

Recovery of Women's Trauma Through Islamic Spiritual Approaches in Pattani

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This research responds to the phenomenon of women's trauma that occurred in Pattani, a conflict area that has not yet been completed. The reason this topic is considered relevant is because the Koran is the only spiritual reference that is still authentic to this day and most victims are Muslims. The author uses a mixed method. Qualitative data from a number of victims is selected by purposive sampling and quantitative data to determine the accuracy of handling trauma. The three main findings are the absence of academics in trauma recovery, the absence of ulama, and the absence of Islamic spiritual support based on science. This study concludes that using Islamic spirituality supported by science to recover women's trauma in Pattani is a new approach. The results can be applied to women who have experienced trauma in conflict areas. Using spirituality in handling trauma is an easy and inexpensive way.

Keywords: *Trauma, Spiritual, Science, Conflict.*

Introduction

The recovery of women's trauma in conflict areas through conventional approaches has been carried out by counsellors in various countries, but spiritual counselling approaches that are supported by science have not yet been found. This topic was raised because most victims of the conflict are women, who have a direct relationship and are responsible for building a new and mentally healthy generation. Therefore, they must have stable emotions in order to be responsible for caring for and educating children. Therefore, mental health is a top priority in life. The presence of professional counselling institutions, as institutions that have trained personnel in assisting trauma recovery, is a fast and efficient way in helping to normalize the trauma of female victims in conflict areas.

The trauma management model to restore women's mentality from an Islamic spiritual approach has been widely used among counsellors, but the application of using medical fact support has not been maximized. Since the conflict, more than 6,500 people have died, resulting in a traumatic community of around 19,500 people. The author considers that the absence of a number of institutions, which have experts in reducing the number of trauma sufferers in conflict areas, will make it difficult to achieve the mission of maximal mental rehabilitation in conflict areas.

Several studies on the healing of women's trauma in conflict areas have been published. Everstine (2006) states that the term trauma means many things for many people. The denotation has exceeded reasonable limits, so as to describe unpleasant surprises or surprising experiences with ordinary language. In neurobiological terms, the traumatic can be explained as the return of activity from the amygdala, which is not only the main structure involved in conditioning and that is responsive to fear, but also in strengthening the level of emotional memory response. Andrew B. Peitzman argues that trauma is mechanical damage to the body caused by pressure from outside (Peitzman, 2013). Traumatized patients have been defined as injured people, who need time and an accurate diagnosis, for the treatment of actual and potential injuries from a multidisciplinary team of professionals in health care. To reduce or eliminate the risk of death or permanent disability, medical carers need to be supported by the appropriate resources, Michael D. Grossman states that trauma is a bodily injury that is severe enough to pose a threat to life or limbs. Therefore, the handling is based on the mechanism of injury that occurs, whether due to sharp or blunt objects, intentional or not, using high or low energy. Trauma can disturb and affect memory in many ways. Researchers have long known that events such as natural disasters and battles can cause memory impairment, even without physical damage to the brain (Gold, 2017).

Trauma is important to note, because many people may experience symptoms of traumatic stress immediately after the crisis, but most do not continue and develop post-traumatic stress disorder (Carll, 2007). Some people may recover, while others may have symptoms that are persistent and ongoing. A smaller percentage can develop a complete syndrome, which can last for months, years, and for a small minority, for life. It is also important to remember that individuals can experience a variety of traumatic events, but the intensity of one's response is a combination of many factors: for example, the nature of the trauma, its severity, its duration, and of course, previous traumatic experiences, and what resources and support are available to deal with the trauma.

Anthony Marsella stated that trauma has serious implications for health and especially mental health (Marsella, 2004). The causes of trauma are very diverse, ranging from wars, terrorist attacks, natural disasters, torture, harassment, and interpersonal violence, to widespread impacts on the community. All these events cause serious mental disturbance. Further consequences of mental health disorders can have a long-term effect on individuals, families, and society.

