

When you emotionally expand through the trauma of insecurity and move toward more self-confidence and love you help expand the Universe and that is why we are all here. Your job is to go through life exploring who you are and evolving toward what you want. The evolution of

yourself moving toward your goals also evolves humanity making the world a better place. Thank you for your journey and courage. You can do this!

For free videos on this work or to set-up a free one-on-one chat, please visit www.WomenBeingFit.com or call me at 866.339.4438. I'd love to connect and support you on a journey that leads you toward a body you love.

# Art of Transformation

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# Art of Transformation

In the classroom of life, we come across various people who teach us diverse subject matters and facilitate us to transform. Transformation is inside-out. Once it happens, it remains permanently. Whereas change is temporary and fades out over a period of time. The beginning point of transformation is when we decide to grow through life rather than just go through life.

The word 'Transform' has it's origin in Latin 'transformare' meaning 'change in shape', 'metamorphose'. Trans means 'across or beyond' and formare is 'to form'. Beautiful examples of transformation - Caterpillar turning into a butterfly. Amazingly dragon fly goes through complete metamorphose or a transformation from nymph or larva.

Technology in any field may bring external changes but for the growth of organizations, it is important that the internal transformation happens amongst the employees and other stake holders. Thus Peter Drucker, the management guru says, "The biggest management challenge of 21st century is managing oneself."

**Need for Transformation in Health Care delivery:**
Call for Transformation in health care is a dire need. Mental Health with alarming over-weight or obesity is leading to other diseases like hypertension, diabetes, coronary heart diseases, etc. The root cause lies in the effective use of the powers of sub-conscious mind leading to the transformation.

**The Classical Case of Transformation:**
At Bhaktivedanta Hospital & Research Institute, Mumbai, India, we applied Spiritual Support System and MATCH formula for bringing in the transformation in our employees, doctors, patients, caretakers of patients, vendors and others who walk into the portals of the hospital.
Transformation has a cascading effect in our thoughts, words, images, feelings and vibrations leading to achieve success in health, relationships, business or profession, etc.
Most importantly, transformation helps us to connect with The Lord and accept the realities of life with ease.

**Transformation Cycle**
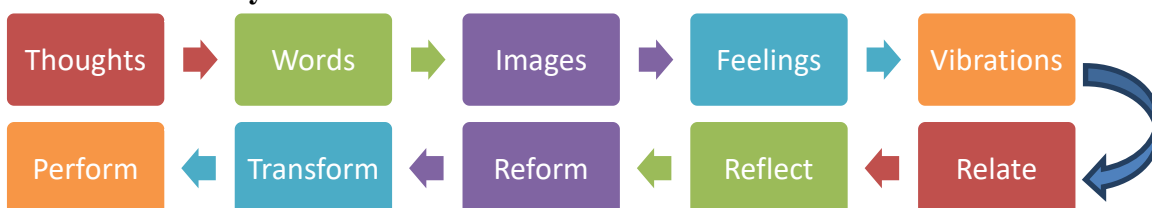


**Keywords:** Transformation, Change, Sub-conscious Mind

# Association of alcohol use characteristics with severity of alcohol use disorder (AUD) as observed in a cross-sectional study from Kathmandu, Nepal

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INTRODUCTION: Alcohol use disorder which includes 'harmful use' and 'alcohol dependence' is a serious public health concern. With the ever increasing prevalence of 'alcohol use disorder' there is an increasing need to better understand the complexities of the factors that influence alcohol use.

METHODS: A cross- sectional survey was conducted in 8 alcohol and drug rehabilitation centers (residential treatment centers) of Kathmandu, Nepal, in September 2018, involving 225 male patients. AUDIT screening test was used to screen patients with alcohol use disorder. A self-report questionnaire was developed to measure socio- demographic characteristics and alcohol use characteristics (which included age of initiation of alcohol use, previous admission at rehabilitation centers/hospitals for alcohol related problems and previous abstinence attempts).

RESULTS: Data was analyzed using descriptive statistics and Pearson chi square test ( bivariate analysis).Among the patients with AUD, 75% of the patients were screened to have alcohol dependence(AUDIT score $\geq$ 15) and 25% were screened to have harmful use (AUDIT score 8-14).  32% of the patients initiated alcohol use before the age of 18, 90% had previous abstinence attempts and over 50% had previous admission at rehabilitation centers or hospitals due to alcohol related problems. A statistically significant association was found between alcohol use characteristics and severity of alcohol use disorder.

DISCUSSION:  Patients with AUD not only have different demographic, social, cultural background but they also have different alcohol use characteristics such as the age of initiation of alcohol use, previous abstinence attempts and previous hospital/ rehabilitation centers admissions. These characteristics may influence the development and the severity of alcohol use disorder later on in life. More research is needed to substantiate the findings from this study.

Key words: Alcohol Use Disorder (AUD), Age of initiation of alcohol use, Alcohol Use Disorder Identification Test (AUDIT).

**Association of age of initiation of alcohol use with severity of alcohol use disorder (AUD).**

## Introduction:

Alcohol substantially contributes to the global burden of disease. 4% of the total mortality and close to 5% of disability adjusted life years (DALY) can be attributed to alcohol use. It is therefore recognized as an important modifiable risk factor for health (1). A spectrum of use has been identified in alcohol users; ranging from one-time users, occasional users, regular users, hazardous users, harmful users (alcohol abuse) to those with alcohol dependence (2). Alcohol use disorders (alcohol abuse or harmful use and alcohol dependence) is considered one of the most important public health problems of the modern world. Although medical approaches are being applied in healthcare settings to deal with the problems of alcohol use, it is equally important to take a community approach and try to address the broader dimensions of alcohol use, including the socio-cultural context from a national or regional perspective (3).

In 2006, substance dependence and abuse were diagnosed in about 22.6 million persons in the United States. AUD is considered to be one of the most prevalent mental disorders worldwide(4). It is a cause of concern not just in high-income countries but also in low and low-middle income countries, with the prevalence of AUD being 9% in Colombia (5), 5% in India(6), 2.5% in Sri Lanka (7)and 18.4% in Brazil(8). According to WHO- Global Status report on alcohol and health-2014, the prevalence of AUD in Nepal is 1.5% which is comparable with the average for the WHO Southeast Asia Region (2.2%) (9). However, studies have shown wide variations in prevalence of AUD in Nepal ranging from 2.8 % to 25% (10, 11) .

Nepal is not only a multicultural and multi-ethnic country but it has also been observed as being an ambivalent society in terms of alcohol use(12). The different ethnic groups in the country can be categorized into two broad categories of Traditional Alcohol Users (TAU) and Traditional alcohol non-users (TANU) (13) but with time, traditional sanctions and caste-bound restraints have been slowly disappearing. The use of alcohol and drugs has in recent times affected all classes of society. Child Workers in Nepal (CWIN), a non- governmental organization did a large-scale study in Nepal covering 2400 households which included 16 districts representing both rural and urban areas as well as all ecological and development regions. The study found that around 60% of the population have experience with alcohol use and 41% have taken it in the last 12 months. Among those who have had tried alcohol, 38% were using it regularly (1-5 days in 30 days) and 10% classified as daily users (20+ days in a month). Men drink more than women (21 % female as compared to 50% male having taken any type of beverage in the last 30 days)(12).

Home-brewed alcohol is the most common form of alcohol consumed in Nepal and as they are bought and sold without any official records it results in underreporting and incorrect reporting of data regarding consumption of alcohol. According to a community-based survey conducted in 2002, the prevalence of alcohol dependence increased gradually with increasing age until the 41-54 age group range (after which there was a slight decline). Likewise, those with lower levels of education, widowers, divorcees and those belonging to the 'Matawali /Traditional Alcohol Users(TAU) ethnic group had a higher prevalence of alcohol dependence (11). In a study conducted among Luitel, N.P, the prevalence of AUD was found to be 3.6% among the TANU group (Brahmin, Chhetri), whereas the prevalence was around 12% among the TAU groups (10).

In Nepal, even as there are legal restrictions in place for children less than 18 years to drink or to be sold/offered alcohol, the law allows the TAU groups to prepare alcohol at home during ceremonies and as all members of the household then consume the alcohol thus prepared, even the children are presented with alcohol and most start consumption while still a minor(13). In light of such tradition, it would be beneficial and logical to further our understanding of the role of age of initiation of alcohol use and its relationship with alcohol use disorder.

Studies have found links between early initiation of alcohol consumption and heavier alcohol use later on in life (14-18). The National Institute of Alcohol abuse and Alcoholism (NIAA) conducted the National Epidemiologic Survey on Alcohol and related conditions (NESARC) in 2001-2002. In the course of the study, face to face interviews of the sample of 43,093 individuals 18 years and older. In this study, the prevalence of lifetime dependence in those who started drinking before the age of 14 years was 47% compared to 9% among those who started drinking after the age of 21 years. Those who began drinking early were also more likely to experience multiple episodes of dependence. Even after controlling for confounders such as age, sex, race/ethnicity, marital status, smoking, and drug use, family history of alcoholism, etc., those who started before the age of 14 years are still at elevated hazards of developing lifetime dependence(17).

 However, some reviews have indicated that the association between age of initiation of alcohol use and alcohol-related problems in later life may not be causal association and other potential confounders (e.g. conduct disorder at school, family history of alcohol use, health, socioeconomic status, emotional control) may also have to be considered before drawing any causal inferences (19, 20).

Likewise, the benefits of previous abstinence attempts and previous admissions at a rehabilitation center or hospitals for alcohol-related problems and its association with future alcohol use (severity of use) remain unclear and scientific evidence is scarce in terms of the above two alcohol use characteristics and severity of alcohol use later in life. A greater understanding of the association between the above characteristics and severity of alcohol use remains necessary to develop effective and appropriate interventions in regards to alcohol use.

The aim of the study is to investigate socio-demographic characteristics, 3 different alcohol use characteristics and severity of alcohol use (i.e. either harmful use or alcohol dependence) of the participants. In addition an attempt is also made to explore the association between alcohol use characteristics and severity of alcohol use.

## Methodology

**Study Design**: This was a descriptive, cross-sectional, institution-based study using the quantitative method. It was conducted between July and August 2019 in various drug and alcohol rehabilitation and detoxification centers in Kathmandu, Nepal. Eight Rehabilitation centers were randomly selected from a list of registered rehabilitation and detoxification centers in Kathmandu. Ethical approval was received from Nepal Health Research Council (NHRC).

**Study Population**: The subjects for this study were individuals admitted in various drug and alcohol rehabilitation centers and who endorsed alcohol as either their primary substance of choice or as their secondary substance of choice (used when primary substance not available) and had used alcohol at least once in the previous year (from the

informed written consent to participate in the research and those who screened positive for Alcohol Use Disorder in the screening questionnaire were included in the study. Patients with clinical conditions (e.g: severe withdrawal) which may render them unable to communicate with the interviewer and to participate in the study were excluded from the study.

From the 8 rehabilitation centers, 382 individuals consented to participate in the study. 254 individuals were screened positive for Alcohol Use Disorder (AUDIT score $\geq$ 8). Out of these, 29 questionnaires were excluded for incomplete answers and unclear answers (e.g: tick marks on two numbers of a Likert scale). The remaining 225 were finalized for analysis.

## Measures

**Screening tool:** AUDIT scale, which was used to screen patients for Alcohol Use Disorder. Nepali version of the scale will be used. The scale contains 10 items.  Alcohol Use Disorder Identification Tool (AUDIT) was used to screen patients for Alcohol Use Disorder. It is a simple method developed by the World Health Organization (WHO) to screen for AUD among alcohol users. The scale consists of 10 items, measured from 0 through 4 for the first 8 items and as 0, 2 or 4 for the last 2 items. For our study, Cronbach's alpha for the AUDIT screening tool was found to be 0.804. Scores of $\geq$ 8 were used to screen positive for  AUD (8-14 considered as harmful use while $\geq$15 considered as alcohol dependence) (21). According to a review, the sensitivity and specificity of AUDIT were found to be better than other screening measures for AUD and the Non-English versions of the AUDIT used in different cultural settings have reported uniformly high internal consistency(22). Severity of Alcohol Use Disorder was assessed

by the AUDIT score, scores $\geq$ 15 indicated alcohol dependence (more severe) compared to scores 8-14 indicating harmful use (less severe).

A Questionnaire was developed by the researchers to assess the socio-demographic characteristics and alcohol use characteristics of the individuals who participated in the study. The questionnaire consists of 2 Parts:

**Part 1:** Socio-demographic and clinical characteristics, **Part 2**: Alcohol use characteristics

 Part 1: **Socio-demographic characteristics**: included 7 items: 1)
Age, 2) sex, 3) ethnic group, 4) marital status, 5) education, 6) employment status, 7) Income

**Part 2:** Alcohol Use Characteristics: included 3 items 1) Number of previous abstinence attempts 2) Age of initiation of alcohol use 3) Number of previous admissions at rehabilitation centers for alcohol use.

For our study, these were the operational definitions for the alcohol use characteristics:

**Number of previous abstinence attempts:** Number of times the respondent has attempted to abstain in the past, periods without alcohol consumption for at least 1 month in duration was considered as an abstinent attempt.

**Age of initiation of alcohol use:** Grant has defined the age of onset as the "age at which patients first started drinking, not counting small tastes or sips of alcohol"(23).The Grant (1998) definition for the age of onset of initiation was used in this study.

**Number of previous admissions (for alcohol use)**: Number of times the participants have been admitted at rehabilitation centers or addiction correctional facilities (including hospitals) before this admission for alcohol-related causes.

The questionnaire was a self-report tool. For individuals who could not read, the questions were read out by the researcher as it is on the questionnaire.

**Sampling Technique:** Simple Random Sampling was used to select the sample population. A list of all the registered rehabilitation centers was computed and each center was considered as a sampling unit. Centers were selected randomly from the list. 8 centers were selected randomly, and all the individuals in each of the selected centers were included in the study.

**Data Analyses**: Data was entered in MS Excel and analyzed in SPSS v.22 licensed by Chulalongkorn University. For descriptive statistics, categorical data was analyzed by frequency and percentage while the continuous data was reported in mean, range and standard deviation (S.D). Inferential analyses were done employing the Chi-square test and Binary Logistic Regression.

**Results**

Table 1 shows the socio-demographic and clinical characteristics of the study participants. The mean age of the participants was 33.7 years. The study participants were all male. This is because the rehabilitation centers housed all male or all female members and during the process of random selection only all-male centers were selected. More than half (54.7%) of the participants were in the age group of 25 -45 years. 49% of the

participants were 'married' and the rest were either single, widowed or divorced. 43.5% of the participants belonged to Traditional Alcohol Non-using ethnicities (TANU) while 56.5% belonged to traditional alcohol using ethnicities. Slightly more than one-third of the participants had high school education or above, while 7% were illiterate and 14% could only read and write but had never received formal schooling. For the 7.1% of patients who were illiterate, questions were read out to them by the staff at the rehabilitation centers, further interpretation was done on the basis of patient's own judgments, further explanations not provided. Almost 18% were unemployed. More than half the participants reported to having an income lower than NPR 20,000 (USD=175.4).

*Table 1 Socio-Demographic characteristics of study participants*

| Characteristics | Patients | |
|---|---|---|
| | N | (%) |
| **Age (years)** | | |
| 18-24 | 61 | (27.1) |
| 25-45 | 123 | (54.7) |
| >45 | 41 | (18.2) |
| Range | 18-61 | |
| Mean (SD) | 33.7 ± 11.2 | |
| **Marital Status** | | |
| Single | 96 | (42.7) |
| Married | 110 | (48.9) |
| Divorced/ Widowed | 19 | (8.4) |
| **Ethnic Group** | | |
| Traditional Alcohol Non-Users (TANU) | 98 | (43.5) |
| Traditional Alcohol Users (TAU) | 127 | (56.5) |
| **Education** | | |
| Illiterate | 16 | (7.1) |
| Can read and write | 32 | (14.2) |

| Characteristics | Patients | |
| --- | --- | --- |
| | N | (%) |
| Primary School (Grade 1 -4) | 22 | (9.8) |
| Middle School (Grade 5-8) | 34 | (15.1) |
| Secondary School (Grade 9-10) | 39 | (17.3) |
| High School (11 and 12) | 51 | (22.7) |
| College level | 31 | (13.8) |
| **Occupation** | | |
| Unemployed | 40 | (17.8) |
| Employed | 185 | (82.2) |
| **Monthly Income (NRS)** | | |
| ≤ 20,000 | 63 | (28.0) |
| >20,000 | 162 | (72.0) |

Table 2 shows the AUDIT score of the participants. Out of the 225 individuals who were screened positive for AUD with the screening questionnaire, 57(25.3%) were found to have alcohol abuse while 168 (74.7%) had alcohol dependence. The much higher proportion of alcohol dependence compared to harmful use was probably because the study was conducted in residential treatment centers. In a community sample prevalence of harmful use is likely to be higher than alcohol dependence.

*Figure 1 Severity of alcohol use disorder among the participants*

57 (25.3%)
- Harmful Use
- Alcohol Dependence

168 (74.7%)
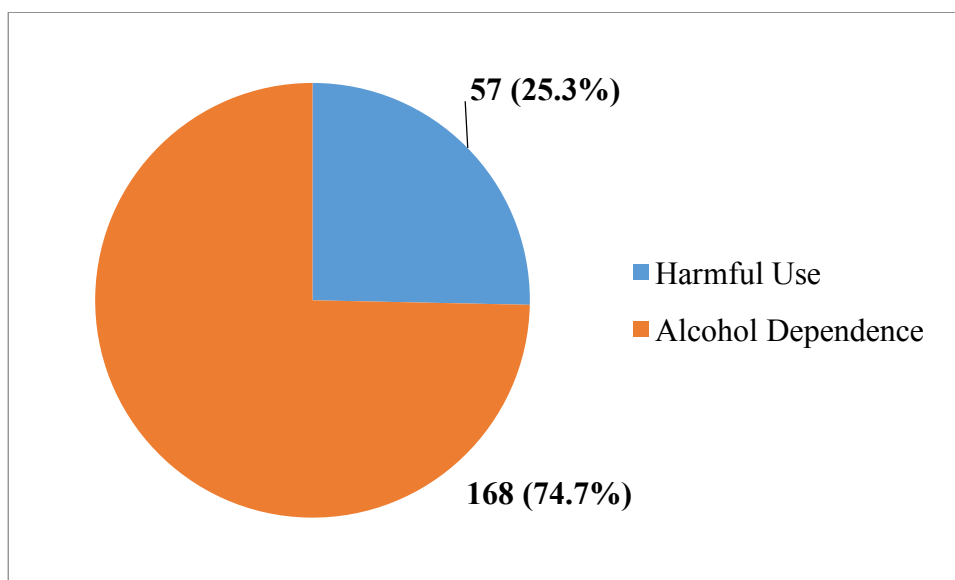
*Table 2  Alcohol Use Characteristics*

| Characteristics | Patients | |
|---|---|---|
| | n =225 | (%) |
| **Age of Initiation (years)** | | |
| ≤18 | 74 | (32) |
| >18 | 151 | (68) |
| Range | 10-57 | |
| Mean (SD) | 20.65 | (6.87) |
| **Abstinence Attempts (times)** | | |
| 0 | 25 | (11.1) |
| 1 | 59 | (26.2) |
| 2-3 | 52 | (23.1) |
| ≥4 | 89 | (39.6) |
| Range | 0 - 50 | |

| | |
|---|---|
| Mean (SD) | 4.86 (6.35) |
| **Number of previous admissions (Hospital or Rehabilitation Centers)** | |
| 0 | 101  (44.9) |
| 1 | 52  (23.1) |
| ≥2 | 72  (32.0) |
| Range | 0 - 20 |
| Mean (SD) | 1.44  (2.39) |

Table 4 shows the association between the severity of alcohol use (harmful use and alcohol dependence). On bivariate analysis using the chi-square test, all three alcohol use characteristics (i.e. age of initiation, previous hospital/rehabilitation center admissions and previous abstinence attempts) had a significant association with severity of alcohol use (i.e. harmful use versus alcohol dependence).

