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[ISLAMIC PERSPECTIVE OF HEALING THE POST TRAUMATIC STRESS DISORDER (PTSD) ON STREET CHILDREN]

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Abstract

Street children with PTSD need an intervention that integrates socio-spiritual approaches to psychotherapy methods. Problem Statement There is a need to provide the basic framework for the elaboration of a new structured intervention of Islamic psychotherapy. Therefore, an exploration of basic and comprehensive information about an Islamic approach that has become a phenomenon in Indonesian society is crucial. Methodology Using an exploratory, descriptive, analytical, and explanatory qualitative approach, this study was conducted in an Institution of Perlindungan Perempuan Anak (PPA) Mataram Nusa Tenggara Barat Indonesia. It made observations of the caregivers, the children with PTSD, and the treatment interventions implemented. A semi-structured interview guide applied to three caregivers of the children with PTSD. Additional data collection tools include interview guide, camera, videos, and observation as it used field notes for the study. Results: The caregivers give therapy to children with the traditional Islamic approach, as maintaining Dzikir, Wudhu, and Sholat when they are in good circumstances. Likewise, relaxation with slow breath and dhikr when they are in anxiety or panic attack. Also, they focus on the fresh sensation of the ablution water and every single step of the ablution. Meanwhile, the child's mental state is relatively stable, as evidenced by the children's ability to manage their daily activities well and to provide minimal self-help during anxiety attacks. Conclusions: The Islamic tradition could be elaborated on and used for therapeutic children with PTSD through daily exercises and care by caregivers.

Keywords: PTSD, Children, Caregivers, Islamic Approach.

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INTRODUCTION

In Indonesia, street children suffering from post-traumatic stress disorder are therapeutic with numerous psychological interventions (Susanty et al., 2021). Therefore, the implementation of these interventions is particularly difficult due to the lack of treatment adapted to the local

context and the shame of mental illness (Soto et al., 2018). At the same time, spiritual or religious approaches are preferred (Hwang et al., 2011). Indonesian street children need an intervention that integrates these socio-spiritual approaches into psychotherapy methods. Before there is unification of the two paradigms, research on basic and comprehensive information on an Islamic approach to healing PTSD is needed.

Street Children in Indonesia and Post Traumatic Stress Disorder (PTSD)

Street children are a rapidly growing socio-educational challenge affecting both the developing and developed nations of the world. These children are at risk of physical, emotional, social and cognitive injury and therefore need intervention. The problem is also a finite cycle because as these children grow up, there will be individual uneducated adults with damaged psyches who oppress other helpless and innocent children. All this means that without early intervention, today's street children will be unpredictable and dangerous tomorrow (Zhang et al., 2015). In Indonesia, street children are at risk in rehabilitation centers where both non-governmental and governmental organizations work hand in hand to treat PTSD as one of the children's mental health problems. Such methods, Child and Family Traumatic Stress Intervention (CFTSI), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR) and Group Delivered-Cognitive Behavioural Therapy (GD-CBT) and also a number of other approaches have been offered. (Demartoto, 2012) (Susanty et al., 2021). Street children are particularly vulnerable to PTSD (Osofsky, 1999). There is some evidence that the risk of PTSD in children, as in adults, increases with proximity to trauma and previous trauma exposure, and (due to biological and/or sociocultural factors) may be greater in girls than in boys (see 31 for a review). In addition, trauma-related parental stress increases children's risk of developing PTSD because it impairs the parent's ability to create a climate of safety and security after the trauma and to emotionally contain the child's fear and anxiety (Di Blasio et al., 2011).

Caregivers understanding to Children with PTSD

Literally, caregiver, described as a person who provides direct care (as for children, the elderly, or the chronically ill). (Merriam-Webster. (n.d.). In relation to caring for traumatized children, Banyard notes that "caregivers, in the broadest sense, are a variety of people, including extended family members and foster and adoptive parents, who assume the parental role in relation to the traumatized child" (Banyard et al., 2001). In particular, when parenting a traumatized child, caregivers play an important role in supporting children and the tenth child in recovering from a traumatic event. Children who have experienced traumatic events need to feel safe and loved. All caregivers want to provide this kind of nurturing environment for their children. In literary terms, positive parental support serves as a protective factor. (Masten et al., 1999; Pynoos, 1993; Wyman et al., 1999). However, if caregivers lack understanding of the impact of trauma, they may misinterpret their child's behavior and end up frustrated or angry. Their attempts to address troubling behaviors may be ineffective or even harmful in some cases. Caregivers of traumatized children are themselves at increased risk of stress (Appleyard & Osofsky, 2003).