War leaves emotional scars on all who take part: losing or winning, army or civil. To overcome painful memories and overcome loss, making questions about meaning, rearranging the riddles of one's life, matching together pieces before and after the war, is imperative. Keynan (2015) states that most of those exposed to war, through a gradual process, put the horror behind them. However, in the current estimation, around 15% cannot heed the call of everyday life after the experience of the war or terror. Despite their appearance, they appeared to have returned safely and healthy and without injury. They did not find balm for their injuries. Their pain is invisible, and they are often left with feelings of solitude, the frenzy of slaughter, refusing to fade. They are victims who have no mentality, because they are psychologically traumatized by war.

Based on the above view, the main issue raised in this paper is the absence of a science-based spiritual approach in dealing with the recovery of women who have experienced trauma in conflict areas. Clearly, men and women have different sources of stress and trauma in their lives and respond to stress in traumatic events differently. From the women's health movement, we know that women's health must be considered in the context of their lives (Kendall, 2005).

This study is different from other approaches, which have been carried out in the handling and the recovery from trauma caused by conflict. This study is considered significant, because women who experience trauma in conflict areas can have a domino effect. Therefore, attention is always focused on various aspects of trauma, whether the trauma is large-scale or individual or occurs as a single event or as a series of ongoing recurring events, such as war, domestic violence, or dangerous health conditions. Mental concepts always serve as important studies among spiritual figures (Corbett, 2010).

Method

This study combines qualitative and quantitative data. Bauer (1996) states that, in this method, the interviewer imposes information in three ways namely: choosing a theme, topic, and question. Subject selection techniques comprised purposive sampling and snowball techniques (Joop De Joong, 2002). It is qualitative because it needed to find people who really understand the condition of the trauma of the victim, and observed participants to get phenomenological narrative data from autobiographical stories. Interviews were conducted in communities that were traumatized to obtain information. To see recovery using the approach of local Islamic spiritual values, as seen from the symptoms that indicate the healing of victims, the researchers used an open focus group discussion technique with 5-10 subjects, to obtain qualitative information about priority needs and attitudes (Krueger, 1994). As for the spiritual approach model, the writer uses the application of comprehensive values from the group taklim worship practices, as a container used to provide moral support to women who have experienced trauma in the Patani.

Result and Discussion

Based on the field study, it was found that the healing process of female trauma was not optimal at the study site, because there was no involvement of local ulama in dealing with women's trauma. There has not been any active involvement of academics, and professional counselling institutions have not yet been found.

What trauma is

The New Twentieth Century Dictionary defines trauma more narrowly, namely wounds that are obtained by physical and emotional shock, which can have a very long effect (Allen, 2004). Wilson states trauma is part of the human condition and is always present in the lives of ordinary people throughout the world. Trauma is also understood as an archetype in nature that has its own energy and psychological structure (Wilson, 2002).

Kartono interpret trauma as a serious injury, due to traumatic experiences that cause a person to suffer physically and psychologically (Masril, 2012). Likewise, Roan as a psychiatrist stated that trauma means injury, tissue damage, injury, or shock (Masril 2012). Cavangh in the Mental Health Channel said that trauma is an extraordinary event experienced by a person, directly or indirectly, either physical or psychological injury, or a combination of both. The severity of a trauma event will be felt differently by each person, and the effect will also differ from one person to another (Cavangh, 2004).

In the Diagnostic and Statistical Manual of Mental Disorder states, trauma exposure encompasses one or two of the following. First, someone who has experienced, witnessed or encountered a horrific event that caused death, serious injury, or who threatens to physically injure themselves and others. Second, the individual's response to fear, hopelessness, horror in childhood is likely to experience the renewal that behaviour (American Psychiatric Association, 2000).

Webb defines trauma with five models, including: (1) trauma is defined as pain experienced by a person, which has a physical and psychological impact, and that has an effect on life, such as decreased levels of productivity and daily activities; (2) trauma occurs due to bitter events, whether physical or mental attacks, which cause damage to the body or shock to the brain; (3) trauma occurs because there is confusion, excessive confusion, or traumatic confusion that has a physical and psychological impact that causes emotional disturbances, which are triggered by acute bitter events; (4) trauma is an increase in symptoms of stress, which causes emotional disturbances to children and students, who make changes in behaviour, emotions and thoughts; (5) trauma is also said to be bodily injury, which is caused by physical attacks from outside, such as: fire, accidents, neglect and technological neglect (Webb, 2004).

