

Online Discussion as a Supportive Space for Single Adults: A Pilot Study

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ABSTRACT

Singles in Indonesia face persistent social stigma and marital pressure that can undermine their psychological well-being, yet targeted interventions to support this population remain scarce. This pilot study aimed to evaluate the effectiveness of a structured online discussion intervention in increasing resilience among single adults in Indonesia. A one-group pre-test-post-test experimental design was employed. Fourteen unmarried participants who were not currently in a romantic relationship took part in two online discussion sessions conducted via Zoom. Resilience was measured before and after the intervention using the nine-item Connor-Davidson Resilience Scale (CD-RISC; $\alpha=0.837$). Data were analyzed using the Wilcoxon signed-rank test. Results indicated a statistically significant increase in resilience following the intervention ($Z = -2.132, p = .035$), with mean scores rising from 33.71 ($SD=5.25$) at pre-test to 36.14 ($SD=4.56$) at post-test, and a large effect size ($r=.67$). Participants reported feeling less isolated through peer support and gained a broader awareness of diverse social values, both of which appeared to facilitate resilience gains. These findings extend the evidence base for internet-based resilience interventions to a previously underserved population and suggest that online discussion formats offer an accessible approach to support the psychological well-being of singles facing social stigma. Future research should replicate these findings using larger sample sizes and randomized controlled designs..

Keywords: Internet-based Intervention, Online Discussion, Resilience, Singlehood

1. INTRODUCTION

A person is considered single when they are not in a marital or committed relationship. The prevalence of single status in Indonesia has increased over time. Data from the Central Bureau of Statistics indicate that in 2010, 3.8% of women aged 35-39 were single, compared to 1.4% in 1970 and 3.5% in 2000 (Badan Pusat Statistik, 2010; Himawan et al., 2017). Concurrently, the average age of marriage has risen, with women marrying at 22.3 years and men at 25.7 years in 2010, compared to 19 and 23 years respectively in 1970 (Himawan et al., 2017). Remaining single or never marrying is particularly common among younger adults and has been associated with higher educational attainment, urban residence, and socioeconomic factors (Bradshaw et al., 2025). In Indonesian society, where marriage is deeply embedded as a cultural and religious norm, remaining single is frequently perceived as a deviation from the expected life pathways (Himawan et al., 2022; Umamy & Siregar, 2025).

Singles are frequently stereotyped as lonely, unhappy, unattractive, and selfish (DePaulo & Morris, 2006; Greitemeyer, 2009). Research across diverse cultural contexts documents that unmarried individuals face pervasive negative stereotypes, social pressure, and derogatory commentary that generate significant psychological distress (Antwi, 2023; Nanik et al., 2022). In certain social contexts, single status is also incorrectly conflated with homosexuality (Himawan et al., 2018). Such pervasive negative stigma is widespread across social interactions

and media discourse, reinforcing societal biases against single people. This stigma frequently manifests as ridicule, insults, teasing, and jokes aimed at marginalizing individuals without partners (Sudarsono, 2017).

The psychological impact of such stigma can be significant. Negative stereotyping lowers the psychological well-being of single women, with fear of being single acting as a significant mediating mechanism (Nanik et al., 2022). Individuals subjected to such ridicule often experience discomfort and fear of being single, which may lead them to pursue relationships primarily to escape social pressure rather than on the basis of genuine compatibility or relationship quality (Septiana & Syafiq, 2013; Spielmann et al., 2013). This pattern is further reinforced by relationship-pedestal beliefs, the tendency to idealize romantic partnerships as necessary for happiness, which compounds the fear of being single and is associated with lower daily life satisfaction (Dennett & Girme, 2024). Conversely, research suggests that singles who cultivate alternative sources of well-being, such as friendships, family relationships, and self-esteem, can achieve comparable levels of life satisfaction to coupled individuals (Walsh et al., 2022). These findings underscore the importance of addressing not only external stigma but also the internalized beliefs that shape single individuals' psychological experiences.

Resilience, defined as the ability to adapt to and cope with stress (Connor & Davidson, 2003), is essential for single individuals to manage societal pressures and stigma effectively. Resilient individuals can withstand and recover from adversity, maintaining psychological well-being despite external challenges (Hendriani, 2018). Studies in the Indonesian context have begun documenting resilience processes specific to unmarried adults. Qualitative research with early adult women found that interpersonal disclosure, competence, and positive reappraisal were key resilience mechanisms when coping with social pressure regarding marriage timing (Suryani, 2023), while further work has shown that economic and emotional independence, along with family support, serves as a protective factor for the psychological stability of unmarried women (Umamy & Siregar, 2025).

Despite the growing number of singles and the associated social challenges, there is a lack of targeted interventions to enhance their resilience. Online interventions have been effective in improving resilience and mental health (Herrero et al., 2019; Sander et al., 2016). A recent meta-analysis of 101 randomized controlled trials involving over 20,000 participants found that digital interventions produced small but significant improvements in mental distress, positive mental health, and resilience, with effect sizes comparable to face-to-face formats (Schäfer et al., 2024). Further evidence indicates that synchronous online formats may yield stronger reductions in depression and greater improvements in emotional regulation compared to asynchronous delivery (Hechanova et al., 2023).

