

Perceptions of Mental Health and Poverty in East Nusa Tenggara-Indonesia: An Indigenous Psychology Approach

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Abstract. This study aimed to investigate perceptions of mental health and poverty as well as their relationship in remote areas of Indonesia. The investigation was conducted due to the lack of mental health services in the area and a limited understanding of the psychological factors associated with perceptions of mental health and poverty in developing countries. A qualitative phenomenological approach was used, involving 22 participants (10 males, 12 females) with various educational and occupational backgrounds. The results showed several categories, namely the concept and causes of poverty, perceptions of physical and mental health, as well as the relationship between poverty and mental health. Among these results, the most important was the public's perception of poverty and mental health as socio-cultural phenomena interrelated due to socio-cultural or mental imbalances. Furthermore, indigenous psychology was used to investigate the behavior of people living in their local communities. This was conducted to determine the use of knowledge to interact with policies and practices to reduce poverty and improve mental health status.

Keywords: Indigenous psychology, mental health, poverty, phenomenology

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Introduction

On a global scale, least-developed countries exhibit a strong relationship between poverty and poor health. According to Ormel et al. (2008, in World Health Organization, 2014), a multinational epidemiological survey showed that in high and low-middle-income countries, respectively, 50% to 90% and 44% to 70% of individuals with non-communicable diseases (NCDs) had consulted healthcare professional within the past year. The treatment rates for mental disorders ranged from 13% to 33% and 5% to 13%, indicating that individuals in the low- or middle-income category, had only a 10 to 20% chance of receiving necessary medication (World Health Organization, 2014).

Some studies (Hao, 2022; Ridley et al, 2020) provided evidence of a relationship between poverty and the emergence of mental health problems. It was further argued that common mental disorders were about twice as frequent among the poor when compared with. These conditions were also more prevalent among individuals living in poor and overcrowded housing. Tampubolon and Hanandita (2014), stated that studies conducted in developing

countries have largely confirmed a negative association between poverty and mental health. However, due to the varied methodology used, the relationship remained questionable, as highlighted by Flèche and Layard (2017). According to the results, poverty alone was not a significant determinant of poor mental health, but one contributing factor was the diminishing level of investment in these health issues, driven by the assumption that communicable diseases pose a more serious threat (Mowat, 2020; Flèche & Layard, 2017; Tampubolon & Hanandita, 2014).

Mental health in Indonesia had long been neglected due two reasons. Firstly, mental health concerns had not received serious attention from the public or the government, especially in remote areas. This was because of the lack of many features, such as health facilities, availability of human resources, and most importantly, a lack of understanding of the condition. Secondly, addressing and providing appropriate treatment for mental health issues was highly dependent on a precise understanding and contextualization of its meaning. According to Lesmana et al. (2019), a hospital-based, institutional

model, was applied for the treatment of mental disorders. This approach appeared to be inadequate and incapable of providing the much-needed service to the population. As a result, many untreated mentally ill individuals are abandoned, permanently restrained, chained, or placed in cages by their families (pasung). Based on [Human Right Watch \(2015\)](#) report, 57,000 individuals with real or perceived psychosocial disabilities (mental health conditions) in Indonesia have been in pasung—shackled or locked up in confined spaces—at least once in their lives. The latest available government data suggests that 18,800 people currently live in pasung. Despite this practice being banned in 1977, it was continued by families and traditional/religious healers.

Each community has a unique understanding of mental health based on culture and history. Across Indonesia, there is a widespread belief that this condition stems from factors such as being possessed by evil spirits or the devil, having committed sins, displaying immoral behavior, or lacking faith. Therefore, many families initially seek guidance from faith or traditional healers, turning to medical advice only as a last resort ([Human Rights Watch, 2015](#)). Given Indonesia's status as a multicultural nation, with the constitutional framework of "Unity in Diversity," it is crucial for the government to consider the local knowledge and circumstances of its diverse communities when formulating policies and designing treatment approaches for mental health issues.