Based on the above perspective, trauma is caused by an attack from outside, such as an accident, war, natural disaster, terror, which can cause physical and psychological integrity to be disrupted in individuals who experience the traumatic experience.

Significance of the Trauma Study in Women in Conflict Areas

In human life, conflicts have occurred for a long time, starting with the disputes between the Cain and Abel. However, the most traumatized are women. Therefore, researchers attended the trauma of women in conflict areas as a form of concern to support their recovery. A woman's trauma needs to be healed, because she is a figure who has been given the mandate to give birth to a new generation in life, hence her health and mental stability are the main benchmarks for educating and fostering a healthy generation in mind and body. If women experience trauma, it will have a domino effect on human life. Allen states, those who experience trauma, may be disturbed by sad memories, flashbacks, and nightmares; they may continue to struggle with strong emotions, when they are traumatized; and they can continue to use the same means of self-protection, which they learned initially, to protect themselves from traumatic experiences. Trauma also contributes to other psychiatric disorders, for example, depression and drug use disorders, and so on (Allen, 2004).

According to Anthony Marsella, trauma has serious implications for health, and more specifically for mental health. Trauma can be caused by war, terrorist attacks, natural disasters, which affect entire communities, torture, harassment, and interpersonal violence, which affect several people at once (Marsella, 2004). All of these events are life-threatening, with serious and lasting consequences for mental health, and the burden placed on individuals, families and communities is enormous. Arrigo states that trauma can disrupt and affect memory in many ways, and researchers have long known that events, such as natural disasters and battles, can cause memory disorders, even without physical damage to the brain (Arrigo, 1997).

In conflict areas, women's detention often involves intimidation that is used to obtain data in fulfilling detention missions. Therefore, it is inevitable that various traumas will occur to women, whether they are mothers, wives and children. From the interviews of researchers with one of the victims, who were detained in the army camp in Patani, it was stated that they were not treated well, so that until the interview took place, they were still traumatized.

The results explained that female prisoners have also been shown to have very high exposure to various trauma experiences, especially interpersonal violence, including physical and sexual abuse in childhood (Battle, 2003). Individuals with PTSD often present with a variety of psychiatric conditions, such as major depression, obsessive compulsive disorders, bipolar disorder, and panic disorders (Reyes, 2008). Considering the condition of such women, how could they possibly carry out their mandate properly, that is, to foster a new generation that is physically and mentally healthy.

Traumatic deaths due to war are not limited to one area (Summerfield D, 1997). Since 1945, 22 million people have been killed, and three times that number have been injured in war or violent conflict. In the 1960s on average, there were 11 active conflicts in one year. In the 1970s, there were 14 and in 1996, there were at least 50.38 modern wars, which differed significantly from wars in the first half of this century. Between 1989 and 1992, only three of 82 violent conflicts were between nation-states, the rest were internal. Aboutanos MB states the purpose of modern warfare is to confuse the political, social, cultural and psychological foundations of one's opponents, with torture, execution, and rape, which are used routinely as a method of social intimidation (Baker, 1997). Van der Kolk states that trauma is caused by traumatic exposure that focuses on the loss of security, trust, order, continuity in life, which is essentially the result of terrible experiences, violence, helplessness and death (Marsella, 2004).

Therefore, the study of women's trauma in conflict areas is a form of support that can be given in the context of recovery in order to help the development of a new generation that is physically and mentally healthy. The corporeality and identity of women is central to the narrative of war, substantiating women on trauma sites (Barnes, 2011). The trilogy authenticates women's war experiences through witnessing literature, insisting on the presence that is manifested to politicize women's bodies, women's stories, and women's suffering. Under any circumstances, it is rare to discuss the importance of women, their existence, their devotion and their struggle, which is truly ironic. Even though women are the people who shoulder many of the responsibilities in this life.

