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Volume	Vol. 21(5) November 2018, page 470–483
ISSN	1367-4676 (Print); 1469-9737 (Online)
DOI	10.1080/13674676.2018.1486811
Authors	<b>Herlina Siwi Widiana</b> , Lenore Manderson, Katrina Simpson
Title	Experiences of depression in Yogyakarta, Indonesia

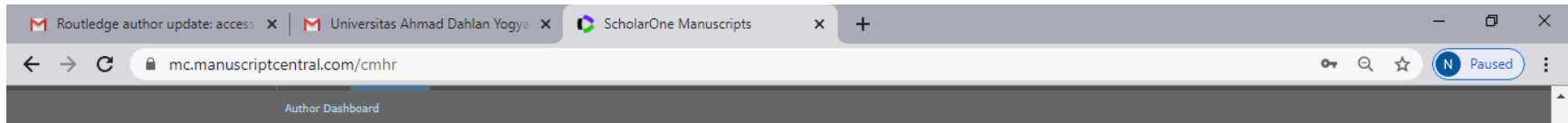
## Email log

The screenshot shows a web browser window with the URL [mc.manuscriptcentral.com/cmhr](https://mc.manuscriptcentral.com/cmhr). The page is the Author Dashboard for the journal 'Mental Health, Religion & Culture'. The user is logged in as Herlina Widiana. The dashboard includes a navigation menu with 'Home', 'Author', and 'Review' options. The 'Author' option is selected, leading to the 'Author Dashboard' page. On the left side, there is a sidebar with several menu items: '3 Manuscripts with Decisions', 'Start New Submission', 'Legacy Instructions', '5 Most Recent E-mails' (which is highlighted), and 'English Language Editing Service'. The main content area is titled '5 Most Recent E-mails' and contains a table of the five most recent emails sent to the user. Below the table is a button labeled 'Remove All Emails from this List'.

ACTION	DATE	SUBJECT
<a href="#">Remove</a>	05-Jun-2018	Mental Health, Religion and Culture
<a href="#">Remove</a>	05-Jun-2018	Mental Health, Religion & Culture - Decision on Manuscript ID CMHR-2017-0142.R2
<a href="#">Remove</a>	04-Jun-2018	Mental Health, Religion & Culture - Manuscript ID CMHR-2017-0142.R2
<a href="#">Remove</a>	04-Jun-2018	Mental Health, Religion & Culture - Manuscript ID CMHR-2017-0142.R2
<a href="#">Remove</a>	04-Jun-2018	Mental Health, Religion & Culture - Decision on Manuscript ID CMHR-2017-0142.R1

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# Manuscript History



**Author Dashboard**

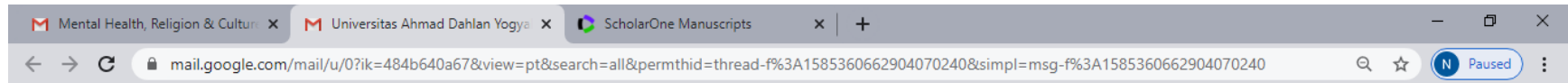
- 3 Manuscripts with Decisions >
- Start New Submission >
- Legacy Instructions >
- 5 Most Recent E-mails >
- English Language Editing Service >

## Manuscripts with Decisions

ACTION	STATUS	ID	TITLE	SUBMITTED	DECISIONED
	EO: <a href="#">Loewenthal, Kate</a>	CMHR-2017-0142.R2	Experiences of Depression in Yogyakarta, Indonesia <i>Files Archived</i>	04-Jun-2018	05-Jun-2018
	<ul style="list-style-type: none"><li>Accept (05-Jun-2018)</li></ul> <p>Archiving completed on 06-Sep-2018 <a href="#">view decision letter</a></p>				
a revision has been submitted (CMHR-2017-0142.R2)	EO: <a href="#">Loewenthal, Kate</a>	CMHR-2017-0142.R1	Experiences of Depression in Yogyakarta, Indonesia <i>Files Archived</i>	03-Jun-2018	04-Jun-2018
	<ul style="list-style-type: none"><li>Minor Revision (04-Jun-2018)</li><li>a revision has been submitted</li></ul> <p>Archiving completed on 06-Sep-2018 <a href="#">view decision letter</a></p>				
a revision has been submitted (CMHR-2017-0142.R1)	EO: <a href="#">Loewenthal, Kate</a>	CMHR-2017-0142	Experiences of Depression in Yogyakarta, Indonesia <i>Files Archived</i>	28-Nov-2017	29-May-2018
	<ul style="list-style-type: none"><li>Minor Revision (29-May-2018)</li><li>a revision has been submitted</li></ul> <p>Archiving completed on 06-Sep-2018 <a href="#">view decision letter</a></p>				

