

TIME PERSPECTIVE RELATED TO MENTAL HEALTH AMONG IDP ADOLESCENT IN INDONESIA

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What, then, is time? If no one ask of me, I know; if I wish to explain to him who asks, I know not.

(Augustine of Hippo (354-430 AD), Confession book 11 chapter 14)

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ABSTRACT

Background: Conflicts and wars in several areas in Indonesia had caused a large number of Internally Displaced Persons (IDPs) and 70% of IDPs are children and women. IDPs adolescent is a vulnerable group of having mental health problem and never have enough attention. Certain kind of time perspective can be affective to avoid mental health problems among forced migrants. With all the limitations attached to IDPs adolescents in Indonesia, there is a concern about the form of time perspective they have and whether it will enable them to fulfill the developmental task properly and continue to live without mental health problem in the future.

Objectives: To quantitatively assess mental health and time perspective of adolescent Internally Displaced Person and Host Population in Indonesia and to qualitatively understand time perspective of Internally Displaced Person adolescents in Indonesia.

Method: Triangulation of methods. Quantitative part is cross sectional study and followed by qualitative in depth interviews. Use questionnaires to obtain data from 67 adolescent IDPs and 62 adolescent host population. Questionnaires were Strength and Difficulty Questionnaire (SDQ) and Circle test. Inclusion criteria are age 12 to 18, live in Ambon city region during the time the study conducted, both gender included and never married. Subjects being selected by simple random sampling.

Results: IDPs are more present past oriented comparing to future oriented HP, but there is no difference in time relatedness between both groups. IDPs are also having more difficulties comparing to HP, especially in emotional symptoms. Factors like migration status, gender and religion have partial significance toward time dominance and mental health problems. There is a significant relationship between time perspective and mental health in which future oriented adolescents have greater difficulties than present-past oriented adolescents. The most problem is coming from emotional symptoms, which dominated by anxiety problems.

IDPs have specific understanding in disconnecting time. They seem to emphasize on the present more although still have high hope for future. They do not see themselves as helpless or sick person, and they do not necessarily full of hatred and vengeance which give hope for peace building between Christian-Moslem communities in the future.

Conclusion: IDPs are more likely to have present past oriented time dominance and they have future oriented fear or anxiety. Nevertheless both IDPs and HP are tend to split time and it is important to guide them through the reintegration of time spheres in order to avoid premature reintegration and mental health problems in the later life.

I. INTRODUCTION

1. Introductory Narrative

Waibo's story

My name is Waibo. I am 14-and-a-half years old now and I have lived in Ambon all my life. I moved into an abandoned hotel with my mother and three siblings after we lost our house in the conflict back in the end of 1999. At the beginning of the conflict my house was okay because we lived a little bit outside the city center. They just burned houses and buildings around the center, but during the second time they burned my house. Some bad people attacked my village one night. They hurt Christians in the village, and burned their houses. We had to leave the house in the night. Our Moslem neighbors helped us to get away. They walked with us until the nearest Christian area, and along the way they said that my family was Moslem so that other people did not hurt us.

I was so scared. It reminded me of the day of Iedul Fitri in early 1999. My family visited my grandparents who are Moslems to celebrate Iedul Fitri together. They lived in the center. My father and I stayed longer there that day because I was having so much fun with my cousins. In the evening we heard that people were burning churches and mosques in the city. My grandmother said that my father and I had better get home because she was worried about my mother and siblings. Since my grandparents' house is located in a majority Moslem area, my uncle decided to accompany us to make sure that we got to a Christian area safely. There were no mini-buses in the city. We walked together, people were staring at us, and I was terrified. I felt like they knew that we were not Moslem. My uncle told me that I had to be brave, stay calm and keep walking. One time I saw a man being slaughtered. They cut his head and there was so much blood. I screamed so loud until my father held me tight. He and my uncle tried to calm me down while we kept walking. I was crying all the way to home. When we reached the Christian majority area, my uncle said goodbye to us and went back to his home. I was so relieved when we got home that night - until we finally had to leave home.

After the night we lost our home, we have moved several times from one place to another. We became pengungsi (Internally Displaced Persons). First we lived at my other uncle's house with his family. He lived in a Christian majority area, so the Moslems who lived there became the people who had to leave. They become pengungsi too, just like us. That only lasted for a short time. Rumors of attack to that area pushed us to move again. This time to we have to live in a sports stadium. My uncle's family lived next to us in that building. Our houses were separated by bottles of mineral water. We did not have enough clean water so my cousins and I used to get water from a leaking pipe near

the building. One day my father told me that he found an empty space in a hotel which was deserted by the owner. Many Internally Displaced Person families live there now, and the place is a bit better than the stadium. So we moved there, and that is my house now.

It has been difficult for me and my family to live in a conflict. We never really feel secure. I have constant fear about the future. I never know when I have to move again, or if I can stay alive through another war. I cannot sleep very well at night, wondering if my mother will wake us up and rush us to go. I worry if we will be separated next time, if we cannot find any other place to stay.

I miss my friends, those whom I used to play with. We were so happy back then. We helped each other; they even cried when I left my home. I have had to change schools to whichever school is nearest the place I live at that moment. It is better now that my siblings and I can attend one public school. We were not able to go to school for a month when we lived with my uncle because the school was closed. One day the teachers sent all the students home because they were afraid of the school being attacked; outside the school there was a fight. Since then, whenever I go to school I worry I can't go home because I may be trapped in the conflict. My grades have been going down. I cannot concentrate in school or at home when I am studying. I want to be a doctor when I grow up. I want to help people, take care of my parents when they become older. I know I have to be the best student to get into university later, but I cannot study well. We do not have enough books. Sometimes we have had to go home early because there was a fight in the city, and I am always worried. I wonder if schooling is worth doing in this time. I have become a little bit pessimistic about the future. I thought I just have to pray to God to give me the entire best thing in life.

Now Ambon is so much better. I can pass the Moslem area when I go to school, which is a lot shorter way than if I have to circle through the Christian area. Nevertheless, I sometimes still feel my feet trembling a little bit when I'm in a Moslem area. My mother can get the fish from Moslem fisherman; she then sells the fish in the market. My father rarely stays at home; he has to go to Tual to work and he wants to send us the money. He sent some money just last month, but he said it is difficult to get jobs sometimes. So he doesn't regularly send money to us. My mother said that we have to be patient and pray a lot. Even though the situation is getting better, I still feel uncertain of everything. I cannot believe that everybody can go on living like there was no conflict before. If I see people yelling at each other I become scared. I fear that could be the beginning of new conflict. I cannot trust Moslem people one hundred percent. I would like to be friends with them again, and I have some new Moslem friends, but I don't want to be very close to them.

Right now the most important thing for me is to be with my family. I am very concerned about them and think about my father all the time. I want to start a new life with my family. I hope the future can be as nice as the past when we lived in our home, and maybe even better. I want to forget all the bad things in the past. Those things are over and I don't want to think about them anymore. I'm a big girl now; I know that I have to focus on the future. I will study hard to be what I want to be, starting from now. Remembering the past is only going to hurt me. I'd rather think about the future with all the good things coming in it, if God allowed.

The narrative above is intended to give a contextual setting of the respondents of this study. We have interviewed 129 Internally Displaced Person and non-Internally Displaced Person adolescents in Ambon city and the story above are about an Internally Displaced Person adolescent. The girl in the narrative is described as Christian, but the same story would apply to Moslem adolescents as well.

2. Background

In early 1999, Indonesia experienced the beginnings of large scale forced migration, caused by religious and ethnic conflict. It began in Ambon city, during Iedul Fitri, the biggest Moslem holiday. That day ended with violence all over the city - killing, attacking, and burning of houses and holy places in both Christian and Moslem communities. Hundreds of people lost their houses that day and become internally displaced persons (IDP). And that was just the beginning of a long conflict and forced migration disaster in Ambon and across Indonesia (Kompas cyber media, 1999). Later on conflicts started in other areas of Indonesia, leading to war between different religious and ethnic groups, and more forced migration. Conflicts and forced migration happened everywhere, from Irian/Papua in the eastern part of the country until Aceh in the west, but all the disasters have been localized and stayed in those particular areas only.

The conflicts and wars in Indonesia have caused a large number of Internally Displaced Persons and the number is increasing every day. By December 2002 the number of Internally Displaced Persons was approximately 1,421,674, with an additional 70,000 refugees from East Timor (Ministry of Manpower, 2002). They live scatteredly all around Indonesia. From the data, the average number of persons in one household is 4.7, and 70% of the Internally Displaced Persons are women and children, including adolescents (Dharmono & Maramis, 2002).

A mental health assessment conducted by the government during 2001 indicated that 55 to 60 percent of the Internally Displaced Persons suffered from psychological problems (OCHA, February 2002 in idpproject.org, 2002). The displaced persons in

Poso are the most affected by emotional distress, with levels well above the average Internally Displaced Person population (WFP "Poso district" June 2002, p. 20 in idproject.org, 2002). Psychological assistance to cope with trauma experienced during the conflicts has been reported as an urgent need in most provinces affected by displacement. Three districts emerge from the survey with high scores of emotional trauma among women and men: East Aceh, North Aceh and Langkat (North Sumatra). Emotional trauma among children is generally lower than among adults, with the highest rates being observed again in East Aceh and North Aceh, and also in Pontianak (WFP, June 2002 in idproject.org, 2002). There are other mental health problems among Internally Displaced Person adults and adolescents which were detected during the RAMH in several conflict-affected areas in Indonesia in 2001.

The reports on the adversity of forced migrants' mental health status in Indonesia are in line with studies that have been conducted to evaluate mental health adversity of refugees and Internally Displaced Persons all over the world. Internally Displaced Persons and refugees are more vulnerable to mental health problems. Most have experienced significant trauma including torture, and there is a high prevalence of post traumatic stress and depression symptoms (Hauff & Vaglum, 1993; Mollica et al, 1987 & 1992). However the prevalence of post traumatic stress and depression symptoms vary widely in the community studies (4%-86% and 5%-31% respectively) (Hollifield et al, 2002).

Besides studies which emphasized adversity and risks of forced migration on mental health, Beiser (1987) and Beiser & Hyman (2002) investigated personal resources effective in repairing lives shredded by catastrophe. They have found a relationship between time perspective and mental health, specifically that certain kinds of time perspective can be protective factors in the mental health of refugees. Under conditions of extreme adversity, certain time perspectives may become adaptive strategies, mitigating the risk of depression. The finding is significantly different time perspective between Southeast Asian refugees and the Canadian Host Population.

In lieu of the fact that mental health services are in high demand, especially among forced migrant populations, children and adolescents have less priority than adults. Ninety percent of countries have no mental health policy that includes children and adolescents (WHO report, 2001), regardless of the known importance of early treatment in order to prevent more complex mental problems in adult life (Santrock, 1996; Bloch and Singh, 1997). In "normal" populations the number of children and adolescents with mental health problems is one in ten (Bloch & Singh, 1997), while among Internally Displaced Persons and refugees the number is higher (Lopes Cordozo et al, 2000; Goldstein et al, 1997).

Internally displaced adolescents in Indonesia grow up in a deprived situation, and it is quite different from other kinds of disasters that can happen in everyday life. In the midst of deprivation they also have developmental tasks to fulfill, including building individual identity, preparing for a career, searching for personal intimacy and developing independence (Piaget, 1958; Santrock, 1996). They are also in the period where individuals gain the ability of formal operational thinking (Piaget, 1958; Santrock, 1996; Sebald, 1992; etc.), which enables one to do abstract thinking such as making plans and anticipating the future. There is a possibility that these adolescents are more likely to have many risk factors for psychological problems including trauma, loss, and other emotional and behavioral problems (Beiser et al, 1995; Sack 1985; Kinzie et al 1986). In his study, Beiser investigated Indochinese refugees who arrived in Canada during the year 1979 to 1981, and followed them within ten-year intervals to compare the temporal time perspective at the beginning of resettlement to later times. Refugees included in the study were people who passed the preliminary selection, as the host country wished to have healthier and more prospective immigrants in terms of age, marriage status, educational level, etc., in order to bring prosperity to the host country (Beiser, 1999). As mentioned before, specific time perspectives can be protective factors in the mental health of refugees (Beiser, 1987). Can this phenomenon also act as a protective factor for Internally Displaced Person adolescents in Indonesia? Time perspective among adolescents is influenced by age, sex and social class (Cottle, 1969). Cottle also found that the development of time perspective depends on individual values. Moreover Eisler (1993) found that there are influences of age, gender and culture in time perception. However time has different meanings in different cultures. Therefore time perspective among adolescents might be different across ethnic groups or religions, and Indonesia is a very heterogeneous country in these respects.

As far as we know, there has never been a study in Indonesia to investigate time perspective and its relationship to mental health among adolescent Internally Displaced Persons. It is important to explore protective factors to avoid the development of mental health problems during adolescence, strengthen the ability to fulfill developmental tasks properly, and continue to live without mental health problems in the future. What kind of time perspective do Internally Displaced Person adolescents have after a long period of conflict and war? Would their time perspective differ from that possessed by non-Internally Displaced Person adolescents who live in the same area? Is specific time perspective a protective factor to Internally Displaced Persons?

3. Objectives of the Study

General objectives:

- To quantitatively assess mental health and time perspective of adolescent Internally Displaced Person and Host Population in Indonesia.
- To qualitatively understand time perspective of Internally Displaced Person adolescents in Indonesia.

Specific objectives:

1. Assess and compare time perspective among Internally Displaced Person and host population adolescents in Indonesia.
2. Study associations between time perspective and religion, gender, and conflict experience among Internally Displaced Person and host population adolescents in Indonesia.
3. Assess and compare mental health among Internally Displaced Person and host population adolescents in Indonesia.
4. Study associations between mental health and religion, gender, and conflict experience among Internally Displaced Person and host population adolescents in Indonesia.
5. Study the association between time perspective and mental health among Internally Displaced Person and host population adolescents in Indonesia.
6. Describe and explain time perspective among Internally Displaced Person adolescents in Indonesia.

II. LITERATURE REVIEW

1. *Time Perspective*

In modern daily life we divide time into three parts: past, present and future. The grammatical structure of some languages, like English, revolve around this fundamental distinction. Reality is associated with the present moment. The past we think of as slipping out of existence, whereas the future is even more shadowy, in the form of anticipation, not yet formed (Doobs, 1971). We accept the existence of time and live according to time in many aspects in our lives. Nevertheless the answers to the major questions “what is time?” and “why does time exist?” remain unclearly defined. St. Augustine of Hippo wrote that he knew exactly what time was - until somebody asked him (1995). Doob (1971) said that time is a phenomenon which is widely discussed yet imperfectly understood. We are not trying to get answers to questions about time which have been resolved by neither scientists nor philosophers, but rather trying to understand the perspective of adolescents toward time in relation to their mental health, and in a community which has been living in conflict and forced displacement. In order to form a common understanding of how time perspective is being explored and explained in this study, I will explain the concepts and definitions related to time being used here.

1.a. Concepts and Definitions

In the course of history, people have devised methods of dealing with time that in effect render it objective and measurable (Maltz, 1968; Achelis, 1955). A clock and a calendar are devices that measure the passage of chronological time. Although two people may disagree whether one hour is a long or short period, they will agree that it consists of 60 minutes or 3600 seconds. This is to illustrate that time has its objective and subjective properties to human beings. In this study I will borrow the terms used by Cottle (1976) to differentiate the objective property and subjective property of time. The objective property, which is called linear conception of time, corresponds to the way we perceive time objectively, how we measure it. The subjective property is called spatial conception of time, the way we perceive time flow subjectively, or how we feel about it according to our personal experience. There are other terms referring to the same way of understanding time, such as experiential time to explain the subjective feeling in experiencing time, and synchronic – diachronic time, which is a way to see time either as a continuum or as truncated parts. However I will use only spatial and linear conceptions of time because of the availability of literature.

The linear perspective is perceived as composed of moments, one succeeding another in the unending continuum. We experience them one by one, unable to retrieve

prior moments or to experience future moments until they reach the present. Although the linear perspective illustrates time flows chronologically, it does not necessarily describe the way people feel about time flow (Cottle, 1976). In the spatial conception, the past is never lost because of the act of remembering links the past with the present; the future is also not totally unknown because the acts of expecting, intending and hoping link the present with the future (Heidegger, 1962). In many cases, human beings are totally aware of the subjective and objective perceptions of time. We know that we are expected to be in class by nine o'clock, and so plan not to be late. We know if we work for ten hours the next day it will be tiring, so we go to bed earlier the night before to restore energy.

The spatial conception of time then is the basic idea of time perspective, which is defined as the relative emphasis people place upon past, present and future, and their perception of the relationship between these spheres (Cottle, 1967; Beiser, 1987). Time perspective, investigation of which was pioneered by Cottle (1967) and later done by Beiser (1987) consists of two dimensions of interest: time relatedness (the connection between past, present and future) and time dominance (the relative importance of each time sphere).

Since we intended to study the perception of time among adolescents, we then focused on spatial perspective of time. Investigation was done to measure time dominance and time relatedness using the instrument developed by Cottle (1967) called The Circle Test. Further description of the instrument and method will be discussed in Chapter 3 of this study.

1.b. Factors Influencing Time Perspective

Although the idea of time and its passing are probably universal, there are factors affecting it such as personal circumstances (happiness or disaster), culture, psychological needs, gender, age, personality traits, social-economic class, educational level as well as the relationship between two or more of those factors. We will discuss these factors as follows:

1.b.1. Age

Many studies suggest that there is a difference of time perspective related to age. Several theorists have suggested that the observed changes in adolescent future time perspective are due to emergence of formal operations reasoning (Cottle & Klineberg, 1974; Greene, 1986). Changes happen in both dimensions, time relatedness and time dominance. Most of the change is characterized by an orientation shift from the

immediacy of the present and the lure of the past, to greater concern for future roles and experience (Cottle, 1976; Cottle & Klineberg, 1974; Greene 1986). With increasing age, adolescents from 14 to 18 years produce a more complex and specific description of their future; they can see more clearly the relatedness between time spheres (Douvan & Adelson, 1966 in Greene, 1986). Beiser (1987) suggested that adolescents are more future-oriented than older people. For adolescents, life has not brought so many things compared to the possibility of the future; while older people take time to contemplate the past and remember how life went by. However, findings from Tismer (1987) show an opposite result in the effects of age on temporal dominance. Data show a decrease of future dominance and an increase in present dominance during adolescence. The author suggests an explanation from K. Lewin's 1946 theory of the reality-unreality dimension of time perspective, in which adolescents pay more attention to things which are considered real in the present than not-yet-real things that might happen in the future.

1.b.2. Gender

The pattern and direction of observed gender differences in future time perspective is more variable. Several authors report greater differentiation and extension for males than for females (Cottle & Klineberg, 1974; Cottle and Pleck, 1969) while others report greater extension and realism (for example planfulness) for females than for males (Moerk, 1974 & Verstraaten, 1980 in Greene, 1986). Some reports even do not show any significant differences in time dominance across genders (Tismer, 1987). According to Cottle (1967) and Cottle, Howard and Pleck (1968), males are more future-oriented and perceive more time relatedness while females are more present-oriented with less time relatedness perception. The explanation lies in the masculine and feminine roles in society. The male is expected to be independent soon, to detach himself from the family as he will form his own family. Thus males become more aware of planning future activity, while on the other hand females who are expected to be more passive do less planning. In a marriage, for example, females are generally expected to wait for the males and adjust their plan with their husbands'. Many females see marriage as a drastic change in life over which they have little control; many have to quit jobs, move to another city and change their last name. Therefore females who see marriage as the start of a new life believe the past has little influence on the shape of their present and future. While in this case males do not experience drastic change and therefore their perception of the present and future are not greatly influenced. Males see marriage as a continuity process, something that they had started in the past, happening in the present and anticipating in the future. Obviously gender roles have changed very rapidly in

different societies today. The explanation above is not relevant to modern society in developed countries, but may still be applicable in more traditional communities like Ambon. Even though societies in Indonesia (including Ambon) are enduring ongoing change in roles of gender, the more traditional gender roles are relevant to most of the community, especially in areas outside Java and Bali.