The Process of Trauma

Trauma experienced by women victims in conflict areas does not come suddenly, but trauma occurs because victims are exposed to a horrific traumatic event, such as the threat of death, terror, intimidation. APA (2000) defines traumatic events specifically, including objective and subjective aspects. Objectively, the person is exposed to events involving death, serious injury, or threats to the physical integrity of the person or person. Whereas subjectively, the person responds with feelings of fear, helplessness, or horror. Antony Marsella states that these traumatic events, such as disaster, war, crime, torture, rape, and harassment, are events that cause extreme stress, which disturb the entire community (Marsella, 2004).

According to Sredling & Scott the process of trauma states there are five stages (ladders) in the processes that occur in normal individuals, namely: starting from an event that is captured by the senses, then entering into the thalamus (nerve message), which delivers information simultaneously to the amygdala and hippocampus, namely: the cortex of the brain responsible for locating the events that occur, and providing distance and comparison of stored events (Sredling & Scott, 2001). Therefore, individuals who experience post-traumatic stress disorder will show a decrease in the hippocampal volume, which is in the hippocampus. Its function will be weakened even though it is not permanent. The hippocampus then gives an interpretation of an event, and gives correct

information to the amygdala, which will respond through need or no danger signals that are turned on; finally, there is an emotional or behavioural response a particular event.

When an event is captured by the five senses of sight, hearing, smell, feeling and touch, it enters the thalamus, which functions as a transmitter to deliver information to the amygdala and hippocampus simultaneously. It is then processed slowly to provide correct information about what happened. This information is then delivered to the amygdala, which responds according to the information coming in from the hippocampus. If the information contains danger, the amygdala will issue a hazard alert in the form of adrenalin and noradrenalin and, if it is not dangerous, the amygdala automatically extinguishes the hazard alarm and finally a avoidance or resistance response occurs.

Spencer Eth states that, trauma is the inclusion of memories of cruelty, which is the main focus, in the form of punches, knife punches, gunfire. Memory is the experience of a great perception of appearance (Goleman, 2000). Victims who are sometimes silent may be suddenly hysterical when they hear the sound, or the smell of gunpowder, screams, blood spurting, or police sirens. In addition, psychological disturbances due to traumatic events basically arise because of the overestimation of amygdala. Chaplin states that the amygdala is a grey substance contained in the cerebrum, whose function is associated with escorting aggressive behaviour (Chaplin, 2001).

Furthermore, Goleman states that trauma sufferers experience limbic circular changes, which are centred on the amygdala, and have locus seruleus, in which there are catecholamines that contain two types of chemicals, namely: adrenaline and noradrenaline (Goleman, 2000). These two chemicals function as body mobility to deal with the state of anxiety (meeting or running). In people with trauma, the amygdala system is very active, making catecholamines release brain chemicals, in excessive doses, to respond to situations that are sometimes non-threatening.

If the amygdala is damaged or written off, humans will be facile or overly brave. This experiment was carried out on a monkey, which resulted in the following: basically the monkey was afraid of snakes, but when the amygdala was damaged, the monkey was no longer afraid of snakes and even approached and held the snake. Indeed, he even ate it. It thus can be said that the amygdala also functions as a sign of fear (Jarnawi, 2007), or as a sign of danger, so that humans issue their defensive responses. When the amygdala is aroused too quickly, humans are too alert, timid, or aggressive. Conversely, if it is too slow to give a signal, it will not be alert or too brave, which in the end will have a bad impact and can even be harmful. Individuals in normal conditions have stable amygdala reactions that are neither too fast nor too slow, which is in contrast to individuals who have been traumatized by an extremely shaken and painful event. For them, the amygdala will respond too quickly and give excessive danger signals.

Triggers of trauma are stored as neurobiological traces in each of the senses that are stimulated during a traumatic experience (Everstine, 2013). The nature of experience determines which trace is the strongest: for example, someone who is stabbed will be very sensitive to certain forms of touch. Traumatic memories are stored, recalled, and experienced. This is more understood now, than in the past, when women first reported memories of childhood sexual abuse in their families (Duncan, 2004). In this treatment approach, women report experiencing memories that are supported by research and clinical observation. They report delayed memories, complete memories, disturbing memories, selective or fragmented memories, emotional and sensory memories, bodily or somatic memories, and dream memories.