Many areas in Indonesia, particularly remote areas, still lack adequate healthcare, resulting in exceptionally low-quality public health in those areas. This situation was further exacerbated by high levels of poverty among the population. According to this study, East Nusa Tenggara was considered one of the poorest provinces in Indonesia ([BPS NTT, 2022](#)). Thus, it is important to examine local community understandings of mental health and poverty from the perspectives of inhabitants and to explore any potential associations between the two concepts under study.

Poverty in East Nusa Tenggara (NTT) was a complex problem because the livelihoods of the people were influenced by harsh environmental conditions and the limited availability of natural resources. The geography of the area and its hilly topography resulted in difficult inter-area transportation and communication systems, which led to relative social isolation. Furthermore, the dry climate and predominantly infertile land caused NTT to be vulnerable to drought, seasonal food availability, and water shortages. Based on available data from the Statistical Office ([BPS NTT, 2022](#)), the rate of poverty in this area was 20.05% (8,84% in urban areas, 23.86% in rural areas) out of a total population of 5,446, 285. This figure exceeded the national average, which was

9.54% (7.50% in urban areas, and 12.29% in rural areas). BPS measured poverty based on the ability to meet basic needs and average monthly expenditure.

From the more recent perspective of indigenous psychology, it became relevant to examine the interrelationships between sociocultural environments, poverty, and mental health. This approach considered mental health as being deeply enmeshed within economic, social, cultural, spiritual, and ethnographic contexts such as poverty, hunger, malnutrition, social change, violence, and dislocation. [Harkness and Super \(2020\)](#) suggested that indigenous psychology questions the universality of existing psychological theories and attempts to discover psychological parameters within social, cultural, and ecological contexts. The approach advocated the examination of knowledge, skills, and beliefs people have and how they function within their familial, social, cultural, and ecological contexts. Indonesia, as a case in point, is a vast country characterized by diverse ethnic, linguistic, and cultural backgrounds. Some areas are distant and persistently impoverished, with many residents lacking adequate access to high-quality healthcare that can address their needs effectively.

This investigation was conducted due to a lack of studies in Indonesia that have thoroughly examined the perceptions of mental health and poverty within isolated and economically underprivileged communities. Specifically, there was an insufficiency of reports exploring the connections between the two concepts from a social, cultural, or psychological perspective. Additionally, the methods employed to study poverty and mental illness are strongly influenced by positivist, clinical, and pathological Western standpoints. These approaches assumed that social and cultural phenomena were generally precise, enduring, and universal. For instance, the American Psychological Association (APA) and the WHO provided substantial contributions to the definitions of mental health, while the World Bank's vocabulary and standards were frequently used to define poverty. Critical considerations arose regarding the assumed universality of these concepts as well as how these notions may be influenced or formed by cultural, social, environmental, or historical traditions.

In this study, it was believed that the context, particularly the culture in this case, played a crucial role in shaping the understanding and interpretation of these concepts within the society. A psychological framework and methodology were adopted to explore how poverty and mental health, as well as any relationship between the two, are constructed and perceived as sociocultural phenomena. Furthermore, this study aimed to determine the influence of local culture and practices on the meanings, in essence, mental health and poverty, as psychological and social

phenomena, served as the fundamental elements for building theories, concepts, and methods to address questions. For example, there are several studies (Bain, 2020; Hahn, 2021; Sharma, 2016) that have examined the relationship between the two concepts or other social phenomena. Within the field of indigenous psychology, there was a focus on understanding how these specific physical, cultural, and social environments, alongside the corresponding system values, influenced thought patterns, and behavior among local communities.

Methods

This study was qualitatively oriented, and to achieve its specific goals, it combined both indigenous psychology and phenomenological perspectives methods. Sampling was conducted using maximum variation, which shared experiences, but included participants with as diverse demographic characteristics, such as age, gender, community role, formal education level, belief systems, occupation, and economic status. There were 22 participants in this study, which consisted of 12 women and 10 men, with ages ranging from 22 to 69.