Activate Windows  
Go to Settings to activate Windows.

## Submission initial version (29 November 2017)



UNIVERSITAS  
AHMAD DAHLAN

HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

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### Mental Health, Religion & Culture - Manuscript ID CMHR-2017-0142

1 message

---

Mental Health, Religion & Culture <onbehalfof@manuscriptcentral.com>  
Reply-To: c.loewenthal@rhul.ac.uk  
To: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com

Wed, Nov 29, 2017 at 8:09 AM

28-Nov-2017

Dear Mrs Herlina Widiana:

Your manuscript entitled "Experiences of Depression in Yogyakarta, Indonesia" has been successfully submitted online and is presently being given full consideration for publication in Mental Health, Religion & Culture.

Your manuscript ID is CMHR-2017-0142.

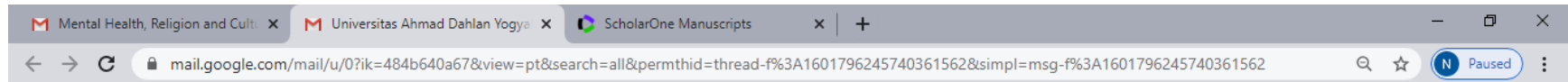
Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to Manuscript Central at <https://mc.manuscriptcentral.com/cmhr> and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Centre after logging in to <https://mc.manuscriptcentral.com/cmhr>.

Thank you for submitting your manuscript to Mental Health, Religion & Culture.

Sincerely,  
Professor Kate Loewenthal, Professor Simon Dein, Professor Christopher Lewis, Professor Kenneth Pargament  
Mental Health, Religion & Culture

## Decision initial version (29 Mei 2018)



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HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

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### Mental Health, Religion and Culture

1 message

---

**Mental Health, Religion & Culture** <onbehalfof@manuscriptcentral.com>  
Reply-To: c.loewenthal@rhul.ac.uk  
To: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com

Tue, May 29, 2018 at 6:05 PM

29-May-2018

CMHR-2017-0142 - Experiences of Depression in Yogyakarta, Indonesia

Dear Mrs Herlina Widiana:

We have just sent you a decision based on one review only, plus editorial reading. We won't wait for any further reviews, this should avoid further delay.

Best wishes  
Professor Kate Loewenthal,

Professor Simon Dein, Professor Christopher Lewis, Professor Kenneth Pargament  
Mental Health, Religion & Culture

## Reviewers' comments on initial manuscript (29 Mei 2018)

ScholarOne Manuscripts - Google Chrome  
mc.manuscriptcentral.com/cmhr?PARAMS=xik\_7hLKHxYuGMizXLaZDhwmSMjk2E57Jni95NnmU1vGhyCsCE2K2VnjGaCn9ov9pR3Yeqms5xbkHvF654RsKEqZYa9QTKaivczXwAwv8yvERGH1ZD7cz7MtsZczTvYIJMi8rFvM...

Reviewer(s)' Comments to Author:  
Reviewer: 1  
Comments to the Author

Experiences of Depression in Yogyakarta, Indonesia  
General Comments

The authors explore how the Javanese describe both their experiences of depression and the language they use to convey that experience, providing us with a better understanding of its presentation. They make a strong argument for the use of local language, terms, idioms, metaphors, proverbs, religious vocabulary, etc. I applaud their emphasis on using these terms to capture a "nuanced" understanding of MH in social context. This cultural sensitivity goes beyond a mere checklist assessment to see diagnosis as a process rather than a fixed category, adding the lived experience of the patient and what is at stake for them.