1.b.3. Culture

Despite the wide studies of culture and its interconnectedness with human behavior, many scientists are still not satisfied with the over 175 definitions of culture. As it is important to have common understanding of culture, then we will explore some definitions to determine our own understanding of culture to use in this study. Lonner and Malpas (1999) define culture as a term invented to characterize the many complex ways in which peoples of the world live, and which they tend to pass along to their offspring. In this definition culture could take any kind of form, from the things people own, buy and make, to family structure or the physical position people take when they say prayers (if they do pray). Kroeber and Kluckholm (1952 in Chrysochoou, 2004) stated that culture consists of explicit and implicit patterns, of and for behavior acquired and transmitted by symbols, constituting the distinctive achievements of human groups, including the embodiment in artifacts. The essential core of culture consists of traditional (i.e., historically derived) and selected ideas and especially their attached values. Cultural systems may on the one hand be considered as products of action, on the other as conditioning elements of further action.

Some more practical and simple definitions of culture which we found are culture as the human made part of the environment (Moghaddam et al, 1993), culture as relatively organized system of shared meanings (Smith & Bond, 1998) and culture as everything that has worked in the past and become a shared perspective, transmitted from generation to generation (Triandis, 1997).

From so many definitions of culture that we found, the similarities which can be seen among them are that culture consists of values that are rooted in a society, in which members of that society believe deeply, which direct the way they live and which they intend to pass to the next generations. In relation with the context and objectives of this study, culture is then interpreted as ethnic groups and religions. The reason is because these two things are the most important values in differentiating ones self and in directing behaviors in the community where we made this study.

Related to time perspective, culture plays an important role in how a society perceives time. In societies without written records, the tribal memory seldom extends more than few generations back, so there's no knowledge of things ever having been

substantially different from what they are now (Baillie, 1951 in Cottle, 1976). The Nuer in central Africa use term like “at milking time” or “when the calves come home” (Evans-Pritchard, 1940 in Cottle 1976), similar to the use of the punctual rather than durational calendar in Bali (Claessen et al., 1988). In one of the ethnic groups on Kalimantan Island in Indonesia, time has no importance and they do not have any special way of explaining or understanding it. The tribe is more dependent on the understanding of space as the starting point in explaining events (Claessen et al., 1988). This particular study was conducted more than 20 years ago in Indonesia, and now people’s perspective of time might have changed. One of the reasons is modernization. Despite the existence of tribes’ acknowledgment in the community to their ancestors, modernization has touched almost every society in Indonesia (except some very indigenous tribes) including people in Ambon, and may have affected their way of perceiving time. Unfortunately there is no literature about more updated time perspective in Indonesia or in Ambon.

Bentley (1983) has assessed future time perspectives among adolescents and young adults, both Swazi and Scottish college students. Differences in the issues of concern for the future were noted within and between cultural groups. T. J. Cottle and S. L. Klineberg (1974) suggested that prevailing social issues in a society determine the issues of concern for the future. Another study which administered T. J. Cottle and J. Peck's Lines Test to young adolescent and older adolescent Anglo-American, Indian-American, and Mexican-American boys found significant main effects for cultural groups, age levels, and interaction between group and age. This supported the expectancy that different cultures perceive different temporal dominance and relatedness (Shannon, 1975).

1.b.4. Personal circumstances (contextual setting)

Personal circumstances here refers to any kind of situation which surrounds an individual, be it family members, friends, living situation such as urban city, village, a peaceful place or a conflicted place, age, educational level, socioeconomic status, to more abstract thing like feeling and thought. In this study the main personal circumstance accounted for is Internally Displaced Person status, with all the emotions and behaviors attributed of it. The Beiser (1987) and Beiser and Hyman (1997) study of Indochinese refugees who have been living in Canada for several years found that refugees’ time relatedness is more atomistic than their Canadian Host Population. Time splitting is regarded as an effective strategy to avoid depression among the samples. More over refugees whose time dominance is nostalgic are more likely to experience mental health problems like depression. More refugees also emphasize optimism time dominance, showing willingness to project themselves into the future, a pattern which

seems adaptive. Epidemiological data corroborate inferences from case material, demonstrating that refugees are more present-oriented than the indigenous population (Beiser, 1987).

1.b.5. Personality traits

Previous research has indicated that how one perceives the future can distinguish achieving persons from anxious persons. Psychological literature reveals that people valuing achievement perceive time very differently from anxious persons. Epley and Ricks (in Cottle, 1976) demonstrated that high achievers are more concerned with the future than low achievers. McClelland (1976) has observed a relationship between the need to achieve and active future orientation. He suggested that achievers in their desire to prepare for the future must reluctantly tolerate their present as a period of preparation. In contrast, anxiety discourages people from thinking about the future and encourages them to think that personal success is unlikely.

Another comparison can be seen from time relatedness. Achievers perceive the relationship between past, present and future. They live with the feeling that their goals are yet to be attained. This is not shared by anxious persons who are unable to establish connections among the time spheres. In many respects anxious persons reveal attitudes reflecting the disunity of time spheres (Cottle, 1976).

1.b.6. Social economic class

Several writers (Leshan, 1952; Banfield, 1967 in Cottle et al, 1968) propose a middle-class future-orientation and a lower-class present-orientation. The major difference between these classes is the latter's inability to delay gratification and hence transform present activities into preparations for some later time (Mischel, 1961). Another study suggested that the upper class stresses the maintenance of tradition, while the middle class emphasizes mobility, progress and even radical change (Cottle et al, 1968).

1.b.7. Educational level

Educational levels do not contribute much in the establishment of time perspective. Beiser (1987) found that even a person with high education can end up separating past, present and future. In studies among adolescents, educational level only contributes to time perspective because of the age difference between persons in higher classes and lower classes at school. This difference was more related to the emergence of formal operations reasoning (Cottle & Klineberg, 1974).

2. Mental Health

Mental health has been increasingly accepted as an important public health issue over the last two decades (WHO, 2001). Mental and behavioral disorders are regarded as common and universal, affecting people of all countries regardless their society, gender, age, socioeconomic status or environment. Around 20 percent of all patients receiving help from primary health care officials have one or more mental disorder, leaving these patients' families with economic, emotional and physical burdens as well as the negative impact of stigma and discrimination (WHO, 2001). According to the World Health Organization (2001) depressive disorders are among the top ten leading causes of disability-adjusted life years (DALYs) in all ages, and when we look at the list applied to younger people (15-44 years) we can see four mental disorders become causes of DALYs (unipolar depressive disorders, alcohol use disorders, schizophrenia and bipolar affective disorders).

2.a. Forced Migration and Its Relation to Mental Health

2.a.1. Definition of Forced Migrants

“Forced migrant” is a term that refers to both refugees and IDP. In 1951, the United Nations Convention Relating to the Status of Refugees defined a refugee as a person who has left his or her country of origin due to a well-founded fear of being prosecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion (Vernez, 1991). Later in 1967 the United Nations High Commissioner on Refugees (UNHCR) Protocol Relating to the Status of Refugees extended the definition so that individuals would be eligible for assistance and protection based on the principle of nonrefoulement to their home country (Vernez, 1991).

For the purposes of the Guiding Principles of United Nations (1998), IDPs are defined as “...persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.” (in Norwegian Refugee Council Module). The two most important components of the definition in the Guiding Principles are:

1. the fact that the victims have not crossed an international state border, and
2. the element of coerced or forced movement.

Countries affected by internal displacement sometimes develop national IDP legislation or decrees defining who is entitled to special assistance and protection by the state. Such persons may be granted emergency assistance in the form of food rations, immediate access to health care and temporary shelter.

In Indonesia the IDP definition is in accordance with that from the United Nations with emphasis on:

1. Having to flee from own house or place of habitual residence
2. Element of forced movement
3. Not necessarily having to leave the area of habitual residence, but is possible
(Indonesian Ministry of Manpower, 2000)

2.a.2. Mental Health Importance in Forced Migrants Community

The number of refugees worldwide is estimated at nearly 20 million (United Nations, 2002) and another 22 million IDP (United States Committee for Refugees, 2002). Mental health studies of the forced migrant population have grown and increased in recent years as the complexity of their needs has become better understood (Hollifield, 2002). Studies in this field are trying to reveal the understanding of the mental health status, needs, and the kinds of psychiatric disorders or psychological problems which are commonly experienced by forced migrant communities.

By definition a disaster imposes tremendous hardship. Deleterious effects extend beyond the immediate; visible effects such as the destruction of houses are less obvious, however. The burdens imposed by a disaster may be worsened because the disaster may start a sequence of events that set a person's life on a downward spiral (Koopman et al. in Fullerton, 1997). The psychological impact of losing everything from houses to community and familial systems can be interpreted within a model of stress known as conservation of resources (Hobfoll, 1989 in Fullerton, 1997). This model asserts that personal resources (such as shelter) and social resources (such as family roles) are integral to psychological well being because they are tools that can be used to achieve desired states. According to the conservation of resources model, the magnitude of loss of resources is the primary factor influencing psychological adjustment in the aftermath of a disaster (Koopman et al. in Fullerton, 1997).

Most of studies revealed that IDP and refugees are more vulnerable to mental health problems than non refugees and non IDP. Forced migrants have experienced significant trauma including torture, and show a high prevalence of post traumatic stress and depression symptoms (Hauff & Vaglum, 1993; Mollica et al, 1987 & 1992). However the variations in the prevalence of the symptoms of post traumatic stress and depression

are very wide in the community studies (4%-86% and 5%-31% respectively) (Hollifield et al, 2002).

Poverty and rapid societal changes are considered two of the main reasons for deteriorating mental health status among migrants (WHO, 2001). Other factors like war trauma in the country of origin before the migration were significantly associated with psychiatric disorders and psychological distress (Hauff & Vaglum, 1993).

2.b. Mental health among adolescent and children in forced migration

Refugee and migrant children are likely to be exposed to many of the risk factors for emotional and behavioral problems, including trauma, loss, change and social exclusion from prejudice (Beiser et al, 1995). Prevalence rates of psychiatric morbidity as high as 40 to 50 percent have been found in refugee children from the former Yugoslavia and southeast Asia living in the USA (Savin et al, 1995; Weine et al, 1995). Behavioral problems, depression and post traumatic stress disorder are common among migrant and refugee children (Beiser et al, 1995; Sack, 1985). Depressive problems are most common in girls, and conduct problems are found more often in boys (Birmaher et al, 1996; Loeber et al, 2000). Research findings have demonstrated gender specific increases in these symptom categories during adolescence, and symptoms which emerge during childhood, preadolescence or adolescence are predictive of disorders in later life (Loeber et al, 2000).

Many children and adolescents learn to cope or survive in the dangerous circumstances of conflict and war, but their survival is not without cost. Children and adolescents exposed to the stress of extreme violence and deprivation may reveal mental health disturbances years after the immediate experience is over. A follow-up study of Cambodian children who survived the physical and psychological devastation of the Khmer Rouge regime (1974-1979) revealed that 50 percent developed PTSD four years after leaving Cambodia (Kinzie et al, 1986 in Marsella et al, 1994). However it is not clear whether these psychological struggles were linked to previous violence, the resettlement experience itself or the combination of both.

2.c. Cultural considerations related to mental health

Despite the many studies that have been conducted to understand the mental health status and needs of forced migrants, data about refugee trauma and health are often conflicting and difficult to interpret because various methods and instruments are used for data collection, analyses and reporting (Hollifield, 2002). Other methodological

difficulties such as translation and cultural differences complicate accurate measurement (Westermeyer & Janca, 1997).

Most studies about trauma have tried to find universality in it among different parts of the world. The findings have not been very satisfying, because the trauma and other mental health problems were not developed by one single factor (namely genetic), but more as an interaction between genetic endowment, social environment and neurobiological processes (Kleinman, 1988). This might explain why there are culture-specific manifestations of trauma in the non-western societies which are not captured by instruments developed in western societies to measure interaction of the three above factors.

According to Marsella et al.(1996)In the case of post traumatic stress disorders (PTSD) for example, although a universal neurobiological response to traumatic events most likely exists, there is considerable ethno-cultural variation in the expressive and phenomenological dimensions of the PTSD experience, especially in the intrusive, avoidant/numbing, and arousal pattern aspects. In addition, it is also likely that there are ethno-cultural variations in comorbidity patterns; somatic, hysterical, substance abuse and paranoid symptoms may vary as a function on the ethno-cultural context of the patient.

As much as it is important to consider culture issues in the study of mental health among forced migrants, almost no studies have been found that attempted to compare directly the response of one culture or nation to another to determine a potentially different extent or type of reaction to such events (Marsella et al, 1996). One of the main reasons is the difficulty in methodology being applied to different ethno-cultural groups, which maybe differentially vulnerable to trauma, have different personal and social resources for coping and different exposure to other trauma.

Eisenbruch (1984 in Marsella et al, 1994) observed that in cross cultural settings, western-trained mental health professionals trying to understand displaced children's problem from the perspective of behaviors and symptoms have nowhere else to start other than presumed universal responses to stress. This leads them to focus on symptoms such as nightmares, sleep disorders or startle reaction, while other symptoms such as avoidance, shame and decreased involvement with other people may be overlooked. Therefore Marsella et al (1994) suggested the importance of a given population's own perception of the meaning of the conflict, their trauma and the ways they express psychological and spiritual distress - as well as understanding of the strategies they use to overcome these adversities.

3. Adolescents

Adolescence refers to a period which lasts almost a decade, from about age 12 or 13 until the late teens or early twenties. Neither its beginning nor its end point is clearly marked. Adolescence is generally considered to begin with puberty, the process that leads to sexual maturity; or fertility, the ability to reproduce (Papalia & Olds, 1998). However the bodily change is not the only thing that happens during adolescence. They also in the stage of cognitive, social and moral maturation.

3.a. Developmental tasks

During adolescence the search for identity comes into focus. Erikson's psychosocial theory (1950) explained that a teenager's effort to make sense of the self is part of the healthy, vital process that builds on the achievement of earlier stages, and support the next stages to come (Papalia & Olds, 1998). Identity becomes the main theme of life, as this term refers to understanding and acceptance of both the self and one's society (Miller, 1993). When developmental tasks are dealt and resolved successfully, further growth and positive development may be facilitated. When adolescents are not able to cope with crises in their developmental stage, their mental health may be affected in detrimental ways (Santrock, 1997).

Youths seek their true selves through peer groups, clubs, religion, political movements and so on. These groups provide opportunities to try out new roles until finding one that fits (Miller, 1993). As much as the opportunities to find identity are provided in the society, this can also be a disadvantage to youth. Violence, abuse of drugs, cigarette smoking, joining the child army, or delinquency can be a negative outcome in a youth's search for identity (Santrock, 1997). Unfortunately, some adolescents do not have the choice but to live in the deprived environment which makes them more vulnerable to bad influences rather than the good.

For adolescents, support from all the networks they are in continuous interaction with has proven to be associated with mentally healthy outcomes (for example with family, friends, teachers and classmates) (Oppedal, 2004).

3.b. Formal Operations Thinking

According to Piaget, adolescents enter the highest level of cognitive development, which is called formal operations, that makes them develop the ability of abstract thought (Papalia & Olds, 1998). Piaget believes that formal operations thought comes into play between the ages of 11 and 15. Adolescents are no longer limited to

actual concrete experience; instead they may conjure up hypothetical possibilities or purely abstract propositions and reason about them (Miller, 1993; Santrock, 1997).

In addition adolescent thought is also idealistic; they begin to think about ideal characteristics for themselves and for others, and to compare themselves and others to these ideal standards. During adolescence, thought often takes the form of fantasy about the future, and they are often very enthusiastic about it (Santrock, 1997).

Piaget suggested that a combination of neurological and environmental influences bring about cognitive maturity (Papalia & Olds, 1998). The adolescent's brain has matured, and the wider social environment offers more opportunities for experimentation and cognitive growth. Interaction between the two of those is essential; even if young people's neurological make-up has advanced enough to allow them to reach the stage of formal reasoning, they may never attain it without environmental stimulation. One way this happens is through peer interaction.

3.c. Attachment Theory

Attachment is the close emotional bond between the infant and the caregiver (Bowlby, 1969 in Santrock, 1997). John Bowlby (1969) proposed that attachment to a caretaker has evolved because it promotes survival of helpless infants by protecting them from predators or exposure to the elements (Miller, 1993). He concluded that early social attachment between infant and caretaker is crucial for normal development. Attachment theory has a critical period, a fixed time period very early in development during which certain behaviors optimally emerge (Santrock, 1997).

Ainsworth (1973), one of Bowlby's colleagues, focused on the role of attached parent as a "secure base" for exploration (Miller, 1993). The parent is a secure home port from which children venture to explore the outside world and to which they return from time to time for emotional refueling (Mahler, 1968 in Miller, 1993). If the response from a parent is not appropriate, children feel insecure and are less likely to use this parent as a base for exploring a strange environment (Ainsworth, 1973 in Miller, 1993). The appropriateness of adults' responses thus become more important than the total amount of interaction.

3.d. Moral Development

Kohlberg (1969) described three levels of moral reasoning with each divided into two stages (Papalia & Olds, 1998). The achievement of each level is in conjunction with the developmental stages, although there are many critiques about the last level which seems to be very difficult to achieve (Papalia & Olds, 1998).

Level I (4 to 10 years) is pre-conventional morality, in which people are under external controls, obey rules to avoid punishment or reap rewards, or act out of self interest. Level II is morality conventional role of conformity, in which people have internalized the standards of authority figures. They are concerned about being good, pleasing others and maintaining the social order. This level is typically reached after age 10, and many people never move beyond it, even in adulthood. Level III is morality of autonomous moral principal. In this level people recognize conflicts between moral standards and make their own judgments on the basis of principals of what is right, fair and just. If people ever reach this stage it is at least after 13 years.

The moral judgment is not only affected by cognition, but also by emotional development and life experience. Most adolescents seem to be at Level II. They conform to social convention, support the status quo, and do the right “thing” to please others or to obey the law (Papalia & Olds, 1998). Parents have an important role in children’s moral development. Parents who use humor and praise, listen to children and ask their opinions, tend to shape a better moral development. While parents who lecture, challenge or contradict children’s opinions tend to produce a lower level of children’s moral development (Walker & Taylor, 1991).

4. Ambon city and its IDP

Ambon city is located in Ambon Island, one of hundreds of islands in the Moluccas group of islands, known as the Spice Islands. In 1990 the province’s population was 1,856,075 inhabitants within an area of 32,300 square miles (83,660 sq km). This island group and province is located in the eastern part of Indonesia, between Sulawesi and New Guinea. Ambon city is the capital of the province. The group's many islands include [Halmahera](#) (the largest), [Seram](#), Buru, [Ambon](#), [Ternate](#), Tidore and the [Aru](#) and [Kai](#) island groups. Of volcanic origin, the Moluccas are mountainous, fertile, and humid. They are the original home of nutmeg and cloves. Other spices, copra, and forest products are also produced. Sago is the traditional staple food, but nowadays more people eat rice as their staple food.

The islands were visited by the Portuguese in 1512 and thereafter colonized by them; they established a trading center at Ternate. In the 17th century, the islands were taken by the Dutch, who secured a monopoly in the clove trade. Twice the British gained a foothold in the islands, but they passed definitively to the Dutch in the first quarter of the 19th century.

Ambon Island, with total area of 300 square miles (775 sq km) lies in the Banda Sea. The chief town and seaport, also called Ambon, is capital of the Maluku province. The city covers an area of 377 square kilometers, divided into three sub districts:

Sirimau, Nusaniwe and Teluk Ambon Baguala, with a population of 233,319 inhabitants as of 2002 - excluding IDPs, the homeless and seasonal workers. As of 2002, the IDP population in Ambon city is 170,590 persons (Ambon Statistical Body, 2002), more than 40 percent of the city's population. The IDPs live in all three sub-districts of Ambon city, and those being counted here are still living in the camps. Among these, there are 41,337 pre-adolescents and adolescents between 10 and 19 years of age. It is the seat of The Pattimura University (a state-owned university) and some private universities, and it has an airport.