After a list of potential participants was created, they were visited at homes and provided with information about the study, following the guidelines outlined in the Research Project Information Sheet (RPIS). During the recruitment process, explanations were given regarding the goals and methods of the project, including ethical limitations. Furthermore, it was ensured that potential participants were fully aware of their rights before obtaining formal consent for participation. Throughout the study, participants were encouraged to ask questions for clarification and were informed that they had the option to withdraw at any time without providing a reason. The individuals who agreed to participate signed an informed consent form, after which the best time for interviews was agreed on. Based on these schedules, family groups were visited and the interview was conducted. In Indonesia, especially in East Nusa Tenggara Province, it is not common to recruit participants for study projects directly through invitations or letters. Therefore, all communications were done face-to-face using the Indonesian national language.

A semi-structured interview was applied as a data-gathering method. These interviews were conducted to seek in-depth information relevant to the study's aims. The followings were samples of questions used: 1) What is poverty mean for you? This question aimed to explore various aspects related to poverty, such as its definition (the scope of poverty), the causes of poverty, the availability of natural and human resources, and the means of accessing these resources (from whom those conceptions came and how), 2) What does health and

mental health mean? This question explored issues such as the definition of health, unhealthiness, mental health, and mental illness (whether they have their term), what are the determinant factors to those states, and what other conditions are related to the health challenges (social, family, religious system/values).

Data obtained from the interviews were transcribed and analyzed based on the following procedures. In the first stage, individual accounts of participants' experiences were read more than once, to gain a full picture and understanding of the meaning within the context of each interview. For the second stage, the transcript was systematically divided into smaller individual semantic units. The third step examines the psychological significance of each unit of meaning. This stage may involve the transformation of meaning into psychological units, depending on the study and the analyst's wishes (Larsen, 2023).

To ensure the validity of results and to minimize bias, the following strategies suggested by Creswell and Poth (2017) were employed: 1) Prolonged engagement with participants and persistent observations in the field, which included trust building, familiarisation with local cultural traditions and practices, and ongoing cross-validation of information provided by participants, 2) Peer review and debriefing to provide external checks and balances for the study process, similar to inter-rater reliability in quantitative study. The research analyst engaged in an ongoing peer review process to receive feedback on results from two externals who were familiar with the Binaus area and its people. This feedback enhance the assessment of the methods used, and the processes planned and implemented throughout the study; and 3) Participants were provided with written copies of their interview transcripts and oral summaries of the results, hence, seeking feedback on the accuracy and validity of interpretations.

The study was conducted at Binaus village in Timor Tengah Selatan (TTS) area, East Nusa Tenggara Province, Indonesia. The community still upheld traditions related to their original identity. Furthermore, the traditions and cultures influenced local understandings, attitudes, and behaviors. The people in Binaus still held festive ceremonies that mark the beginning of new agricultural cycles, such as the opening of new fields during the planting season and the harvest periods, while also having strongly adopted the values and practices of Christianity.

Results and Discussion

Perceptions of Poverty and its Causes

Historically, poverty was a concept with negative attributions in society. An individual who referred to others as poor would be punished through customary law. Being identified in this category was embarrassing

in the social and cultural life of the community. However, the local concept of poverty was still based on property or material ownership, such as having a permanent house (made of bricks and without a dirt floor) and possessing livestock, such as cattle or pigs. Having a regular income or salary from farming or other work is also an indicator of wealth status. Mere ownership of property or material goods was not enough to determine when someone is wealthy. The principle of utility or benefit from the assets or materials was also considered to be relevant. For example, these assets should be used to send children to school or college, as well as to make offerings during worship ceremonies (either Sunday worship in the church or household worship).