Information about how trauma affects memory, is based on research into brain structures that store, remember, and assimilate experiences into memory. The three research areas are structures in the limbic system, right and left hemispheres and the brain's prefrontal cortex. These brain areas play a central role in taking experiences, turning them into memory, storing memories to be recalled, and assimilating memories as they occur throughout one's life experience. When the experience is received through touch, taste, smell, taste, and vision, it is processed and stored for possible recall later.

What happens with traumatic memory is that the area of the brain responsible for memory development and integration cannot process traumatic experiences, like ordinary experiences. For example, certain structures of the limbic system cannot accept traumatic memories, in the same way, as ordinary memories. Therefore, traumatic experiences are not processed in the same way as nontraumatic experiences. Another example is the brain's prefrontal cortex, which integrates social, emotional, physical, and autobiographical aspects of an individual's life. The function of the prefrontal cortex can also be disrupted, and this disorder prevents the integration of traumatic memory.

Results

Absence of Trauma Counselling and Psychotherapy Institutions

The ability possessed by experts on trauma gathered in various professional counselling institutions has the potential to deal with women's trauma in conflict areas, but the trauma management system has not been well integrated, which makes trauma management in the region slower. This is evidenced from the results of four research findings related to trauma and its handling in Patani, Thailand, namely. First, the forms of trauma experienced by conflict victims in Patani are physical and psychological trauma. Secondly, the support of non-governmental organizations in Patani for victims is for physical improvement, and this can be seen from several organizations, one of which is the Nusantara organization that focuses on helping orphans by providing scholarships, helping with

psychological seminars, finding shelter, facilitating victims to get justice, and legal socialization. In the field of trauma, this is not yet according to need. Although the local community has worked together to manage trauma medically, but management has not yet been optimised.

Based on the findings of this study, it can be said that the presence of professional counselling institutions, as institutions that have trained personnel in assisting trauma recovery, is a fast and efficient way of helping to normalize the trauma of women victims in conflict areas. The author considers that the absence of a number of institutions, which have experts in reducing the number of trauma sufferers in conflict areas will make it difficult to achieve the mission of mental rehabilitation in conflict areas to the fullest.

The Absence of Academics in Trauma Recovery

Academics have the potential to understand the phenomenon of traumatized women in conflict areas such as Patani. They have the ability to describe the phenomenon of trauma by using scientific approaches, especially psychology. However, until this study was completed, the authors have not seen adequate attention towards handling traumatized women at the study site. In terms of investigating researchers, the handling of women's trauma in conflict areas is handled by the World Agency (WHO). Therefore, the presence of academics in the context of direct handling, does not have enough space for the purpose of handling women's trauma in conflict areas. Another thing that also becomes an obstacle in the involvement of academics in dealing with trauma is that academics are based on campus, which is different from practitioners who indeed deal with traumatized women in the field or conflict areas.

Gilbert Reyes defines psychological trauma as an event that is emotionally shocking, horrifying, threatening, and causes death or violation of bodily integrity, such as: sexual harassment, torture or helplessness, which cause physical and psychological damage (Reyes, 2008). Physical trauma such as severe injuries, injuries, pain or invasive or painful procedures will cause psychological trauma. However, most traumatic psychological events involve severe physical threats or the physical trauma of another person or experience the shock of losing family, friends, or other important people.

The absence of a professional trauma counselling and psychotherapy institution makes the recovery of victims mentally delayed, because institutionally they have certified professional counsellors and psychotherapists, which have been recognized by many people in providing services for the counselling and psychotherapy process, using various theories of counselling and psychotherapy such as: psychoanalysis, behavioural, humanistic, transactional, client centre, rational emotive therapy and others, which have been commonly used for trauma healing. Based on the results of this study, the authors consider that the authorities formulate a law on the involvement of academics in social issues, especially related to trauma in conflict areas, that gives them wider access.