The island has been the scene of Muslim-Christian violence in recent years. The conflict which began in January 1999 has spread further from its origins in Ambon city. The internal war has lasted for more than four years now, and is believed to be mainly a religious war between Christians and Moslems (Kompas cyber media, 1999-2002).

The damages have been very severe, making Ambon one of the least developed provinces in Indonesia during recent years (Ambon Statistical Body, 2002). Half of the population has lost their jobs. The provincial government predicts that the material damages are more than 311 billion rupiah (equal to 40 million US\$), not including damages from the private sector. More than 28,000 houses were destroyed, as well as 167 holy sites, both Christian and Moslem communities. Schooling was discontinued sporadically, every time the situation became worse, and more than 80 school buildings were destroyed, including The Pattimura University and Indonesia Maluku Christian University. The tragedy has also produced hundreds of thousands of IDPs.

People in Ambon city have lived in sections divided by religion since the conflict began. There are borders between Moslem and Christian majority sections guarded by the Indonesian military, and this is the main cause of displacement in the city (Kompas Cyber Media, 2000). People are forced to move according to their religion, and if they refuse they will be killed or burned in their homes. A great number of IDPs moved from their homes before being attacked because they knew that they had been living in the opposite religion majority area.

III. MATERIAL AND METHODS

1. Design

Considering all the previous studies and current knowledge in this area, we decided to use triangulation of methods, which means using two or more methods in the study of a single phenomenon (Denzin, 1978 in Jick in Maanen, 1989). The mixed method choice is aims to capture a more complete, holistic and contextual portrayal of the unit(s) under study (Jick in Maanen, 1989). That is, the use of multiple “measures” may uncover some unique results that might be neglected by any one method. It is here that qualitative methods in particular can play an especially prominent role by eliciting data and suggesting conclusions to which other methods would be blind (Jick in Maanen, 1989; Creswell, 2003). Triangulation of methods also makes for more rigorous data collection, which in the end will affect the quality of the data findings and the study itself (Denzin & Lincoln, 2000). The used of mixed methods in this study will be sequential quantitative-qualitative, which will be started with quantitative method and then continued with qualitative method (Creswell, 2003).

The design of quantitative part of the study is cross sectional study. Cross sectional is one of observational design in which nature takes its own course (Bjertness & Nafstad, 2002). The main characteristics are units of analysis are individuals, measure exposure and outcome at the same time and often called prevalence studies. This design have some limitations too which are vulnerable to selection bias, recall bias and difficulty to establish cause effect relationship.

2. Sampling and sample size

The study was conducted on a total of 129 participants, 67 of them internally displaced persons (IDPs) and 62 Host Population (HP). All participants (IDP and HP) were chosen by using probability sampling. The technique we used was simple random sampling, which is the method of drawing samples from a population such that every possible sample of a particular size has an equal chance of being selected (Kirk, 1990; Kerlinger et al, 2000).

To determine sample size we used formula given by Kerlinger et al.(2000), which is the formula to estimate sample size for a simple random sampling. This formula can be applied even without knowing the mean of population from previous study (which we do not have). In this formula researcher consider the tolerance of making type 1 error (α) and thus include it in the formula. The formula came up with 43 respondents for each group, so in total there should be at least 86 respondents IDP and HP.

We used a demographic data sheet and interviewed every respondent for around 10 minutes to get the background information regarding conflict experience. In this step we dropped respondents aged below 12 and above 18 years and those who did not live in Ambon during the conflict, or had just come to the city lately. (When we collected data, it was during the beginning of academic year in Indonesia and many students from different areas around Ambon city came to study there). The age limit in this study, between 12-18 years, was chosen because it is the adolescence period (Papalia & Olds, 1998; Santrock, 1997), and in Indonesia teenagers between those ages are commonly studying in junior and senior high school. Thus it will make it easier to explain the participant inclusion criteria to camp leaders or neighborhood leaders as well as respondents themselves and their parents. The number of dropped potential participants because of age was three (two respondents were too old and one too young), and one participant was dropped from the participant's list because he was just coming to Ambon from southeast Sulawesi to continue his education.

Based on the demographic data interviews, we classified respondents' experience during the conflict into two categories:

- ✚ 1 (Moderate) = knows about the conflicts and the riots around it, or has seen the riots/conflicts directly, effects of the conflicts (dead bodies, burned house, etc.), but never been in a life threatening situation or participate actively in the conflicts.
- ✚ 2 (Severe) = been in a life threatening situation, or participated actively in the conflicts (child soldier, community watcher).

2.a. Internally Displaced Persons (IDPs) Sample

2.a.1. Samples in the quantitative study

As the result of the long term violence and conflict in Ambon since early 1999, the city had 170,590 IDPs by December 2002. These IDPs live in IDP camps at all three sub-districts in Ambon city: Nusaniwe, Sirimau and Teluk Ambon Baguala. Camps in Ambon city are divided into Moslem and Christian camps because the conflict was known as religious conflict. Since there is no institution of authority directly in charge of coordinating all camps, we went directly to camp leaders/coordinators who are the only administrative level among the IDP population. We chose one Moslem camp and one Christian camp from each sub-district; in total we had six camps from three sub-districts. The camps were selected with non-probability sampling method, so not every camp had an equal chance to be picked (Kerlinger et al, 2000). This method has weaknesses, such as inequality (the sample might not necessarily be representative of population) and lack of virtue. The justification for using this method in this study lies on the knowledge of the population and phenomenon under study. The study has the inter-

religious conflict as its contextual setting and the population is divided into these religions groups (Moslem and Christian).

The next step was sending letters to each camp leader asking them to give us permission and assistance in conducting the study in their camps. Camp leaders have the authority concerning all the administrative and practical matters in the camp. We then arranged meetings with all camp leaders (one by one), explained the objectives of the study, and requested samples from the camp. All of the camp leaders agreed to participate and provided a name list of all IDPs living in the camp.

The procedure started by collecting the names of all those between 12 and 18 years at the time of the study, assigning a number to each name, then withdrawing ten to 12 numbers randomly at each camp. After a number was drawn, we did not put it back to the bucket for the next drawing (random assignment (Kerlinger et al, 2000)). After that we paired the numbers taken to the name list and give the names to camp leaders.

Camp leaders then contacted the parents/caretakers of each child and explained about the study to them together with the investigators. We also used that opportunity to ask for informed consent from parents/caretakers, as it is important for each participant to know what he/she will undergo and give to the researchers (Kerlinger et al, 2000). Since all the participants were below 18 years, they are considered minors and therefore need to have permission from their parents, as well as their own willingness and consent.

After consent from parents/caretakers was granted, we meet the children (some in individual meetings and others in small groups) to explain again about the study and ask their consent to participate. Both parents and children had to give consent to be included in the field work. Only one prospective participant refused to take part because he had to actively participate in the preparation of Indonesia's Independence Day.

The data collection was conducted in the meeting halls of camps, churches, mosques, a camp leader's house or just a cozy corner in the camp compound. We let camp leaders and participants negotiate the place they felt was most convenient. We also asked participants to choose a time when they could spend around one hour and not interrupt their schooling or house chores time.

We interviewed each participant on one occasion which lasted approximately 30 minutes per participant. We administered the Strength and Difficulties Questionnaire and Cottle Circle Test in a row, in the form of structured interviews.

2.a.2.Samples in the qualitative study

We chose eight respondents with random sampling from those 67 IDPs who participated in quantitative study. In qualitative study there is no rule regarding number

of participants, even a single case may be sufficient to display something of substantive importance, but Morse (1994 in Denzin & Lincoln, 2000) suggests using at least six participants in studies where one is trying to understand the essence of experience.

During the quantitative study, we asked respondents and their parents to give consent if we needed to include them in another interview session and follow-up study. Nevertheless in the beginning of the qualitative study, we again asked for their informed consent after we explained the interview content and purpose.

2.b. The Host Population (HP) samples

Like in the camps, people now live in Ambon city separated by their religion, with a population of 233,319 inhabitants in the year 2002 - excluding IDP, the homeless and seasonal workers. Host population is people who by accident lived in an area where their religion was the majority before the conflict started. During the conflict, those who were minorities in one area had to leave their houses and move to another area where their religion is the majority – thus becoming IDP ever since. Regardless of being IDP or not, all of the citizens of Ambon city experienced the conflict, the war between religions and all the consequences of it, such as losing jobs, not being able to go to school regularly, losing a significant person, etc.

We used basically the same procedure to choose the samples from the Host Population group. We chose two rukun tetangga, which is the smallest administrative area, from each sub-district; one was a Moslem area and the other a Christian area. In total we had six areas in three sub districts. Instead of a camp leader, we contacted the lowest administrative authority leader in the area (neighborhood coordinator) and undertook the same procedure as with the camp leaders. These neighborhood coordinators are the people having more or less the same level of authority as camp leaders, and they coordinate approximately the same number of people in the area. All the procedures and methods in drawing the participants was the same as with the IDPs. There was no refusal from the Host Population prospective participants.

2.c. Participant's description

Table 1. Social Demographic Composition of Subjects

Social Demographic Factors		IDP	HP	Total
Mean age		14.7	14.8	14.7
Gender	Male	33 (50%)	30 (49%)	63
	Female	34 (50%)	32 (51%)	66

Religion	Moslem	30 (45%)	31 (50%)	61
	Christian	37 (55%)	31 (50%)	68
Conflict experience	Moderate	19(28%)	56(90%)	75
	Severe	48(72%)	6(10%)	54
Total		67	62	129

3. Measures

3.a. For quantitative study

After taking the demographic data, we proceeded with administering two questionnaires, the Strength and Difficulty Questionnaire (SDQ) and Circle Test, to both IDP and Host Population. Questionnaires are one of the data collection techniques in quantitative study. Questionnaires or schedules are ordinarily quite direct (Kerlinger et al et al, 2000). There are both strengths and weakness. A great deal of information can be obtained from respondents; on the other hand it has to be handled carefully, because if it comes to a more difficult nature of question, respondents may be unwilling, reluctant or unable to give readily and directly responses (Kerlinger et al, 2000).

Data was collected by the principal investigator and one trained assistant. In order to standardize the way both questionnaires were administered, the principal investigator and assistant practiced together and discussed their differences. We then agreed to follow a certain way to achieve a reliable result of the measurements.

In one day, one interviewer could interview approximately three respondents. This was due to the schooling time of respondents and security reasons. It took some time to get to the site of interview and go back to the residence of investigators, and there was still curfew in the area at night.

Anticipation of resistance to being interviewed by a person from another religion is handled by having an assistant from a different religion than the principal investigator's religion. The assistant was a clinical psychologist, received training in the administration of instruments as well as reading material regarding the study, and discussed with the principal investigator. The assistant also reviewed and revised the instruments after translation, together with the principal investigator, and also conducted the pilot study.

3.a.1. Strengths and Difficulties Questionnaire (SDQ)

To measure psychological adjustment of the subjects we used the Strengths and Difficulties Questionnaire (SDQ). SDQ is a schedule with fixed alternative items, in which respondents are forced to choose one of the options provided by the questionnaire

(Kerlinger et al, 2000). Although fixed alternative items have the decided advantages of achieving greater uniformity of measurement and thus reliability - by forcing the respondents to answer in a way that fits the response categories previously set up, and thus being easily coded - they have certain disadvantages. The major disadvantage is their superficiality: without probes they do not ordinarily get beneath the response surface. They may also irritate a respondent who finds none of the alternatives suitable, and he/she may just give an answer to conceal ignorance, or that does not really represent his/her real response.

SDQ measures two aspects in one's mental health condition, namely the strengths and the difficulties, as represented in its name. There are four sub-scales measuring difficulties and they are added up into total difficulties to achieve a score. Strength is only measured by one sub-scale, and the score is treated as an independent score. It is not affecting the total difficulties score and vice versa. Respondents used a three-point Likert scale to indicate how far each attribute applies to the target child and youth (Goodman, 2001). The selection of SDQ items and their grouping into scales was based on current nosological concepts as well as on previous factor analysis (Goodman, 2001).

The SDQ is a brief behavioral screening questionnaire about 3-16 year olds (www.sdqinfo.com). It exists in several versions: parents report version, teachers report version and self report version to meet the needs of researchers, clinicians and educationalists. All versions of the SDQ ask about 25 attributes, five positive and 20 negative. These 25 items are divided between five scales:

1. Emotional symptoms (5 items)
2. Conduct problem (5 items)
3. Hyperactivity problem (5 items)
4. Peer relationship problem (5 item)
5. Prosocial behavior (5 items)

Total difficulties will be the summing up from the four difficulties scales (based on 20 items). Questionnaires for self-completion by adolescents ask about the same 25 traits, though the wording is slightly different (Goodman et al, 1998). This self report version is suitable for young people aged around 11 to 16, depending on their level of understanding and literacy.

This instrument has several benefits. For many purposes the SDQ functions at least as well as the longer-established Achenbach (1991) and Rutter questionnaires (Elander & Rutter, 1995), correlating highly with with them (Goodman & Scott, 1999). One study showed that correlations between internalizing and externalizing scales were

lower for SDQ than for the Child Behavior Check List (CBCL) (Achenbach, 1991); this finding raises the possibility that the SDQ scales were purer and less contaminated by one another (Goodman & Scott, 1999). More over, SDQ's compact one-page, close-end format, makes it easy to administer, yet it is a general measuring instrument of the most common signals and symptoms in childhood and adolescence (Cury & Golfeto, 2003).

The application of the SDQ in population samples has been effective to detect signals and symptoms when answered by parents, teachers and children (Goodman et al, 2000). Nevertheless, the self report version of SDQ proved to be valid to discriminate between a community and a psychiatric clinic sample of adolescents (Goodman, Meltzer & Bailey, 1998). Researchers could appropriately use the self report SDQ to examine group differences, though they could not make accurate diagnoses on individual subjects. The SDQ also provided a cheap and easy method for detecting children in the developing world (in Dhaka, South Asia) with significant mental health problems, even though the prediction will be higher with multi informants (Mullick & Goodman, 2001). &&

We used the self report version only in this study. Even though some of the participants were above 16 years, we still used the same instruments (SDQ self report version) because the age limit is not a strict boundary (Goodman, 1997). The respondents were given a score according to the manual. In this study the administration of SDQ was transformed into an individual structured interview. The scoring was done according to the same norms used by the English version self report questionnaire (available at www.sdq-info.com). We analyzed the SDQ's score both in continuous score and in categorical form. We found it important to use both methods of scoring because they each can serve different purposes. Treated as continuous score, SDQ's score can be assigned more flexibly toward numerous statistical analyses (of course the categorical score can be used to attain some statistical parameter, too). This is an important benefit in order to understand the mental health situation and its concomitances. In categorical form, SDQ result can serve as a sorting tool to see co-morbidity of mental health problems in the population. Therefore we can make better suggestions regarding the mental health related intervention. &&

Since the SDQ translation in Indonesian is not available on the website (www.sdqinfo.com) we translated the English self report version into Indonesian. The procedure is in accordance to generally accepted guidelines for cross cultural instrument development (Westermeyer, 1985). First, the SDQ self report version was translated into Indonesian by a trained translator with a psychology education background, then back translation was done by other comparable translator. The result was then reviewed for differences and revised as needed by the principal investigator and assistant.

We found that the SDQ was better given in a very structured individual interview. In this way, the researcher simply read the items one by one and the respondent gave

his/her answer to each item. In an interview respondents can clarify the question by asking the researcher directly, while if they fill in by themselves they tend to just interpret the question according to their own thought, instead of asking the researcher. At the end of the days, we asked the respondents which way they liked better, and the result was that all of the respondents liked the interview better. Based on the pilot study result, that was the best way to administer this instrument, and also more convenient for respondents. This kind of interview also provided opportunity to clarify the questions as it is often difficult for people to understand and answer mental health related questions (Kerlinger et al, 2000).

3.a.2. Cottle's Circle test

The Circle Test developed by Thomas J. Cottle is an instrument to measure perceptions of the relationship of past, present and future, and the significance of any of the zones. Respondents are asked to draw three zones as circles of varying sizes (Cottle, 1967). Later Morton Beiser (1987) conducted case studies of refugees making up part of a sample of 1348 persons relocated from southeast Asia to Vancouver, Canada. He used Circle Test in a different kind of administration. He made three circles (past, present and future), each in three different sizes (small, medium and large). Then he asked respondents to pick and arrange three circles, one from each time sphere so the sizes and arrangement would reflect their opinions about time (Beiser, 1987).

Circle Test is more like a projective technique, used to provide information about one's subjective experience of time (Cottle, 1967), which can be scored by assigning each result to one category of time dominance and one category of time relatedness. In this study we used the drawing way based on the result of the pilot study. Subjects were given empty paper and pencil and asked to draw three circles as the representative of the past, present and future according to his/her perception. The result then was scored according to the manual and it will give two (nominal) scores for time perspective, one is the category of time relatedness and the other is category of time dominance (Cottle, 1967; Cottle, 1976; Beiser, 1987). This test can be done in a group or on an individual basis (Cottle, 1967), but in this study we administered it individually.

There were 5 possible scores given to time dominance, taken from most common categories from previous studies (Cottle, 1967; Cottle, 1976; Beiser, 1987). These categories and their descriptions are:

- E = equal (all circles have the same size)
- H = hope (present and future circles are the same size and bigger than past circle)

- N = nostalgic (past circle is the biggest)
- O = optimistic (future circle is the biggest)
- P = pragmatism (present circle is the biggest)
- U = undifferentiated (results do not fall into one of the categories)

Regarding time relatedness' score, there were three possible scores:

- A = atomistic (circles are separated from one another)
- Pr = projection (circles greatly overlap to each other)
- C = continuity (circles touch or slightly overlap each other)

In this study investigators merged Pr and C categories due to a lack of numbers of respondents falling into these categories. We then simply assigned a score:

- I = intercept (circles are attached one another) for both Pr and C.

This instrument was chosen for several reasons. Circle Test can give two dimensions of subjective time perspective, which is time relatedness and time dominance (Cottle, 1967) in a single instrument. More over, the measurement of time dominance and relatedness are wide in possibility (at least five types of time dominance and three types of time relatedness). This instrument also has been used among refugees, who have many similarities with participants in this study (IDPs), and to Southast Asian communities (Beiser, 1987). Circle Test also can be administered with good response among adolescents (Cottle, 1967). Content validity of the instrument has been assessed by asking respondents why they chose a particular size of circle and pattern of relationship (Beiser, 1987). The answer confirmed both the respondents' understanding of the task and the meaningfulness of the symbols. Another study that investigated Circle Test validity for identifying adolescent time perspective confirmed that adolescents who had a future time perspective were more likely to have a sense of continuity, optimism and certainty about career decision. They were also more likely to have higher grade point averages and a greater sense of hopefulness than were those adolescents with a past, present or undifferentiated time perspective (Haldeman, 1992).

Since this instrument has never been used in Indonesia, we made a pilot study for instrument adaptation. In the original version of Circle Test, Cottle (1967) used a paper and pencil test and later Beiser (1987) used another method. He provided the participants with circles marked with past, present and future, and each set of time spheres consist of three circles in small, medium and large size. Thus the instructions

for both methods are slightly different in the way respondents have to respond the test. We tried both methods and did the linguistic equivalent for each of the instructions with the same procedure as we translated the SDQ. In addition, we used Beiser's way of checking the content validity of the test (Beiser, 1987) by asking respondents their reason for drawing/choosing a particular size of circle and pattern of relationships. We found that the drawing test was easier to understand by the respondents. From short interviews after the test respondents also mentioned that they liked the drawing test better because they could choose any sizes they wanted to draw the circles and any kind of lines they wanted to draw. Sometimes respondents expressed their feeling toward time through not a fine line of circles. Respondents also confirmed the content validity by giving the reason of the circle sizes being drawn and the relationship between them.