I think that most readers would want to know more about the social context of the researchers: the extent to which this focus could carry over from the researchers to the PCPs themselves. Could the PCPs also embrace the use of their patients' language in their diagnoses? If so, how could this be communicated by the psychologists to the PCPs?

The authors mention the move by the local government to integrate clinical psychology into primary care. Since there are many ways by which this might be achieved, the authors should more clearly describe their process of integration, e.g., whether it is a collaboration or a co-location within the primary care system. They should also describe the psychologists' relationships with the primary care doctors, and how diagnostic findings or those from this study might best be communicated to them and to the patients.

I also recommend that the findings and conclusions of this study (p.17) should stress that these psychologists are uniquely situated to take physical complaints into account, and thereby contribute to a more nuanced understanding of how health problems interact with mental health. A mention of this would greatly strengthen the argument in the conclusions, especially if they specify what kind of clinic, e.g., MH, health or 'integrated', they are targeting.

Specific comments

p.3 Methods: Clarify how the present study is connected to the larger study to develop a screening tool.

p.4: The reader would benefit from details of the interviewing style; was it ethnographic, more conversational throughout - more open-ended, following the language of the informant? Also, how were the patients invited to describe their experience? The authors indicate that questions came from a Cultural Formulation Interview. Were these questions specifically about depression, mental health symptoms?

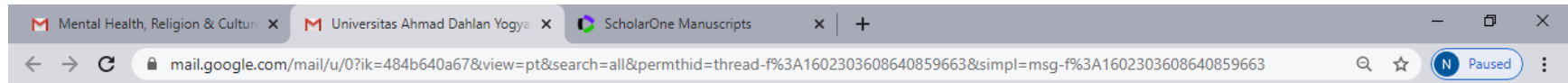
p.8 Emotion: The authors do a particularly good job of placing symptoms experienced in social context, moving beyond checklists to demonstrate how symptoms are tied to specific circumstances, and to religious and spiritual practice.

p.15 Discussion: The authors should make clear whether they are advocating for not relying on screening tools, which are not sufficient for Javanese, or whether this paper continues the focus on creating another screening tool.

p.24: What is the relationship with primary care? How would findings from the study be shared with them? In the process of collaboration? If so, how? What are the implications for psychologists in their unique role to share patient's local language of their experience?

**Date Sent:** 29-May-2018

## Revision 1 (4 Juni 2018)



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AHMAD DAHLAN

HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

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### Mental Health, Religion & Culture - Manuscript ID CMHR-2017-0142.R1

1 message

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Mental Health, Religion & Culture <onbehalfof@manuscriptcentral.com>  
Reply-To: c.loewenthal@rhul.ac.uk  
To: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com

Mon, Jun 4, 2018 at 8:29 AM

03-Jun-2018

Dear Dr Herlina Widiana:

Your manuscript entitled "Experiences of Depression in Yogyakarta, Indonesia" has been successfully submitted online and is presently being given full consideration for publication in Mental Health, Religion & Culture.

Your manuscript ID is CMHR-2017-0142.R1.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to Manuscript Central at <https://mc.manuscriptcentral.com/cmhr> and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Centre after logging in to <https://mc.manuscriptcentral.com/cmhr>.

Thank you for submitting your manuscript to Mental Health, Religion & Culture.

Sincerely,  
Professor Kate Loewenthal, Professor Simon Dein, Professor Christopher Lewis, Professor Kenneth Pargament  
Mental Health, Religion & Culture