Age of initiation was divided into those starting before 18 years and those starting after 18. Age groups were divided as such in consideration of legal restrictions for those less than 18 from drinking alcohol. 74 (32%) individuals started alcohol use before the legally allowed age limit of 18 years, whereas 151 (68%) of the individuals started alcohol use after the age of 18 years. In the study sample, among those who started before 18, 85% had alcohol dependence whereas, among those who started after the age of 18, 70% of the individuals had dependence whereas 30% were at the level of harmful use.

In regards to the previous admission, the majority of the sample 55% of the individuals had a history of the previous admission whereas 45% had no history of the previous admission in Hospitals/Rehabilitation Centers. Among those with prior admission 80% had alcohol dependence whereas those with no history of prior admission, 68% had alcohol dependence whereas 32% were at the level of harmful use.

There was also a statistically significant association between previous abstinence attempts and the severity of alcohol use.

*Table 3 Association between Alcohol Use Characteristics and AUD*

| Alcohol Use Characteristics | Alcohol Use Disorder | | P-value * |
| | Harmful Use | Dependence | |
| | n (%) | n (%) | |
| --- | --- | --- | --- |
| **Age of initiation** | | | 0.011 |
| Less than 18 | 11 (14.9) | 63 (85.1) | |
| 18 years and above | 46 (30.5) | 105 (69.5) | |
| **Previous hospital/ rehabilitation center admission due to alcohol-related causes** | | | 0.048 |
| No previous admission | 32 (31.7) | 69 ( 68.3) | |
| History of previous admission | 25 (20.2) | 99 (79.8) | |
| **Previous abstinence attempts** | | | 0.028 |
| No previous abstinence attempts | 10 (40.0) | 15 (60.0) | |
| 1, 2 or 3 previous abstinence attempts | 20 (18.0) | 91 (82.0) | |
| 4 or more previous abstinence attempts | 27 (25.3) | 62 (74.7) | |

*Statistically significant association p value <0.05

## Discussion

This study was a cross-sectional observational study conducted among patients of 8 drug and alcohol rehabilitation centers of Kathmandu, Nepal, patients who had identified alcohol as their primary substance or as a secondary substance were identified to be enrolled in the study, but after undergoing the screening test only 66.4% were found to have alcohol use disorder. After removal of questionnaires incomplete answers and multiple answers only 58.4% (225) of the original enrolled patients were considered for further assessment. Assessment included identifying the socio-demographic and alcohol use characteristics of the patients.

Regarding ethnic groups, in this study, the patients represented more than 9 ethnic groups. 43.5% of the patients were from the TANU group, whereas the other 56.5 % represented the TAU group. In a community-based study done in a town in Eastern Nepal among over 2300 individuals from 500 households, the TAU group represented 68% of the sample with alcohol dependence while 32 % were from the TANU group(11). This justifies the statement that alcohol use has crossed traditional caste –bound restraints and is now widely used among many different ethnicities in Nepal.

100% of our sample was male, primarily because of the fact among the 23 alcohol rehabilitation and detoxification centers in Kathmandu, Nepal only 1 female exclusive rehabilitation center was present, whereas the remaining 22 were exclusively male, and upon simple random selection only male centers got selected. The significantly more exclusively male rehabilitation centers in Kathmandu could reflect the phenomenon that alcohol use is predominantly male phenomenon. In a national survey conducted in Nepal among 4,143 participants(15-69 year olds), 88.3% women and 58% men reported to be life-time abstainers( having never had drunk alcohol in their lives).In the same survey, current drinkers,

measured at 17.4% (28% men, 7.1% women). It is also consistent with another study from Colombia where males represented 88% of the sample of individuals with AUD (5). Therefore it could be suggested that prevalence of alcohol consumption and alcohol use disorder is significantly more in men, as shown in a survey conducted in 2013 in Nepal(24). There is also a chance the vast difference between male and female treatment centers could be due to social stigma being greater against women who use alcohol which may prevent them from seeking treatment of AUD (25).

In the study from India by D'Souza, P.C and Mathai, P.J (2017) among inpatients with alcohol dependence, 4% of the subjects were illiterate while 34% had high school education(26). Whereas in our study, 7.1% were illiterate while 22.7% had received education up to high school and only 13.8% had education beyond high school. In a study conducted amongst 224 adults at Outpatient Alcoholism treatment program at the Texas Research Institute for mental sciences in 1990, 36% had completed high school education, 23 % had education less than high school, the rest had at least college level education and higher, while none of the patients were illiterate(27). This could reflect the difference in the education level among alcohol users in developing countries versus that of the developed world.

In the study conducted in 2018 by Slepecky M, Stanislav V et al among patients with alcohol dependence almost half of the individuals (46.5%) were unemployed, 36.4% had a stable employment, 6.9% of patients were receiving a disability pension, 9% were retired(28). In our study less than 80% of the patients had been employed in the past year.

The mean age of initiation was 20.65(± 6.87) in our study. This finding was similar to that of another study done among 200 consecutive patients admitted for alcohol-related patients in a tertiary hospital where the mean age was 21.39 (± 5.34) (29) while the mean age of initiation from yet another study carried from India was 23.9 (± 5.63)(30).

Regarding the association between the age of initiation of alcohol use and the development of alcohol use disorder later in life, our study supports the findings from previous studies (14,

18, 31)that age of initiation of alcohol use is associated with se. According to one study, individuals who start drinking before the age of 15 experience a significant more incidence of alcohol dependence and alcohol abuse, compared to those who initiate alcohol use at 18 years or older (32). According to another community-based study conducted among lifetime drinkers, there was a heightened risk of AUD among those who started alcohol use between the ages of 11 and 14 years. Within this age group range, among those whose age of initiation was between 11 and 12 years, 13.5% progressed into alcohol abuse and 15.9% progressed onto alcohol dependence in the next 10 years. Likewise, for those who began drinking at ages 13 and 14, the prevalence of abuse and dependence in 10 years was 13.7% and 9% respectively. In comparison, those individuals who initiated alcohol use at 19 years and older, had a prevalence of abuse and dependence of 2.0% and 1.0%, (18). Our study is consistent with these studies, although all of our participants were screened as having AUD, the fraction of those with alcohol dependence was higher than those with harmful use in those who had initiated alcohol use before the age of 18 as compared to those who had started consumption at or after 18 years. In our study a statistically significant association was found between the age of initiation of alcohol use and severity of alcohol use.

There is a dearth of studies examining the association between the other 2 alcohol use characteristics measured in this study;( number of previous admissions (for alcohol use) and number of previous abstinence attempts) with severity of alcohol use disorder. However, in our study there was a statistically significant association between number of previous admissions and severity of alcohol use disorder. Similarly, a statistically significant association was also found between number of previous abstinence attempts and severity of alcohol use disorder.

**Strengths and Limitations**

This is one of the few studies, which was undertaken in Nepal to understand the socio-demographic and alcohol use characteristics of patients who were screened positive for AUD among individuals admitted for alcohol and drug use at various rehabilitation centers in Kathmandu, Nepal. Moreover, there are very studies which have tried to find association between alcohol use characteristics and alcohol use disorder, not just in Nepal but world over.

Participants were screened for AUD with the help a standardized instrument (AUDIT) which increased the validity and reliability of the study.

However, several limitations did not exist and should be noted here. Causal inferences couldn't be derived from the study, as analyses were conducted with cross-sectional data. The study was conducted in drug and alcohol rehabilitation centers in Kathmandu, Nepal and the sample may not represent patient population with 'Alcohol Use Disorder' in the community. Also, all the participants in the study were men and the results may not be generalizable in women. The use of self- response questionnaire could have led to response bias and patients were likely to under or over endorse alcohol use characteristics, including the severity of alcohol use disorder.

Recall bias especially in reference to the age of initiation, previous admission and previous abstinence attempts could have been present.

## Conclusion

Patients with AUD not only have different demographic, social, cultural background but they also have different alcohol use characteristics such as the age of initiation of alcohol use, previous abstinence attempts and previous hospital/ rehabilitation centers admissions.

These characteristics may influence the development and the severity of alcohol use disorder later on in life. More research is needed to substantiate the findings from this study. . More longitudinal studies may be required to derive a causal influence of the role of the above mentioned characteristics and their role in determining the development and severity of Alcohol Use Disorder.

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# Discourse Analysis on the Construal of People with Substance-use Disorder in the Philippin Context

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# Abstract

This research delineates how people with substance-use disorder or addictive behaviors are construed by the loyalists and detractors of the current Philippine government. Knowing how the they construe people with SUD will expound on how they devise programs and operations to deal with the drug rehabilitation process. Moreover, by knowing where people with SUD stand in the Philippine context, information can be disseminated, and current program can be developed and improved to increase rehabilitation rate and decrease relapse rate.

The researcher used Discourse Analysis as the design, to determine which words were used and how were they used by the three social actors; and a mixed method of gathering and analyzing data. Text mining and social media analysis was used to gather the data. The data corpus came from comments and posts on each faction's Facebook pages representing his supporters and resistance. The data collection was limited to texts about people with substance-use disorder and the disorder itself that were produced during the years 2016-2018. For the data treatment, the researcher used QDA Miner and WordStat8 for both the qualitative and quantitative processing.

*Keywords*: Facebook, mixed-method, social media analysis, text mining, QDA miner, WordStat8

# EFFECT OF FILM THERAPY ON BODY IMAGE DISSATISFACTION AMONG ADOLESCENTS

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## ABSTRACT

The purpose of this study is to examine and determine the effect of animated, child- friendly short films in psychotherapy with an Embedded Research Design. The level of body image dissatisfaction is examined quantitatively using the Body Shape Questionnaire (BSQ-34) as a pre- test and post- test assessment method, and the qualitative analysis of data using an Interpretive Phenomenological Analysis is implemented, aiming at exploring how short-films effect the experiences of adolescents with body image dissatisfaction. The intervention integrates Film Therapy and the core beliefs of Acceptance and Commitment Therapy and encourages the client to interpret the screened short-films, consisting of therapeutic value, helping them explore positive body image by initiating a self-direction towards productive catharsis and understanding.

The individual counselling sessions is conducted on 50 participants aged 11-15, of the Experimental Group who possess a higher score of body image dissatisfaction according to the Body Shape Questionnaire (BSQ-34). The individual counselling process involves a screening of a child-centric short animated film during every session aiming at influencing emotions and enhancing cognitive restructuring. The applications of Film Therapy are inferred in terms of body image dissatisfaction among adolescents.

*Keywords:* acceptance and commitment therapy, counselling, film therapy, body image dissatisfaction, adolescents

# Efficacy of the Cognitive-Spiritual Intervention program in reducing the Depressive symptoms and enhancing the Psychological welling of the selected young adults

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**Abstract**

This research study was to develop an effective, intervention program for young adults (18-25 years old) to help them to alleviate depressive symptoms and to enhance psychological well-being. The present study thematized and tested the intervention called Cognitive Spiritual Intervention Program (CSIP) on depressive symptoms. A total population of 350 participated in the assessment through questionnaires. The study's two phases. Phase I: Development of the CSIP employing mixed method particularly sequential exploratory method and Phase II: Assessment of the efficacy of the CSIP employing true experimental research method, Pre-Post-Test Control group design. Result confirmed the effectiveness of intervention

KEY WORDS: Depressive symptoms, Psychological wellbeing, Cognitive, Spirituality

# Leveraging Positive Psychology to Boost Personal Happiness in a Bhutanese Context

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# Abstract

This article is an autoethnography combined with academic readings in positive psychology and Bhutanese culture. During the course of four months, I completed various positive psychology questionnaires and happiness enhancing activities. In my discussion, I integrate scientific knowledge of positive psychology to improve my own happiness and to contribute to my country's (Bhutan) developmental philosophy of Gross National Happiness (GNH). I touch on how positive psychology already aligns some with GNH and Buddhism and how my cultural and spiritual context have shaped my experience of happiness. This narrative essay seeks to provide concrete examples of how positive psychology can help improve well-being and happiness through four themes. First, I discuss the importance of positive self, flexible personality, strengths, and happiness. In the second theme, I present the role of emotional intelligence and positive relationships. Third, I explore the concept of accepting life as a gift and developing a creative and wise lifestyle. Fourth, I integrate the topics of flow and living an optimistic and hopeful life as additional keys to boosting happiness. Lastly, I present positive psychological therapy by integrating the above themes and exploring how they can contribute to my personal happiness and GNH culture in Bhutan. Finally, I discuss limitations, implications for educators and practitioners in Bhutan, and future research.

*Keywords:* wellbeing, Gross National Happiness, Bhutan, positive psychology

**Leveraging Positive Psychology to Boost Personal Happiness in a Bhutanese Context**

Happiness and well-being are desires of every human being. We desire, struggle, aspire, and thrive because we want to be happy and well. As our world developed both in knowledge and exploration, different fields of studies began to emerge. Psychology emerged as a field of science of the mind and human behaviors in the late 19th and early 20th century (Danziger, 2013). Over the years, a new field of study called positive psychology was created within the field of psychology. As such, positive psychology is both a scientific and clinical endeavor to enhance well-being and improve happiness (Carr, 2011).

I come from the tiny Himalayan Kingdom of Bhutan. Positive psychology is very much relevant to me and my country's developmental philosophy of Gross National Happiness (GNH) which is well-aligned with Buddhism (Givel, 2015). GNH is an alternative development model and challenges the conventional model of Gross Domestic Product (GDP). GNH envisions and works based on integrated and holistic measures. It consists of four pillars, nine domains and 33 indicators. One of the domains is psychological well-being which consists of four variables known as the indicators that include: life satisfaction, positive emotions, negative emotions, and spirituality (Ura, 2015). Like positive psychology, GNH works to enhance well-being and improve happiness by measuring development on each indicator under nine domains (Givel, 2015; Ura, 2015). Therefore, positive psychology as a subject is very much relevant to me and my country.

This article is basically a compilation of journals based on different topics in positive psychology that I learned during my Positive Psychology course in the Fall 2019 semester at Webster University Thailand. These topics come primarily from the book *Positive Psychology: The Science of Happiness and Human Strengths* (Carr, 2011) which summarizes a broad spectrum of positive psychology research. In this compilation, I discuss and provide various themes on my current state of happiness, and the nature of positive psychology in my country and culture. Besides, I also present the knowledge learned from these themes and how it can improve my own well-being and happiness. Since my happiness and well-being are influenced by my culture, it is equally important to discuss how knowledge of positive psychology can be applied to improve policies and enhance the well-being of my country.

At the beginning of the semester in August 2019, I got a chance to take a happiness questionnaire on which I scored 5 out of 6. Evaluating my scores, I realized the score was good and that I was generally happy. The average score is about 4.30 (Hills & Argyle, 2002). Towards the end of the semester, I still identified myself as happy if not happier than how I was in the beginning. Following this, I provide a detailed discussion on positive psychology and its implications on my happiness and well-being and how it can be used for my country's happiness and well-being.

## Theme 1: Positive Self, Personality, and Happiness

I am always of the view that without myself being present, everything else is irrelevant to me. Therefore, without myself being positive first, it would be difficult if not impossible to make things, people, and situations positive. I believe that my happiness begins from me. For this I choose positive self, personality and happiness as the first theme. I am a Buddhist, and in my spiritual pursuit, I have always hailed my life as precious and therefore I need to make the best use of it. But it is sometimes difficult to define happiness, especially when I am at the crossroads of a materialistic life. Fortunately, I was born in a country of temples, mountains, and among people who have great compassion and kindness. By this explanation, sometimes I associate happiness as a place—my country. But such

understanding is deeply influenced by the way I look at myself and how my culture allows me to think and how it influenced my development.

In positive psychology, positive self is being able to self-regulate and maintain the identity of self; whereas, happiness is the product of a life that is engaged, lived pleasantly, and meaningfully (Carr, 2011). Coming back to the question of personal happiness, I am primarily responsible for maintaining my happiness. Being born in the land of happiness and being armed with knowledge of positive psychology can only be helpful if I am positive and motivated enough in my life. But happiness seems to be a difficult task if I fail to live meaningfully. I wonder if there are people who are happy all the time. In Bhutan, between 2010 and 2012, on a GNH happiness survey, most people self-reported to be happy (Ura, 2015). But there is a question of whether happiness can be quantified.

On that note, surveys from more than 40 countries showed that the average happiness score is slightly less than 7 on a 10-point scale (Carr, 2011). According to a Bhutanese traditional cliché, *"Happiness is always about how you create it, because this way others cannot create sadness in you."* Although I do not agree with it fully, I think this makes sense. At the singular level, each person is responsible for our own happiness. This can be born of positive aspirations, daily satisfactions, contentment in life, and loving and kind relationships with other people and our surroundings.

Positive psychology is not only about positive emotions. Seligman and colleagues posited positive traits are also fundamental to happiness (Carr, 2011). Let me evaluate and relate this to myself. Happiness can also be attributed to lifestyle and habits that are largely shaped by my personality. Happiness is one of the ultimate destinations everyone is looking for and I am no exception. Positive traits are determined by the widely accepted Five-Factor Model of Personality Theory (Carr, 2011); these factors are openness, conscientiousness, extraversion, agreeableness, and neuroticism (OCEAN). In ancient oral tales, in my country, happy people were those with wealth, power, and influence. But in modern times, wealth could not fully be a source of happiness. Rather, I understand happiness to be a state of mind. And that seems to be the reason for the evolution of GNH. It is important to understand my personality type in order to understand my personal happiness.

Human beings behave in certain ways which are distinct to the individual person. Some are overly kind, and others are sincere and committed. Research on personality traits has enlightened my understanding of which traits might be responsible for creating happiness. For example, a person with high conscientiousness is likely to be punctual and committed to doing things on time. A person high on agreeableness will demonstrate attributes such as trust and other-benefiting behaviors. I consider myself a conscientious person who is open-minded to learning and changing. This plays an important role in my collectivist culture where people must work as a team. After all, GNH is a collective responsibility. But to be open minded, conscientious, and sociable, I must develop a positive self and be able to trust my capabilities and recognize my limitations.

Another positive trait related to happiness is agreeableness, likely because it facilitates relationships which in turn contribute to happiness (see Theme 2). I believe trust can increase agreeableness and is one of the fundamentals of a having good relationships and effective communication. Without trust, it would certainly affect relationships negatively. However, it could be argued that overly trusting could bring higher expectations which would lead to a reduction in happiness. While I consider myself a moderately agreeable and trusting person and that has aided me to have a small circle of close friends, I do not always agree with my friends. However, I am open to mediating and coming to a consensus. Although this may not always make me happy, it satisfies me that we could come to a consensus and maintain the relationships.

We are all made of strengths and weaknesses, depending on the type of personality we have. I completed the Values in Action (VIA) Character Strengths Survey which showed my signature strengths to be perspective taking, modesty, and gratitude. These top strengths say something about my personality and seem to align well with my cultural background. Even though my country is developing and embraces change, our people maintain our traditional values of humility and gratitude. To be happy, I must utilize my strengths (Carr, 2011) of being open to different perspectives, remaining modest, and expressing gratitude. Personally, only my life is mine; everything else is different from me. But I can use my strengths to interact with the world in a harmonious way.