3.b. For qualitative study

We collected data for qualitative study by using in-depth interviews. Interview is a face-to-face interpersonal role situation in which one person (the interviewer) asks a person being interviewed (the respondent) questions designed to obtain answers pertinent to the research problem (Kerlinger et al, 2000; Kvale, 1996). There are two broad types of interview, structured and unstructured. In the qualitative study, we use unstructured interview, which is also called in-depth interview (Kerlinger et al, 2000). This kind of interview is more flexible and open. Although the research purposes govern the questions asked, their content, sequence and wording are in the hand of interviewer. Green and Tull (1988 in Kerlinger et al, 2000) state that unstructured interviews can obtain information that structured interviews cannot. With the informal approach of unstructured interview, the researcher can get ideas concerning the interviewee's motives. The interviews were done with the help of an interview guide, which contained the topics related to the study's purpose. Interviews were only conducted by principal investigators toward all participants in the qualitative part.

4. Analysis

4.a. For quantitative study

After each interview, the interviewer immediately checked the completeness of data required by the instruments. If something was missing, the interviewer could ask the respondent to come back and complete the data after the last respondents of that day, because the interview sites were at the interviewee's neighborhood and they were usually available all that day.

At the end of the day, the principal investigator and assistant discussed whether there were any difficulties and tried to find the best solution. If there was missing data, investigators tried to complete it the next days from next interviews. Investigators also scored all the answers from respondents and then discussed and compared to double check the scoring. All data then inserted into a master table, after changing identities to ensure anonymity, for further analysis with the SPSS 11.0 program. The statistical techniques being used in this study are t test, chi square and multiple regressions, which all were performed by the SPSS 11.0 program. Generally the level of significance in accepting or refusing hypothesis null is 0.05 for study in the psychological field (Kerlinger et al, 2000). In this study we will also inform of the results for which the significant level is above 0.05 but below 0.1. We call this “nearly significant” or “tends to be significant” results. The reason for doing this is because the small numbers of participants, which might increase the type 1 error (Kerlinger et al, 2000) even though in the beginning of the study we conducted appropriate procedure in determining a sample size which will be able to identify differences. It is important to present the nearly significant results in this case, because there is a possibility to identify significant differences with $p=0.05$ if the number of subjects is increased (Kerlinger et al, 2000).

Since it is difficult to see a real causal relationship between time perspective and mental health, researchers then decided to choose to see time perspective as a predictor toward mental health. This decision was made based on the purpose of this study which is to investigate the impact of specific time perspective toward mental health in the context of post-conflict situation among adolescent IDP in Indonesia. Thus researchers put time perspective variables (time dominance and time relatedness) as independent variables (IV) and strength and difficulties variables as dependent variables (DV). However all investigations use the two independent variables separately and do not calculate the interaction between the two independent variables toward dependent variables.

4.b. For qualitative study

All the in-depth interviews were taped and listened to again by the investigator at the end of the day to make sure that all of the topics had been covered by the interviews. If we found something missing, then we could come back again on the next day to complete the missing topic. The records of interviews were transcribed into text in the Indonesian language (the same language used in the interviews).

The data was organized using the N6 program and a word processor program. The analysis process of the transcripts was in Indonesian, and if a passage was taken to illustrate the topic, it was then translated into English. Indonesian transcripts were used

because the language has its own expression to describe the situation experienced by the respondents, and they mixed it with many of the traditional languages and dialect which might be lost if translated into English. The steps being used in analyzing the texts of interviews are in accordance with phenomenology design (Creswell, 1998) which is as follows:

1. Researcher read all the descriptions in the text
2. Extracted significant statements and gave coding to them
3. Formulated statements into meaning and clustered meaning into themes
4. Integrated themes into narrative description

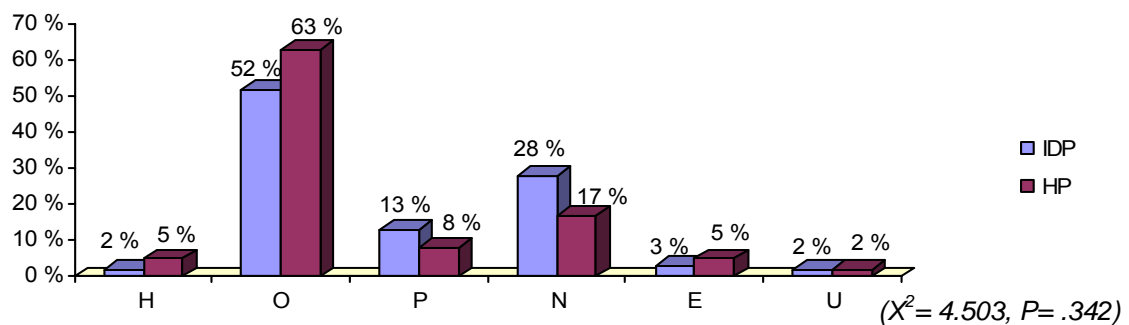
IV. RESULTS

1. Results of The Quantitative Study

1.a. Time Dominance differences between IDP and HP

From a total of 129 respondents, 127 results can be categorized into the five most common type of time dominance according to Cottle's previous research (1967). Those which cannot fit into any of the categories are then placed in an Undifferentiated (U) category and cannot be included in further analysis. In the later stage, one of the categories, Equal (E), could not be grouped into new categories and was therefore eliminated like U.

Fig (1): Time dominance distribution (5 Original Categories) among IDP and HP adolescent in Indonesia

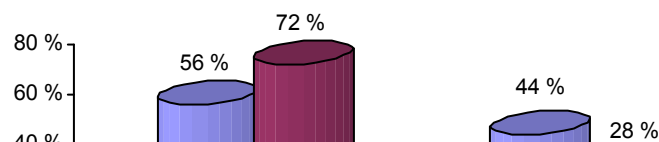


H: Hope , O: Optimistic , P: Pragmatism , N: Nostalgic , E: Equal , U: Undifferentiated

There is no significant difference of time dominance between internally displaced persons (IDP) and Host Population (HP) when all five categories were included in the analysis ($\chi^2 = 4.503$; $p = .342$). IDP and HP have the same probability of having any of time dominance categories.

We then merged four categories of time dominance which were hope (H), optimistic (O), nostalgic (N) and pragmatic (P) into two new categories. Hope (H) and optimistic (O), which are more future oriented and optimistic time dominant, merged into group 1 (FO = Future Oriented); while nostalgic (N) and pragmatic (P), which are more present and past oriented time dominant, merged into group 2 (PO = Present-Past Oriented).

Fig (2): Time dominance distribution (2 categories) among IDP and HP adolescent in Indonesia

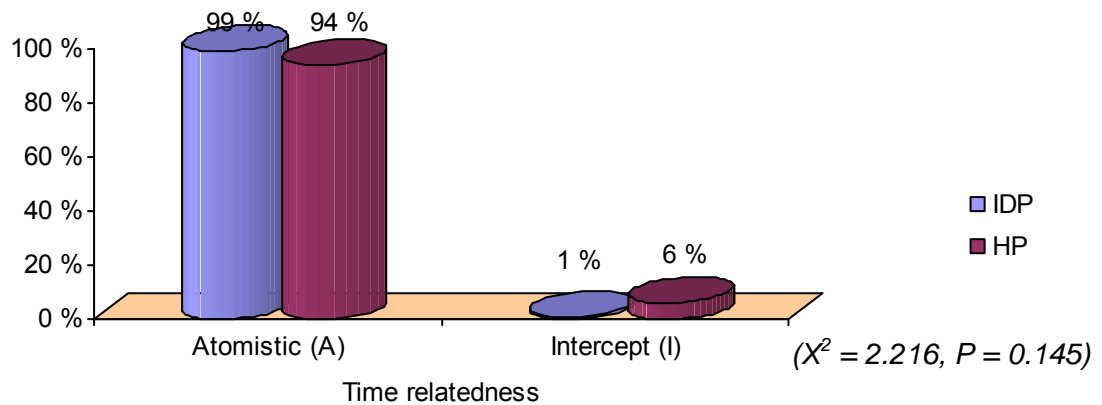


The result shows that there is a nearly significant difference of time dominance between adolescent IDP and HP. IDP tend to have present past oriented time dominance while HP tend to have future oriented time dominance.

1.b. Time relatedness differences between IDP and HP

Almost all of the subjects fall into the atomistic (A) category, only five of them fall into the intercept (I) category (both continuity and projection categories).

Figure (Table 3): Time Relatedness Distribution among IDP and HP adolescent in Indonesia



The result is no significant difference of time relatedness between IDP and HP ($\chi^2 = 2.216$; $p = 0.145$). Nearly all respondents tend to split time between past, present and future, regardless of their migration status.

1.c. Association of time dominance with migration status, gender, religion, and conflict experience variables

We have studied the association between time perspective and other variables, namely gender, religion and conflict experience in two steps. First is to study whether

these variables have a significant contribution in differentiating time dominance between IDP and HP among the whole sample. The second step is to study whether these variables, excluding migration status, can differentiate time dominance among participants within the IDP group and HP group exclusively.

The result was even though some differences were identified, only migration status tends to be significant in differentiating time dominance between IDP and HP. IDP have more pessimistic time dominance and HP have more optimistic time dominance. It was not possible to calculate the association between time relatedness and these variables due to very small number of samples falling into the intercept (I) category.

Table 4a. Pearson chi square (χ^2) of migration status, gender, religion and conflict experience associated with time dominance (2 categories) among IDP and HP adolescents in Indonesia

Independent variables		Future Oriente	Present-Past Or	X2
Migration status	IDP	42 (72%)	16 (28%)	3.448*
	HP	36 (56%)	28 (44%)	
Gender	Male	41 (69%)	18 (31%)	1.53
	Female	37 (59%)	26 (41%)	
Religion	Moslem	39 (68%)	18 (32%)	0.934
	Christian	39 (60%)	26 (40%)	
Conflict Experience	Moderate	44 (63%)	26 (37%)	0.083
	Severe	34 (65%)	18 (35%)	

* Tend to be significant at $p < 0.1$

** Significant at $p < 0.05$

*** Significant at $p < 0.01$

In analyzing IDP and HP groups exclusively, we found that the only significant difference is between gender in the Host Population group. Male adolescents tend to have more optimistic time dominance while female tend to have more pessimistic time dominance among HP.

Table 4b. Pearson chi square (χ^2) of gender, religion and conflict experience associated with time dominance (2 categories) among IDP adolescents in Indonesia

Independent variables		Future Oriente	Present-Past Or	X2
Gender	Male	17 (55%)	14 (45%)	0.049
	Female	19 (58%)	14 (42%)	
Religion	Moslem	19 (66%)	10 (44%)	1.851
	Christian	17 (49%)	18 (51%)	
Conflict	Moderate	7 (41%)	10 (59%)	2.137

experience	Severe	29 (62%)	18 (38%)	
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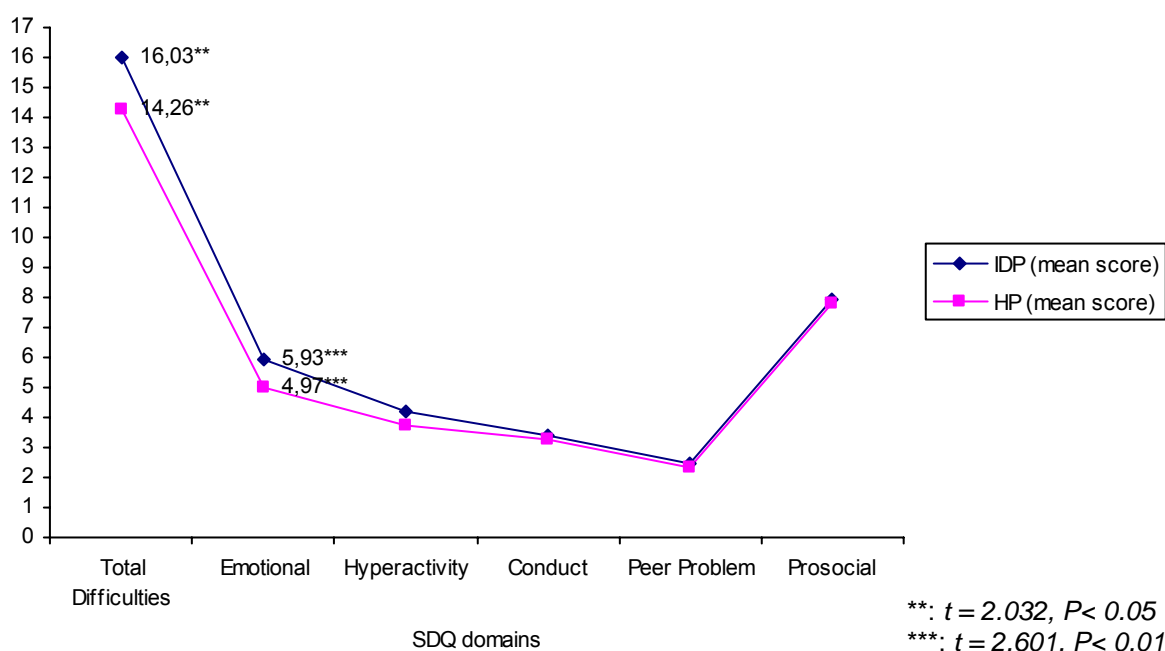
Table 4c. Pearson chi square (χ^2) of gender, religion and conflict experience associated with time dominance (2 categories) among HP adolescents in Indonesia

Independent variables		Future Oriente	Present-Past Or	X2
Gender	Male	24 (86%)	4 (14%)	4.794**
	Female	18 (60%)	12 (40%)	
Religion	Moslem	20 (71%)	8 (29%)	0.026
	Christian	22 (73%)	8 (27%)	
Conflict experience	Moderate	37 (69%)	17 (31%)	2.084
	Severe	4 (100%)	0 (0%)	

1.d. Differences of difficulties and strength in mental health between IDP and HP

There are significant differences between IDP and HP in total difficulties and emotional symptoms. IDP have a greater total difficulties and emotional symptoms score than Host Population. In other sub-scales, IDP also have higher difficulties scores (in hyperactivity, conduct problems, peer problems) and higher scores in prosocial behavior compared to HP, although the differences between the two groups are not significant.

Fig (5): T-test score of strengths and difficulties among IDP and HP adolescent in Indonesia



1.e. Spectrum of mental health problems

Looking at the analysis of the categorical score of SDQ, in general IDP are more likely to be identified as having mental health adjustment problem comparing to HP. There is a significant difference between IDP and Host Population in total difficulties categorization. IDP adolescents are more likely to be diagnosed as having mental health problems compared to HP.

In emotional symptoms, there tends to be significant difference between IDP and HP adolescents. IDPs are likely to have emotional related problems than HP. In hyperactivity and conduct problems there is more IDP than HP in the abnormal category but no significance results were found. Only in peer problems did IDP have fewer than HP, and similarly in prosocial behavior.

Both groups had less possible mental health problems in peer problems, hyperactivity and prosocial behavior sub scales, while the most possible problem for both IDP and HP might arise from the emotional symptoms and conduct problems sub scales.

Table 6. Number of IDP and HP in abnormalities groups of strength and difficulties among IDP and HP adolescents in Indonesia

SDQ domains	Normal		Borderline		Abnormal		X2
	IDP (%)	HP (%)	IDP (%)	HP (%)	IDP (%)	HP (%)	
TotDiff	27 (40)	39 (63)	27 (40)	10 (16)	13 (20)	13 (21)	9.814**
Emotional	26 (39)	36 (58)	16 (24)	7 (11)	25 (37)	19 (31)	5.768*
Hyperacti	53 (79)	48 (77)	9 (13)	11 (18)	5 (8)	3 (5)	0.755
Conduct	35 (52)	34 (55)	9 (13)	13 (21)	23 (35)	15 (24)	2.236
Peer Pro	54 (81)	48 (77)	13 (19)	12 (20)	0 (0)	2 (3)	2.202
Prosocial	59 (88)	52 (84)	8 (12)	9 (14)	0 (0)	1 (2)	1.308

* Tend to be significant at $p < 0.1$

**Significant at $p < 0.01$

1.f. Association of mental health with gender, religion and conflict experience variables

We have studied the association between migration status, gender, religion and conflict experience with mental health in two steps. First was to study those variables in the whole samples (IDP and HP), and second was to study the variables excluding migration status, in IDP and HP groups exclusively.

We checked the possibility of overlap between migration status, gender, religion, and conflict experience by running the Spearman correlation coefficient between all the combinations possible among those variables. All variables are independent from each other, except between conflict experience and migration status (Spearman's correlation coef. $r = 0.628$, $p=0.00$).

Among all respondents, the collaboration of migration status, gender, religion and conflict experience variables are significant toward total difficulties, emotional symptoms, and hyperactivity. Religion comes out as the most significant associate for total difficulties, followed by gender and migration status. Christians are more likely to have greater total difficulties than Moslems. Migration status, gender and religion all are significant associates for emotional symptoms. IDPs are having more emotional symptoms compared to HP; female adolescents are more likely to score higher in emotional symptoms than males; and Christians have more emotional symptoms than Moslems. Religion also becomes a significant factor associated with conduct problems. Christians are more likely to exhibit conduct problems compared to Moslems. Gender becomes a significant factor in association with hyperactivity and prosocial behavior. Females have more problems in hyperactivity, and they are also more prone to engage in prosocial behavior.

Table 7a. Multiple regression analysis of predictors of total difficulties, emotional symptoms, conduct problems, hyperactivity and prosocial behavior among IDP and HP adolescents in Indonesia

Dependent variable	Independent variable	Regression coef. (β)	Part correlation	R2	F test	Sig.
Total difficulties	Migration stat	0.197	0.153	0.096	3.287	0.014
	Gender	0.154	0.154			
	Religion	0.196	0.196			
	Conflict exp.	-0.457	-0.035			
Emotional symptoms	Migration stat	0.25	0.194	0.137	4.908	0.001
	Gender	0.219	0.219			
	Religion	0.188	0.187			
	Conflict Exp.	-0.052	-0.04			
Conduct	Religion	0.246	0.245	0.07	2.349	0.058
	Migration stat	-0.001	-0.001			
	Gender	-0.086	-0.086			
	Conflict exp.	0.042	0.033			
Hyperactivity	Gender	0.257	0.257	0.096	3.286	0.013
	Migration stat	0.18	0.14			

	Religion	0.073	0.073			
	Conflict exp.	-0.061	-0.048			

Only results with $p < 0.1$ are presented

Among IDP, the significant association is between religion and gender with emotional symptoms. Christians are more likely to have emotional symptoms than Moslem while female also have more emotional symptoms than males.

Table 7b. Multiple regression analysis of predictors of total difficulties, emotional symptoms, conduct problems, hyperactivity and prosocial behavior among IDP adolescents in Indonesia

Dependent variable	Independent variable	Regression coef. (β)	Part correlation	R2	F	Sig.
Emotional symptoms	Gender	0.204	0.203	0.107	2.515	0.066
	Religion	0.251	0.25			
	Conflict Exp.	-0.102	-0.101			

Only results with $p < 0.1$ are presented

On the Host Population group, gender is a significant factor associated with emotional symptoms, hyperactivity and prosocial behavior. Females have more emotional symptoms and hyperactivity problems compared to males; but they are also more prone to engage in prosocial behavior compared to males. Religion is a significant associate to conduct problems. Christian HP are more likely to have conduct problems compared to Moslems.

Table 7c. Multiple regression analysis of predictors of total difficulties, emotional symptoms, conduct problems, hyperactivity and prosocial behavior among HP adolescents in Indonesia

Dependent variable	Independent variable	Regression coef. (β)	Part correlation	R2	F	Sig.
Conduct	Religion	0.302	0.3	0.123	2.707	0.053
	Gender	-0.149	-0.140			
	Conflict exp.	0.083	0.078			
Hyperactivity	Gender	0.354	0.333	0.157	3.613	0.018
	Religion	0.191	0.189			

	Conflict exp.	0.017	0.016			
Prosocial	Gender	0.329	0.31	0.115	2.503	0.068
	Religion	-0.083	-0.082			
	Conflict exp.	0.201	0.188			

Only results with $p < 0.1$ are presented

1.g. Time perspective associated with mental health

There is a significant difference of total difficulties and emotional symptoms between subjects with more optimistic or more pessimistic time dominance. Subjects with more future oriented (FO) time dominance are more likely to have a higher score in total difficulties and emotional symptoms than more present-past oriented subjects.