## Response to reviewers

COMMENTS	AMENDMENTS TO MANUSCRIPT
<b>Comments from us</b>	Thank you for your letter, the opportunity to amend the article, and extremely helpful comments provided to us by the reviewer. We address specific comments and recommendation below. In addition, as indicated in the version of the article with track changes, we have taken the opportunity when revising this paper to sharpen the writing.
<b>General Comments</b>	
The authors explore how the Javanese describe both their experiences of depression and the language they use to convey that experience, providing us with a better understanding of its presentation. They make a strong argument for the use of local language, terms, idioms, metaphors, proverbs, religious vocabulary, etc. I applaud their emphasis on using these terms to capture a “nuanced” understanding of MH in social context. This cultural sensitivity goes beyond a mere checklist assessment to see diagnosis as a process rather than a fixed category, adding the lived experience of the patient and what is at stake for them.	Thank you.
I think that most readers would want to know more about the social context of the researchers: the extent to which this focus could carry over from the researchers to the PCPs themselves. Could the PCPs also embrace the use of their patients’ language in their diagnoses? If so, how could this be communicated by the psychologists to the PCPs?	We added the following in the Discussion section:  Given the importance of religion to most Javanese, an integrated assessment and treatment program incorporating cultural and religious aspects might be better than an approach based on conventional psychology alone. An interview guide to screen for depression, namely the Indonesian Depression Checklist (IDC), was developed to be used by CPs in PHC settings (Widiana, Simpson, & Manderson, 2018). In the development of the IDC, a list of symptoms was developed from the ethnographic interviews, and these were confirmed by CPs, indicating CPs understanding of how their patients expressed depression.

<p>The authors mention the move by the local government to integrate clinical psychology into primary care. Since there are many ways by which this might be achieved, the authors should more clearly describe their process of integration, e.g., whether it is a collaboration or a co-location within the primary care system. They should also describe the psychologists' relationships with the primary care doctors, and how diagnostic findings or those from this study might best be communicated to them and to the patients.</p>	<p>We have added the following text in the introduction:</p> <p>The integration of clinical psychological and medical services in the PHCs includes their co-location in the PHCs. This co-location stimulates referral and encourages communication between the clinical psychologist and other medical staff, in particular the GPs (Widiana, Manderson, &amp; Simpson, 2018a).</p>
<p>I also recommend that the findings and conclusions of this study (p.17) should stress that these psychologists are uniquely situated to take physical complaints into account, and thereby contribute to a more nuanced understanding of how health problems interact with mental health. A mention of this would greatly strengthen the argument in the conclusions, especially if they specify what kind of clinic, e.g., MH, health or 'integrated', they are targeting.</p>	<p>Thank you.</p> <p>We have edited in Conclusion section as follows:</p> <p>Participants' experiences and expressions of depression vary. These include emotional responses to mood, self-isolation, rumination, suicidal ideation, physical complaints, and a loss of interest in religious activities. Understanding physical symptoms of depression, as described by the participants, might enhance awareness of the possibility that people who present to the PHCs with physical complaints have depression. Physical symptoms reported in this study emphasize the relationship between bodily discomfort and disturbed mood and distress in PHC settings. We have highlighted that while many symptoms of depression among presenting patients are common and universal, other features are distinctive, especially those related to loss of interest in religious activities. A depression screening tool that includes questions on religious activities might be used in screening. We suggest that an integrative approach combining religious support and counseling with psychological and medical treatments might work best for Javanese. In this study area, the co-location of psychological and medical services within the PHC provide an opportunity for CPs to communicate how patients describe and explain their depression, in the local term used by patients, to other health providers.</p>



Specific comments	
p.3 Methods: Clarify how the present study is connected to the larger study to develop a screening tool.	<p>We added the following text in the Method section:</p> <p>The research we report here was a component of a larger study designed to develop a locally appropriate screening tool. Ethnographic interviews were conducted in the first stage of the larger study, from September to November 2014 in the Yogyakarta City and the Sleman District, Special Region of Yogyakarta, Indonesia. Data on the experiences of depression, presented in this article, were used as the basis for the development of a depression measure.</p>
p.4: The reader would benefit from details of the interviewing style; was it ethnographic, more conversational throughout – more open-ended, following the language of the informant? Also, how were the patients invited to describe their experience? The authors indicate that questions came from a Cultural Formulation Interview. Were these questions specifically about depression, mental health symptoms?	<p>We added as follows:</p> <p>The ethnographic interviews started with a casual conversation related to the daily activities of the participant, conducted either in Javanese or Indonesian, or a mix of both, depending on participant’s preference. Only two out of 20 participants chose the Javanese language.</p> <p>Following this introductory phase, questions were asked which derived from the Cultural Formulation Interview (CFI) (APA, 2013), with probing to gain a deeper understanding of particular responses. The CFI is a tool that was developed by the DSM-5 cultural issues subgroup to assist in diagnosis of people who have mental health problems that may be impacted by cultural factors (Worcester, 2013). The CFI includes questions in four domains: cultural definition of the illness; cultural perception of cause, context, and support; cultural factors affecting previous help-seeking and coping; and cultural factors affecting current help-seeking (APA, 2013). Eight additional questions that allowed further insight into Javanese patients’ explanatory models of illness were drawn from the supplementary module 1 of the CFI.</p>
p.8 Emotion: The authors do a particularly good job of placing symptoms experienced in social context, moving beyond checklists to demonstrate	Thank you.