The Absence of Ulama Support

Ulama is a spiritual guide in Islam. To this day they still have a place among the Islamic community. In the Patani conflict, the author did not find the participation of ulama in the recovery of women victims who were traumatized in the conflict area. The author finds an absence of local clerics, who take part in the mission to recover traumatized women in the Pattani region, which is still turbulent to this day. Scholars do not have a background in understanding trauma, especially trauma for women. However, Ulama can use the spiritual group of Tablighi pilgrims to improve the mental quality of local communities.

In addition, Ulama have not been able to explain the relationship between the phenomenon of trauma by using science. Ulama as spiritual guides are involved in handling women's trauma, considering that they have a deep spiritual ability to respond to trauma experienced by women in conflict areas. Therefore, the author considers it necessary to involve science in handling trauma to obtain physical evidence that trauma sufferers have experienced healing, and that this can be proven medically. This is important, because so far the handling of trauma for women has been carried out in many places, but the evidence of healing their trauma, cannot be answered medically, therefore the authors feel the need to offer a model of an Islamic spiritual approach that is supported by science to ensure the recovery of trauma sufferers legally.

Based on observations and participant writers, it was found that trauma sufferers who actively participated in the spiritual activities of Islam in the congregation tablik seemed to be able to behave more normally. This attitude is shown by an indication of the ability to respond to a number of questions raised during the author's research location. Based on data from the research findings in Patani, women victims of conflict who were observed and interviewed said that, the three main elements above did not contribute much to the handling and recovery of trauma, even though their support could help stabilize the mentality of trauma victims. We women who are victims of trauma are actually isolated and kept away from community interaction, so initially trauma victims are only people who are exposed to traumatic events. But because there is no support, the trauma spreads like spilled oil that is sticky everywhere and difficult to clean. That is the condition of the victim's family, initially only the mother was severely traumatized, but due to the residents' rejection of the victim, the child finally became traumatized.

Islamic Spiritual Support Based on Science

The spiritual model of Islam at the beginning of the preaching of the Prophet Muhammad had not been managed by certain figures, and the spiritual was still integrated into the Islamic system as a whole, and was not yet separate. Later, the spiritual model of Islam was managed by Sufi masters. They explored the model from the friends and literatures of Islamic literature. The Sufis have long

converted Islamic spirituality into various models of mental training in the interests of the spiritual education of their students, but the spiritual Islam has only received scientific support after scientists conducted a number of studies on the effect of the phenomenon of the worship on humans.

The spiritual model of Islam today continues to be in the spotlight of the academic community, both from the West and the Islamic world. Modern science has changed the scientific view of matter, as well as space and time as fixed and principal units. With the presence of the concept of relativity, quantum theory and electronic theory of matter, perspectives have changed on the relationship of matter and energy. At the beginning of the 20th century, the flow of positivism influenced the philosophy of science, causing changes in scientific concepts that only recognized empirical objects as objects of systematic knowledge about the physical world (Harold, 1984). Therefore, science is used to understand religious phenomena empirically.

Neuroscience can be used as a cornerstone of therapy in tackling the psychological trauma of women due to conflict (Lukman, 2007). Neuroscience holds that waves of remembrance, prayer, azan and the Koran can produce waves of healing for the human brain as a mental centre. The frequency produced by neuron waves is closely related to the level of mental well-being (Anna Wise, 2011). Sound waves affect the stimulus to the condition of brain awareness (Ajib Mustajib, 2012).

Larry has gathered hundreds of studies from various universities to find information from various schools of belief about the relationship of prayer to human healing to support the theory of healing words. (Larry Dossey, 1993). The Healing Words explained the effect of prayer on healing patients. Likewise, Montgo Merry studies the position of sacred names in religious circles (Barbara Montgo Merry, 2005). Matlin's study concluded that information in the short-term memory, if repeated repetition is focused on, it will be stored in long-term memory so that the information stored will be used at a later time (Matlin, MW, 1998). The results of this study are relevant to the recitation of al-Fatihah repeatedly in prayer, which has implications for the mental formation of the values of the surah.

Hawari explains the results of his study of mental therapy based on verses of the Koran and remembrance, which can free individuals from feelings of anxiety, tension and depression due to unstable brain waves (Dadang Hawari, 1997). Abdurrochman, through his studies, showed that when listening to verses of the Koran there was an increase in the level of brain waves higher than those produced before and after listening to verses of the Koran (Abdurrochman, 2008).