Significant differences are also seen when the association is studied within HP group. Future oriented HP has greater possibility for emotional symptoms than present-past oriented HP. However future oriented HP are more likely to engage in prosocial behavior compared to HP with present-past orientation.

Table 8. T-test between time dominance (2 categories) with strength and difficulties among IDP and HP adolescents in Indonesia

Dependent Var.	All subjects' mean score			IDP's mean score			HP's mean score		
	FO	PO	T test	FO	PO	T test	FO	PO	T test
Tot Diff.	14.81	16.39	-1.671*	15.86	16.71	-.682	13.9	15.81	-1.298
Emotion	5.19	6.05	-2.129**	5.92	6.07	-.294	4.57	6	-2.367**
Hyperac	3.88	4.34	-1.382	4.14	4.5	-.924	3.67	4.06	-.692
Conduct	3.27	3.59	-.815	3.33	3.64	-.537	3.21	3.5	-.513
Peer Pr	2.46	2.41	0.198	2.47	2.5	-.09	2.45	2.25	0.434
Prosocial	7.78	7.86	-.255	8.17	7.61	1.312	7.45	8.31	-1.778*

* Tend to be significant at $p < 0.1$

** Significant at $p < 0.05$

*** Significant at $p < 0.01$

2. Result of the qualitative study

2.a. Meaning of time

2.a.1. What comes first to your mind if I say the word “time”?

What is time? It's certainly not an easy question nor regular one, especially when asked to teenagers between 12 and 18 years old. No wonder none of my respondents managed to give an answer, they didn't even try to give one because they said they were sure that it would be false. One common thing they gave me was a long silent moment while their eyes were wandering around, seemingly trying to find the right thing to say. Or it's probably because the word “time” is something that reminds them a lot of the tragedy in their life as a person and as a community, as these respondents' comments indicate:

If I hear the word time, time is, when I ran, yes ran from Tantui to Galala then ran from Galala to Sekip then from Sekip to Paso and then to this place. When I ran I felt traumatized, I was scared. So if I remember the word time I remember all those running (E, 13, Female)

Time? I remember cries and fire, because at that time there were so many people crying and fire everywhere, I was so sad (F, 16, Male)

One even explained in a detailed way what had happened to her, her family and surroundings, despite the fact that she was just 11 years old at that time.

I remember back then, when I migrated for the first time and second time. It was all of a sudden my mother told us that we have to leave immediately. She said there was going to be an attack, there were people looking for Moslems everywhere. It was Fauzan's father who told her. I heard that all my neighbors were looking for Moslems. My mother also heard that from people who had duty as night watcher that night. My mother cooked some food for them that night, then she told my father and then we all left. We went to Waiheru, then to Tulehu. In Tulehu we had another attack so we must go again. It was horrible; all I knew was running and running and running. In the middle of the night, 12 o'clock, because attacks usually take place at night, between 12 to 1 o'clock. It was very difficult to run, the tide was up and we were running in the swamp. My trousers were so wet, I felt so cold, we had no sleep, we were shocked by the bombs, and

just got up from bed and ran. We were so sleepy, there were so many bombs around us, I was very scared. I don't know...so many people were crying, the road was full with people. We didn't sleep because we were so scared. In the morning we saw the smokes everywhere. Sky was black and people were burning the houses (A, 16, Female)

Their association with the word “time” shows us that these adolescents have their own memory in projecting the meaning of time, which is influenced greatly by their experience in life. From the pilot study we found that ordinary answers to question about association with word “time” among other adolescents in different contexts with different experiences (non-IDP and never been in a violent situation) are usually things like watch, hour, minutes, season, year, birthday, calendar. As Doob (1971) wrote that every society has some system of reckoning time and the presence of clocks, almanacs, calendar or their equivalents are the attempts to consult the event with the objective time. Answers similar to those only came from one respondent in this community.

They remembered the time (sometimes even exact time) when something had happened to them, but somehow they did not emphasize the objectivity of time when they expressed association with the word time. They emphasized the subjective time experience, which in this case is filled with their strongest memory.

2.a.2. Conception of time

While they failed to define what time is, these adolescents certainly have the subjective understanding of meaning of time, which can be seen from their reflection of daily life situations around them.

It's been a long time since I first started to live in the camp. I used to be small but now I have grown. I cannot play too much now, everything has changed, even my friends do not like to play the same games we used to. I think I will change like them too one day. (S, 15, F)

They indicate that for them time represents great power of change. They accepted time as the power that gave them and their surroundings all possibility to change, both for better and worse. They can see the result of what time has done, but they cannot explain the process in a more sophisticated way, like the comments above. Respondents understand and take time as a constant change, which in the consequences brings both hope and uncertainty. People notice changes because it means that certain purposes are achieved, certain goals are attained (Doob, 1971).

They hope that time will bring them good things (in every aspect of life) and they have fear that time will bring back all the bad things like the ones which have happened to them. Maybe in a different form, but still bad.

Tomorrow will be different from today, I hope it will be better but I'm not sure, it can be worst....I don't know, or maybe it'll be just like today (Ya).

The concepts of time which these adolescent have are:

- Time is bodily growth

All the subjects are still in the developmental stage called adolescence. In this phase of life, bodily growth is one of the most visible things and people can easily notice their physical differences. They notice the bodily change is happening, not only to themselves but also to people around them. The bodily changes are the major signs of transitional stage toward adulthood, and the most visible changes (Papalia & Olds, 1998). They relate the changes to the fact that time makes people get bigger and older, and they also notice that this aging system is irreversible. This fact makes them realize that they have to change their behaviors according to their age (proper manner to the age in the community) and cannot stay the way they were before. To act accordingly to one's age is encouraged by the culture in this area, some behaviors which are expected from adolescents are doing more chores in the house, taking care of younger siblings, and sometimes helping parents with economic responsibility. Since almost all of the population are religious, they believe that there is the right time to do everything (regardless of their religion).

When I got sick my mother told me that I cannot live far away from my parents, so she advised me to wait until I grow up a bit before I move (A, 16, Female).

Because now I'm being friends with bigger kids. Back then I had small friends, when we were small and in the friendship we were talking about funny things. Now the big kids are talking too much (S, 15, Female).

Well, maybe the past was more chaotic than now. Now is a bit better...my relationship with my brother. Now he is bigger, already nine years old so maybe he can understand better (Yo, 15, Female).

- Time is maturity

The concept of maturity was expressed through understanding that one's temperament, sense of responsibility, feelings, habits and way of dealing with situations was changing toward a better stage, like that possessed by adults. Developmental tasks of adolescents are indeed in accordance with preparation to be adults (Santrock, 1997). Adolescents do not only going through bodily changes but also psychological changes. In this sense, they are actually building up their personality, preparing themselves to be integrated adults who can deal accordingly to challenges in life.

When we disagreed on something we fought. We hit each other until later, usually we said sorry, we were just small kids, even though we had fight we would be friends again. (G, 15, Male)

Well, he was mean. Because I was, unlike now. I'm tough now but then I was soft and fragile. My face was so soft (Yo, 15, Female).

- Time is moral development

According to Kohlberg (Papalia & Olds, 1998), moral development is the formation and maturation of a sense of right and wrong in children in the normal course of cognitive development (1969). The level the subjects have reached in the moral stage is not going to be the issue; here what more important is whether or not the subjects thinks that they have now reached a higher stage in moral development than before, from their subjective point of view.

Because, maybe now is important because we are big now. We have grown, so we must know the difference about good and bad things (Yo, 15, Female).

We have to appreciate mother and father who worked very hard, we should not look up to the rich people, we should care for the poor (Ya, 14, Male).

About the present, the good thing is that people with different religion come to this place (the camp where respondent lives) to meet us. We also go to their place to meet them. I feel a bit of togetherness among us, it's better. The bad thing is when people with different religion have vengeful hearts or we may have vengeful hearts too. Somebody then may put a bomb in other places (G, 15, Male).

- Time is knowledge enhancement/cognitive development

Teenagers are reaching their full capacity in thinking in the age around 15 (Miller, 1993; Santrock, 1997). They will come to the formal operational stage which will enable them to understand abstract things. These subjects age range between 12 and 16 years old; they all are in the process of reaching formal operational thinking, not all there yet. They all think that education is important; they feel the need for a better education because it will give them a little certainty of better future. They also notice that their knowledge is more than before. They experience more and they use previous knowledge to anticipate the future.

The good things are, we didn't know each other before but now we know each other. So I know many people, my knowledge of my friends is broader and I know more people too. I used to know only people in my neighborhood, from school most of them are Christian. But now I know more Moslems. And also during the conflict I had an opportunity to live in Palembang for a while, study there (A, 16, Female).

Because I know the benefit from education. For example I can learn and know about anything I want. When I grow up I can be someone that I want to (S, 15, Female).

Because I am more ready than before, because in the past I didn't hang out with many Moslems I didn't know anything about them, more with Christians. Now I know more about the Moslems (F, 16, Male).

My motivation to go to school is to alternate my suspicions. Just learn, my suspicions will go away. Later I hope my education is not going to be interrupted, I don't need to worry about it, I can seriously focus on studying and also to relax sometimes. No need to think about Jihad. No more worries, just study (G, 15, Male)

2.a.3 Time Spheres

When asked to describe the spheres of time, participants can name the main three spheres, even though in their own terminologies. This is probably the influence of language, where in the area most people use Indonesian-Ambonese. It is mainly Indonesian with lots of Ambonese words and dialect. They called the past as dulu (previously), lalu (past), kemarin (yesterday). Present is usually called sekarang (now), sedang (mid), and future called besok (tomorrow), kelak (future), era baru (new era), nanti (later).

For the participants, each of the spheres has their own meaning. It's interesting to see how they remember the past, express the present and describe the future.

Similarly, all spheres have positive and negative aspects attached to them, specific to the nature of the spheres. They are remembering the past, intervening in the present and anticipating the future (Doob, 1971).

They all agree that time is something that moves forward and is irreversible, but when the past is so good (compared to the present), they hope that the future will be like the past.

In the future I hope everything can be like they used to in the past. Can be good again, and I will be able to be what I want to be (S, 15, Female).

The good thing is to be together again with all my old friends, my friends before and during the conflict and chaos, we can be together forever, will never separate again (K, 13, Female).

2.a.3.i. The Past

The phenomenon of memory is important for an individual's perception of time. The feelings one has about time may be more useful and important to them than the fact that they cannot actually recapture past moments. Memory allows us to call back prior instants, and although the recalled instants are not identical to the original instants, the fact that they are lodged in our memory means that they are not gone forever (Cottle, 1976). The past is lying behind us, but the memory of it stays with us for the rest of our lives.

For the participants, the memory of their past also stays with them until the present, and maybe far into the future. They do not only remember bad things; there are many good things too. These good things become factors in why they want to recapture the past into the future. The bad things they remember somehow leave traces in the form of mental health problems, although most symptoms do not get to pathological level. Yet this is the moment of which most subjects claimed to be the best moment of their lives.

I mean, even though we come from different religions, but we were good together. In the community we helped each other and my friendship was good (F, 16, Male).

Trauma, fear. I was so scared. I was afraid to lose my family. During the conflict I saw dead bodies, people being beaten by other people, many were shot. But the

past is still the best time for me because during the chaos my family always stuck together, we did not want to be apart (K, 13, Female).

I was happy there, no disturbances. If I wanted to play I could do it without fear. I could go anywhere I wanted. Things were still good. No chaotic situation, no fear, no limit to go (E, 13, Female).

Well, my close friends, older friends were shot, bombed. They had so many wounds, one of them needed stitches all over his face. One adult was chopped and my father got shot (G, 15, Male).

Sometimes, when remembering the past becomes too difficult, these subjects just want to forget it. Beiser (1987) found that refugees tended to focus on the present and future as well as cut the connection between time spheres as a strategy of survival in adversity. They know that it is over, and so the best thing to do is to erase that memory, or at least ignore it so it will be forgotten somehow. Next thing they do to make the memory go away is to concentrate on the present and live day by day toward the future. The present is described as a bad moment, but important because it's the starting point to get a better future.

The past is like when I draw, I made it small so it will be gone. I can eliminate that thought from my mind and never think about it again. The difference that I feel is that we can be closer then, do not think whether they are Acang (Moslem) or Obet (Christian), the important thing is that they are my friend and we feel good together, and we want to see each other (G, 15, Male).

For me, the year of '99, i mean that period, is the time I don't want to remember anymore (F, 16, Male).

Moreover, I live with my grandparents now, so we don't need to look back to the past which hurt us so much. Maybe now is the most important thing, it's the best foundation for the future (Yo, 15, Female).

Even though the conflict which started in 1999 is known as religion conflict, adolescents choose not to forget everything that related to inter-religion experiences. They want to forget the period when the two religious followers were in war, killing and burning each other's houses. Their memories of good relationships with people from different religions remain intact and they want to reenact them in the future.

United, I mean, even though we have different religions we were united...yes, in the society, for example we help each other and we hang out quite good. (F)

Well, I hope it will be all right, can meet old friends. I think my old friends were nicer than my friends right now. It was, well, maybe because we grew up together, so they can understand me better. I don't know how they are now though. It's only when time was rough we split up. (A)

2.a.3.ii. The Present

How do we know what the present is? According to St. Augustine the present is the only truly experienced moment. The past and the future exist only in the form of memory and anticipation, and recalling and anticipating are clearly activities one experiences in the present (St. Augustine in Cottle 1976).

There was a lot of memorizing and anticipating being done among the subjects when this study was conducted. Expression of what the present is was always accompanied by comparison to the past and how they anticipate things for the future. All of the subjects have positive and negative assessments of the present. The good things about the present are that they are still in it; it is real, certain; and even if it's bad it has potential to be better.

The present, I can say it's a happy time. Because I can be with my friends. I join the young club. I can play in this area, but not to go home so late. My mother can buy new clothes for us and we have to help her (Ya, 14, Male).

Well, if I have to choose, I'd rather be in the present. Because, maybe even if we don't have our houses, but we know each other better here. In the past we have our own houses and there are spaces between houses, and only few neighbors. Now we live together, very close, we can know each other better. And I also have friends from my own community, so they can understand me better (Yo, 15, Female).

But the present also carries potential to be bad. There are marks left by experiences in the past. These subjects possess higher level of alertness, especially concerning relationships with the opposite community during the conflicts (different religion). They become over-sensitive toward stimuli that remind them of the chaotic

situation. Noisy sounds, groups of people, explosions caused by a breaking tire, or even rumors. They become very afraid when they have to go outside their territory (religion specific areas) and even in dealing with old friends can make them more suspicious of being kidnapped. According to the respondents their families seem to encourage these fears. In the past there were occasions when the chaos broke while family members were apart and maybe some of them were trapped in the other religion's area. Some people were killed just because they were in the wrong place at the wrong time. Some people were also betrayed by their neighbors or protector figures such as police and military personnel.

The good thing is that these subjects try to desensitize themselves toward their fears. They have courage to confront themselves with the object of their fear carefully because there are no other ways of dealing with it. For example, they have to pass the other religion's section when they travel to school or market.

Well, thinking about my family. I now think about it, when my father goes to office and I hear a gun shot, I immediately think about him. I'm still careful and alert because I'm afraid of Jihad, they can put bomb on the street and when it blows we can be victims (G, 15, Male).

Well, if I'm being friend with Moslems, their parents will support them to be close to me, and then if I visit them to their house they will probably kidnap me (E, 13, Female).

If I go to the other community, to the Christian, I feel traumatized. So I learn to eliminate my trauma (K, 13, Female).

Other things that bother their minds about the present are a bad economic situation, no housing, and no certainty about their education. Conflict and chaos which has been happening for almost four years has destroyed the economic life of Ambon city and all areas around it. Many people lost their jobs and houses and they have to depend on support distributed by government and some nongovernmental organizations. The subjects express their concern about how difficulties have touched the very basic needs of human beings like need of food, housing and health.

Now is very difficult time, and then the conflict. When we sick we do not have money to go to doctor. Now they ask us to leave our house (here in the camp), we have to go from here but we do not have house anymore. They don't want to

listen to us. I feel sad and concern when I see my family, we do not have any money to buy things we need (S, 15, female).

Nowadays, it's difficult to work, we cannot eat properly, when I go to school I do not get my allowance, and when I'm hungry at school I cannot buy any food (E, 13, Female).

2.a.3.iii. The Future

In this community (Maluku), it is forbidden to push your wishes toward the future. God will somehow have it done for us. He will do it according to His will and human beings must accept and thank Him for whatever may come. But human beings are also equipped with tools to somehow influence what their future will be, so they must try their best to anticipate the future. What lies in the future is a mix between God's will and self determination (from discussion with some ethnic and religious leader in Ambon city, 2003). This philosophy of life has been in the community for generations, passed through generations, and become an important factor in their culture, as culture is some ways of thinking that passed through generations (Lonner & Malpas, 1999). Adolescents in this study adopted this way of thinking and mixed it with their unfinished formal operational thinking. They have hope and fear for the future, but not know how or what may make it happen. They just hope that their wishes for a better future will magically emerge through passing of time, and that God will love them enough to cease tragedies that might happen in the future. In many ways, these adolescents were often referring to God.

They put the future as the most important time spheres, because of the potential in it. They have hopes toward themselves, their closest ones and their community. These adolescents do not only think about themselves anymore but have expanded their thought to community level.

Well, if God loves me, maybe one day this will change. Maybe things that are impossible for humans are not impossible for God. I ask that one day my mother will be together again with me, with my family (Yo, 15, Female).

If I have friends, in the future, I hope it will be good again, no more fear to be friend with the Moslems again (E, 13, Female).

No need to think about the past, it's better to think in the present about how to be together again (G, 15, Male).

The future, we do not know about it. Maybe I will laugh or play, it's up to God's will (Y, 14, Male).

2.a.4. Time Relatedness

Only two of the respondents gave a “yes” answer directly when asked if there’s relatedness between past, present and future time spheres. The other six said either simple “no” or “don’t know.” As we talked later, it came out that actually all of them think that there is a relationship between time spheres. They know that there is continuity in life and they perceive that different causes will lead to different consequences. They see the time relatedness through practical things in their lives such as money matters, education or relationships with other people.

Their understanding of time relatedness is also somehow limited to the knowledge of continuity. They did not explain the more comprehensive relationship of causal effect such as how much investment in the past should be made to have certain results in the present and future. In planning their future, they still have some unexpected ideas that everything will come automatically what so ever.

Because now, now we have to change our behaviors for the sake of the future, so it will be better. Yes, I mean the bad behaviors. Because the relation, when I was little and I am big now, my experience until now thought me into the future, until I grow up.(S)

I used to work so, maybe, in time of need we can use the money, after I receive the salary. For one week, if I work all days I can earn Rp. 85.000. Working from after school hour, from half to one until five o'clock in the afternoon. (E)

They somehow only perceive time relatedness between present and future, and do not perceive any relationship between present with the past. The reason might be because in the previous time they have limited cognitive ability regarding understanding the continuity of abstract things. Therefore their memory of things which happened in the past are still kept as seen by a younger child with more limited cognitive development. Another assumption of this is because they actually want to forget the past and start a new life from the present to the future. Maybe they separate the bad time and the good time even when the good time is still in potential form.

Well, to depart for the future we have to get ready now. Well I just think about brain, that's the think to prepare for the future (Yo)

Well, by studying, to be what we want to be when we grow up, help friends, parents, so we can have a brighter future. We have to start now. (K)

2.b. Time as the Contextual Setting

2.b.1. Need for Security

At the present security is the most desirable thing for these adolescents. From interviews, the issue of security was seeding into all discussion. Their utmost fear is if the conditions, which most of them consider quite okay right now, suddenly change into worse like in the past. Change that comes with time passing is regarded as uncontrollable. These adolescents feel that they have to accept whatever comes whether it is bad or good. They believe that change is an inevitable phenomenon. The fact that they are still living in the same area where they experienced the conflict and violence increases their fear of instability. Soon they will have to leave the camps and go back to their old property (land).