<p>how symptoms are tied to specific circumstances, and to religious and spiritual practice.</p>	
<p>p.15 Discussion: The authors should make clear whether they are advocating for not relying on screening tools, which are not sufficient for Javanese, or whether this paper continues the focus on creating another screening tool.</p>	<p>We are advocating the use of a modified Indonesian screen tool, as limits to patient-CP counseling time preclude reliance only on clinical interaction, and we believe a screening tool to be useful.</p> <p>We have added text in the penultimate and last paragraphs of the Discussion section as follows:</p> <p>The ways in which people speak about depression, including through their use of specific idioms and metaphors, could be used in counseling and therapy, with clinicians exploring these expressions and using them as a communication bridge (Tay, 2012). Moreover clinicians may create metaphors as a way for their clients to cope with distressing problems (McMullen et al., 2008). The common presentation with physical symptoms needs to be included in this context. Because of the limits to time in clinical encounters, and the utility of screening tools in general, we advocate the use of a modified Indonesian screen tool.</p> <p>Given the importance of religion to most Javanese, integrated assessment and treatment program incorporating cultural and religious aspects might be better than an approach based on conventional psychology alone. An interview guide to screen for depression, namely the Indonesian Depression Checklist (IDC), was developed to be used by CPs in PHC settings (Widiana, Simpson, &amp; Manderson, 2018). In the development of the IDC, a list of symptoms was developed from the ethnographic interviews, and these were confirmed by CPs, indicating CPs' understanding of how their patients expressed depression.</p>
<p>p.24: What is the relationship with primary care? How would findings from the study be shared with them? In the process of collaboration? If so, how? What are the implications for psychologists in</p>	<p>We have addressed the relationship of psychologists with primary care in the earlier section of the paper, when we describe the introduction of clinical psychologists into centers in the study area. Building on this, we have amended the Conclusion section as follows:</p>

<p>their unique role to share patient's local language of their experience?</p>	<p>Participants' experiences and expressions of depression vary. These include emotional responses to mood, self-isolation, rumination, suicidal ideation, physical complaints, and a loss of interest in religious activities. Understanding physical symptoms of depression, as described by the participants, might enhance awareness of the possibility that people who present to the PHCs with physical complaints have depression. Physical symptoms reported in this study emphasize the relationship between bodily discomfort and disturbed mood and distress in PHC settings. We have highlighted that while many symptoms are common and universal, other features are distinctive, especially those related to loss of interest in religious activities. A depression screening tool that includes question on religious activities might be used in screening. We suggest that an integrative approach combining religious support and counseling with psychological and medical treatments might work best for Javanese. In this study area, the co-location of psychological and medical services within the PHC provide an opportunity for CPs to communicate how patients describe and explain their depression, in the local terms used by patients, to other health providers.</p>
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## Decision Revision 1 (5 Juni 2018)

Mental Health, Religion & Culture x Universitas Ahmad Dahlan Yogya x ScholarOne Manuscripts x +

mail.google.com/mail/u/0?ik=484b640a678&view=pt&search=all&permthid=thread-f%3A1602374354890335654&siml=msg-f%3A1602374354890335654&siml=... Paused

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HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

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**Mental Health, Religion & Culture - Decision on Manuscript ID CMHR-2017-0142.R1**  
3 messages

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Mental Health, Religion & Culture <onbehalf@manuscriptcentral.com> Tue, Jun 5, 2018 at 3:14 AM  
Reply-To: c.loewenthal@rhul.ac.uk  
To: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com

04-Jun-2018

Dear Dr Herlina Widiana:

Manuscript ID CMHR-2017-0142.R1 entitled "Experiences of Depression in Yogyakarta, Indonesia" which you submitted to Mental Health, Religion & Culture, has been received.