For example, my culture is deeply rooted in the principle of four harmonious friends (the elephant, monkey, rabbit, and bird) commonly known as *Theunpa Puen Zhi*, who co-exist through collaborative relationships (Penjore, 2005). In the GNH society that I come from, without living harmoniously with the community, it would be difficult to manage the vision of GNH. For that, irrespective of my personality, I must learn to adapt, have a positive self, and happiness will likely be achievable.

Although I belong to a collectivist culture, personally I have an individualistic mindset. I believe that in my quest of spiritual fulfillment, I am alone to fulfill it. But this does not mean I do not value others and being in a community. Rather this simply means to learn on my own and still live harmoniously within my community. According to Barbara's broaden-and-build-theory, happiness is fundamental to human growth at the personal level (cited in Carr, 2011). Because growth starts from the individual self, without positive emotions, there is less chance of human development at large. If I am positive, I have potential to contribute to that development. I insist that happiness is a cycle. What I give will ultimately return to me in the favor of something else.

Interestingly, happiness is just like a dog chasing its own tail. It stays in a circle. Even in a peaceful and 'happy' country like mine, without knowledge about positive traits and positive self, people might have a difficult time managing their own lives in a peaceful manner and being happy. Therefore, it would likely be beneficial to incorporate these topics into GNH's holistic approach to human development.

**Theme 2: Emotional Intelligence and Positive Relationships**

Being in a positive relationship is important to me. I value relationships but cannot be in a relationship that is not ideal and positive. As I read about positive self and positive relationships, I realized it is not possible to have a positive relationship without myself being positive. I completed the Systemic Clinical Outcome and Routine Evaluation (SCORE) which is a scale that evaluates current relationships with those I consider family (Carr, 2011, pp. 318-319). My score was quite good. On Family Strengths my score was 1.8 which is between 'Very well' and 'Extremely well'. My score on Family Communication was 2.2 which was slightly lower than "Very well". Despite scoring good both on family strengths and family communication, my score on Family Difficulties was 3.8 which is near 'A Bit' indicating that I and my family are experiencing some unresolved issues.

I always believed family as an important factor in my life that contributes to my happiness, but sometimes things do not go well (See Family Difficulties Score). Despite things not going well in my family, it does not often detract from my happiness nor make me overly sad. I have experienced many things, but I have learned a lot from those experiences. I grew up away from my parents since childhood and that helped me to not worry too much about having to leave home. However, I still care about my family and parents. But sometimes letting go is better than holding on just like untying a hard-gripping rope. Currently, I do not have contact with some of my family members. Furthermore, I also was

not successful in maintaining a romantic relationship. But I am happy to have had the opportunity to fall in love with someone I always valued which provided me with some great experiences.

I consider altruism as an important determinant to maintain a positive relationship. However, I am a rationally altruistic while my parents are intuitively altruistic. For example, my late father would not care if we had enough if he could give something to help others. On the contrary, I can be generous but not before I have enough. But I can still be altruistic if a situation is pathetic. I come from a collectivist culture where being compassionate is seen as a basic human characteristic. I think Gross National Happiness has a great influence on each citizen in my country. We believe all sentient beings deserve happiness. However, I think I need to be rational in terms of helping others. If I have enough for myself, I can share anything that is remaining with others. This way, even if I share a little, since other people are probably also sharing their surplus, together it would be a great help to those people who do not have enough. My society will be better this way and it would encourage me to be a great human being.

Positive relationships can improve with acceptance, mutual understanding, and forgiveness. Being able to forgive and paying gratitude are some of the key points in positive relationships. Being a spiritual practitioner of Buddhism, I believe in forgiveness and remorse. I think I am a forgiving person. I have forgiven many in my life. I can forgive myself and this self-acceptance also allows me to forgive others. This contributes to deeper understanding, acceptance and being grateful for good things. On a societal level, I think all community members must be able to forgive each other's failures and be grateful for successes. Forgiveness may be able to prevent us from harming others. This could prevent making enemies, and we could maintain peace and grace.

At a time when we are in the fourth industrial revolution (Xu, David, & Kim, 2018) where competition is high and we are more dependent on technology, I think emotional intelligence (EQ) can be one factor that can really save us from being hostile and selfish. Similarly, as my country develops, despite GNH's vision, postmodern issues such as mental health problems and completed suicide are likely to increase.

Emotional intelligence is vital for positive relationships. Since I have been facing some relationship issues lately, I was keen to take an emotional intelligence test. I completed the Global EI Capability Assessment available at https://globalleadershipfoundation.com/geit/eitest.html. On a 10-point scale, my scores for Self-Awareness, Self-Management, and Social-Awareness were 8 and for Relationship-Management my score was 6. As it happened, I learned self-awareness is the core of EQ (Carr, 2011), and I was happy that I am quite good at it. Because my scores on managing, controlling, and understanding emotions were also good, I thought I was doing well. On the other hand, my score on relationship-awareness did not come as high as on the other variables. This, however, does not mean that I do not have a good relationship with people around me.

For emotional intelligence, I have evaluated myself based on Mayer, Salovey, and Caruso's ability model of EQ cited in Carr (2011). This model sees EQ as the ability to understand both our own and others' emotions through the following: perceiving, using "to facilitate cognition" (p. 146), understanding, and managing emotions. In terms of perceiving, as a member of society, I must be able to notice my emotions and that of others. Being emotionally perceptive will help me to understand mine and others' needs and help prevent conflicts by distinguishing between what is honest and what is inaccurate. This will also require me to be more literate about the world. Without properly perceiving my own emotions and that of others, adaptation would be much harder. Furthermore, I can practice using my emotions by connecting them to my thoughts (Carr, 2011).

Like perceiving and using emotions, it is important for me to understand mine and others' emotions. This will help me be more aware of actions and reactions. Most often problems in relationships occur due to lack of proper understanding. Finally, it is important to be able to manage emotions. Since we experience both good and bad things, I must be able to accept and acknowledge both. Emotion regulation can help me choose the best times to feel and process emotions. It can help me cope with tragedy and in times of dread; alternatively, it can help me appreciate times of extreme and unexpected joy and to be aware of peaceful times. It is better to be able to manage my emotions and not get carried away by them (Carr, 2011).

While I have failed in romantic relationships several times, I always tried my best to maintain healthy relationships. To me, the Bar-On's EQ model (cited in Carr, 2011) is very much relevant to maintaining positive relationships. This model discusses the role my emotions play in terms of maintaining both intrapersonal and interpersonal domains, something I have always been aware of. Furthermore, the model discusses specific EQ skills in areas such as stress management and adaptability. Valuing myself while accepting other's emotions is a great combination: having a high positive regard of myself would help me broaden my understanding of others. The ability to empathize is another skill that will help me maintain relationships through cooperation and acceptance.

Positive relationships and emotional intelligence seem to go hand-in-hand and are both equally important to happiness. However, I have failed in romantic relationships and to be on good terms with some of my siblings. But I am always open and ready to discuss possible mutual changes that may work for me as well as for others. I hope my knowledge of emotional intelligence will help me gain strengths and maintain healthy, positive relationships with others and to come to good terms with my siblings. This makes it important to consider good relationships since, as a Buddhist, we must maintain a harmonious coexistence. Moreover, the philosophy of GNH is largely drawn from Buddhism (Givel, 2015). It is about a personal realization for happiness. I can apply the knowledge gained from emotional intelligence tests to work towards self-realization on my endeavor to spiritual fulfillment while being able to maintain good relationships with friends and family members and to be able to work harmoniously with colleagues.

**Theme 3: Appreciating Life as a Gift and Developing into a Creative and Wise Being**

Appreciating life as a gift, participating in creative activities, and building wisdom are some of the key elements that likely will contribute to my own and Bhutan's happiness. Being a Buddhist and having traditional beliefs of being virtuous is what makes me special as a person. It is not money, not power, but rather peace of mind. In my culture, anyone who excels in life is considered as fortunate and a complete being. My tradition seeks to praise this type of individual as a gift from heaven and that the person has accumulated a lot of good karma in a previous life. However, I believe one way to be happy is by cherishing and enjoying life as it happens. Furthermore, I think wisdom and gratitude can contribute to happiness and are influenced by the way society shapes the person.

Feeling and expressing gratitude has been shown to increase happiness (Carr, 2011). One of the important things I have learned from positive psychology is to be grateful. In Bhutanese culture, we have an old saying which roughly translates to: *'A person without gratitude and remorse is like a dog without tail; a dog that has no tail is an ominous.'* My literal quest for happiness began when I first wrote about happiness in August 2019. I am grateful that I have got this opportunity to learn about happiness and how to regulate it. I am happy that I have learned about how my signature strengths help me maintain and regulate my own happiness. I am grateful that I had many opportunities to share my understanding of

the course materials and how they relate to my life. Discussions with cheerful classmates have been wonderful, especially during class sessions. I have learned different ideas from their expressions and interpretations.

More importantly, I will always remain grateful to everything that I have learned and become. As I completed the final session of the positive psychology course, I did a homework exercise whereby I had the privilege of expressing three things I am grateful for each day with a friend of mine through a social media app. My friend did a great job by responding to my conversation. I came to learn there are many small things to be grateful for that go unrecognized. For example, being grateful to kind people whom I have met and saw in life. Waking up each morning to see the sun rise and live through new opportunities are great ways of appreciating living each day. While sufferings are plenty, I do not have to suffer alone. We are all the same and our struggles are common, but we can find creative ways to solve our problems and enhance our happiness.

If you want to be happy, it is important to be creative in the ways that you live to build a life that works for you. Creativity is what makes us change and evolve. An act of creating something new or building on new areas of the existing ones is the basis of being creative (Carr, 2011). I took the creativity quiz available at http://www.testmycreativity.com. My score was 63.58 which is slightly higher than the 'typical' of 63.27. According to Csikszentmihalyi, creativity involves the interplay between culture, society, and personal background (cited in Carr, 2011). These elements play important roles in bolstering creativity.

Cultures can contribute to creativity in various ways, such as by providing accurate information and making it accessible to all (Carr, 2011). Creativity has been fostered in my culture. For example, a social NGO in Bhutan started an entrepreneurs' festival in 2018 which encourages young entrepreneurs to come up with new ideas. The festival is titled 'intelligent (*rig*) business (*tshong*)' (read as '*tshongrig*' ཚོང་རིག). Considering this example, even with a psychology background, I can participate in *Tshongrig* through an interdisciplinary sharing of knowledge and ideas. But to do that, I must be able to gain confidence and support from my family members or friends. After all, they can help me shape my ideas by way of feedback and criticism. In this example, my background, my culture, and my society interplay in an ideal way that will allow me to foster my ideas. By participating, I would be able to develop myself while also contributing to my community and country at large.

Happiness and wellbeing could not be naturally achieved. I think there must be opportunities to explore ideas and goals while respecting acceptable rules. I think to be happy with the natural talents and creativity that I may have, there must be inner intelligence that will guide me with moral, respect, a lot of experience, and gratitude. Wisdom is a key strength to develop trust, to be open to change, and to be happy. If I do things with respect and creativity, and guided by my wisdom, I might be able to live a better and happier life. In the words of my King, "it will be a truly intelligent and astute citizen" who helps myself, my family, and others ultimately contributing to nation building.

Additionally, wisdom can be useful for resilience which can be learned or adapted with time and past situations. In recent years I was faced with several losses and bereavements. But they have all made to grow as a person in my quest for coping skills. I was able to become wiser and make my life more positive. Because happiness cannot be harnessed easily, strong traits in me that will help me to be creative, wise, assuring, trustworthy, and forgiving are likely to contribute to it. After all, the essence of being a Buddhist is relatively close to GNH as well as what I have learned from positive psychology. From my basic understanding of Buddhism, it is the wisest who is calm, who is resilient, who

is future seeing, who is kind, and who is omnipotent. But I am neither omnipotent nor can I see the future, but I am always on a quest of having a positive self with a peace of mind.

Finally, because I have a plan to be a mental health professional, I must take this plan as motivation and commit to investigate ways that I can apply this knowledge. For example, while there are existing models of positive psychotherapy, I could develop or adopt a new model that fits well with my culture and is in line with GNH. This would be a way of harnessing my appreciation for life as a gift with both my creativity and wisdom. While it may take time, it takes courage to learn, create, and develop for the betterment of my society. Whatever wisdom that I may possess are likely both due to my innate abilities or learned during this lifetime. With both this natural ability and the ability to learn, it will not be difficult to develop wisdom to be a 'human being' and also help others; I can be and do anything.

**Theme 4: Experiencing flow and living an optimistic and hopeful life**

A wise person once said that if there is anything in this world that is ever powerful, it is certainly hope that brings strength, bravery, and motivation to look to the future. Looking into the future, I strive to improve it. I remain positive in my thoughts that the best will come as I plan and live through each passing day. But what do hope, and optimism have for me and my life in the distant, uncertain times? This question takes me back to the first sentence. The answer is hope that not only provides optimism but also strength to face uncertainties and fears. In positive psychology, happiness can depend on how we view our world (Carr, 2011).

Psychological studies on optimism have found out that mentally healthy people are biased towards their own positivity (Carr, 2011). I consider myself a mentally strong person. I think this is certainly true, and even though my siblings and other community members may not think the same, it is the way I think. Unfortunately, optimism becomes an illusion. This is because optimism and what we hope for may not be realistic. For example, I will hope for a life that is without any illness. Even though this is certainly a strong hope, it is not always possible nor perfectly realistic. And, in fact, the future will not always be as good as I think.

One way of maintaining positivity is through self-deception (Carr, 2011). This mechanism is mainly to fend off the negativities such as negative thoughts of incompetence and lack of control over our thoughts and impulses. These are done through the use of defense mechanisms and positive illusions which also helps maintain a positive self (Carr, 2011). To provide a personalized perspective, in most cases, I think that I can control my emotions and behaviors. This will not only guide me but also make myself fit and according to what is possible within the existing laws of my community. Thus, this will help protect me from external threats such as community conflicts and internal thoughts that are disruptive and aggressive. In absence of conflicts, happiness is not so difficult.

Furthermore, my happiness depends on the choices and decisions I make. But my ability to decide can be fostered depending on the type of environment and lifestyle I live in. Being selective and benign towards good and bad and accepting failures and setbacks are features of being optimistic (Carr, 2011). But this can be developed throughout the lifespan. For example, my late father always advised me to be humble and work hard. He also told me it is better to have something done than never having tried. These words have always been in me. I often think of this when barriers are high and hard; I try to keep myself productive instead of busy. I think happiness is about achieving the right value for certain effort.

Next, I will discuss hope and how it influences my happiness. I read somewhere that luck is when preparation meets with opportunity. I think hope is a word for creating luck. Synder's hope theory (cited in Carr, 2011) says I can be an agent who sets positive goals. I must understand that there will be possible "walls" barricading me on my pathways towards

my intended goals. I completed the Time Horizon Questionnaire (THQ) (Carr, 2011, pp. 102-102) to help me understand whether I prioritize the future over the present. It helped me consider setting goals and anticipating possible good results while also considering barriers. It is also about how I can manage time.

I am always hopeful and optimistic. However, of late, I have been changing slightly. I have started to live my life fully each day. I want to try to be a present-oriented person. I am a Buddhist, and happiness is living in the present moment free of fear of the future, regrets of the past, and in the joy of the present. Buddhism tells us to be aware of the current situation through mindfulness. I now have no BIG dreams besides just being content and happy. My score on THQ indicated a high preference for present over future orientation. I might change if I plan more. What I have become has been influenced by my family, parents, friends and my community culture. And as I move forward in my life with "hope and optimism", my gratitude for all those who have helped me will remain as strong as ever. And even as I live my life filled with hope and optimism, I will choose to enjoy, and experience all the good things that I most enjoy doing. I think hope is highly related to the future. But I must enjoy what I am doing presently to be happy and be fulfilled.

Furthermore, it is important to experience flow in doing things that I perceive as good. Flow in positive psychology is the total immersion of focus into something with a great deal of enjoyment that leads to the loss of the sense of everything else (Carr, 2011). This will involve an ideal control over what I am doing, and there must be a goal that greatly interests me. Flow is the current state of mind experienced from an engrossed experience of doing something. In positive psychology, flow has been associated with events, things, life goals, and people that are subjectively perceived as intrinsically motivating (Carr, 2011). To experience flow, there must be a balance between challenges posed by the involved task and the required skills to solve it. The task must not be too easy to prevent being bored or too difficult that could lead to feeling anxious. Flow allows for automated, immediate feedback and corrections for instant improvement.

Flow can depend on the level of passion towards a task or behavior. For example, I frequently experience flow, especially when I write poems. I began writing poetry as a coping mechanism since mid-2017. I became self-determined to cope with the considerable challenges in my life. As I kept writing frequently, I became self-competent and confident and realized my own autonomy while being able to relate all the writings to real life experiences such as happiness, love, hope, and death. As such, I think writing poetry is intrinsically motivating which allows me to be in a paratelic state that gives me passion and to not be too focused on life's challenges. This task is not too difficult nor too easy. I always feel I can write well. After all, in writing I experience joy and fulfilment.

Finally, it is important to note the possible drawbacks of flow. As such, doing something that is enjoyable and challenging at the same time could lead to possible health issues. For example, if I keep playing online games on my computer for long, I can possibly become addicted. The temporary joy from experiencing flow could lead to endless suffering and risk. But being wise is a bonus. For example, such consequences can likely be avoided by following a set schedule for playing at appropriately spaced intervals in order to savor (Carr, 2011) the experience. I am passionate about creative writing, particularly writing poetry. There are not many of risks as long as I am sensible and respectful of myself and my community. It is living creatively and happily, after all. I hope to write poems that would give me plenty of satisfaction and happiness. More importantly, it will help me to experience flow. If I can compile a booklet, many people of all ages will get to read my thoughts and emotions. This can help me to spread awareness, ideas, and information in subtle and poetic ways. I will grow older but filled with happiness and joy in unforeseeable times.

# Conclusion

Happiness and well-being are sometimes tough to achieve. However, there are ways to improve and positive psychology is one of many other ways to help with knowledge to enhance happiness and well-being. Incidentally, my country, Bhutan, happens to hold a similar model to increase well-being and enhance happiness. I am fortunate to be born in a country where happiness is the model of development.

Currently, I am quite happy for this great fortune to have completed a basic course in positive psychology. Because of its relevance to GNH, I can apply my knowledge of positive psychology to contribute to GNH. As such, my knowledge is based on four themes. I always believed that it is important to have a positive self with a flexible personality to be happy. My emotional intelligence plays a great role in maintaining positive emotions and managing positive relationships. To me, life is a precious gift and I value it the most. Positive psychology has helped me discover my strengths and weaknesses and improve my self-awareness. Using this knowledge, I can live, enjoy and contribute as much as possible to my GNH culture as I join many Bhutanese people in the GNH workforce.

Happiness in real life is a passion and a continuous adventure, where adventure is not based on what you achieve but what you experience in every moment of the journey. I believe happiness is being in the now and therefore it is a state of mind. Without being able to maintain that, everything else seems to get stolen by various factors including fear and doubts. But whatever I have learned from this course can be of great benefit as I embark on new journeys in the coming years.

Positive psychology, counseling psychology, and psychology in general have great relevance to my life, especially because I have come out of depression and social anxiety after many trials and tribulations. Positive psychology taught me many new things. I think positive psychotherapy would be a great help to me in terms of maintaining my own happiness and well-being. Without myself being healthy and positive, nothing else is important. I will apply techniques like savoring, optimism, hope, forgiveness, and gratitude to improve my well-being.