The following are the participants' statements:

“We should refrain from using the words poor or poverty referring to others, as it does not only insult our identity but also seem to invite death” (MP5)

“In the past, if I referred to someone as a poor person in Pak, I could face legal consequences such as being jailed, or fined by custom law because I had underestimated people” (MP6)

“We are called poor when we have no money, as well as inadequate food and clothing” (FP2)

“Having abundant money and wealth become meaningless when our children are unable to attain a university education, it is the same as being poor” (MP2)

“As long as I can give offering for the Lord, I am not poor” (MP2)

The Binaus local government was mandated by the national government to establish a definition of poverty based on economic indicators such as household income and expenditure. However, [Marrast et al. \(2022\)](#) stated that poverty was a more complex and less formulaic concept in various sociocultural contexts. The complexity it was surrounded by lies in the fact that the term was difficult to define, as the relativity among the influences of many factors affecting its interpretation for an individual or a society. Furthermore, measuring individual or community income in comparative economic terms and describing their impact scientifically, or psychologically presented difficulties. In this study, some of the complexity within the concept of poverty appeared in the variety of opinions expressed by the participants. This indicated that their understanding of the concept was influenced by daily life experiences, history, traditions, beliefs, and values.

The data from the participants suggested a noticeable shift in the perception of poverty. For some,

especially older females and males, poverty was understood culturally and has previously been associated with something shameful or degrading to the dignity and identity of a person or family. However, this perspective was not shared by the younger female and male participants. Their understanding of the concept was more straightforward, linking it primarily to the possession of property assets and the ability to leverage those assets effectively.

Current government policy adopted a Needs-Based Approach and an economic perspective when determining which recipients to support and the process involved. This approach, as observed and reported in Binaus, did not empower the community as intended. Instead, it has resulted in some citizens becoming dependent on government assistance. Furthermore, the approach can advertently label and treat poor individuals as passive objects, perpetuating the need for sustained assistance rather than short-term support or enablement. This condition is often described as welfare dependency and was understood by both policymakers and the media as a central factor in the myriad of problems ([Mitchell & Vincent, 2021](#)). It was associated with perceptions of powerlessness, lack of creativity, loss of motivation, self-determination, and passivity. At its core, passivity can lead to a loss of individual responsibility within families and communities, leading to social problems ([Mitchell & Vincent, 2021](#)).

Methodologically and pragmatically, the economic perspective adopted by the government for poverty reduction policies was flawed in its implementation, from the indigenous psychology point of view. Firstly, the community lacks a precise understanding of the process for identifying and categorizing individuals as ‘poor’, which can potentially lead to conflict. The government's mapping of poverty was based on the accepted definitions and evaluation criteria. This does not align completely with current community conceptions of the phenomenon of poverty and its social, cultural, environmental, and spiritual inflections. It was observed that the government's view has been rejected by some of the leading members of the Binaus community and its local government. However, for some community members, government assistance was a legitimate process that grant ‘permission to be poor’, but others expressed a loss of identity, autonomy, and independence. Understanding of the external dynamics of poverty appeared not to be established at this stage in Binaus. Secondly, the different cultural and environmental contexts in a community like Binaus resulted in differences in people's conceptions of poverty. These conceptions were not only based on the ownership of property but also on their capacity to fulfill basic needs. Thirdly, the different contexts and characteristics of

each community or area were considered in such an omnibus and formulaic government application of policy. Therefore, poverty needs to be better understood as a multidimensional phenomenon.

The data indicate that poverty within the Binaus community is primarily a socially and culturally constructed aspect of their social life. This understanding is in line with the philosophy of phenomenology as postulated by Husserl, Heidegger, and others. Cibangu and Hepworth (2016) have also emphasized the central theme of phenomenology, which involved exploring how people feel, think, and perceive things, based on their practices, everyday knowledge, and contextualized forms of meaning. According to Gros (2021), a lifeworld encompassed both physical and socio-cultural aspects and was characterized by its originality and concreteness. Therefore, in this study, the concept of poverty was understood by grounding it in the subjective experience reported and observed by participants.

Indigenous psychology is a form of knowledge related to the construction of the lifeworld (Lee, 2020) as a component of culture. The Binaus community developed the existing knowledge and understanding of daily experiences by delineating, explaining, and responding to the structures of lifeworld over time. These explanations and responses belong to a domain of pre-logical, pre-technical, and pre-instrumental thinking, and the richness of roots lies in individual life experiences, which are flexible and persistent (Hwang, 2011). From a phenomenological, reflection-based analysis, the government's current policy could be perceived as contributing to a diminishing sense of pride in the Binaus people's identity as Timorese. Previously, being labeled or described as poor would result in humiliation and insult. A proud identity can be easily replaced by a passive identity which is represented by individuals relying on government assistance.