We would like to go ahead with publication, but please could you add an abstract to your article and resubmit with this minor change.

To submit the revision, log into <https://mc.manuscriptcentral.com/cmhr> and enter your Author Centre, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision."

Alternatively, your revised manuscript can be resubmitted by way of the following link: \*\*\* PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. \*\*\*

[https://mc.manuscriptcentral.com/cmhr?URL\\_MASK=a7bf2252b0ca4774855734cdb5de8218](https://mc.manuscriptcentral.com/cmhr?URL_MASK=a7bf2252b0ca4774855734cdb5de8218)

Your manuscript number has been appended to denote a revision.

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Sincerely, with best wishes  
Professor Kate Loewenthal, Professor Simon Dein, Professor Christopher Lewis, Professor Kenneth Pargament  
Mental Health, Religion & Culture

## Revision 2 (5 Juni 2018)

The screenshot shows a Gmail inbox with an email from 'Mental Health, Religion & Culture' (on behalf of manuscriptcentral.com) dated June 5, 2018. The email subject is 'Mental Health, Religion & Culture - Manuscript ID CMHR-2017-0142.R2'. The body of the email contains the following text:

Dear Dr Herlina Widiana:

Your manuscript entitled "Experiences of Depression in Yogyakarta, Indonesia" has been successfully submitted online and is presently being given full consideration for publication in **Mental Health, Religion & Culture**.

Your manuscript ID is CMHR-2017-0142.R2.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to Manuscript Central at <https://mc.manuscriptcentral.com/cmhr> and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Centre after logging in to <https://mc.manuscriptcentral.com/cmhr>.

Thank you for submitting your manuscript to **Mental Health, Religion & Culture**.

Sincerely,  
Professor Kate Loewenthal, Professor Simon Dein, Professor Christopher Lewis, Professor Kenneth Pargament  
**Mental Health, Religion & Culture**

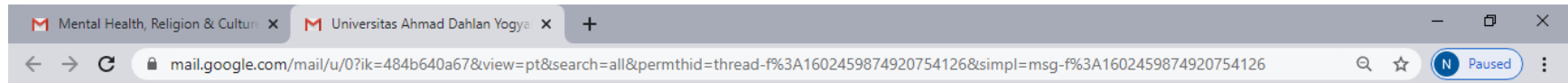
## **Response to the editor (5 Juni 2018)**

Below is the abstract of the manuscript

### **Abstract**

People from different cultural settings may differ in their presentation with depression. Exploration of experiences were assessed through interviews with Javanese adults aged from 18 to 55 years in Yogyakarta, Indonesia, who had mild to moderate depression. Five themes emerged from the interviews as characteristic of Javanese experiences of depression: internalized and externalized emotions, loss of interest in social and religious activities, disturbance in cognition, the presence of physical symptoms, and suicidal ideation. Javanese respondents used particular terms to explain their depression. Attending to how people's expression and experiences of their depression might enhance the capacity of clinicians to understand cultural variation, in order to respond appropriately to their clients.

## Final Decision (6 Juni 2018)



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HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

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### Mental Health, Religion & Culture - Decision on Manuscript ID CMHR-2017-0142.R2

1 message

Mental Health, Religion & Culture <onbehalfof@manuscriptcentral.com>  
Reply-To: c.loewenthal@rhul.ac.uk  
To: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com

Wed, Jun 6, 2018 at 1:53 AM

05-Jun-2018

Dear Dr Herlina Widiana:

Ref: Experiences of Depression in Yogyakarta, Indonesia

We are pleased to accept your paper in its current form which will now be forwarded to the publisher for copy editing and typesetting.

You will receive proofs for checking, and instructions for transfer of copyright in due course.

The publisher also requests that proofs are checked and returned within 48 hours of receipt.

Thank you for your contribution to Mental Health, Religion & Culture and we look forward to receiving further submissions from you.