I can use these constructs to help my community at large. Since Bhutan's focus is on GNH-based development, one way to apply my knowledge of positive psychology is to become an educator or a school counselor. This would provide me with great opportunities to develop and impart classes or workshops based on the concept of positive self and happiness. These concepts as reflected in positive psychology can be integrated into GNH-based learning in schools. Since it is relevant to my culture when interpreted through the lens of GNH, I think it will be possible to help students learn and adapt faster. If I became a counselor, positive psychotherapy will help me in helping others in my community. My country, Bhutan, has a young population; more than 50 percent of our population are youth and young adults (Dorji et al, 2015). At a time that my country and people walk through the crossroads of globalization and different challenges (Sacra, 2017), creating awareness of positive psychology in general and positive psychological therapy in particular will be a great help to the already existing philosophy of Gross National Happiness.

My Buddhist spiritual beliefs seek contentment. This is relevant to positive psychological therapy's session 8 which suggests that it is better to choose good enough options (satisficing) rather than just opting for the one best option (maximizing) (Carr, 2011). This will allow for a middle way (perfectly in line with Buddhism) when making life choices. In this way, I can intentionally satisfice rather than maximize. Since psychology has some similar components of Buddhism and positive psychology's ideas are also to improve happiness and well-being, it would be a great choice to apply it and to expedite GNH's vision.

Finally, I want to commit myself in living my life to the fullest each day. This will help me to avoid going back to past hurts and or ruminating about future catastrophes (Carr, 2011). I believe that theories may provide ideas and pathways, but since I myself have agency, it is ultimately up to me how to live this one life. I will always try to be a better human being, so when my life is at the edge of this adventure, I can tell myself that I have done all that I was capable of. I will always try to live a life that is pleasant, a life that is engaged, and a life that is meaningful (Carr, 2011).

In terms of future research possibilities, the exercises and surveys I completed could be extended to larger samples in Bhutan. Comparative studies could be conducted between groups. Researchers could try to address the question of whether positive psychology does align well with Bhutan's GNH policies from multiple perspectives and contexts such as with individuals, organizations, educational institutions, and the government.

Positive parenting and healthy peer relationships are extremely important for every individual to become a good person. My country is currently an under-developed country with high suicide rates, child delinquency, and increasing numbers of sex crimes against children (RENEW & ECPAT International, 2016; Dorji et al., 2015). I think positive psychology can help ameliorate some of the problems associated with these critical issues through effective parenting and education about positive relationships. I believe that healthy relationships between parents and children, between teachers and students, and even among children themselves can reduce the number of crimes against children.

Such implications can be of great use for everyone. For example, if I become a parent, I can let my kids learn as they want and guide them when necessary. Let their freedom shine and develop their skills intelligently. I believe that family is the seed of community. How we teach our kids will be how our community and society will be formed. While not all can be 'great' individuals, in the collective culture that I am part of, there can be ways to mitigate problems and

find collective solutions to help everyone grow with an open mind. We can encourage a society that is free to learn and that is built with moderate rules and equity to guide it along with the freedom to live without dictation.

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# Migrant Re-Creation and Well-Being

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*Abstract:*

Migration patterns influence on leisure and recreation understandings and activities, are under-explored within child and youth practices. In this presentation, we grapple with recreation as re-creation, explorer re-creation as a spiritual practice, and unravel how children and youth innately attend to their spiritual recreation needs, which at times conflicts with family understandings of recreation, leisure, and a path to positive well-being. Through the use of narrated lived experiences, this presentation specifically offers insight into the migration patterns of young people from East Africa to Canada, their engagement in leisure pursuits in their home country and host country, and how leisure supports mental well-being during migration. The research draws on social sciences, humanities, immigration policies, and is grounded in critical feminist theory. Sitting at the intersects of migration, culture, leisure, and mental health this short presentation, based on currently conducted research, followed by group dialogue, the presentation aspires to provoke deeper reflection on leisure and bring new insight re-creation.

# Soul Loss in Survivors of Complex Trauma

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ABSTRACT

Over the past two decades, significant advances have been made in our understanding of the biopsychosocial impact of complex trauma. However, the violation, abuse, and betrayal commonly experienced by survivors often leave wounds that are better conceptualized as soul loss. In the mainstream trauma literature, psychospiritual injures are minimally researched and poorly understood. This paper will discuss soul loss as a viable clinical concept in the treatment of complex trauma survivors. Findings from two original qualitative studies with survivors of abuse and human trafficking will be discussed.

BIOGRAPHY
Dr. Jacqueline Linder is a Canadian psychologist specializing in the treatment of trauma-related disorders. She is a professor of psychology and the national Director of City University's Master of Counselling Programs in Alberta and British Columbia. She is internationally recognized as an expert in the psychological profiling of survivors of human trafficking and has lectured on psychological trauma in Canada, France, Egypt, Greece, Italy, Hungary, the UK, Guyana, and the Czech Republic.

# THE DEVELOPMENT OF GOTONG-ROYONG GROUP PSYCHOTHERAPY FOR ENHANCE SELF ESTEEM OF VICTIMS BULLYING: INDONESIAN INDEGIOUNESS APPROACH

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## ABSTRACT

This type of research was research and development (R&D) which aims to develop a model of psychological assistance to increase the self-esteem of adolescent victims of bullying, namely gotong-royong therapy. Gotong- royong therapy was integrates group intervention with multisystem based interventions. That was, the process of therapy has not only done in group settings but group members can also be involved in social settings, in this case the social system in the school. Gotong-royong therapy was developed by seven components modules, namely (1) the value of mutual cooperation consisting of 3 dimensions, namely corporation, deliberation and collectivist, (2) the value of social support that creates group empathies, (3) student understanding will be different (4) helping others values, community service and joint work, (5) principles of psychological therapy namely goal, obstacle, test and insight (6) self-efficacy motivation approach and (7) purposeful social interaction service to increase self-esteem. The seven components of the author operate into eight therapy sessions. Then the researcher conducted effectivity test by using the Mann-Whitney and Wilcoxon non-parametric test methods. The result showed that therapeutic significance is 0.00 which indicates that gotong-royong therapy was effective to improve the self-esteem of subjects who experience bullying. Future research is expected to be able to develop and implement gotong- royong interventions in various psychological problem settings, not only for victims of bullying.

Keyword: Gotong-royong Therapy, Self-esteem, Victim of bullying.

INTRODUCTION

Bullying is a serious problem among teenagers, especially in schools. The results of the World Survey show that Indonesia is the country with the second largest bullying after Japan (Kaman, 2013). Bullying has a negative impact, especially for victims. These impacts, among others, depression, self-withdrawal from the social environment, low self-esteem to suicide (Kodish, Herres, Shearer, Atte & Diamond, 2016). According to Olweus (1999) Victims of bullying behaviour usually have such criteria as not being incorporated in social groups, which are of social environment, individualistic as well as judged differently or weakly by other groups. So that individuals with these criteria can be targeted for bullying perpetrators. While Hong, Lee, Lee, Lee and Garbarino (2013) explained that the characteristic of the victims of bullying behaviour has a low level of self-esteem. Further, they reported that low self-esteem can moderate the emergence of depressive symptoms and the desire to commit suicide in the victims of bullying. From the results of the research shows that the low self-esteem can be a determinant of the victim to commit suicide and bring about other psychological symptoms.

Several previous studies have focused on school-based preventive intervention programs (Ferguson, San Miguel, Kilburn, & Sanchez, 2007; Merrell, Gueldner, Ross, & Isava, 2008; J. D. Smith, Schneider, Smith, & Ananiadou, 2004). But the development of one model of intervention for adolescent victims of bullying to increase self-esteem, which can indirectly connect to school community intervention is still slightly researched. Fox and Boulton (2003) found that the Social Skill Training (SST) program can effectively improve students social skills for bullying victims. However, the intervention has not been able to cope with the identity and status of the victims, in the other words, bully attack is still occurred to victims after intervention.

Babington, Malone, and Kelley (2015) suggested that social support programs that could facilitate social interactions for adolescents were very beneficial to the increase in self-esteem. Furthermore, their opinion can be used as a referral to develop programs based on social interaction for adolescent victims of bullying to raise their self-esteem. However, Hanurawan (2016) suggests that forms of intervention or intervention empowerment programs can be done by restructuration school environment to eliminate the negative effects of bullying. The restructuration is targeted at physical environment, social environment, school culture and school curriculum.

From this statement can be taken important points that in dealing with the victims of bullying can not only involve individual counselling or merely a preventative community program, but need a mixture the psychological intervention that targets to victim-friendly school climate. So they will feel welcome again in the school environment and able to interact well in the schools environment without getting bullying treatment again.

In the development of therapy, it is necessary to be composed in advance of the carrying of self and mental welfare and how the relationship between the two. Philosophically, Aristotle has explained that the fact that man has a basic need is to be involved in social activity (Jowett, 1920). In line with Aristotle, Adler (1964) suggests that mentally healthy individuals are the ones who can actualize their abilities into the social realm (social superiority).

From the paradigm it can be concluded that the importance of social interactions to enhancing mental welfare. In other studies, the result is that self-esteem is a mediator for the

improvement of mental well-being (Christen, Peterson, 2014; Abolfathi, Ibrahim & Hamid, 2014). Therefore to enhance well-being of victims, the variables that must first be intervened are self-esteem.

In fact, Indonesia is a country with a high level of interaction and collectiveness (Hofstede, 1983). Even Indonesia has an interaction system in its own community that has been grassroots from its former ancestors. The system is called "gotong-royong" (Hofstede, 2011). According to Halabi (2015) gotong-royong is the values of the culture as well as active political participative in Indonesia and considered able to make social. In addition, the west countries should learn about creating a community environment that creates active, participatory and mutually helpful social interactions among its members.

Bowen (1986) offers three principles of gotong-royong activity. The principle is that, first is the cooperative or cooperate, the second principle is deliberation or negotiate a plan or decision, the third principle is to put a common interest/group in comparison to the interests of individuals (group Empathies). Of these three principles or the values of gotong-royong, they will be used as the basis of thinking for researchers to develop gotong-royong group psychotherapy.

To sump up, this study will develop gotong-royong group psychotherapy to increase the self-esteem of bullying victims. Furthermore, this new model will be tested through research and Development design (R&D). Previous researchers will create a therapeutic handbook that will then be tested for validity through experts who will then be conducted experiments on the therapy group gotong-royong. Thus the results of this research is expected to offer a form of therapy to increase the self-esteem of bullying victims who apply indigenous values of Indonesian culture.

### *Bullying and Victimization*
The problem of bullying is a psychosocial problem that develops in various countries (Juvonen & Graham, 2014). Furthermore, various studies have sought to find specific criteria from victims and bullying to explain the dynamics of these psychosocial problems, especially among adolescents (e.g., Hawker & Boulton 2000; Dodge, Coie & Lynam 2006; Gini & Pozzoli, 2009; Nakamoto & Schwartz, 2010). Some research results show differences from perpetrators and victims of bullying are located from the urge or need to dominate and aggression. Perpetrators are described as having a high need for aggression and domination, while victims have a need for low domination (Dilmac, 2009; Reynolds & Juvonen 2010; Maulana & Solicha, 2016).

However, some of the other studies show that there are similarities from victims and bullying perpetrators that emotional stability is not well developed during children's time (Dodge et al. 2006; Nakamoto & Schwartz, 2010). Further, Nakamoto and Schwartz (2010) identified that between victims and bullying perpetrators both had low levels of self-esteem. The difference between the victim and the perpetrator is to be located from the encouragement of domination in individual selves. The study of Ketzer and Katarina (2009) showed interesting results, they proved that victims of bullying are predicted to have an opportunity to become perpetrators. So that bullying behavior is like a snowball, the more victims will grow more and more actors.

Supporting the above statement, Hanurawan (2016) also explained that the victim was a very significant role in the negative effects that occurred as a result of bullying behaviour. At the

very least, he explained that there were 11 effects received by the victims when he received bullying treatment, namely: (1) declining self-esteem (2) anxious moods and gifts, (3) difficulty in concentrating, (4) Psychosomatis that usually Characterized by abdominal pain or head, (5) difficulty sleeping, (6) impaired diet, (7) depression to increased risk of suicide, (8) social anxiety, (9) a grudge arising or aggression behaviour that is projected to another object, (10) decreased ability coping, (11) sighting symptoms of post-traumatic.

From the explanation above, can be taken a fundamental conclusion regarding the dynamics of bullying behaviour. The low self-esteem factor is an important factor that makes this behaviour continue to evolve. Even the lack of self-esteem makes the victim have a desire to retaliate or even show the opposite behaviour such as depression, the emergence of other psychological symptoms to plan suicide.

### *Self-esteem and Gotong-royong Psychotherapy*
The concept of self-esteem is one of the most widely investigated variables in all areas of psychological research. There is a lot of empirical evidence proving the power of self-esteem as a foundation of mental Health (Pullmann & Allik, 2000). Other research findings suggest that low self-esteem levels played an important role in the development of clinical depression (Schmitt & Allik, 2005). Self-esteem also emerged as a predictor of positive mental health (Bagley, Bolitho & Bertrand, 2007). So the negative judgment of this individual's self-esteem can be a gateway to the various psychological symptoms. In addition, when the low conditions of self-esteem are reinforced with continuous and continual bullying attacks. According to Klomek, Sourander and Gould (2011) the low level of self-esteem can make victims try to commit suicide. Therefore, psychotherapy treatment for bullying victims which in fact has a low level of self-esteem will be very useful for the next victim's adaptive ability.

Furthermore, to increase self-esteem, it is necessary to know more about the factors that can affect the level of self-esteem. According to Litt, Cuskey and Rosenberg (1982) Individual levels of self-esteem can be influenced by social interaction and social support from the environment as well as by the numerous awards, receptivity and attention of others it receives. In addition, Marigold et al (2014) stated that a community program that could serve the need for social support in the community would increase self-esteem for individuals who have decreased self-esteem accompanied by other psychological symptoms. So that the effective psychotherapy in increasing self-esteem is necessary for the values that among its members are able to reward each other. In this case, the therapeutic concept of gotong-royong will be offered the study to help victims of bullying increase their self-esteem.

To develop the concept of gotong-royong, it is necessary to study on cultural issues in Indonesian society. As it is known that some of the foregoing phenomena there are acts of bullying by ethnic or religious minorities in Indonesia, such as ethnic Chinese who often get bullying attack either physically, verbally or through cyber. Hanurawan (2016) suggests that students may be given the content of a perspective understanding of individual background, cultural and social difference in order to further enhance harmonization and prevent the occurrence of adverse and negative prejudice to individuals or other groups. Negative prejudice ultimately brings the individual concerned to bully others. (Tolsmaa., Deurzen., STARKC & Veenstra, 2012; Sims-Schouten & Cowie, 2016; Kosic., Mannetti & Livi, 2014). According to Hanurawan (2016) negative bias about ethnic, gender, racial, religious or other individual differences is an issue that can be a fragility in Indonesia. In addition, Falk and Heine (2015) have also proved that understanding of the values of cultural differences is very useful for the increase in self-esteem. Answering the challenge, the values of understanding

the difference will be very beneficial if internalized in the scope of therapy. On the contrary, gotong-royong activity will be effective in the event of a cohesiveness and a high sense of togetherness, without certain prejudice between the fellow Members (Bowen, 1986).

From these studies, researchers concluded that a psychological intervention for patients, particularly in raising self-esteem could not only be done with an individual approach, but also accompanied by programs that contained elements Social interactions. Furthermore, Indonesia has a concept of social interaction in its culture that has been applied as a principle and work ethic, namely gotong-royong.

Gotong-royong is the original concept of Indonesian culture. At least since independence in 1945, the idea of social interaction as something collective, consensual, and cooperative has become the ideological basis to be applied in the life of society in Indonesia. According to the origin of the word, gotong-royong comes from the word gotong which means works, and royong which means togetherness (Great Dictionary of Bahasa Indonesia). Meanwhile, Koentjaraningrat (1997) explained that gotong-royong is a collaboration among members of a community.

Furthermore Koentjaraningrat (1997) divides two types of gotong-royong, the first is mutual assistance and the second is community service work. Mutual assistance helps in agricultural activities, activities around the household, party activities, celebratory activities, and in the event of a disaster or death. Whereas community service activities are usually carried out to do things that are in the public interest, which are distinguished between mutual cooperation at the initiative of citizens and forced cooperation. For example, working together to build roads, bridges, build a community hall. Furthermore, according to him, the two types of gotong-royong prioritize the principle of reciprocity, it means that people must help those who have helped them or at least do not harm it. More specifically, the principle implies that a gift or service received creates for the recipient a reciprocal obligation to reciprocate with a gift or service with a value that is at least comparable in the future (Julaikha & Bahri, 2014).

Meanwhile, according to Bowen (1986) gotong-royong has three main dimensions, (1) cooperatives (cooperatives, constitutionally the economic base); (2) Deliberation (technical consensus on the basis of legislative decision making); and, (3) is a collective activity where being ideological in people's lives especially in the countryside, meaning the individuals involved in it more precedence over the interest of the group than self-interest (group Empathies). Each of these requirements relates to the individual's obligations to the community, the dissolution of power, and the relationship of state authority with traditional social and political structures.

Gotong-royong activity has a social connection that describes the process of dynamism but still harmonious. This shows the occurrence of the reciprocal exchange process between the members of the group and its leaders so that among one another is synergized and motivated by a general ethos of selflessness and attention to common good. The term corresponds to the original idea of a moral obligation and general reciprocal replacement. Gotong-royong in a narrow sense can be used as a collective social activity. But the deepest meaning of gotong royong can be explained as the philosophy of life that brings collective life is the most important part in societal interactions (Julaikha & Bahri, 2014).

To develop gotong-royong into a psychological therapy, it must be based on the principles of psychotherapy itself. According to Rappoport (1997) The implementation of psychotherapy should at least meet the 4 principles. First is the goal, the second is obstacles, the third is the

test and the fourth is insight. Thus, the development of gotong-royong group psychotherapy will combine original values rather than gotong-royong itself with the principle of psychotherapy

## Method

### Design of study

The research uses research and development (R&D) methods. This means that the research aims to produce a particular product, and to test the effectiveness of the product. According to Borg and Gall (1983) to be able to produce a particular product, it must use research that needs analysis (used by survey or qualitative method) and to test the effectiveness of the product in order to work in Public, it is necessary to research to test the effectiveness of the product (used by the experimental method). Product effectiveness testing using the pre-test experimental design post-test control group design. In this design the subject is divided into two groups, i.e. the first group is an experimental group that will undergo psychotherapy gotong-royong group and the second group is a control group that is only given psychoeducation related Bullying problems. The goal is to know the effectiveness ratio of gotong-royong therapy. Measurement of variable bound, i.e. self-esteem, done at the time before the therapy session and after termination session. In addition, in order to see the two weeks of post-intervention therapy, researchers also follow up with the re-measurement of self-esteem on each subject.
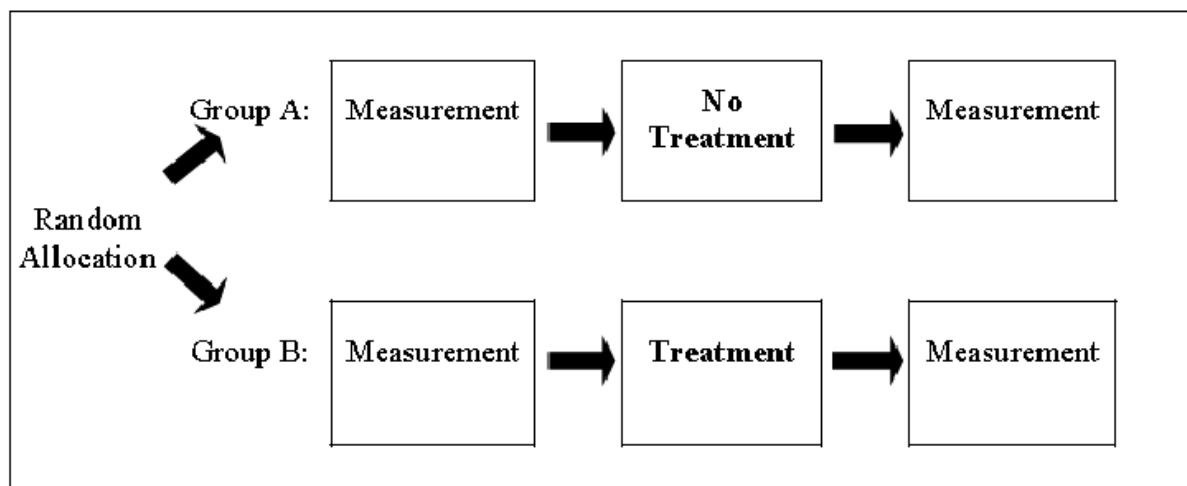


**Figure 1. Group of research**

The subject is taken using the purposive sampling technique, which is the sampling intentionally according to the prescribed criteria. The subject criteria include: (1) The subject of the male or female being the victim of bullying, (2) The subject of the youth category is 15-18 years old, (3) the subject is not undergoing any other psychological therapies aimed at raising self-esteem Due to victims of bullying, (4) subjects can communicate in order to be able to be cooperative during the research process, (5) Based on screening using the RSES scale, the subject has a level of self-esteem at the level of 1-4, (6) subjects are willing to gotong-royong by signing informed consent of the therapist. A number of 21 subjects followed this study which were divided into three groups, so that each group consisted of seven subjects. The group division is randomly generated. According to Blaikie (2009) The advantages of the Group division of Experiments and the control group randomly are the group variations will be scattered evenly in each group.