Despite the change and its consequences, the Binaus community's overall understanding that being 'rich' is not solely tied to property ownership, remained intact. They continue to recognize that the productive use of assets, particularly in supporting their children's education and participating in church and home worship through offerings, was still considered a sign of wealth. This local knowledge base and belief system warrant attention when implementing new government policies. Similarly, it follows the report by Hwang (2011) that such changes should be supported and informed by the cultural heritage of the community. This enables the government to develop policies that are contextualized within local knowledge and empower the community to address poverty-related issues effectively.

Perceptions of Mental Health

In terms of mental health, especially in a positive context, participants understood it as being a moral and social condition that can impact relationships with others and align with accepted behavioral standards within the village. Mental health is also associated with traits such as courage, sociability, mobility, and maintaining a faithful relationship with God. A good spiritual relationship with the creator was seen as a major requirement for good health, both physically and mentally. The healthy mental condition was also characterized by the ability to think positively and focus on issues of relevance. In terms of negative connotations related to mental health, participants suggested that this was apparent for a person who consistently harbor negative thought or experience prolonged stress (stress always had a negative connotation), prefer solitude, lack courage or responsibility, engage in self-talk or singing, spent excessive time daydreaming, and exhibit tantrums or throw stones randomly at others.

The following are statements from participants:

"To be mentally unhealthy is synonymous with having a moral inclination to harm others, engage in evil actions, or deviate from established norms. Mental health is linked to a state of mind that diverges from the accepted standards and norms of the community." (FP1)

"It is essential for us to nurture positive relationships with one another, cultivate a deep connection with God, and engage in introspection. This enables us to recognize and rectify any wrongdoing or actions that go against God's will." (MP2)

"Engaging in activities such as daydreaming, talking to oneself, having tantrums, and displaying irresponsibility, often associated with sitting still for extended periods" (MP4)

"It is important for us to prioritize maintaining positive relationships with one another and fostering a closer connection with God. Additionally, self-reflection through introspection should be a constant practice in our lives." (MP2)

As society develops, views on health also change. Furthermore, health and illness are no longer seen only in terms of physical or biological features, but as a consequence of other variables. This is a form of the dialectic relationship between nature and nurture. For example, a bio-psychosocial approach as developed by Engel considered that biological, social, and psychological factors interact as dynamic processes in determining the onset, progression, and recovery from illness (Basemann, 2018). Engel contrasted this model with the biomedical model, which assumed disease to

be deviations from a normal range of biological or anatomical variables. However, this view was still considered inadequate. For example, Zarzycki et al. (2022) stated that the model often treats the three components (biological, psychological, and social) as separate, simultaneous influences rather than being integrated. A focus on individual thought, feeling, and action underplays the role played by society and culture (and politics) in human experiences of health and illness. Therefore, culture as a context needs to be well considered in health planning and management. Marks (2008, in Sundararajan et al., 2013) conclude that culture was the “wider discourse” that forms “a core constituent of health experience and behavior. Additionally, it is not an optional ‘add-on’ under a label such as ‘experience’.

WHO provided another definition of health, which described it as a state of physical, mental, and social well-being, extending beyond the mere absence of disease or infirmity (Conti, 2018). This definition suggested that health included the broader dimensions of human life. Along with avoidance of disease, health was thought of as encompassing positive qualities such as the meaningfulness of life, active engagement, and productivity. In this view, illness was more than a disruption of anatomical and biological processes. Furthermore, it interfered with our social and cultural relationships and raised questions about meaningful existence and identity. As a result, health and illness have a spiritual component (VanderWeele et al., 2017). This offers a more holistic model of health that focused on the interrelationships and interconnectedness of many factors rather than any discrete biomedical approach to health (Fiandaca et al., 2017).