The fear..the fear I have if everything went bad again, then they will kill each other again, I never know when that thing will happen, I just know that it can come anytime (G)

Things have to change, I hope it will be better but only God knows...I just have to accept (S)

They said that their houses are no longer there, but the government promises to send material to rebuild. According to the authority this is the best solution to end the displacement period without having to spend too much money (which they do not have) to buy new land for relocation (from interviews with camp coordinators and local authority). The IDPs have not been very enthusiastic toward this policy. IDP refuse to leave the camp and go back to their old land because of security reasons. They are worried to go back to the place where they are the minority (in religion) and there is no real security guarantee from any authority whatsoever.

They (government) want us out of here, but who will protect us there? People say that military personnel and police will be reduced. I'm concerned if we can have weekly prayer again in that place (Ya)

I cannot imagine if we have to experience like in the past again, I don't want to think about it (E).

2.b.2. Home

The issue of home came up in the interviews as the respondents thinking about their fear at the present. The fear reflected from the adolescents by saying that lack of homes makes them even more uncertain about life. They say that they can be homeless anytime if the government closes down the camps. This fear has affected their school performance, even willingness to pursue better education because they believe it is not worth thinking if they do not have a real permanent home yet. The fear that occupies them now creates ignorance about the future and prevents preparation for it, even though they perceive continuity between present and future, and the importance of preparing themselves toward the future.

The bad period, we want to move from here but we don't have any house, no land, and we are afraid (S)

Comparing to the past, the past...here, I cannot be serious when I think. Here I cannot concentrate, well, because of the house, because maybe later something will happen again. (E)

Well, unstable, I mean like financial problems or house, no house (F)

For them need of security is expressed into need of home. Home is not only the house but also the feeling of being in a safe place. The parent is a secure home port from which children venture to explore the outside world and to which they return from time to time for emotional refueling (Mahler, 1968 in Miller, 1993) and these adolescents perceive that their parents are the secure place. But in addition they also express need of a secure home for their families. Lack of safety in their old land makes them hesitate to leave the camps. Nevertheless these adolescents believe that their neighbors in their old land are kind and helpful. Doubt in their hearts comes from the fear that both religions' members are vengeful and are going to take some action which will precipitate the conflict again, while they are already living in their old lands.

Well, it takes time. To get back together with them, hang out with them, there's a slight vengefulness not like before. I mean , I don't know, when I meet them again..oh My God, it's not like before, I think like, they are new persons. (Yo)

Nowadays the bad thing is, for example the other religion that live downhill, if they have hard feeling against us, or if we have hard feeling against them, somebody can put bombs somewhere, They put bombs to create bad atmosphere between us so we will fight again. It will hurt again if any of my relatives, brother, sister die. Then we will seek for revenge again. (G)

2.b.3. Mental Health Resilience and Risk Factors Regarding Time Perspective

According to Beiser (1987) specific time perspective can be protective toward mental health problems. His observations suggest that focusing on the present, with a relative splitting off past and future, is a strategy for survival for refugees. On the other hand some of the psychological literature suggest that under predictable circumstances, people will somehow start an integration between past, present and future; for example Vietnamese refugees who have resettled in Canada.

Different from conditions of refugees who participated in Beiser's study, adolescents in this study are not moving to another place which is considered safe for themselves or their families. They still live in the same city that is not totally finished with the conflict, exposing them to multiple and prolonged instability and stressful events. Along with the time passing by, these experiences with violence and conflicts probably affect their mental health. Arab adolescents living in war zones have demonstrated high levels of distress and behavioral problems (Al-Krenawi, Slonim-Nevo, Maymon, & Al-Krenawi, 2001). Children exposed to traumatic events during the Intifada in Palestine have been reported to suffer from higher levels of neuroticism, risk taking, poor memory, and low self-esteem. Such children are more likely to participate in political activity, especially boys who have been exposed to many traumatic experiences (Qouta, Punamäki,&El Sarraj, 1995). Families living in adverse conditions, such as those in refugee camps, face additional difficulties. These include overcrowding, unemployment, and lack of social and educational opportunities, which affect parental and child mental health. Children exposed to these circumstances show symptoms of emotional distress, aggressive behavior, helplessness, low self-esteem, and learning difficulties (Punamaeki et al, 1997).

In the community under study, adolescents said that they still have strengths and protection against psychological distress. They believe that there will be a better

tomorrow which will end their miseries. The protective factors and risk factors for them are discussed below, as well as how time perspective becomes a contextual setting of them.

2.b.3.i. Resilient factors

Resilience is someone's ability to bounce back in spite of significant stress or adversity (Stewart, Reid & Mangham, 1997) or to adapt successfully despite the presence of significant adversity (Beardslee et al, 1998). Though there is debate about the nature of resilience (whether it is a trait found or something that can be developed), a consensus was made to view resilience as a dynamic state that enables individuals to function adaptively despite severe stress by utilizing certain protective factors to moderate the impact of encroaching risk factors (Cicchetti & Rogosch, 1997; Rutter, 1999). The dynamic nature means that coping successfully with one situation strengthens an individual's ability to cope in the future. For participants, the following are the factors they identify as the source of protection in the adversity environment.

a. Time splitting

Similar to Beiser's finding, these adolescents also employ mechanisms of time splitting, especially between the past and the present. They perceived that the present is very much affected by the past, but they choose to disconnect them. This coping behavior is making them pay much attention to the present, and focusing thought to the future. Somehow the future that they wish to have is pretty much the same like the past before the conflict, with some addition regarding their dream job.

I believe it will be better here if Ambon is safe. It means that the Moslems and Christians have forgotten about the past. It will be better. (F)

I hope one day Ambon can be like Ambon before conflict, even better because I can be whatever I want to be when I grow up (S).

b. Support from family and friends

During the worst period, family becomes very crucial support system and extended families indeed contribute a lot to the adolescents' resiliency. Family is a factor that has given them hope and made them believe that the present and future will be better. These adolescents perceived parents as their secure base, to whom they can turn to get emotional comfort and security (Miller, 1993). Adolescents in Ambon apparently have a different perception about parental roles than in Jakarta, where adolescents seem to find friends and peer groups as sources of psychological comfort (Purwina et al, 1999). The

possible reasons probably stem from the different characteristics of Jakarta as capital city and Ambon as small city. Families living in big cities tend to be busier and substitute the attention needed by the children with material replacement while in the small cities parents have better chance to give attention to children (Purwina et al, 1999). Other possibility is because the families in Ambon have gone through a life threatening catastrophe which might increase the attachment between children and parents.

Lost of property, work, education, even a loved one can be translated into a support. Instead of becoming depressed, these adolescents make a positive meaning out of it. Loss and bereavement have become a challenge for them to fight in life. Family also encourages them to forget about the past and focus to the present and future. Adolescents take advice from family; they listen to them and use them in daily life.

Being with my family during the conflict, it was so chaotic but we stick together all the time. (K)

Well, do not think about the issues very much, just go on, the most important thing is to listen to the good words from parents. Never mind the issues, keep going.(G)

Well, maybe because the supports and spirits, and it was my father's wish before he died that I can be the best. I guess that what makes me get my spirit back. (Yo)

Since adolescence is known for its closeness to peer group, these adolescents also valued friends as sources of happiness, laughter and support. Being with friends made them forget for a while about the displacement and instability of security. Having friends from the other religion group increased their confidence about the possibility of having a better future. Once again they seem to put the past behind in order to be able to make good connections.

Friends are places to pour your heart. Where we go when we are sad and when we are happy, so always together.(K)

It's different; I feel that we're getting closer during the meeting. We don't really think whether they are Moslems or Christians. The important thing is that we want to see each other, want to be together. (G)

Ambonese is a religious society. These adolescents believe that everything that has happened has a purpose. The biggest two religions in this area, Moslem and Christian, actually have similar faith in God. They believe that all their lost happened for a reason, and therefore they should not mourn too long. On the contrary, they have to make a better effort in life to make everything better, even better than the condition before the conflict started. They believe that God will acknowledge those who make the best of him or herself. This belief encourages adolescents to focus on doing constructive things in the present for preparation of the future. In other words there is no need to look at the past.

Because, day by day, there's time for everything, leave it to God's will. (Ya)

Well, if God loves us maybe, one day this will change. Maybe something that is impossible for human is not impossible for Him. (Yo) already used this quote above!

2.b.3.ii. Risk factors and Mental Health Problems

Risk factors can increase the possibility of having psychological problems (Rutter, 1993). Risk factors can stem from multiple stressful life events, one single traumatic event or an accumulation of stress from various personal and environmental sources. From all those possibilities, the accumulation of risk factors and stresses has been shown to create the most harmful effects on children's and adolescents' functioning, (Rutter, 1999) especially since most of the risk factors are most evident during the transition period from childhood to adulthood (Place et al, 2002). For adolescents in Ambon, risk factors arise from the experiences with conflict and violence in the past, mixed with risk factors commonly seen among adolescents regarding their developmental tasks (identity search, self image, friendship, environment influences, etc.) (Papalia & Old, 1998; Miller, 1993; Santrock, 1997). The mental health problems experienced by the adolescents as they indicated are:

a. Numbness and over sensitivity

All of the respondents experienced constant fear during the most intensive war period. They said that those experiences make them numb to some stimulus which previously they had fear of. The kinds of stimuli are not same for everybody. Some said when they hear a shooting gun, they do not worry about it anymore or they are not afraid to hurt others with weapons anymore. On the other hand all respondents also become over-sensitive to stimuli that reminded them of the war. Again the stimuli that arouse them are not same for everybody; a breaking tire can make them hide, or hearing some news

when they have to pass through the other religion's territory, or gossip about the violence. They can easily become panicked and afraid, before they check the accuracy of the news. Most of the news is usually no more than gossip. But the worries among these adolescents are real.

Feel, like, empty, lonely nothing that can cheer me up. Everyday I heard the gun shoots here and there, it just felt empty.(Ya)

I always look around when the minibus enters the Christian section. I have to make sure that the driver is Moslem. I watch him all the time to make sure that he will not take me to their base or something (K)

When the girls talked about the Jihad coming back, my knees felt so weak, I cannot say anything or move (E)

b. School problems

Most of them said that they cannot concentrate at schools. There are so many things that come to their minds: housing, security and no money. They worry if the school suddenly has to stop operation because of security reasons. They worry that they may not be able to finish the ongoing education and continue to a higher level because the school is shut down. They do not have enough teachers and books. During the conflict, many teachers left their posts and moved to another area. Because of that, the distribution of teachers according to subjects became unequal. In one school there could be five mathematics teacher and no social science teacher, and another school has opposite problem. Students do not have sufficient books because many book stores and libraries were burned. All these problems make their school performances lower than before the conflict. Fortunately, they still want to go to school because they believe that they can be whatever they want to be through education; but they do not put too much attention to their performance anymore since they have doubts about the continuity of their education. The experiences of multiple abruptions of schooling in the past affect their attitude and perception about schooling in the present.

The problem is that it's difficult for me to study, I have so much work at home.(F)

The bad thing is, I'm afraid if there is something going to happen during the exam. Then I cannot go to third grade, they will postpone it, so I cannot study in the higher grade. Then I have to run again just like before, we have to move again, then I lose everything again, we cannot do anything. My mother cannot

build our house because she is afraid if the conflict will happen again. So now we just live in the camp.. (A)

c. Drug related problems

Problems related to drug abuse also include high risk sexual activity and an early smoking habit. The respondents reported that many adolescents are using drugs (mainly cannabis and heroin), have high risk sexual activity lifestyles and begin to smoke very early. Living in crowded camps can be a risk factor for adolescents to adopt negative behavior offered by the peers. Peers are one of the important parts in adolescents' lives because they provide opportunities to get experience and knowledge essential for their growing up (Miller, 1993). Unfortunately peers also offer the negative influence which can be harmful for their mental health (Santrock, 1997). Especially the situation in the camps make parents very busy in income generating activity, so they care less about the need of adolescents for a secure base (Miller, 1993). Therefore, when the response from parents concerning need of a secure base for adolescents is not appropriate, adolescents will turn to other sources (Ainsworth in Miller, 1993) and they can turn to peers who engage in the negative behaviors. However, almost nothing has been done in this regard. The adolescents think that these problems are important, but adults, including nongovernmental organization and the government, seem to take them for granted. They receive advice from family and religious activity leaders about the danger of doing those things, but there is no further supervision. Some of these adolescents become very close to this drug problem. One of the subjects is friends with drug users and jeopardizes her sobriety by trying to help her friends out of the problem. But without proper skill, she could end up a victim. None of the respondents are using any kind of drug or engage in high risk sexual activity, and the reason is because they all have the support system and are directed toward a bright future expectation.

I do not want to be away from them, on the other hand I want to support them to change. For me, I'm okay to be friends with them, as long as I do not do that. Maybe, yeah they offer me and I've helped them to use the drug, but maybe because I have support from my other friends, Van, (has this name been changed?) don't do that, you shouldn't be like that. I said yes, so I do not get there. So for me I don't need to stay away from them, but we have to approach them so they can change. My conscience reminds me all the time of my family, of what I want to be when I grow up, if I use it I will not be able to do that, maybe I cannot make my family happy. (Yo).

d. Potential for depression and anti social behavior

Sadness is still in their hearts. Generally they did not have time or chance to process their grief in a more proper way. They put everything behind at once in order to start new life from present to future. This can be a time bomb and if it explodes later the cost will be so much more than if they are encouraged to deal with it now. Somehow memory will come back because it is not erased, just forgotten. But as time passes by, when the condition is getting more stable, thoughts and flashbacks of past experience might erupt (Beiser, 1987).

I often see people being beaten. It was not good. Well, i still remember people being beaten, still remember dead bodies. If I see someone being beaten I automatically recall my memory of those.(K)

The impact, well like uncomfortable feeling, I feel lonely or alienated, that's all.(F)

Some of them were participating actively during the war. Active means that they used weapons (usually stone, knives, arrow or home made bombs) to defend themselves from the enemy or to attack the enemy. Generally they said that they are no longer afraid to hold and use weapons to hurt others, especially to defend themselves. One of the girls in the study told me that it felt good to be in the war and holding a weapon. She wants to join the army when she grows up just to be able to have a gun.

If I become police officer I will be able to take part in a war when there's a war. Because when we have war there in the forest, one brother told me to join the war. I asked him, is it good to join the war? And he said it 's good but scary. The good thing is that we can carry the gun, carry the big knife, the arrows. (E)

Becoming a soldier created additional conflicts as these adolescent soldiers behaved in ways they felt were morally incorrect, lead to vulnerability of having psychological problems, identity crisis and most of all contamination of hatred and revenge values in their later life (Dickson, Gomez & Julia, 2002). Adolescent soldiers were also not given the opportunity to develop autonomy and learn adult peace-time roles.

e. Distrust and Anxiety

Trust in authority, security keepers and neighbors has been violated. People now live in suspicion toward their surroundings, not sure what or whom they can trust. This increases levels of anxiety. Anxiety is essentially future oriented fear (Castillo, 1997). Barlow (1988) and Barlow, Brown & Craske (1994) have analyzed that anxiety is the

emotion of fear linked to the anticipation of future danger and misfortune. Anxiety also seems to be connected to the cognition of uncontrollability. It appears that persons can possess vulnerability to anxiety that can be either genetically inherited or acquired through traumatic experience (Castillo, 1997). Anxiety is actually a normal reaction when someone has been through traumatic events, but when it stays there for too long the outcome cannot be good. They always keep high alertness looking for signs of betrayal. Experience in the past affects their behavior in the present and can be brought with them to the future. Therefore it is important to deal with anxiety in the cognition level as to minimize misinterpretation of events (Castillo, 1997). Adolescents need to be able to avoid structuring a normal or less serious situation as something severe, life threatening or seriously embarrassing.

The problem is, they look like strangers when they meet us (F)

The military lied and let Jihad kill my friend, I don't know how I can trust them ever again (G)

We have to take care of each other here, if we want to go downtown we let others know, sometimes they will accompany me if I ask (S)

My friends in the camp do not like if I hang out with Christians, they said I have to be careful and not trust them so easily. Now I think I am not afraid of Christians, but I also think of what my friends told me (A)

V. DISCUSSION

1. Discussion of Findings

1.a. Comments on Quantitative Results

There are some expected and unexpected findings from the quantitative study. All of the respondents are adolescents who have been living in chaotic, violence-filled and ongoing wars during the past four years regardless of their migration status. Despite significant difference on conflict experience between the IDPs and HP ($\chi^2 = 50.803$; $p=0.00$) which reveal that IDPs were exposed to more severe conflict experience than HP, general findings of this study reflect that time perspective between IDPs and HP is not very different, especially on time relatedness, which is a little bit unexpected. Expectedly, both communities tend to split time and they slightly differ in focusing on time dominance. IDPs are more present-past oriented compared to future oriented HP. Variables like gender, religion and conflict experience do not differentiate the tendency of time dominance among them. These results show that migration status is the most important factor that can differentiate future oriented with present-past oriented time dominance among the IDPs and HP groups.

Migration status also becomes an important factor associated with mental health of these adolescents. IDPs have more than twice possibility to be identified as having difficulties comparing to HP, especially on emotional symptoms. The positive outcome is that the average scores of all difficulties and strength are below the abnormal category limits for both IDPs and HP. It shows that most adolescents are still having quiet, good mental health conditions despite the adversity they have experienced. It is important to bear in mind that the possibility of having mental health problems among these adolescents is high; therefore both IDPs and HP need intervention to promote their mental health in the future.

Factors like gender and religion contributed the most to mental health. Apparently female adolescents are more likely to have difficulties compared to males, as well as Christians compared to Moslems. The significant total contribution of all the independent variables (gender, religion, migration status and conflict experience) are seen in some difficulties sub scale, such as emotional symptoms and hyperactivity beside the total difficulties; although the shared variances are not big, showing that there are other variables which might contribute more to the adolescent's mental health.

The most unexpected result which arose is that future oriented adolescents tend to have more emotional symptoms compared to present-past oriented ones. This result

can be seen among all participants (IDPs and HP) and among only HP samples. This result is unexpected because future time dominance is usually connected with better mental health (Haldeman, 1992) and non-future oriented time dominance refers to “not so good” mental health problems like depression, stagnations, behavior problem, etc (Beiser, 1999; Haldeman, 1992; Cottle, 1976).

1.b. Comments on Qualitative Results

Adolescents participating in this study showed that the fear existing in the community of a vengeful generation arising after the long conflict might not be the case. All of the respondents expressed hope to build a harmonious inter-religious relationship again. They said that violence should stop and showed no intention to do revenge of any kind like joining jihad (illegal army of Moslems) or agas (illegal army of Christians). This situation really gives hope for peace building and conflict resolution processes, at least starting with the adolescents.

They all seem to be nice adolescents, with dreams and efforts to make their wishes come true even in the most uncertain period. They admitted that there are problems that they have to face but they do not see themselves as patients or heavily problematic persons. There are no dissolutions from reality found in the interviews; they show good contact with their surroundings and can perform well in the community where they live according to their ages and status as children or students. Nevertheless they expressed their need for guidance, especially in some areas in which they feel most affected after the conflict, like how to deal with constant fear, how to concentrate on school, how to deal with separation anxiety with parents, etc

Despite awareness that the future is one time sphere which is important for them as adolescents, they seem unclear as to what to do and how to prepare themselves for it. Promotion of peace building and conflict resolution can be the starting point for focusing themselves on the future. Preparation can also reduce their anxiety or fear of the future, to which they are predisposed by the instability of security in Ambon. Therefore, hopefully they can start looking at the relatedness between time spheres without having a lot of mental health problems such as depression. They have the potential to grow and start new life in Ambon in the future, remembering the past in order to avoid making the same mistakes and focusing to build themselves and their community in the present.

1.c. Time Perspective Differences between IDP and HP

1.c.1. Time dominance

From the quantitative study, there are almost no significant differences in time dominance between IDP and HP. The only result which is nearly significant is when we merged the five original categories of time dominance into future oriented (FO) and present-past oriented (PO) time dominance. The reason that most probably caused this result is the limited number of the sample. As Kerlinger et al (2000) stated that by increasing the sample size, the sampling distribution becomes narrower and the standard error becomes smaller. As a result, a large sample increases the likelihood of detecting a difference. Since the result is nearly significant, it is possible that increasing the sample size would increase the chances of identifying differences in the samples.