Internet-based approaches offer accessible and scalable means to support individuals facing psychological stressors. Therefore, this study aimed to evaluate the effectiveness of a structured online discussion intervention in enhancing resilience among singles in Indonesia. By providing a facilitated space for real-time peer support and shared experiences, this

approach addresses both the external pressures imposed by social stigma and the internal psychological processes that shape how singles cope with their status. This study seeks to contribute to the growing body of evidence for accessible, culturally informed resilience interventions targeting underserved populations.

2. METHODS

2.1. Research Design

This study employed a one group pre-test post-test experimental design, in which data were collected from a single group of participants before and after an intervention (Neuman, 2017). The intervention consisted of two online discussion sessions conducted via the Zoom platform.

2.2. Participants

The participants were 14 unmarried adults who were not currently in a romantic relationship. They were recruited from multiple regions across Indonesia, including Jakarta, Banten, Central Java, Yogyakarta, and East Java. The inclusion criteria required that participants have sufficient internet access for participation in online discussions and provide voluntary consent to take part in the study.

2.3. Data Collection

Resilience was measured using the Connor-Davidson Resilience Scale (CD-RISC), 10-item version, developed by Campbell-Sills and Stein (2007). The scale employs a five-point Likert response format and was translated into Indonesian by the researchers. Prior to the main study, an item discrimination analysis was conducted on a preliminary sample of 52 participants. One item was identified as having low discriminatory power and was subsequently excluded, yielding a final instrument of nine items. The internal consistency of the nine-item version was acceptable, with a Cronbach's alpha of 0.837. The scale was administered twice, immediately before (pre-test) and immediately after (post-test) the intervention.

2.4. Intervention

The intervention was designed to provide participants with information about the experience of being single in Indonesia, with the aim of equipping them with coping strategies to manage stressors related to the stigma. Discussion sessions also served as a space for participants to share their personal experiences and perspectives, fostering mutual support and encouragement. It was anticipated that through this exchange, participants would feel empowered to navigate the challenges associated with their single status and develop a more positive orientation toward their lives. The sessions were conducted entirely online via Zoom, with no face-to-face contact. The intervention model was adapted from an internet-based resilience framework described by Herrero et al. (2019), with thematic materials simplified to serve as prompts for open dialogue and experiential sharing among the participants.

The intervention was implemented in four stages. In the first stage, the researchers distributed an open online survey via social media to recruit participants. The survey collected

demographic information and included the CD-RISC scale, the responses to which constituted pre-test data. At the end of the survey, respondents were invited to join a scheduled online discussion. Those who expressed interest were asked to provide their WhatsApp contact information. A total of 52 individuals completed the survey, of whom 20 indicated their willingness to participate in online discussions.

Table 1. Online Discussion Process

Session	Duration	Material	Media
Pre	10 minutes	Informed consent dan pre-test	▪ e-form
Session 1	10 minutes	▪ Introduction and explanation of the activity process	▪ Zoom
	5 minutes	▪ The phenomenon of being single, community values and stigma	▪ Slides
	5 minutes	▪ Overcoming obstacles, mindfulness dan self-compassion materials	
	90 minutes	▪ Discussion and Sharing	
	10 minutes	▪ Closing	
Session 2	10 minutes	▪ Opening and session 1 review	▪ Zoom
	5 minutes	▪ Purpose in life and personal growth material	▪ Slides
	5 minutes	▪ Autonomy: building my way, connecting to others material	
	90 minutes	▪ Discussion and Sharing	
	10 minutes	▪ Closing and giving post-test link	
Post	10 minutes	Evaluation form for the implementation of activities and post-test	▪ e-form

In the second stage, the researchers contacted all 20 prospective participants to provide a detailed description of the discussion format and present the informed consent documentation. The consent form outlined the study objectives, data confidentiality procedures, and the participants' rights. Two of the 20 individuals did not respond to the researcher's communications and were therefore excluded. The remaining 18 participants who confirmed their willingness to participate were added to a WhatsApp group for coordination and further information.

In the third stage, the researchers provided the participants with a complete overview of the discussion sessions, including procedural guidelines and implementation schedules. The session timing was determined collaboratively. Once the schedule was confirmed, the Zoom meeting ID and password were distributed to the participants in advance of each session.

In the fourth stage, online discussion sessions were held over two separate days. Of the 18 registered participants, four were unable to attend either session, resulting in a final sample of 14 participants who completed the intervention. Upon completion of the discussion sessions,

participants were asked to complete the post-test CD-RISC scale and an activity evaluation form. Post-test scale responses were used to assess pre-to-post changes in the resilience. The evaluation form responses captured the participants' subjective appraisals of the discussions and served as qualitative data to contextualize and support the interpretation of the quantitative results.

2.5. Data Analysis

Pre-test and post-test resilience scores were compared using the Wilcoxon signed-rank test. This non-parametric test was selected as a conservative alternative to the paired-samples parametric analysis, given the relatively small sample size. All statistical analyses were performed using JASP (version 0.98.1) software for Windows.