Within these theories, the human body never was comprehensively understood in terms of its anatomical and biological dimensions, nor as a mere object. Furthermore, it should be seen as a subject and object that can be distinguished from, but related to, other objects. The individual was constantly being perceived by others and was also constantly perceiving others within the adjacent human and physical environments (Dahlberg & Dahlberg, 2020). The living body was in the world and the existence and mutuality between humans and the world was emphasized. The mutuality as described by Dahlberg and Dahlberg (2020), is concrete and constant, and it encompassed the ability to embrace an idea, a religion, some change, literature, a new way of living, and other elements. Similarly, individuals can be embraced by events and spaces that hold sacred value” (Dahlberg & Dahlberg, 2020). illness surpasses a set of symptoms identified by diagnosis and subsequently treated, and it constitutes the loss of abilities and the interruption of harmonized, stress-free, and mindful living (Dahlberg & Dahlberg, 2020). Sickness is an obstacle and can affect

engagement with the world and self-representation. Health appeared to be understood in terms of harmony, balance, and the ability to achieve or maintain community order and goals, while illness appeared to be a form of social dissonance and a loss of ability (Dahlberg & Dahlberg, 2020).

Mental health was understood as a specific condition of an individual characterized by particular attributes that can impact the reputation or well-being of others. These conditions are associated with moral state and social order. In the Binaus community, there are three main factors to be considered as it relates to mental health. Firstly, the quality of the relationship with God is the key to obtaining good physical and mental health. This is because Faith has become a major requirement for achieving well-being. According to the perspective of most participants, there is no mental well-being without faith. Secondly, the nature of physical and mental health is social, which means a healthy situation is not only experienced personally but also by other family members, contributing to the preservation of harmonious community life. A community member is expected to maintain appropriate attitudes and behaviors to conform to social norms or order. Thirdly, health and mental health are also influenced by harmonious relationships between the community and nature. A community member is expected to live harmoniously with nature as a provider of their needs. The interactions among these three factors indicate that mental health was not seen by study participants as a personal condition that may be determined by the appearance of a group of symptoms but was determined by the quality of relationships with others and participation in community activities.

The understanding of physical and mental health within the Binaus community participants was to be conveyed by a concentric framework. This framework posits a multilayered self that exists within a ritual space, a space marked by fundamental distinctions between inner and outer, sacred and profane, as well as connections to nature, family, and self (Sundararajan et al., 2013). A concentric framework implied that the psyche/self was not confined to the individual’s body perimeter and mind, but rather inhabits their intentional worlds which include the sociocultural realm, as well as the natural and supernatural worlds (Sundararajan et al., 2013). Many within the Binaus community still believe in the power of the ‘bad and good spirits’ that live near them, including those of their ancestors.

The concentric framework can be applied in many cultures. For instance, the native Hawaiians conceive the individual as existing within the web of interdependent and interactive forces that extend from the family to nature, gods, and spirits (McCubbin & Marsella, 2009 in Sundararajan et al., 2013). In contrast with Western atomistic notions that prioritize terms

such as self, mind, and brain, the concentric model defines the self as part of an influential system (Marsella & Higginbotham, 1984 in Sundararajan et al., 2013). Regarding methodology, an atomistic perspective favors a descriptive model that generates numerous objective characteristics in psychology, such as behaviors, personality traits, intelligence, developmental stages, and social cognition. Meanwhile, indigenous psychology favors more holistic, explanatory models that capitalize on hermeneutic interpretations and narratives to explore emergent phenomena such as meaning and subjective experiences (Sundararajan et al., 2013).

For this reason, indigenous psychology holds significant value in investigating practices related to physical and mental health. Within the concentric framework, disease or illness can be understood as a state of disharmony that manifests across various levels of the system, ranging from the psychosocial to the psycho-spiritual realms of existence. In this context, factors such as fate, sympathetic magic, spirits, evil forces, and religion may hold considerable significance (Sundararajan et al., 2013). Kometsi et al. (2020) concluded that participants did not use standard psychological nomenclature to describe mental illness, but instead applied very broad, over-encompassing terms.