At the same time, these caregivers are in a unique position to support and promote the

child's recovery from trauma (Banyard et al., 2001). The most important thing in being an effective caregiver for traumatized children is knowledge and awareness. Sullivan, Murray and Ake (2016) state, "An essential but often overlooked component to promoting trauma-informed care in the child welfare system is training and empowering foster, adoptive and kinship caregivers (resource parents) with a trauma-informed perspective that they can use in both parenting and advocating for services for their child (p.147)." Primary resources provide a crucial loop to services and a support relationship that can help ward off the effects of traumatic stress (Shonkoff & Garner, 2012) (Strolin-Goltzman et al., 2018). Works on child psychopathology and community violence suggest that parents' or caregivers' lack of communication with children and unawareness of children's experiences of violence increases the likelihood of negative sequel in children and youth (Borisova et al., 2013). Caregivers are thus influenced by information from many sources, including family members as well as parenting education courses and internet surfing. Studies show that information is most effective when it comes at the precise time that caregivers need it to understand their own children or the children in their care (Russin & Ferrell, 2020). The more caregivers learn about how traumatic events affect their children, the better they understand the reasons for their children's behavior and emotions, and the better prepared they are to help them cope. (Silovsky et al., 2019). When children know that caring adults are committed to their safety and support them in understanding their responses to trauma, most are able to recover and lead healthy and productive lives (Shepherd-Banigan et al., 2018). Caregivers are held responsible for trauma healing in children. The phenomenon of Islamic healing as an intervention for children with PTSD also places caregivers in an important role as responsible for the care of children. Caregivers need to understand PTSD symptoms in children and the risks and factors involved. Caregivers certainly also have a religious viewpoint behind every action they take when dealing with children with PTSD.

The benefits of the specific technique used by caregivers to help children with PTSD manage their symptom.

A traumatic event, a problematic life situation and some other developmental factor cause children to engage in some kind of salient unhealthy practises. They struggle to survive with the resources available to them, but children need support and care from parents, families, carers or the attention of those who care for them. Somehow, those assisting the children need to acknowledge the children's feelings and perspective before providing further assistance (Theiss, 2018). It is important that parents and carers are informed, recognise the signs of stress reactions and learn how best to help teenagers and children cope mentally and emotionally. Spiritual support for children after a traumatic event should include being open to questions, thoughts or feelings that children might express about their faith after the tragedy. Caregivers should understand that it is normal for children, especially those directly affected by trauma, to experience spiritual struggles, including doubts about the nature of God after a crisis (Asmawati et al., 2020).

The spiritual approach being used as an intervention for street children with post-traumatic stress disorder (PTSD).

Spirituality is an integral part of human existence. The absence of this dimension leads to an imbalance in human existence. This leads to the emergence of a new phenomenon or even a new culture in the life of modern society. The phenomenon is the increase of interest in spiritualism (Lerman et al., 2018). The study of the spiritual approach to mental health problems leads to a variety of opinions based on the research opinion itself. The study of the religious approach is thought to be slow compared to the study of mental disorders such as trauma, depression and psychosis. Religion and faith are said to have a direct influence on the tendency to increase anxiety triggered by guilt and fear. At the same time, religion and faith are also seen as alleviating anxiety and fear. The results of these studies are confused and contradictory, which could be due to non-standardised measurements, very weak sampling procedures, and uncontrolled validity of the research, lack of fear assessment, researcher bias and lack of structured religious practises (Dein et al., 2012). Furthermore, Islamic psychotherapy as a spiritual approach is a discipline of Islamic psychology based on an original approach to understanding psychology that comes from the Qur'an and the prophetic tradition (Haque, 1998; Utz, 2011) (Rothman, 2018). It is considered a way to solve problems related to the spiritual aspect of human beings and a method used by Muslim scholars in the past to treat the soul. This method is done by preventing, treating and building up the soul of an individual, especially those who have faith in Allah SWT. This method is very important because Islam educates its believers to build a relationship with Allah and His creatures (Nasution, 1997; Abdullah, 2016) (Haslina et al., n.d.). It is therefore defined as a process of psychological intervention aimed at healing spiritual and mental stress based on the Qur'an and the Sunnah of Rasulullah SAW. (Sapura & Ruhaya, 2010; Abdullah, 2016) (Haslina et al., n.d.). It is also considered as a recovery process of an individual with psychological disorders such as depression, stress, neurosis, psychosis, phobias and others (Bhat, 2016). The concept of Islamic psychotherapy includes four factors, namely biological, psychological, social and spiritual, all of which have an impact on and can prevent psychiatric disorders. In the psychological framework (Keshavarz and Haque (2013) said that Islamic psychology focuses on the four aspects of the soul (the nafs or lower self, the qalb or heart, the aql or intellect, and the ruh or spirit) identified/elaborated in the twelfth century by al-Ghazali (2015) and referred to by many authors in the Islam and Psychology movement (Rothman & Coyle, 2018). Furthermore, human nature, which is central to the conceptualisation of Islamic psychology, has been articulated in the definition of Fitrah (Rothman & Coyle, 2018). Fitrah is an allusion to the original coinage of this tawhid [divine oneness]. After conception, a process of corruption begins as the person makes their way through the trials of the dunya (temporal world), which begins to remove and cover them from their pure nature. The main reason for most psychological problems is maladjustment to the fitrah. (Rothman & Coyle, 2018). (Kazdin, 2003). Achmadi, in (Astuti, 2017) said that the development of the quality of human resources is in harmony with the principles of unity, both Rububiyah and Uluhiyah. In the perspective of Islamic psychotherapy for children, a hadith of Prophet Muhammad SAW mentions that every new-born on earth has an innate potential that develops depending on the interaction with parents and the environment. Children have innate potential or Tawhid (Fitrah) and no one makes them to be a Muslim as they are basically born