The result in examining time dominance is that IDP adolescents tend to have present-past oriented time dominance while HP adolescents have future oriented. This finding is expected but also contrary to Beiser's (1987) findings which revealed that the Canadian host population was more past oriented than the Indochinese refugees. Beiser (1987,1999) interviewed refugees who have been living in Canada over a period of ten years. Maybe the fact that the refugees have left the insecure place and now stay in a more stable place encourages them to focus more on the future and pay less attention to the past. While on the other hand native Canadians who have been living in Canada all their lives have equally good and bad memories about the past, as well as hope for the future. Therefore the host population seems to be more occupied with remembering the past than preparing for the future.

From the interviews, respondents expressed their concern about their future. They seem to be considering more about what might come in the future, because of the situation and difficulties in life they experience in the present, like no house and lack of insecurity. IDP adolescents think that the future is the most important time sphere. They put high hope on it, but on the other hand the future is still in the form of anticipation (Cottle, 1976). Everything is uncertain and adolescents tend to protect themselves from becoming disappointed if the future is not as good as they hope. Since they believe that they have no or little control over the future, they still have hope that the future will be better. Therefore, they seem not to be very concerned about the future, but they still prepare for it in the present.

Most of them then take the present as the best period because of the reality in it. Present is the moment that they live in and they know exactly the things that they have and do not have. St. Augustine mentions that the present is the only real thing, and that is how these adolescents feel. In the present adolescents can be sure about their safe

place; they have their families (and extended families) and they are together. That gives them emotional security which they need (Miller, 1993).

The past is considered as the glorious moment, when everything was in order, and they did not have fear at all. The bad things such as violent, conflicts and wars that happened in the past are things that they choose to forget. Instead the good relationships and life conditions are things that they want to remember. Therefore IDP adolescents, who in their past have their own homes and security, feel that the past is very good and hope that in the future things will be like in the past.

In the Beiser's study, the refugees were leaving their country, a place where they felt insecure, and moved to a more stable and secure country. Even though they were uncertain about how life would be in the new place, at least they knew that they would be secure there. For young people, this condition makes them focus on the future since they are the group who are most adaptive to cultural uprooting (Beiser, 1997; Beiser & Hyman, 1989). The IDP in Ambon never left the place of conflict. They keep on living there despite insecurity and fear toward the future (anxiety). This condition might have affects on the adolescents in the way they perceive time, so that they choose to focus on remembering the good things from the past as well as the reality in the present, instead of anticipating too many uncertainties in the future.

1.c.2. Time relatedness

Almost all of the respondents (96%) have atomistic time relatedness, regardless of their migration status. This shows that the adversity influences the time relatedness pattern among people who have been exposed to severe catastrophe although they might not lose their houses. The findings from the qualitative study support that finding as most of the interviewees said that they think that there is no direct relationship between the past, present and future.

However further discussion revealed that IDP adolescents perceive time relatedness in daily life situations, but they want to separate the past from the present, as a way to make life easier and help them to forget the adversity during the conflict period. They perceived the continuities of life, especially those that can be observed like bodily change. They even notice that their behavior and people around them have changes too, to a better form. They feel that they acquire more knowledge than before and achieve better moral values in the present than in the past. They also perceive that the continuity of their development will go on into the future.

Beiser (1987) wrote that time splitting is a strategy done by refugees in order to avoid mental health problems, especially depression. The adolescents in the study also mention that they hope to forget the bitterness in the past by separating the past and the

present; they said that it is necessary to do so in order to make everything better for themselves and the community. They also want the society to forget the past and start a new life from the present into the future.

The adversity of experience in the past makes them suppress it and deny the relationship between the past and the present. But they realize that in order to have a good future, they have to start preparing themselves from the present. They know that their contribution will have consequences in the future, especially in education. As a religious community, people in Ambon believe that God will give them what they deserve. They believe that people have to work hard and pray a lot to get what they want. For them the future is not entirely under their control and therefore they must accept whatever may come.

1.c.3. Factors associated with time dominance

While IDP status can be a significant factor in differentiating time dominance, other factors like gender, religion, and conflict experience did not show significant association with time dominance. Another significant factor, found only among Host Population samples, is gender having a significant differentiation in time dominance. In Host Population, females tend to have present-past oriented time dominance while males have future oriented time dominance. This finding is the same as Cottle's study (1967) and the reason is because of the traditional gender role between females and males. According to Cottle, males are expected to create their own future and so have to prepare everything to ensure that they can take care of their own family in the future, while females do not necessarily have to think of their own future. Traditional role practices usually force females to adopt their role as follower to their future husbands' role. Females are not encouraged to think about the future and see very little connection between the things that they do in the present and the past with life in the future.

The significance of gender in differentiating time dominance is not seen among IDP samples, as from the interviews none of the respondents mention any difference about their time perspective regarding their gender. Maybe for IDP, the traditional role of gender is not as strict as it used to be. Living in the camp forces families to be more flexible and adjust with the hardship. In the war, females are expected to take active part, too, and in the camp males have the responsibility of daily chores if needed. Families become more open to accepting that females can work outside to generate income, while males stay at home and take care of the family when the wives are out.

1.d. Mental health problems among IDP and HP

1.d.1. Mental health burden in community

From the quantitative study we see that mental health problems are more probable among IDP than HP. The result supports that IDPs are more vulnerable to experience mental health problems. Previous studies on this topic found that most refugees and IDP have experienced significant trauma including torture, and have a high prevalence of post traumatic stress and depression symptoms (Hauff & Vaglum, 1993; Mollica et al, 1987 & 1992). Poverty and rapid societal changes are considered two of the main reasons for deteriorating mental health status among migrants (WHO, 2001). Other factors like war trauma before the migration were significantly associated with mental Health (Hauff & Vaglum, 1993).

The mental health problems most often found among the refugees are disordered emotions like depression (Beiser, 1987; Hollifield, 2002). The biggest difference between IDP and HP in this study can be seen in the emotional symptoms sub scale and in the total difficulties which significance have influenced by great difference in emotional symptoms (since total difficulties is the accumulation of all difficulties sub scales score). IDP adolescents have more emotional related problems, but this does not necessarily mean depression. Looking at the instrument of SDQ, only one among five items under the emotional symptoms sub scale measure depression. One item measures somatoform problem, while the rest of the items measure anxiety, fear and worry. We can see that the respondents are more anxious and fearful than depressed, although anxiety, somatoform and mood disorders should be seen as connected because they are all related to disordered emotions (Castillo, 1997).

When we see the distribution of respondents in the mental health morbidity classifications of SDQ, IDP and HP are significantly different in total difficulties and nearly significant in emotional symptoms. Even though the same proportions of IDP and HP are in abnormal category of total difficulties (20% and 21% respectively), but the difference is in the borderline category. Here the proportion of IDP who were possibly identified with mental health problems was more than twice as much as HP. The borderline group is assumed to have risks identified with mental health problems due to the conflicts and ongoing violence. The reason for not using the abnormal category to see the difference between IDP and HP is because there is an assumption that the proportion of probable mental health problems in a community without any adversity experience is around ten percent (Bloch & Singh, 2000), and a previous community based study of SDQ also revealed the probability of identifying adolescents in the abnormal group at around five percent in the "super normal" community, while in the clinic samples the abnormal group was more than 30 percent (Goodman et al, 1998).

Assumption related to the 20 percent of samples of IDP and HP being in the abnormal category is because they were already at high risk for having mental health problems before the conflict began, or because of factors other than the conflict. In addition the long term conflict might have increased the number. Since both IDP and HP are experiencing adversity regardless of their migration status, the percentage of very high risk adolescents are the same. Moreover, there has never been a previous study about mental health problems in the area and we could not get any previous mental health history from the participants. The same proportion of probability to be identified with mental health problems among IDP and HP, make important point for further intervention. IDPs are not the only vulnerable group in the post-conflict community to receive mental health intervention, but HP also has the same need.

From the interviews, respondents expressed an insecurity feeling that affected almost all aspects in their daily lives such as schooling, friendship, relationships with family members and hope for career life in the future. They said that they were restless and worry a lot about the fact that they are homeless, the unclear relocation program from the authorities, and the uncertainty of whether they can stay at school and finish their education in order to be somebody they want to be later in life. The difficulties they have in daily life seem to be rooted in emotional related problems. Their symptoms are not becoming problems yet, but if they persist this could lead to mental health problems.

1.d.2. Factors associated with mental health problems

Besides migration status (IDP), there are also other variables which can be predictors of mental health problems among IDP and HP. In the quantitative study, we have assessed some variables, which we earlier explained in the literature review. Those variables are gender, religion and conflict experience. The results reveal that IDP adolescents who are female and Christian have the highest possibility to have mental health problems.

Even though Christians and Moslems in Ambon city both share the same high religiosity which is reflected in daily life, there are some different values between them. Doctrines of both religions were taught in different ways, which is called language game by Sherry (1977). The language game of Christians is less specific than Moslems. Christians tend to be more general in considering their feelings and behavior, while the Moslems have more specific rules in differentiating the “do’s” and “don’t-s.” For example, for Christians taking something that belongs to someone else is wrong, regardless of the value of the thing taken and the reason, in any kind of condition. But for Moslems, if the thing which is taken is crucial (like food) and the person who takes it does not have any other choice (very hungry, no way to get food), then it is not considered as sin. This

language game probably affects the way they respond to the questionnaire, and in the end makes a score which is worse for Christians.

Gender differences in mental health problems have been reported. Females are more vulnerable to depression and males are more vulnerable to conduct problems (Birmaher et al, 1996; Loeber et al, 2000). In this study females seem to have more problems in emotional symptoms and hyperactivity sub scales. Both sub scales cover emotional related problems, and the result that female adolescents have them more than males is in accordance with previous studies.

From the interviews, the respondents mentioned that being IDP with all the consequences becomes a factor affecting their mental health. The problems that they experienced the most are numbness, oversensitivity, school related problems, drug related problems, potential to anti social behavior, potential to depression, distrust and anxiety. There are similarities in the problems that they explained and the items of SDQ; most similarities can be seen in the items of the conduct problems, emotional symptoms, and hyperactivity sub scales.

Beside factors that have negative effects toward mental health, respondents also mentioned some protective factors. Things such as time splitting, support from families and friends, and religiosity. Time splitting is an effective strategy to avoid mental health problems and most of participants in the quantitative study do it (96%) as do refugees in Beiser's study (1987).

Parents and friends are the source of emotional security for adolescents (Miller, 1993). Regardless of adversity, respondents found it easier to live because of the existence of parental support. They are happy just to be together as families, even though life is still difficult for their families.

According to Batson et al (1993 in Argyle 2000) religion can be a protective factor toward mental health, as well as a risk. The intrinsic dimension of religiosity (the inner feeling / motivation of belongingness to the religion) is the part which becomes a positive factor toward mental health and it correlates negatively with depression (Genia, 1996 in Argyle, 2000); while the extrinsic dimension (the outside pressure/ motivation to commit to religion) is a negative factor to mental health and predicted distress.

1.e. Time perspective associated with mental health

The association between time dominance and mental health is somehow unexpected. Participants with future oriented time dominance tend to have higher total difficulties than those with present-past oriented time dominance. The significant difference among them is in emotional symptoms. As we discussed before the nature of the items in emotional symptoms sub scales are more related to anxiety than to depression. Since anxiety is essentially future oriented fear (Castillo, 1997) then it can

explained the result of the quantitative study. Participants who were more anxious about the future tended to score lower in the emotional symptoms sub scale. These are adolescents who chose to pay more attention to the present or the past and loose their thought about the future. They perceive the future as something uncertain and prefer to focus on the reality of the present and memory of the past.

From the qualitative study, we found that all of participants split time zones, and they especially try to cut the past connection with the present. They do it consciously because they believe that it would be protective for them, not to feel or remember the “hurt” that had happened in the past. They want to remember just the good things from the past and reenact them again one day in the future. This is the same with refugees who split the time during adversity to avoid mental health problems (Beiser, 1997); but somehow, as time goes by in the existence of security and stability, memories come back. When memories return, the reintegration between past, present and future time spheres is ineluctable (Beiser & Wickrama, 2004). As a previous study of Beiser and Wickrama (2004) found that time relatedness increased over time, reintegration jeopardized mental health. A previous study of Beiser and Wickrama (2004) found that as time relatedness increased over time, reintegration jeopardized mental health. If time relatedness exists, there is still a question of how it will affect the mental health of IDPs who experience the adversity during their childhood. If time relatedness exists, it is still a question of how it will affect the mental health of IDPs who experience adversity during their childhood.

2. Discussion of Methods

The intention to use triangulation of methods in the beginning of the study is because investigator felt that the information that needed to be collected could not be covered by only one method (only qualitative or only quantitative). After the data collection and analysis, we found that the use of both methods did complement each other and make more robust data for the analysis of the phenomenon. We would not know if there are differences of time perspective and mental health in the post-conflict community in Ambon if we skipped the quantitative study, and we would not know how the adolescents perceived time relatedness without the qualitative part. Qualitative study complements the understanding of time split found during the quantitative study. It examines time split among these adolescents as a result of suppression, not repression, and mainly the adolescents split time between past and present instead of between present and future.

The instruments being used in the study can be improved according to the appropriate cross-cultural instrument adaptation, which is the standard at the moment.

The process in adapting the SDQ self report version can include several additional stages to make it more adaptive to local culture, especially since Indonesia has more than 500 traditional languages and dialects, which greatly influence their way of communication, including the use of bahasa, the national language of Indonesia. Besides that, maybe other instruments of mental health can be used to cross check results. This way the validity of the instruments in the local culture will be enhanced too, although the SDQ self report inventory has high validity from previous studies (Goodman et al, 1998), and has been used in a community based study in another country in south Asia (Bangladesh) with satisfying results (Mullick & Goodman, 2001).

The Cottle circle test was surprisingly an easily accepted instrument for the adolescents. They managed to understand the instructions quickly and the investigator and respondents shared the same understanding of the task. The instrument still needs more research on its validity, even though some studies reveal that future time perspective is more likely to have sense of continuity, optimism and certainty about career decision (Haldeman, 1992). The five more common time dominance categories probably need to be examined further since there are so many possibilities in drawing the circles (sizes, texture of line, other kind of placing than just parallel, etc.). Time relatedness, although in this study most of the results were only the atomistic one, can have more varieties as well. For example, how would we classify a drawing in which the past and future circles were overlapping each other and the present circle is drawn detached from the other two?

There is also an issue of limited usefulness of the circle test. Since the circle test is not sensitive to differentiations in patterns of time relatedness between IDPs and HP in this study, it may be only good enough to measure time dominance. Nevertheless, one must consider that both IDP and HP were exposed to violence and life threatening situations during the conflict, which may be why both groups tend to split time. Beiser's study (1987) notes that time split is used to avoid mental health problems during periods of adversity. He also used Canadians who had never been exposed to any significant adversity as the host population, and therefore the time relatedness differed significantly between the Indochinese refugees and host Canadians. Maybe if circle test was administered to Indonesian adolescents who live in a conflict-free area, have enough resources to fulfill their needs, and are relatively free of stress the result might be different. There could be a significant difference of time relatedness between IDP and non-IDP and that would eliminate the doubt of usefulness of circle test to measure time relatedness, or offer even stronger evidence that this instrument is not very useful to measure time relatedness.

During the interviews, the investigator did not meet resistance from the participants, not even from participants with different religion. They seemed to be eager

to join the study, and even happy because they could tell their feelings and story to someone. Even though some of the respondents seemed to be not talkative, they were cooperative and tried to open up more, to tell more about their stories with their own words after some encouragement. The weakness of the analysis is the possibility that the investigator's biases interfere with the interview results (Denzin & Lincoln, 2000), and that generalization of the results are not as wide as the quantitative study.

3. Implications for Future Research

This is the first study in Indonesia to investigate time perspective and IDP adolescent mental health. Regarding time perspective, future research can be applied to different populations and different age groups; for example, those who live in the slum areas of urban cities. These communities have different kinds of adversity, but can be as serious as that of a community that has experienced structured violence. Poverty makes communities vulnerable to violence such as abuse of women and children, rape, drug abuse, etc. (report from One Stop Trauma Center Jakarta, 2001-2002). Thus their ways of viewing time might be different from others who live modestly in rural areas, or people who live without significant adversity in general; and the way people handle time greatly influences their attitudes and mental health (Beiser, 1987; 1999).

Research related to mental health can be done in a larger community base. Since SDQ can provide a quick and comprehensive description of the mental health situation for young people, more studies on instrument adaptation should be conducted. The use of SDQ can also be combined with the parents and teachers version, or with other instruments to make it more comprehensive. The data can then be used as a basis for any future research which might be done in Indonesia, or to prepare a more suitable intervention plan related to mental health. Since the year 2002 Indonesia's ministry of health has had a special sub directorate to deal with community mental health. In accordance with an increase of awareness in the importance of mental health in the community, further research should be carried out in order to provide actual information from the community. With relevant and reliable research, the program for promoting mental health can be designed more accurately.

The design used in this study, cross sectional, has several limitations which might influence the result and dissemination of the findings. Since it is difficult to establish cause effect relationship, it will be very interesting if further research in the same topic can be done to explore causal effect. Longitudinal study is probably the most suitable design to investigate how far time perspective can change due to the change of situation. It can also check whether time perspective can really be protective factor or

not, and when is the best time for time relatedness to emerge in order to avoid psychological distress.

VI. CONCLUSION

This study points out that time perspective of adolescents who live in the post-conflict area in Indonesia influences their mental health status. Time perspective somehow is not very different between internally displaced persons (IDP) and Host Population (HP). Almost all of them have atomistic time relatedness, all of them try to separate the three time zones in part to protect themselves from mental health problems. Slightly more IDPs have present-past oriented time dominance than HP, which have future oriented. As we see in the mental health problems possessed by IDP and HP, emotional related problems are the biggest difference among them. The most common psychological condition is anxiety (Kirmayer, Young & Hayton, 1995), and from the items of the instruments, we can see that anxiety is the majority of the emotional symptoms sub scale in SDQ. So most of the IDPs who have present-past oriented time dominance apparently have more future oriented fear or anxiety than the HP.

Even though the proportion of persons possibly diagnosed with mental health problems (of which the most common is anxiety) is significantly different between IDP and HP, it is important to notice that both populations have very many people in the borderline and abnormal groups, which is a lot higher than the other community based study using the same instrument (Goodman, 1998). This indicates that both IDP and HP need psychological intervention to promote the resilience factors that they need in order to protect them from having further mental health problems.

Since security is vitally important for children and adolescents well being (Sugar, 1999), when they feel safe they relax. When relaxed, they start to explore the environment. For adolescents who have to live in adversity, security is gone. Then the attachment to the parents becomes a crucial factor that can give them a secure base when things go wrong (Miller, 1993). But depending only on parental relationship sometime can be difficult, as adults who live in the camps tend to be very busy with other activities essential for survival of the families. The idea of secure base can be implemented in the other parts of the adolescent's life, for example at school or in their community. A safe zone can function to help adolescents focus on their school work, as well as give moral support and educate them about the uncertainty that they might have in mind. The tutors in the safe zone can encourage adolescents to continue their role as active and enthusiastic students, remind them of their responsibility to the future and teach them how to protect themselves from the instability and insecure situations that might cause problems anytime.

With some integrated intervention toward adolescent IDP and HP, hopefully they can process their traumatic experience as they can give meaning to dangerous past

experiences (Sugar, 1999). They can avoid the “time bomb”, the existence of intangible disturbances at the present time, which can become a danger to the next generation, when these adolescents become parents (Danieli, 1988). Besides that they can have a psychologically healthier life in the present as they are able and more confidence in making up plan for the bright future.

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APPENDIX A

Parent form

Announcement to Potential Subjects and Info Consent Request

REQUEST TO BE PARTICIPANT

Good morning / afternoon / evening,

My name is Sherly Saragih Turnip and I am a psychologist currently studying for my master degree. At this moment I am conducting a study about time perspective of adolescents in Indonesia. I get your child's name from the list provided by the schools/camp leaders/ local authorities and I choose your child randomly, without any other intention but to ask your child to participate in this study.