### Measurement

The instrument for the selection of respondents in this study was the Rosenberg Self-Esteem Scale (RSES) scale. That is the scale used in measuring the level of self-esteem in adolescents. This scale consists of 10 item. In each item contains a statement about self-evaluation with 5 option answers or also called Likert scales, the five options of the answer are, strongly agree, agree, neutral, disagree, and strongly disagree from the range of 1-5. This scale is based on individual attitudes and perceptions of self-preciousness evaluation, consisting of two dimensions, which are dimensions of positive perception and negative perception dimension.

The RSES scale is a scale that measures the level of self-esteem that has been adapted in various countries and cultures (Corwyn, 2000; Fanti & Henrich, 2015; Hyland, Boduszek, Dhingra, Shevlin, & Egan, 2014). From the results of the adaptation shows that the number of validity and the reliability of self-esteem scales is significant. Therefore, the measurement of self-esteem will be done by adapting the scale of self-esteem that can be understood by the research subject.

***Procedure of research***

Overall, the process and stages of conducting this research can be seen in the figure below:
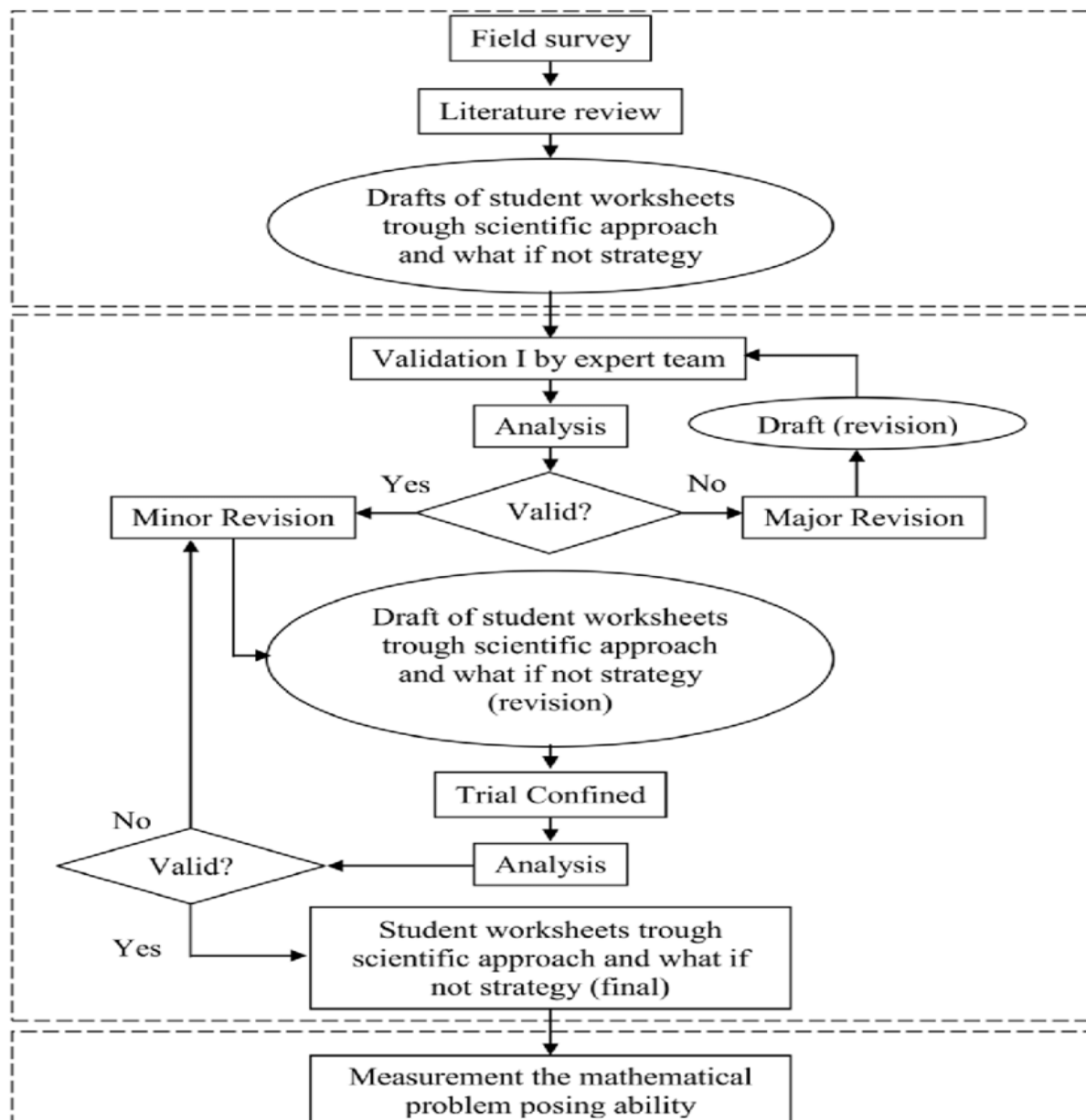
**1. Literature study**

The first step is the study of literature. This step is based on questions (1) why is a new model of psychotherapy therapy needed to improve the self-esteem of adolescent victims of bullying? (2) Does the latest model have a patrimonial value of science or practicality compared to the old model? (3) what needs to be developed from the old psychological intervention model? (4) Can the latest product models be used for a long period of time? In answering these questions, researchers conducted literature studies and interviews in the field with stakeholders involved such as counselling guidance teachers, psychologists and experts in the field of bullying, principals, bullying actors and victims of bullying.

**2. Draft of model intervention**

The next step is to develop a preliminary module. The development model introduction aims to plan product implementation and create a module design. The development of this module is done in several steps. The first step is to determine the number of therapeutic sessions that can internalize the principles of gotong-royong and psychotherapy itself. The second step,

researchers determine the success indicators of each therapy session. Then the final step is to formulate strategic measures in implementing psychotherapy gotong-royong each session.

### 3. Validation model by expert team

Product validation can be done by presenting several experts or experienced experts to evaluate the new product being designed. Each expert is asked to assess the design, so that the weaknesses and strengths can be further identified. Design validation can be done in a discussion forum. Before the discussion the researcher presented the research process until the design was discovered, the following advantages.

Validation experts are done by four experts. Four experts are academics in the field of psychology with the last education-3 (doctoral), while one member is a psychology practitioner, psychologist in one of the psychiatric hospitals in Surabaya. An expert validation instrument of Cross Validation Rule (CVR) where the score of 1-2 is worth the bad validity, the score of 3 is worth the validity but needs to be fixed while the 4-5 score is worth good validity and is worth implementing. Then, the results of the CVR researchers input into the Excel program, where to score 3-5 given a value of 1 whereas for a score of 1-2 was given a value of 0. A value of 1 means a good validation, while the value 0 is a bad validity which means that aspects of the gotong-royong therapy are irrelevant and should be corrected.

### 4. Revision

Once the product design is validated through discussions with experts and other experts, it will be able to know its weaknesses. The weakness was subsequently attempted to be reduced by improving the design. So at this stage, researchers revise the product based on advice from expert experts.

### 5. Measurement by statistical method

The next step is a wider trial. This trial was done with a victim sample. Group members are selected with multiple criteria. The first criterion is that each member of the group is getting bullying treatment at school. The second criterion, each member of the group has a low self-esteem level, which resides at a scale of 1-4 RSES. Product testing was conducted with three sample groups, consisting of two experimental groups and one control group. The design of the research used is "pre-test post-test control group Design".

After completion of the experiment and post-delivery test, held statistical analysis of the difference test. The calculated difference test is between the pre-tests result with Post-test on the experiment group, and in the control group, test the pre-tests difference between the experiment group and the control group, the post Test between the experiment Group and the group Control, and between the gain of the experiment group with the control group. The products produced were socialized into schools to apply. The research draft used is two group comparison pre-test post-test design. In this design, the observation is done 2 times before the treatment and after treatment.

**Data Analyses**

The type of data in this study is non-parametric data meaning that the data spread is not a normal distribution. Therefore, data analysis does not use T-test to match U-Test. The steps taken on this research are sourced from Widhiarso (2011):

*1. Test of homogeneity*

This research uses test homogenity variance done using Levene test. A test of homogenity used aims to determine the homogentity of the variance of each group compared to both the therapy of the group Gotong-Royong, as well as the psychotherapy of the old model. The

result of Levene's test shows that data from all three research groups has the same variant value ($P = 0.16 > 0.05$) or is in the same condition before it is given the research treatment.

*2. Hypothesis Test*

The hypothesis test used a non-parametric statistical test using Mann-Whitney Testdan Kruskal-Wallis which aims to test the difference between two experimental groups and one control group (Widhiarso, 2011). In this process, researchers use SPSS program version 16.0 for Windows. The methods of analysis of Mann Whitney U-Test and Krsukal-Wallis are used to see if the median difference between gotong-royong groups, SST and controls is meaningful or not. In a difference, the Mann Whitney U Test was used to compare the type of two groups and the crucial test of the Kruskal-Wallis was used to test the three groups at once. This test not only tests the Median difference, but also tests the Mean.

**Results**

1. Researchers developed the concept of gotong-royong therapy based on the analysis of needs sourced from literary studies and interviews with the stake holders of bullying. The results of researchers developed a multisystem-based intervention program, a program capable of integrating psychological therapy-based approaches and school community-based approaches for bullying victims.

2. Researchers develop components of gotong-royong therapeutic models among others, the first is the value of deliberations of consensus, cooperation and collective work (Bowen, 1986). Second is the value of social support that creates the group of Emphaties (Karmiyati, 2007), the third is the value of understanding of the differences (Hanurawan, 2016), the four are the values of the help each others, the work of devotion and work together (Koentjoroningrat, 1997). The five principles of psychological therapy are goals, obstacle, test and insight (Rappoport, 1997). Sixth, this therapy uses the self-efficacy Approach Bandura (2008) in an effort to change the behaviour of self-esteem victims of bullying. And seventh, this therapy provides social interaction services aimed at improving its members ' self-esteem (Marigold, 2014).

3. Researchers have developed gotong-royong group therapy consisting of 8 sessions i.e. (1) introductions, (2) excavation problems, (3) group cohesiveness, (4) Group deliberation, (5) Discussion of group needs, (6) awarding of challenges, (7) Discussions on insight and (8) Create a draft project.

4. Researchers conducted preliminary test modules (pilot studies) by testing the effectiveness of therapeutic therapy. The results showed that the gotong-royong therapeutic model could improve psychological function of bullying victims. In particular, social functions, emotional, cognitive and behavioural subjects. From social functions, subjects become more open to their social environment, easily get along and undergo extracurricular activities diligently according to the development of their talents and interests in school. Meanwhile, the development of emotional function was seen that after conducting the session of therapy the subjects became more in-between and avoided feelings of blame for his condition. Furthermore, the function of cognitive development, the subjects were able to think positively towards him, they realized his excess and tended not to blame his condition. His perception as a victim of bullying has also disappeared from the mind of the subject. And the last of the function of psychomotor development or behaviour indicates that the subjects were no one who hurt him.

5. The analysis of the difference test is mean of the gotong-royong experiment and the control is known that the level of self-esteem in the gotong-royong group before the treatment was administered (M = 1.9714 SD = 0.39461), increased self-esteem after

The treatment of (M = 4.7143 SD = 0.27946). Meanwhile, on the self-esteem level control Group of (M = 1.6857 SD = 0.27946), and when retested for (M = 2.3429 SD = 0.09759), it means that the control group's self-esteem score of the subject did not undergo significant changes. Analysis results showed that gotong-royong therapy was effective in raising the self-esteem of bullying victims. Subsequent analyses were hypothesis tests using Mann-Whitney test and Wilcoxon to see comparisons of the significance of the treatment between the two sample groups. The results of the analysis indicate between the gotong-royong group and the control group having a significant difference of influence (P = 0.01).

**Discussion**

The results of this study showed that significant gotong-royong therapy could increase the student self-esteem of bullying victims. Gotong-royong therapy is a new therapy developed by researchers. The reason that strengthens the therapy gotong-royong effective because of gotong-royong therapy has a component that is holistic, comprehensive, integrative and effective in accordance with the nature of scholarly patrimonial.

The success of gotong-royong therapy is not separated from the role of components of this model in enhancing the self-esteem of victims of bullying. The first component is the psychological approach used in this model. The perspective used for this model in an attempt to change the subject is the self-efficacy theory of Bandura (1977). Self-efficacy is an individual belief or confidence in the ability to organize, perform a task, accomplish a goal, produce something and implement actions to achieve certain skills. The self-efficacy concept relates positively to the concept of self-esteem. Sourced from previous studies proves that the higher the level of self-efficacy in individuals, the higher the level of individual self-esteem (Judge & Bono, 2001., Krämer & Winter, 2008., Iancu, Bodner & Ben-Zio, 2015., Maddux, 2016).

In the context of gotong-royong therapy, efforts to increase self-esteem were carried out based on the theory of Self Efficacy Bandura (1988) stating that one way to increase self-efficacy is by the self-mastery experience method. This method stimulates the individual to be able to master an ability so that he believes in his ability. According to the Bandura (2008) individuals tend to consider themselves to be less valuable because he rarely challenges beyond the limits of his ability, in other words the individual always does the easy things without a challenge. So, on this model the subject is invited to solve the challenge that causes the subject to feel more appreciative of him. The gotong-royong therapeutic component containing the Self Mastery experience is the session in which the subject is given a project, ranging from a lightweight project such as a devoted work and making the building of the egg base to a heavier individual project such as making Art and craft, selling, engaging interactions and playing with bullying actors. When the subject is able to complete each challenge then the self-efficacy subject increases, so too when the self-efficacy the subject increases it will also increase their self-esteem.

The use of the Bandura approach relates to the second component in this therapy, the gotong-royong component based on the study of Koentjoroningrat (1993). According to him, gotong-royong has at least three activities. Among them, please help, devotion, project and group work. These three took part in several sessions in this therapy. In addition, the third activity is an activity that manifests self-mastery.

The third component of this model that supports therapeutic success is the component of social

interaction. According to Marigold, Cavallo, Holmes and Wood (2014) Students who were given stimulation of interacting with each other in his school, then automatically their self-esteem will increase. Gotong-royong therapy provides a service and stimulation to each subject to interact with each other. The interaction system built here is sourced from deliberation values, in which inter group members practise to respect their friends ' opinions. Every activity from the first session to the final session of the therapist always invites the group's fellow Members to work to solve a problem or challenge each session. In addition to the subject being invited to interact with other group members, this therapy also stimulates the subject to establish relationships and interactions with the teacher, other students to the bullying perpetrators at the school. So the more intensive the number of interactions done by the subject will increase the level of self-esteem in the subject.

The fourth component that strengthens the success of this model is the system of social support among group members so that the birth of group empathies. The point is, each subject certainly feels the stigma as a victim, so that with the stigma of the victims group members have the awareness to work together in resolving their bullying conflicts with one another. According to Karmiyati (2017) the social support system established in the Javanese community will increase the perception of success and self-esteem of the people. So the higher the social support that occurs in a group, the higher the self-esteem of individuals in the group. In this therapy, a community group support system is created, where if one member outside the session is disturbed by the bullying person, then the other members try to strengthen the disturbed individual. That is, the social support system is not only intertwined in the therapeutic context, but it also exists at all times, especially in schools. Even this social support system can also be established via social media groups that allow each member to exchange ideas, ideas, empathy and problems.

The fifth component that supports the success of this therapy is providing perspective on differences. According to Hanurawan (2016) one of the acts of discrimination and bullying is caused by students' lack of understanding of differences in perspective. So to solve the case of bullying one way is to provide perspective and insight into the differences between humans. These differences include individual limitations (in this case relating to students with special needs), differences in physical form (skin colour, height, weight, etc.), differences in socioeconomic status, differences in ethnicity, race and religion, as well as differences in the personality traits of each student. For this reason, in the context of mutual assistance therapy each group member is encouraged to respect each other's differences with others so that he believes differences will instead strengthen the social system instead of causing social conflict.

The sixth component in this therapy is the application of the mutual cooperation system based on Bowen's view (1986). According to him, in mutual cooperation activities must involve deliberation, corporate and collective activities. Deliberation is a discussion activity based on the principle of mutual respect for the opinions of others. The involvement of individuals in discussion activities and making suggestions is suspected to be able to increase the individual's self-esteem. Based on research from Christens and Peterson (2012), it is known that students who actively voice their opinions, both active in class and in intra or extra organizations, have higher levels of self-esteem than students who tend to be passive in their schools. In other words, the deliberation activity in which the process of expressing an opinion is involved will influence the increase in self-esteem of students who do it.

The last component in this model that helped support the success of raising the self-esteem of bullying victims, namely this therapy is packaged using the principles of psychological

therapy based on the opinion of Rappoport (1997). According to him an intervention is said to be psychological therapy in each session contains four principles, goals or clear objectives. Gotong-royong therapy has a clear purpose of increasing the self-esteem of bullying victims so that each session in this therapy can illustrate the purpose. The second in psychological therapy psychotherapists should dig obstacles or obstacles in the client's self, or in other languages called psychological dynamics. All three therapists are able to understand the obstacles of his clients, so he will also easily solve the problem. The third in psychological therapy should occur test process, which means checking the pattern of the previous client's behaviour and testing new forms of effective behaviour applied in the client's life and the last in psychological therapy should obtain the insights that arise Within the client. The four principles of psychological therapy are manifested in the session in this therapy.

Furthermore, the success of this model is also influenced by the multisystem approach used. Researchers see that bullying problems are not just personal problems for victims or perpetrators alone or community issues. Bullying is a problem that should be reviewed from these two aspects, both from the personal aspect and from the Community system. According to Olweus (1993) bullying involves personal problems and community systems. It is said that personal problems because of those involved in bullying activities will impact the psychological in question. For example, Willard (2003) states that the victims of bullying have a high risk of depressive symptoms. So, personal handlers, especially those focused on the psychological aspects of victims and bullying practitioners need to be developed. Personal handling can also be referred to as directive handling. This means that the handling is directly aimed at individuals involved in bullying, both victim and perpetrators. In addition, bullying behaviour also leads to the impact of the evolutionary systemic. That is, this behaviour will continue to exist even to develop into a more serious problem year after year, from generation to generation. So Ketzer and Cathrine (2009) mentioned that bullying issues have been globally cultured which resulted in all corners of the world, whether in the urban or rural areas of bullying culture where individuals or groups High-domination will oppressive individuals or weaker groups repeatedly. From this point of view, therefore, the completion of bullying case should also be done with an indirective Community system approach. This means that the handling does not see from the individuals involved, but also builds a Community system aimed at eliminating bullying cultures.