in Tawhid. Islam as a Fitrah religion not only suits the diversity of human beings but also supports their growth and development. This completes their existence with a perfect personality. (Astuti, 2017). Baroroh said that children are born with the potential for chastity and good nature which should be given a chance to grow so that they can achieve the goal of the Creator, the Khalifa Fil Ardh. Harry Santosa said in Baroroh that Fitrah is divided into 8 aspects: (1) faith, (2) learning and thinking, (3) talent and leadership, (4) sexuality and love, (5) language and aesthetics, (6) individuality and sociality, (7) physicality, (8) development. These aspects need to grow in order to become a good person (Baroroh, 2019). If the innate potential inherent in every child is not supported or even hindered by their engagement, problems, including anxiety and trauma, it can develop into troubled adult. Jakfar Siddik explains that Fitrah ensures people (students) inherently possess a good soul and a holy desire and side with the good and truth of Allah SWT (Siddik, 2004). Astuti said that the personality needs of learners become better when a process of developing learners in the educational environment can be fulfilled as a way to develop the good potential of learners (the concept of fitrah) (Astuti, 2017).

CONCLUSION

Street children in Indonesia need a structured intervention based on the unification of socio-spiritual approach and psychotherapeutic method. Therefore, there is a need for an investigation to obtain basic and comprehensive information about the spiritual approach used in the Indonesian community as an intervention for street children with PTSD who are cared for by caregivers. The methodology used by the researcher in conducting this study is exploratory-descriptive, analytical and exploratory. Qualitative methods are used to obtain the data for the study and the findings are analysed, filtered and compiled using a psychological, social and spiritual approach. The researcher has chosen a purposive sample to conduct this study. The information is obtained from the caregivers who witnessed the healing process. A research instrument is a tool used to collect measure and analyse data related to the research interests. The tools used in this study are the Cameron Complex Trauma Interview (CCTI), in-depth interview and observation. The Cameron Complex Trauma Interview is a tool used to collect as much data as possible in one session that can be used for treatment planning and future interventions. The CCTI is also useful for assessing the child's progress in treatment and identifying treatment priorities. At the same time, it helps clinicians to monitor the effectiveness of the chosen treatment model. In a sense, CCTI can be used for pre-treatment testing, monitoring the treatment process and post-treatment testing (King, 2015).

CCTI was used in this study to obtain information about the sexually abused child with PTSD symptoms. The children are treated by local caregivers to manage their PTSD symptom. CCTI is also used to check if the children need treatment, if the treatment used meets their needs and if the treatment is effective. An in-depth interview is a conversation in which the interviewee and the interviewer discuss a specific topic in depth. A semi-structured interview guide was used to gain insight into specific topics. During an in-depth interview, the interviewer encourages the respondent to share his or her perspective (Hennink, 2020).

The researcher, who brings a handy interview guide, has an in-depth conversation with the caregiver about his view of sexually abused children, the risk and factors has followed, and

the healing techniques he uses based on his Islamic view. Meanwhile, all the material is used to obtain information about caregivers' perceptions of PTSD and risk factors. In this study, the observation was conducted in the home where the child lives and receives treatment. This includes the surrounding dormitories, the building and the room, the other children and the caregivers with whom the child lives, the social place or interaction between them, and the child's daily routine.

The researcher, as an uninvolved observer, will establish a comprehensive relationship with the community and especially with the children and caregivers. Through observation, the researcher will also identify any approach used by the caregivers in their intervention towards the child victim of sexual assault. For data collection, additional tools such as a simple interview guide, a camera, videos and an observation as a field note were used. All these are used to obtain valid and reliable information. This research explains that caregivers of street children in Indonesia give curative based on Islamic tradition as Dzikir, Ablution and Sholat to children with PTSD. The children with PTSD symptom who are given those curative are relatively in a stable mental state, as evidenced by the children's ability to manage their daily activities well and to provide minimal self-help during anxiety attacks. The information gathered from this research is beneficial as an enrichment of study of Islamic psychotherapy for children with PTSD.

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