2.6. Research Ethics

Prior to participation, all participants were required to review and submit an informed consent form. The form outlined the objectives and procedures of the study, participants' rights, and the researchers' responsibilities, including commitments to data confidentiality and the voluntary nature of participation. Consent was obtained through an online form, with agreement documented by submitting personal data and a completed checklist of consent statements.

3. RESULTS AND DISCUSSIONS

A Wilcoxon signed-rank test was conducted to compare the participants' resilience before and after the intervention. The results revealed a statistically significant increase in resilience following the intervention ($Z=-2.132$, $p=.035$). The mean resilience score increased from 33.71 ($SD=5.25$) at pre-test to 36.14 ($SD=4.56$) at post-test, indicating that participants demonstrated higher resilience after completing the intervention. The practical significance of this change was substantial, as evidenced by a rank-biserial correlation of $r=.67$, which reflected a large effect size. These findings indicate that participation in online discussions is associated with a meaningful improvement in resilience among single adults.

The results of this study provide evidence that a structured online discussion intervention can significantly increase resilience among single individuals in Indonesia. This finding is consistent with a growing body of literature demonstrating the effectiveness of internet-based programs for improving resilience and mental health outcomes (Herrero et al., 2019; Sander et al., 2016). A recent meta-analysis confirmed that digital interventions produce significant improvements in resilience and mental distress, with effect sizes comparable to face-to-face interventions (Schäfer et al., 2024). The large effect size ($r=.67$) in the present study aligns with findings from group-facilitated internet-based programs that have effects on well-being and resilience (Fassnacht et al., 2022). Online interventions have also been demonstrated to support well-being and prevent mental health problems (Baños et al., 2017; Sander et al., 2016), and online resilience support groups have yielded significant improvements in adaptive coping and psychological well-being in community samples (Hechanova et al., 2022).

A key mechanism underlying the observed improvement was the participants' reported experience of feeling less alone. Participants became aware that others shared similar conditions and challenges with them. Analyses of web-based mental health communities have identified belonging and peer learning as the most consistent foundations of social capital and adaptive capacity in online forums (Kang et al., 2022). Qualitative research on online peer support forums similarly confirms that shared narratives and information exchange reduce isolation and generate connections that sustain coping (Carlisle et al., 2024). Peer support enables more effective adaptation to challenges (Ai & Hu, 2016; Raisa & Ediati, 2016), and social connectedness with others in similar circumstances is a recognized source of personal resilience (Olsson et al., 2003).

The participants also reported increased confidence in their ability to face future challenges. The exchange of information and coping strategies during online discussions fostered greater self-efficacy among participants. This is consistent with research showing that group-facilitated internet-based interventions produce meaningful gains in self-efficacy alongside resilience (Fassnacht et al., 2022), and that online peer forums promote self-efficacy through shared information and lived experiences (Carlisle et al., 2024). Community-based provision of coping information has consistently been identified as a source of enhanced resilience (Everall et al., 2006), and constructive appraisal of one's own capacities equips individuals to approach future adversity with greater readiness (Aziz & Noviekayati, 2016; Rahmasari et al., 2014).

A further mechanism involves broadening perspectives on values and social expectations. Through discussions, participants encountered diverse viewpoints on family, workplace, and societal norms, and many recognized that personal values need not conform to the dominant social standards. This cognitive reframing is a well-established psychosocial pathway to resilience (Iacoviello & Charney, 2014). Keeping a consistent value system while viewing external pressure in a flexible way helps adapt to stigma and social challenges. The ability to appraise situations from a balanced perspective has been consistently linked to better adaptation (Olsson et al., 2003), and the capacity to hold multiple perspectives simultaneously fosters psychological flexibility and resilience in the face of socially demanding conditions (Danyliuk & Serdiuk, 2023).

The findings must be interpreted in the context of several limitations of this study. First, the small sample size necessitated non-parametric analysis, which limited the statistical power and generalizability of the findings. Future studies should employ larger samples to allow parametric analyses and more robust inferences. Second, the absence of a control group means that the observed improvements cannot be exclusively attributed to the intervention, as maturation or expectancy effects cannot be ruled out. Randomized controlled designs with active or waitlist control conditions are needed to establish causal efficacy. Future research should also examine whether the effects are sustained over time and whether the intervention is applicable across diverse cultural and socioeconomic backgrounds.

4. CONCLUSION

Based on the findings of this study, it can be concluded that online discussions with single adults can significantly increase their resilience levels. Through the discussion sessions, participants gained support from others who shared similar experiences and reduced their sense of isolation. Participants also developed a greater awareness that the values held by society do not always align with their own personal values, enabling a more balanced appraisal of their circumstances. Theoretically, these findings extend the evidence base for internet-based resilience interventions to a specific yet underserved population and highlight peer support and value reframing as meaningful mechanisms of resilience change in this group. Practically, online discussions offer an accessible and scalable approach to support the psychological well-being of singles in Indonesia. Future research should involve a larger sample and a control group to allow for stronger generalization and more rigorous comparisons between participants who received the intervention and those who did not.

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