The development of this multi-system program is necessary for every element involved in the development of students, whether teachers, parents, counsellors and psychologists or therapists are able to carry out a package of intervention program harmonically so that they can Work together to address bullying problems at school. Gotong-royong as an Indonesian social system is believed to have effective values for the resolution of bullying problems. From the review, the psychological values contained in the gotong-royongthen become the fundamental principle for the development of this therapy.

**Conclusion and Implication**
Based on the results of the study, it can be concluded that it has developed the latest psychological aid model in raising the victim's self-esteem. This Model is called gotong-royong therapy. The gotong-royong therapeutic Model combines seven components manifested in each session.

This research is expected to provide benefits for the field of psychology, especially clinical psychology and educational psychology in addressing problems related to bullying behaviour in schools. This research can provide an important overview of the importance of multi-

system integration, which means merging some aspects of the problem in solving bullying problems at school.

This research has certainly not been separated from the shortcomings and limitations that are owned by researchers, such as this research has not been able to answer questions about whether this model of Gotong-royong therapy can also be implied to Bullying behaviour in controlling its aggressiveness. In addition, this research has not been able to answer questions related to what if the gotong-royong model compared to other interventions to address bullying problems such as Cognitive Behavioural Therapy (CBT) interventions, KiVa model Bullying or any other type of intervention. In addition, to better ensure the reliability of gotong-royong therapy also need to be tested on different contexts and populations, such as in the population of elementary School (SD) or high School (SMA) or even in the adult population. Therefore, it is recommended for subsequent research to be able to answer these questions.

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**The Relationship between Procrastination and the Big Five Model of Personality for Southeast Asian College Students**

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# Abstract

Procrastination is a problem that affects most students, and, with the rise of technology and other distractions, it is likely more relevant for college students than ever before. Since procrastination is a serious problem for today's college students contributing to stress and mental and physical health issues, more research is needed in order to avoid potential consequences to society. We conducted a literature review which revealed a scarcity of research about procrastination in Southeast Asia (SEA). The proposed study aims to begin filling in that gap by examining the relationship between procrastination and the five-factor model of personality (Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism) among SEA college students. According to previous studies, conscientiousness is strongly yet negatively correlated with procrastination while the other four factors have been found either to be weakly correlated or not correlated. However, most psychology research is conducted on WEIRD (Western, Educated, Industrialized, Rich, Democratic) populations, and it appears that the studies on procrastination are no exception. To date, very little research has been conducted on this topic with Asians in general, and no study has examined it in SEA in particular. With increased college enrollment across Asia, this study appears to be both timely and pertinent. Therefore, we designed a study to explore whether a relationship exists between procrastination and personality traits among SEA college students. We encourage other researchers to use our study design in many SEA and other non-WEIRD contexts to see whether the results would be similar or different from previous populations studied. Implications for universities and counseling psychologists, limitations, and future research directions are touched on.

*Keywords:* procrastination, the Big Five, college students, Southeast Asia

## The Relationship between Procrastination and the Big Five
## Model of Personality for Southeast Asian College Students

Procrastination is a growing problem and although we identify it as one, we do not take it as seriously as we need to. While not a life-threatening disease, procrastination can have a huge negative impact on one's life. Procrastination is a common problem that does not get the attention it deserves. Everyone has fallen prey to it at least once in their lifetime and some people are affected much more often. In fact, "as many as 20-25% of normal, healthy adult men and women were classified as chronic procrastinators" (Díaz-Morales & Ferrari, 2015, pp. 308).

Procrastination has been defined in various ways. Generally speaking, it is the tendency of a person to avoid, delay or purposefully put off a task they are supposed to be doing. Díaz-Morales et al. (2010) define it as "the purposive and frequent delay in beginning or completing a task to the point of experiencing subjective discomfort" (p. 228). According to them, there are two different kinds of procrastination. Avoidant procrastination is when people "avoid the start or completion of a task because the outcome involved may threaten the individual's self-esteem" (p. 228-229). The second type of procrastination is decisional procrastination, where people postpone necessary decisions. There is also active procrastination which is when someone consciously makes the decision to put off work and passive procrastination which is the kind of procrastination that is caused due to the inability to make a decision which leads to failing to complete a task on time (Kim, Fernandez, & Terrier, 2017).

## Background of the Problem

Procrastination can have negative consequences including decreases in productivity and financial wellbeing. Moreover, there can be psychological consequences to procrastinating (Sirois & Pychyl, 2016). Procrastination is linked with higher levels of depression and anxiety (as summarized in Rabin, Fogel, & Nutter-Upham, 2011), stress (Tice & Baumeister, 1997) and guilty and shameful feelings (Sirois & Pychyl). Furthermore, people who procrastinate are more likely to experience health related and academic problems and consequences (Ackerman & Gross, 2005; Sirois & Pychyl; Tice & Baumeister). Despite knowing its potentially dangerous consequences, many people still procrastinate. So why do people do it? Karatas (2015) stresses the need for people to start taking the problem of procrastination more seriously and have people be more informed. Based on these dire issues associated with problematic procrastination, it becomes critical to conduct more research in order to better understand this phenomenon and to attempt to prevent further potentially catastrophic consequences in society at large.

## Procrastination in South East Asia

Psychology has been criticized for an overemphasis on Western, Educated, Industrialized, Rich, and Democratic populations (WEIRD) (Azar, 2010; Henrich, Heine, & Norenzayan, 2010). Often psychology research is conducted with college undergraduate students in WEIRD nations such as the UK or the United States. Attempting to measure constructs such as personality using measures developed in a WEIRD nation may not yield accurate results in non-WEIRD nations (Laajaj et al, 2019). Our literature search revealed that studies about procrastination and personality seem to follow this trend with a scarcity of research conducted among non-WEIRD groups. There have been studies that looked at

Turkish (Karatas, 2015), Swiss (Kim et al., 2017) and Spanish (Díaz-Morales et al. 2010) people.

When it comes to Asia, while we found some studies on procrastination related to Asians in general (i.e., Lowinger et al., 2016) or Asian Americans (Yao, 2010), we found that there is still a large gap in the literature as neither of these specifically looked at personality. This gap appears to be even worse when it comes to Southeast Asians (SEA) as we were unable to find a single study that looked exclusively at this population in general in terms of our variables of interest. However, we did find one study that looked at personality and procrastination in Malaysia (Lai et al, 2015). Lai et al. emphasize that results from Western nations may not be readily "applicable in the Asian context" (p. 22), bolstering the rationale for conducting this kind of research. Furthermore, Chapman and Chien (2014) report that college enrollment in Asia is actually increasing. Therefore, a study about procrastination (something that likely affects people from every culture) among SEA college students seems to be highly relevant and needed at this time. Based on this rationale, we deemed this to be an important enough issue to pursue further study. Therefore, we propose a study design to explore whether a relationship might be found between personality traits and procrastination in an under-researched population: SEA college students.

**Procrastination and Personality**

There is certainly some research that has already been conducted that gives us some insight into procrastination. There has been a range of theories. These theories include it as a self-regulation problem and maladaptive coping strategy (Sirois & Pychyl, 2016) or executive functioning problem (Rabin., Fogel & Nutter-Upham, 2010). Another theory is the temporal motivation theory developed by Steel and Konig (2006). This theory basically states time influences motivation. It can be assumed that procrastinators are likely to be bad managers of time. So, bad managers of time likely would rank low on conscientiousness and high on neuroticism.

Some researchers from a psychodynamic background think that procrastinators are likely to be neurotic and self-defeating. This goes against Freud's idea that it is probably related to poor toilet training (Whitbourne, 2018). Yet another theory is that people might procrastinate because they would rather work on something that is easier to do than something more difficult; this supports recent research that claims that "mental effort is intrinsically costly" (Berkman, 2015). It has also been suggested that parenting styles could play a huge role in procrastinating. Rothblum and colleagues' studies showed that children with strict, overly critical and demanding parents who have high expectations are more likely to put off things for fear of failure (Pychyl, 2009).

One thing that seems to stand out the most is that procrastination appears to be related to personality (Díaz-Morales et al, 2010; Karatas, 2015; Kağan et al., 2010; Kim et al; Rabin et al., 2011; Simpson & Pychyl, 2009). Certain personality traits are more susceptible to procrastination. Different people have different personalities and so it is difficult to say that there is one reason for everyone's tendency to procrastinate and to give everyone a single solution. A study by Karatas (2015) helped to find possible causes for procrastination and acknowledged personality as one.

When it comes to personality, McCrae and Costa's (1989) Five-Factor model of personality seem to be well researched and accepted among personality researchers (Digman, 1990) as the gold standard when it comes to describing the most important personality traits. This model divides human personality into five broad factors namely openness (O), conscientiousness (C), extraversion (E), agreeableness (A) and neuroticism (N) (OCEAN).

These factors are often referred to as the "Big Five". There has already been a number of studies which have looked at the Big Five personality traits in relationship to procrastination (Simpson & Pychyl, 2009). Conscientiousness seems to have a strong negative correlation whereas agreeableness and openness do not seem to really have an effect on procrastination (Schouwenburg & Lay, 1995; Watson, 2001). While many articles suggest that out of all personality traits, conscientiousness is the most related to procrastination, a comprehensive study on the five-factor model and procrastination by Kim et al. (2017) shows that extraversion and neuroticism also play a fundamental role in procrastination, particularly active procrastination.

Conscientiousness appears to be one of the Big Five that is related to procrastination the most. Morningness-eveningness is another construct that is correlated with personality that also appears to be correlated with procrastination (Díaz-Morales et al., 2010). For example, a person with a high score on the personality trait conscientiousness would be more likely to wake up early to have a better start to their day and thus have higher morningness. So, having said that, it is safe to assume that lack of conscientiousness could have something to do with one having a tendency to procrastinate. Executive functioning appears to be related to conscientiousness: if a person has good executive functioning it is likely that that person will rank high on conscientious and be less likely to procrastinate (Rabin et al., 2011).

In sum, there does seem to be evidence that procrastination is related to the Big Five personality traits among some populations. Yet, does it hold true to for SEA students? One study that looked at 148 Malaysian college students actually did not find significant correlations between personality traits and procrastination (Lai et al., 2015). These researchers encourage others to explore what this means: "Future studies should explore on (*sic*) whether cultural differences may influence personality traits and… procrastination of university students" (p. 21). Our study plans to contribute to that question.

## Research Questions and Hypotheses

There are numerous studies conducted on procrastination and many reasons have been identified. One reason could be personality. This study will see if there is any correlation between procrastination and any of the personality traits and, if there is, how they are correlated (negatively or positively) for SEA college students. Therefore, we propose the following research questions and hypothesis.

**Questions:** Do SEA college students procrastinate because that is "just who they are as a person"? Is there any correlation between procrastination and personality?

**Hypothesis**: Procrastination among SEA college students is correlated with personality traits.

**Null Hypothesis**: Procrastination among SEA college students is not correlated with personality traits.

## METHODS

## Proposed Population

While procrastination likely affects people of all ages and life stages, it appears to be particularly prevalent among college students. This can be dangerous as this is a time that students start to shape their futures. A study conducted in 2007 found that up to 80 to 95

percent of college students regularly participated in procrastination, especially when it comes to assignments and course work (Cherry, 2017). Active procrastination can likely negatively affect GPA (Kim et al., 2017). It would appear that personality traits also likely influence college students' tendencies to procrastinate. For example, according to Karatas (2015), academic procrastination and personality traits are regarded as important factors that strongly affect college student learning and achievement. Kağan et al.'s (2010) study focused on the academic procrastination of university students with relationship to perfectionism, obsessive-compulsive and the Big Five personality traits. They concluded that the Big Five personality traits are important variables in explaining academic procrastination behavior.

Replicating research that is usually conducted among college students in WEIRD nations with SEA college students will surely shine some light on whether procrastination is similar or different among this unique population. Since most procrastination research seems to have been conducted with college students (Kağan et al., 2010; Karatas, 2015; Kim et al., 2017; Rabin et al., 2010; Simpson & Pychyl, 2009) or about academic procrastination (van Eerde, 2009), we propose that sticking with a college student sample will be more relevant in terms of being able to compare to the previous studies. In the Kağan et al. (2010) study, participants were also the same as our target group (college students); this study was useful to review in our task of designing a study on procrastination and the Big Five model of personality. Having college students as research participants helps us get a narrower and more specific sample so the results will most likely be more accurate and conclusive. Furthermore, this population is likely to benefit from gaining insight into patterns of procrastination.

Participants will be recruited at a small, private, international university in Thailand. Both undergraduate and graduate students will be included in the study. Being located in SEA, many of the students at this university come from SEA countries. Students will be screened to ensure that they identify as coming from one of the SEA countries. If not, they will be excluded from study. Should a non-SEA student happen to participate and indicate another country on the demographic section of the questionnaire, they will be retroactively excluded from analyses.

**Measures**

**Demographics.** Participants will be asked to complete a demographic questionnaire. This questionnaire will include gender, age, country of origin, culture most identified with, social class, year in university, and grade point average (GPA).

**NEO Five Factor Inventory (NEO-FFI).** To measure personality, McCrae and Costa's (1989) Five-Factor model of personality will be used since it has been predominantly accepted as the best way to conceptualize and measure personality (Digman, 1990). Big Five scales have been used to measure personality traits in many different countries, however with varying validity results (Laajaj et al, 2019). Despite the warning by Laajaj et al. that measuring personality in non-WEIRD cultures with the standard measures may not reveal accurate results, there does not seem to be a standardized measure for SEA populations so we opted for using an established measure rather than creating a new measure. We chose to use the NEO Five Factor Inventory (NEO-FFI), a shorter version of the longer 240-item Revised NEO Personality Inventory. We chose this scale because it has been effectively used before in procrastination studies with college students; furthermore, according to Rabin et al. (2011), this scale has been shown by a number of studies to have good validity and reliability with different samples. It has also been recommended for younger participants and shown to have better psychometric properties than the older versions (McCrae and Costa, 2010). For these

reasons, we chose the shorter version of this scale to reduce participant fatigue. The NEO-FFI has 60 items. Participants are asked to answer questions on a 5-point Likert like scale with 5 indicating "strongly agree" and 1 indicating "strongly disagree."

**Procrastination.** We chose to use the General Procrastination Scale (GPS-9) (Sirois et al., 2019) to measure the variable of procrastination. We chose to use this scale because the longer version, the Lay General Procrastination Scale (GP), has been successfully and widely used by various studies to measure trait procrastination (Rabin et al.; Sirois et al.), the variable that we are most interested in using. GP has good validity and reliability with many samples, including a Malaysian sample (Cronbach alpha = .788) (Lai et al., 2015). The shorter version has also been shown to be valid and to reliably measure procrastination with a number of different samples showing a reliability coefficient of .89 and test-retest reliability also of .89 (Sirois et al.). We again decided that the shorter version (9 questions versus 20) will be a more efficient way of measuring our variable and will hopefully reduce some participant fatigue. The GPS-9 asks participants to answer the 9 questions on a 5-point Likert like scale with 5 indicating "extremely characteristic" and 1 indicating "extremely uncharacteristic".

## Analyses

Most of the research (i.e., Díaz-Morales et al., 2010; Karatas, 2015; Kağan et al., 2010; Kim et al., 2017; Rabin et al., 2011) we and others (van Erde, 2009) have found have all used correlational methodology leading us to believe that that would be best suited for our study to be carried out. This will further allow us to compare our results to previous studies. Correlational research is a quantitative method which examines two or more variables. Here researchers attempt to see whether or not the variables have any relationship with each other and if so, what kind. This kind of research methodology is perfect for this study because we are investigating the two variables, personality and procrastination, and trying to measure if a relationship exists between them, and if so, what kind of relationship. Therefore, we will run correlational analyses using SPSS software between procrastination and all of the Big Five personality traits.

## Results

The research being proposed here does not intend on generating any new or different idea but to simply add on the preexisting database on procrastination by adding an understudied population. This proposed study will attempt to corroborate a few theories and proposes a hypothesis that procrastination among SEA college students will have a similar relationship with the Big Five personality traits that has been found among other samples. However, without carrying out an actual study to provide evidence of this relationship, there is no way of saying for sure what can happen.

We looked at various studies on procrastination with the question on whether there is a relationship with personality traits. From the studies we looked at among several different populations, it seems to be safe to conclude that it has been found that certain personality traits are more susceptible to procrastination than others. In terms of the previous research, procrastination and some personality traits are correlated. The current research plan being proposed is to further that research about the correlation between procrastination and personality in a new sample. In this study, we plan to examine SEA undergraduates as the target sample. We expect to find the same results with our sample as previous studies have found. If that holds true, we will reject our null hypothesis. This study will contribute a bit

more towards a more complete understanding of procrastination by adding to the existing research.

## Limitations

Undeniably this research has some limitations. The first and foremost being that this study was not actually conducted yet. This is a proposed study, so any takeaways or conclusions made are just assumptions that are based on previous literature that already exist on this topic. Another limitation to this study is that the literature review was not comprehensive, only looked at articles in English, and was limited to only psychology research from the limited databases that we had convenient access to. We urge future researchers to incorporate data from different languages and to expand to other fields for a more holistic and comprehensive view so that more accurate conclusions can be drawn.

## Recommendations for Future Research

We encourage other researchers to use our study design in many SEA and other non-WEIRD contexts to see whether the results would be similar or different from previous populations studied. This could pave the way for future researchers to test and confirm or reject these theoretical implications. Another question that could be explored is whether SEA students experience more shame in relationship to procrastination than other students. In line with Laajaj et al, (2019), we recommend that new measures be developed and tested for validity and reliability among SEA and other non-WEIRD groups. Another recommendation for future research would be the relationship between self-regulation skills, self-executive skills and personality as our literature search seemed to suggest that they are correlated (Rabin et al., 2010). These variables could also be examined with SEA people and in other contexts. Since most research on this topic seems to have been conducted with college students, it would be important to expand to other groups. Lastly, it is always a good idea to conduct longitudinal and qualitative studies since most studies in this area have been cross-sectional (van Erde, 2004) and quantitative.

## Implications

If we are able to find significant results, our findings will likely have implications for students, educators, and counseling psychologists. All can gain insight into personalities and how that might influence procrastination. Lesson plans and psychological interventions can be tailored to specific individuals' personalities in order to decrease the harmful effects of procrastination on students.

Universities could educate students about procrastination and about the potential dangers of it spreading to other life domains and possibly affecting their futures (for example students might be at greater risk of dropping out, failing out, or receiving grades that are too low to pursue graduate school). As proactive and preventative measures, universities could provide seminars and discussions about procrastination. While most students are aware about procrastination, they remain oblivious to its risks and just how harmful it could be. Universities educating students on this topic could greatly help students be more aware of the risks of procrastination. Holding talks and seminars will help students feel like they are not alone and as a result internalized guilt about procrastinating could be reduced.

Results from this study have potential to inform counseling psychologists and other practitioners who work with college students in order to provide multiculturally competent treatments. Take for example that most Asian cultures tend to have a high work ethic and

value education (Hsin & Xie, 2014). Yet, imagine a SEA student who procrastinates and ends up with some of the above mentioned consequences. This possibly could lead to shame and other mental health concerns that would be important for practitioners to be aware of.