Mario Beauregard & Denyse O'Leary, after conducting a study of the state of brain waves during meditation among Dalai Lama students, found that the minds of the meditators were calmer as evidenced by the appearance of alpha waves on the results of the electro enchipalo graph (EEG) Mario Beauregard & Denyse O'Leary, 2009).

Fatimah Ibrahim examined the relationship between prayer and mental therapy (Fatimah Ibrahim, 2009). Another study of prayer was conducted by Fatimah Ibrahim who examined the impression of forms of movement and reading in prayer to humans from a scientific approach. The study focused on the impression of prayer on the cardiovascular system, body composition, brain signals and muscles. The result of the study shows that aspects of the form of movement and reading in prayer give a significant impression to the elements found in people who do it physically and mentally (Fatimah Ibrahim, 2009).

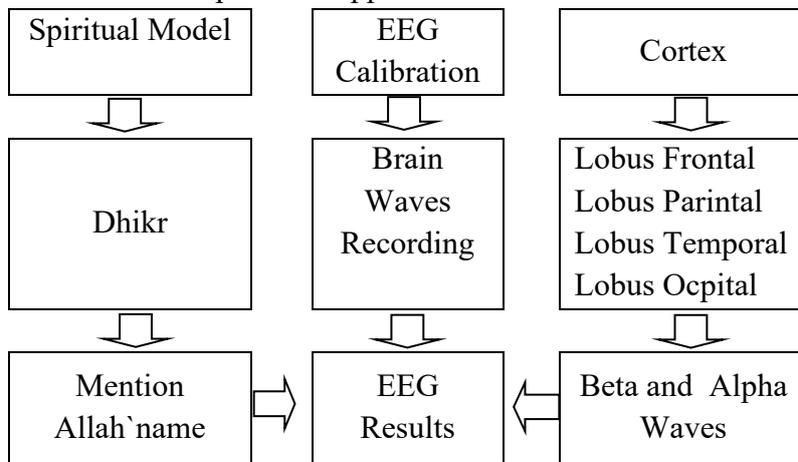
Sallina Ismail, in her book *The Science of the Matrix of Creation Decoded*, explained the role of worship in Islam from a scientific perspective. Sallina believes that all worship in Islam, especially remembrance, may give strength to the mind and soul (Sallina Ismail, 2009). The discussion in the book is not unique to remembrance, but describes it in respect to science rather than religion.

Very Julianto examined the effect of reading al-Qur'an on the ability of short-term memory, the changes in brain waves, and increasing the level of ability of human memory when reading al-Qur'an into short-term memory. Following the results of the study, if repeated readings are repeated, the notice will be stored in long-term memory and will be a notice that may be used at other times (Very Julianto, 2011).

Imam Setyabudi, after studying the methods of mental care from the Islamic approach, applies the method of the influence of remembrance to reduce stress in people with AIDS. The priest classifies patients into several groups. Each group is given a different therapy, but the group is given remembrance therapy in congregation which is done four times a week. The results showed a decrease in the level of stress experienced by AIDS sufferers (Iman Setyabudi, 2012).

Mohammad Salleh conducted a study of the relationship between tahajud prayer and health through the improvement of the body's immunological system to a higher level based on the concept of psychoneuroimmunology (Mohammad Salleh, 2013). Denial Zainal Abidin shows the benefits of excellence contained in prayers that have been prescribed by Islam. He studied the solemn function that is able to relieve stress and increase the level of concentration of those who experience mental stress (Denial Zainal Abidin, 2013).

Picture. 1. Islamic Spiritual Support Based on Science.



Conclusion

Counselling from any model and approach needs to get support from all parties, who care about the handling of women's trauma, especially in conflict areas. There is a saying among wise men that women are the pillars of the State: if their souls are damaged, then a state is damaged. Therefore, the results of this study have an academic basis to be applied to trauma victims in conflict. An approach to dealing with trauma through spiritual means that is supported by medical evidence is needed to obtain authentic healing evidence. Healthy women will make the country strong.

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