The title of this study is Time perspective Related to Mental Health among Adolescent IDPs in Indonesia. There will be some IDP adolescent and non IDP adolescent who participate in it. Through this study I hope we can reach deeper understanding about the way adolescent looking at time and themselves. You are free to choose for your child to participate or not in this study. This will take approximately 30 minutes and there will be one questionnaire and one task he/she has to do if you choose for him/her to participate. The questionnaire will have 25 questions which he/she has to answer by choosing one of three possible answers. The task will be to draw something on a blank paper. There is no right or wrong answer, your child just need to try to give honest and spontaneous answer to them. Just relax and your child can make himself/herself comfortable during the study.

If you want your child to pull out from this study before it end, he/she is able to do so without giving any reason and there will be no consequences at all.

All information your child give in this study will be treated confidentially and will be kept secure against any authorities, military group, and will not be used for any other purpose than this study only. Please give your signature on the place below this paragraph if you agree that your child will participate in this study.

Ambon,

Parent signature

Info Consent Request for In Depth Interview

Good morning / afternoon / evening,

Hello again,

This is still the same study but the activity is different. I choose your child randomly from the previous activity name list. This time we will talk more about your child self and his/her opinion about time. I will ask him/her some questions if you choose for your child to participate. You are free to choose for your child to participate or not in this study. This will take approximately 1.5 hours and maybe after that we still need to meet one or two more times. There is no right or wrong answer, he/she just try to give honest and spontaneous answer to them. If you want your child to pull out from this study before it end, you are able to do so without giving any reason and there will be no consequences at all.

All information your child give in this study will be treated confidentially and will be kept secure against any authorities, military group, and will not be used for any other purpose than this study only.

Please give your signature on the place below this paragraph if you agree that your child will participate in this study.

Ambon,

Parent signature

Info Consent Request for follow up study

I hereby sign to agree that you can contact me later regarding the follow up of the study which title is Time perspective Related to Mental Health among Adolescent IDPs in Indonesia.

Ambon,

Parent signature

*Informasi untuk calon responden dan persetujuan untuk menjadi responden
Lembar untuk orangtua / wali*

Selamat pagi / siang / sore,

Nama saya Sherly Saragih Turnip dan saya adalah psikolog dari Universitas Indonesia. Pada saat ini saya sedang mengadakan penelitian sebagai salah satu tugas untuk menyelesaikan pendidikan saya. Saya memperoleh keterangan mengenai putra/putri bapak/ibu melalui koordinator camp, dan kemudian memilih mereka secara acak sebagai calon responden untuk penelitian ini. Tujuan saya mengikut sertakan putra/putri bapak/ibu semata-mata untuk kepentingan partisipasi dalam penelitian ini.

Judul penelitian ini adalah "Perspektif Waktu dan Kaitannya Dengan Kesehatan Mental Pada Remaja Pengungsi di Indonesia". Partisipan dalam penelitian ini adalah remaja-remaja pengungsi maupun remaja yang tidak mengungsi di daerah yang pernah mengalami konflik. Melalui penelitian ini saya berharap untuk lebih memahami pandangan remaja tentang waktu dan tentang diri mereka sendiri. Bapak/ibu bebas untuk menentukan apakah putra/putrinya diperbolehkan untuk berpartisipasi atau tidak. Apabila bapak/ibu mengizinkan putra/putrinya berpartisipasi, mereka akan mengikuti kegiatan ini selama kurang lebih 30 menit. Akan ada dua tugas yang harus mereka kerjakan, yaitu tugas mengisi kuesioner dan menggambar pada sehelai kertas. Tidak ada jawaban benar atau salah pada kedua tugas tersebut, dan putra/putri bapak/ibu hanya diminta untuk memberi jawaban sejujurnya atas pertanyaan yang diberikan. Bapak/ibu tidak perlu khawatir dan saya harapkan putra/putri bapak/ibu dapat mengerjakan tugas dengan santai.

Apabila bapak/ibu ingin agar putra/putrinya menghentikan partisipasi sebelum kegiatan berakhir, hal ini dimungkinkan tanpa perlu memberikan alasan dan tidak akan ada sanksi apapun.

Segala informasi yang diberikan putra/putri bapak/ibu bersifat rahasia dan akan disimpan di tempat yang aman. Data tersebut hanya digunakan untuk keperluan penelitian ini dan tidak untuk kepentingan yang lain.

Silahkan membubuhkan tanda tangan di tempat yang tersedia di bagian bawah, jika bapak/ibu memberikan ijin bagi putra/putrinya untuk berpartisipasi.

Tempat dan tanggal :

Tanda tangan orangtua/wali :

Nama Terang :

*Informasi untuk calon responden dan persetujuan untuk menjadi responden
Lembar untuk orangtua / wali*

Saya yang bertanda tangan di bawah ini menyatakan tidak berkeberatan apabila peneliti menghubungi kembali untuk kegiatan lanjutan dari penelitian yang berjudul "Perspektif Waktu dan Kaitannya Dengan Kesehatan Mental Pada Remaja Pengungsi di Indonesia".

Tempat dan tanggal :

Tanda tangan orangtua/wali :

Nama terang :

*Informasi untuk calon responden dan persetujuan untuk menjadi responden
Lembar untuk orangtua / wali*

Selamat pagi / siang / sore,

Kali ini saya datang kembali untuk kepentingan penelitian yang sama, namun kegiatan yang dilakukan berbeda. Saya memilih putra/putri bapak/ibu dari daftar peserta kegiatan yang lalu secara acak. Pada kesempatan ini saya akan berbincang-bincang secara lebih mendalam dengan putra/putri bapak/ibu tentang diri mereka dan pendapat mereka terhadap waktu. Saya akan mengajukan beberapa pertanyaan kepada mereka bila bapak/ibu mengizinkan putra/putrinya untuk ikut serta dalam kegiatan ini. Waktu yang dibutuhkan sekitar 1,5 jam, dan kemungkinan saya masih harus bertemu kembali dengan putra/putri bapak/ibu di lain kesempatan. Tidak ada jawaban benar atau salah pada tugas tersebut, dan putra/putri bapak/ibu hanya diminta untuk memberi jawaban sejujurnya atas pertanyaan yang diberikan. Bapak/ibu tidak perlu khawatir dan saya harapkan putra/putri bapak/ibu dapat mengerjakan tugas dengan santai.

Apabila bapak/ibu ingin agar putra/putrinya menghentikan partisipasi sebelum kegiatan berakhir, hal ini dimungkinkan tanpa perlu memberikan alasan dan tidak akan ada sanksi apapun.

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Silahkan membubuhkan tanda tangan di tempat yang tersedia di bagian bawah, jika bapak/ibu memberikan ijin bagi putra/putrinya untuk berpartisipasi.

Tempat dan tanggal :

Tanda tangan orangtua/wali :

Nama Terang :

REQUEST TO BE PARTICIPANT

Good morning / afternoon / evening,

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If you want to pull out from this study before it end, you are able to do so without giving any reason and there will be no consequences at all.

All information you give in this study will be treated confidentially and will be kept secure against any authorities, military group, and will not be used for any other purpose than this study only. Please give your signature on the place below this paragraph if you agree to participate in this study.

Ambon,

Your signature

Info Consent Request for In Depth Interview

Good morning / afternoon / evening,

Hello again,

This is still the same study but the activity is different. I choose you randomly from the previous activity name list. This time we will talk more about your self and your opinion about time. I will ask you some questions if you choose to participate. You are free to choose to participate or not in this study. This will take approximately 1.5 hours and maybe after that we still need to meet one or two more times. There is no right or wrong answer, just try to give honest and spontaneous answer to them. If you want to pull out from this study before it end, you are able to do so without giving any reason and there will be no consequences at all.

All information you give in this study will be treated confidentially and will be kept secure against any authorities, military group, and will not be used for any other purpose than this study only.

Please give your signature on the place below this paragraph if you agree to participate in this study.

Ambon,

Your signature

Info Consent Request for follow up study

I hereby sign to agree that you can contact me later regarding the follow up of the study which title is Time perspective Related to Mental Health among Adolescent IDPs in Indonesia.

Ambon,

Your signature

*Informasi untuk calon responden dan persetujuan untuk menjadi responden
Lembar untuk remaja*

Selamat pagi / siang / sore,

Nama saya Sherly Saragih Turnip dan saya adalah psikolog dari Universitas Indonesia. Pada saat ini saya sedang mengadakan penelitian sebagai salah satu tugas untuk menyelesaikan pendidikan saya. Saya memperoleh keterangan mengenai anda melalui koordinator camp, dan kemudian memilih anda secara acak sebagai calon responden untuk penelitian ini. Tujuan saya mengikut sertakan anda semata-mata untuk kepentingan partisipasi dalam penelitian ini.

Judul penelitian ini adalah "Perspektif Waktu dan Kaitannya Dengan Kesehatan Mental Pada Remaja Pengungsi di Indonesia". Partisipan dalam penelitian ini adalah remaja-remaja pengungsi maupun remaja yang tidak mengungsi di daerah yang pernah mengalami konflik. Melalui penelitian ini saya berharap untuk lebih memahami pandangan remaja tentang waktu dan tentang diri mereka sendiri. Anda bebas untuk menentukan apakah anda bersedia untuk berpartisipasi atau tidak. Apabila anda setuju untuk berpartisipasi, anda akan diminta untuk mengerjakan dua tugas yaitu tugas mengisi kuesioner dan menggambar pada sehelai kertas. Kegiatan ini akan memakan waktu selama kurang lebih 30 menit. Tidak ada jawaban benar atau salah pada kedua tugas tersebut, dan tugas anda hanya memberi jawaban sejujurnya atas pertanyaan yang diberikan. Anda tidak perlu cemas dan saya harapkan anda dapat mengerjakan tugas dengan santai.

Apabila anda ingin menghentikan partisipasi sebelum kegiatan berakhir, hal ini dimungkinkan tanpa perlu memberikan alasan dan tidak akan ada sanksi apapun.

Segala informasi yang anda berikan bersifat rahasia dan akan disimpan di tempat yang aman. Data tersebut hanya digunakan untuk keperluan penelitian ini dan tidak untuk kepentingan yang lain.

Silahkan membubuhkan tanda tangan di tempat yang tersedia di bagian bawah, jika anda bersedia untuk berpartisipasi.

Tempat dan tanggal :

Tanda tangan responden:

Nama Terang :

*Informasi untuk calon responden dan persetujuan untuk menjadi responden
Lembar untuk remaja*

Saya yang bertanda tangan di bawah ini menyatakan tidak berkeberatan apabila peneliti menghubungi kembali untuk kegiatan lanjutan dari penelitian yang berjudul "Perspektif Waktu dan Kaitannya Dengan Kesehatan Mental Pada Remaja Pengungsi di Indonesia".

Tempat dan tanggal :

Tanda tangan responden:

Nama terang :

*Informasi untuk calon responden dan persetujuan untuk menjadi responden
Lembar untuk remaja*

Selamat pagi / siang / sore,

Kali ini saya datang kembali untuk kepentingan penelitian yang sama, namun kegiatan yang dilakukan berbeda. Saya memilih anda dari daftar peserta kegiatan yang lalu secara acak. Pada kesempatan ini saya akan berbincang-bincang secara lebih mendalam dengan anda tentang diri anda dan pendapat anda terhadap waktu. Saya akan mengajukan beberapa pertanyaan kepada anda bila anda bersedia untuk ikut serta dalam kegiatan ini. Waktu yang dibutuhkan sekitar 1,5 jam, dan kemungkinan saya masih harus bertemu kembali dengan anda di lain kesempatan. Tidak ada jawaban benar atau salah pada kedua tugas tersebut, dan tugas anda hanya memberi jawaban sejujurnya atas pertanyaan yang diberikan. Anda tidak perlu cemas dan saya harapkan anda dapat mengerjakan tugas dengan santai.

Apabila anda ingin menghentikan partisipasi sebelum kegiatan berakhir, hal ini dimungkinkan tanpa perlu memberikan alasan dan tidak akan ada sanksi apapun.

Segala informasi yang anda berikan bersifat rahasia dan akan disimpan di tempat yang aman. Data tersebut hanya digunakan untuk keperluan penelitian ini dan tidak untuk kepentingan yang lain.

Silahkan membubuhkan tanda tangan di tempat yang tersedia di bagian bawah, jika anda bersedia untuk berpartisipasi.

Tempat dan tanggal :

Tanda tangan responden:

Nama Terang :

APPENDIX B

Demographic Data

Number/code:

1. Age :
2. Gender :
3. IDP status :
4. Educational level :
5. Occupation :
6. Ethnic group :
7. Religion :

Brief description about migration history:

Secara keseluruhan, apakah anda mengalami kesulitan dalam hal perasaan, konsentrasi, tingkahlaku, bergaul dengan orang lain?

Sudah berapa lama kesulitan tersebut dialami/dirasakan?

Apakah kesulitan yang dirasakan membuat anda terganggu/sedih/menderita?

Apakah kesulitan tersebut sehari-harinya dialami di:

- rumah
- pertemanan
- sekolah
- kegiatan lain

Apakah kesulitan yang dialami mengganggu orang-orang disekitar anda (keluarga, teman, guru, dll)?

APPENDIX C

Interview Guide

Part I: Demographic data

1. Age :
 2. Gender :
 3. IDP status :
 4. Educational level :
 5. Occupation :
 6. Ethnic group :
 7. Religion :
- Brief description about migration history:

Part II:

1. Family
 - Opinion about his/her family condition in the past
 - Opinion about his/her family condition in the present
 - Opinion about his/her family condition will be in the future
 - Which one is most likely to be the best period, explain
 - Which one is the most important period according to him/her, explain
2. Education
 - Opinion about education in general
 - Opinion about education regarding one self
 - Real educational status at present, explain
 - Educational status in the past, explain
 - Educational status expected in the future, explain
3. Friends/peers
 - Opinion about friends in general
 - Opinion about friends of one self
 - Difference in friendship in the past and present, explain
 - Opinion about friendship in the future
4. Working/occupational
 - Things he/she wants to do when he/she grow up, explain
 - Things need to be done to achieve that in the past, present and future
 - Real occupational status at present, explain
5. Personal things
 - To what extent are past, present and future according to him/her
 - What are the good and bad things about those three time spheres, explain
 - Which one is the best and worst according to him/her, explain
 - Which one is the most important according to him/her, explain

APPENDIX D

Strength and Difficulties Questionnaire (English)

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best as you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your name Male / Female
Date of birth

	Not True	Somewh at True	Certainly True
I try to be nice to other people. I care about their feeling			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others (food, games, pens, etc.)			
I get very angry and often lose my temper			
I am usually on my own. I generally play alone or keep to my self			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, down-hearted or tearful			
Other people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other people or young people pick on me or bully me			
I often volunteer to help others (parents, teachers, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get on better with adults than with people my own age			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

Your signature

Today's date

**Thank you very much for your help
Strength and Difficulties Questionnaire (Indonesian)**

Berilah tanda pada salah satu kotak untuk setiap nomor: benar, kadang-kadang, atau salah. Cobalah untuk menjawab semua pertanyaan meskipun anda tidak yakin akan jawaban anda atau merasa ragu. Jawablah sesuai dengan keadaan yang anda alami dalam kurun waktu enam bulan terakhir.

Nama
Tanggal lahir

Laki-laki/Perempuan

No		Salah	Kadang-kadang	Benar
1	Saya berusaha untuk berbuat baik terhadap orang lain. Saya peduli pada perasaan orang lain - Jika teman saya sedih, saya berusaha menghiburnya - Jika teman saya sedih/takut, saya akan menemaninya			
2	Saya selalu gelisah, saya tidak bisa tenang dalam waktu lama - Saya selalu ingin bergerak - Saya tidak tahan duduk/berdiri tenang lama-lama			
3	Saya sering sakit (perut, kepala, penyakit lain) - Saya anak yang sakit-sakitan			
4	Saya biasanya berbagi dengan orang lain (makanan, mainan, pensil) - Saya sering meminjamkan alat tulis/mainan kepada teman - Saya sering membagi makanan kepada teman			
5	Saya sangat marah dan sering meledak - Saya sangat mudah marah - Saya sangat mudah meledak			
6	Saya biasanya sendirian, saya bermain sendirian atau menyendiri - Saya sering menyendiri - Saya lebih sering bermain sendiri			
7	Saya biasanya menurut - Saya anak yang penurut/patuh			
8	Saya selalu cemas - Saya sering cemas - Saya sering gelisah - Saya sering khawatir - Saya sering deg-degan			
9	Saya sering menolong orang lain yang terluka, sedih atau sakit - Jika ada orang yang butuh bantuan saya biasanya menolongnya - Jika ada orang yang sakit saya biasanya menolongnya - Jika ada orang yang sedih saya biasanya menolongnya - Jika ada orang yang kehilangan sesuatu saya biasanya membantunya - Jika ada orang yang terluka saya biasanya membantunya			
10	Saya selalu meremas-remas sesuatu - Hampir setiap saat saya meremas sesuatu			
11	Saya punya setidaknya seorang teman baik - Saya punya seorang teman baik - Saya punya seorang sahabat			
12	Saya sering berkelahi. Saya bisa membuat orang lain menuruti keinginan saya - Saya sering berkelahi - Saya sering memaksa orang lain melakukan sesuatu			
13	Saya sering tidak bahagia, pesimis atau menangis - Saya sering sedih atau menangis			
14	Saya biasanya disukai oleh teman sebaya - Biasanya teman-teman suka pada saya			
15	Perhatian saya mudah teralihkan, sulit bagi saya untuk berkonsentrasi - Saya sulit berkonsentrasi			
16	Saya gugup bila berada dalam situasi baru. Saya mudah kehilangan percaya diri			

	<ul style="list-style-type: none"> - Saya sering tidak percaya diri bila berada di tempat yang baru - Bila tidak pernah kesana - Bila baru pertama kali bertemu orang-orang disitu - Bila pertama kali melakukan sesuatu 			
17	Saya baik kepada anak yang lebih kecil <ul style="list-style-type: none"> - Saya baik kepada yang lebih kecil 			
18	Saya sering dituduh berbohong atau curang <ul style="list-style-type: none"> - Saya sering dikatai berbohong atau curang - Saya sering dibilang berbohong atau curang 			
19	Orang lain sering mempermainkan saya <ul style="list-style-type: none"> - Saya sering dijadikan bulan-bulanan oleh orang lain - Saya sering dikerjain oleh orang lain 			
20	Saya sering membantu orang lain secara sukarela			
21	Saya berpikir sebelum bertindak			
22	Saya mengambil barang-barang milik orang lain			
23	Saya lebih suka bergaul dengan orang yang lebih tua			
24	Saya sering merasa takut			
25	Saya menyelesaikan tugas yang saya mulai, perhatian saya bagus <ul style="list-style-type: none"> - Saya selalu menyelesaikan tugas dengan baik - Saya mengerjakan tugas sampai selesai 			

Tanda Tangan Tanggal hari ini

Terima kasih banyak atas bantuan anda!

APPENDIX E

Instruction for Circle Test

Think of the past, present and future as being in the shape of circles. Now arrange these circles in any way you want that best shows how you feel about the relationship of the past, the present, and the future. You may use circles of different size. When you have finished, label each circle to show which one is the past, which one the present, and which one the future.

Instruksi Tes Lingkaran (Indonesia)

Bayangkanlah masa lalu, masa sekarang dan masa yang akan datang sebagai bentuk lingkaran, sehingga ada lingkaran masa lalu, masa sekarang dan masa yang akan datang. Kemudian gambarlah lingkaran-lingkaran tersebut sesuai dengan keinginanmu sehingga menggambarkan pendapatmu tentang hubungan antara masa lalu, masa sekarang dan masa yang akan datang. Engkau bebas menggambar lingkaran dengan ukuran apapun. Setelah selesai, beri tanda pada setiap lingkaran, mana yang masa lalu, masa sekarang dan masa yang akan datang.