## Conclusion

The problem with procrastination is in its innocence. When we think about procrastination, we think nothing more than a bad habit we need to curb at best. What we do not realize or take into account are its risks and implications. Procrastination can become a chronic habit and the result is not pretty. Steel (2007), in his meta-analysis, aptly concluded that "procrastination is usually harmful, sometimes harmless, but never helpful" (p. 80).

Procrastination has become a huge menace in the world today and with new distractors and technology, our society has practically become a haven for the breeding of procrastination. Recent studies conducted on procrastination have identified numerous reasons as to why we procrastinate and, among them, our personality traits have been acknowledged as one important reason. The type of personality traits we have determine whether or not we are prone to procrastinate. Some personality traits are found to have a correlation with procrastination. Procrastination can have a negative effect on our lives and should be studied more and given more importance to than is currently given, particularly in SEA and non-WEIRD populations.

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# The Relationship between Risk Preference and Religiosity in Thailand

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## Abstract

It has been widely thought that there exists a general negative relationship between risk preference and religiosity, such that those individuals who prefer to take more risks are less religious. If one assumes that rejecting religion represents a risky behavior – because there is the chance individuals will go to hell if they are wrong – this relationship makes sense and is rational. Certain authors, however, have hypothesized that the stated relationship should only exist for 'high-risk' religions that demand direct institutional affiliation and participation to avoid eternal damnation – e.g., Christianity, Islam, and Orthodox Judaism – and not for 'low-risk' religions that do not demand such and do not give special importance to doctrine – e.g., Buddhism, Hinduism, and Taoism (Miller, 2000). Currently, though, there is a paucity of research from countries that have adopted 'low-risk' religions to adequately assess Miller's hypothesis, and the limited research that has been undertaken has shown equivocal results. The present paper, therefore, discusses an investigation that will seek to determine whether a relationship exists between risk preference and religiosity in a Thai, Buddhist sample.

Writing in 1757, Hume stated that, "As every enquiry which regards religion is of the utmost importance, there are two questions in particular which challenge our attention, to wit, that concerning its foundation in reason, and that concerning its origin in human nature" (1956, p. 21). While theorizing about the ultimate reason(s) for why religion developed in human societies is beyond the scope of this paper, it is interesting to relate part of Hume's (1757/1956) distinction to individuals and ask what factors play a role in governing whether they choose to adopt or reject religion.

Numerous elements help shape the religiosity of individuals – that is, how religious they are (Hoffmann, 2009). While socialization factors play a critical role, psychological factors – e.g., personality traits – likely play an important role in determining individuals' religiosity, too (Freese & Montgomery, 2007). Miller and Hoffmann (1995), for example, presented evidence that risk preference was negatively associated with religiosity, such that individuals who were more risk tolerant were less religious (see also Freese, 2004; Nielsen et al., 2017). Indeed, these authors used this relationship to explain why, on average, males have been found to be less religious than females in many countries (but see Schnabel et al., 2018), attributing such to males' greater levels of risk tolerance (Miller & Hoffmann, 1995; see also Hoffmann, 2018; Miller & Stark, 2002; cf. Freese, 2004; Freese & Montgomery, 2007; Roth & Kroll, 2007). This works connects with that of other researchers who have proposed that whether or not individuals adopt a religion is based on a rational decision-making process, whereby individuals weigh up the associated costs and benefits (e.g., Durkin & Greeley, 1991; Miller, 1995). Being religious, therefore, is *the* rational choice when the (expected) benefits exceed the (perceived) costs; being irreligious in the aforementioned situation is, on the other hand, irrational, as it constitutes the worst strategy for minimizing the risk associated with dying. This proposition is best known in its form as Pascal's Wager (see Miller, 2000).

Interestingly, though, it has been suggested that while the above-described argument should hold true for many Western – so-called 'high-risk' – religions (e.g., Christianity, Islam, and Orthodox Judaism), it should not hold true for many Eastern – so-called 'low-risk' – religions (e.g., Buddhism, Hinduism, and Taoism; Miller, 2000). The reason for this, Miller (2000) argued, is due to the different focuses and requirements of Western vs. Eastern religions. For instance, Christianity, Islam, and Orthodox Judaism emphasize affiliation to one religious organization and the holding and practice of key beliefs and behaviors to enable a rewarding afterlife; as such, the benefits of adopting Christianity, Islam, or Orthodox Judaism – even in societies where these religions do not dominate – are high, meaning the rejection of these religions constitutes a risky decision (Miller, 2000). In contrast, Buddhism, Hinduism, and Taoism emphasize the role of individuals in determining their fate after death through, for example, the laws of karma; this has the effect of deemphasizing the importance of organizational affiliation (Miller, 2000). Moreover, Buddhism, Hinduism, and Taoism support the idea that individuals' religious goals may be obtained through multiple paths. These factors, therefore, reduce the risk associated with non-participation in the organizational / society-level aspects of these religions (Miller, 2000).

Building on the work of Miller and Hoffmann (1995) in which only American citizens were surveyed, and using data from the 1990-1993 World Values Survey, Miller (2000) investigated the relationship between risk preference and religiosity in five countries: the United States, Italy, Turkey, India, and Japan. The United States and Italy are predominantly Christian countries – where Protestantism and Catholicism dominate, respectively; Turkey is predominantly a Muslim country; India is predominantly a Hindu country; and, of those citizens who claim a religion in Japan, a large number of these are Buddhist (Miller, 2000).

Based on his results, Miller (2000) claimed support for his hypothesis, showing that while a negative relationship between risk preference and religiosity was present and significant in the Christian and Muslim countries he assessed – replicating some of the findings of Miller and Hoffmann (1995) – no relationship was found between these factors in the Hindu and Buddhist countries he assessed.

Despite the interesting findings, three important limitations exist with Miller's (2000) work, however. First, the assessment of participants' religiosity was limited: Participants were simply asked two questions that produced dichotomous, yes or no answers, and two questions that produced scale data. Second, the assessment of participants' risk preferences was even more limited than the assessment of participants' religiosity: In this case, participants were simply asked to rate their general risk preference on a 10-point scale, "where 1 state[d] that it [was] best to be cautious when making decisions in one's life, while 10 state[d] that acting boldly [was] best" (Miller, 2000, p. 10). Third, the use of Japanese citizens to form Miller's (2000) Buddhist cohort was a little strange, since no religious affiliation is claimed by the majority of Japanese people (Miller, 2000), and some Buddhist scholars and thinkers have argued that Japanese Buddhism is an unrepresentative form of Buddhism more generally (see Covell, 2009; Swanson, 1993). These concerns, therefore, undermine the reliability, validity, and generalizability of some of Miller's (2000) conclusions.

Indeed, more recent findings have cast doubt over the accuracy of Miller's (2000) hypothesis. Liu (2010), for example, investigated whether a relationship between risk preference and religiosity existed in a sample of Taiwanese citizens who completed the 2007 Taiwan Social Change Survey (TSCS). The sample comprised a majority of individuals (66.10 percent) who claimed either a religious affiliation to popular cults or Buddhism; however, it is important to note that the various religious affiliations were collapsed across to create one dichotomous variable, religious affiliation vs. religious non-affiliation, that was used to conduct the analyses (Liu, 2010). Of the 2,147 respondents, only 16.53 percent claimed to have no religious affiliation. While no relationship was found between risk preference and religious affiliation, a significant, negative relationship was found between risk preference and frequency of participation in religious activities over the past year – e.g., attending church events (Liu, 2010). Support for Miller's (2000) hypothesis was therefore only partial, since the significant, negative relationship found was not predicted in an Eastern society such as Taiwan where (presumed) 'low-risk' religions dominate.

Furthermore, in a subsequent test by Ellis et al. (2016) of the association between risk preference and religiosity in the United States and in Malaysia – where the 'high-risk' religions of Christianity and Islam dominate, respectively – no evidence for a significant, negative relationship between these factors was found; in fact, for the Malaysian sample, it was actually shown that individuals who were more risk tolerant were significantly more religious (Ellis et al., 2016). These findings, of course, sit in direct contrast to Miller's (2000) hypothesis and results for the United States and Turkey – a devout Muslim country like Malaysia. Overall, then, the findings of Liu (2010) and Ellis et al. (2016) raise further doubts about the reliability, validity, and generalizability of Miller's (2000) hypothesis and findings (but see Hilary & Hui, 2009).

It is important to highlight, however, that the studies of Liu (2010) and Ellis et al. (2016) are not without their own limitations. For example, along with Liu's (2010) creation of the dichotomous variable that collapsed over multiple, different religious affiliations, the manner in which he measured risk preference was, as for Miller (2000), very simple; the measure Liu (2010) used just asked participants to rate a single "Sometimes I like to take a

risk" (p. 174) statement on a 1 to 5 Likert scale. Moreover, the majority of respondents (42.90 percent) in Liu's (2010) research claimed religious affiliation to popular cults. This makes it difficult to gauge the level of risk associated with non-affiliation to these religious groups based on Miller's (2000) theorizing, further reducing the generalizability of Liu's (2010) results. With regard to Ellis et al. (2016), one notable difference between their work and the work of most previous researchers in this area was that their sample consisted of undergraduate students rather than being drawn from the wider population. Also, fewer males than females were sampled in the two countries of choice, and this was especially prevalent for the Malaysian cohort (31.70 percent vs. 68.30 percent, respectively). As such, these factors may have unwittingly introduced a bias into Ellis et al.'s (2016) results. Finally, although Ellis et al. (2016) undertook a more detailed assessment of respondents' religiosity than did Miller (2000), the assessment of respondents' risk preference was still limited.

Taken as a whole, therefore, the above-presented research paints an uncertain picture of the nature of the relationship between risk preference and religiosity. In fact, even Hoffmann (2009) argued that the investigation into risk preference and religiosity had gone astray, and that little convincing evidence for a relationship between these factors – let alone for the determination of the directionality of any such relationship – had yet to be provided. More research on this topic is clearly needed, and this is particularly true for non-Western countries where there is a noticeable paucity of research. To help make the findings of future research easier to interpret, Eastern countries that exhibit a homogeneous religious environment would be especially suitable for investigation. One Eastern country that fits this requirement is Thailand, where approximately 94.60 percent of citizens have been reported to identify as Buddhist ("Demographics of Thailand," n.d.).

To address some of the limitations of and build on previous research, the goals of the presently proposed preliminary study are twofold: First, the authors will exclusively survey Thai nationals living in Thailand to assess the relationship between risk preference and religiosity in an Eastern country that is overwhelmingly Buddhist. Second, the authors will use a greater number of questions to better assess the risk preferences and religiosity of respondents. Based on Miller's (2000) hypothesis and results, it is predicted that no relationship will be found between Thai citizens' risk preferences and their religiosity. Based on Liu's (2010) results, however, it is predicted that a negative relationship will be found between Thai citizens' risk preferences and some components of their religiosity, namely, the frequency of their religious participation. Based on Ellis et al.'s (2016) results, though, it is possible that a positive relationship will be found between Thai citizens' risk preferences and their religiosity.

**Proposed Method**

**Participants**

Initially, 100 individuals will be surveyed in this exploratory research. Participants must be Thai nationals, currently living in Thailand, and over 18 years old to be eligible to complete the survey. Posts on social media sites (e.g., Facebook) and snowball sampling will be used to recruit participants.

**Materials**

Qualtrics's online survey software will be used to create and conduct the survey. All data will be obtained and stored anonymously. Along with key demographic details, such as respondents' ages, genders, educational levels, socioeconomic status and, of course, whether

or not they claim some religious denomination, the following questions will be asked to assess respondents' risk preferences and religiosity.

**Risk Preference Questions.**

- I never take risks in traffic while driving a motorbike (if applicable).
- I never take risks in traffic while driving a car (if applicable).
- I never take risks in traffic as a pedestrian.
- I can be rather incautious and take big risks.
- I often dare to do risky things which other people hesitate to do.
- I think that I am often less cautious than people in general.
- I am a bit of a coward.
- I am rather adventurous and like to take chances in various situations.
- I am always very cautious and think of safety first.
- I have never deliberately taken any big risks that I have been able to avoid in important situations.
- I never take any risks that I can avoid when it comes to important things.
- I always try to avoid situations involving a risk of getting into trouble with other people.
- I like to avoid doing things for which I run the risk of being criticized and blamed if I fail.
- I think I am often rather bold and fearless in my actions.
- I get scared easily if I cannot control important things myself.
- I often fear that things will go wrong when I have to turn over tasks to others whom I cannot supervise.
- I remain calm and confident when I am forced to make important decisions without having enough time.
- I easily get nervous and worried if something disrupts my plans.
- I remain calm and confident even if my life undergoes important and unexpected changes.
- I easily get anxious if I have forgotten to check things carefully.
- I think that it is easier for me than for other people to make decisions under uncertain conditions without becoming nervous.
- If I have prepared poorly for an important task, I easily become nervous and perform worse than my poor preparations would merit.
- I easily get worried and nervous in a completely strange place.
- Without becoming anxious, I can let other people handle things for which I am responsible.
- I am afraid for punishments after my death like going to hell or not coming back to earth.
- People who are close to me consider me incautious and a risk-taker.
- People who are important to me think I take too many risks in some parts of my life.
- Sometimes I like to take a risk.
- Please locate yourself on the following 1 to 10 scale, where 1 means you think it is best to be cautious when making everyday, life decisions and 10 means you think it is best to act boldly when making everyday, life decisions.

**Religiosity Questions.**

- I often read books and magazines about my faith.
- I make financial contributions to my religious organization.
- I spend time trying to grow in understanding of my faith.
- Religion is especially important to me because it answers many questions about the meaning of life.
- My religious beliefs lie behind my whole approach to life.
- I enjoy spending time with others of my religious affiliation.
- Religious beliefs influence all my dealings in life.
- It is important to me to spend periods of time in private religious thought and reflection.
- I enjoy working in the activities of my religious affiliation.
- I keep well informed about my local religious group and have some influence in its decisions.
- When I have a problem, I go to a place of worship (e.g., temple, mosque, church) or another sacred place.
- How important is religion in your life?
- How often do you attend a place of worship (e.g., temple, mosque, church) or another sacred place?
- Aside from weddings and funerals, how often do you attend religious services at a place of worship (e.g., temple, mosque, church) or another sacred place?
- About how often do you pray?
- To what extent do you consider yourself to be a religious person?
- To what extent do you consider yourself to be part of a religious community?
- How important are the teachings of your place of worship (e.g., temple, mosque, church) in helping you make decisions about your life?
- How important are the words of one or more sacred texts (e.g., the Vedas, the Qur'an, the Bible) in helping you make decisions about your life?

The primary independent variable(s) will be risk preference and the dependent variable(s) will be religiosity.

## Procedure

Following a click on the survey link, participants will complete the survey online. Informed consent will be obtained before participants begin the survey.

## Proposed Analysis

The data will be analyzed using factor analysis and regression analysis. Factor analyses will be carried out for both the 29 individual risk preference measures and the 19 individual religiosity measures. This will be done to determine whether or not these measures fit well into a single risk preference factor and a single religiosity factor. If one or both do not, the optimal number of factors will be determined for each construct. Following this factor analyses, regression analyses will be carried out to determine the overall strengths of the relationships between the various risk preference and religiosity measures, and the risk preference and religiosity factors.

## Discussion

The presently proposed research represents a preliminary investigation in which the authors will assess the relationship between risk preference and religiosity in an overwhelmingly Buddhist sample composed of Thai citizens. To the best of the authors' knowledge, this will be the first time such a relationship has been assessed in a Thai sample. Moreover, a more comprehensive assessment of both respondents' risk preferences and religiosity will be undertaken than has previously been carried out. As such, the present research will both build on and extend previous research, and increase the reliability and validity of conclusions regarding Miller's (2000) controversial hypothesis that a significant, negative relationship between risk preference and religiosity should only exist for 'high-risk', Western religions and not for 'low-risk', Eastern religions. The authors hope this preliminary research will develop into a more rigorous, large-scale assessment of the Thai population to confirm any preliminary findings and more fully assess Miller's (2000) hypothesis. Furthermore, if the opportunity were to arise, the authors would like to directly contrast the data from their Thai sample with data from a predominantly Christian or Muslim sample to better address the uncertainty that surrounds Miller's (2000) hypothesis.

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# The role of Spirituality in the causes, treatment and prevention of diseases

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Keywords: Spirituality and Medical practice, Spiritual root causes of disease, Disease prevention, Holistic healing

**Abstract**

While modern medicine mostly ignores investigating the spiritual aspects that can affect a person's health, Ayurvedic medicine (also known as Ayurveda), the world's oldest system of medicine embraces the spiritual and subtle aspects in the diagnosis and treatment of a patient. What do Spirituality and medicine have in common? Can the diagnosis and treatment of illnesses along with its prevention be made more effective by finding common ground? Empirical research conducted by the spiritual research team at the Maharshi University of Spirituality and the Spiritual Science Research Foundation, using traditional and non-traditional (i.e. the use of sixth sense) methods shows a strong relationship between the two.

Firstly, for any diagnosis and subsequent treatment to be successful, it is imperative that one goes to the root of the problem. Research findings show that there are 3 possible root causes for any illness. They are physical, psychological and spiritual. Any illness is the result of one or a combination of these three root causes. Adverse destiny (karma), the effect of negative energies and spirits of departed ancestors are the most common spiritual root causes.

When treating a patient, a doctor should ideally take into account the 3 root causes of illnesses and then accordingly administer treatment. For example, if the spiritual root cause of an illness is destiny or distress caused by negative energies, it should also be treated at the spiritual level along with administering the necessary physical or psychological treatment. When one includes the spiritual aspect in the treatment of such a patient, the outcome is curative.

Treatment at the spiritual level includes various spiritual practices and spiritual healing remedies. Spiritual practice provides long-lasting relief and increases one's capacity to bear suffering. Spiritual practice is the best tool to overcome or prevent adverse destiny.

# The Structure of Illness Space:
# Video and Illness Experience as Spiritual Practice

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**Paper Abstract:**

Personal Spiritual Inquiry (PSI) in a post-traumatic existence creates a dialectical complexity between the past and the present – living in the moment while reliving the past. However, the ability to recover the past in trauma is paradoxically entwined with the inability to gain access[i]. In order to access trauma memory, a process of PSI – rooted in Buddhist thinking – creates contact with these memories while focusing deeply on what Joseph Goldstein calls, 'wise investigations[ii]. In Western Buddhism, 'wise investigations' are foundational to the pursuit of happiness and 'resonate strongly with scientific and psychological paradigms[iii]. In this project, the intersection of these paradigms that organize my research's PSI resides in meditative practice, digital media production and a post-traumatic existence with the illness, Acute Myeloid Leukemia (AML). The memory of illness experience is structured and expressed by the concept of the *house.* Author and French philosopher Gaston Bachelard's theoretical thinking influences this investigation by mapping a connection between phenomenology (illness experience) and architecture (the conceptual house). In the seminal text, *The Poetics of Space*, Bachelard claimed the *house* to be 'the greatest power of integration for the thoughts, memories and dreams of mankind[iv]. Through the lens of Bachelard's thinking, illness experience becomes represented by the image of the *house* as a signifier of decay, and the *house* as a signifier of a cocoon. The PSI framework of this research attempts to recollect trauma memory while creatively assigning metaphorical thinking to the emotional and spiritual journey of illness experience. The evidence derived from this research is an experimental documentary entitled, *The Structure of Illness Space[v]*. As a conduit for spiritual growth, the creative rendering of this research is aimed at achieving new knowledge involving Personal Spiritual Inquiry practice while simultaneously performing as artistic expression in healing from illness trauma.