Sincerely, with our best wishes  
Professor Kate Loewenthal, Professor Simon Dein, Professor Christopher Lewis, Professor Kenneth Pargament  
Mental Health, Religion & Culture

## Page Proof (14 Juni 2018)

Universitas Ahmad Dahlan Yogyakarta

mail.google.com/mail/u/0?ik=484b640a678&view=pt&search=all&permthid=thread-f%3A1603222943837615094&simpl=msg-f%3A1603222943837615094&simpl=...

UNIVERSITAS AHMAD DAHLAN

HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

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**Your article proofs for review (ID# CMHR 1486811)**  
3 messages

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CMHR-production@journals.tandf.co.uk <cats@taylorandfrancis.com> Thu, Jun 14, 2018 at 12:02 PM  
Reply-To: CMHR-production@journals.tandf.co.uk  
To: herlina.widiana@psy.uad.ac.id

Article: Experiences of Depression in Yogyakarta, Indonesia  
Journal: *Mental Health, Religion & Culture* (CMHR)  
Article ID: CMHR 1486811

Dear Herlina Widiana,

Your article proofs are now available for review through the Central Article Tracking System (CATS) at: <https://cats.informa.com/PTS/in?ut=269569E510C34D21AA9DA4EDF4B4618D>.

PLEASE NOTE: The CATS system only supports Internet Explorer 6 (and later), or Firefox 3 (and later) browser software. Popup blockers should be disabled. If you have any difficulty using CATS, please contact me.

- Your User Name is: WIDIANH
- If you do not know your password, you may reset it here: <http://cats.informa.com/PTS/forgottenPassword.do>

1. Click on 'Review Proofs'.
2. Select 'Download PDF'.
3. Follow the guidance on the proof cover sheet to return your corrections. Please limit changes to answering any author queries and to correcting errors. We would not expect to receive more than 30 corrections.

Please check your proofs thoroughly before submitting your corrections as once they have been submitted we are unable to accept further corrections. If you have any queries, please email me.

To avoid delaying publication of your article, please approve these proofs or return any corrections by 21 Jun 2018.

Reprint and issue orders may be placed by logging in to your CATS account and accessing the order form on the "Additional Actions" menu. If you have any questions on this process, please contact me or visit our author services site <https://authorservices.taylorandfrancis.com/ordering-print-copies-of-your-article/>

- The DOI of your paper is: 10.1080/13674676.2018.1486811. Once your article has published online, it will be available at the following permanent link: <https://doi.org/10.1080/13674676.2018.1486811>.

Thank you,  
Saturn Armario  
Taylor & Francis

Activate Windows  
Go to Settings to activate Windows.



## Editor Queries (13 Juli 2018)

CMHR 1486811: Editor Queries # TrackingId:1474025  
3 messages

CMHR-production@journals.tandf.co.uk <CMHR-production@journals.tandf.co.uk>  
To: herlina.widiana@psy.uad.ac.id

Fri, Jul 13, 2018 at 8:40 PM

Dear Dr. Widiana,

I hope this email finds you well today.

The academic editor has raised the following queries regarding your paper:

1. P.1, in the abstract, the number of participants should be included.

**ABSTRACT**  
People from different cultural settings may differ in their presentation with depression. Exploration of experiences was assessed through interviews with Javanese adults aged from 18 to 55 years in Yogyakarta, Indonesia, who had mild to moderate depression. Five themes emerged from the interviews as characteristic of Javanese experiences of depression: internalised and externalised emotions, loss of interest in social and religious activities, disturbance in cognition, the presence of physical symptoms, and suicidal ideation. Javanese respondents used particular terms to explain their depression. Attending to how people's expression and experiences of their depression might enhance the capacity of clinicians to understand cultural variation, in order to respond appropriately to their clients.

2. P.2, paragraph 3, line 13, what does "self-inventory" refer to?

when a GP has eliminated other causes for pain. However, when a patient is referred on to a clinical psychologist located in the PHC, he or she uses the Beck Depression Inventory (BDI) either as a **self-inventory** or as an interview guide (Widiana, Manderson, et al., 2018), to screen for depression. The BDI does not include physical complaints, but in addition,

Please provide the answers to the queries above and I'll do the revision for you.  
Thank you and I look forward to hearing from you.  
Best regards,

Saturn Armario  
Production Editor

Activate Windows  
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## Publication Notification (7 Desember 2018)

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