Perceived Communication between Poverty and Mental Health

Payne (2012) concluded that several literature examining mental health and poverty was framed around the cause-effect question, such as ‘Does poverty, or social exclusion, cause poor mental health, or does poor mental health lead to poverty and social exclusion?’ These concepts are established as discrete, but related variables that are assumed to be capable of empirical measurement. Knifton and Inglis (2020) conducted a study with a quantitative approach, which demonstrated that poverty has a direct or indirect impact on the development of emotional, behavioral, and psychiatric problems. Similarly, a recent report by Tampubolon and Hanandita (2014), showed this continuing trend toward empiricism and assumptions about the discreteness and relative universality of the variables involved. However, Bauer et al. (2021) suggested that the relationship between poverty and mental health was essentially a ‘vicious cycle’ argument of whether poverty causes mental disorders or vice versa.

At this point, participants gave statements such as:

“Surrendering to God can lead to physical health, financial stability, an abundance of food, and the assurance of prosperity for the entire family. This implies that it enables us to break free from the shackles of poverty.” (MP2)

“Prioritizing mental health is essential. It allows individuals to cultivate positive thoughts, work towards financial stability, provide for their families, and ultimately escape the cycle of poverty.” (MP7)

“People become irresponsible due to the pressure of poverty. They run away from the village and disappear for months or even years” (MP1)

“Poverty prompts deep contemplation and unease. In such circumstances, how can one secure employment and earn an income to cover meals or school fees?” (MP3)

In terms of methodology, the present study appeared to be one of the few attempting to explore the complex relationship between poverty and physical and mental health. The focus was on the village of Binaus and it was discovered that participants held intricate and socio-culturally nuanced perspectives on the concepts of poverty, as well as physical and mental health. Regarding the relationship between these two concepts, two key aspects were identified. Firstly, in addition to a lack of awareness of the role and potential value of the community health center, there was a range of economic and access difficulties that participants encountered in obtaining medical care from the center. When individuals were referred by the community health center to a hospital in SoE or Kupang (capital city), they encountered additional expenses such as travel costs, living expenses for accompanying individuals, loss of income, and the burden of paying for services and medications. Consequently, it was not surprising that many people chose to ignore such referrals, stayed at home, and continued treatment with traditional medicine and related practices. Secondly, in terms of an indigenous psychological perspective, the most important understanding of the relationship between poverty and mental health was not about any causal or relational connection between these two phenomena. However, it stemmed from local community understandings that poverty and mental health are socio-culturally constructed phenomena presented as socio-cultural disharmony, as shown in Figure 1.

At this stage, some scientific inquiry and Indonesian national public policy continue to view the phenomena of poverty and mental health as variables that are substantially universal and measurable in a positivistic causal relationship. This perspective place less focus on localized sociocultural determinants and interpretations. However, it is crucial to acknowledge the influence of local understandings of poverty and mental health. There is a need to develop a more integrated, holistic approach that may include local healthcare-based practices, such as Naketi and Sumbur (healing traditional rituals). This appears to be possible,

as the Indonesian government policy acknowledges the contributions of local traditional healers and practices and the potential for their integration within overall health systems, as stated in Peraturan Pemerintah Republik Indonesia nomor 103 tahun 2014 tentang pelayanan kesehatan tradisional (JDIH BPK, 2014). The World Health Organization (WHO) has strongly advocated cooperation and mutual understanding between traditional and modern practitioners (World Health Organization, 2018).

Within the framework of indigenous psychology, the local communities have their traditional psychological systems for understanding issues such as poverty, health, and healing practices, which are often based on spirituality or certain healing rituals. They may be different from modern clinical medicine, and even unique, but need to be nurtured, respected, and allowed to integrate within national healthcare systems. For example, Asamoah et al. (2023) conclude that indigenous knowledge, healing systems, and local health care should be integrated with the national system.