**Keywords:**
Personal Spiritual Inquiry, wise investigation, post-traumatic, illness experience, house

**Author's Introduction:**

As an Acute Myeloid Leukemia (AML) survivor, I am constantly looking for ways of understanding my illness experience. In this presentation, I will discuss my research as a scholar-artist attempting to shape meaning–making through an arts-based research process. Over the course of this project, this process has grown and evolved as a framework for critical inquiry that I now call Personal Spiritual Inquiry (PSI). In this framework, illness experience is deeply reflected upon during a site-specific meditation while documenting through creative video production. As evidenced in this project, new ideas and interpretations emerged as it pertains to the impact of living with illness experience. As part of this presentation, a product of the project, The Structure of Illness Space, an experimental film will be screened.

**Brief Biography:**

Nicholas Quin Serenati is a scholar-artist and serves as Assistant Professor and Director of Television at Flagler College in Saint Augustine, Florida. As an Acute Myeloid Leukemia survivor, Dr. Serenati has focused his interdisciplinary scholar-art research toward voicing agency for marginalized communities within trauma. From an interdisciplinary lens, Dr. Serenati approaches critical inquiry with creative renderings experimented through sound, image and metaphor construction. Preoccupied with discourses surrounding illness, metaphor, spirituality and art, Dr. Serenati explores the ways in which breaking the narrative in filmmaking can be used as a model for healing.

[i] Cathy Caruth, *Trauma: Explorations in Memory* (Baltimore: Johns Hopkins University press, 1995), 152
[ii] Joseph Goldstein, *One Dharma* (New York: HarperCollins, 2002), 2
[iii] Ibid. 2
[iv] Gaston Bachelard, *The Poetics of Space* (Boston: Beacon Press, 1969), 6
[v] Nicholas Quin Serenati, *The Structure of Illness Space* (St. Augustine: RFJH Films, 2016, DVD)

# The Struggle of The Indigenous Religion in Indonesia

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## ABSTRACT

Indigenous religion is any person who recognizes and believes the values of the appreciation of the belief in God Almighty which are manifested in the indigenous religious conduct of worship, and the practice of virtues whose teachings originate from the local wisdom of the Indonesian people (Indonesia Minister of Education and Culture Regulation No. 27 of 2016 article 1 paragraph 4 and 5). In Indonesia, this group is a minority and was not previously recognized as a religion (non-religion).

Based on the dimensions of religious identity from Hemming and Madge (2012), this study was carried out with a qualitative phenomenological approach. From interviews with respondents consisting of indigenous religious leaders, teachers, and female indigenous religions, the consideration is that respondents are representative advocates in terms of behaviour, practice, belief, and practice in cultural values. The results of the interviews were analyzed in terms of dimensions content analysis (behaviour and practice/action; affiliation and belonging; beliefs and values; religious and spiritual experiences in cultural preservation) and narrative analysis (to identify biography and results of interviews).

The results of the study found the following phenomena: (1) Indigenous religions have the opportunity to hone the maturity of faith through their involvement with interfaith groups where mental readiness towards pluralism is a benchmark of maturity of faith, (2) the freedom to choose the way of life/religion, (3) before becoming an indigenous religion having experience affiliated with the majority religion, (4) cultural development mainly through cultural preservation (dance or funeral processes) and the environment (caring for rivers or caring for trees) are behaviours of spiritual development, and (5) if being an indigenous religion leader must be participatory, that is, willing to be involved and set a good example, not just because of obedience or the reputation of their parents.

**KEYWORDS**: indigenous religion, local wisdom, pluralism, participatory

## INTRODUCTION

Indonesia is one country that has hundreds of beliefs. Belief in Indonesia is not classified in religion even though when the researcher made the term in this study is indigenous religion and in Indonesia we call it Penghayat. Penghayat in Indonesia believe that this flow is a legacy from their ancestors so they tend to consider their teachings to be part of the culture by local customs. Because of the variety and variety, this school tends not to have the same teachings or centre on the highest hierarchy.

The sensitivity of the founders to oppose what religious leaders or religion per se because they lead to living up to preserve cultural values and tolerance with fellow human beings regardless of culture or religion, while on the other hand the development of religion in Indonesia, especially religious leaders, can rarely unite between faith as daily deeds that grow in a local culture.

The survivors who became respondents in this background experienced discrimination both in terms of population legality from their status as citizens and religious status in the community so that this discrimination condition correlated with low levels of education and social-economic status tends to below. It is this diversity in the minority situation that most groups face discrimination that forges the process of maturity of the faith and fights for other followers.

SOCIAL INCLUSION Social inclusion is an effort to place the dignity and independence of individuals as the main capital to achieve the ideal quality of life. Through social inclusion, the Program Peduli encourages all elements of society to receive equal treatment and get the same opportunities as citizens, regardless of any difference (https://programpeduli.org/inklusi-social/). The Program Peduli in Indonesia is sponsored by The Asia Foundation with several focus issues on inclusion including religion and beliefs, vulnerable children and youth, human rights, indigenous peoples, and transgender people. Religion and belief become special studies in this paper because the involvement of researchers in research related to the development of religion and belief after the existence of legality from the state about population identity and religious status for the followers in their struggle to develop self-identity through social support and taking a role in the continuation of the existence of inmates the community.

To this day, after the struggle of the previous survivors, the next generation of survivors emerges with the following picture:

FIELD OF POPULATION DOCUMENTS In some areas it has begun to look like a good facilitation in managing ID CARDs, inviting relevant agencies and placing them as resource persons at every routine meeting and outreach by bringing the values and character of each community as a tool to introduce themselves, understand them characters that correlate with budget facilitation, proactivity to introduce oneself and stay in touch with the State Department so that it is known (legality) and personal to facilitate sufferers (members of the indigenous religion community) in managing changes in their identity and get positive responses from the department, and the activeness of Majelis Luhur Kepercayaan Indonesia

(we call MLKI is a daily taker organization of Indonesian Indigenous Religions) bears fruit in establishing support between related agencies is very helpful in the process of changing ID CARD.

FIELD OF EDUCATION. There are steps taken by schools by issuing a school version of SKHUN that contains the value of subjects of trust (the reason being that parents ask) even though such a policy has not been established by the Education Department. The education given to the students of the caretaker is only done when the parents dare to report that they are from the family of the caretaker because there are still many parents who do not have a caretaker's ID CARD and report to the school to get their rights.

FREEDOM OF WORSHIP AND THE LEGALITY OF PAGUYUBAN The larger the organization, the more complicated the arrangements and problems that arise. Indonesia is indeed diverse in ethnicity, culture and religion. The flow of trust whose number of members can still be considered a minority compared to a religion whose legality has been recognized in advance, is also not immune to internal problems. From the issue of organizational legality to the legality of personal identity, it undoubtedly tends to be dominated by certain groups which in essence still need mutual awareness to coordinate with each other especially in cases of death and funerals as well as permits for the construction of houses of worship and freedom of worship.

RESEARCH METHODS

Qualitative research will provide descriptive and narrative exposure related to research themes and subjects. Qualitative research starts from data (rolling informants to get information from key people), utilizes existing theories as explanatory material, and ends with a theory, or interpretive conclusions either to develop structured interview material, inquiry, to interpretation. The methods to be used are:

a. In-Depth Interview.

This method is carried out through face-to-face questions and answers to get a complete picture of information, views, opinions, comments and interviewee reflections related to the problems that are explored in the research of the audience. In-depth interviews also allow the discovery of new issues that are important to be explored further (individual level and policy actors).

b. Triangulation

This step was taken by crosschecking data from several key informants (both from individuals who have received services and those who have not) to obtain more accountable information.

**RESULTS**

Content Analysis. The results of interviews of several subjects totaling 48 respondents (penghayat) were then selected based on respondents who had subjective experience and

recognized their roles by stakeholders from schools, associations, and MLKI. The subject chosen has a prominent role and character in terms of exemplary faith and attitudes, humility in serving others, and the story of the past and background to be a penghayat. It is important to review the process of developing faith in the followers of faith, considering that initially the indigenous religion experienced discrimination, especially in life around the home and school. This is a picture of the development of faith experienced by the dimensions of form of logic, perspective taking, form of moral judgement, bounds of social awareness, locus of authority, form of world coherence, symbolic fucntion.

Table of Progress of the Penghayat's Faith

| FORM OF LOGIC | PERSPECTIVE TAKING | FORM OF MORAL JUDGEMENT | BOUNDS OF SOCIAL AWARENESS | LOCUS OF AUTHORITY | FORM OF WORLD COHERENCE | SYMBOLIC FUCNTION |
|---|---|---|---|---|---|---|
| *Strategy* | *Action* | *Moral Considerations* | *Social barriers related to the funeral / worship / education process/gender* | *Power* | *External Support* | *Mental picture, the development of self from the experience of discrimination* |
| Teaching young people with an emphasis on cultural values | Youth teacher | Creating better next generation | Young people are sometimes underestimated by society | Be a **penghayat** teacher | interfaith groups, female organizational advocates, MLKI, state department | The internal motivation arises from the experience of affiliation, pluralism, and accountability to oneself |
| Choose not to be the Penghayat of one group or community but to serve for others | Be a youth leaders who are able to channel their aspirations and become intermediaries | Be a role model | Considered extremist and against existing social rules | The MLKI presidium, student lecturers on comparative religions, public servants | interfaith groups | Being a leader must be an example, willing to serve, and religion is a way to preserve culture |
| Visiting, listening to complaints, and participating in the group of women victims | Down to earth; participative leader and gender | Option for the woman and advancing backwardness | Hostile by female groups themselves | Formal female organizational | interfaith groups | Penghayat must be invited to talk in a way approached and listened to his complaints |
| Hospitality is part of Indonesian culture and is used in both approach and communication strategies | Youth leader | Promoting togetherness | Considered less representative of the level of the hierarchy of religious groups | Teacher, lectures, public servants | interfaith groups | Harmony and synergy between stakeholders |
| Actively fighting for civil rights related to identity and providing opportunities for their daughters to learn lifelong from other groups so that they are culturally, socially, and educationally | Persevere in fighting for oneself and the family's future for the right to life | Considered too brave because rarely do women dare to speak and fight for their rights | too brave and frontal | Awareness of mothers who have daughters | interfaith groups and female organization | Women must fight for themselves and their children |

From the content analysis, information can be obtained that the symbolic function all includes the experience of previous discrimination and inferiority in childhood and teenagers are actually able to turn into a positive spirit when there is social support where they get the opportunity to be accepted from the way of thinking, concepts, and potential that can fight penghayat community and able to be a patron for the group.

Narrative Analysis. The following are excerpts of interviews used in narrative analysis that specifically support the symbolic function dimension of the respondent's phenomenology.

**Deni** (2019C0720): I used to be a child until I was in high school in the belief in my heart that I was still Muslim. Follow all the rules, including how to worship. Until finally, because maybe from the secondary school class to high school, I became a rascal child because as an act of protest often bullied related to the status of parental servants to the inability of their families to gain access to identity to relate to religion that must be followed at school. My life process led to the conclusion that I was experiencing juvenile delinquency and woke up to think and was moved to find my identity. I talked to myself that "I shouldn't be like this". The process of searching for my identity began by opening myself up to discussions with people from various religious backgrounds in the majority of the environment such as Islam and Christianity. (2019C0725) I used to be a child when I was in high school in class, in my heart, I was still Muslim. Follow all the rules, especially the worship by praying five times a day. (2019C07231) I believe that the process of rejection from the environment makes me like this. (2019C0733) After I understood that my heart was a diviner, starting from the 2nd grade of high school I ventured not to attend Islamic religion lessons and decided to talk with my homeroom teacher if I was a Penghayat. The courage to talk with the homeroom teacher is a valuable moment because with me brave and without coercion from anyone, I feel able to free myself and the environment around me.

**Boni** (2019BK0105): From a Muslim, my ID CARD is Islam, to become a lifelong ID CARD I am a Trust in God Almighty or Penghayat, I submit this for motivation. (2019BK0120) my position at that time as civil servants in the Department of Education and Tourism so that indirectly there was a call to become a victim to be their defender. Defenders need a figure who is able to defend their rights because so far they have always been considered trash and cannot get access as citizens (2019BK0134) The initial dilemma arose because it was impossible to be a defender only half measures. This means that I have to volunteer to become a victim so I can truly feel the existence of discrimination and be accepted as a citizen of the victim. Fighting with life experience and calling is what later made me today the chairman of the Indonesian Noble Trusts Council (MLKI is the daily caretaker organization) of Bandung. At the elite level of the organization, I did not hesitate to change the religious identity to become an adherent of the belief in God Almighty because of the consideration of my achievement motivation as an adult who was free to make choices related to religion as a way of sipping and intention to fight for hope and preserve the local wisdom of the ancestors . In the development of the time when I was able to become the chairman of the Bandung MLKI, I think that being a leader of the ruling requires a strategy so that the struggle of the ruling can be accepted in a wider circle. From his experience of interacting in interfaith thinking, I see a problem that develops because the advocates he

fights for require leaders who are able to be role models and relationships that are able to introduce to the outside world about those who have become underestimated due to several ways of living and thinking they are not the same as religious people in general.

**Djayus** (2019KM0103): Getting to know the thief because his wife first moved to a Penghayat, and in the development of the education period his children are still reported to school as a Penghayat. Previously I was a follower of Islam. When my wife became a victim, at first I was only invited to discuss and be asked for permission. The next process develops after the child appears. I need a family that is able to educate children in one atmosphere, especially with my wife. The basis for this consideration is growing in line with the world of my work. The development of personality and concern about lifers is increasingly honed while working in the goverment employee of Education and Culture strengthens its existence as a caretaker because one of its tasks is to preserve cultural values. The followers of his teachings uphold culture so that the heart and behavior of my daily life with my family seem to have gotten the right place.

**Wanti** (2019BK0223): Well, I thought that believers like us might have no business interests, at first I thought that because I was from a Muslim family. After I changed my trust to become a believer, it turned out that I caught a number of important things related to motivation to advance the organization of women in the community. I am interested in the organization of women in terms of life related to the desire to advance ways of thinking, ways of getting along to be able to present themselves as women who have characteristics that are close to culture (2019BK029). The problems of the Puan Hayati (Penghayat Women's Organization) are usually only dominated by certain individuals who are less able to play a role in helping those who are not from the management group. At the management level they already have their own access in the field of education and religious structure, but are not in favor of the people who are economically incapable and lack the courage to talk because their education is low. On the basis of such knowledge, I am not interested in being a victim of a woman who serves as an administrator. I am more interested in the problems faced by women in charge, such as: not being able to get a marriage certificate, marriage that is considered illegal, to the position of children in school who are not able to be brave enough to acknowledge and get education as a caretaker (2019BK0237) Not yet, this also if the Puan Hayati, we, the socialization to school also does not yet exist, we as Puan Hayati, I have also invited other management, "Come on, let's come to another fellow female organizations, so that Puan Hayati is known in the wider community. "Let's visit the Women's Empowerment Deparment, so that Puan Hayati is also well known by fellow organizations whose focus is on women and organizational thinking is becoming more widespread and developing.

**Lilies** (2019C0115): Lilis Rohaeni is a woman and mother feeling very moved when she gets the opportunity to socialize the change of ID CARD of the followers of the MLKI ( This desire is very tempting given the past treatment at the same time for the sake of the future of my family, before 18 years of marriage (this is also a common experience for those living in Sundanese culture) was considered a 'kumpul kebo' (to live together without being married) alias is not recognized, my religious identity is written in Islam when it is not so that I feel cheated on my ancestors because I am a Penghayat, and in the future I have to fight so that

their children (her daughter currently sitting in 12th grade) can get a diploma in which written subjects he followed was Trust in God Almighty and not as a religion. This document is a great relief for Penghayat because she feels she can be herself and legitimate (both in marriage and for the future of her child). This struggle was very meaningful even though I had to go back and forth to the office of the population which is 50 km from her house. This happiness gave rise to an extraordinary desire to be able to share this experience with the women around her to begin this struggle because many did not dare to acknowledge themselves as advocates or even struggle, while holding private documents that were very valuable and had been successfully held for one week. Hopefully in the future, Ms. Lilies wanted women victims to be more willing to speak in public, share experiences about changing the identity of the residents, and hope that there would be development of skills in managing their agricultural products.

## DISCUSSION

In some of the individuals shown above a picture of the dynamics of the followers of faith appears in relation to social rejection, discrimination, coercion to take religion from certain parties, and determination to fight for the search for identity, the will to help and find oneself and other people. The conclusion from the results of the narrative analysis and context of funds found that: (1) the Penghayat get the opportunity to hone the maturity of faith through involvement with interfaith groups where mental readiness towards pluralism becomes a benchmark of faith maturity, (2) get freedom to choose the way of life / religion from parents, (3) before becoming a Penghayat having experience of affiliation with the majority religion, (4) cultural development mainly through cultural preservation (dance or funeral processes) and environment (caring for rivers or caring for trees) are behaviors of spiritual development, and (5) if you become a leader you must be participative, that is, you want to be involved and set a good example, not just because of obedience or your parents' reputation.

The development of Youth faith in Asia can be seen contextually as a victim of the problem of intolerance, and bureaucracy, a separate generation because in the case of religiosity education for adolescents tends to be filled only with an emphasis on teaching material, even though they need figures who are able to emulate so as to prioritize the meaning of life or heart shakes related to factual issues, and also minorities because they are less cared for by aspirations and without support (Chatterji and Washbrook, 2013).

Adolescents in minority groups and experiencing discrimination need to get special treatment such as: dialogue, experience received, served humbly, in the context of factual relationships with others, preserving the environment and especially related to encounters and acceptance through art and culture. Why art and culture? Art and culture can erode the culture of comfort and modernization, so that encounters with weak, poor, marginalized and disabled communities make minority groups proud because they will feel accepted and proud of themselves.

In addition, individuals who have experienced discrimination need an effort to develop themselves and find problem solving for their own life problems. Social support in this case

is needed to be a place for self-acceptance and togetherness or solidarity. Gender, ethnic and social class discrimination requires leaders who understand social issues and are able to alleviate problems by directly setting themselves up as an example (http://www.fabc.org/offices/olaity/docs/BILA%20III%20on%20Youth- Report.pdf).

In its development came the psychology of inclusion that interacts the view of social psychology with neuroscience as a new science that seeks to understand the self-development of individuals who experience inclusion. Psychology of inclusion emphasizes that inclusion cases experienced by people of Asia, Africa, South America, and Southern Europe differ from the western theoretical context, especially in the development of self. The development of self in a community that experiences inclusion is influenced by sociohistorical, cultural, and values or local wisdom of the community (Stanley and Duckitt, 2000). The psychology of religion, which is basically influenced by culture, needs to develop an inclusive perspective as the development of future research variables, especially in understanding the understanding of religion more than just teaching, but the embodiment of daily life practices and aims to preserve culture as a legacy from capable ancestors guide the development of self based on biological, psychological, and cultural. The future development that needs to be explored in the study of psychological inclusion is the development of self without having to leave tradition and home because the youth in the inclusion area still have to carry on as preservers of culture and environment such as the diaspora in Indonesia.

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# Wildfire and Asylum: A Depth Eco-Psychological Approach to Backyard Pilgrimage

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KEYWORDS: depth psychology, ecopsychology, pilgrimage, active imagination, meaning

ABSTRACT:

This paper explores the psycho-spiritual and psychotherapeutic value of the practice of pilgrimage, as it can be applied in daily life, without physically leaving town. Incorporating the literature on active imagination and depth psychology (Jung, 1963/1989), ecopsychology and the psychospiritual value of engagement with nature (Rozak, Gomes, and Kanner, 1995), and the archetype of pilgrimage (Clift and Clift, 2004), this paper explores the practice of fostering transpersonal experience, getting beyond ego, and "seeing through" to inner meaning (2004). How can elements of these practices contribute to insight and meaning in clinical practice, as well as to the self-care of the therapist?

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