Methodologically, the study attempted to place the phenomena, not in objective or subjective terms, but within a received framework of contextualized meanings. Adopting the framework of Merleau-Ponty, the contexts of the social and physical environments could be categorized as physical spaces or phenomena fields (Dahlberg & Dahlberg, 2011). This is consistent with the premise of indigenous psychology which views context as a space. In terms of understanding others, the social and physical environments were not to be considered as a series but rather should be positioned as the main variables. Indigenous psychology and phenomenology take a critical principle position to achieve a balanced perspective, in contrast to mainstream psychology, which often tends to be dominated by views of positivism and interpretations of human behavior as a result of largely cognitive and physiological processes.

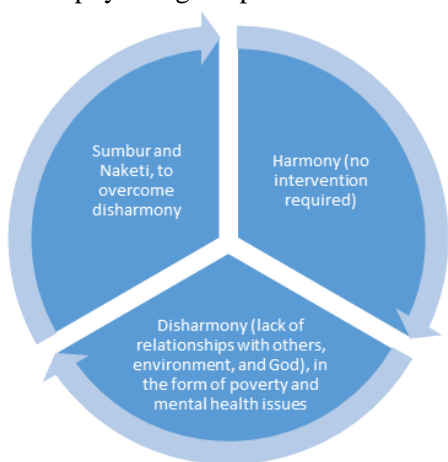


Figure 1. Sociocultural disharmony in the form of poverty and mental health issues

From the perspective of indigenous psychology and phenomenology, mainstream psychology appears inadequate in fully explaining the diversity of human behavior. To gain a deeper understanding of certain phenomena, particularly those experienced by individuals with indigenous lifestyles, practitioners and scientists require an alternative framework to better understand the phenomenon in depth. Vygotsky emphasized that human behavior cannot be limited in terms of the physical environment alone, as learning and development are significantly influenced by culture. In Merleau-Ponty's terms, this perspective recognizes the concept of "being in the world" (Mooney, 2023). In this sense, the world is not merely 'represented' as an object of knowledge from an external standpoint, but rather involves active participation.

The cognitive or representational relation to the world can only exist and make sense as an integral part of "inhabiting" the world. Therefore, the concept of "inhabiting" implies that the world exists independently of participation and extends far beyond any meanings that may emerge (Mooney, 2023). Consequently, phenomenology demonstrates an appreciation for culture, wherein reflection, description, and appreciation emerge as three essential aspects of a phenomenological approach (Chang, 2022).

There were limitations during the study that need to be taken into account. Firstly, it was subject to the normal caveats of phenomenological methods, which focused on the lived experiences of participants in a particular setting. It should be acknowledged that some of the discoveries can not be generalized to other settings and were subject to interpretation. Future uses of the study results in mixed methods approaches examining these topics would seem appropriate. Secondly, it was limited to a village, and specific observations would need to be applied and compared in other places across the broader district level hence any government policy could be more appropriately generalized to other people within the same cultural area (in Timor Tengah Selatan District).

Conclusion

In conclusion, cultural diversity strengthened Indonesia, transforming the country into an open society brimming with a multitude of ideas, perspectives, and innovation. However, the true potential of this multicultural society could only be fully realized when the most marginalized individuals, including those from diverse racial and ethnic backgrounds residing in remote areas and living in poverty, gained access to quality healthcare. This included essential mental health care that catered to their specific well-being needs. Summarizing the main

points, it was evident that perceptions of poverty varied among different generations, and mental health could be understood as a harmonious relationship with God, nature, and the appropriate interaction with other people and communities. Furthermore, poverty could both be a cause and a consequence of mental health problems. To develop a comprehensive understanding of mental health and its association with poverty, adopting an indigenous psychology perspective appeared to be invaluable. This approach recognized culture not only as a psychological phenomenon but also as a social and cultural phenomenon situated within its specific context. Additionally, mental health and poverty were socially constructed by individuals within their interactions with the environment and were influenced by their worldview, which could be shaped by local culture and external factors. Therefore, it was strongly recommended that psychological health services in specialized settings catering to remote indigenous communities prioritize the integration of culture throughout their planning, implementation, and evaluation processes.

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